

Minnesota Fee-for-Service Medicaid

Preferred Drug List

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Table of Contents

Anti-Infectives/Antibiotics.....	6
Macrolides – Adults	6
Macrolides – Pediatrics	6
Otic quinolones	6
Respiratory quinolones	6
Topical Antibiotic	6
2nd Generation cephalosporins	6
3rd Generation cephalosporins	6
Anti-Infectives/Antifungals.....	7
Oral Onychomycosis	7
Anti-Infectives/Antivirals.....	7
Hepatitis B – oral	7
Hepatitis C – Pegylated interferons	7
Hepatitis C – Ribavirins	7
Hepatitis C – Protease/Polymerase Inhibitors and Direct Acting Antivirals	7
Hepatitis C – Protease/Polymerase Inhibitors and Direct Acting Antivirals	8
Herpes antivirals	9
Topical antivirals	9
Cardiovascular/Coagulation Therapy.....	9
Anticoagulants	9
Low Molecular Weight Heparins (LMWH)/ Injectable Direct Thrombin Inhibitors	9
Cardiovascular/High Blood Pressure.....	9
ACE – Inhibitors	9
ACE inhibitor – diuretic combinations	10
Angiotensin receptor blockers (ARBs)	10

ARB – diuretic combinations	10
ACE I/ARB/DRI – CCB combinations	10
Beta Blockers – Oral	11
Dihydropyridine calcium channel blockers	11
Non-dihydropyridine calcium channel blockers	11
Direct renin inhibitor (DRI)	11
Combination Vasodilators	12
Cardiovascular/High Cholesterol	12
Bile acid sequestrants	12
Fenofibrates	12
Niacin derivatives	12
Statins – High Potency	12
Statins – Low Potency	12
Other Lipotropics	12
Cardiovascular/Other	13
Other/Chronic Angina	13
Central Nervous System/Depression	13
Selective serotonin reuptake inhibitors (SSRIs)	13
New generation antidepressants	13
Antidepressants for Fibromyalgia	13
Central Nervous System/Migraine.....	14
Migraine	14
Central Nervous System/Pain and Movement Disorders	14
Post Herpetic Neuralgia	14
Restless Legs Syndrome	14
Central Nervous System/Multiple Sclerosis	15
Multiple Sclerosis	15
Central Nervous System/Insomnia	15
Sedative Hypnotics	15
Central Nervous System/Seizure Disorders.....	15
Carbamazepine derivatives	15
First Generation Anticonvulsants	16
Second Generation Anticonvulsants	16
Central Nervous System/Stimulants	16

Amphetamines	16
Methylphenidate drugs	17
Central Nervous System/Other	17
Atypical antipsychotics	17
Cholinesterase inhibitors	17
Dopamine receptor agonists	17
NMDA Receptor Antagonist	17
Dermatology/Acne	18
Benzoyl Peroxide	18
Benzoyl Peroxide – Clindamycin Combinations	18
Topical Retinoids	18
Dermatology/Atopic Dermatitis	18
Topical Immunomodulators	18
Diabetes/Insulin	19
Insulins	19
Diabetes/Non-Insulin	19
Alpha-glucosidase inhibitors	19
DPP-4 Inhibitors	19
Incretin mimetics and Synthetic amylin	19
Meglitinides	19
Sulfonylurea agents	20
Thiazolidinediones (TZDs)	20
TZD combination products	20
Diabetic Testing Supplies	20
Blood Glucose Monitors	20
Blood Glucose Test Strips	20
Endocrine/Androgenic agents	21
Androgenic agents	21
Endocrine/Growth Hormone	21
Growth Hormone	21
Endocrine/Progestin	21
Progestins for cachexia	21
Eye Conditions/Anti-Allergy	21
Ophthalmic antihistamines	21

Ophthalmic mast cell stabilizers	22
Eye Conditions/Antibiotics	22
Ophthalmic quinolones	22
Eye Conditions/Glaucoma	22
Alpha-2 adrenergic agents	22
Beta-blockers	22
Carbonic anhydrase inhibitors	22
Prostaglandin agonists	23
Eye Conditions/Anti-Inflammatory	23
Ophthalmic NSAIDS	23
Gastrointestinal/Acid Suppression	23
Histamine-2 receptor antagonists	23
Proton pump inhibitors	23
Gastrointestinal/Nausea/Vomiting	24
Antiemetics	24
Gastrointestinal/Ulcerative Colitis	24
Ulcerative Colitis	24
Gastrointestinal/Other	24
Pancreatic Enzymes	24
Men's Health/Prostate	24
Alpha blockers	24
Androgen hormone inhibitors	24
Miscellaneous/Anemia	25
Anemia treatment	25
Miscellaneous/Hereditary Angioedema	25
Hereditary Angioedema	25
Miscellaneous/Immunomodulators	25
Immunomodulators	25
Miscellaneous/Immunosuppressants	26
Immunosuppressants	26
Miscellaneous/Opioid Dependence/Opioid Overdose	26
Opioid Dependence	26
Miscellaneous/Overactive Bladder	26
Urinary tract antispasmodics	26

Miscellaneous/Other	27
Pediculicides	27
Preferred	27
Non-preferred	27
Miscellaneous/Other	27
Phosphate Binders	27
Preferred	27
Non-preferred	27
Miscellaneous/Other	27
Smoking Cessation Products	27
Musculoskeletal/Osteoporosis	27
Bisphosphonates	27
Calcitonins	27
Musculoskeletal/Pain	28
Long Acting Opioids	28
Respiratory/Asthma/COPD	28
Anticholinergics – inhaled	28
Antihistamines – Second-generation	28
Antihistamines – Intranasal	29
Inhaled corticosteroids	29
Inhaled corticosteroid/LABA combinations	29
Intranasal corticosteroids	29
Leukotriene Modifiers	29
Long-acting beta-agonists (LABA) – inhaled	29
Short-acting beta-agonists (SABA) – inhaled	30
Short-acting beta-agonists (SABA) – nebulized	30
Respiratory/Cystic Fibrosis	30
Tobramycin for inhalation	30
Respiratory/Other	30
Endothelin Receptor Antagonists	30
Phosphodiesterase-5 inhibitor	30

Anti-Infectives/Antibiotics

Macrolides – Adults

Preferred

Azithromycin
clarithromycin/ER
erythromycin
ery/ sulfisoxazole

Non-preferred

[Biaxin/Biaxin XL PA](#)
Erythrocin stearate
Ketek
PCE
[Zithromax/Zmax PA](#)

Macrolides – Pediatrics

Preferred

azithromycin suspension
clarithromycin suspension
erythromycin ethylsuccinate
erythromycin estolate

Non-preferred

[Biaxin suspension PA](#)
EryPed
[Zithromax suspension PA](#)

Otic quinolones

Preferred

Ciprodex
ofloxacin

Non-preferred

[Cetraxal PA](#)
[Cipro HC PA](#)
[Floxin Otic PA](#)

Respiratory quinolones

Preferred

levofloxacin

Non-preferred

[Factive PA](#)
[Levaquin PA](#)
[Avelox PA](#)

Topical Antibiotic

Preferred

Altabax (retapamulin)
mupirocin ointment 2%

Non-preferred

[Bactroban 2% Cream/Ointment/Nasal PA](#)
[Centany /AT \(mupirocin ointment\) 2% PA](#)

2nd Generation cephalosporins

Preferred

cefaclor*
cefuroxime*
cefprozil*

Non-preferred

[Ceclor \(cefaclor\) PA](#)
[Ceclor ER \(cefaclor\) PA](#)
Ceftin (cefuroxime)
[Cefzil \(cefprozil\)](#)
Raniclor (cefaclor)

*Available as tablets and suspension

3rd Generation cephalosporins

Preferred

Cedax* (ceftibutin)
cefdinir
Suprax tablet and capsule
Suprax suspension

Non-preferred

cefpodoxime
[Omnicef \(cefdinir\) PA](#)
Spectracef (cefditoren)
[Vantin* \(cefpodoxime\) PA](#)

*Available as tablets and suspension

*Available as tablets and suspension

Anti-Infectives/Antifungals

Oral Onychomycosis

Preferred
terbinafine

Non-preferred
[itraconazole PA](#)
[Lamisil/ Lamisil Granules PA](#)
[Sporanox PA](#)

Anti-Infectives/Antivirals

Hepatitis B – oral

Preferred
Baraclude tablet and solution
Epivir HBV tablet and solution
Hepsera
Tyzeka

Non-preferred

Hepatitis C – Pegylated interferons

Preferred
Pegasys (Proclick)

Non-preferred
Peg Intron

Hepatitis C – Ribavirins

Preferred
ribavirin

Non-preferred
[Copegus PA](#)
[Moderiba PA](#)
[Rebetol PA](#)
[Ribapak PA](#)
[Ribasphere PA](#)

Hepatitis C – Protease/Polymerase Inhibitors and Direct Acting Antivirals

Preferred – Genotype 1, treatment-naïve
Mavyret PA

Non-preferred – Genotype 1, treatment naïve
[Zepatier PA](#)
[Viekira Pak/Viekira XR PA](#)
[Harvoni PA](#)
[Epclusa PA](#)
[Sovaldi PA](#)
[Olysio \(in combination with Sovaldi\) PA](#)
[Daklinza \(in combination with Sovaldi\) PA](#)

Hepatitis C – Protease/Polymerase Inhibitors and Direct Acting Antivirals

Preferred – Genotype 1, treatment-experienced

Mavyret PA
Vosevi PA

Preferred – Genotype 2, treatment-naïve

Mavyret PA

Preferred – Genotype 2, treatment-experienced

Mavyret PA
Vosevi PA

Preferred – Genotype 3, treatment naïve

Mavyret PA

Preferred – Genotype 3, treatment-experienced

Mavyret PA
Vosevi PA

Preferred – Genotype 4, treatment-naïve

Mavyret PA

Preferred – Genotype 4, treatment-experienced

Mavyret PA
Vosevi PA

Preferred – Genotype 5 or 6, treatment-naïve

Mavyret PA

Preferred – Genotype 5 or 6, treatment-experienced

Mavyret PA
Vosevi PA

Non-preferred – Genotype 1, treatment-experienced

None

Non-preferred – Genotype 2, treatment naïve

[Epclusa PA](#)
[Sovaldi PA](#)

Non-preferred – Genotype 2, treatment-experienced

None

Non-preferred – Genotype 3, treatment naïve

[Epclusa PA](#)
[Sovaldi PA](#)
[Daklinza \(in combination with Sovaldi\) PA](#)

Non-preferred – Genotype 3, treatment-experienced

None

Non-preferred – Genotype 4, treatment-naïve

[Technivie PA](#)
[Zepatier PA](#)
[Harvoni PA](#)
[Epclusa PA](#)
[Sovaldi PA](#)

Non-preferred – Genotype 4, treatment-experienced

None

Non-preferred – Genotype 5 or 6, treatment naïve

[Harvoni PA](#)
[Epclusa PA](#)

Non-preferred – Genotype 5 or 6, treatment-experienced

None

Herpes antivirals

Preferred

acyclovir
valacyclovir

Non-preferred

famciclovir
[Famvir PA](#)
[Sitavig PA](#)
[Valtrex PA](#)
[Zovirax PA](#)

Topical antivirals

Preferred

acyclovir ointment
Denavir
Zovirax ointment

Non-preferred

[Xerese PA](#)
[Zovirax cream PA](#)

Cardiovascular/Coagulation Therapy

Anticoagulants

Preferred

Aggrenox
clopidogrel
dipyridamole

Non-preferred

[aspirin/dipyridamole PA](#)
[Brilinta PA](#)
Effient
[Eliquis PA](#)
[Persantine PA](#)
[Plavix PA](#)
[Pradaxa PA](#)
[Savaysa PA](#)
[Xarelto \(15/20 mg\) PA](#)
[Zontivity PA](#)

Low Molecular Weight Heparins (LMWH)/Injectable Direct Thrombin Inhibitors

Preferred

Fragmin
enoxaparin

Non-preferred

[Iprivask PA](#)
[Lovenox PA](#)

Cardiovascular/High Blood Pressure

ACE – Inhibitors

Preferred

benazepril
captopril
enalapril
fosinopril
lisinopril
moexipril
perindopril
quinapril
ramipril

Non-preferred

[Accupril PA](#)
Aceon
[Altace PA](#)
[Lotensin PA](#)
[Mavik PA](#)
[Prinivil PA](#)
[Univasc PA](#)
[Vasotec PA](#)
[Zestril PA](#)

ACE inhibitor – diuretic combinations

Preferred

benazepril/HCTZ
captopril/HCTZ
enalapril/HCTZ
fosinopril/HCTZ
lisinopril/HCTZ
quinapril/HCTZ

Non-preferred

[Accuretic PA](#)
[Capozide PA](#)
[Lotensin HCT PA](#)
[Monopril HCT PA](#)
[Prinizide PA](#)
[Uniretic PA](#)
[Vaseretic PA](#)
[Zestoretic PA](#)

Angiotensin receptor blockers (ARBs)

Preferred

losartan
valsartan

Non-preferred

[Atacand PA](#)
[Avapro PA](#)
[Benicar PA](#)
[Cozaar PA](#)
[Diovan](#)
[Edarbi PA](#)
[irbesartan PA](#)
[Micardis PA](#)
[Teveten PA](#)

ARB – diuretic combinations

Preferred

losartan-HCTZ
valsartan HCT

Non-preferred

[Atacand HCT PA](#)
[Avalide PA](#)
[Benicar HCT PA](#)
Diovan HCT
[Edarbyclor PA](#)
[Hyzaar PA](#)
[irbesartan HCT PA](#)
[Micardis HCT PA](#)
[Teveten HCT PA](#)

ACE I/ARB/DRI – CCB combinations

Preferred

amlodipine/benazepril
Exforge
Exforge HCT
Tekamlo (aliskiren/amlodipine)

Non-preferred

[Azor PA](#)
[Lexxel PA](#)
[Lotrel PA](#)
[Tarka \(trandolapril-verapamil\) PA](#)
trandolapril-verapamil
[Twynsta PA](#)

Beta Blockers – Oral

Preferred

acebutolol HCL
atenolol
bisoprolol fumarate
carvedilol – generic
labetalol HCL
metoprolol tartrate
nadolol
pindolol
propranolol HCL solution and tablet
sotalol
sotalol AF
timolol maleate tablet

Non-preferred

[Betapace/Betapace AF PA](#)
[Bystolic PA](#)
[Coreg/Coreg CR PA](#)
[Inderal/Inderal LA PA](#)
Innopran XL
Levatol
[Lopressor PA](#)
metoprolol succinate
Sorine
[Toprol XL PA](#)

Dihydropyridine calcium channel blockers

Preferred

amlodipine
Dynacirc CR
felodipine
isradipine
nicardipine
Nifediac CC
Nifedical XL
nifedipine ER/SA

Non-preferred

Afeditab CR
[Adalat/Adalat CC PA](#)
[Cardene/Cardene SR PA](#)
[Nimotop \(Nimodipine\) PA](#)
nislodipine
[Norvasc PA](#)
[Plendil PA](#)
[Procardia/Procardia XL PA](#)
[Sular PA](#)

Non-dihydropyridine calcium channel blockers

Preferred

Cartia XT
Dilt – XR
Diltia XT
diltiazem
diltiazem XR
Diltzac ER
Taztia XT
verapamil

Non-preferred

[Calan/Calan SR PA](#)
[Cardizem CD PA](#)
[Cardizem LA PA](#)
[Cardizem SR PA](#)
Covera HS
[Dilacor XR PA](#)
[Isoptin PA](#)
Tiamate
[Tiazac PA](#)
[Verelan/Verelan PM PA](#)

Direct renin inhibitor (DRI)

Preferred

Tekturna
Tekturna/HCTZ

Non-preferred

Combination Vasodilators	
Preferred Bidil	Non-preferred
Cardiovascular/High Cholesterol	
Bile acid sequestrants	
Preferred cholestyramine/light colestipol	Non-preferred Prevalite Colestid Questran/Questran light Welchol
Fenofibrates	
Preferred Tricor Trilipix	Non-preferred Antara PA fenofibrate PA Fenoqlide PA Lipofen PA Lofibra PA Triglide PA
Niacin derivatives	
Preferred Niaspan Simcor	Non-preferred Niacor PA
Statins – High Potency	
Preferred atorvastatin simvastatin	Non-Preferred Crestor Lipitor PA Livalo PA Zocor PA
Statins – Low Potency	
Preferred Lescol, Lescol XL lovastatin pravastatin	Non-preferred Mevacor PA Pravachol PA
Other Lipotropics	
Preferred Vytorin Zetia	Non-preferred amlodipine/atorvastatin Caduet ezetimibe PA Lovaza PA Vascepa PA

Cardiovascular/Other

Other/Chronic Angina

Preferred

Ranexa

Non-preferred

Central Nervous System/Depression

Selective serotonin reuptake inhibitors (SSRIs)

Preferred

citalopram
escitalopram
fluoxetine
paroxetine
sertraline

Non-preferred

[Celexa PA](#)
Fluoxetine DR (weekly)
[Lexapro PA](#)
paroxetine suspension
[Paxil/Paxil CR PA](#)
[Pexeva PA](#)
[Prozac PA](#)
[Prozac Weekly PA](#)
[Sarafem PA](#)
[Viibryd PA](#)
[Zoloft PA](#)

New generation antidepressants

Preferred

bupropion IR, SA, XL
fluvoxamine
mirtazapine
nefazodone
trazodone
venlafaxine extend release capsules

Non-preferred

[Aplenzin \(bupropion HBr\) PA](#)
[Brintellix PA](#)
Cymbalta
[Desyrel PA](#)
duloxetine
[Effexor, Effexor XR PA](#)
[Fetzima PA](#)
[Khedezla PA](#)
[Luvox CR PA](#)
[Oleptro ER PA](#)
[Pristiq PA](#)
[Remeron/Soltabs PA, DX](#)
[Rexulti PA](#)
[venlafaxine extended release tablets PA](#)
[Wellbutrin/SR/XL PA](#)

Antidepressants for Fibromyalgia

Preferred

Savella

Non-preferred

Cymbalta
duloxetine

Central Nervous System/Migraine

Migraine

Preferred

Relpax
sumatriptan tablets
rizatriptan ODT
rizatriptan tablets

*Quantities > 18/mo. for oral or nasal dosage forms
and quantities > 4/mo for injectables require PA

Non-preferred

[Amerge and naratriptan PA](#)
Axert
Frova
Imitrex Nasal
[Imitrex tablets PA](#)
Maxalt/Maxalt MLT
[rizatriptan rapid tabs](#)
sumatriptan nasal
[Treximet PA](#)
Zomig/Zomig ZMT
zolmitriptan ODT

Central Nervous System/Pain and Movement Disorders

Post Herpetic Neuralgia

Preferred

gabapentin immediate release capsules
amitriptyline
capsaicin 0.075% cream
nortriptyline
venlafaxine

Non-preferred

Cymbalta
[gabapentin immediate release tablets PA](#)
[Gralise PA](#)
[Horizant PA](#)
[Lidoderm/lidocaine 5% Patch PA](#)
[Lyrica PA](#)
[Qutenza PA](#)

Restless Legs Syndrome

Preferred

carbidopa/levodopa
gabapentin immediate release capsules
pramipexole
ropinirole

Non-preferred

[gabapentin immediate release tablets PA](#)
[Horizant PA](#)
[Mirapex/Mirapex ER PA](#)
[Requip/Requip XL PA](#)
[ropinirole ER PA](#)
[Sinemet PA](#)

Central Nervous System/Multiple Sclerosis

Multiple Sclerosis

Preferred

Avonex
Betaseron
Copaxone 20mg
[Gilenya PA](#)
Rebif

Non-preferred

[Ampyra PA](#)
[Aubagio PA](#)
Extavia
[Lemtrada PA](#)
[Plegridy/Plegridy Pen PA](#)
[Tecfidera PA](#)
[Tysabri PA](#)
[Copaxone 40mg PA](#)
[Zinbryta PA](#)

Central Nervous System/Insomnia

Sedative Hypnotics

Preferred

zaleplon
zolpidem

Non-preferred

[Ambien \(zolpidem\) PA](#)
[Ambien CR PA](#)
[Belsomra PA](#)
[Edluar \(zolpidem sublingual\) PA](#)
[Intermezzo PA](#)
[Lunesta PA](#)
Rozerem
[Sonata PA](#)
[zolpidem CR PA](#)
[Zolpimist \(zolpidem\) PA](#)

Central Nervous System/Seizure Disorders

Carbamazepine derivatives

Preferred

carbamazepine chew tab
carbamazepine oral suspension
carbamazepine
Epilex
oxcarbazepine
Tegretol XR

Non-preferred

[Aptiom PA](#)
carbamazepine extended-release
Carbatrol
[Tegretol chew tab PA](#)
[Tegretol oral suspension PA](#)
[Tegretol tablet PA](#)
[Trileptal oral suspension PA](#)
[Trileptal tablet PA](#)

First Generation Anticonvulsants

Preferred

Celontin
Diastat
Divalproex sodium/ER
ethosuximide
felbamate tablets
Peganone
Phenytek
phenytoin sodium
primidone
valproic acid

Non-preferred

Depakene
[Depakote PA](#)
[Depakote ER PA](#)
[Depakote sprinkle PA](#)
[diazepam rectal generic PA](#)
[Dilantin PA](#)
[Felbatol PA](#)
[Mysoline tablet PA](#)
[Stavzor PA](#)
[Zarontin PA](#)

Second Generation Anticonvulsants

Preferred

Gabapentin immediate release capsules
Gabitril
lamotrigine tablets and dispersible tablet
levetiracetam
levetiracetam ER
topiramate
zonisamide

Non-preferred

[Banzel PA](#)
[Briviact PA](#)
[Fycompa PA](#)
[gabapentin immediate release tablets PA](#)
[Keppra PA](#)
[Keppra XR PA](#)
[Lamictal ODT PA](#)
[Lamictal tablets and dispersible tablet PA](#)
[Lamictal XR PA](#)
[Lyrica PA](#)
[Neurontin PA](#)
[Potiga PA](#)
[Qudexy XR PA](#)
[Sabril PA](#)
[Topamax PA](#)
Topiragen (topiramate)
[Trokendi XR PA](#)
[Vimpat PA](#)
[Zonegran PA](#)

Central Nervous System/Stimulants

Amphetamines

Preferred

Adderall XR [DX](#)
dextroamphetamine IR & ER [DX](#)
mixed amphetamine salts IR [DX](#)
Vyvanse [DX](#)

Non-preferred

[Adderall IR \(brand\) PA, DX](#)
[Evekeo PA, DX](#)
[Dexedrine PA, DX](#)
[mixed amphetamine salts XR PA, DX](#)
[Procentra PA, DX](#)

Methylphenidate drugs

Preferred

dexmethylphenidate IR
methylphenidate ER 18, 27, 36, and 54mg [DX](#)
methylphenidate IR and ER 5mg, 10mg, and 20mg [DX](#)
Focalin XR [DX](#)
Metadate CD/Metadate ER [DX](#)
Ritalin LA [DX](#)

Non-preferred

[Concerta PA](#), [DX](#)
Daytrana, [DX](#)
Focalin IR [PA](#) [DX](#)
[methylphenidate CD](#) [DX](#)
[methylphenidate LA](#) [PA](#), [DX](#)
[Ritalin](#), [Ritalin-SR](#) [PA](#), [DX](#)

Central Nervous System/Other

Atypical antipsychotics

Preferred

Aripiprazole
[Abilify Maintena PA](#)
[Abilify Rapid Tab](#) [DX](#)
clozapine
clozapine ODT
Fanapt
Invega Sustenna
Invega Trinza
Latuda
olanzapine
quetiapine
risperidone
Risperdal Consta
Saphris
[Seroquel XR](#) [RR](#)
ziprasidone

Non-preferred

[Abilify](#) [RR](#)
[Aristada](#) [PA](#)
[Fazaclo](#) [PA](#)
[Geodon](#) [PA](#)
[Invega](#) [PA](#)
olanzapine ODT
[quetiapine ER](#) [PA](#)
[Rexulti](#) [PA](#)
[Risperdal](#) [PA](#)
[Risperdal-M](#) [PA](#), [DX](#)
[Seroquel](#) [PA](#)
[Zyprexa](#) [PA](#)
[Zyprexa Zydys](#) [PA](#), [DX](#)
[Zyprexa Relprevv](#) [PA](#)
[Vraylar](#) [PA](#)

Cholinesterase inhibitors

Preferred

donepezil /ODT
Exelon Patch
rivastigmine

Non-preferred

[Aricept/ODT](#) [PA](#)
[Exelon](#) [PA](#)
galantamine
[Razadyne/Razadyne ER](#) [PA](#)

Dopamine receptor agonists

Preferred

pramipexole
ropinirole

Non-preferred

[Mirapex/Mirapex ER](#) [PA](#)
[Requip/Requip XL](#) [PA](#)
[ropinirole ER](#) [PA](#)

NMDA Receptor Antagonist

Preferred

memantine IR

Non-preferred

[Namenda](#) [PA](#)
[Namenda XR](#) [PA](#)

Dermatology/Acne

Benzoyl Peroxide

Preferred

10% Cleanser

Product examples

Desquam-X

benzoyl peroxide

Ethexderm

Benzac W Wash

Benzac AC

5% Gel

Product examples

benzoyl peroxide

Benzac AC

Non-preferred

benzoyl peroxide/aloe vera

benzoyl peroxide/sulfur

benzoyl peroxide microspheres

benzoyl peroxide/urea

benzoyl peroxide&skin cleansr

benzoyl peroxide/blemish cnclr

benzoyl peroxide/hyaluront sod

Benzoyl Peroxide – Clindamycin Combinations

Preferred

[Benzaclin 25, 35, or 50 gm PA](#)

[Benzaclin Gel/Pump PA](#)

Non-preferred

[Acanya PA](#)

[clindamycin-benzoyl peroxide \(50 gm gel\) PA](#)

[Duac PA](#)

[Neuac PA](#)

Topical Retinoids

Preferred

Differin (Gel, Cream, Lotion)

Tretinoin/tretinoin microspheres

Non-preferred

[adapalene gel and cream PA](#)

[Atralin PA](#)

[Avita PA](#)

[EpiDuo PA](#)

[Retin-A PA](#)

[Retin-A Micro/Micro pump PA](#)

[Tazorac PA](#)

[Veltin \(clinda/tretinoin\) PA](#)

[Ziana \(clinda/tretinoin\) PA](#)

Dermatology/Atopic Dermatitis

Topical Immunomodulators

Preferred

Elidel

Protopic

Non-preferred

tacrolimus 0.03% ointment

Diabetes/Insulin

Insulins

Preferred

Lantus
Levemir
Novolin 70/30
Novolin N
Novolin R
Novolog
Novolog FlexPen
Novolog Mix 70/30
Novolog Mix 70/30 FlexPen
Relion 70/30
Relion N
Relion R

Non-preferred

[Afrezza PA](#)
[Apidra PA](#)
[Humalog PA](#)
[Humalog 50/50 PA](#)
[Humalog Mix 75/25 PA](#)
[Humulin 70/30 PA](#)
[Humulin 70/30 Kwikpen PA](#)
[Humulin N PA](#)[Humulin N Kwikpen PA](#)
[Humulin R PA](#)
[Toujeo PA](#)
[Tresiba PA](#)

Diabetes/Non-Insulin

Alpha-glucosidase inhibitors

Preferred

acarbose
Glyset

Non-preferred

[Precose PA](#)

DPP-4 Inhibitors

Preferred

Januvia and Janumet
Onglyza and Kombiglyze
Tadjenta and Jentadueto

Non-preferred

[Kazano PA](#)
[Nesina PA](#)
[Oseni PA](#)

Incretin mimetics and Synthetic amylin

Preferred

Byetta
Symlin/Symlin Pen

Non-preferred

[Bydureon PA](#)
[Tanzeum PA](#)
[Trulicity PA](#)
[Victoza PA](#)

Meglitinides

Preferred

nateglinide
Prandin
Starlix (nateglinide)

Non-preferred

Prandimet

Sulfonylurea agents

Preferred

glimepiride
glipizide – extended release
glipizide – immediate release
glyburide – immediate release

Non-preferred

[Amaryl PA](#)
[Diabeta PA](#)
[Glucotrol XL PA](#)
[Glucotrol PA](#)
[Glynase PA](#)
[Glynase PresTab PA](#)
[Micronase PA](#)

Thiazolidinediones (TZDs)

Preferred

pioglitazone

Non-preferred

[Actos PA](#)
[Avandia PA](#)

TZD combination products

Preferred

ActoPlusMet
Avandamet
DuetAct

Non-preferred

Actoplusmet XR
Avandaryl

Diabetic Testing Supplies

Blood Glucose Monitors

Preferred

Accu-Chek Aviva Plus
Accu-Chek Compact Plus
Accu-Chek Guide
Accu-Chek Nano SmartView
Contour
Contour Next
Contour Next EZ
Contour Next USB
Contour USB

Non-preferred

[Non-preferred Meters](#)

Blood Glucose Test Strips

Preferred

Accu-Chek Aviva Plus Test Strips
Accu-Chek Compact Plus
Accu-Chek Guide
Accu-Chek Smartview Test Strips
Breeze 2 Disc Test Strips
Contour Test Strips
Contour Next Test Strips

Non-preferred

[Non-preferred Test Strips](#)

Endocrine/Androgenic agents

Androgenic agents

Preferred

[Androderm PA](#)

[Androgel PA](#)

Non-preferred

[Axiron PA](#)

[Fortesta PA](#)

[Striant PA](#)

[Testim PA](#)

[Testopel PA](#)

[testosterone gel pump PA](#)

[Vogelxo PA](#)

Endocrine/Growth Hormone

Growth Hormone

Preferred

[Norditropin PA](#)

[Nutropin/Nutropin AQ PA](#)

Non-preferred

[Genotropin PA](#)

[Humatrope PA](#)

[Omnitrope PA](#)

[Saizen PA](#)

[Serostim PA](#)

[Tevtropin PA](#)

[Zorbtive PA](#)

Endocrine/Progestin

Progestins for cachexia

Preferred

Megace ES suspension

megestrol acetate tablets

Non-preferred

[Megace tablets PA](#)

Eye Conditions/Anti-Allergy

Ophthalmic antihistamines

Preferred

Alaway OTC (ketotifen 0.03%)

ketotifen 0.03% OTC

Patanol (olopatadine 0.1%)

Pataday (olopatadine 0.2%)

Pazeo (olopatadine 0.7%)

Non-preferred

[azelastine 0.05% PA](#)

[Bepreve PA](#)

[Elestat \(epinastine\) PA](#)

[epinastine 0.05% PA](#)

[Emadine PA](#)

[Lastacaft \(alcaftadine\) PA](#)

[olopatadine 0.1%PA](#)

[Optivar \(azelastine 0.05%\) PA](#)

[Zaditor OTC \(ketotifen PA\)](#)

Ophthalmic mast cell stabilizers

Preferred

Alamast
Alocril
cromolyn sodium

Non-preferred

Alomide

Eye Conditions/Antibiotics

Ophthalmic quinolones

Preferred

ciprofloxacin
ofloxacin
Vigamox

Non-preferred

[Besivance PA](#)
[Ciloxan PA](#)
[Iquix PA](#)
[Moxeza PA](#)
[Ocuflox ophthalmic PA](#)
[Zymar PA](#)
[Zymaxid PA](#)

Eye Conditions/Glaucoma

Alpha-2 adrenergic agents

Preferred

Alphagan P
brimonidine tartrate

Non-preferred

apraclonidine
lopidine (apraclonidine)

Beta-blockers

Preferred

betaxolol
Betimol
Betoptic S
carteolol
Combigan
Istalol
levobunolol
metipranolol
timolol maleate

Non-preferred

[Betagan PA](#)
[Ocupress PA](#)
[Optipranolol PA](#)
[timolol maleate gel-forming solution PA](#)
[Timoptic PA](#)
[Timoptic Ocudose PA](#)
[Timoptic-XE PA](#)

Carbonic anhydrase inhibitors

Preferred

Azopt
dorzolamide
dorzolamide-timolol

Non-preferred

[Cosopt \(dorzolamide-timolol\) PA](#)
[Cosopt PF PA](#)
[Trusopt \(dorzolamide\) PA](#)

Prostaglandin agonists

Preferred

latanoprost
Travatan / Travatan Z

Non-preferred

bimatoprost
Lumigan 0.01%
[Xalatan PA](#)
[Zioptan PA](#)

Eye Conditions/Anti-Inflammatory

Ophthalmic NSAIDS

Preferred

diclofenac 0.1%
ketorolac 0.5%
ketorolac 0.4%
Tobradex

Non-preferred

[Acular 0.5% PA](#)
[Acular LS 0.4% PA](#)
[Acuvail 0.45% PA](#)
Bromday
bromfenac 0.09%
Nevanac
[Voltaren Drops PA](#)
Xibrom

Gastrointestinal/Acid Suppression

Histamine-2 receptor antagonists

Preferred

famotidine
ranitidine

Non-preferred

[Axid PA](#)
nizatidine
[Pepcid PA](#)
[Tagamet PA](#)
[Zantac PA](#)

Proton pump inhibitors

Preferred

omeprazole Rx
pantoprazole
Nexium packet

Non-preferred

Aciphex
[Dexilant PA](#)
[lansoprazole \(all dose forms\) PA](#)
Nexium capsules
[omeprazole sodium bicarbonate PA](#)
[Prevacid/Prevacid Solutab PA](#)
[Prilosec/Prilosec Packet PA](#)
[Protonix PA](#)
[rabeprazole](#)

*Prilosec OTC, Prevacid OTC, Zegerid (omeprazole sodium bicarb) excluded from coverage

Gastrointestinal/Nausea/Vomiting

Antiemetics

Preferred

ondansetron
ondansetron ODT

Non-preferred

[Anzemet PA*](#)
[Granisol PA](#)
[Kytril/granisetron PA*](#)
[Sancuso patch PA](#)
[Zofran PA*](#)
[Zuplenz PA*](#)

* PA for quantities > 20 per month

Gastrointestinal/Ulcerative Colitis

Ulcerative Colitis

Preferred

balsalazide capsule
Canasa (mesalamine) Suppository
Delzicol
mesalamine enema
Pentasa (mesalamine) capsules
sulfasalazine IR/DR

Non-preferred

[Apriso \(mesalamine\) capsule PA](#)
Asacol HD (mesalamine)
[Azulfidine tabs \(sulfasalazine\) PA](#)
[Colazal \(balsalazide\) capsule PA](#)
Dipentum (olsalazine sodium)
[Giazo PA](#)
Lialda
[Rowasa Kit \(enema+wipes\) PA](#)
[SF Rowasa \(mesalamine\) enema PA](#)

Gastrointestinal/Other

Pancreatic Enzymes

Preferred

Creon
pancrelipase (generic)
Zenpep

Non-preferred

[Pancreaze PA](#)
[Viokace PA](#)

Men's Health/Prostate

Alpha blockers

Preferred

alfuzosin
tamsulosin

Non-preferred

[Flomax PA](#)
Uroxatral
[Rapaflo PA](#)

Androgen hormone inhibitors

Preferred

finasteride

Non-preferred

[Avodart PA](#)
[Jalyn PA](#)
[Proscar PA](#)

Miscellaneous/Anemia

Anemia treatment

Preferred

Aranesp

Procrit

Non-preferred

[Epogen PA](#)

Miscellaneous/Hereditary Angioedema

Hereditary Angioedema

Preferred

[Berinert PA](#)

Danazol

[Kalbitor PA](#)

Non-preferred

[Cinryze PA](#)

[Firazyr PA](#)

[Ruconest PA](#)

Miscellaneous/Immunomodulators

Immunomodulators

Preferred

[Enbrel PA](#)

[Humira PA](#)

Non-preferred

[Actemra PA](#)

[Amevive PA](#)

[Cimzia PA](#)

[Cosentyx PA](#)

[Entyvio PA](#)

[Kineret PA](#)

[Orencia PA](#)

[Otezla PA](#)

[Otrexup PA](#)

[Remicade PA](#)

[Simponi PA](#)

[Stelara PA](#)

[Xeljanz PA](#)

Miscellaneous/Immunosuppressants

Immunosuppressants

Preferred

azathioprine
cyclosporine
mycophenolate
tacrolimus

Non-preferred

Azasan (azathioprine)
[Imuran PA](#)
[Cellcept \(mycophenolate\) PA](#)
Gengraf (cyclosporine)
Myfortic (mycophenolate)
[Neoral \(cyclosporine\) PA](#)
[Prograf \(tacrolimus\) PA](#)
Rapamune/Sandimmune (cyclosporine)

Miscellaneous/Opioid Dependence/Opioid Overdose

Opioid Dependence

Preferred

Suboxone film
Naloxone prefilled syringe with nasal atomizer

Non-preferred

[buprenorphine/naloxone sublingual tab PA](#)
[Evzio PA](#)
[Zubsolv PA](#)

Miscellaneous/Overactive Bladder

Urinary tract antispasmodics

Preferred

oxybutynin* IR, ER or XL
Enablex
Oxytrol
Sanctura/Sanctura XR
tolterodine
tolterodine ER
Toviaz (fesoterodine)
Vesicare

Non-preferred

[Detrol PA](#)
Detrol LA
[Ditropan PA](#)
[Ditropan XL PA](#)
[Gelnique PA](#)
[Myrbetriq PA](#)
trospium

Miscellaneous/Other

Pediculicides

Preferred

permethrins
pyrethrins
Natroba

Non-preferred

lindane
malathion
Ovide
[Sklice PA](#)
[spinosad PA](#)

Miscellaneous/Other

Phosphate Binders

Preferred

calcium acetate
Eliphos
Renagel, Renvela

Non-preferred

[Fosrenol PA](#)

Miscellaneous/Other

Smoking Cessation Products

Preferred

Chantix
Nicotine Patch
Nicotine Gum
Nicotine Lozenge

Non-preferred

[Nicotrol](#)
[Nicotrol NS](#)
[Zyban PA](#)

Musculoskeletal/Osteoporosis

Bisphosphonates

Preferred

alendronate

Non-preferred

[Actonel/ibandronate PA](#)
[Atelvia \(risedronate\) PA](#)
[Binosto PA](#)
[Boniva tablets and injectable PA](#)
[Fosamax PA](#)
Fosamax Plus D
[Prolia PA](#)

Calcitonins

Preferred

Miacalcin

Non-preferred

calcitonin – salmon
[Fortical PA](#)

Musculoskeletal/Pain

Long Acting Opioids

Preferred

morphine (sustained action)

Non-preferred

[Avinza \(morphine\) PA](#)

[Butrans PA](#)

[Duragesic PA](#)

[Embeda \(morphine\) PA](#)

[Exalgo \(hydromorphone\) PA](#)

fentanyl patch

Kadian (morphine ER)

Methadone

[morphine ER PA](#)

[MS Contin \(morphine\) PA](#)

[Nucynta ER \(tapentadol\) PA](#)

[Opana ER \(oxymorphone\) PA](#)

[oxycodone \(sustained\) PA](#)

[OxyContin \(oxycodone\) PA](#)

[Zohydro ER PA](#)

Respiratory/Asthma/COPD

Anticholinergics – inhaled

Preferred

Ipratropium-albuterol nebs

Atrovent HFA

Combivent

Combivent Respimat

Spiriva HandiHaler

Stiolto Respimat

Non-preferred

[Anoro Ellipta PA](#)

[Duoneb PA](#)

[Incruse Ellipta PA](#)

[Spiriva Respimat PA](#)

[Tudorza Pressair PA](#)

Antihistamines – Second-generation

Preferred

cetirizine (Rx or OTC**)

cetirizine-D (generic or OTC**)

loratadine (Rx or OTC**)

loratadine-D (generic or OTC**)

Non-preferred

[Allegra and fexofenadine PA](#)

[Allegra-D 12 and 24 Hour PA](#)

[Clarinex PA](#)

[Clarinex-D PA](#)

[Claritin PA](#)

[Claritin D 12 and 24-Hour PA](#)

[fexofenadine-D 12 hour PA](#)

[Xyzal and levocetirizine PA](#)

*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

Antihistamines – Intranasal

Preferred

Astelín (azelastine)
Azelastine
Patanase

Non-preferred

[Astebro PA](#)

Inhaled corticosteroids

Preferred

Asmanex Twisthaler
Flovent HFA, Diskus
Pulmicort inhalation solution
Pulmicort Flexhaler
QVAR

Non-preferred

[Alvesco PA](#)
[Arnuity Ellipta PA](#)
[Asmanex HFA](#)
[budesonide inhalation solution PA](#)

Inhaled corticosteroid/LABA combinations

Preferred

Advair/Advair HFA
Dulera
Symbicort

Non-preferred

[Breo Ellipta PA](#)

Intranasal corticosteroids

Preferred

fluticasone
Omnaris

Non-preferred

[Beconase AQ PA](#)
[budesonide – generic PA](#)
[Dymista PA](#)
[Flonase PA](#)
[flunisolide – generic PA](#)
[Nasacort AQ PA](#)
[Nasonex PA](#)
[Qnasl PA](#)
[Rhinocort Aqua PA](#)
[Ticanase PA](#)
[Triamcinolone – generic PA](#)
[Veramyst PA](#)
[Zetonna PA](#)

Leukotriene Modifiers

Preferred

Accolate
montelukast sodium
zafirlukast

Non-preferred

[Singulair PA](#)
[Zyflo CR PA](#)

Long-acting beta-agonists (LABA) – inhaled

Preferred

Foradil
Serevent

Non-preferred

[Arcapta PA](#)
[Brovana PA](#)
[Perforomist PA](#)
[Striverdi PA](#)

Short-acting beta-agonists (SABA) – inhaled

Preferred

Proair HFA
Proventil HFA
Ventolin HFA

Non-preferred

[Maxair Autohaler PA](#)
[Xopenex HFA PA](#)

Short-acting beta-agonists (SABA) – nebulized

Preferred

albuterol – generic

Non-preferred

[Accuneb PA](#)
levalbuterol concentrate
Xopenex

Respiratory/Cystic Fibrosis

Tobramycin for inhalation

Preferred

Bethkis
Kitabis Pak

Non-preferred

[Tobi PA](#)
[Tobi Podhaler PA](#)
[generic tobramycin inhalation solution PA](#)

Respiratory/Other

Endothelin Receptor Antagonists

Preferred

Letairis

Non-preferred

Tracleer

Phosphodiesterase-5 inhibitor

Preferred

[Adcirca PA](#)
[sildenafil PA](#)

Non-preferred

[Revatio PA](#)

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