

## 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)	Aerospan® (flunisolide)
Arnuity Ellipta® (fluticasone)	Armonair™ RespiClick® (fluticasone)
Asmanex® (mometasone)	Asmanex® HFA (mometasone)
Flovent® HFA (fluticasone)	Flovent® Diskus® (fluticasone)
Pulmicort Flexhaler™ (budesonide)	Pulmicort Respules® (budesonide) * > 7 years of age
Pulmicort Respules® (budesonide) * ≤ 6 years of age only	
QVAR® (beclomethasone)	
QVAR RediHaler® (beclomethasone)	

#### Tobramycin Products

Preferred	Non-Preferred, Prior Authorization Required
Bethkis® (tobramycin)	Tobi® (tobramycin)
Kitabis pak® (tobramycin nebulizer)	Tobi® Podhaler™ (tobramycin)

### INTRANASAL AGENTS

#### Antihistamines

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

#### Corticosteroids

Preferred	Non-Preferred, Prior Authorization Required
Flonase® (fluticasone)	Beconase AQ® (beclomethasone)
Qnasl® (beclomethasone)	Nasacort AQ® (triamcinolone)
Omnaris® (ciclesonide)	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)	Alocril® (nedocromil)
Cromolyn® (cromolyn)	Alomide® (Iodoxamide)
Patanol® (olopatadine)	Bepreve® (bepotastine)
Pazeo® (olopatadine)	Elestat® (epinastine)
Refresh® (ketotifen)	Emadine® (emedastine)
Zaditor® (ketotifen)	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® (dapsone) 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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#### Actinic Keratosis Agents (formerly Fluorouracil Agents)

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

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

*\*Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Amitiza® (lubiprostone) Movantik® (naloxegol) Symproic® (naldemedine)	Relistor® (methylnaltrexone) (tablets and injection)

#### Antidepressants – SNRIs

*\*Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Cymbalta® (duloxetine) Effexor® (venlafaxine) Effexor® XR capsules (venlafaxine ER) Pristiq® (desvenlafaxine)	Effexor® XR tablets (venlafaxine ER) Fetzima® (levomilnacipran) Savella® (milnacipran) Khedezla® (desvenlafaxine)

#### Antidepressants – SSRIs

*\*Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Celexa® (citalopram) Lexapro® (escitalopram) Luvox® (fluvoxamine) Paxil® (paroxetine) Prozac® capsules (fluoxetine) Prozac® solution (fluoxetine) Zoloft® (sertraline)	Celexa® solution (citalopram) Lexapro® solution (escitalopram) Luvox CR® (fluvoxamine CR) Paxil CR® (paroxetine CR) Paxil® solution (paroxetine) Pexeva® (paroxetine) Prozac® tablets (fluoxetine) Prozac Weekly® (fluoxetine) Zoloft® solution (sertraline)

#### Antidepressants – Tricyclics

*\*Clinical prior authorization may apply*

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

#### Anti-Diarrheal Agents

Preferred	Non-Preferred, Prior Authorization Required
Lotronex® (alosetron) Viberzi® (eluxadolone)	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) Toprol-XL® (metoprolol succinate) 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
<b>Adalat CC® (nifedipine ER)</b> Norvasc® (amlodipine) Plendil® (felodipine) Procardia® XL (nifedipine ER)	Adalat® (nifedipine IR) 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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#### Corticosteroids – Topical –Intermediate Potency

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Preferred	Non-Preferred, Prior Authorization Required
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)

#### Corticosteroids – Topical –Mild Potency

*\*Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Aclovate® (alclometasone 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) Pediderm HC® (hydrocortisone base) Texacort® (hydrocortisone base) Verdeso® (desonide)

#### COX-II Inhibitors

Preferred	Non-Preferred
Celebrex® (celecoxib)	

#### 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)	Jentaduetto® (linagliptin/metformin) Jentaduetto® 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® (darbepoetin 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)	Vicoden 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) 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) Velfphoro® (sucroferric 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
Adcirca® (tadalafil) Adempas® (riociguat) Letairis® (ambrisentan) Orenitram® (treprostinil) Revatio® (sildenafil) Tracleer® (bosentan)	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
Crestor® (rosuvastatin) 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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Aceon® (perindopril).....	3
Acetasol HC® (acetic acid/hydrocortisone) .....	3
AcipHex® (rabeprazole).....	20
AcipHex® Sprinkles™ (rabeprazole).....	20
Aclovate® (alclometasone dipropionate).....	11
Actemra® (tocilizumab).....	13, 14
Actiq® (fentanyl).....	18
Actonel® (risedronate).....	9
ACTOplus Met® (pioglitazone/metformin).....	22
ACTOplus Met® XR (pioglitazone/metformin).....	22
Actos® (pioglitazone).....	22
Acular LS® (ketorolac).....	3
Acular® (ketorolac).....	3
Acuvail® (ketorolac).....	3
Aczone® (dapsone) gel.....	4
<b>Adalat CC® (nifedipine ER).....</b>	<b>10</b>
Adalat® (nifedipine IR).....	10
<b>Adcirca® (tadalafil).....</b>	<b>20</b>
Adderall XR® (dextroamphetamine/amphetamine ER).....	5
Adderall® (dextroamphetamine/amphetamine) .....	5
<b>Adempas® (riociguat).....</b>	<b>20</b>
Adlyxin® (lixisenatide).....	12
Adrenaclick® (epinephrine auto inject).....	6
Advair Diskus® (fluticasone/salmeterol) .....	1
Advair® HFA (fluticasone/salmeterol) .....	1
Advil® (ibuprofen).....	17
Adzenys ER™ (amphetamine ER).....	5
Adzenys XR-ODT™ (amphetamine ER).....	5
Aerospan® (flunisolide).....	2
Afrezza® (insulin regular inhalation).....	15
Aggrenox® (aspirin-dipyridamole ER) .....	20
Airduo™ Respidick® (fluticasone/salmeterol) .....	1
Ala-Cort® (hydrocortisone base).....	11
Alaway® (ketotifen) .....	2
Aleve® (naproxen) .....	17
Allegra® (fexofenadine).....	8
Allegra® ODT (fexofenadine) .....	8
Allegra-D® (fexofenadine/pseudoephedrine).....	8
Allegra-D24® (fexofenadine/pseudoephedrine).....	8
Alocril® (nedocromil) .....	2
Alomide® (Iodoxamide).....	2



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Alsuma® (sumatriptan) .....	22
Altace® (ramipril).....	3
Altoprev® (lovastatin) .....	21
Alvesco® (ciclesonide).....	2
Amaryl® (glimepiride) .....	22
Ambien® (zolpidem) .....	21
Ambien® CR (zolpidem CR).....	21
Amerge® (naratriptan).....	22
Amevive® (alefacept).....	14
Amitiza® (lubiprostone).....	7
Amitiza®(lubiprostone) .....	6
Amoxapine.....	7
Amrix® (cyclobenzaprine ER).....	16
Anafranil® (domipramine).....	7
Anaprox DS® (naproxen) .....	17
Anaprox® (naproxen) .....	17
Androderm® (testosterone) .....	6
AndroGel® (testosterone).....	6
Android® (methyltestosterone) .....	6
Androxy® (fluoxymesterone).....	6
Anoro Ellipta® (umeclidinium/vilanterol).....	1
Ansaid® (flurbiprofen).....	17
Antara® (fenofibrate).....	12
Anzemet® (dolasetron) .....	8
ApexiCon E® (diflorasone diacetate) .....	10
Apidra® Vial, Solostar® .....	15
Apriso® (mesalamine ER 24hr).....	15
Aptensio XR® (methylphenidate ER).....	5
Aranesp® (darbepoetin alfa).....	12
Arcapta® (indacaterol) .....	1
Armonair™ RespiClick® (fluticasone).....	2
Arnuity Ellipta® (fluticasone) .....	2
Arthrotec® (didofenac/misoprostol).....	17
Arymo™ ER (morphine sulfate ER) .....	19
Asacol® HD (mesalamine DR).....	15
Asmanex® (mometasone) .....	2
Asmanex® HFA (mometasone) .....	2
Astelín® (azelastine).....	2
Astepro® (azelastine).....	2
Atacand HCT® (candesartan/HCTZ).....	8
Atacand® (candesartan).....	8
Atelvia® (risedronate) .....	9
Atralin® (tretinoin) gel .....	4
Atrovent® HFA (ipratropium bromide) .....	1
Auryxia® (ferric citrate) .....	19
Avalide® (irbesartan/HCTZ) .....	8
Avandamet® (rosiglitazone/metformin) .....	22
Avandia® (rosiglitazone).....	22





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Avapro® (irbesartan).....	8
Avar LS® (sulfacetamide-sulfur) pads .....	4
Avar® (sulfacetamide-sulfur) pads .....	4
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® (bedomethasone) .....	2
Belbuca® (buprenorphine) .....	19
Belsomra® (suvorexant).....	21
Benicar HCT® (olmesartan/HCTZ).....	8
Benicar® (olmesartan).....	8
Benzadin® (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
Bystolic® (nebivolol) .....	9
Byvalson® (nebivolol/valsartan).....	9



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Caduet® (amlodipine/atorvastatin).....	21
Calan SR® (verapamil SR).....	10
Calan® (verapamil IR).....	10
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
Clarinet® (desloratadine).....	8
Clarinet-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
Clinori® (sulindac).....	17
Clobetasol Propionate E® (clobetasol propionate).....	10
Clobex® (clobetasol propionate).....	10
Clodan® (dobetasol 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
Cotempla XR-ODT™ (methylphenidate).....	5
Coumadin® (warfarin).....	6
Cozaar® (losartan) .....	8
Creon® (pancrelipase).....	19
Crestor® (rosuvastatin) .....	21
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 XL® (oxybutynin ER) .....	10
Ditropan® (oxybutynin).....	10
Dolobid® (diflunisal).....	17
Doxepin capsules and solution .....	7
Duac® (benzoyl peroxide-dindamycin) 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
Eplclusa® (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
Famvir® (famciclovir) .....	8



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Farxiga® (dapagliflozin) .....	21
Feldene® (piroxicam) .....	17
Fenofibrate generics .....	12
Fenoglide® (fenofibrate) .....	12
Fentora® (fentanyl).....	18
Fetzima® (levomilnacipran) .....	7
Fexmid® 7.5mg (cydobenzaprine).....	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
Humalog® KwikPen®, Junior KwikPen® .....	15
Humalog® Mix (excluding multi-dose vials).....	15



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Humalog® Mix multi-dose vial .....	15
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® (umedidinium 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
Khedezla® (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
<b>Letairis® (ambrisentan).....</b>	<b>20</b>
Levator® (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® (badofen) .....	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® (dindamycin/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® (dopidogrel) .....	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® (bedomethasone) .....	2
Rasuvo® (methotrexate) .....	15
Refresh® (ketotifen).....	2
Relafen® (nabumetone).....	17
Relistor® (methylnaltrexone) (tablets and injection) .....	7
Relpax® (eletriptan).....	22
Remicade® (infliximab) .....	13, 14
Renage!® (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
Toprol-XL® (metoprolol succinate).....	9
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 acetate (all generics of brand products on the PDL) .....	11
Triamcinolone acetate (all generics of brand products on the PDL) .....	11
Triamcinolone acetate (all generics of brand products on the PDL) .....	11
Tribenzor® (olmesartan/amlodipine/HCTZ) .....	8
Tricor® (fenofibrate) .....	12
Tridem® (triamcinolone acetate) .....	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
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
Zenpep® (pancrelipase).....	19



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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® (didofenac) .....	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