

Minnesota Fee-for-Service Medicaid Preferred Drug List

July 11, 2018

Use NDC lookup for specific drug NDC coverage parameters

DHS NDC Search: <http://mn-its.dhs.state.mn.us/ndc/>

http://minnesota.magellanmedicaid.com/drug_search.asp

- Select the Therapeutic Class option to display coverage parameters within a PDL Therapeutic Class. http://minnesota.magellanmedicaid.com/drug_search.asp
- Use Link to PA Criteria for further details: <https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/types/rx/pa-criteria/>

A request for a brand name drug, when a generic equivalent exists, must meet Branded Drugs – DAW criteria
[Branded Drugs - DAW](#)

Some brand name drugs are preferred over their generic equivalents. Links to the list of these brand preferred products, and to the brand preferred criteria, are listed below:

[Preferred brands list](#)

[Brand preferred criteria](#)

Within a PDL drug category, there may be additional prior authorization requirements for nonpreferred dosage forms or for new dosage forms.

[Nonpreferred dosage forms](#)

[New drugs and new dosage forms](#)

ACNE AGENTS, TOPICAL section updated 7-11-2018

Preferred	Nonpreferred
BENZAACLIN (TOPICAL)	ACANYA W/PUMP (TOPICAL)
BENZAACLIN W/PUMP (TOPICAL)	ADAPALENE / BENZOYL PEROXIDE (EPIDUO) (TOPICAL)
BENZOYL PEROXIDE CLEANSER OTC (TOPICAL)	ADAPALENE CREAM (TOPICAL)
DIFFERIN CREAM (TOPICAL)	ADAPALENE GEL (TOPICAL)
DIFFERIN GEL (TOPICAL)	ADAPALENE GEL PUMP (TOPICAL)
DIFFERIN GEL PUMP (TOPICAL)	ATRALIN (TOPICAL)
DIFFERIN LOTION (TOPICAL)	AVITA CREAM (TOPICAL)
TRETINOIN CREAM (TOPICAL)	AVITA GEL (TOPICAL)
TRETINOIN GEL (AVITA, RETIN-A) (TOPICAL)	CLINDAMYCIN / BENZOYL PEROXIDE (BENZAACLIN) (TOPICAL)
TRETINOIN MICROSPHERES GEL 0.04%, 0.1% (TOPICAL)	CLINDAMYCIN / BENZOYL PEROXIDE (BENZAACLIN) W/PUMP (TOPICAL)
TRETINOIN MICROSPHERES GEL 0.04%, 0.1% PUMP (TOPICAL)	CLINDAMYCIN / BENZOYL PEROXIDE (DUAC) (TOPICAL)
Benzoyl Peroxide Combinations	CLINDAMYCIN / TRETINOIN (TOPICAL)
Benzoyl Peroxide Products	DUAC (TOPICAL)
	EPIDUO (TOPICAL)
	EPIDUO FORTE GEL W/PUMP (TOPICAL)
	FABIOR (TOPICAL)
	NEUAC (TOPICAL)
	NEUAC KIT (TOPICAL)
	ONEXTON GEL (TOPICAL)
	ONEXTON W/PUMP (TOPICAL)
	RETIN-A CREAM (TOPICAL)
	RETIN-A GEL (TOPICAL)
	RETIN-A MICRO 0.04%, 0.1% (TOPICAL)
	RETIN-A MICRO 0.04%, 0.1% PUMP (TOPICAL)
	RETIN-A MICRO 0.06% PUMP (TOPICAL)
	RETIN-A MICRO 0.08% PUMP (TOPICAL)
	TAZAROTENE CREAM (TOPICAL)
	TAZORAC CREAM (TOPICAL)
	TAZORAC GEL (TOPICAL)
	TRETINOIN GEL (ATRALIN) (TOPICAL)
	ZIANA (TOPICAL) Ziana

ALZHEIMER'S AGENTS section updated 7-11-2018

Preferred	Nonpreferred
DONEPEZIL 23 MG (ORAL)	ARICEPT (ORAL)
DONEPEZIL ODT (ORAL)	ARICEPT 23 MG (ORAL)
DONEPEZIL TABLET (ORAL)	ARICEPT ODT (ORAL)
EXELON (TRANSDERM.)	EXELON CAPSULES (ORAL)
MEMANTINE TABLET (ORAL)	GALANTAMINE ER (ORAL)
NAMENDA SOLUTION (ORAL)	GALANTAMINE SOLUTION (ORAL)
RIVASTIGMINE CAPSULES (ORAL)	GALANTAMINE TABLET (ORAL)
	MEMANTINE ER (ORAL) ^{NPDF}
	MEMANTINE SOLUTION (ORAL) ^{NPDF}
	NAMENDA TABLET (ORAL)

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

Preferred	Nonpreferred
	NAMENDA TABLET DOSE PACK (ORAL) NAMENDA XR (ORAL) Non-preferred dosage forms NAMZARIC (ORAL) NAMZARIC DOSE PACK (ORAL) RAZADYNE ER (ORAL) RAZADYNE TABLET (ORAL) RIVASTIGMINE (AG) (TRANSDERM.) RIVASTIGMINE (TRANSDERM.)

ANALGESICS, NARCOTICS LONG section updated 7-11-2018

Preferred	Nonpreferred
MORPHINE ER TABLET (ORAL) BUTRANS (TRANSDERM)	ARYMO ER (ORAL) BELBUCA (BUCCAL)) ^{NPDF} BUPRENORPHINE (TRANSDERM) DURAGESIC MATRIX (TRANSDERM.) EMBEDA (ORAL) EXALGO (ORAL) FENTANYL (37.5, 62.5, 87.5 MG) (TRANSDERM) FENTANYL (TRANSDERM) HYDROMORPHONE ER (ORAL) HYSINGLA ER (ORAL) KADIAN (ORAL) METHADONE TABLET (ORAL) MORPHABOND ER (ORAL) ^{NPDF} MORPHINE ER CAPSULE (AVINZA) (ORAL) MORPHINE ER CAPSULE (KADIAN) (ORAL) MS CONTIN (ORAL) NUCYNTA ER (ORAL) OPANA ER (ORAL) OXYCONTIN (ORAL) OXYMORPHONE ER (ORAL) XTAMPZA ER (ORAL) ^{NPDF} ZOHYDRO ER (ORAL)

ANALGESICS, NARCOTICS SHORT section updated 7-11-2018

Preferred	Nonpreferred
NONE LISTED	CARISOPRODOL COMPOUND-CODEINE (ORAL) CAPITAL W-CODEINE (ORAL) LAZANDA (NASAL) NUCYNTA (ORAL) OXYCODONE CONC (ORAL) SUBSYS (SUBLINGUAL)

ANDROGENIC AGENTS section updated 7-11-2018

Preferred	Nonpreferred
ANDRODERM (TRANSDERM) ANDROGEL GEL PACKET (TRANSDERM.) ANDROGEL GEL PUMP (TRANSDERM)	AXIRON (TRANSDERM) FORTESTA (TRANSDERM) NATESTO (NASAL)

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

Preferred	Nonpreferred
	STRIANT (BUCCAL) TESTIM (TRANSDERM.) TESTOSTERONE GEL (VOGELXO) (TRANSDERM) TESTOSTERONE GEL PACKET (ANDROGEL) (TRANSDERM) TESTOSTERONE GEL PUMP (ANDROGEL) (TRANSDERM) TESTOSTERONE GEL PUMP (AXIRON) (TRANSDERM) VOGELXO GEL (TRANSDERM) VOGELXO GEL PACKET (TRANSDERM) VOGELXO GEL PUMP (TRANSDERM)

ANGIOTENSIN MODULATOR COMBINATIONS section updated 7-11-2018

Preferred	Nonpreferred ACE or ARB plus CCB Combination
AMLODIPINE / BENAZEPRIL (ORAL) EXFORGE (ORAL) EXFORGE HCT (ORAL)	AMLODIPINE / OLMESARTAN (ORAL) AMLODIPINE / OLMESARTAN / HCTZ (ORAL) AMLODIPINE / VALSARTAN (ORAL) AMLODIPINE / VALSARTAN / HCTZ (ORAL) AZOR (ORAL) ACE or ARB plus CCB Combination BYVALSON (ORAL) LOTREL (ORAL) PRESTALIA (ORAL) TARKA (ORAL) TELMISARTAN / AMLODIPINE (ORAL) TRIBENZOR (ORAL) TWYNSTA (ORAL) ACE or ARB plus CCB Combination

ANGIOTENSIN MODULATORS section updated 7-1-2018

Preferred	Nonpreferred ARBs
BENAZEPRIL (ORAL) BENAZEPRIL HCTZ (ORAL) CAPTOPRIL (ORAL) CAPTOPRIL HCTZ (ORAL) ENALAPRIL (ORAL) ENALAPRIL HCTZ (ORAL) FOSINOPRIL (ORAL) FOSINOPRIL HCTZ (ORAL) LISINOPRIL (ORAL) LISINOPRIL HCTZ (ORAL) LOSARTAN (ORAL) LOSARTAN HCTZ (ORAL) MOEXIPRIL (ORAL) MOEXIPRIL HCTZ (ORAL) PERINDOPRIL (ORAL) QUINAPRIL (ORAL) QUINAPRIL HCTZ (ORAL) RAMIPRIL (ORAL) TEKTURNA (ORAL) TEKTURNA HCT (ORAL) TRANDOLAPRIL (ORAL)	ACCUPRIL (ORAL) ACCURETIC (ORAL) ACEON (ORAL) ALTACE (ORAL) ATACAND (ORAL) ARBs ATACAND HCT (ORAL) AVALIDE (ORAL) AVAPRO (ORAL) ARBs BENICAR (ORAL) BENICAR HCT (ORAL) CANDESARTAN (ORAL) CANDESARTAN HCTZ (ORAL) COZAAR (ORAL) DIOVAN (ORAL) DIOVAN HCT (ORAL) EDARBI (ORAL) ARBs EDARBYCLOR (ORAL) ENTRESTO (ORAL) EPANED POWDER (ORAL) EPANED SOLUTION (ORAL) EPROSARTAN (ORAL)

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

Preferred	Nonpreferred ARBs
VALSARTAN (ORAL) VALSARTAN HCTZ (ORAL)	HYZAAR (ORAL) IRBESARTAN (ORAL) IRBESARTAN HCTZ (ORAL) LOTENSIN (ORAL) LOTENSIN HCT (ORAL) MAVIK (ORAL) MICARDIS (ORAL) ARBs MICARDIS HCT (ORAL) OLMESARTAN (ORAL) OLMESARTAN HCTZ (ORAL) PRINIVIL (ORAL) QBRELIS SOLUTION (ORAL) TELMISARTAN (ORAL) TELMISARTAN HCTZ (ORAL) VASERETIC (ORAL) VASOTEC (ORAL) ZESTORETIC (ORAL) ZESTRIL (ORAL)

ANTI-ALLERGENS, ORAL section updated 7-11-2018

Preferred	Nonpreferred
NONE LISTED	GRASTEK (SUBLINGUAL) RAGWITEK (SUBLINGUAL)

ANTIANGINAL & ANTI-ISCHEMIC section updated 7-11-2018

Preferred	Nonpreferred
RANEXA (ORAL)	NONE LISTED

ANTIBIOTICS, GI section updated 7-11-2018

Preferred	Nonpreferred
VANCOMYCIN CAPSULE (ORAL)	SOLOSEC (ORAL) VANCOCIN HCL (ORAL)

ANTIBIOTICS, INHALED section updated 7-11-2018

Preferred	Nonpreferred
BETHKIS (INHALATION) KITABIS PAK (INHALATION)	TOBI (INHALATION) TOBI PODHALER (INHALATION) TOBRAMYCIN SOLUTION (INHALATION) Tobramycin Inhalation Solution

ANTIBIOTICS, TOPICAL section updated 7-11-2018

Preferred	Nonpreferred
MUPIROCIN OINTMENT (TOPICAL)	BACTROBAN CREAM (TOPICAL) Bactroban Cream BACTROBAN OINTMENT (TOPICAL) CENTANY (TOPICAL) CENTANY KIT (TOPICAL) MUPIROCIN CREAM (TOPICAL)

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPFD = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

ANTICOAGULANTS section updated 7-11-2018

Preferred	Nonpreferred
ARIXTRA (SUBCUTANE.)	ELIQUIS (ORAL) Eliquis
ENOXAPARIN SODIUM VIAL (AG) (SUBCUTANEOUS)	ELIQUIS DOSE PACK (ORAL)
ENOXAPARIN SODIUM VIAL (SUBCUTANEOUS)	FONDAPARINUX (SUBCUTANE.)
ENOXAPARIN SYRINGE (AG) (SUBCUTANE.)	LOVENOX SYRINGE (SUBCUTANE.)
ENOXAPARIN SYRINGE (SUBCUTANE.)	LOVENOX VIAL (SUBCUTANE.)
FRAGMIN DISP SYRIN (SUBCUTANE.)	PRADAXA (ORAL) Pradaxa
FRAGMIN VIAL (SUBCUTANE.)	SAVAYSA (ORAL) Savaysa
	XARELTO (ORAL) Xarelto
	XARELTO DOSE PACK (ORAL)

ANTICONVULSANTS section updated 7-11-2018

Preferred	Nonpreferred
CARBAMAZEPINE CHEWABLE TABLET (ORAL)	APTIOM (ORAL) Aptiom
CARBAMAZEPINE SUSPENSION (ORAL)	BANZEL SUSPENSION (ORAL) Banzel
CARBAMAZEPINE TABLET (ORAL)	BANZEL TABLET (ORAL) Banzel
CARBAMAZEPINE XR (ORAL)	BRIVIACT SOLUTION (ORAL)
CELONTIN (ORAL)	BRIVIACT TABLET (ORAL)
DIASTAT (RECTAL)	CARBAMAZEPINE ER (GENERIC CARBATROL) (ORAL)
DIASTAT ACUDIAL (RECTAL)	CARBATROL (ORAL)
DIVALPROEX ER (ORAL)	DEPAKENE CAPSULE (ORAL)
DIVALPROEX SPRINKLE (ORAL)	DEPAKENE SYRUP (ORAL)
DIVALPROEX TABLET (ORAL)	DEPAKOTE (ORAL)
ETHOSUXIMIDE CAPSULE (ORAL)	DEPAKOTE ER (ORAL)
ETHOSUXIMIDE SYRUP (ORAL)	DEPAKOTE SPRINKLE (ORAL)
FELBAMATE SUSPENSION (ORAL)	DIAZEPAM (RECTAL)
FELBAMATE TABLET (ORAL)	DIAZEPAM DEVICE (RECTAL)
FELBATOL SUSPENSION (ORAL)	DILANTIN (ORAL)
GABITRIL (ORAL)	DILANTIN 30 MG CAPSULE (ORAL)
LAMOTRIGINE CHEWABLE TABLET (ORAL)	DILANTIN INFATAB (ORAL)
LAMOTRIGINE TABLET (ORAL)	DILANTIN SUSPENSION (ORAL)
LAMOTRIGINE TABLET DOSE PACK (ORAL)	FELBATOL TABLET (ORAL)
LAMOTRIGINE XR (ORAL)	FYCOMPA SUSPENSION (ORAL) Fycompa
LEVETIRACETAM ER (ORAL)	FYCOMPA TABLET (ORAL) Fycompa
LEVETIRACETAM SOLUTION (ORAL)	FYCOMPA TABLET DOSE PACK (ORAL)
LEVETIRACETAM TABLETS (ORAL)	KEPPRA SOLUTION (ORAL)
OXCARBAZEPINE SUSPENSION (ORAL)	KEPPRA TABLETS (ORAL)
OXCARBAZEPINE TABLETS (ORAL)	KEPPRA XR (ORAL)
PEGANONE (ORAL)	LAMICTAL CHEWABLE TABLET (ORAL)
PHENYTEK (ORAL)	LAMICTAL ODT (ORAL)
PHENYTOIN CAPSULE (ORAL)	LAMICTAL ODT DOSE PACK (ORAL)
PHENYTOIN CHEWABLE TABLET (ORAL)	LAMICTAL TABLET (ORAL)
PHENYTOIN EXT CAPSULE (GENERIC PHENYTEK) (ORAL)	LAMICTAL TABLET DOSE PACK (ORAL)
PHENYTOIN SUSPENSION (ORAL)	LAMICTAL XR (ORAL)
PRIMIDONE (ORAL)	LAMICTAL XR DOSE PACK (ORAL)
TEGRETOL XR (ORAL)	LAMOTRIGINE ODT (ORAL)
TOPIRAMATE SPRINKLE (ORAL)	LAMOTRIGINE ODT DOSE PACK (ORAL)
TOPIRAMATE TABLETS (ORAL)	MYSOLINE (ORAL)

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

Preferred	Nonpreferred
VALPROIC ACID CAPSULE (ORAL) VALPROIC ACID SOLUTION (ORAL) ZONISAMIDE (ORAL)	ONFI SUSPENSION (ORAL) ONFI TABLET (ORAL) OXTELLAR XR (ORAL) POTIGA (ORAL) Potiga QUDEXY XR (ORAL) Qudexy XR SABRIL POWDER PACK (ORAL) Sabril SABRIL TABLET (ORAL) Sabril SPRITAM (ORAL) TEGRETOL SUSPENSION (ORAL) TEGRETOL TABLET (ORAL) TIAGABINE (ORAL) TOPAMAX SPRINKLE (ORAL) TOPAMAX TABLETS (ORAL) TRILEPTAL SUSPENSION (ORAL) TRILEPTAL TABLETS (ORAL) TROKENDI XR (ORAL) VIGABATRIN POWDER PACK (ORAL) VIMPAT SOLUTION (ORAL) Vimpat VIMPAT TABLET (ORAL) Vimpat VIMPAT TABLET DOSE PACK (ORAL) ZARONTIN CAPSULE (ORAL) ZARONTIN SYRUP (ORAL) ZONEGRAN (ORAL)

ANTIDEPRESSANTS, OTHER section updated 7-11-2018

Preferred	Nonpreferred
BUPROPION (ORAL) BUPROPION SR (ORAL) BUPROPION XL (ORAL) MIRTAZAPINE ODT (ORAL) MIRTAZAPINE TABLET (ORAL) NEFAZODONE (ORAL) TRAZODONE (ORAL) VENLAFAXINE (ORAL) VENLAFAXINE ER CAPSULES (ORAL) VENLAFAXINE ER CAPSULES (ORAL)	APLENZIN (ORAL) Aplenzin DESVENLAFAXINE ER (NO BRAND) (ORAL) DESVENLAFAXINE ER (PRISTIQ) (ORAL) DESVENLAFAXINE FUMARATE ER (ORAL) EFFEXOR XR (ORAL) FETZIMA (ORAL) Fetzima FORFIVO XL (ORAL) ^{NPDF} KHEDEZLA (ORAL) Khedezla OLEPTRO ER (ORAL) Oleptro PRISTIQ (ORAL) Pristiq REMERON ODT (ORAL) ^{DX} REMERON TABLET (ORAL) TRINTELLIX (ORAL) VENLAFAXINE ER TABLETS (ORAL) VIIBRYD (ORAL) VIIBRYD DOSE PACK (ORAL) WELLBUTRIN (ORAL) WELLBUTRIN SR (ORAL) WELLBUTRIN XL (ORAL)

ANTIDEPRESSANTS, SSRIs section updated 7-11-2018

Preferred	Nonpreferred
-----------	--------------

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

Preferred	Nonpreferred
CITALOPRAM SOLUTION (ORAL) CITALOPRAM TABLET (ORAL) ESCITALOPRAM SOLUTION (ORAL) ESCITALOPRAM TABLET (ORAL) FLUOXETINE 60 MG (ORAL) FLUOXETINE CAPSULE (ORAL) FLUOXETINE SOLUTION (ORAL) FLUVOXAMINE (ORAL) PAROXETINE CR (ORAL) PAROXETINE TABLET (ORAL) SERTRALINE CONC (ORAL) SERTRALINE TABLET (ORAL)	BRISDELLE (ORAL) CELEXA TABLET (ORAL) FLUOXETINE CAPSULE DR (ORAL) FLUOXETINE TABLET (ORAL) FLUVOXAMINE ER (ORAL) LEXAPRO SOLUTION (ORAL) LEXAPRO TABLET (ORAL) PAROXETINE (BRISDELLE) (AG) (ORAL) PAROXETINE (BRISDELLE) (ORAL) PAXIL (ORAL) PAXIL CR (ORAL) PAXIL SUSPENSION (ORAL) PEXEVA (ORAL) PROZAC CAPSULE (ORAL) PROZAC WEEKLY (ORAL) SARAFEM (ORAL) ZOLOFT CONC (ORAL) ZOLOFT TABLET (ORAL)

ANTIDEPRESSANTS, TRICYCLIC section updated 7-11-2018

Preferred	Nonpreferred
AMITRIPTYLINE (ORAL) NORTRIPTYLINE CAPSULE (ORAL) NORTRIPTYLINE SOLUTION (ORAL) PAMELOR CAPSULE (ORAL)	NONE LISTED

ANTIEMETIC/ANTIVERTIGO AGENTS section updated 7-11-2018

Preferred	Nonpreferred Antiemetics
ONDANSETRON ODT (ORAL) ONDANSETRON SOLUTION (ORAL) ONDANSETRON TABLETS (ORAL) ONDANSETRON VIAL (INTRAVEN)	AKYNZEO (ORAL) ANZEMET (ORAL) BONJESTA (ORAL) CESAMET (ORAL) DICLEGIS (ORAL)) NPDF GRANISETRON (INTRAVEN) GRANISETRON (ORAL) PALONOSETRON (INTRAVENOUS) SANCUSO (TRANSDERMAL) ZOFRAN (INTRAVEN.) ZOFRAN ODT (ORAL) ZOFRAN SOLUTION (ORAL) ZOFRAN TABLETS (ORAL) ZUPLENZ (ORAL)

ANTIFUNGALS, ORAL section updated 7-11-2018

Preferred	Nonpreferred
FLUCONAZOLE SUSPENSION (ORAL) FLUCONAZOLE TABLET (ORAL) TERBINAFINE (ORAL)	CRESEMBA (ORAL) ITRACONAZOLE (ORAL) LAMISIL GRANULES (ORAL) Nonpreferred dosage forms

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

Preferred	Nonpreferred
	LAMISIL TABLET (ORAL) ONMEL (ORAL) SPORANOX CAPSULE (ORAL) SPORANOX SOLUTION (ORAL)

ANTIFUNGALS, TOPICAL section updated 7-11-2018

Preferred	Nonpreferred
NONE LISTED	JUBLIA (TOPICAL) LUZU (TOPICAL) NAFTIFINE CREAM (TOPICAL) NAFTIN CREAM (TOPICAL) OXICONAZOLE CREAM (TOPICAL) OXISTAT CREAM (TOPICAL)

ANTI-HISTAMINES, MINIMALLY SEDATING section updated 7-11-2018

Preferred	Nonpreferred Antihistamines
CETIRIZINE CHEWABLE OTC (ORAL) CETIRIZINE SOLUTION (ORAL) CETIRIZINE SOLUTION OTC (ORAL) CETIRIZINE TABLETS OTC (ORAL) CETIRIZINE-D OTC (ORAL) LORATADINE ODT OTC (ORAL) LORATADINE SOLUTION OTC (ORAL) LORATADINE TABLETS OTC (ORAL) LORATADINE-D OTC (ORAL) * Allegra OTC, fexofenadine OTC, Allegra-D OTC and fexofenadine-D OTC are excluded from coverage ** Not all OTC products are covered. Please consult the NDC lookup website for specific NDC coverage information	CLARINEX SYRUP (ORAL) CLARINEX TABLET (ORAL) CLARINEX-D 12 HOUR (ORAL) DESLORATADINE (ORAL) DESLORATADINE ODT (ORAL) LEVOCETIRIZINE SOLUTION (ORAL) LEVOCETIRIZINE TABLETS (ORAL) SEMPREX-D (ORAL) XYZAL SOLUTION (ORAL) XYZAL TABLET (ORAL)

ANTIMIGRAINE AGENTS, TRIPTANS section updated 7-11-2018

Preferred	Nonpreferred
RELPAX (ORAL) RIZATRIPTAN ODT (ORAL) RIZATRIPTAN TABLET (ORAL) SUMATRIPTAN (NASAL) SUMATRIPTAN (ORAL)	ALMOTRIPTAN (ORAL) AMERGE (ORAL) AXERT (ORAL) ELETRIPTAN (ORAL) FROVA (ORAL) FROVATRIPTAN (ORAL) IMITREX (NASAL) IMITREX (ORAL) MAXALT MLT (ORAL) MAXALT TABLET (ORAL) NARATRIPTAN (ORAL) ONZETRA XSAIL (NASAL) SUMATRIPTAN/NAPROXEN (ORAL) TREMIMET (ORAL) Treximet

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPFD = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

Preferred	Nonpreferred
	ZECUITY (TRANSDERM) ZEMBRACE SYMTOUCH (SUBCUTANE.) ^{NPDF} or new drug ZOLMITRIPTAN ODT (ORAL) ZOLMITRIPTAN TABLET (ORAL) ZOMIG (NASAL) ZOMIG TABLET (ORAL) ZOMIG ZMT (ORAL)

ANTIMYCOBACTERIUM AGENTS section updated 7-11-2018

Preferred	Nonpreferred
NONE LISTED	SIRTURO (ORAL)

ANTIPARASITICS, TOPICAL section updated 7-11-2018

Preferred	Nonpreferred
NATROBA (TOPICAL) PERMETHRIN CREAM (TOPICAL) PERMETHRIN OTC (TOPICAL) PIP BUTOXIDE/PYRETHRINS/PERMETHRIN KIT OTC (TOPICAL) PIPERONYL BUTOXIDE/PYRETHRINS SHAMPOO OTC (TOPICAL)	LINDANE LOTION (TOPICAL) LINDANE SHAMPOO (TOPICAL) MALATHION BRAND (TOPICAL) OVIDE (TOPICAL) SKLICE (TOPICAL) Sklice SPINOSAD (TOPICAL)

ANTIPARKINSON'S AGENTS section updated 7-11-2018

Preferred	Nonpreferred
CARBIDOPA / LEVODOPA (ORAL) CARBIDOPA / LEVODOPA ER (ORAL) CARBIDOPA / LEVODOPA ODT (ORAL) PRAMIPEXOLE (ORAL) ROPINIROLE (ORAL)	GOCOVRI (ORAL) MIRAPEX (ORAL) MIRAPEX ER (ORAL) ^{NPDF} PRAMIPEXOLE ER (ORAL) ^{NPDF} REQUIP (ORAL) REQUIP XL (ORAL) ^{NPDF} ROPINIROLE ER (ORAL) Nonpreferred dosage forms RYTARY (ORAL) SINEMET (ORAL) SINEMET CR (ORAL) XADAGO (ORAL)

ANTIPSYCHOTICS section updated 7-11-2018

Preferred	Nonpreferred
ABILIFY MAINTENA (INTRAMUSC.) Abilify Maintena ARIPIRAZOLE SOLUTION (ORAL) ARIPIRAZOLE TABLET (ORAL) CLOZAPINE (ORAL) CLOZAPINE ODT (AG) (ORAL) CLOZAPINE ODT (ORAL) FANAPT TABLET (ORAL) FANAPT TITRATION PACK (ORAL)	ABILIFY TABLET (ORAL) ARIPIRAZOLE ODT (ORAL) ^{DX} ARISTADA (INTRAMUSC) CLOZARIL (ORAL) FAZACLO (ORAL) GEODON (INTRAMUSC) GEODON (ORAL) INVEGA (ORAL)

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

Preferred	Nonpreferred
INVEGA SUSTENNA (INTRAMUSC) ^{DX} INVEGA TRINZA (INTRAMUSC) LATUDA (ORAL) OLANZAPINE (INTRAMUSC) OLANZAPINE TABLET (ORAL) QUETIAPINE ER (ORAL) QUETIAPINE TABLETS (ORAL) RISPERDAL CONSTA (INTRAMUSC.) RISPERIDONE ODT (ORAL) RISPERIDONE SOLUTION (ORAL) RISPERIDONE TABLET (ORAL) SAPHRIS (SUBLINGUAL) ZIPRASIDONE CAPSULE (ORAL)	NUPLAZID (ORAL) OLANZAPINE ODT (ORAL) OLANZAPINE/FLUOXETINE (ORAL) PALIPERIDONE (ORAL) REXULTI (ORAL) RISPERDAL ODT (ORAL) ^{DX} RISPERDAL SOLUTION (ORAL) RISPERDAL TABLET (ORAL) SEROQUEL (ORAL) SEROQUEL XR (ORAL) SYMBYAX (ORAL) VERSACLOZ (ORAL) VRAYLAR (ORAL) ZYPREXA (INTRAMUSC) ZYPREXA (ORAL) ZYPREXA RELPREVV (INTRAMUSC) Zyprexa Relprevv ZYPREXA ZYDIS (ORAL) ^{DX}

ANTIVIRALS, ORAL section updated 7-11-2018

Preferred	Nonpreferred
ACYCLOVIR CAPSULE (ORAL) ACYCLOVIR SUSPENSION (ORAL) ACYCLOVIR TABLET (ORAL) VALACYCLOVIR (ORAL) VALACYCLOVIR (ORAL)	FAMCICLOVIR (ORAL) FAMVIR (ORAL) SITAVIG (BUCCAL) Sitavig VALTREX (ORAL) ZOVIRAX CAPSULE (ORAL) ZOVIRAX SUSPENSION (ORAL) ZOVIRAX TABLET (ORAL)

ANTIVIRALS, TOPICAL section updated 7-11-2018

Preferred	Nonpreferred
ACYCLOVIR OINTMENT (TOPICAL) DENAVIR (TOPICAL)	XERESE (TOPICAL) Xerese ZOVIRAX CREAM (TOPICAL) Zovirax Cream ZOVIRAX OINTMENT (TOPICAL)

BETA-BLOCKERS section updated 7-11-2018

Preferred	Nonpreferred
ACEBUTOLOL (ORAL) ATENOLOL (ORAL) BETAXOLOL (ORAL) BISOPROLOL (ORAL) CARVEDILOL (ORAL) LABETALOL (ORAL) METOPROLOL (ORAL) NADOLOL (ORAL) PINDOLOL (ORAL) PROPRANOLOL ER (ORAL) PROPRANOLOL SOLUTION (ORAL) PROPRANOLOL TABLET (ORAL)	BETAPACE / AF (ORAL) BYSTOLIC (ORAL) Bystolic CARVEDILOL ER (ORAL) COREG (ORAL) COREG CR (ORAL) Coreg CR CORGARD (ORAL) CORZIDE (ORAL) DUTOPROL (ORAL) HEMANGEOL (ORAL) INDERAL LA (ORAL) INDERAL XL (ORAL) INNOPRAN XL (ORAL)

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

Preferred	Nonpreferred
SOTALOL (ORAL) TIMOLOL (ORAL)	LEVATOL (ORAL) LOPRESSOR (ORAL) LOPRESSOR HCT (ORAL) METOPROLOL XL (ORAL) PROPRANOLOL ER (AG) (ORAL) SOTYLIZE (ORAL) TENORETIC (ORAL) TENORMIN (ORAL) TOPROL XL (ORAL) TRANDATE (ORAL) ZIAC (ORAL)

BLADDER RELAXANT PREPARATIONS section updated 7-11-2018

Preferred	Nonpreferred
ENABLEX (ORAL) OXYBUTYNIN ER (ORAL) OXYBUTYNIN ER (ORAL) OXYBUTYNIN SYRUP (ORAL) OXYBUTYNIN TABLET (ORAL) OXYTROL (TRANSDERM.) TOLTERODINE (ORAL) TOLTERODINE ER (ORAL) TOVIAZ (ORAL) VESICARE (ORAL)	DARIFENACIN ER (ORAL) DETROL (ORAL) DETROL LA (ORAL) DITROPAN XL (ORAL) GELNIQUE (TRANSDERM.) Gelnique GELNIQUE GEL PUMP (TRANSDERMAL) MYRBETRIQ (ORAL) Myrbetriq OXYBUTYNIN ER (AG) (ORAL) TROSPIUM (ORAL) TROSPIUM ER (ORAL)

BONE RESORPTION INHIBITORS, IV section updated 7-11-2018

Preferred	Nonpreferred
MIACALCIN (INJECTION)	BONIVA (INTRAIVEN) IBANDRONATE (INTRAIVEN)

BONE RESORPTION SUPPRESSION AND RELATED AGENTS section updated 7-11-2018

Preferred	Nonpreferred Bisphosphonates
ALENDRONATE SOLUTION (ORAL) ALENDRONATE TABLETS (ORAL) CALCITONIN SALMON (NASAL) MIACALCIN (NASAL)	ACTONEL (ORAL) ATELVIA (ORAL) BINOSTO (ORAL) BONIVA (ORAL) FORTICAL (NASAL) FOSAMAX (ORAL) FOSAMAX PLUS D (ORAL) IBANDRONATE TABLETS (ORAL) PROLIA (SUBCUTANE.) Prolia RISEDRONATE (ACTONEL) (ORAL) RISEDRONATE (ATELVIA) (ORAL)

BPH TREATMENTS section updated 7-11-2018

Preferred	Nonpreferred
ALFUZOSIN (ORAL) FINASTERIDE (ORAL)	AVODART (ORAL) DUTASTERIDE (ORAL)

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

Preferred	Nonpreferred
TAMSULOSIN (ORAL)	DUTASTERIDE/TAMSULOSIN (ORAL) FLOMAX (ORAL) JALYN (ORAL) ^{NPDF} PROSCAR (ORAL) RAPAFLO (ORAL) Rapaflo UROXATRAL (ORAL)

BRONCHODILATORS, BETA AGONIST section updated 7-11-2018

Preferred	Nonpreferred Beta-Agonist Long Acting
ALBUTEROL NEB SOLN 0.63, 1.25 MG (INHALATION) ALBUTEROL NEB SOLN 100 MG/20 ML (INHALATION) ALBUTEROL NEB SOLN 2.5 MG/0.5 ML (INHALATION) ALBUTEROL NEB SOLN 2.5 MG/3 ML (INHALATION) ALBUTEROL SYRUP (ORAL) FORADIL (INHALATION) PROAIR HFA (INHALATION) PROVENTIL HFA (INHALATION) SEREVENT (INHALATION) VENTOLIN HFA (INHALATION)	ARCAPTA NEOHALER (INHALATION) Arcapta BROVANA (INHALATION) LEVALBUTEROL NEB SOLN (INHALATION) LEVALBUTEROL NEB SOLN CONC (INHALATION) PERFORMIST (INHALATION) PROAIR RESPICLICK (INHALATION) STRIVERDI RESPIMAT (INHALATION) XOPENEX HFA (INHALATION) XOPENEX NEB SOLN (INHALATION) XOPENEX NEB SOLN CONC (INHALATION)

CALCIUM CHANNEL BLOCKERS section updated 7-11-2018

Preferred	Nonpreferred
AMLODIPINE (ORAL) DILTIAZEM CAPSULE ER (ORAL) DILTIAZEM TABLET (ORAL) FELODIPINE ER (ORAL) ISRADIPINE (ORAL) MATZIM LA (ORAL) NICARDIPINE (ORAL) NIFEDIPINE ER (ORAL) NIFEDIPINE IR (ORAL) VERAPAMIL 360 MG CAPSULE (ORAL) VERAPAMIL CAPSULE ER (ORAL) VERAPAMIL ER PM (ORAL) VERAPAMIL TABLET (ORAL) VERAPAMIL TABLET ER (ORAL)	ADALAT CC (ORAL) CALAN (ORAL) CALAN SR (ORAL) CARDIZEM (ORAL) CARDIZEM CD (ORAL) CARDIZEM CD 360 MG (ORAL) CARDIZEM LA (ORAL) NIMODIPINE (ORAL) NISOLDIPINE (ORAL) NORVASC (ORAL) NYMALIZE (ORAL) PROCARDIA (ORAL) PROCARDIA XL (ORAL) SULAR (ORAL) TIAZAC (ORAL) TIAZAC 420 MG (ORAL) VERELAN (ORAL) VERELAN PM (ORAL)

CEPHALOSPORINS AND RELATED ANTIBIOTICS section updated 7-11-2018

Preferred	Nonpreferred
CEDAX CAPSULE (ORAL) CEDAX SUSPENSION (ORAL) CEDAX SUSPENSION (ORAL) CEFACLOR CAPSULE (ORAL)	CEFACLOR TABLET ER (ORAL) CEFIXIME SUSPENSION (ORAL) CEFPODOXIME SUSPENSION (ORAL) CEFPODOXIME TABLET (ORAL)

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

Preferred	Nonpreferred
CEFACLOR SUSPENSION (ORAL) CEFDINIR CAPSULE (ORAL) CEFDINIR CAPSULE (ORAL) CEFDINIR SUSPENSION (ORAL) CEFDINIR SUSPENSION (ORAL) CEFPROZIL SUSPENSION (ORAL) CEFPROZIL SUSPENSION (ORAL) CEFPROZIL TABLET (ORAL) CEFPROZIL TABLET (ORAL) CEFUROXIME TABLET (ORAL) CEFUROXIME TABLET (ORAL) SUPRAX CAPSULE (ORAL) SUPRAX SUSPENSION (ORAL) SUPRAX TABLET (ORAL)	CEFPODOXIME TABLET (ORAL) CEFTIN SUSPENSION (ORAL) CEFTIN TABLET (ORAL) DAXBIA (ORAL) SUPRAX TAB CHEW (ORAL)

COPD AGENTS section updated 7-11-2018

Preferred	Nonpreferred
ATROVENT HFA (INHALATION) COMBIVENT RESPIMAT (INHALATION) IPRATROPIUM / ALBUTEROL (INHALATION) IPRATROPIUM NEBULIZER (INHALATION) SPIRIVA (INHALATION) STIOLTO RESPIMAT (INHALATION)	ANORO ELLIPTA (INHALATION) BEVESPI AEROSPHERE (INHALATION) DALIRESP (ORAL) INCRUSE ELLIPTA (INHALATION) Incruse Ellipta LONHALA MAGNAIR (INHALATION) SEEBRI NEOHALER (INHALATION) ^{NPDF} SPIRIVA RESPIMAT (INHALATION) TUDORZA PRESSAIR (INHALATION) Tudorza UTIBRON NEOHALER (INHALATION)

CYTOKINE AND CAM ANTAGONISTS section updated 7-11-2018

Preferred Immunomodulators	Nonpreferred Immunomodulators
ENBREL KIT (INJECTION) ENBREL PEN (INJECTION) ENBREL SYRINGE (INJECTION) HUMIRA KIT (INJECTION) HUMIRA PEN KIT (INJECTION) HUMIRA PEN KIT (INJECTION)	ACTEMRA VIAL (INJECTION) CIMZIA KIT (INJECTION) CIMZIA SYRINGE KIT (INJECTION) COSENTYX PEN INJECTER (SUBCUTANE.) COSENTYX SYRINGE (SUBCUTANE.) ENBREL CARTRIDGE (SUBCUTANE.) ENTYVIO (INJECTION) INFLECTRA VIAL (INTRAVEN.) KEVZARA (SUBCUTANE.) ^{NPDF} KINERET (INJECTION) ORENCIA CLICKJECT (SUBCUTANE.) ORENCIA SYRINGE (SUBCUTANE.) ORENCIA VIAL (INJECTION) OTEZLA (ORAL) REMICADE (INJECTION) RENFLEXIS (INTRAVEN.) SILIQ (SUBCUTANE.) ^{NPDF} SIMPONI ARIA VIAL (INTRAVEN.) SIMPONI PEN INJECTER (INJECTION)

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

Preferred Immunomodulators	Nonpreferred Immunomodulators
	SIMPONI SYRINGE (INJECTION) STELARA SYRINGE (INJECTION) STELARA VIAL (INJECTION) TALTZ AUTOINJECTOR (SUBCUTANE.) TALTZ SYRINGE (SUBCUTANE.) TREMIFYA (SUBCUTANE.) XELJANZ (ORAL) XELJANZ XR (ORAL)

DIABETES METERS section updated 7-11-2018

Preferred	Nonpreferred
ACCU-CHEK AVIVA PLUS ACCU-CHEK GUIDE ACCU-CHEK NANO SMARTVIEW CONTOUR CONTOUR NEXT CONTOUR NEXT EZ CONTOUR NEXT ONE	Diabetic testing supplies

DIABETES TEST STRIPS section updated 7-11-2018

Preferred	Nonpreferred
ACCU-CHEK AVIVA PLUS ACCU-CHEK COMPACT ACCU-CHEK COMPACT PLUS ACCU-CHEK GUIDE ACCU-CHEK SMARTVIEW CONTOUR CONTOUR NEXT	Diabetic testing supplies

EPINEPHRINE, SELF-INJECTED section updated 7-11-2018

Preferred	Nonpreferred
EPINEPHRINE AUTOINJECTOR (INTRAMUSC), AUTHORIZED GENERIC OF EPIPEN & EPIPEN JR	EPIPEN (INTRAMUSC) EPIPEN JR (INTRAMUSC) EPINEPHRINE AUTOINJECTOR (INTRAMUSC), AUTHORIZED GENERIC OF ADRENALICK

ERYTHROPOIESIS STIMULATING PROTEINS section updated 7-11-2018

Preferred	Nonpreferred
ARANESP DISP SYRIN (INJECTION) ARANESP VIAL (INJECTION) PROCRIT (INJECTION)	EPOGEN (INJECTION)

ESTROGEN AGENTS, ORAL/TRANSDERMAL section updated 7-11-2018

Preferred	Nonpreferred
NONE LISTED	DUAVEE (ORAL)

FLUOROQUINOLONES, ORAL section updated 7-11-2018

Preferred	Nonpreferred

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#).
Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPFD = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

Preferred	Nonpreferred
CIPROFLOXACIN TABLET (ORAL) LEVOFLOXACIN SOLUTION (ORAL) LEVOFLOXACIN TABLET (ORAL)	AVELOX (ORAL) BAXDELA (ORAL) CIPRO TABLET (ORAL) CIPRO XR TABLET ^{DX} LEVAQUIN TABLET (ORAL) MOXIFLOXACIN (ORAL)

GLUCOCORTICOIDS, INHALED section updated 7-11-2018

Preferred	Nonpreferred Inhaled steroids for asthma
ADVAIR DISKUS (INHALATION) ADVAIR HFA (INHALATION) AEROSPAN (INHALATION) ASMANEX (INHALATION) DULERA (INHALATION) FLOVENT DISKUS (INHALATION) FLOVENT HFA (INHALATION) PULMICORT 0.25, 0.5 MG RESPULES (INHALATION) PULMICORT 1 MG RESPULES (INHALATION) PULMICORT FLEXHALER (INHALATION) QVAR (INHALATION) SYMBICORT (INHALATION)	AIRDUO RESPICLICK (INHALATION) ALVESCO (INHALATION) ARMONAIR RESPICLICK (INHALATION)) ^{NPDF} ARNUITY ELLIPTA (INHALATION) ASMANEX HFA (INHALATION) BREO ELLIPTA (INHALATION) BUDESONIDE 0.25, 0.5 MG RESPULES (INHALATION) BUDESONIDE 1 MG RESPULES (INHALATION) FLUTICASONE/SALMETEROL (AIRDUO) (AG) (INHALATION) QVAR REDHALER (INHALATION) TRELEGY ELLIPTA (INHALATION)

GROWTH HORMONE section updated 7-11-2018 [Growth Hormone](#)

Preferred Growth Hormone	Nonpreferred Growth Hormone
NORDITROPIN PEN (INJECTION) NUTROPIN AQ PEN (INJECTION)	GENOTROPIN CARTRIDGE (INJECTION) GENOTROPIN DISP SYRIN (INJECTION) HUMATROPE CARTRIDGE (INJECTION) HUMATROPE VIAL (INJECTION) OMNITROPE CARTRIDGE (INJECTION) OMNITROPE VIAL (INJECTION) SAIZEN CARTRIDGE (INJECTION) SAIZEN VIAL (INJECTION) SEROSTIM VIAL (INJECTION) ZOMACTON VIAL (INJECTION) ZORBIVIVE VIAL (INJECTION)

HAE TREATMENTS section updated 7-11-2018

Preferred Hereditary Angioedema	Nonpreferred Hereditary Angioedema
BERINERT (INTRAVEN)	CINRYZE (INTRAVEN) FIRAZYR (SUB-Q) HAEGARDA (SUB-Q) KALBITOR (SUB-Q) RUCONEST (INTRAVEN)

HEPATITIS B AGENTS section updated 7-11-2018

Preferred	Nonpreferred
EPIVIR HBV SOLUTION (ORAL) EPIVIR HBV TABLET (ORAL)	VEMLIDY (ORAL)

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

Preferred	Nonpreferred
LAMIVUDINE HBV TABLET (ORAL) ADEFOVIR DIPIVOXIL (ORAL) BARACLUDE SOLUTION (ORAL) BARACLUDE TABLET (ORAL) ENTECAVIR TABLET (ORAL) HEPSERA (ORAL) TYZEKA (ORAL)	

HEPATITIS C AGENTS section updated 7-11-2018 [Hepatitis C](#)

Preferred Hepatitis C	Nonpreferred Hepatitis C
MAVYRET (ORAL) PEGASYS PROCLICK (SUB-Q) PEGASYS SYRINGE (SUB-Q) PEGASYS VIAL (SUBCUTANE.) RIBAVIRIN CAPSULE (ORAL) RIBAVIRIN TABLET (ORAL) RIBAVIRIN TABLET (ORAL) VOSEVI (ORAL)	COPEGUS (ORAL) DAKLINZA (ORAL) EPCLUSA (ORAL) HARVONI (ORAL) OLYSIO (ORAL) PEG-INTRON (SUBCUTANE.) PEG-INTRON REDIPEN (SUBCUTANE.) REBETOL SOLUTION (ORAL) RIBAPAK (ORAL) RIBASPHERE 400 MG (ORAL) RIBASPHERE 600 MG (ORAL) RIBAVIRIN DOSE PACK (ORAL) SOVALDI (ORAL) TECHNIVIE (ORAL) VIEKIRA PAK (ORAL) VIEKIRA XR (ORAL) ZEPATIER (ORAL)

HISTAMINE II RECEPTOR BLOCKER section updated 7-11-2018

Preferred	Nonpreferred
FAMOTIDINE SUSPENSION (ORAL) FAMOTIDINE TABLET (ORAL) RANITIDINE CAPSULE (ORAL) RANITIDINE SYRUP (ORAL) RANITIDINE TABLET (ORAL)	CIMETIDINE SOLUTION (ORAL) CIMETIDINE TABLET (ORAL) NIZATIDINE CAPSULE (ORAL) NIZATIDINE SOLUTION (ORAL) PEPCID SUSPENSION (ORAL) PEPCID TABLET (ORAL) ZANTAC 25 (ORAL) ZANTAC TABLET (ORAL)

HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS

Preferred	Nonpreferred
MIGLITOL (ORAL) PRECOSE (ORAL)	ACARBOSE (ORAL) GLYSET (ORAL)

HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS section updated 7-11-2018

Preferred	Nonpreferred DPP-4 Inhibitors GLP-1 receptor agonists
BYDUREON (SUBCUTANE.) BYETTA PENS (SUBCUTANE.)	ADLYXIN (SUBCUTANE.) ALOGLIPTIN (AG) (ORAL)

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

Preferred	Nonpreferred DPP-4 Inhibitors GLP-1 receptor agonists
JANUMET (ORAL) JANUVIA (ORAL) JENTADUETO (ORAL) KOMBIGLYZE XR (ORAL) ONGLYZA (ORAL) SYMLIN PENS (SUBCUTANE.) TRADJENTA (ORAL) VICTOZA (SUBCUTANE.)	BYDUREON BCISE (SUBCUTANE.) BYDUREON PENS (SUBCUTANE.) GLYXAMBI (ORAL) ^{NPDF} JANUMET XR (ORAL) ^{NPDF} JENTADUETO XR (ORAL) KAZANO (ORAL) NESINA (ORAL) OSENI (ORAL) OZEMPIC (SUBCUTANE.) QTERN (ORAL) SOLIQUA (SUBCUTANE.) Basal insulin and GLP-1 receptor agonist combination STEGLUJAN (ORAL) TANZEUM (SUBCUTANE.) TRULICITY (SUBCUTANE.) XULTOPHY (SUBCUTANE.) Basal insulin and GLP-1 receptor agonist combination

HYPOGLYCEMICS, INSULIN AND RELATED AGENTS section updated 7-11-2018

Preferred	Nonpreferred Insulin
HUMULIN 500 U/M VIAL (SUBCUTANE.) LANTUS SOLOSTAR PEN (SUBCUTANE.) LANTUS VIAL (SUBCUTANE.) LEVEMIR PENS (SUBCUTANE.) LEVEMIR VIAL (SUBCUTANE.) NOVOLIN 70/30 VIAL OTC (SUBCUTANE.) NOVOLIN VIAL OTC (SUBCUTANE.) NOVOLOG CARTRIDGE (SUBCUTANE.) NOVOLOG MIX PEN (SUBCUTANE.) NOVOLOG MIX VIAL (SUBCUTANE.) NOVOLOG PEN (SUBCUTANE.) NOVOLOG VIAL (SUBCUTANE.)	ADMELOG SOLOSTAR PEN (SUBCUTANE.) ADMELOG VIAL (SUBCUTANE.) AFREZZA CARTRIDGE (INHALATION) Afrezza APIDRA SOLOSTAR PEN (SUBCUTANE.) APIDRA VIAL (SUBCUTANE.) BASAGLAR KWIKPEN (SUBCUTANE.) Basaglar FIASP FLEXTOUCH PEN (SUBCUTANE.) FIASP VIAL (SUBCUTANE.) HUMALOG 200 U/ML PEN (SUBCUTANE.) HUMALOG CARTRIDGE (SUBCUTANE.) HUMALOG JUNIOR KWIKPEN (SUBCUTANE.) HUMALOG MIX PEN (SUBCUTANE.) HUMALOG MIX VIAL (SUBCUTANE.) HUMALOG PEN (SUBCUTANE.) HUMALOG VIAL (SUBCUTANE.) HUMULIN 500 U/M PEN (SUBCUTANE.) HUMULIN 70/30 PEN OTC (SUBCUTANE.) HUMULIN 70/30 VIAL OTC (SUBCUTANE.) HUMULIN PEN OTC (SUBCUTANE.) HUMULIN VIAL OTC (SUBCUTANE.) TOUJEO MAX SOLOSTAR PEN (SUBCUTANE.) TOUJEO SOLOSTAR PEN (SUBCUTANE.) TRESIBA FLEXTOUCH 100 U/ML PEN (SUBCUTANE.) TRESIBA FLEXTOUCH 200 U/ML PEN (SUBCUTANE.)

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

HYPOGLYCEMICS, MEGLITINIDES section updated 7-11-2018

Preferred	Nonpreferred
NATEGLINIDE (ORAL) PRANDIN (ORAL) REPAGLINIDE (ORAL) STARLIX (ORAL)	REPAGLINIDE/METFORMIN (ORAL)

HYPOGLYCEMICS, SGLT2 section updated 7-11-2018

Preferred	Nonpreferred
FARXIGA (ORAL) INVOKANA (ORAL) JARDIANCE (ORAL)	INVOKAMET (ORAL) INVOKAMET XR (ORAL) ^{NPDF} SEGLUOMET (ORAL) STEGLATRO (ORAL) SYNJARDY (ORAL) SYNJARDY XR (ORAL) ^{NPDF} XIGDUO XR (ORAL)

HYPOGLYCEMICS, SULFONYLUREAS section updated 7-11-2018

Preferred	Nonpreferred
GLIMEPIRIDE (ORAL) GLIPIZIDE (ORAL) GLIPIZIDE ER (ORAL) GLYBURIDE (ORAL) GLYBURIDE MICRONIZED (ORAL)	AMARYL (ORAL) DIABETA (ORAL) GLUCOTROL (ORAL) GLUCOTROL XL (ORAL) GLYNASE (ORAL)

HYPOGLYCEMICS, TZD section updated 7-11-2018

Preferred	Nonpreferred
DUETACT (ORAL) PIOGLITAZONE (ORAL)	ACTOPLUS MET XR (ORAL) ^{NPDF} ACTOS (ORAL) AVANDIA (ORAL) PIOGLITAZONE/GLIMEPIRIDE (ORAL) PIOGLITAZONE/METFORMIN (ORAL)

IMMUNE GLOBULINS section updated 7-11-2018

Preferred	Nonpreferred
NONE LISTED	VARIZIG (INTRAMUSC)

IMMUNOMODULATORS, ATOPIC DERMATITIS section updated 7-11-2018

Preferred	Nonpreferred
ELIDEL (TOPICAL) PROTOPIC (TOPICAL)	DUPIXENT (SUBCUTANE.) EUCRISA (TOPICAL) TACROLIMUS (TOPICAL)

IMMUNOMODULATORS, TOPICAL section updated 7-11-2018

Preferred	Nonpreferred
ALDARA (TOPICAL)	IMIQUIMOD (TOPICAL)

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

IMMUNOSUPPRESSIVES, ORAL section updated 7-11-2018

Preferred	Nonpreferred
AZATHIOPRINE (ORAL) CYCLOSPORINE CAPSULE (ORAL) CYCLOSPORINE SOFTGEL (ORAL) CYCLOSPORINE, MODIFIED CAPSULE (ORAL) CYCLOSPORINE, MODIFIED SOLUTION (ORAL) MYCOPHENOLATE MOFETIL CAPSULE (ORAL) MYCOPHENOLATE MOFETIL TABLET (ORAL) TACROLIMUS (ORAL)	ASTAGRAF XL (ORAL) AZASAN (ORAL) CELLCEPT CAPSULE (ORAL) CELLCEPT SUSPENSION (ORAL) CELLCEPT TABLET (ORAL) ENVARUSUS XR (ORAL) IMURAN (ORAL) MYCOPHENOLATE MOFETIL SUSPENSION (ORAL) MYCOPHENOLIC ACID (ORAL) MYFORTIC (ORAL) NEORAL CAPSULE (ORAL) NEORAL SOLUTION (ORAL) PROGRAF (ORAL) RAPAMUNE SOLUTION (ORAL) RAPAMUNE TABLET (ORAL) SANDIMMUNE CAPSULE (ORAL) SANDIMMUNE SOLUTION (ORAL) SIROLIMUS (ORAL) ZORTRESS (ORAL)

INTRANASAL RHINITIS AGENTS section updated 7-11-2018

Preferred	Nonpreferred
AZELASTINE (ASTELIN) (NASAL) AZELASTINE (ASTEPRO) (NASAL) FLUTICASONE (NASAL) OMNARIS (NASAL) PATANASE (NASAL)	ASTEPRO (NASAL) BECONASE AQ (NASAL) BUDESONIDE (NASAL) DYMISTA (NASAL) FLUNISOLIDE (NASAL) MOMETASONE (NASAL) NASONEX (NASAL) OLOPATADINE (NASAL) QNASL 40 (NASAL) QNASL 80 (NASAL) SINUVA (SINUS IMPLANT) TICANASE (NASAL) VERAMYST (NASAL) XHANCE (NASAL) ZETONNA (NASAL)

LEUKOTRIENE MODIFIERS section updated 7-11-2018

Preferred	Nonpreferred
ACCOLATE (ORAL) MONTELUKAST CHEWABLE TABLET (ORAL) MONTELUKAST TABLET (ORAL) ZAFIRLUKAST (ORAL)	MONTELUKAST GRANULES (ORAL) SINGULAIR CHEWABLE TABLET (ORAL) SINGULAIR GRANULES (ORAL) SINGULAIR TABLET (ORAL) ZILEUTON ER (ORAL) ZYFLO (ORAL) ZYFLO CR (ORAL)

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

LIPOTROPICS, OTHER section updated 7-11-2018 [Fenofibrates](#)

Preferred	Nonpreferred
CHOLESTYRAMINE/ASPARTAME (ORAL) CHOLESTYRAMINE/SUCROSE (ORAL) COLESTIPOL GRANULES (ORAL) COLESTIPOL TABLET (ORAL) NIASPAN (ORAL) TRICOR (ORAL) TRILIPIX (ORAL) ZETIA (ORAL)	ANTARA (ORAL) Fenofibrates COLESEVELAM (ORAL) COLESTID GRANULES (ORAL) COLESTID TABLET (ORAL) EZETIMIBE (ORAL) FENOFIBRATE (FENOGLIDE) (ORAL) FENOFIBRATE CAPSULE (LIPOFEN) (ORAL) FENOFIBRATE CAPSULE (LOFIBRA) (ORAL) FENOFIBRATE TABLET (LOFIBRA) (ORAL) FENOFIBRATE TABLET (TRICOR) (ORAL) FENOFIBRIC ACID (FIBRICOR) (ORAL) FENOFIBRIC ACID (TRILIPIX) (ORAL) FENOGLIDE (ORAL) FIBRICOR (ORAL) LIPOFEN (ORAL) LOFIBRA TABLET (ORAL) Fenofibrates LOVAZA (ORAL) Lovaza (omega-3 fatty acids) NIACIN ER (ORAL) NIACOR (ORAL) OMEGA-3 ACID ETHYL ESTERS (ORAL) QUESTRAN (ORAL) QUESTRAN LIGHT (ORAL) TRIGLIDE (ORAL) Fenofibrates VASCEPA (ORAL) Vascepa WELCHOL POWDER PACK (ORAL) WELCHOL TABLET (ORAL)

LIPOTROPICS, STATINS section updated 7-11-2018

Preferred	Nonpreferred
ATORVASTATIN (ORAL) FLUVASTATIN (ORAL) LESCOL XL (ORAL) LOVASTATIN (ORAL) PRAVASTATIN (ORAL) SIMVASTATIN (ORAL) VYTORIN (ORAL)	ALTOPREV (ORAL) AMLODIPINE-ATORVASTATIN (ORAL) CADUET (ORAL) CRESTOR (ORAL) EZETIMIBE-SIMVASTATIN (ORAL) FLUVASTATIN ER (ORAL) LIPITOR (ORAL) LIPTRUZET (ORAL) ^{NPDF} LIVALO (ORAL) PRAVACHOL (ORAL) ROSUVASTATIN (ORAL) ZOCOR (ORAL) ZYPITAMAG (ORAL)

MACROLIDES/KETOLIDES section updated 7-11-2018

Preferred	Nonpreferred
AZITHROMYCIN PACKET (ORAL) AZITHROMYCIN SUSPENSION (ORAL)	BIAXIN SUSPENSION (ORAL) BIAXIN TABLET (ORAL)

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

Preferred	Nonpreferred
AZITHROMYCIN TABLET (ORAL) CLARITHROMYCIN ER (ORAL) CLARITHROMYCIN SUSPENSION (ORAL) CLARITHROMYCIN TABLET (ORAL) E.E.S. 400 TABLET (ORAL) ERYTHROMYCIN BASE CAPSULE DR (ORAL) ERYTHROMYCIN BASE TABLET (ORAL)	E.E.S. 200 SUSPENSION (ORAL) ERYPED 200 SUSPENSION (ORAL) ERYPED 400 SUSPENSION (ORAL) ERY-TAB (ORAL) ERYTHROCIN (ORAL) KETEK (ORAL) PCE (ORAL) ZITHROMAX PACKET (ORAL) ZITHROMAX SUSPENSION (ORAL) ZITHROMAX TABLET (ORAL) ZMAX (ORAL)

METHOTREXATE section updated 7-11-2018

Preferred	Nonpreferred
NONE LISTED	OTREXUP AUTO INJECTOR (SUBCUT.) RASUVO AUTO INJECTOR (SUBCUT.)

MUCOPOLYSACCHARIDOSIS section updated 7-11-2018

Preferred	Nonpreferred
NONE LISTED	VIMIZIM (INTRAVEN)

MULTIPLE SCLEROSIS AGENTS section updated 7-11-2018

Preferred	Nonpreferred
AVONEX (INTRAMUSC.) AVONEX PEN (INTRAMUSC.) BETASERON KIT (SUBCUTANE.) BETASERON VIAL (SUBCUTANE.) COPAXONE 20 MG/ML (SUBCUTANE.) GILENYA (ORAL) REBIF (SUBCUTANE.) REBIF REBIDOSE PEN INJCTR (SUBCUTANE.)	AMPYRA (ORAL) Ampyra AUBAGIO (ORAL) Aubagio COPAXONE 40 MG/ML (SUBCUTANE.) EXTAVIA KIT (SUBCUTANE.) EXTAVIA VIAL (SUBCUTANE.) GLATIRAMER 20 MG/ML (SUBCUTANE.) GLATIRAMER 40 MG/ML (SUBCUTANE.) GLATOPA 20 MG/ML (SUBCUTANE.) GLATOPA 40 MG/ML (SUBCUTANE.) LEMTRADA (INTRAVEN.) Lemtrada OCREVUS (INTRAVEN.) PLEGRIDY (SUBCUTANE.) Plegridy TECFIDERA (ORAL) Tecfidera TYSABRI (INTRAVEN.) Tysabri ZINBRYTA (SUBCUTANE.) Zinbryta

NASAL PREPARATIONS, ANTIBIOTICS section updated 7-11-2018

Preferred	Nonpreferred
NONE LISTED	BACTROBAN NASAL (NASAL)

NEUROPATHIC PAIN section updated 7-11-2018

Preferred	Nonpreferred
GABAPENTIN CAPSULE (ORAL) GABAPENTIN SOLUTION (ORAL) SAVELLA (ORAL)	CYMBALTA (ORAL) DULOXETINE (CYMBALTA) (ORAL) DULOXETINE (IRENKA) (ORAL)

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

Preferred	Nonpreferred
SAVELLA DOSE PACK (ORAL)	GABAPENTIN TABLET (ORAL) GRALISE (ORAL) Gralise HORIZANT (ORAL) Horizant IRENKA (ORAL) LIDOCAINE (TOPICAL) LIDODERM (TOPICAL) LYRICA CAPSULE (ORAL) LYRICA CR (ORAL) ^{NPDF} LYRICA SOLUTION (ORAL) NEURONTIN CAPSULE (ORAL) NEURONTIN SOLUTION (ORAL) NEURONTIN TABLET (ORAL) QUTENZA KIT (TOPICAL) GABAPENTIN CAPSULE (ORAL) GABAPENTIN SOLUTION (ORAL) SAVELLA (ORAL) SAVELLA DOSE PACK (ORAL)

NSAIDS section updated 7-11-2018

Preferred	Nonpreferred
NONE LISTED	CELECOXIB (ORAL) MEFENAMIC ACID (ORAL) PONSTEL (ORAL) ZORVOLEX (ORAL)

ONCOLOGY, ORAL – HEMATOLOGIC section updated 7-11-2018

Preferred	Nonpreferred
NONE LISTED	POMALYST (ORAL)

ONCOLOGY, ORAL – OTHER section updated 7-11-2018

Preferred	Nonpreferred
NONE LISTED	COMETRIQ (ORAL)

OPHTHALMIC ANTIBIOTICS section updated 7-11-2018

Preferred	Nonpreferred Ophthalmic Quinolones
CIPROFLOXACIN SOLUTION (OPHTHALMIC) LEVOFLOXACIN (OPHTHALMIC) OFLOXACIN (OPHTHALMIC) VIGAMOX (OPHTHALMIC)	AZASITE (OPHTHALMIC) BESIVANCE (OPHTHALMIC) Ophthalmic Quinolones CILOXAN DROPS (OPHTHALMIC) CILOXAN OINTMENT (OPHTHALMIC) GATIFLOXACIN (OPHTHALMIC) MOXEZA (OPHTHALMIC) Ophthalmic Quinolones MOXIFLOXACIN (VIGAMOX) (OPHTHALMIC) OCUFLOX (OPHTHALMIC) ZYMAXID (OPHTHALMIC) Ophthalmic Quinolones

OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS section updated 7-11-2018

Preferred	Nonpreferred
TOBRADEX SUSPENSION (OPHTHALMIC)	TOBRAMYCIN/DEXAMETHASONE SUSPENSION

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

Preferred	Nonpreferred
	(OPHTHALMIC)

OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS section updated 7-11-2018

Preferred	Nonpreferred Ophthalmic Antihistamines
ALOCRI (OPHTHALMIC) CROMOLYN SODIUM (OPHTHALMIC) KETOTIFEN OTC (OPHTHALMIC) PATADAY (OPHTHALMIC) PATANOL (OPHTHALMIC) PAZEO (OPHTHALMIC)	ALOMIDE (OPHTHALMIC) ALREX (OPHTHALMIC) AZELASTINE (OPHTHALMIC) BEPREVE (OPHTHALMIC) ELESTAT (OPHTHALMIC) EMADINE (OPHTHALMIC) EPINASTINE (OPHTHALMIC) LASTACAFT (OPHTHALMIC) OLOPATADINE (PATANOL) (OPHTHALMIC) OLOPATADINE DROPS (PATADAY) (OPHTHALMIC) ZADITOR OTC (OPHTHALMIC)

OPHTHALMICS, ANTI-INFLAMMATORIES section updated 7-11-2018

Preferred	Nonpreferred Ophthalmic NSAIDs
DICLOFENAC (OPHTHALMIC) KETOROLAC (OPHTHALMIC) KETOROLAC LS (OPHTHALMIC)	ACULAR (OPHTHALMIC) ACULAR LS (OPHTHALMIC) ACUVAIL (OPHTHALMIC) Ophthalmic NSAIDs BROMFENAC (OPHTHALMIC) BROMSITE (OPHTHALMIC) FLURBIPROFEN (OPHTHALMIC) NEVANAC (OPHTHALMIC) OCUFEN (OPHTHALMIC) PROLENSA (OPHTHALMIC)

OPHTHALMICS, GLAUCOMA AGENTS section updated 7-11-2018

Preferred	Nonpreferred
ALPHAGAN P 0.1% (OPHTHALMIC) ALPHAGAN P 0.15% (OPHTHALMIC) AZOPT (OPHTHALMIC) BETAXOLOL (OPHTHALMIC) BETOPTIC S (OPHTHALMIC) BRIMONIDINE (OPHTHALMIC) BRIMONIDINE P 0.15% (OPHTHALMIC) CARTEOLOL (OPHTHALMIC) COMBIGAN (OPHTHALMIC) DORZOLAMIDE (OPHTHALMIC) DORZOLAMIDE / TIMOLOL (OPHTHALMIC) ISTALOL (OPHTHALMIC) LATANOPROST 2.5 ML (OPHTHALMIC) LEVOBUNOLOL (OPHTHALMIC) TIMOLOL (OPHTHALMIC) TRAVATAN Z 2.5 ML (OPHTHALMIC) TRAVATAN Z 5 ML (OPHTHALMIC)	APRACLONIDINE (OPHTHALMIC) BETAGAN (OPHTHALMIC) BIMATOPROST 2.5ML (OPHTHALMIC) BIMATOPROST 5ML (OPHTHALMIC) BIMATOPROST 7.5ML (OPHTHALMIC) COSOPT (OPHTHALMIC) COSOPT PF (OPHTHALMIC) Cosopt PF IOPIDINE (OPHTHALMIC) LUMIGAN 2.5ML (OPHTHALMIC) LUMIGAN 5ML (OPHTHALMIC) LUMIGAN 7.5ML (OPHTHALMIC) RHOPRESSA (OPHTHALMIC) SIMBRINZA (OPHTHALMIC) TIMOLOL (ISTALOL) (OPHTHALMIC) TIMOPTIC (OPHTHALMIC) TIMOPTIC OCUDOSE (OPHTHALMIC) TIMOPTIC-XE (OPHTHALMIC) TRAVOPROST 2.5 ML (OPHTHALMIC)

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

Preferred	Nonpreferred
	TRAVOPROST 5 ML (OPHTHALMIC) TRUSOPT (OPHTHALMIC) VYZULTA (OPHTHALMIC) XALATAN 2.5 ML (OPHTHALMIC) ZIOPTAN (OPHTHALMIC) Zioptan

OPIATE DEPENDENCE TREATMENTS section updated 7-11-2018

Preferred	Nonpreferred
NALOXONE SYRINGE (INJECTION) NALOXONE VIAL (INJECTION) NARCAN SPRAY (NASAL) SUBOXONE FILM (SUBLINGUAL)	BUNAVAIL (BUCCAL) BUPRENORPHINE HCL (SUBLINGUAL) BUPRENORPHINE/NALOXONE TAB (SUBLINGUAL) buprenorphine/naloxone PROBUPHINE (IMPLANT) SUBLOCADE (SUBCUTANEOUS) new drug ^{NPDF} ZUBSOLV (SUBLINGUAL) Zubsolv

OTIC ANTIBIOTICS section updated 7-11-2018

Preferred	Nonpreferred
CIPRODEX (OTIC) OFLOXACIN (OTIC)	CIPRO HC (OTIC) CIPROFLOXACIN (OTIC) OTOVEL (OTIC)

PAH AGENTS, INJECTABLE section updated 7-11-2018

Preferred	Nonpreferred
NONE LISTED	REVATIO (INTRAVEN) SILDENAFIL (INTRAVEN)

PAH AGENTS, ORAL AND INHALED section updated 7-11-2018

Preferred	Nonpreferred
ADCIRCA (ORAL) LETAIRIS (ORAL) SILDENAFIL (ORAL)	ADEMPAS (ORAL) OPSUMIT (ORAL) ORENITRAM ER (ORAL) REVATIO SUSPENSION (ORAL) Revatio, Adcirca REVATIO TABLET (ORAL) TRACLEER SUSPENSION (ORAL) TRACLEER TABLET (ORAL) UPTRAVI (ORAL) UPTRAVI TABLET DOSE PACK (ORAL)

PANCREATIC ENZYMES section updated 7-11-2018

Preferred	Nonpreferred Pancreatic enzymes
CREON (ORAL) ZENPEP (ORAL)	PANCREAZE (ORAL) PERTZYE (ORAL) ULTRESA (ORAL) ^{NPDF} or new drug VIOKACE (ORAL)

PHOSPHATE BINDERS section updated 7-11-2018

Preferred	Nonpreferred

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

Preferred	Nonpreferred
CALCIUM ACETATE CAPSULE (ORAL) CALCIUM ACETATE TABLET (ORAL) ELIPHOS (ORAL) RENAGEL (ORAL) RENVELA POWDER PACK (ORAL) RENVELA TABLET (ORAL)	AURYXIA (ORAL) FOSRENOL CHEWABLE TABLET (ORAL) Fosrenol FOSRENOL POWDER PACK (ORAL) Fosrenol LANTHANUM CARBONATE CHEWABLE TABLET (ORAL) PHOSLO (ORAL) PHOSLYRA (ORAL) SEVELAMER CARBONATE POWDER PACK (ORAL) SEVELAMER CARBONATE TABLET (ORAL) VELPHORO (ORAL)

PLATELET AGGREGATION INHIBITORS section updated 7-11-2018

Preferred	Nonpreferred
AGGRENOX (ORAL) CLOPIDOGREL (ORAL) DIPYRIDAMOLE (ORAL)	ASPIRIN/DIPYRIDAMOLE (ORAL) BRILINTA (ORAL) Brilinta DURLAZA (ORAL) EFFIENT (ORAL) PERSANTINE (ORAL) PLAVIX (ORAL) PRASUGREL (ORAL) YOSPRALA (ORAL) ^{NPDF} or new drug ZONTIVITY (ORAL) Zontivity

PROGESTATIONAL AGENTS section updated 7-11-2018

Preferred	Nonpreferred
MAKENA MDV (INTRAMUSC) MAKENA SDV (INTRAMUSC)	MAKENA AUTO INJECTOR (SUBCUTANEOUS)

PROGESTINS FOR CACHEXIA section updated 7-11-2018

Preferred	Nonpreferred
MEGACE ES (ORAL) MEGESTROL SUSPENSION (MEGACE) (ORAL) MEGESTROL TABLETS (ORAL)	MEGACE (ORAL) MEGESTROL SUSPENSION (MEGACE ES) (ORAL)

PROTON PUMP INHIBITORS section updated 7-11-2018

Preferred	Nonpreferred Proton Pump Inhibitors
NEXIUM SUSPENSION (ORAL) OMEPRAZOLE (ORAL) PANTOPRAZOLE (ORAL) * Prilosec OTC, Prevacid OTC, Zegerid (omeprazole sodium bicarb) excluded from coverage	ACIPHEX SPRINKLE (ORAL) ACIPHEX TABLETS (ORAL) DEXILANT (ORAL) ESOMEPRAZOLE CAPSULES (ORAL) ESOMEPRAZOLE STRONTIUM (ORAL) LANSOPRAZOLE CAPSULES (ORAL) LANSOPRAZOLE SOLUTAB (ORAL) NEXIUM (ORAL) OMEPRAZOLE / SODIUM BICARBONATE (ORAL) PREVACID CAPSULES (ORAL) PREVACID SOLUTAB (ORAL) PRILOSEC SUSPENSION (ORAL) PROTONIX (ORAL)

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

Preferred	Nonpreferred Proton Pump Inhibitors
	PROTONIX SUSPENSION (ORAL) RABEPRAZOLE TABLETS (ORAL)

SEDATIVE HYPNOTICS section updated 7-11-2018 [Sedative hypnotics](#)

Preferred	Nonpreferred
ZALEPLON (ORAL) ZOLPIDEM (ORAL)	AMBIEN (ORAL) AMBIEN CR (ORAL) Sedative hypnotics BELSOMRA (ORAL) Sedative hypnotics EDLUAR (SUBLINGUAL) Sedative hypnotics ESZOPICLONE (ORAL) HETLIOZ (ORAL) INTERMEZZO (SUBLINGUAL) Sedative hypnotics LUNESTA (ORAL) Sedative hypnotics ROZEREM (ORAL) SONATA (ORAL) ZOLPIDEM (SUBLINGUAL) ZOLPIDEM ER (ORAL) Sedative hypnotics ZOLPIMIST (ORAL) Sedative hypnotics

SMOKING CESSATION section updated 7-11-2018

Preferred	Nonpreferred
BUPROPION SR (ORAL) CHANTIX (ORAL) CHANTIX DOSE PACK (ORAL) NICORETTE GUM OTC (BUCCAL) NICORETTE LOZENGE OTC (BUCCAL) NICOTINE GUM OTC (BUCCAL) NICOTINE PATCH OTC (TRANSDERMAL)	NICOTROL (INHALATION) NICOTROL NS (NASAL) ZYBAN (ORAL)

STIMULANTS AND RELATED AGENTS section updated 7-11-2018

Preferred	Nonpreferred
ADDERALL XR (ORAL) AMPHETAMINE SALT COMBO (ORAL) DEXMETHYLPHENIDATE (ORAL) DEXTROAMPHETAMINE CAPSULE ER (ORAL) DEXTROAMPHETAMINE TABLET (ORAL) FOCALIN XR (ORAL) METADATE CD (ORAL) METHYLIN CHEWABLE TABLETS (ORAL) METHYLPHENIDATE (ORAL) METHYLPHENIDATE CHEWABLE TABLETS (ORAL) METHYLPHENIDATE ER (CONCERTA) (ORAL) METHYLPHENIDATE ER (METADATE ER) (ORAL) METHYLPHENIDATE ER 72 MG TABLETS (ORAL) PROVIGIL (ORAL) RITALIN LA (ORAL) VYVANSE CAPSULE (ORAL)	ADZENYS ER SUSPENSION (ORAL)) ^{NPDF} AMPHETAMINE SALT COMBO ER (ORAL) APTENSIO XR (ORAL)) ^{NPDF} ARMODAFINIL (ORAL) ATOMOXETINE (ORAL) CONCERTA (ORAL) COTEMPLA XR ODT (ORAL) DAYTRANA (TRANSDERMAL) DEXEDRINE SPANSULE (ORAL) DEXEDRINE TABLET (ORAL) DEXMETHYLPHENIDATE XR (ORAL) DEXTROAMPHETAMINE SOLUTION (ORAL) ^{NPDF} Nonpreferred dosage forms DYANAVAL XR (ORAL) ^{NPDF} EVEKEO (ORAL) FOCALIN (ORAL) GUANFACINE ER (ORAL)

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)

Preferred	Nonpreferred
DX: Stimulants require a diagnosis code be transmitted with pharmacy claim.	METHYLIN SOLUTION (ORAL) ^{NPDF} Nonpreferred dosage forms METHYLPHENIDATE CD (ORAL) METHYLPHENIDATE ER (RITALIN LA) (ORAL) METHYLPHENIDATE SOLUTION (ORAL) MODAFINIL (ORAL) MYDAYIS ER (ORAL) ^{NPDF} PROCENTRA (ORAL) ^{NPDF} Non-preferred dosage forms QUILLICHEW ER (ORAL) QUILLIVANT XR (ORAL) ^{NPDF} RITALIN (ORAL) VYVANSE CHEWABLE TABLET (ORAL) ^{NPDF} ZENZEDI (ORAL)

ULCERATIVE COLITIS AGENTS section updated 7-11-2018

Preferred	Nonpreferred
BALSALAZIDE (ORAL) CANASA (RECTAL) DELZICOL (ORAL) MESALAMINE (RECTAL) MESALAMINE KIT (RECTAL) PENTASA (ORAL) SULFASALAZINE (ORAL) SULFASALAZINE DR (ORAL)	APRISO (ORAL) Apriso ASACOL HD (ORAL) AZULFIDINE TABLET (ORAL) AZULFIDINE TABLET DR (ORAL) COLAZAL (ORAL) DIPENTUM (ORAL) GIAZO (ORAL) Giazo LIALDA (ORAL) MESALAMINE (LIALDA) (ORAL) ROWASA (RECTAL) SFROWASA (RECTAL) UCERIS (ORAL) UCERIS (RECTAL)

VASODILATORS, CORONARY section updated 7-11-2018

Preferred	Nonpreferred
BIDIL (ORAL)	NITROMIST (TRANSLING)

PA = Prior Authorization Required DX = Diagnosis Required in the diagnosis field of the pharmacy claim. [Branded Drugs - DAW](#). Unless the Brand Name is preferred, Brand Name drugs where a generic is available require a PA to be reimbursed at the Brand Name price. NPDF = Nonpreferred dose form criteria is found under PA criteria as [Nonpreferred dosage forms](#)