



PREFERRED DRUG LIST

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INHALATION AGENTS

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

Beta ₂ -Agonists - Long-Acting <i>(Clinical prior authorization may apply)</i>	
Preferred	Non-Preferred, Prior Authorization Required
Serevent® Diskus® (salmeterol)	Arcapta® (indacaterol) Brovana® (arformoterol) Perforomist® (formoterol) Striverdi® Respimat® (olodaterol)

Beta ₂ -Agonists - Short-Acting	
Preferred	Non-Preferred, Prior Authorization Required
AccuNeb® (albuterol) ProAir HFA® (albuterol) Proventil® HFA (albuterol) Proventil® Inhalation Solution (albuterol) Ventolin® Inhalation Solution (albuterol)	ProAir RespiClick® (albuterol) Ventolin HFA® (albuterol) Xopenex® Inhalation Solution (levalbuterol) Xopenex HFA® (levalbuterol)

Beta ₂ -Agonists - Long-Acting/Anticholinergics <i>(Clinical prior authorization may apply)</i>	
Preferred	Non-Preferred, Prior Authorization Required
Anoro Ellipta® (umeclidinium/vilanterol) Bevespi Aerosphere™ (glycopyrrolate/formoterol) Stiolto® Respimat® (tiotropium/olodaterol)	Utibron™ Neohaler® (indacaterol/glycopyrrolate)

Beta ₂ -Agonists - Long-Acting/Corticosteroids <i>(Clinical prior authorization may apply)</i>	
Preferred	Non-Preferred, Prior Authorization Required
Advair Diskus® (fluticasone/salmeterol) Advair® HFA (fluticasone/salmeterol) Breo Ellipta® (fluticasone/vilanterol) Dulera® (formoterol/mometasone) Symbicort® (budesonide/formoterol)	Airduo™ Respiclick® (fluticasone/salmeterol)

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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
Generic tobramycin 300 mg/5 mL nebulization solution	Bethkis® (tobramycin) Kitabis pak® (tobramycin nebulizer) Tobi® (tobramycin) Tobi® Podhaler™ (tobramycin)

INTRANASAL AGENTS

Antihistamines

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

Corticosteroids

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

OPHTHALMIC AGENTS

Alpha-Adrenergic Agonists

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

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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)

Anti-Infective/Steroid Combinations

Preferred	Non-Preferred, Prior Authorization Required
Blephamide® (sulfacetamide/prednisolone) Maxitrol® (neomycin/polymyxin/dexamethasone) Pred-G® (prednisolone/gentamicin) Pred-G S.O.P.® (prednisolone/Gentamicin)	Blephamide S.O.P.® (sulfacetamide/prednisolone) TobraDex® (tobramycin/dexamethasone) TobraDex® ST (tobramycin/dexamethasone) Zylet® (Loteprednol/Tobramycin)

Beta-Blockers

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

Carbonic Anhydrase Inhibitors

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

Glaucoma Combination Products

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

Non-Steroidal Anti-Inflammatory Drugs – Ophthalmic

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

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OPHTHALMIC AGENTS

Prostaglandin Analogs

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

OTIC AGENTS

Anti-Infective/Steroid Combinations

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

ORAL/INJECTABLE/TOPICAL AGENTS

ACE Inhibitors

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

ACE Inhibitor/Calcium Channel Blocker Combinations

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

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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

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

Actinic Keratosis Agents (formerly Fluorouracil Agents) <i>(Clinical prior authorization may apply)</i>	
Preferred	Non-Preferred, Prior Authorization Required
Efudex® (fluorouracil)	Carac® (fluorouracil) Picato® (ingenol mebutate) Solaraze 3% gel (diclofenac sodium) + Tolak® (fluorouracil)

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ADHD – Amphetamine Type <i>(Clinical prior authorization may apply)</i>	
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 <i>(Clinical prior authorization may apply)</i>	
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) Metadate® ER (methylphenidate ER) Methylin Chewable® (methylphenidate) + Methylin Solution® (methylphenidate) Ritalin LA® (methylphenidate 50/50) Ritalin SR® (methylphenidate ER) +
Adjunct Anti-epileptics <i>(Clinical prior authorization may apply)</i>	
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)
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)

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Anaphylaxis Agents

Preferred	Non-Preferred, Prior Authorization Required
Adrenaclick® (epinephrine auto inject) ⁺ Epinephrine auto injectors Epipen® (epinephrine auto inject) Epipen Jr® (epinephrine auto inject)	Symjepi®(epinephrine) ⁺

Androgenic Agents (Formerly Testosterone Agents-Topical) (Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Androgel® (testosterone) Depo-Testosterone® (testosterone cypionate) Vogelxo® (testosterone)	Androderm® (testosterone) Android® (methyltestosterone) Aveed® (testosterone undecanoate) Axiron® (testosterone) Fortesta® (testosterone) Methitest® (methyltestosterone) Natesto® (testosterone) Oxandrin® (oxandrolone) Striant® (testosterone) Testim® (testosterone) Testred® (methyltestosterone)

Anti-coagulants

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

Anti-Constipation Agents

Preferred	Non-Preferred, Prior Authorization Required
Amitiza®(lubiprostone) Linzess®(linaclotide)*	Trulance®(plecanatide)

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)

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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Antidepressants – SNRIs <i>(Clinical prior authorization may apply)</i>	
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 <i>(Clinical prior authorization may apply)</i>	
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 <i>(Clinical prior authorization may apply)</i>	
Preferred	Non-Preferred, Prior Authorization Required
Doxepin capsules and solution Elavil® (amitriptyline) Pamelor® (nortriptyline) Tofranil® (imipramine)	Amoxapine Anafranil® (clomipramine) Norpramin® (desipramine) Pamelor® solution (nortriptyline) + Surmontil® (trimipramine) Tofranil - PM® (imipramine) + Vivactil® (protriptyline) +
Anti-Diarrheal Agents	
Preferred	Non-Preferred, Prior Authorization Required
Lotronex® (alosetron) Viberzi® (eluxadoline)	Xermelo® (telotristat)
Anti-emetics Cannabinoid <i>(Clinical prior authorization may apply)</i>	
Preferred	Non-Preferred, Prior Authorization Required
Marinol® (dronabinol)	Cesamet® (nabilone) Syndros® (dronabinol)

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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Anti-emetics Serotonin 5HT₃ Antagonists

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

Anti-Histamines - Non-Sedating

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

Anti-Viral – Herpes

Preferred	Non-Preferred, Prior 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) + 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® oral solution (alendronate) + Fosamax Plus D® (alendronate/cholecalciferol)

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Bladder Relaxant Agents	
Preferred	Non-Preferred, Prior Authorization Required
Ditropan® (oxybutynin) tablets and syrup ⁺ Ditropan XL® (oxybutynin ER) Toviaz® (fesoterodine) Vesicare® (solifenacin)	Detrol® (tolterodine) Detrol® LA (tolterodine ER) Enablex® (darifenacin ER) Gelnique® Gel (oxybutynin) Myrbetriq® (mirabegron) Oxytrol® Patch (oxybutynin) Sanctura® (trospium) ⁺ Sanctura® XR (trospium ER) ⁺ Urispas® (flavoxate) ⁺
Calcium Channel Blockers – Dihydropyridines	
Preferred	Non-Preferred, Prior Authorization Required
Adalat CC® (nifedipine ER) Norvasc® (amlodipine) Plendil® (felodipine) ⁺ Procardia® XL (nifedipine ER)	Adalat® (nifedipine IR) ⁺ Cardene® (nicardipine IR) ⁺ DynaCirc® (isradipine IR) ⁺ 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 – Oral	
Preferred	Non-Preferred, Prior Authorization Required
Deltasone® (prednisone) Orapred® (prednisolone) ⁺ Orapred® ODT™ (prednisolone) Pediapred® (prednisolone) Prednisone Intensol™ (prednisone concentrate) Prednisone solution Prednisolone syrup	Millipred™ (prednisolone) Millipred™ DP (prednisolone) Millipred™ DP 12-day (prednisolone) Rayos® (prednisone DR) Veripred® 20 (prednisolone)

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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Corticosteroids – Topical – High Potency <i>(Clinical prior authorization may apply)</i>	
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) 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)
Corticosteroids – Topical –Intermediate Potency <i>(Clinical prior authorization may apply)</i>	
Preferred	Non-Preferred, Prior Authorization Required
Cutivate [®] (fluticasone propionate) DesOwen [®] (desonide) Elocon [®] (mometasone furoate) Dermatop [®] (prednicarbate) ⁺ Kenalog [®] (triamcinolone acetonide) Synalar [®] (fluocinolone acetonide) Triamcinolone acetonide (all generics of brand products on the PDL)	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 <i>(Clinical prior authorization may apply)</i>	
Preferred	Non-Preferred, Prior Authorization Required
Aclovate [®] (acclometasone 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) Pedia Derm HC [®] (hydrocortisone base) Texacort [®] (hydrocortisone base) Verdeso [®] (desonide)

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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

COX-II Inhibitors

Preferred	Non-Preferred
Celebrex® (celecoxib)*	

Desmopressin Products

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

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® (sitagliptin/metformin) Janumet® XR (sitagliptin/metformin XR) Kombiglyze® XR (saxagliptin/metformin)	Jentadueto® (linagliptin/metformin) Jentadueto® XR (linagliptin/metformin XR) Kazano® (alogliptin/metformin) Oseni® (alogliptin/pioglitazone)

Erythropoiesis-Stimulating Agents

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

Fibric Acid Derivatives

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

GLP- 1 RA (formerly Incretin Mimetics)

(Clinical prior authorization may apply)

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

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Growth Hormones <i>(Clinical prior authorization may apply)</i>	
Preferred	Non-Preferred, Prior Authorization Required
Genotropin® (somatropin) Genotropin® MiniQuick (somatropin) Omnitrope® (somatropin)	Humatrope® (somatropin) Norditropin® FlexPro (somatropin) Nutropin AQ NuSpin® (somatropin) Saizen® (somatropin) Zomacton® (somatropin)
Hepatitis C Agents – Direct Acting <i>(Clinical prior authorization may apply)</i>	
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)
Hepatitis C Agents - Refractory Treatment <i>(Clinical prior authorization may apply)</i>	
Preferred	Non-Preferred, Prior Authorization Required
Mavyret® (glecaprevir/pibrentasvir)	Vosevi® (sofosbuvir/velpatasvir/voxilaprevir)
H₂ Antagonists	
Preferred	Non-Preferred, Prior Authorization Required
Pepcid® (famotidine) Zantac® (ranitidine)	Axid® (nizatidine) ⁺ Pepcid® (famotidine) oral suspension Tagamet® (cimetidine)
Homozygous Familial Hypercholesterolemia (HoFH) Agents <i>(Clinical prior authorization may apply)</i>	
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)

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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

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)

Immunomodulation Agents - Crohn's Disease

(Clinical prior authorization may apply)

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

Immunomodulation Agents - Juvenile Idiopathic Arthritis

(Clinical prior authorization may apply)

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

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)

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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Immunomodulation Agents - Psoriatic Arthritis

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept) Humira® (adalimumab) Otezla® (apremilast)	Cosentyx® (secukinumab) Cimzia® (certolizumab) Remicade® (infliximab) Simponi® (golimumab) Stelara® (ustekinumab) Orencia® (abatacept) Taltz® (ixekizumab)
Xeljanz® (tofacitinib) Xeljanz® XR (tofacitinib)	

Immunomodulation Agents - Ulcerative Colitis

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Humira® (adalimumab)	Entyvio® (vedolizumab) Remicade® (infliximab) Simponi® (golimumab)

Inflammatory Bowel Disease Agents – Oral

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

Insulin - Long-Acting

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

Insulin - Long-Acting/GLP-1 RA

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

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Insulin- Short Acting and Intermediate Acting	
Preferred	Non-Preferred, Prior Authorization Required
Humalog® multi-dose vial	Afrezza® (insulin regular inhalation)
Humalog® Mix multi-dose vial	Apidra® Vial, Solostar®
Humulin N® multi-dose vial	Fiasp® Vial, Flextouch®
Humulin R® multi-dose vial	Humalog® (excluding multi-dose vials)
Humulin 70/30® multi-dose vial	Humalog® KwikPen®, Junior KwikPen®
Novolin N® multi-dose vial	Humalog® Mix (excluding multi-dose vials)
Novolin R® multi-dose vial	Humulin N® (excluding multi-dose vials)
Novolin 70/30® multi-dose vial	Humulin R® (excluding multi-dose vials)
NovoLog® multi-dose vial, PenFill, & FlexPen	Humulin 70/30® (excluding multi-dose vials)
NovoLog® Mix multi-dose vial, PenFill, & FlexPens	Novolin N® (excluding multi-dose vials)
Velosulin BR® multi-dose vial	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)	Ovide® (malathion)
Sklice® (ivermectin)	

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

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

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

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Muscle Relaxants – Spasticity

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

Non-Steroidal Anti-Inflammatory Drugs - Oral

(Clinical prior authorization may apply)

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

Non-Steroidal Anti-Inflammatory Drugs – Topical

Preferred	Non-Preferred, Prior Authorization Required
Flector® Patch (diclofenac epolamine) Voltaren® Gel (diclofenac)	Pennsaid® (diclofenac) Sprix® Nasal Spray (ketorolac tromethamine)

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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

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

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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Pancreatic Enzyme Replacements

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

PCSK-9 Inhibitors

(Clinical prior authorization may apply)

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

Phosphate Binder Agents

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

Platelet Aggregation Inhibitors - Secondary Cardiac Prevention

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

Platelet Aggregation Inhibitors – Stroke

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

Proton Pump Inhibitors

(Clinical prior authorization may apply)

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

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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Pulmonary Hypertension Agents	
Preferred	Non-Preferred, Prior Authorization Required
Adcirca® (tadalafil) Adempas® (riociguat) Letairis® (ambrisentan) Orenitram® (treprostinil) Revatio® (sildenafil) Tracleer® (bosentan)	Opsumit® (macitentan) Remodulin® (treprostinil) Tyvaso®, Tyvaso® Starter, Tyvaso® Refill (treprostinil) Uptravi® (selexipag) Ventavis® (iloprost)
Rosacea Agents <i>(Clinical prior authorization may apply)</i>	
Preferred	Non-Preferred, Prior Authorization Required
Metrocream® (metronidazole) Metrogel® (metronidazole)	Azelex® (azelaic acid) Finacea® (azelaic acid) MetroLotion® (metronidazole) Mirvaso® (brimonidine) Noritate® (metronidazole) Rhofade® (oxymetazoline) Rosadan® (metronidazole) Soolantra® (ivermectin)
SGLT2 (sodium-glucose co-transporter 2) Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Invokana® (canagliflozin)	Farxiga® (dapagliflozin) Jardiance® (empagliflozin) Steglatro™ (ertugliflozin)
SGLT2 Inhibitor/DPP-4 Inhibitor Combination Agents <i>(Clinical prior authorization may apply)</i>	
Preferred	Non-Preferred, Prior Authorization Required
Glyxambi® (empagliflozin/linagliptin)	Qtern® (dapagliflozin/saxagliptin) Steglujan™ (ertugliflozin/sitagliptin)
SGLT2 Inhibitors/Biguanide Combination Agents <i>(Clinical prior authorization may apply)</i>	
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)

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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Sleep Agents – Scheduled - Non-Benzodiazepine	
Preferred	Non-Preferred, Prior Authorization Required
Ambien® (zolpidem) Zolpidem generics	Ambien® CR (zolpidem CR) Belsomra® (suvorexant) Edluar® (zolpidem) Intermezzo® (zolpidem) Lunesta® (eszopiclone) Sonata® (zaleplon) Zolpimist® (zolpidem)
Statins	
Preferred	Non-Preferred, Prior Authorization Required
Crestor® (rosuvastatin) Lipitor® (atorvastatin) Mevacor® (lovastatin) + Pravachol® (pravastatin) Zocor® (simvastatin)	Altoprev® (lovastatin) Lescol® (fluvastatin) + Lescol® XL (fluvastatin) Livalo® (pitavastatin) Zypitamag™ (pitavastatin)
Statin Combination (formerly Products for Hyperlipidemia)	
Preferred	Non-Preferred
Caduet® (amlodipine/atorvastatin) Vytorin® (ezetimibe/simvastatin)	
Sulfonylureas – 2 nd Generation	
Preferred	Non-Preferred, Prior Authorization Required
Amaryl® (glimepiride) DiaBeta® (glyburide) + Glucotrol® (glipizide) Glucovance® (glyburide/metformin) Glynase PresTab® (micronized glyburide) Micronase® (glyburide) +	Glucotrol XL® (glipizide XL) Metaglip® (glipizide/metformin) +
Thiazolidinediones	
Preferred	Non-Preferred, Prior Authorization Required
Actos® (pioglitazone) ACTOplus Met® (pioglitazone/metformin)	ACTOplus Met® XR (pioglitazone/metformin) Avandia® (rosiglitazone) Duetact® (pioglitazone/glimepiride)
Thrombopoietin Receptor Agonists (TPO) (Clinical prior authorization may apply)	
Preferred	Non-Preferred, Prior Authorization Required
Nplate® (romiplostim) Promacta® (eltrombopag)	



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

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

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Acetasol HC® (acetic acid/hydrocortisone).....	4
AcipHex® (rabeprazole).....	20
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Avapro® (irbesartan)	9
Avar LS® (sulfacetamide-sulfur) pads	5
Avar® (sulfacetamide-sulfur) pads	5
Avar-E Green® (sulfacetamide-sulfur) cream	5
Avar-E® Emollient (sulfacetamide-sulfur) cream	5
Aveed® (testosterone undecanoate)	7
Avinza® (morphine sulfate ER) +	19
Avita® (tretinoin) cream	5
Avita® (tretinoin) gel	5
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Axert® (almotriptan)	23
Axid® (nizatidine) +	14
Axiron® (testosterone)	7
Azelex® (azelaic acid)	21
Azelex® (azelaic acid) cream	5
Azopt® (brinzolamide)	3
Azor® (amlodipine/olmesartan)	9
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Azulfidine® (sulfasalazine)	16
Banzel® (rufinamide)	6
Basaglar® (insulin glargine)	16
Beconase AQ® (beclomethasone)	2
Belbuca® (buprenorphine)	19
Belsomra® (suvorexant)	22
Benicar HCT® (olmesartan/HCTZ)	9
Benicar® (olmesartan)	9
Benzaclin® (benzoyl peroxide-clindamycin) gel	5
Benzamycin® (benzoyl peroxide-erythromycin) gel	5
Bepreve® (bepotastine)	3
Betagan® (levobunolol)	3
Betapace AF® (sotalol AF)	10
Betapace® (sotalol)	10
Bethkis® (tobramycin)	2
Betimol® (timolol)	3
Betoptic® (betaxolol) +	3
Betoptic®-S (betaxolol)	3
Bevespi Aerosphere™ (glycopyrrolate/formoterol)	1
Binosto® (alendronate)	10
Blephamide S.O.P.® (sulfacetamide/prednisolone)	3
Blephamide® (sulfacetamide/prednisolone)	3
Blocadren® (timolol) +	10
Boniva® (ibandronate)	10
BP 10-1® (sulfacetamide/sulfur cleanser)	5
Breo Ellipta® (fluticasone/vilanterol)	1
Brilinta® (ticagrelor)	20
Brimonidine 0.2%	2
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BromSite® (bromfenac).....	3
Brovana® (arformoterol).....	1
Butrans® (buprenorphine)	19
Bydureon® BCise™ (exenatide ER).....	13
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Byetta® (exenatide).....	13
Bystolic® (nebivolol).....	10
Byvalson® (nebivolol/valsartan)	10
Caduet® (amlodipine/atorvastatin)	22
Calan SR® (verapamil SR)	11
Calan® (verapamil IR).....	11
Cambia® (diclofenac)	18
Capex® (fluocinolone acetonide)	12
Capoten® (captopril) +	4
Carac® (fluorouracil)	5
Cardene® (nicardipine IR) +	11
Cardizem® (diltiazem IR)*	11
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Cardizem® SR (diltiazem)	11
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Cataflam® (diclofenac potassium) +	18
Celebrex® (celecoxib)*	13
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Cesamet® (nabilone).....	8
Cimzia® (certolizumab)	15, 16
Cipro® HC (ciprofloxacin/hydrocortisone)	4
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Claritin 24-hr Allergy® (loratadine)	9
Claritin Hives Relief® (loratadine)	9
Claritin® (loratadine).....	9
Claritin® Syrup (loratadine).....	9
Cleocin-T® (clindamycin) gel	5
Cleocin-T® (clindamycin) lotion.....	5
Cleocin-T® (clindamycin) solution.....	5
Cleocin-T® (clindamycin) swab.....	5
Clindacin Pac® (clindamycin) kit.....	5
Clindacin® ETZ (clindamycin) swab	5
Clindacin-P® (clindamycin) swab.....	5
Clindagel® (clindamycin) gel	5
Clinoril® (sulindac) +	18
Clobetasol Propionate E® (clobetasol propionate)	12
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Clodan® (clobetasol propionate)	12

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Cloderm® (clocortolone pivalate)	12
Codeine sulfate (all generics)	19
Colazal® (balsalazide disodium)	16
Colestid® Granules (colestipol)	10
Colestid® Tablets (colestipol)	10
Combigan® (brimonidine/timolol)	3
Combunox™ (oxycodone/ibuprofen) ⁺	19
Concerta® (methylphenidate ER)	6
ConZip® (tramadol)	19
Cordran® (flurandrenolide)	12
Coreg CR® (carvedilol CR)	10
Coreg® (carvedilol)	10
Corgard® (nadolol)	10
Cormax Scalp® (clobetasol propionate) ⁺	12
Cortisporin® Otic Solution (neomycin/polymyxin B/hc)	4
Cortisporin® Otic Suspension (neomycin/polymyxin B/hc)	4
Cortisporin-TC® (neomy/colist/hc/thonz)	4
Corzide® (nadolol/bendroflumethiazide)	10
Cosentyx® (secukinumab)	15, 16
Cosopt® (dorzolamide/timolol)	3
Cosopt® PF (dorzolamide/timolol PF)	3
Cotempla XR-ODT™ (methylphenidate)	6
Coumadin® (warfarin)	7
Cozaar® (losartan)	9
Creon® (pancrelipase) *	20
Crestor® (rosuvastatin)	22
Cromolyn® (cromolyn)	3
Cutivate® (fluticasone propionate)	12
Cymbalta® (duloxetine)	8
Daklinza® (daclatasvir)	14
Dantrium® (dantrolene)	18
Daypro® (oxaprozin)	18
Daytrana® (methylphenidate)	6
DDAVP® (desmopressin) nasal solution	13
DDAVP® (desmopressin) tablets	13
DDAVP® Rhinal Tube (desmopressin)	13
Deltasone® (prednisone)	11
Delzicol® (mesalamine DR) *	16
Demerol® (meperidine HCl)	19
Depo-Testosterone® (testosterone cypionate)	7
Derma-Smothe/FS Body & Scalp® (fluocinolone acetonide)	12
Dermatop® (prednicarbate) ⁺	12
Dermazone® (triamcinolone acetonide)	12
Desonate® (desonide)	12
DesOwen® (desonide)	12
Desoxyn® (methamphetamine)	6
Detrol® (tolterodine)	11
Detrol® LA (tolterodine ER)	11



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Dexedrine® ER capsules (dextroamphetamine ER)	6
Dexedrine® tablets (dextroamphetamine)	6
Dexilant® (dexlansoprazole)*	20
Dexilant® SoluTab (dexlansoprazole).....	20
Dextrostat® (dextroamphetamine) +	6
DiaBeta® (glyburide) +	22
Differin® (adapalene) 0.1% and 0.3% gel tube	5
Differin® (adapalene) 0.3% gel pump	5
Differin® (adapalene) cream	5
Differin® (tretinoin) lotion	5
Dilaudid® (hydromorphone HCl).....	19
Dilt-XR® (diltiazem ER)	11
Diovan HCT® (valsartan/HCTZ).....	9
Diovan® (valsartan).....	9
Dipentum® (olsalazine)	16
Diprolene AF® (betamethasone dipropionate augmented)	12
Diprolene® (betamethasone dipropionate augmented)	12
Ditropan XL® (oxybutynin ER)	11
Ditropan® (oxybutynin) tablets and syrup+	11
Dolobid® (diflunisal) +	18
Doxepin capsules and solution	8
Duac® (benzoyl peroxide-clindamycin) gel	5
Duetact® (pioglitazone/glimepiride).....	22
Dulera® (formoterol/mometasone).....	1
Dutoprol® (metoprolol/HCTZ).....	10
Dyanavel® XR (amphetamine ER)	6
DynaCirc® (isradipine IR) +	11
EC-Naprosyn® (naproxen)	18
Edarbi® (azilsartan medoxomil)	9
Edarbyclor® (azilsartan medoxomil/chlorthalidone)	9
Edluar® (zolpidem).....	22
Effexor® (venlafaxine) +	8
Effexor® XR capsules (venlafaxine ER)*	8
Effexor® XR tablets (venlafaxine ER) +	8
Effient® (prasugrel).....	20
Efudex® (fluorouracil)	5
Elavil® (amitriptyline).....	8
Elestat® (epinastine)	3
Eliphos® (calcium acetate) +	20
Eliquis® (apixaban).....	7
Elocon® (mometasone furoate).....	12
Emadine® (emedastine).....	3
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Enablex® (darifenacin)	11
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Epaned® (enalapril solution)	4
Epclusa® (sofosbuvir/velpatasvir)	14
Epiduo® (benzoyl peroxide-adapalene) gel	5
Epiduo® Forte (adapalene/benzoyl peroxide)	5
Epinephrine auto injectors.....	7
Epipen Jr® (epinephrine auto inject).....	7
Epipen® (epinephrine auto inject)	7
Epogen® (epoetin alfa).....	13
Ery® (erythromycin) pads.....	5
Erygel® (erythromycin) gel.....	5
Erythromycin solution.....	5
Esomeprazole strontium® (esomeprazole strontium).....	20
Evoclin® (clindamycin phosphate) foam.....	5
Exalgo® (hydromorphone HCl ER).....	19
Exforge® (amlodipine/valsartan)	9
Fabior® (tazarotene) foam.....	5
Famvir® (famciclovir) +.....	9
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Feldene® (piroxicam)	18
Fenofibrate generics	13
Fenoglide® (fenofibrate)	13
Fentora® (fentanyl)	19
Fetzima® (levomilnacipran).....	8
Fexmid® 7.5mg (cyclobenzaprine)	17
Fiasp® Vial, Flextouch®.....	17
Finacea® (azelaic acid)	21
Fioricet® with Codeine 50/300/40/30 (butalbital/acetaminophen/caffeine/acetaminophen).....	19
Fioricet® with Codeine 50/325/40/30 mg (butalbital/acetaminophen/caffeine/codeine).....	19
Fiorinal® with Codeine (butalbital/aspirin/caffeine/codeine)	19
Flector® Patch (diclofenac epolamine)	18
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Flonase® (fluticasone).....	2
Flovent® Diskus® (fluticasone)	2
Flovent® HFA (fluticasone).....	2
Fluocinolone Body & Scalp® (fluocinolone acetonide)	12
Focalin® (dexamethylphenidate)	6
Focalin® XR (dexamethylphenidate ER)*	6
Fortamet® (metformin ER).....	10
Fortesta® (testosterone).....	7
Fosamax Plus D® (alendronate/cholecalciferol)	10
Fosamax® (alendronate)	10
Fosamax® oral solution (alendronate) +	10
Fosrenol® (lanthanum carbonate)	20
Frova® (frovatriptan).....	23
Fycompa® (perampanel)	6
Gabitril® (tiagabine)	6
Gelnique® Gel (oxybutynin)	11
Generic tobramycin 300 mg/5 mL nebulization solution	2

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Genotropin® (somatropin).....	14
Genotropin® MiniQuick (somatropin)	14
Giazo® (balsalazide disodium)	16
Glucophage® (metformin)	10
Glucophage® XR (metformin ER)	10
Glucotrol XL® (glipizide XL).....	22
Glucotrol® (glipizide).....	22
Glucovance® (glyburide/metformin)	22
Glumetza® (metformin ER)	10
Glynase PresTab® (micronized glyburide).....	22
Glyset® (miglitol).....	6
Glyxambi® (empagliflozin/linagliptin)	21
Halog® (halcinonide).....	12
Harvoni® (ledipasvir/sofosbuvir)	14
Hetlioz® (tasimelteon).....	21
Humalog® (excluding multi-dose vials).....	17
Humalog® KwikPen®, Junior KwikPen®.....	17
Humalog® Mix (excluding multi-dose vials).....	17
Humalog® Mix multi-dose vial	17
Humalog® multi-dose vial	17
Humatrope® (somatropin).....	14
Humira® (adalimumab).....	15, 16
Humulin 70/30® (excluding multi-dose vials)	17
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Humulin N® (excluding multi-dose vials)	17
Humulin N® multi-dose vial	17
Humulin R® (excluding multi-dose vials).....	17
Humulin R® multi-dose vial.....	17
Hycet® (hydrocodone bitartrate/acetaminophen) ⁺	19
Hydrocortisone base (all generics of brand products on the PDL)	12
Hysingla® ER (hydrocodone ER)	19
Hyzaar® (losartan/HCTZ).....	9
Ilaris® (canakinumab).....	15
Ilevro® (nepafenac).....	3
Imitrex® (sumatriptan) pens, vials, cartridges, nasal spray	23
Imitrex® (sumatriptan) tablets.....	23
Incruse Ellipta® (umeclidinium bromide).....	1
Inderal® (propranolol) ⁺	10
Inderal® LA (propranolol XL)	10
Indocin® (indomethacin).....	18
Indocin® SR (indomethacin).....	18
InnoPran® XL (propranolol XL)	10
Intermezzo® (zolpidem)	22
Invokamet® (canagliflozin/metformin).....	21
Invokamet® XR (canagliflozin/metformin ER).....	21
Invokana® (canagliflozin)	21
lopidine® (apraclonidine)	2
Isoptin® SR (verapamil SR) ⁺	11

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Istalol® (timolol)	3
Janumet® (sitaliptin/metformin)	13
Janumet® XR (sitagliptin/metformin XR)	13
Januvia® (sitagliptin)	13
Jardiance® (empagliflozin)	21
Jentadueto® (linagliptin/metformin)	13
Jentadueto® XR (linagliptin/metformin XR)	13
Juxtapid® (lomitapide mesylate)	14
Kadian® (morphine sulfate ER)	19
Kazano® (alogliptin/metformin)	13
Kenalog® (triamcinolone acetonide)	12
Keppra XR® (levetiracetam XR)	6
Keppra® (levetiracetam)	6
Keppra® Solution (levetiracetam)	6
Kerlone® (betaxolol) +	10
Kevzara® (sarilumab)	15
Khedezla® (desvenlafaxine)	8
Kineret® (anakinra)	15
Kitabis pak® (tobramycin nebulizer)	2
Klaron® (sulfacetamide) lotion (suspension)	5
Kombiglyze® XR (saxagliptin/metformin)	13
Kynamro® (mipomersen)	14
Kytril® (granisetron) +	9
Labetalol® (labetalol)	10
Lantus SoloStar® (insulin glargine)	16
Lantus® (insulin glargine)	16
Lastacaft® (alcaftadine)	3
Lazanda™ (fentanyl)	19
Lescol® (fluvastatin) +	22
Lescol® XL (fluvastatin)	22
Letairis® (ambrisentan)	21
Levemir® Vial, FlexPen, FlexTouch (insulin detemir)	16
Levorphanol (all generics)	19
Lexapro® (escitalopram)	8
Lexapro® solution (escitalopram) +	8
Lialda® (mesalamine DR)	16
Lidex E® (fluocinonide) +	12
Lidex® (fluocinonide) +	12
Linzess® (linaclotide)*	7
Lioresal® (baclofen)	18
Lipitor® (atorvastatin)	22
Lipofen® (fenofibrate)	13
Livalo® (pitavastatin)	22
Locoid Lipocream® (hydrocortisone butyrate)	12
Locoid® (hydrocortisone butyrate)	12
Lodine® (etodolac)	18
Lodine® XL (etodolac) +	18
Lofibra® (fenofibrate)	13

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LoKara® (desonide) ⁺	12
Lonhala™ Magnair™ (glycopyrrolate)	1
Lopid® (gemfibrozil)	13
Lopressor HCT® (metoprolol/HCTZ).....	10
Lopressor® (metoprolol tartrate).....	10
Lorcet HD® (hydrocodone bitartrate/acetaminophen)	19
Lorcet Plus® (hydrocodone bitartrate/acetaminophen)	19
Lortab® (hydrocodone bitartrate/acetaminophen).....	19
Lorzone® (chlorzoxazone)	17
Lotensin® (benazepril)	4
Lotrel® (benazepril/amlodipine)	4
Lotronex®(alosectron)	8
Lovaza® (omega-3 acid ethyl esters).....	14
Lumigan® (bimatoprost)	4
Lunesta® (eszopiclone)	22
Luvox CR® (fluvoxamine CR) ⁺	8
Luvox® (fluvoxamine) ⁺	8
Luxiq® (betamethasone valerate).....	12
Lyrica® (pregabalin).....	6
Lyrica®Solution (pregabalin)	6
Marinol® (dronabinol).....	8
Matzim LA® (diltiazem ER)	11
Mavik®(trandolapril) ⁺	4
Mavyret®(glecaprevir/pibrentasvir)	14
Maxalt® (rizatriptan)	23
Maxalt-MLT® (rizatriptan).....	23
Maxitrol® (neomycin/polymyxin/dexamethasone).....	3
Metadate CD® (methylphenidate 30/70)* ⁺	6
Metadate® ER (methylphenidate ER)	6
Metaglip® (glipizide/metformin) ⁺	22
Metaxall® (metaxalone).....	17
Methitest® (methyltestosterone)	7
Methotrexate 2.5 mg tablets	17
Methylin Chewable® (methylphenidate) ⁺	6
Methylin Solution® (methylphenidate).....	6
Metrocream® (metronidazole)	21
Metrogel® (metronidazole).....	21
MetroLotion® (metronidazole)	21
Mevacor® (lovastatin) ⁺	22
Micardis HCT® (telmisartan/HCTZ)	9
Micardis® (telmisartan).....	9
Micronase® (glyburide) ⁺	22
Millipred™ (prednisolone)	11
Millipred™ DP (prednisolone).....	11
Millipred™ DP 12-day (prednisolone)	11
Mircera® (methoxy polyethylene glycol-epoetin beta)	13
Mirvaso® (brimonidine)	21
Mobic® (meloxicam)	18

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Monopril® (fosinopril) ⁺	4
MorphaBond ER® (morphine sulfate ER)	19
Morphine sulfate (all generics)*	19
Motrin® (ibuprofen)	18
Motrin-IB® (ibuprofen).....	18
Movantik® (naloxegol)	7
MS Contin® (morphine sulfate ER).....	19
Mydayis® (dextroamphetamine/amphetamine)	6
Myrbetriq®(mirabegron).....	11
Nalfon® (fenoprofen)	18
Naprelan® (naproxen).....	18
Naprelan® CR Dosepak (naproxen).....	18
Naprosyn® (naproxen)	18
Nasacort AQ®(triamcinolone)	2
Nasarel® (flunisolide) ⁺	2
Nasonex® (mometasone).....	2
Natesto® (testosterone).....	7
Natroba® (spinosad).....	17
Nesina® (alogliptin)	13
Neuac® (clindamycin/benzoyl peroxide)	5
Neurontin® (gabapentin)	6
Nevanac® (nepafenac)	3
Nexium [®] Suspension (esomeprazole).....	20
Nexium® (esomeprazole).....	20
Noctiva™ (desmopressin)	13
Nolix® (flurandrenolide).....	12
Norco® (hydrocodone bitartrate/acetaminophen)	19
Norditropin® FlexPro (somatropin).....	14
Norflex® (orphenadrine) ⁺	17
Norgesic® (orphenadrine/aspirin/caffeine)	17
Norgesic® Forte (orphenadrine/aspirin/caffeine)	17
Noritate® (metronidazole)	21
Norpramin® (desipramine)	8
Norvasc® (amlodipine).....	11
Novolin 70/30® (excluding multi-dose vials)	17
Novolin 70/30® multi-dose vial.....	17
Novolin N® (excluding multi-dose vials)	17
Novolin N® multi-dose vial.....	17
Novolin R® (excluding multi-dose vials).....	17
Novolin R® multi-dose vial	17
NovoLog® Mix multi-dose vial, PenFill, & FlexPens	17
NovoLog® multi-dose vial, PenFill, & FlexPen.....	17
Nplate® (romiplostim).....	22
Nucynta® ER (tapentadol).....	19
Nucynta™ (tapentadol)	19
Nutropin AQ NuSpin® (somatropin)	14
Ocufen®(flurbiprofen) ⁺	3
Olux® (clobetasol propionate)	12

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Olux-E® (clobetasol propionate)	12
Omnaris® (ciclesonide).....	2
Omnitrope® (somatropin).....	14
Onexton® (benzoyl peroxide-clindamycin) gel	5
Onfi® (clobazam).....	6
Onglyza® (saxagliptin)	13
Onzetra Xsail® (sumatriptan)	23
Opana® (oxymorphone HCl)	19
Opana® ER (oxymorphone).....	19
Opsumit® (macitentan).....	21
OptiPranoloI® (metipranolol) +	3
Optivar® (azelastine).....	3
Orapred® (prednisolone) +	11
Orapred® ODT™ (prednisolone)	11
Orencia® (abatacept)	15
Orencia®(abatacept)	16
Orenitram® (treprostinil)	21
Orudis® (ketoprofen) +	18
Orudis® KT (ketoprofen) +	18
Oruvail® (ketoprofen) +	18
Oseni®(alogliptin/pioglitazone)	13
Otezla® (apremilast).....	15, 16
Otovel® (ciprofloxacin/fluocinolone).....	4
Otrexup® (methotrexate).....	17
Ovide® (malathion)	17
Oxandrin® (oxandrolone).....	7
Oxaydo® (oxycodone HCl).....	19
Oxtellar® XR (oxcarbazepine).....	6
Oxycodone HCl (all generics)*	19
OxyContin® (oxycodone SR).....	19
Oxytrol® Patch (oxybutynin)	11
Ozempic® (semaglutide)	13
Pamelor® (nortriptyline)	8
Pamelor® solution (nortriptyline) +	8
Pancreaze® (pancrelipase)*	20
Pandel® (hydrocortisone probutate)	12
Parafon Forte DSC® (chlorzoxazone) +	17
Pataday® (olopatadine).....	3
Patanase® (olopatadine).....	2
Patanol® (olopatadine)	3
Paxil® solution (paroxetine)	8
Paxil CR® (paroxetine ER).....	8
Paxil® (paroxetine)	8
Pazeo® (olopatadine).....	3
Pediaderm HC® (hydrocortisone base).....	12
Pediapred® (prednisolone)	11
Pennsaid® (diclofenac).....	18
Pentasa® (mesalamine ER)*	16

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Pepcid® (famotidine).....	14
Pepcid® (famotidine) oral suspension	14
Percocet® (oxycodone HCl/acetaminophen).....	19
Percodan® (oxycodone HCl/aspirin) +	19
Perforomist® (formoterol)	1
Pertzye® (pancrelipase).....	20
Pexeva® (paroxetine)	8
Phoslo® (calcium acetate) +	20
Phoslyra® (calcium acetate oral solution).....	20
Picato® (ingenol mebutate)	5
Plavix® (clopidogrel).....	20
Plendil® (felodipine) +	11
Ponstel® (mefenamic acid) +	18
Pradaxa® (dabigatran).....	7
Praluent® (alirocumab)	20
Prandin® (repaglinide)	17
Pravachol® (pravastatin)	22
Precose® (acarbose).....	6
Pred-G S.O.P.® (prednisolone/Gentamicin).....	3
Pred-G® (prednisolone/gentamicin).....	3
Prednisolone syrup	11
Prednisone Intensol™ (prednisone concentrate)	11
Prednisone solution	11
Prestalia® (perindopril/amlodipine)	4
Prevacid SoluTab® (lansoprazole).....	20
Prevacid® (lansoprazole).....	20
Prevalite® Powder (cholestyramine light)	10
Prevalite® Powder Packs (cholestyramine light).....	10
Prilosec® (omeprazole)*	20
Prilosec® Packets (omeprazole)	20
Primlev™ (oxycodone HCl/acetaminophen)	19
Prinivil® (lisinopril)	4
Pristiq® (desvenlafaxine).....	8
ProAir HFA® (albuterol).....	1
ProAir RespiClick® (albuterol)	1
Procardia® XL (nifedipine ER).....	11
Procentra® (dextroamphetamine).....	6
Procrit® (epoetin alfa)	13
Prolensa® (bromfenac)	3
Promacta® (eltrombopag).....	22
Proscar® (finasteride).....	6
Protonix® (pantoprazole).....	20
Protonix® Packets (pantoprazole).....	20
Proventil® HFA (albuterol)	1
Proventil® Inhalation Solution (albuterol)	1
Prozac Weekly® (fluoxetine) +	8
Prozac® capsules (fluoxetine)	8
Prozac® solution (fluoxetine) +	8



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Prozac® tablets (fluoxetine) ⁺	8
Psorcon® (diflorasone diacetate)	12
Pulmicort Flexhaler™ (budesonide)	2
Pulmicort Respules® (budesonide) * > 7 years of age	2
Pulmicort Respules® (budesonide) * ≤ 6 years of age only	2
Qbrelis® (lisinopril solution)	4
Qnasl® (beclomethasone)	2
Qtern® (dapagliflozin/saxagliptin)	21
Questran Light® (cholestyramine light)	10
Questran® (cholestyramine)	10
Quillichew ER™ (methylphenidate ER)	6
Quillivant XR® (methylphenidate ER)	6
QVAR RediHaler® (beclomethasone)	2
QVAR® (beclomethasone)	2
Rasuvo® (methotrexate)	17
Rayos® (prednisone DR)	11
Refresh® (ketotifen)	3
Relafen® (nabumetone) ⁺	18
Relistor® (methylnaltrexone) (tablets and injection)	7
Relpax® (eletriptan)	23
Remicade® (infliximab)	15, 16
Remodulin® (treprostinil)	21
Renagel® (sevelamer HCl)	20
Renvela® (sevelamer carbonate)	20
Repatha® (evolocumab)	20
Retin-A® (tretinoin) 0.01% gel	5
Retin-A® (tretinoin) cream	5
Retin-A® Micro (tretinoin) gel	5
Revatio® (sildenafil)	21
Rhinocort AQ® (budesonide)	2
Rhofade® (oxymetazoline)	21
Riomet® (metformin oral solution)	10
Ritalin LA® (methylphenidate 50/50)	6
Ritalin SR® (methylphenidate ER) ⁺	6
Ritalin® (methylphenidate)	6
Rituxan® (rituximab)	15
Robaxin® (methocarbamol)	17
Robaxin-750® (methocarbamol)	17
Rosadan® (metronidazole)	21
Rosaniil® Cleanser (sulfacetamide-sulfur) emulsion	5
Roxicet™ (oxycodone HCl/acetaminophen) ⁺	19
Rozerem® (ramelteon)	21
Ryzolt® (tramadol ER) ⁺	19
Saizen® (somatropin)	14
Sanctura® (trospium) ⁺	11
Sanctura® XR (trospium ER) ⁺	11
Sancuso® (granisetron)	9
Savaysa® (edoxaban)	7



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Savella® (milnacipran).....	8
Sectral® (acebutolol) +	10
Seebri Neohaler® (glycopyrrolate).....	1
Segluromet™ (ertugliflozin/metformin)	21
Serevent® Diskus® (salmeterol)	1
Sernivo® (betamethasone dipropionate).....	12
Silenor® (doxepin).....	21
Siliq® (brodalumab).....	15
Simbrinza™ (brinzolamide/brimonidine)	3
Simponi Aria® (golimumab)	15
Simponi® (golimumab).....	15, 16
Sitavig® (acyclovir) +	9
Skelaxin® (metaxalone).....	17
Sklice® (ivermectin).....	17
Solaraze 3% gel (diclofenac sodium) +	5
Soliqua® (insulin glargine/lixisenatide).....	16
Soma® (carisoprodol).....	17
Sonata® (zaleplon)	22
Soolantra® (ivermectin)	21
Sovaldi® (sofosbuvir)/Olysio® (simprevir) in combination	14
Spiriva® Handihaler® (tiotropium)	1
Spiriva® Respimat (tiotropium).....	1
Spritam® (levetiracetam)	6
Sprix® Nasal Spray (ketorolac tromethamine).....	18
SSS 10-5® (sulfacetamide-sulfur) cream	5
Starlix® (nateglinide).....	17
Steglatro™ (ertugliflozin)	21
Steglujan™ (ertugliflozin/sitagliptin).....	21
Stelara® (ustekinumab).....	15, 16
Stiolto® Respimat® (tiotropium/olodaterol).....	1
Striant® (testosterone).....	7
Striverdi® Respimat® (olodaterol).....	1
Subsys® (fentanyl).....	19
Sular® (nisoldipine)	11
Sulfacetamide-Sulfur lotion	5
Sumadan XLT® (sulfacetamide-sulfar) kit	5
Sumadan® (sulfacetamide-sulfur) kit.....	5
Sumadan® Wash (sulfacetamide-sulfur cleanser)	5
Sumavel DosePro® (sumatriptan)	23
Sumaxin® (sulfacetamide-sulfur) pads.....	5
Sumaxin® TS (sulfacetamide-sulfur) suspension	5
Sumaxin® Wash (sulfacetamide-sulfur) liquid	5
Surmontil® (trimipramine).....	8
Symbicort® (budesonide/formoterol).....	1
Symjepi® (epinephrine) +	7
Symproic® (naldemedine).....	7
Synalar® (fluocinolone acetonide)	12
Syndros® (dronabinol).....	8

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Synjardy® (empagliflozin/metformin).....	21
Synjardy® XR (empagliflozin/metformin ER)	21
Tagamet® (cimetidine).....	14
Taltz® (ixekizumab)	15, 16
Talwin® NX (pentazocine/naloxone) +	19
Tarka® (trandolapril/verapamil)	4
Tazorac® (tazarotene) cream	5
Tazorac® (tazarotene) gel	5
Taztia XT®(diltiazem ER)*	11
Technivie® (ombitasvir/paritaprev/ritonavir).....	14
Temovate® (clobetasol propionate)	12
Tenormin® (atenolol)	10
Testim® (testosterone)	7
Testred® (methyltestosterone).....	7
Teveten® (eprosartan)	9
Texacort® (hydrocortisone base)	12
Tiazac® (diltiazem)	11
Timoptic® (timolol).....	3
Timoptic® Ocudose® (timolol)	3
Timoptic-XE® (timolol)	3
Tivorbex® (indomethacin).....	18
Tobi® (tobramycin).....	2
Tobi® Podhaler™ (tobramycin)	2
TobraDex® (tobramycin/dexamethasone).....	3
TobraDex® ST (tobramycin/dexamethasone).....	3
Tofranil - PM® (imipramine) +	8
Tofranil® (imipramine)	8
Tolak® (fluorouracil).....	5
Tolectin 600® (tolmetin) +	18
Tolectin DS® (tolmetin)	18
Topicort® (desoximetasone)	12
Toprol-XL® (metoprolol succinate)	10
Toradol®(ketorolac) (limited to a 5 day supply) +	18
Toujeo Solostar® (insulin glargine)	16
Toviaz® (fesoterodine)	11
Tracleer® (bosentan).....	21
Tradjenta® (linagliptin).....	13
Travatan Z® (travoprost)	4
Tremfya®(Guselkumab)	15
Tresiba Flextouch® (insulin degludec)	16
Trexall® (methotrexate)	17
Triamcinolone acetonide (all generics of brand products on the PDL)	12
Trianex® (triamcinolone acetonide).....	12
Tribenzor® (olmesartan/amlodipine/HCTZ).....	9
Tricor® (fenofibrate)	13
Triderm® (triamcinolone acetonide).....	12
Tridesilon® (desonide)	12
Triglide® (fenofibrate).....	13

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Trilipix® (fenofibric acid)	13
Trulance®(plecanatide)	7
Trulicity® (dulaglutide).....	13
Trusopt® (dorzolamide)	3
Tudorza PressAir® (aclidinium)	1
Twynsta® (amlodipine/telmisartan)	9
Tylenol® No. 2 (codeine phosphate/acetaminophen).....	19
Tylenol® No. 3 (codeine phosphate/acetaminophen).....	19
Tylenol® No. 4 (codeine phosphate/acetaminophen).....	19
Tysabri® (natalizumab).....	15
Tyvaso®, Tyvaso® Starter, Tyvaso® Refill (treprostinil).....	21
Uceris® (budesonide)	16
Uloric® (febuxostat)	23
Ultracet® (tramadol/acetaminophen)	19
Ultram® (tramadol).....	19
Ultram® ER (tramadol ER) ⁺	19
Ultravate® (halobetasol propionate)	12
Univasc® (moexipril) ⁺	4
Uptravi® (selexipag)	21
Urispas® (flavoxate) ⁺	11
Utibron™ Neohaler® (indacaterol/glycopyrrolate).....	1
Valisone® (betamethasone valerate) ⁺	12
Valtrex® (valacyclovir).....	9
Vanos® (fluocinonide)	12
Vascepa® (icosapent ethyl).....	14
Vasotec® (enalapril)	4
Velosulin BR® (excluding multi-dose vials)	17
Velosulin BR® multi-dose vial.....	17
Velphoro® (sucroferric oxyhydroxide)	20
Veltin® (clindamycin-tretinoin).....	5
Ventavis® (iloprost).....	21
Ventolin HFA® (albuterol)	1
Ventolin® Inhalation Solution (albuterol)	1
Verdeso® (desonide).....	12
Verelan PM® (verapamil)	11
Verelan® (verapamil SR).....	11
Veripred® 20 (prednisolone)	11
Vesicare® (solifenacin)	11
Viberzi®(eluxadoline)	8
Vicoden HP® (hydrocodone bitartrate/acetaminophen).....	19
Vicodin ES® (hydrocodone bitartrate/acetaminophen)	19
Vicodin® (hydrocodone bitartrate/acetaminophen)	19
Victoza® (liraglutide)	13
Viekira Pak® (dasabuvir/ombitasvir/paritaprevir/ritonavir).....	14
Viekira® XR (dasabuvir/ombitasvir/paritaprevir/ritonavir)	14
Vimovo®(naproxen/esomeprazole).....	18
Viokace® (pancrelipase).....	20
Visken® (pindolol) ⁺	10

PREFERRED DRUG LIST



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Vivactil® (protriptyline) +	8
Vivlodex® (Meloxicam).....	18
Vogelxo® (testosterone)	7
Voltaren® Gel (diclofenac)	18
Voltaren® ophthalmic (diclofenac) +	3
Voltaren® XR (diclofenac sodium oral) +	18
Voltaren®(diclofenac sodium oral) +	18
Vosevi®(sofosbuvir/velpatasvir/voxilaprevir)	14
Vytorin® (ezetimibe/simvastatin)	22
Vyvanse® (lisdexamfetamine)*	6
Vyzulta™ (latanoprostene bunod)	4
Welchol® Powder (colesevelam)	10
Welchol® Tablets (colesevelam)	10
Westcort® (hydrocortisone valerate) +	12
Xalatan® (latanoprost)	4
Xarelto® (rivaroxaban)	7
Xatmep® (methotrexate)	17
Xeljanz® (tofacitinib)	15, 16
Xeljanz® XR (tofacitinib).....	15, 16
Xermelo®(telotristat.....	8
Xhance™ (fluticasone).....	2
Xigduo XR®(dapagliflozin/metformin ER)	21
Xodol® (hydrocodone bitartrate/acetaminophen).....	19
Xopenex HFA® (levalbuterol)	1
Xopenex® Inhalation Solution (levalbuterol)	1
Xultophy® (insulin degludec/liraglutide).....	16
Xyzal® (levocetirizine) +	9
Xyzal® solution (levocetirizine) +	9
Zaditor® (ketotifen).....	3
Zanaflex® Capsules (tizanidine).....	18
Zanaflex® Tablets (tizanidine)	18
Zantac® (ranitidine).....	14
Zebeta® (bisoprolol) +	10
Zecuity® (sumatriptan) +	23
Zegerid® (omeprazole/sodium bicarbonate).....	20
Zembrace Symtouch® (sumatriptan)	23
Zenpep® (pancrelipase)*.....	20
Zenzedi® (dextroamphetamine)	6
Zepatier® (elbasvir/grazoprevir)	14
Zestril® (lisinopril)	4
Zetonna® (iclesonide).....	2
Ziac® (bisoprolol/HCTZ).....	10
Ziana® (clindamycin-tretinoin).....	5
Zioptan® (tafluprost).....	4
Zioptan® droperette (tafluprost)	4
Zipsor® (diclofenac).....	18
Zocor® (simvastatin)	22
Zofran ODT® (ondansetron).....	9

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Zofran® (ondansetron).....	9
Zohydro® ER (hydrocodone ER)	19
Zoloft® (sertraline)	8
Zoloft® solution (sertraline)	8
Zolpidem generics	22
Zolpimist® (zolpidem)	22
Zomacton® (somatropin)	14
Zomig® (zolmitriptan) nasal solution	23
Zomig® (zolmitriptan) tablets	23
Zomig-ZMT® (zolmitriptan)	23
Zonegran® (zonisamide)	6
Zontivity® (vorapaxar).....	20
Zorvolex® (diclofenac).....	18
Zovirax® (acyclovir) (oral dosage forms only)	9
Zuplenz® (ondansetron).....	9
Zylet® (Loteprednol/Tobramycin).....	3
Zyloprim® (allopurinol)	23
Zypitamag™ (pitavastatin)	22
Zyrtec® (cetirizine)	9
Zyrtec® Syrup (cetirizine)	9