

## PREFERRED DRUG LIST

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Products listed in **RED** have changed from the previous month's publication.

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### INHALATION AGENTS

#### Anticholinergics for the Maintenance Treatment of COPD

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

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

*\*Clinical prior authorization may apply*

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

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

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

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

*\*Clinical prior authorization may apply*

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

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

*\*Clinical prior authorization may apply*

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

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### 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
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) Veramyst® (fluticasone) Xhance™ (fluticasone) Zetonna® (ciclesonide)

### OPHTHALMIC AGENTS

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

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### OPHTHALMIC AGENTS

#### 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)

#### Carbonic Anhydrase Inhibitors

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

#### Non-Steroidal Anti-Inflammatory Drugs – Ophthalmic

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

#### Prostaglandin Analogs

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

### OTIC AGENTS

#### Anti-Infective/Steroid Combinations

Preferred	Non-Preferred, Prior Authorization Required
Cipro® HC (ciprofloxacin/hydrocortisone)	Acetasol HC® (acetic acid/hydrocortisone)
Ciprodex® (ciprofloxacin/dexameth)	Cortisporin® Otic Suspension (neomycin/polymyxin B/hc)
Cortisporin® Otic Solution (neomycin/polymyxin B/hc)	Otovel® (ciprofloxacin/fluocinolone)
Coly-Mycin S®	

### ORAL/INJECTABLE/TOPICAL AGENTS

#### ACE Inhibitors

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

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### ORAL/INJECTABLE/TOPICAL AGENTS (continued)

#### ACE Inhibitor/Calcium Channel Blocker Combinations

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

#### Acne Agents - Topical

*\*Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Aczone® (dapson) gel	Acanya® (benzoyl peroxide-clindamycin) gel
Atralin® (tretinoin) gel	Avar® (sulfacetamide-sulfur) pads
Cleocin-T® (clindamycin) solution	Avar-E® Emollient (sulfacetamide-sulfur) cream
Duac® (benzoyl peroxide-clindamycin) gel	Avar-E Green® (sulfacetamide-sulfur) cream
Epiduo® (benzoyl peroxide-adapalene) gel	Avar LS® (sulfacetamide-sulfur) pads
Ery® (erythromycin) pads	Avita® (tretinoin) cream
Erythromycin solution	Azelex® (azelaic acid) cream
Retin-A® (tretinoin) cream	Benzaclin® (benzoyl peroxide-clindamycin) gel
Sumadan® Wash (sulfacetamide-sulfur cleanser)	Benzamycin® (benzoyl peroxide-erythromycin) gel
Tazorac® (tazarotene) cream	BP 10-1® (sulfacetamide/sulfur cleanser)
Tazorac® (tazarotene) gel	Cerisa® (sulfacetamide-sulfur) emulsion
	Cleocin-T® (clindamycin) gel
	Cleocin-T® (clindamycin) lotion
	Clindacin® ETZ (clindamycin) swab
	Clindacin-P® (clindamycin) swab
	Clindagel® (clindamycin) gel
	Differin® (adapalene) cream
	Differin® (adapalene) gel
	Epiduo® Forte (adapalene/benzoyl peroxide)
	Erygel® (erythromycin) gel
	Evoclin® (clindamycin phosphate) foam
	Fabior® (tazarotene) foam
	Klaron® (sulfacetamide) lotion
	Neuac® (clindamycin/benzoyl peroxide)
	Onexton® (benzoyl peroxide-clindamycin) gel
	Retin-A® Micro (tretinoin) gel
	Rosanil® Cleanser (sulfacetamide-sulfur) emulsion
	Rosula® (sulfacetamide-sulfur) pads
	SSS 10-5® (sulfacetamide-sulfur) cream
	Sulfacetamide suspension
	Sulfacetamide-Sulfur lotion
	Sumadan® (sulfacetamide-sulfur) kit
	Sumaxin® (sulfacetamide-sulfur) pads
	Sumaxin® TS (sulfacetamide-sulfur) suspension
	Sumaxin® Wash (sulfacetamide-sulfur) liquid
	Veltin® (clindamycin-tretinoin)
	Ziana® (clindamycin-tretinoin)

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### 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) 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) Methylin Chewable® (methylphenidate) Methylin Solution® (methylphenidate) Metadate® ER (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)

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#### 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) Epipen® (epinephrine auto inject) Epipen Jr® (epinephrine auto inject) Epinephrine auto injectors	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) Androxy® (fluoxymesterone) 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)

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#### Anti-Constipation Agents – Opioid Induced Cause

*\*Clinical prior authorization may apply*

##### Preferred

Amitiza® (lubiprostone)  
Movantik® (naloxegol)  
Symproic® (naldemedine)

##### Non-Preferred, Prior Authorization Required

Relistor® (methylnaltrexone) (tablets and injection)

#### Antidepressants – SNRIs

*\*Clinical prior authorization may apply*

##### Preferred

Cymbalta® (duloxetine)  
Effexor® (venlafaxine)  
Effexor® XR capsules (venlafaxine ER)  
Pristiq® (desvenlafaxine)

##### Non-Preferred, Prior Authorization Required

Effexor® XR tablets (venlafaxine ER)  
Fetzima® (levomilnacipran)  
Savella® (milnacipran)  
Khedezla® (desvenlafaxine)

#### Antidepressants – SSRIs

*\*Clinical prior authorization may apply*

##### Preferred

Celexa® (citalopram)  
Lexapro® (escitalopram)  
Luvox® (fluvoxamine)  
Paxil® (paroxetine)  
Prozac® capsules (fluoxetine)  
Prozac® solution (fluoxetine)  
Zoloft® (sertraline)

##### Non-Preferred, Prior Authorization Required

Celexa® solution (citalopram)  
Lexapro® solution (escitalopram)  
Luvox CR® (fluvoxamine)  
Paxil CR® (paroxetine ER)  
Paxil® solution (paroxetine)  
Pexeva® (paroxetine)  
Prozac® tablets (fluoxetine)  
Prozac Weekly® (fluoxetine)  
Zoloft® solution (sertraline)

#### Antidepressants – Tricyclics

*\*Clinical prior authorization may apply*

##### Preferred

Doxepin capsules and solution  
Elavil® (amitriptyline)  
Pamelor® (nortriptyline)  
Tofranil® (imipramine)

##### Non-Preferred, Prior Authorization Required

Amoxapine  
Anafranil® (clomipramine)  
Norpramin® (desipramine)  
Pamelor® solution (nortriptyline)  
Surmontil® (trimipramine)  
Tofranil - PM® (imipramine)  
Vivactil® (protriptyline)

#### Anti-Diarrheal Agents

##### Preferred

Lotronex® (alosetron)  
Viberzi® (eluxadoline)

##### Non-Preferred, Prior Authorization Required

Xermelo® (telotristat)



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#### Anti-emetics Cannabinoid

*\*Clinical prior authorization may apply*

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) Granisol® (granisetron) Kytril® (granisetron) Sancuso® (granisetron) Zuplenz® (ondansetron)

#### Anti-Histamines - Non-Sedating

Preferred	Non-Preferred, Prior Authorization Required
Claritin® (loratadine) Claritin 24-hr Allergy® (loratadine) Claritin® Syrup (loratadine) Zyrtec® (cetirizine) Zyrtec® Syrup (cetirizine) Allegra® (fexofenadine)	Allegra® ODT (fexofenadine) Clarinex® (desloratadine) Claritin Hives Relief® (loratadine) Claritin RediTabs® (loratadine) Xyzal® (levocetirizine) <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) 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) Teveten® (eprosartan)

#### ARB/Calcium Channel Blocker Combinations

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



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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) <b>Toprol-XL® (metoprolol succinate)</b> 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) Kerlone® (betaxolol) Levatol® (penbutolol) Lopressor HCT® (metoprolol/HCTZ) Visken® (pindolol) Zebeta® (bisoprolol)
Biguanides	
Preferred	Non-Preferred, Prior Authorization Required
Glucophage® (metformin) Glucophage® XR (metformin ER)	Fortamet® (metformin ER) Glumetza® (metformin ER) Riomet® (metformin oral solution)
Bile Acid Sequestrants	
Preferred	Non-Preferred, Prior Authorization Required
Colestid® Tablets (colestipol) Prevalite® Powder (cholestyramine light) Prevalite® Powder Packs (cholestyramine light) Welchol® Powder (colesevelam) Welchol® Tablets (colesevelam)	Colestid® Granules (colestipol) Questran® (cholestyramine) Questran Light® (cholestyramine light)
Bisphosphonates	
Preferred	Non-Preferred, Prior Authorization Required
Fosamax® (alendronate)	Actonel® (risedronate) Atelvia® (risedronate) Binosto® (alendronate) Boniva® (ibandronate) Fosamax Plus D® (alendronate/cholecalciferol)

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#### Bladder Relaxant Agents

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

#### Calcium Channel Blockers – Dihydropyridines

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

#### 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)

#### Corticosteroids – Topical – High Potency

*\*Clinical prior authorization may apply*

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

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### ORAL/INJECTABLE/TOPICAL AGENTS (continued)

<b>Corticosteroids – Topical –Intermediate Potency</b>	
<i>*Clinical prior authorization may apply</i>	
<b>Preferred</b>	<b>Non-Preferred, Prior Authorization Required</b>
Cutivate® (fluticasone propionate) Dermatop® (prednicarbate) DesOwen® (desonide) Elocon® (mometasone furoate) Kenalog® (triamcinolone acetonide) Synalar® (fluocinolone acetonide) Triamcinolone acetonide (all generics of brand products on the PDL)	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>	
<i>*Clinical prior authorization may apply</i>	
<b>Preferred</b>	<b>Non-Preferred, Prior Authorization Required</b>
Aclovate® (aclometasone diporopionate) Hydrocortisone base (all generics of brand products on the PDL) Synalar® (fluocinolone acetonide)	Ala-Cort® (hydrocortisone base) Capex® (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)
<b>COX-II Inhibitors</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Celebrex® (celecoxib)	
<b>DPP-4 Inhibitors</b>	
<b>Preferred</b>	<b>Non-Preferred, Prior Authorization Required</b>
Januvia® (sitagliptin) Onglyza® (saxagliptin)	Nesina® (alogliptin) Tradjenta® (linagliptin)
<b>DPP-4 Inhibitor Combination Agents</b>	
<b>Preferred</b>	<b>Non-Preferred, Prior Authorization Required</b>
Janumet® (sitaliptin/metformin) Janumet® XR (sitagliptin/metformin XR) Kombiglyze® XR (saxagliptin/metformin)	Jentadueto® (linagliptin/metformin) Jentadueto® XR (linagliptin/metformin XR) Kazano® (alogliptin/metformin) Oseni®(alogliptin/pioglitazone)

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### ORAL/INJECTABLE/TOPICAL AGENTS (continued)

#### Erythropoiesis-Stimulating Agents

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

#### Fibric Acid Derivatives

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

#### 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) Tanzeum® (albiglutide) Trulicity® (dulaglutide)

#### Growth Hormones

*\*Clinical prior authorization may apply*

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

#### Hepatitis C Agents – Direct Acting

*\*Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Mavyret® (glecaprevir/pibrentasvir)	Daklinza® (daclatasvir) Epclusa® (sofosbuvir/velpatasvir) Harvoni® (ledipasvir/sofosbuvir) Sovaldi® (sofosbuvir)/Olysio® (simprevir) in combination Technivie® (ombitasvir/paritaprevir/ritonavir) Viekira Pak® (dasabuvir/ombitasvir/paritaprevir/ritonavir) Viekira® XR (dasabuvir/ombitasvir/paritaprevir/ritonavir) Zepatier® (elbasvir/grazoprevir)

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### ORAL/INJECTABLE/TOPICAL AGENTS (continued)

#### Hepatitis C Agents - Refractory Treatment

*\*Clinical prior authorization may apply*

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) Zantac® (ranitidine)	Axid® (nizatidine) Pepcid® (famotidine) oral suspension Tagamet® (cimetidine)

#### Homozygous Familial Hypercholesterolemia (HoFH) Agents

*\*Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Kynamro® (mipomersen)	Juxtapid® (lomitapide mesylate)

#### Hypertriglyceridemia Agents

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

#### 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) 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)

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### ORAL/INJECTABLE/TOPICAL AGENTS (continued)

#### Immunomodulation Agents - Crohn's Disease

*\*Clinical prior authorization may apply*

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

#### Immunomodulation Agents - Juvenile Idiopathic Arthritis

*\*Clinical prior authorization may apply*

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

#### Immunomodulation Agents - Plaque Psoriasis

*\*Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept) Humira® (adalimumab) Otezla® (apremilast)	Amevive® (alefacept) Cosentyx® (secukinumab) Remicade® (infliximab) Siliq® (brodalumab) Stelara® (ustekinumab) Taltz® (ixekizumab) 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)	Entyvio® (vedolizumab) Remicade® (infliximab) Simponi® (golimumab)

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### ORAL/INJECTABLE/TOPICAL AGENTS (continued)

#### Inflammatory Bowel Disease Agents – Oral

Preferred	Non-Preferred, Prior Authorization Required
Azulfidine® (sulfasalazine) Delzicol® (mesalamine DR) Lialda® (mesalamine DR) Pentasa® (mesalamine ER)	Apriso® (mesalamine ER 24hr) Asacol® HD (mesalamine DR) Colazal® (balsalazide disodium) Dipentum® (olsalazine) Giazo® (balsalazide disodium) Uceris® (budesonide)

#### Insulin - Long-Acting

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

#### Insulin - Long-Acting/GLP-1 RA

Preferred	Non-Preferred, Prior Authorization Required
Soliqua® (insulin glargine/lixisenatide)	Xultophy® (insulin degludec/liraglutide)

#### 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	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 - Injectable

*\*Clinical prior authorization may apply*

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



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### ORAL/INJECTABLE/TOPICAL AGENTS (continued)

#### 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)

#### Muscle Relaxants – Spasticity

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

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### ORAL/INJECTABLE/TOPICAL AGENTS (continued)

#### Non-Steroidal Anti-Inflammatory Drugs - Oral

*\*Clinical prior authorization may apply\**

Preferred	Non-Preferred, Prior Authorization Required
Advil® (ibuprofen)	Anaprox® (naproxen)
Aleve® (naproxen)	Anaprox DS® (naproxen)
Ansaid® (flurbiprofen)	Arthrotec® (diclofenac/misoprostol)
Cataflam® (diclofenac potassium)	Cambia® (diclofenac)
Clinoril® (sulindac)	Daypro® (oxaprozin)
EC-Naprosyn® (naproxen)	Dolobid® (diflunisal)
Indocin® (indomethacin)	Feldene® (piroxicam)
Mobic® (meloxicam)	Indocin® SR (indomethacin)
Motrin® (ibuprofen)	Lodine® (etodolac)
Motrin-IB® (ibuprofen)	Lodine® XL (etodolac)
Naprosyn® (naproxen)	Meclomen® (meclofenamate)
Relafen® (nabumetone)	Nalfon® (fenoprofen)
Toradol® (ketorolac) (limited to a 5 day supply)	Naprelan® (naproxen)
	Naprelan® CR Dosepak (naproxen)
Voltaren® (diclofenac sodium oral)	Orudis® (ketoprofen)
	Orudis® KT (ketoprofen)
Voltaren® XR (diclofenac sodium oral)	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)

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### 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)
Demerol® (meperidine HCl)	Actiq® (fentanyl)
Dilaudid® (hydromorphone HCl)	Combunox™ (oxycodone/ibuprofen)
Fioricet® with Codeine 50/325/40/30 mg (butalbital/acetaminophen/caffeine/codeine)	Fentora® (fentanyl)
Hycet® (hydrocodone bitartrate/acetaminophen)	Fioricet® with Codeine 50/300/40/30 (butalbital/acetaminophen/caffeine/acetaminophen)
Levorphanol (all generics)	Fiorinal® with Codeine (butalbital/aspirin/caffeine/codeine)
Lorcet® (hydrocodone bitartrate/acetaminophen)	Lazanda™ (fentanyl)
Lortab® (hydrocodone bitartrate/acetaminophen)	Lorcet HD® (hydrocodone bitartrate/acetaminophen)
Morphine sulfate (all generics)	Lorcet Plus® (hydrocodone bitartrate/acetaminophen)
Norco® (hydrocodone bitartrate/acetaminophen)	Nucynta™ (tapentadol)
Oxycodone HCl (all generics)	Opana® (oxymorphone HCl)
Percocet® (oxycodone HCl/acetaminophen)	Oxaydo® (oxycodone HCl)
Percodan® (oxycodone HCl/aspirin)	Primlev™ (oxycodone HCl/acetaminophen)
Roxicet™ (oxycodone HCl/acetaminophen)	Subsys® (fentanyl)
Talwin® NX (pentazocine/naloxone)	Vicodin HP® (hydrocodone bitartrate/acetaminophen)
Tylenol® No. 2 (codeine phosphate/acetaminophen)	Xodol® (hydrocodone bitartrate/acetaminophen)
Tylenol® No. 3 (codeine phosphate/acetaminophen)	
Tylenol® No. 4 (codeine phosphate/acetaminophen)	
Ultracet® (tramadol/acetaminophen)	
Ultram® (tramadol)	
Vicodin® (hydrocodone bitartrate/acetaminophen)	
Vicodin ES® (hydrocodone bitartrate/acetaminophen)	

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### ORAL/INJECTABLE/TOPICAL AGENTS (continued)

#### Opioids - Long-Acting

*\*Clinical prior authorization may apply*

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

#### Pancreatic Enzyme Replacements

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

#### PCSK-9 Inhibitors

*\*Clinical prior authorization may apply*

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

#### Phosphate Binder Agents

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

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### ORAL/INJECTABLE/TOPICAL AGENTS (continued)

#### Platelet Aggregation Inhibitors - Secondary Cardiac Prevention

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

#### Pulmonary Hypertension Agents

Preferred	Non-Preferred, Prior Authorization Required
Orenitram® (treprostinil) Revatio® (sildenafil) Tracleer® (bosentan)	Adcirca® (tadalafil) Adempas® (riociguat) Letairis® (ambrisentan) Opsumit® (macitentan) Uptravi® (selexipag)

#### 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)

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### ORAL/INJECTABLE/TOPICAL AGENTS (continued)

#### 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)

#### 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
<b>Crestor® (rosuvastatin)</b> Lipitor® (atorvastatin) Mevacor® (lovastatin) Pravachol® (pravastatin) Zocor® (simvastatin)	Altoprev® (lovastatin) Lescol® (fluvastatin) Lescol® XL (fluvastatin) Livalo® (pitavastatin)

#### Statin Combination (formerly Products for Hyperlipidemia)

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

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### ORAL/INJECTABLE/TOPICAL AGENTS (continued)

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

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

#### Thiazolidinediones

Preferred	Non-Preferred, Prior Authorization Required
Actos® (pioglitazone) ACTOplus Met® (pioglitazone/metformin)	ACTOplus Met® XR (pioglitazone/metformin) Avandamet® (rosiglitazone/metformin) Avandia® (rosiglitazone) Duetact® (pioglitazone/glimepiride)

#### Thrombopoietin Receptor Agonists (TPO)

*\*Clinical prior authorization may apply*

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

#### Triptans

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

#### Xanthine Oxidase Inhibitors

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





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Anoro Ellipta® (umeclidinium/vilanterol) .....	1
Ansaid® (flurbiprofen).....	17
Antara® (fenofibrate).....	12
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ApexiCon E® (diflorasone diacetate).....	10
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Arcapta® (indacaterol) .....	1
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Asacol® HD (mesalamine DR).....	15
Asmanex® (mometasone) .....	2
Asmanex® HFA (mometasone) .....	2
Astelin® (azelastine).....	2
Astepro® (azelastine) .....	2
Atacand HCT® (candesartan/HCTZ) .....	8
Atacand® (candesartan).....	8
Atelvia® (risedronate) .....	9
Atralin® (tretinoin) gel .....	4
<b>Atrovent® HFA (ipratropium bromide) .....</b>	<b>1</b>
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Avar LS® (sulfacetamide-sulfur) pads .....	4
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Avar-E Green® (sulfacetamide-sulfur) cream .....	4
Avar-E® Emollient (sulfacetamide-sulfur) cream .....	4
Aveed® (testosterone undecanoate).....	6
Avinza® (morphine sulfate ER).....	19
Avita® (tretinoin) cream.....	4
Avodart®(dutasteride) .....	6
Axert® (almotriptan) .....	22
Axid® (nizatidine) .....	13
Axiron® (testosterone).....	6
Azelex® (azelaic acid) .....	20
Azelex® (azelaic acid) cream .....	4
Azopt® (brinzolamide).....	3
Azor® (amlodipine/olmesartan).....	8
Azulfidine® (sulfasalazine) .....	15
Banzel® (rufinamide).....	5
Basaglar® (insulin glargine) .....	15
Beconase AQ® (beclomethasone).....	2
Belbuca® (buprenorphine).....	19
Belsomra® (suvorexant).....	21
Benicar HCT® (olmesartan/HCTZ) .....	8
Benicar® (olmesartan).....	8
Benzaclin® (benzoyl peroxide-clindamycin) gel.....	4
Benzamycin® (benzoyl peroxide-erythromycin) gel .....	4
Bepreve® (bepotastine) .....	2
Betapace AF® (sotalol AF) .....	9
Betapace® (sotalol) .....	9
Bethkis® (tobramycin).....	2
Bevespi Aerosphere™ (glycopyrrolate/formoterol).....	1
Binosto® (alendronate).....	9
Blephamide S.O.P.® (sulfacetamide/prednisolone).....	3
Blephamide® (sulfacetamide/prednisolone) .....	3
Blocadren® (timolol) .....	9
Boniva® (ibandronate) .....	9
BP 10-1® (sulfacetamide/sulfur cleanser).....	4
Breo Ellipta® (fluticasone/vilanterol).....	1
Brilinta® (ticagrelor).....	20
Bromday® (bromfenac).....	3
BromSite® (bromfenac).....	3
Brovana® (arformoterol).....	1
Butrans® (buprenorphine) .....	19
Bydureon® BCise™ (exenatide ER).....	12
Bydureon® Pens and Vials (exenatide ER) .....	12
Byetta® (exenatide).....	12
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Caduet® (amlodipine/atorvastatin) .....	21
Calan SR® (verapamil SR) .....	10
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Cambia® (diclofenac) .....	17
Capex® (fluocinolone acetonide) .....	11
Capoten® (captopril) .....	3
Carac® (fluorouracil) .....	5
Cardene® (nicardipine IR) .....	10
Cardene® SR (nicardipine SR).....	10
Cardizem® (diltiazem IR) .....	10
Cardizem® CD (diltiazem).....	10
Cardizem® LA (diltiazem) .....	10
Cardizem® SR (diltiazem) .....	10
Cartia XT® (diltiazem ER).....	10
Cataflam® (diclofenac potassium) .....	17
Celebrex® (celecoxib).....	11
Celexa® (citalopram) .....	7
Celexa® solution (citalopram) .....	7
Cerisa® (sulfacetamide-sulfur) emulsion .....	4
Cesamet® (nabilone) .....	8
Cimzia® (certolizumab) .....	13, 14
Cipro® HC (ciprofloxacin/hydrocortisone) .....	3
Ciprodex® (ciprofloxacin/dexameth) .....	3
Clarinex® (desloratadine).....	8
Clarinex-D 12-hour® (desloratadine/pseudoephedrine) .....	8
Claritin 24-hr Allergy® (loratadine) .....	8
Claritin Hives Relief® (loratadine) .....	8
Claritin RediTabs® (loratadine) .....	8
Claritin® (loratadine).....	8
Claritin® Syrup (loratadine).....	8
Cleocin-T® (clindamycin) gel .....	4
Cleocin-T® (clindamycin) lotion.....	4
Cleocin-T® (clindamycin) solution.....	4
Clindacin® ETZ (clindamycin) swab .....	4
Clindacin-P® (clindamycin) swab.....	4
Clindagel® (clindamycin) gel .....	4
Clinoril® (sulindac).....	17
Clobetasol Propionate E® (clobetasol propionate) .....	10
Clobex® (clobetasol propionate).....	10
Clodan® (clobetasol propionate) .....	10
Cloderm® (clocortolone pivalate) .....	11
Codeine sulfate (all generics).....	18
Colazal® (balsalazide disodium) .....	15
Colestid® Granules (colestipol) .....	9
Colestid® Tablets (colestipol) .....	9
Combunox™ (oxycodone/ibuprofen).....	18
Concerta® (methylphenidate ER).....	5
ConZip® (tramadol).....	19



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Cordran® (flurandrenolide).....	11
Coreg CR® (carvedilol CR).....	9
Coreg® (carvedilol).....	9
Corgard® (nadolol).....	9
Cormax Scalp® (clobetasol propionate).....	10
Cortisporin® Otic Solution (neomycin/polymyxin B/hc).....	3
Cortisporin® Otic Suspension (neomycin/polymyxin B/hc).....	3
Cortisporin-TC® (neomy/colist/hc/thonz).....	3
Corzide® (nadolol/bendroflumethiazide).....	9
Cosentyx® (secukinumab).....	13, 14
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Coumadin® (warfarin).....	6
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<b>Crestor® (rosuvastatin).....</b>	<b>21</b>
Cromolyn® (cromolyn).....	2
Cutivate® (fluticasone propionate).....	11
Cymbalta® (duloxetine).....	7
Daklinza® (daclatasvir).....	12
Dantrium® (dantrolene).....	16
Daypro® (oxaprozin).....	17
Daytrana® (methylphenidate).....	5
Delzicol® (mesalamine DR).....	15
Demerol® (meperidine HCl).....	18
Depo-Testosterone® (testosterone cypionate).....	6
Derma-Smoothe/FS Body & Scalp® (fluocinolone acetonide).....	11
Dermatop® (prednicarbate).....	11
Dermazone® (triamcinolone acetonide).....	11
Desonate® (desonide).....	11
DesOwen® (desonide).....	11
Desoxyn® (methamphetamine).....	5
Detrol® (tolterodine).....	10
Detrol® LA (tolterodine ER).....	10
Dexedrine® ER capsules (dextroamphetamine ER).....	5
Dexedrine® tablets (dextroamphetamine).....	5
Dexilant® (dexlansoprazole).....	20
Dexilant® SoluTab (dexlansoprazole).....	20
Dextrostat® (dextroamphetamine).....	5
DiaBeta® (glyburide).....	22
Differin® (adapalene) cream.....	4
Differin® (adapalene) gel.....	4
Dilaudid® (hydromorphone HCl).....	18
Dilt-XR® (diltiazem ER).....	10
Diovan HCT® (valsartan/HCTZ).....	8
Diovan® (valsartan).....	8
Dipentum® (olsalazine).....	15
Diprolene AF® (betamethasone dipropionate augmented).....	10
Diprolene® (betamethasone dipropionate augmented).....	10



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Ditropan® (oxybutynin).....	10
Dolobid® (diflunisal).....	17
Doxepin capsules and solution .....	7
Duac® (benzoyl peroxide-clindamycin) gel .....	4
Duetact® (pioglitazone/glimepiride).....	22
Dulera® (formoterol/mometasone).....	1
Duragesic® (fentanyl).....	19
Dutoprol® (metoprolol/HCTZ).....	9
Dyanavel® XR (amphetamine ER) .....	5
DynaCirc® (isradipine IR).....	10
EC-Naprosyn® (naproxen).....	17
Edarbi® (azilsartan medoxomil) .....	8
Edarbyclor® (azilsartan medoxomil/chlorthalidone) .....	8
Edluar® (zolpidem).....	21
Effexor® (venlafaxine).....	7
Effexor® XR capsules (venlafaxine ER) .....	7
Effexor® XR tablets (venlafaxine ER).....	7
Effient® (prasugrel).....	20
Efudex® (fluorouracil) .....	5
Elavil® (amitriptyline).....	7
Elestat® (epinastine) .....	2
Eliphos® (calcium acetate).....	19
Eliquis® (apixaban).....	6
Elocon® (mometasone furoate).....	11
Emadine® (emedastine).....	2
Embeda® (morphine/naltrexone).....	19
Enablex® (darifenacin) .....	10
Enbrel® (etanercept).....	13, 14
Entresto® (sacubitril/valsartan) .....	8
Entyvio® (vedolizumab) .....	14
Epaned® (enalapril solution).....	3
Epclusa® (sofosbuvir/velpatasvir).....	12
Epiduo® (benzoyl peroxide-adapalene) gel .....	4
Epiduo® Forte (adapalene/benzoyl peroxide) .....	4
Epinephrine auto injectors.....	6
Epipen Jr® (epinephrine auto inject).....	6
Epipen® (epinephrine auto inject) .....	6
Epogen® (epoetin alfa).....	12
Ery® (erythromycin) pads.....	4
Erygel® (erythromycin) gel.....	4
Erythromycin solution.....	4
Esomeprazole strontium® (esomeprazole strontium).....	20
Evoclin® (clindamycin phosphate) foam .....	4
Exalgo® (hydromorphone HCl ER).....	19
Exforge® (amlodipine/valsartan) .....	8
Fabior® (tazarotene) foam.....	4
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Fexmid® 7.5mg (cyclobenzaprine) .....	16
Fiasp® Vial, Flextouch® .....	15
Finacea® (azelaic acid) .....	20
Fioricet® with Codeine 50/300/40/30 (butalbital/acetaminophen/caffeine/acetaminophen) .....	18
Fioricet® with Codeine 50/325/40/30 mg (butalbital/acetaminophen/caffeine/codeine).....	18
Fiorinal® with Codeine (butalbital/aspirin/caffeine/codeine) .....	18
Flector® Patch (diclofenac epolamine) .....	17
Flexeril® (cyclobenzaprine) .....	16
Flonase® (fluticasone).....	2
Flovent® Diskus® (fluticasone) .....	2
Flovent® HFA (fluticasone).....	2
Fluocinolone Body & Scalp® (fluocinolone acetonide) .....	11
Focalin® (dexamethylphenidate) .....	5
Focalin® XR (dexamethylphenidate ER) .....	5
Fortamet® (metformin ER).....	9
Fortesta® (testosterone) .....	6
Fosamax Plus D® (alendronate/cholecalciferol) .....	9
Fosamax® (alendronate) .....	9
Fosrenol® (lanthanum carbonate) .....	19
Frova® (frovatriptan).....	22
Fycompa® (perampanel) .....	5
Gabitril® (tiagabine) .....	5
Gelnique® Gel (oxybutynin) .....	10
Genotropin® (somatropin).....	12
Genotropin® MiniQuick (somatropin) .....	12
Giazo® (balsalazide disodium) .....	15
Glucophage® (metformin) .....	9
Glucophage® XR (metformin ER) .....	9
Glucotrol XL® (glipizide XL).....	22
Glucotrol® (glipizide).....	22
Glucovance® (glyburide/metformin) .....	22
Glumetza® (metformin ER) .....	9
Glynase PresTab® (micronized glyburide).....	22
Glyset® (miglitol).....	6
Glyxambi® (empagliflozin/linagliptin) .....	21
Granisol® (granisetron) .....	8
Halog® (halcinonide) .....	10
Harvoni® (ledipasvir/sofosbuvir) .....	12
Hetlioz® (tasimelteon).....	21
Humalog® (excluding multi-dose vials).....	15
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Humalog® Mix (excluding multi-dose vials).....	15





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Humalog® multi-dose vial .....	15
Humatrope® (somatropin) .....	12
Humira® (adalimumab) .....	13, 14
Humulin 70/30® (excluding multi-dose vials) .....	15
Humulin 70/30® multi-dose vial .....	15
Humulin N® (excluding multi-dose vials) .....	15
Humulin N® multi-dose vial .....	15
Humulin R® (excluding multi-dose vials).....	15
Humulin R® multi-dose vial.....	15
Hycet® (hydrocodone bitartrate/acetaminophen).....	18
Hydrocortisone base (all generics of brand products on the PDL) .....	11
Hysingla® ER (hydrocodone ER) .....	19
Hyzaar® (losartan/HCTZ) .....	8
Ilevro® (nepafenac).....	3
Imitrex® (sumatriptan) pens, vials, cartridges, nasal spray .....	22
Imitrex® (sumatriptan) tablets.....	22
Incruse Ellipta® (umeclidinium bromide).....	1
Inderal® (propranolol).....	9
Inderal® LA (propranolol XL) .....	9
Indocin® (indomethacin).....	17
Indocin® SR (indomethacin) .....	17
InnoPran® XL (propranolol XL) .....	9
Intermezzo® (zolpidem) .....	21
Invokamet® (canagliflozin/metformin) .....	21
Invokamet® XR (canagliflozin/metformin ER).....	21
Invokana® (canagliflozin) .....	21
Isoptin® SR (verapamil SR) .....	10
Janumet® (sitagliptin/metformin) .....	11
Janumet® XR (sitagliptin/metformin XR) .....	11
Januvia® (sitagliptin) .....	11
Jardiance® (empagliflozin) .....	21
Jentadueto® (linagliptin/metformin) .....	11
Jentadueto® XR (linagliptin/metformin XR).....	11
Juxtapid® (lomitapide mesylate).....	13
Kadian® (morphine sulfate ER) .....	19
Kazano® (alogliptin/metformin) .....	11
Kenalog® (triamcinolone acetonide).....	11
Keppra XR® (levetiracetam XR) .....	5
Keppra® (levetiracetam) .....	5
Keppra® Solution (levetiracetam) .....	5
Kerlone® (betaxolol).....	9
Kevzara® (sarilumab).....	13
Khedeza® (desvenlafaxine) .....	7
Kineret® (anakinra) .....	13
Kitabis pak® (tobramycin nebulizer) .....	2
Klaron® (sulfacetamide) lotion .....	4
Kombiglyze® XR (saxagliptin/metformin) .....	11



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Kynamro® (mipomersen) .....	13
Kytril® (granisetron) .....	8
Labetalol® (labetalol) .....	9
Lantus SoloStar® (insulin glargine) .....	15
Lantus® (insulin glargine) .....	15
Lastacaft® (alcaftadine) .....	2
Lazanda™ (fentanyl) .....	18
Lescol® (fluvastatin) .....	21
Lescol® XL (fluvastatin) .....	21
Letairis® (ambrisentan) .....	20
LevatoI® (penbutolol) .....	9
Levemir® Vial, FlexPen, FlexTouch (insulin detemir) .....	15
Lexapro® (escitalopram) .....	7
Lexapro® solution (escitalopram) .....	7
Lialda® (mesalamine DR) .....	15
Lidex E® (fluocinonide) .....	10
Lidex® (fluocinonide) .....	10
Linzess® (linaclotide) .....	6
Lioresal® (baclofen) .....	16
Lipitor® (atorvastatin) .....	21
Lipofen® (fenofibrate) .....	12
Livalo® (pitavastatin) .....	21
Locoid Lipocream® (hydrocortisone butyrate) .....	11
Locoid® (hydrocortisone butyrate) .....	11
Lodine® (etodolac) .....	17
Lodine® XL (etodolac) .....	17
Lofibra® (fenofibrate) .....	12
LoKara® (desonide) .....	11
Lonhala™ Magnair™ (glycopyrrolate) .....	1
Lopid® (gemfibrozil) .....	12
Lopressor HCT® (metoprolol/HCTZ) .....	9
Lopressor® (metoprolol tartrate) .....	9
Lorcet HD® (hydrocodone bitartrate/acetaminophen) .....	18
Lorcet Plus® (hydrocodone bitartrate/acetaminophen) .....	18
Lortab® (hydrocodone bitartrate/acetaminophen) .....	18
Lorzone® (chlorzoxazone) .....	16
Lotensin® (benazepril) .....	3
Lotrel® (benazepril/amlodipine) .....	4
Lotronex® (alosetron) .....	7
Lovaza® (omega-3 acid ethyl esters) .....	13
Lumigan® (bimatoprost) .....	3
Lunesta® (eszopiclone) .....	21
Luvox CR® (fluvoxamine) .....	7
Luvox® (fluvoxamine) .....	7
Luxiq® (betamethasone valerate) .....	11
Lyrica® (pregabalin) .....	5
Lyrica® Solution (pregabalin) .....	5
Marinol® (dronabinol) .....	8



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Matzim LA® (diltiazem ER) .....	10
Mavik® (trandolapril) .....	3
Mavyret® (glecaprevir/pibrentasvir) .....	12, 13
Maxair® (pirbuterol).....	1
Maxalt® (rizatriptan) .....	22
Maxalt-MLT® (rizatriptan).....	22
Maxitrol® (neomycin/polymyxin/dexamethasone).....	3
Meclomen® (meclofenamate) .....	17
Metadate CD® (methylphenidate 30/70) .....	5
Metadate® ER (methylphenidate ER) .....	5
Metaglip® (glipizide/metformin) .....	22
Metaxall® (metaxalone).....	16
Methitest® (methyltestosterone) .....	6
Methylin Chewable® (methylphenidate).....	5
Methylin Solution® (methylphenidate).....	5
Metrocream® (metronidazole) .....	20
Metrogel® (metronidazole).....	20
MetroLotion® (metronidazole) .....	20
Mevacor® (lovastatin) .....	21
Micardis HCT® (telmisartan/HCTZ) .....	8
Micardis® (telmisartan).....	8
Micronase® (glyburide).....	22
Mirvaso® (brimonidine) .....	20
Mobic® (meloxicam) .....	17
Monopril® (fosinopril).....	3
MorphaBond ER® (morphine sulfate ER).....	19
Morphine sulfate (all generics).....	18
Motrin® (ibuprofen).....	17
Motrin-IB® (ibuprofen).....	17
Movantik® (naloxegol) .....	7
MS Contin® (morphine sulfate ER).....	19
Mydayis® (dextroamphetamine/amphetamine) .....	5
Myrbetriq® (mirabegron).....	10
Nalfon® (fenoprofen) .....	17
Naprelan® (naproxen).....	17
Naprelan® CR Dosepak (naproxen).....	17
Naprosyn® (naproxen) .....	17
Nasacort AQ®(triamcinolone) .....	2
Nasarel® (flunisolide) .....	2
Nasonex® (mometasone).....	2
Natesto® (testosterone).....	6
Natroba® (spinosad).....	15
Nesina® (alogliptin) .....	11
Neuac® (clindamycin/benzoyl peroxide) .....	4
Neurontin® (gabapentin) .....	5
Nevanac® (nepafenac) .....	3
Nexium® Suspension (esomeprazole).....	20
Nexium® (esomeprazole).....	20



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Nolix® (flurandrenolide).....	11
Norco® (hydrocodone bitartrate/acetaminophen) .....	18
Norditropin® FlexPro (somatropin).....	12
Norflex® (orphenadrine) .....	16
Norgesic® (orphenadrine/aspirin/caffeine) .....	16
Norgesic® Forte (orphenadrine/aspirin/caffeine) .....	16
Noritate® (metronidazole) .....	20
Norpramin® (desipramine) .....	7
Norvasc® (amlodipine).....	10
Novolin 70/30® (excluding multi-dose vials) .....	15
Novolin 70/30® multi-dose vial.....	15
Novolin N® (excluding multi-dose vials) .....	15
Novolin N® multi-dose vial.....	15
Novolin R® (excluding multi-dose vials).....	15
Novolin R® multi-dose vial .....	15
NovoLog® Mix multi-dose vial, PenFill, & FlexPens .....	15
NovoLog® multi-dose vial, PenFill, & FlexPen.....	15
Nplate® (romiplostim).....	22
Nucynta® ER (tapentadol).....	19
Nucynta™ (tapentadol) .....	18
Nutropin AQ NuSpin® (somatropin) .....	12
Nutropin® AQ (somatropin) .....	12
Ocufen®(flurbiprofen).....	3
Olux® (clobetasol propionate) .....	10
Olux-E® (clobetasol propionate) .....	10
Omnaris® (ciclesonide).....	2
Omnitrope® (somatropin).....	12
Onexton® (benzoyl peroxide-clindamycin) gel .....	4
Onfi® (clobazam).....	5
Onglyza® (saxagliptin) .....	11
Onzetra Xsail® (sumatriptan) .....	22
Opana® (oxymorphone HCl) .....	18
Opana® ER (oxymorphone).....	19
Opsumit® (macitentan).....	20
Optivar® (azelastine).....	2
Orencia® (abatacept) .....	13, 14
Orencia®(abatacept) .....	14
Orenitram® (treprostinil) .....	20
Orudis® (ketoprofen) .....	17
Orudis® KT (ketoprofen) .....	17
Oruvail® (ketoprofen) .....	17
Oseni®(alogliptin/pioglitazone) .....	11
Otezla® (apremilast).....	14
Otovel® (ciprofloxacin/fluocinolone).....	3
Otrexup® (methotrexate).....	15
Ovide® (malathion) .....	15
Oxandrin® (oxandrolone).....	6
Oxaydo® (oxycodone HCl).....	18



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Oxtellar® XR (oxcarbazepine).....	5
Oxycodone HCl (all generics) .....	18
OxyContin® (oxycodone SR).....	19
Oxytrol® Patch (oxybutynin) .....	10
Ozempic® (semaglutide) .....	12
Pamelor® (nortriptyline) .....	7
Pamelor® solution (nortriptyline) .....	7
Pancreaze® (pancrelipase) .....	19
Pandel® (hydrocortisone probutate) .....	11
Parafon Forte DSC® (chlorzoxazone) .....	16
Pataday® (olopatadine).....	2
Patanase® (olopatadine).....	2
Patanol® (olopatadine) .....	2
Paxil® solution (paroxetine) .....	7
Paxil CR® (paroxetine ER).....	7
Paxil® (paroxetine) .....	7
Pazeo® (olopatadine).....	2
Pediaderm HC® (hydrocortisone base).....	11
Pennsaid® (diclofenac).....	17
Pentasa® (mesalamine ER).....	15
Pepcid® (famotidine).....	13
Pepcid® (famotidine) oral suspension .....	13
Percocet® (oxycodone HCl/acetaminophen).....	18
Percodan® (oxycodone HCl/aspirin) .....	18
Perforomist® (formoterol) .....	1
Pertzye® (pancrelipase).....	19
Pexeva® (paroxetine) .....	7
Phoslo® (calcium acetate).....	19
Phoslyra® (calcium acetate oral solution).....	19
Picato® (ingenol mebutate) .....	5
Plavix® (clopidogrel).....	20
Plendil® (felodipine).....	10
Ponstel® (mefenamic acid) .....	17
Pradaxa® (dabigatran).....	6
Praluent® (alirocumab) .....	19
Prandin® (repaglinide) .....	15
Pravachol® (pravastatin) .....	21
Precose® (acarbose).....	6
Pred-G S.O.P.® (prednisolone/Gentamicin).....	3
Pred-G® (prednisolone/gentamicin).....	3
Prevacid SoluTab® (lansoprazole) .....	20
Prevacid® (lansoprazole).....	20
Prevalite® Powder (cholestyramine light) .....	9
Prevalite® Powder Packs (cholestyramine light).....	9
Prilosec® (omeprazole) .....	20
Prilosec® Packets (omeprazole) .....	20
Primlev™ (oxycodone HCl/acetaminophen).....	18
Prinivil® (lisinopril) .....	3



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Pristiq® (desvenlafaxine).....	7
ProAir HFA® (albuterol).....	1
ProAir RespiClick® (albuterol).....	1
Procardia® XL (nifedipine ER).....	10
Procentra® (dextroamphetamine).....	5
Procrit® (epoetin alfa).....	12
Prolensa® (bromfenac).....	3
Promacta® (eltrombopag).....	22
Proscar® (finasteride).....	6
Protonix® (pantoprazole).....	20
Protonix® Packets (pantoprazole).....	20
Proventil® HFA (albuterol).....	1
Proventil® Inhalation Solution (albuterol).....	1
Prozac Weekly® (fluoxetine).....	7
Prozac® capsules (fluoxetine).....	7
Prozac® solution (fluoxetine).....	7
Prozac® tablets (fluoxetine).....	7
Psorcon® (diflorasone diacetate).....	10
Pulmicort Flexhaler™ (budesonide).....	2
Pulmicort Respules® (budesonide) * > 7 years of age.....	2
Pulmicort Respules® (budesonide) * ≤ 6 years of age only.....	2
Qbrelis® (lisinopril solution).....	3
Qnasl® (beclomethasone).....	2
Qtern® (dapagliflozin/saxagliptin).....	21
Questran Light® (cholestyramine light).....	9
Questran® (cholestyramine).....	9
Quillichew ER™ (methylphenidate ER).....	5
Quillivant XR® (methylphenidate ER).....	5
QVAR RediHaler® (beclomethasone).....	2
QVAR® (beclomethasone).....	2
Rasuvo® (methotrexate).....	15
Refresh® (ketotifen).....	2
Relafen® (nabumetone).....	17
Relistor® (methylnaltrexone) (tablets and injection).....	7
Relpax® (eletriptan).....	22
Remicade® (infliximab).....	13, 14
Renagel® (sevelamer HCl).....	19
Renvela® (sevelamer carbonate).....	19
Repatha® (evolocumab).....	19
Retin-A® (tretinoin) cream.....	4
Retin-A® Micro (tretinoin) gel.....	4
Revatio® (sildenafil).....	20
Rhinocort AQ® (budesonide).....	2
Rhofade® (oxymetazoline).....	20
Riomet® (metformin oral solution).....	9
Ritalin LA® (methylphenidate 50/50).....	5
Ritalin SR® (methylphenidate ER).....	5
Ritalin® (methylphenidate).....	5



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Rituxan® (rituximab) .....	13
Robaxin® (methocarbamol) .....	16
Robaxin-750® (methocarbamol) .....	16
Rosadan® (metronidazole).....	20
Rosanil® Cleanser (sulfacetamide-sulfur) emulsion.....	4
Rosula® (sulfacetamide-sulfur) pads.....	4
Roxicet™ (oxycodone HCl/acetaminophen) .....	18
Rozerem® (ramelteon).....	21
Ryzolt® (tramadol ER) .....	19
Saizen® (somatropin) .....	12
Sanctura® (trospium) .....	10
Sanctura® XR (trospium ER) .....	10
Sancuso® (granisetron) .....	8
Savaysa® (edoxaban).....	6
Savella® (milnacipran).....	7
Sectral® (acebutolol).....	9
Seebri Neohaler® (glycopyrrolate).....	1
Segluromet™ (ertugliflozin/metformin) .....	21
Serevent® Diskus® (salmeterol) .....	1
Sernivo® (betamethasone dipropionate).....	10
Silenor® (doxepin).....	21
Siliq® (brodalumab).....	14
Simbrinza® (brinzolamide/brimonidine tartrate) .....	3
Simponi Aria® (golimumab) .....	13
Simponi® (golimumab).....	13, 14
Sitavig® (acyclovir) .....	8
Skelaxin® (metaxalone).....	16
Sklice® (ivermectin).....	15
Solaraze 3% gel (diclofenac sodium).....	5
Soliqua® (insulin glargine/lixisenatide) .....	15
Soma® (carisoprodol).....	16
Sonata® (zaleplon) .....	21
Soolantra® (ivermectin) .....	20
Sovaldi® (sofosbuvir)/Olysio® (simprevir) in combination .....	12
Spiriva® Handihaler® (tiotropium) .....	1
Spiriva® Respimat (tiotropium).....	1
Spritam® (levetiracetam) .....	5
Sprix® Nasal Spray (ketorolac tromethamine).....	17
SSS 10-5® (sulfacetamide-sulfur) cream .....	4
Starlix® (nateglinide).....	15
Steglatro™ (ertugliflozin) .....	21
Steglujan™ (ertugliflozin/sitagliptin).....	21
Stelara® (ustekinumab).....	14
Stiolto® Respimat® (tiotropium/olodaterol).....	1
Striant® (testosterone).....	6
Striverdi® Respimat® (olodaterol).....	1
Subsys® (fentanyl).....	18
Sular® (nisoldipine) .....	10





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Sulfacetamide suspension .....	4
Sulfacetamide-Sulfur lotion .....	4
Sumadan® (sulfacetamide-sulfur) kit.....	4
Sumadan® Wash (sulfacetamide-sulfur cleanser) .....	4
Sumavel DosePro® (sumatriptan) .....	22
Sumaxin® (sulfacetamide-sulfur) pads.....	4
Sumaxin® TS (sulfacetamide-sulfur) suspension .....	4
Sumaxin® Wash (sulfacetamide-sulfur) liquid .....	4
Surmontil® (trimipramine) .....	7
Symbicort® (budesonide/formoterol).....	1
Symjepi® (epinephrine).....	6
Symproic® (naldemedine) .....	7
Synalar® (fluocinolone acetonide) .....	11
Syndros® (dronabinol).....	8
Synjardy® (empagliflozin/metformin).....	21
Synjardy® XR (empagliflozin/metformin ER) .....	21
Tagamet® (cimetidine).....	13
Taltz® (ixekizumab) .....	14
Talwin® NX (pentazocine/naloxone).....	18
Tanzeum® (albiglutide) .....	12
Tarka® (trandolapril/verapamil) .....	4
Tazorac® (tazarotene) cream .....	4
Tazorac® (tazarotene) gel .....	4
Taztia XT® (diltiazem ER).....	10
Technivie® (ombitasvir/paritaprev/ritonavir).....	12
Temovate E® (clobetasol propionate).....	10
Temovate® (clobetasol propionate) .....	10
Tenormin® (atenolol) .....	9
Testim® (testosterone) .....	6
Testred® (methyltestosterone).....	6
Teveten® (eprosartan) .....	8
Texacort® (hydrocortisone base) .....	11
Tiazac® (diltiazem) .....	10
Tivorbex® (indomethacin).....	17
Tobi® (tobramycin).....	2
Tobi® Podhaler™ (tobramycin) .....	2
TobraDex® (tobramycin/dexamethasone).....	3
TobraDex® ST (tobramycin/dexamethasone).....	3
Tofranil - PM® (imipramine).....	7
Tofranil® (imipramine) .....	7
Tolak® (fluorouracil).....	5
Tolectin 600® (tolmetin) .....	17
Tolectin DS® (tolmetin) .....	17
Topicort® (desoximetasone) .....	10
<b>Toprol-XL® (metoprolol succinate) .....</b>	<b>9</b>
Toradol®(ketorolac) (limited to a 5 day supply) .....	17
Toujeo Solostar® (insulin glargine) .....	15
Toviaz® (fesoterodine) .....	10



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Tracleer® (bosentan).....	20
Tradjenta® (linagliptin).....	11
Travatan Z® (travoprost) .....	3
Tremfya®(Guselkumab) .....	14
Tresiba Flextouch® (insulin degludec) .....	15
Triamcinolone acetonide (all generics of brand products on the PDL) .....	11
Trianex® (triamcinolone acetonide).....	11
Tribenzor® (olmesartan/amlodipine/HCTZ).....	8
Tricor® (fenofibrate) .....	12
Triderm® (triamcinolone acetonide).....	11
Tridesilon® (desonide) .....	11
Triglide® (fenofibrate) .....	12
Trilipix® (fenofibric acid) .....	12
Troxyca® ER (oxycodone/naltrexone).....	19
Trulance®(plecanatide) .....	6
Trulicity® (dulaglutide).....	12
Trusopt® (dorzolamide) .....	3
Tudorza PressAir® (aclidinium) .....	1
Twynsta® (amlodipine/telmisartan) .....	8
Tylenol® No. 2 (codeine phosphate/acetaminophen).....	18
Tylenol® No. 3 (codeine phosphate/acetaminophen).....	18
Tylenol® No. 4 (codeine phosphate/acetaminophen).....	18
Tysabri® (natalizumab).....	14
Uceris® (budesonide).....	15
Uloric® (febuxostat) .....	22
Ultracet® (tramadol/acetaminophen) .....	18
Ultram® (tramadol).....	18
Ultram® ER (tramadol ER) .....	19
Ultravate® (halobetasol propionate) .....	10
Univasc® (moexipril) .....	3
Uptravi® (selexipag).....	20
Urispas® (flavoxate) .....	10
Utibron™ Neohaler® (indacaterol/glycopyrrolate).....	1
Valisone® (betamethasone valerate).....	11
Valtrex® (valacyclovir).....	8
Vanos® (fluocinonide) .....	10
Vantrela® ER (hydrocodone ER).....	19
Vascepa® (icosapent ethyl) .....	13
Vasotec® (enalapril) .....	3
Velosulin BR® (excluding multi-dose vials) .....	15
Velosulin BR® multi-dose vial.....	15
Velphoro® (sucroferric oxyhydroxide).....	19
Veltin® (clindamycin-tretinoin) .....	4
Ventolin HFA® (albuterol) .....	1
Ventolin® Inhalation Solution (albuterol) .....	1
Veramyst® (fluticasone).....	2
Verdeso® (desonide).....	11
Verelan PM® (verapamil) .....	10



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Verelan® (verapamil SR).....	10
Vesicare® (solifenacin).....	10
Viberzi®(eluxadoline).....	7
Vicoden HP® (hydrocodone bitartrate/acetaminophen).....	18
Vicodin ES® (hydrocodone bitartrate/acetaminophen).....	18
Vicodin® (hydrocodone bitartrate/acetaminophen).....	18
Victoza® (liraglutide).....	12
Viekira Pak® (dasabuvir/ombitasvir/paritaprevir/ritonavir).....	12
Viekira® XR (dasabuvir/ombitasvir/paritaprevir/ritonavir).....	12
Vimovo®(naproxen/esomeprazole).....	17
Viokace® (pancrelipase).....	19
Visken® (pindolol).....	9
Vivactil® (protriptyline).....	7
Vivlodex® (Meloxicam).....	17
Vogelxo® (testosterone).....	6
Voltaren® Gel (diclofenac).....	17
Voltaren® Ophthalmic (diclofenac).....	3
Voltaren® XR (diclofenac sodium oral).....	17
Voltaren®(diclofenac sodium oral).....	17
Vosevi®(sofosbuvir/velpatasvir/voxilaprevir).....	13
Vytorin® (ezetimibe/simvastatin).....	21
Vyvanse® (lisdexamfetamine).....	5
Vyzulta™ (latanoprostene bunod).....	3
Welchol® Powder (colesevelam).....	9
Welchol® Tablets (colesevelam).....	9
Westcort® (hydrocortisone valerate).....	11
Xalatan® (latanoprost).....	3
Xarelto® (rivaroxaban).....	6
Xartemis® XR (oxycodone/acetaminophen ER).....	19
Xeljanz® (tofacitinib).....	13, 14
Xeljanz® XR (tofacitinib).....	13, 14
Xermelo®(telotristat).....	7
Xhance™ (fluticasone).....	2
Xigduo XR®(dapagliflozin/metformin ER).....	21
Xodol® (hydrocodone bitartrate/acetaminophen).....	18
Xopenex HFA® (levalbuterol).....	1
Xopenex® Inhalation Solution (levalbuterol).....	1
Xtampza® ER (oxycodone ER).....	19
Xultophy® (insulin degludec/liraglutide).....	15
Xyzal® (levocetirizine).....	8
Zaditor® (ketotifen).....	2
Zanaflex® Capsules (tizanidine).....	16
Zanaflex® Tablets (tizanidine).....	16
Zantac® (ranitidine).....	13
Zebeta® (bisoprolol).....	9
Zecuity® (sumatriptan).....	22
Zegerid® (omeprazole/sodium bicarbonate).....	20
Zembrace Symtouch® (sumatriptan).....	22



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Zenpep® (pancrelipase) .....	19
Zenzedi® (dextroamphetamine) .....	5
Zepatier® (elbasvir/grazoprevir) .....	12
Zestril® (lisinopril) .....	3
Zetonna® (ciclesonide).....	2
Ziac® (bisoprolol/HCTZ).....	9
Ziana® (clindamycin-tretinoin).....	4
Zioptan® (tafluprost).....	3
Zipsor® (diclofenac).....	17
Zocor® (simvastatin) .....	21
Zofran ODT® (ondansetron).....	8
Zofran® (ondansetron).....	8
Zohydro® ER (hydrocodone ER) .....	19
Zoloft® (sertraline) .....	7
Zoloft® solution (sertraline) .....	7
Zolpidem generics .....	21
Zolpimist® (zolpidem) .....	21
Zomacton® (somatropin) .....	12
Zomig® (zolmitriptan) .....	22
Zomig-ZMT® (zolmitriptan).....	22
Zonegran® (zonisamide) .....	5
Zontivity® (vorapaxar).....	20
Zorvolex® (diclofenac).....	17
Zovirax® (acyclovir) (oral dosage forms only) .....	8
Zuplenz® (ondansetron).....	8
Zylet®(Loteprednol/Tobramycin).....	3
Zyloprim® (allopurinol) .....	22
Zyrtec® (cetirizine) .....	8
Zyrtec® Syrup (cetirizine) .....	8