


<b>ISSUE DATE</b>  October 10, 2019	<b>EFFECTIVE DATE</b>  January 1, 2020	<b>NUMBER</b>  *See below
<b>SUBJECT</b>  Statewide Preferred Drug List (PDL) Implementation – Pharmacy Services		<b>BY</b>   Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at:  
[http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S\\_001994](http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994).

**PURPOSE:**

The purpose of this bulletin is to inform providers about the implementation of a Statewide Preferred Drug List (PDL), effective January 1, 2020.

**SCOPE:**

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program.

**BACKGROUND:**

The Department of Human Services (Department) will be implementing a Statewide PDL on January 1, 2020. The Statewide PDL and the guidelines to determine the medical necessity of drugs that require prior authorization will be utilized in the FFS delivery system and by MA managed care organizations (MCOs) in Physical Health HealthChoices and Community HealthChoices.

*01-19-65	09-19-61	27-19-59	33-19-61
02-19-59	11-19-58	30-19-57	
03-19-58	14-19-57	31-19-64	
08-19-67	24-19-59	32-19-57	

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at  
<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm>

Currently each MCO is permitted to establish its own list of preferred and non-preferred drugs and corresponding guidelines to determine medical necessity, which may be different than those used in the FFS delivery system. Under the statewide PDL, the preferred or non-preferred status of drugs included in the Statewide PDL will apply to both the FFS and managed care delivery systems. In addition, the FFS and managed care delivery systems will use the same prior authorization guidelines for drugs included in the Statewide PDL. This will provide uniformity between the FFS delivery system and the managed care delivery system in terms of the preferred and non-preferred statuses of drugs in therapeutic classes included in the Statewide PDL and the prior authorization guidelines to determine medical necessity of these drugs.

The MCOs may, but are not required to, require prior authorization of drugs that are subject to the quantity limits established in the FFS delivery system. In addition, the MCOs may designate drugs as preferred or non-preferred in drug classes that are not included in the Statewide PDL.

### **DISCUSSION:**

The Department's Pharmacy and Therapeutics (P&T) Committee developed recommendations for the Statewide PDL based on clinical effectiveness, safety, and outcomes, and if drugs within a class are clinically equivalent, cost was considered. The P&T Committee is comprised of physicians, pharmacists, Department medical directors, consumer advocates, and specialists as needed for drug class reviews. Each Physical Health HealthChoices MCO and Community HealthChoices MCO is represented by a voting member on the P&T Committee.

The P&T Committee held meetings on May 15, 2019, and on June 21, 2019, to establish the Statewide PDL and recommended the following:

- Therapeutic classes of drugs to be included in the Statewide PDL;
- Preferred or non-preferred statuses for drugs in the therapeutic classes included in the Statewide PDL; and
- New guidelines or revisions to some of the existing FFS guidelines to evaluate the medical necessity of prescriptions submitted for prior authorization.

The Department adopted the recommendations made by the P & T Committee.

The MCOs and the Department will:

- Publish the Statewide PDL and information regarding how to request a prior authorization on their websites;
- Notify MA beneficiaries and providers of any changes in coverage for drugs and products included in the Statewide PDL; and
- Receive prior authorization requests and determine medical necessity using the Department-approved guidelines.

The MCOs will continue to be responsible for providing access to covered outpatient drug services. The MCOs will also continue to follow the current processes for appeals and grievances.

### **PROCEDURE:**

The Statewide PDL is attached to this bulletin. The Statewide PDL is also available at [www.papdl.com](http://www.papdl.com). Providers should refer to the Statewide PDL for the list of therapeutic classes included in the Statewide PDL and the preferred and non-preferred statuses of drugs included in each therapeutic class.

The Department is issuing bulletins that announce the prior authorization requirements for therapeutic classes of drugs in the Statewide PDL. Although the scope of these bulletins is licensed pharmacies and prescribers in the FFS delivery system, the MCOs will use the same prior authorization guidelines for drugs included in the Statewide PDL as are used in the FFS delivery system.

#### **Requesting Prior Authorization for Beneficiaries in the FFS Delivery System**

The procedures and general requirements for prescribers to request prior authorization of non-preferred drugs in the Statewide PDL, preferred drugs in the Statewide PDL that require clinical prior authorization, and drugs not subject to the Statewide PDL that require clinical prior authorization for beneficiaries in the FFS delivery system effective January 1, 2020, are available at:

<http://www.dhs.pa.gov/provider/pharmacyservices/pharmacypriorauthorizationgeneralrequirements/index.htm>.

The Department will take into account the elements specified in the clinical review guidelines when reviewing a prior authorization request to determine medical necessity. The requirements for prior authorization and corresponding clinical review guidelines are published in separate MA Bulletins and are available at:

<http://www.dhs.pa.gov/provider/pharmacyservices/drugsrequiringclinicalpriorauthorization/index.htm>.

#### **Requesting Prior Authorization for Beneficiaries in the Managed Care Delivery System**

Although the MCOs are required to adopt the guidelines to evaluate medical necessity of drugs included in the Statewide PDL that are used in the FFS delivery system, the procedures to request prior authorization for beneficiaries in Physical Health HealthChoices or Community HealthChoices MCOs may differ from those for beneficiaries in the FFS delivery system and are specific to each MCO. Providers should contact the MCOs for MCO-specific information regarding the procedures to request prior authorization of non-preferred drugs included in the Statewide PDL and preferred drugs included in the Statewide PDL that require clinical prior authorization.

**ATTACHMENT:**

Statewide Preferred Drug List (Effective January 1, 2020)

**OBSOLETE:**

The following bulletins, which are obsolete January 1, 2020, address drugs included in the FFS PDL that are included in a different therapeutic class in the Statewide PDL. The agents included in the Steroids, Topical High, Steroids, Topical Low, Steroids, Topical Medium, and Steroids, Topical Very High therapeutic classes in the FFS PDL are included in the Steroids, Topical therapeutic class in the Statewide PDL. The agents included in the Antivirals, Oral and Antivirals, Topical therapeutic classes in the FFS PDL are included in either the Antivirals, Herpes or Antivirals, Influenza therapeutic classes on the Statewide PDL based on the FDA-approved indications for the agents.

MA Bulletin 01-09-54, 09-09-55, 27-09-46, 02-09-45, 11-09-45, 30-09-45, 03-09-45, 14-09-45, 31-09-56, 08-09-54, 24-09-51, 32-09-45, titled, "Steroids, Topical High Handbook Pages Pharmacy Service Fall 2009 Preferred Drug List (PDL) Update," issued November 2, 2009.  
MA Bulletin 01-09-51, 09-09-53, 27-09-44, 02-09-43, 11-09-43, 30-09-43, 03-09-43, 14-09-43, 31-09-54, 08-09-52, 24-09-49, 32-09-43, titled, "Steroids, Topical Low Handbook Pages Pharmacy Services Fall 2009 Preferred Drug List (PDL) Update," issued November 2, 2009.  
MA Bulletin 01-09-52, 09-09-54, 27-09-45, 02-09-44, 11-09-44, 30-09-44, 03-09-44, 14-09-44, 31-09-55, 08-09-53, 24-09-50, 32-09-44, titled, "Steroids, Topical Medium Handbook Pages Pharmacy Services Fall 2009 Preferred Drug List (PDL) Update," issued November 2, 2009.  
MA Bulletin 01-09-55, 09-09-56, 27-09-47, 02-09-46, 11-09-46, 30-09-46, 03-09-46, 14-09-46, 31-09-57, 08-09-55, 24-09-52, 32-09-46, titled, "Steroids, Topical Very High Handbook Pages Pharmacy Services Fall 2009 Preferred Drug List (PDL) Update," issued November 2, 2009.  
MA Bulletin 01-10-34, 09-10-36, 27-10-26, 02-10-25, 11-10-25, 30-10-25, 03-10-27, 14-10-26, 31-10-37, 08-10-35, 24-10-28, 32-10-25, titled, "Antivirals, Oral Handbook Pages Pharmacy Services Fall 2010 Preferred Drug List (PDL) Update," issued November 5, 2010.  
MA Bulletin 01-09-57, 09-09-58, 27-09-49, 02-09-48, 11-09-48, 30-09-48, 03-09-48, 14-09-48, 31-09-59, 08-09-57, 24-09-54, 32-09-48, titled, "Antivirals, Topical Updated Handbook Pages Pharmacy Services Fall 2009 Preferred Drug List (PDL) Update," issued November 2, 2009.

The following bulletins, which are obsolete January 1, 2020, address the Emollients and Otic Anti-Infectives and Anesthetics therapeutic classes included in the FFS PDL that are not included in the Statewide PDL. The agents in these therapeutic classes will not require prior authorization in the Fee-for-Service delivery system as of January 1, 2020.

MA Bulletin 01-12-08, 09-12-08, 27-12-08, 33-12-08, 02-12-08, 11-12-08, 30-12-08, 03-12-08, 14-12-08, 31-12-08, 08-12-08, 24-12-08, 32-12-08, titled, "Prior Authorization of Emollients – Pharmacy Services," issued January 30, 2012.  
MA Bulletin 01-12-18, 08-12-18, 14-12-18, 30-12-18, 33-12-18, 02-12-18, 09-12-18, 24-12-18, 31-12-18, 03-12-18, 11-12-18, 27-12-18, 32-12-18, titled, "Prior Authorization of Otic Anti-Infectives and Anesthetics Pharmacy Services" issued February 13, 2012.

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## Fee-for-Service\* (FFS) Pharmacy General Prior Authorization Requirements:

<http://www.dhs.pa.gov/provider/pharmacyservices/pharmacypriorauthorizationgeneralrequirements/index.htm>

## FFS† Pharmacy Prior Authorization Guidelines:

<http://www.dhs.pa.gov/provider/pharmacyservices/drugsrequiringclinicalpriorauthorization/index.htm>

## FFS\* Pharmacy Prior Authorization Fax Forms:

<http://www.dhs.pa.gov/provider/pharmacyservices/pharmacyservicesfaxforms/index.htm>

## FFS\* Pharmacy Quantity Limits/Daily Dose Limits:

<http://www.dhs.pa.gov/provider/pharmacyservices/quantitylimitslist/index.htm>

\*This information is specific to FFS. Please refer to each managed care organization's (MCO) website for MCO prior authorization procedures, prior authorization fax request forms, and quantity limits.

†Prior authorization guidelines for drugs and products included in the Statewide PDL apply to FFS and the Pennsylvania Medical Assistance MCOs. Prior authorization guidelines for drugs and products not included in the Statewide PDL are specific to FFS. Please refer to each MCO's website for MCO-specific prior authorization requirements for drugs and products not included in the Statewide PDL.

### ACNE AGENTS, ORAL

Preferred Agents	Non Preferred Agents
Amnesteem <sup>PA</sup> Claravis <sup>PA</sup> Isotretinoin <sup>PA</sup> Myorisan <sup>PA</sup> Zenatane <sup>PA</sup>	Absorica

### ACNE AGENTS, TOPICAL

Preferred Agents	Non Preferred Agents
Adapalene 0.3% Gel Tube	Acanya Gel
Adapalene-Benzoyl Peroxide 0.1%-2.5% Gel Pump ( <i>generic EpiDuo</i> )	Acanya Gel Pump
Avita Cream	Aczone Gel
Azelex Cream <sup>AR</sup>	Aczone Gel Pump
Benzoyl Peroxide 5% Gel (OTC)	Adapalene 0.1% Cream
Benzoyl Peroxide 5% Lotion (OTC)	Adapalene 0.1% Gel
Benzoyl Peroxide 5% Wash (OTC)	Adapalene 0.1% Solution
Benzoyl Peroxide 5.3% Foam (OTC)	Adapalene 0.3% Gel Pump
Benzoyl Peroxide 9.8% Foam (Rx)	Altreno Lotion
Benzoyl Peroxide 10% Gel (OTC)	Atralin Gel
Benzoyl Peroxide 10% Lotion (OTC)	Avita Gel
Benzoyl Peroxide 10% Wash (OTC)	Benzaclin Gel
Clindamycin 1% Gel	Benzaclin Gel Pump
Clindamycin 1% Lotion	Benzamycin Gel
Clindamycin 1% Pledget	Benzoyl Peroxide 6% Cleanser (OTC)
Clindamycin 1% Solution	BP 10-1 Wash
Clindamycin-Benzoyl Peroxide 1%-5% Gel Jar ( <i>generic BenzaClin</i> )	BP Cleansing Wash
Clindamycin-Benzoyl Peroxide 1.2%-5% Gel ( <i>generic Duac, Neuc</i> )	BPO Gel
Differin 0.1% Cream <sup>AR</sup>	BPO Foaming Cloths
Differin 0.1% Gel <sup>AR</sup>	Cleocin T Gel
	Cleocin T Lotion
	Cleocin T Pledget

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

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## ACNE AGENTS, TOPICAL

Preferred Agents	Non Preferred Agents
Differin 0.1% Lotion <sup>AR</sup>	Clindacin ETZ Kit
Differin 0.3% Gel Pump <sup>AR</sup>	Clindacin ETZ Pledget
Epiduo Gel Pump <sup>AR</sup>	Clindacin P Pledget
Ery Pads	Clindacin Pac Kit
Erythromycin 2% Pledget	Clindagel
Erythromycin 2% Solution	Clindamycin Foam
Panoxyl 10% Acne Cleansing Bar (OTC)	Clindamycin 1% Daily Gel ( <i>generic Clindagel</i> )
Panoxyl 10% Acne Foaming Wash (OTC)	Clindamycin-Benzoyl Peroxide 1%-5% Gel Pump ( <i>generic BenzaClin Gel Pump</i> )
Retin-A Cream <sup>AR</sup>	Clindamycin-Benzoyl Peroxide 1.2%-2.5% Gel Pump ( <i>generic Acanya</i> )
Retin-A Gel <sup>AR</sup>	Clindamycin-Tretinoin Gel
SSS 10%-5% Cream	Dapsone Gel
Sulfacetamide Sodium-Sulfur 8%-4% Suspension	Duac Gel
Sulfacetamide Sodium-Sulfur 9%-4.5% Wash	Epiduo Forte Gel Pump <sup>AR</sup>
Sulfacetamide Sodium-Sulfur 10%-5% Cleanser	Erygel
Tazorac Cream <sup>AR</sup>	Erythromycin Gel
Tazorac Gel <sup>AR</sup>	Erythromycin-Benzoyl Peroxide Gel
	Evoclin Foam
	Fabior Foam
	Klaron Lotion
	Neuac Gel
	Neuac Kit
	Onexton Gel Pump
	Retin-A Micro Gel <sup>AR</sup>
	Retin-A Micro Gel Pump <sup>AR</sup>
	Sodium Sulfacetamide 10% Lotion
	Sodium Sulfacetamide 10% Wash
	SSS 10%-5% Foam
	Sulfacetamide Sodium 10% Suspension
	Sulfacetamide Sodium-Sulfur 9%-4% Wash
	Sulfacetamide Sodium-Sulfur 9.8%-4.8% Cleanser
	Sulfacetamide Sodium-Sulfur 10%-2% Cleanser
	Sulfacetamide Sodium-Sulfur 10%-2% Cream
	Sulfacetamide Sodium-Sulfur 10%-4% Medicated Pad
	Sulfacetamide Sodium-Sulfur 10%-5% Cream
	Sumadan Wash
	Sumadan Kit <sup>QL</sup>
	Sumadin XLT Kit
	Sumaxin Cleansing Pad
	Sumaxin CP Kit <sup>QL</sup>
	Sumaxin TS Suspension
	Sumaxin Wash
	Tazarotene Cream <sup>AR</sup>
	Tretinoin Cream <sup>AR</sup>
	Tretinoin Gel <sup>AR</sup>
	Tretinoin Micro Gel <sup>AR</sup>
	Tretinoin Micro Gel Pump <sup>AR</sup>
	Ziana <sup>AR</sup>

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## ALZHEIMER'S AGENTS

Preferred Agents	Non Preferred Agents
Donepezil 5 mg, 10 mg Tablet <sup>AR, PA, QL</sup>	Aricept <sup>AR, QL</sup>
Galantamine Tablet <sup>AR, PA, QL</sup>	Donepezil 23 mg Tablet <sup>AR, QL</sup>
Memantine Tablet <sup>AR, PA, QL</sup>	Donepezil ODT <sup>AR, QL</sup>
Rivastigmine Capsule <sup>AR, PA, QL</sup>	Exelon Patch <sup>AR, QL</sup>
	Galantamine ER Capsule <sup>AR, QL</sup>
	Galantamine Solution <sup>AR, QL</sup>
	Memantine ER Capsule <sup>AR, QL</sup>
	Memantine Solution <sup>AR, QL</sup>
	Namenda <sup>AR, QL</sup>
	Namenda XR <sup>AR, QL</sup>
	Namzaric <sup>AR, QL</sup>
	Razadyne <sup>AR, QL</sup>
	Razadyne ER <sup>AR, QL</sup>
	Rivastigmine Patch <sup>AR, QL</sup>

## ANALGESICS, NON-OPIOID BARBITURATE COMBINATIONS

Preferred Agents	Non Preferred Agents
Butalbital-Acetaminophen-Caffeine Tablet <sup>PA, QL</sup>	Allzital <sup>QL</sup>
Butalbital-Aspirin-Caffeine Capsule, Tablet <sup>PA, QL</sup>	Bupap <sup>QL</sup>
	Butalbital-Acetaminophen Tablet <sup>QL</sup>
	Butalbital-Acetaminophen-Caffeine Capsule <sup>QL</sup>
	Esgic Capsule, Tablet <sup>QL</sup>
	Fioricet <sup>QL</sup>
	Fiorinal <sup>QL</sup>
	Vanatol Solution <sup>QL</sup>
	Zebutal <sup>QL</sup>

## ANALGESICS, OPIOID LONG ACTING

Preferred Agents	Non Preferred Agents
Butrans Patch <sup>AR, QL</sup>	Arymo ER <sup>AR, QL</sup>
Embeda ER <sup>AR, PA, QL</sup>	Belbuca Film <sup>AR, QL</sup>
Fentanyl Patch 12, 25, 50, 75, 100 mcg/hr <sup>AR, PA, QL</sup>	Buprenorphine Patch <sup>AR, QL</sup>
Morphine ER Tablet <sup>AR, PA, QL</sup>	Dolophine <sup>AR, QL</sup>
	Duragesic Patch <sup>AR, QL</sup>
	Exalgo ER <sup>AR, QL</sup>
	Fentanyl Patch 37.5, 62.5, 87.5 mcg/hr <sup>AR, QL</sup>
	Hydromorphone ER <sup>AR, QL</sup>
	Hysingla ER <sup>AR, QL</sup>
	Kadian ER <sup>AR, QL</sup>
	Methadone <sup>AR, QL</sup>
	Morphabond ER <sup>AR, QL</sup>
	Morphine ER Capsule <sup>AR, QL</sup>
	MS Contin <sup>AR, QL</sup>
	Nucynta ER <sup>AR, QL</sup>
	Oxycodone ER <sup>AR, QL</sup>
	Oxycontin <sup>AR, QL</sup>
	Oxymorphone ER <sup>AR, QL</sup>
	Tramadol ER <sup>AR, QL</sup>
	Xtampza ER <sup>AR, QL</sup>
	Zohydro ER <sup>AR, QL</sup>

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## ANALGESICS, OPIOID SHORT ACTING

Preferred Agents	Non Preferred Agents
Acetaminophen-Codeine <sup>AR, QL</sup>	Acetaminophen-Caffeine-Dihydrocodeine <sup>AR, QL</sup>
Endocet <sup>AR, QL</sup>	Abstral <sup>AR, QL</sup>
Hydrocodone-Acetaminophen Tablet <sup>AR, QL</sup>	Actiq <sup>AR, QL</sup>
Hydrocodone-Ibuprofen <sup>AR, QL</sup>	Apadaz <sup>AR, QL</sup>
Morphine IR <sup>AR, QL</sup>	Benzyhydrocodone-Acetaminophen <sup>AR, QL</sup>
Oxycodone IR Tablet <sup>AR, QL</sup>	Butalbital-Caffeine-Acetaminophen-Codeine <sup>AR, QL</sup>
Oxycodone-Acetaminophen Tablet <sup>AR, QL</sup>	Butalbital-Caffeine-Aspirin-Codeine <sup>AR, QL</sup>
Tramadol IR <sup>AR, QL</sup>	Butorphanol Tartrate Nasal <sup>AR, QL</sup>
	Carisoprodol-Aspirin-Codeine <sup>AR, QL</sup>
	Codeine <sup>AR, QL</sup>
	Demerol <sup>AR, QL</sup>
	Dilaudid <sup>AR, QL</sup>
	Dsuvia <sup>AR, QL</sup>
	Fentanyl Citrate <sup>AR, QL</sup>
	Fentora <sup>AR, QL</sup>
	Fiorinal with Codeine <sup>AR, QL</sup>
	Hydrocodone-Acetaminophen Solution <sup>AR, QL</sup>
	Hydromorphone <sup>AR, QL</sup>
	Ibudone <sup>AR, QL</sup>
	Lazanda <sup>AR, QL</sup>
	Levorphanol <sup>AR, QL</sup>
	Lorcet <sup>AR, QL</sup>
	Lorcet HD <sup>AR, QL</sup>
	Lorcet Plus <sup>AR, QL</sup>
	Lortab <sup>AR, QL</sup>
	Meperidine <sup>AR, QL</sup>
	Morphine Suppository <sup>AR, QL</sup>
	Nalocet <sup>AR, QL</sup>
	Norco <sup>AR, QL</sup>
	Nucynta IR <sup>AR, QL</sup>
	Opana IR <sup>AR, QL</sup>
	Oxaydo <sup>AR, QL</sup>
	Oxycodone IR Capsule, Concentrate Solution, Solution <sup>AR, QL</sup>
	Oxycodone-Aspirin <sup>AR, QL</sup>
	Oxycodone-Ibuprofen <sup>AR, QL</sup>
	Oxymorphone IR <sup>AR, QL</sup>
	Pentazocine-Naloxone <sup>AR, QL</sup>
	Percocet <sup>AR, QL</sup>
	Primlev <sup>AR, QL</sup>
	Roxicodone <sup>AR, QL</sup>
	Roxybond <sup>AR, QL</sup>
	Subsys <sup>AR, QL</sup>
	Tramadol-Acetaminophen <sup>AR, QL</sup>
	Tylenol with Codeine <sup>AR, QL</sup>
	Ultracet <sup>AR, QL</sup>
	Ultram <sup>AR, QL</sup>
	Vicodin <sup>AR, QL</sup>
	Vicodin ES <sup>AR, QL</sup>
	Vicodin HP <sup>AR, QL</sup>
	Xylon <sup>AR, QL</sup>



# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## ANDROGENIC AGENTS

Preferred Agents	Non Preferred Agents
Androgel 1% Packet <sup>PA, QL</sup>	Androderm Patch <sup>QL</sup>
Depo-Testosterone Injection <sup>PA, QL</sup>	Androgel 1.62% Packet, Pump <sup>QL</sup>
Testopel Implant Pellet <sup>PA, QL</sup>	Anadrol-50 <sup>QL</sup>
Testosterone Cypionate Injection <sup>PA, QL</sup>	Android <sup>QL</sup>
Testosterone 1% Gel Packet ( <i>generic Androgel 1% Packet</i> ) <sup>PA, QL</sup>	Aveed <sup>QL</sup>
	Fortesta <sup>QL</sup>
	Methitest <sup>QL</sup>
	Methyltestosterone Capsule <sup>QL</sup>
	Oxandrolone <sup>QL</sup>
	Striant <sup>QL</sup>
	Testim <sup>QL</sup>
	Testosterone Enanthate Injection <sup>QL</sup>
	Testosterone 1% Gel Pump ( <i>generic Androgel 1% Pump</i> ) <sup>QL</sup>
	Testosterone 1% Gel Tube ( <i>generic Testim 1%</i> ) <sup>QL</sup>
	Testosterone 1.62% Gel Packet, Pump ( <i>generic Androgel 1.62%</i> ) <sup>QL</sup>
	Testosterone 10 mg Gel Pump ( <i>generic Fortesta</i> ) <sup>QL</sup>
	Testosterone Solution Pump ( <i>generic Axiron</i> ) <sup>QL</sup>
	Testred Capsule <sup>QL</sup>
	Vogelxo Gel <sup>QL</sup>
	Xyosted Injection <sup>QL</sup>

## ANGIOTENSIN MODULATOR COMBINATIONS

Preferred Agents	Non Preferred Agents
Amlodipine-Benazepril <sup>QL</sup>	Amlodipine-Olmesartan <sup>QL</sup>
Amlodipine-Valsartan <sup>QL</sup>	Amlodipine-Olmesartan-HCTZ <sup>QL</sup>
Amlodipine-Valsartan HCTZ <sup>QL</sup>	Azor <sup>QL</sup>
	Exforge <sup>QL</sup>
	Exforge HCT <sup>QL</sup>
	Lotrel <sup>QL</sup>
	Tarka <sup>QL</sup>
	Telmisartan-Amlodipine <sup>QL</sup>
	Trandolapril-Verapamil <sup>QL</sup>
	Tribenzor <sup>QL</sup>
	Twynsta <sup>QL</sup>

## ANGIOTENSIN MODULATORS

Preferred Agents	Non Preferred Agents
Benazepril <sup>QL</sup>	Accupril <sup>QL</sup>
Benazepril-Hydrochlorothiazide <sup>QL</sup>	Accuretic <sup>QL</sup>
Enalapril <sup>QL</sup>	Aliskiren <sup>QL</sup>
Enalapril-Hydrochlorothiazide <sup>QL</sup>	Altace <sup>QL</sup>
Entresto <sup>QL</sup>	Atacand <sup>QL</sup>
Fosinopril <sup>QL</sup>	Atacand HCT <sup>QL</sup>
Fosinopril-Hydrochlorothiazide <sup>QL</sup>	Avalide <sup>QL</sup>
Irbesartan <sup>QL</sup>	Avapro <sup>QL</sup>
Irbesartan-Hydrochlorothiazide <sup>QL</sup>	Benicar <sup>QL</sup>
Lisinopril <sup>QL</sup>	Benicar HCT <sup>QL</sup>
Lisinopril-Hydrochlorothiazide <sup>QL</sup>	Candesartan <sup>QL</sup>
Losartan <sup>QL</sup>	Candesartan-Hydrochlorothiazide <sup>QL</sup>
Losartan-Hydrochlorothiazide <sup>QL</sup>	Captopril <sup>QL</sup>

# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

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## ANGIOTENSIN MODULATORS

Preferred Agents	Non Preferred Agents
Olmesartan <sup>QL</sup>	Captopril-Hydrochlorothiazide <sup>QL</sup>
Olmesartan-Hydrochlorothiazide <sup>QL</sup>	Cozaar <sup>QL</sup>
Quinapril <sup>QL</sup>	Diovan <sup>QL</sup>
Quinapril-Hydrochlorothiazide <sup>QL</sup>	Diovan HCT <sup>QL</sup>
Ramipril <sup>QL</sup>	Edarbi <sup>QL</sup>
Trandolapril <sup>QL</sup>	Edarbyclor <sup>QL</sup>
Valsartan <sup>QL</sup>	Epaned <sup>QL</sup>
Valsartan-Hydrochlorothiazide <sup>QL</sup>	Eprosartan <sup>QL</sup>
	Hyzaar <sup>QL</sup>
	Lotensin <sup>QL</sup>
	Lotensin HCT <sup>QL</sup>
	Micardis <sup>QL</sup>
	Micardis HCT <sup>QL</sup>
	Moexipril <sup>QL</sup>
	Moexepiril-Hydrochlorothiazide <sup>QL</sup>
	Perindopril <sup>QL</sup>
	Prinivil <sup>QL</sup>
	Qbrelis <sup>QL</sup>
	Tekturna <sup>QL</sup>
	Tekturna HCT <sup>QL</sup>
	Telmisartan <sup>QL</sup>
	Telmisartan-Hydrochlorothiazide <sup>QL</sup>
	Vaseretic <sup>QL</sup>
	Vasotec <sup>QL</sup>
	Zestoretic <sup>QL</sup>
	Zestril <sup>QL</sup>

## ANTIANGINAL AGENTS

Preferred Agents	Non Preferred Agents
Isosorbide Mononitrate	BiDil
Isosorbide Mononitrate ER	Dilatrate-SR
Nitro-BID Ointment	GoNitro
Nitroglycerin Patch	Isordil
Nitroglycerin SL Tablet	Isordil Titradose
Ranolazine ER <sup>PA, QL</sup>	Isosorbide Dinitrate
	Minitran Patch
	Nitro-DUR Patch
	Nitroglycerin ER Capsule
	Nitroglycerin Spray
	Nitrolingual Spray
	NitroMist Spray
	Nitrostat SL Tablet
	Ranexa <sup>QL</sup>

## ANTIBIOTICS, GI AND RELATED AGENTS

Preferred Agents	Non Preferred Agents
Firvanq Solution	Dificid <sup>QL</sup>
Metronidazole Tablet	Flagyl
Neomycin	Metronidazole Capsule
Vancomycin	Paromomycin
	Tindamax <sup>QL</sup>

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**ANTIBIOTICS, GI AND RELATED AGENTS**

Preferred Agents	Non Preferred Agents
	Tinidazole <sup>QL</sup> Vancocin Xifaxan <sup>QL</sup> Zinplava <sup>QL</sup>

**ANTIBIOTICS, INHALED**

Preferred Agents	Non Preferred Agents
Kitabis Pak <sup>QL</sup> Tobramycin Solution ( <i>generic Tobii</i> ) <sup>QL</sup>	Arikayce <sup>QL</sup> Bethkis <sup>QL</sup> Cayston <sup>QL</sup> Tobi Solution <sup>QL</sup> Tobi Podhaler <sup>QL</sup> Tobramycin Pak ( <i>generic Kitabis</i> ) <sup>QL</sup>

**ANTIBIOTICS, TOPICAL**

Preferred Agents	Non Preferred Agents
Bacitracin Bacitracin-Polymyxin Gentamicin Sulfate Mupirocin Ointment Triple Antibiotic Ointment Triple Antibiotic Plus Ointment	Centany Centany AT Kit Cortisporin Mupirocin Cream Neo-Synalar Cream

**ANTICOAGULANTS**

Preferred Agents	Non Preferred Agents
Eliquis <sup>QL</sup> Enoxaparin <sup>QL</sup> Pradaxa <sup>QL</sup> Warfarin Xarelto <sup>QL</sup>	Arixtra <sup>QL</sup> Coumadin Fondaparinux <sup>QL</sup> Fragmin <sup>QL</sup> Lovenox <sup>QL</sup> Savaysa <sup>QL</sup>

**ANTICONVULSANTS**

Preferred Agents	Non Preferred Agents
Carbamazepine Chewable Tablet, Suspension, Tablet <sup>QL</sup> Carbamazepine ER Capsule <sup>QL</sup> Carbamazepine ER Tablet <sup>QL</sup> Clobazam Suspension, Tablet <sup>QL</sup> Clonazepam Tablet <sup>QL</sup> Diazepam Rectal Gel Dilantin Capsule <sup>QL</sup> Divalproex Sodium DR Sprinkle, Tablet Divalproex Sodium ER Tablet Epilex Tablet <sup>QL</sup> Equetro Capsule <sup>QL</sup> Ethosuximide Capsule, Solution <sup>QL</sup> Gabapentin Capsule, Tablet <sup>QL</sup> Lamotrigine Tablet <sup>QL</sup> Levetiracetam Solution, Tablet <sup>QL</sup> Levetiracetam ER Tablet <sup>QL</sup>	Aptiom <sup>QL</sup> Banze <sup>QL</sup> Briviact <sup>QL</sup> Carbatrol ER Capsule <sup>QL</sup> Celontin <sup>QL</sup> Clonazepam ODT <sup>QL</sup> Depakene Depakote DR Sprinkle, Tablet Depakote ER Tablet Diastat, Diastat Acudial Rectal Gel Dilantin Infatab, Suspension <sup>QL</sup> Epidiolex <sup>QL</sup> Felbamate Felbatol Fycompa <sup>QL</sup> Gabapentin Solution <sup>QL</sup>

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 ER = extended-release formulation  
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## ANTICONVULSANTS

Preferred Agents	Non Preferred Agents
Oxcarbazepine Suspension, Tablet <sup>QL</sup>	Gabitril
Phenobarbital Elixir, Solution, Tablet	Keppra <sup>QL</sup>
Phenytoin Capsule, Chewable Tablet, Suspension <sup>QL</sup>	Keppra XR <sup>QL</sup>
Phenytoin ER Capsule ( <i>generic Phenytek</i> ) <sup>QL</sup>	Klonopin <sup>QL</sup>
Pregabalin Capsule <sup>QL</sup>	Lamictal <sup>QL</sup>
Primidone Tablet <sup>QL</sup>	Lamictal ODT <sup>QL</sup>
Topiramate ER Sprinkle <sup>QL</sup>	Lamictal XR
Topiramate IR Sprinkle, Tablet <sup>QL</sup>	Lamotrigine Chewable Tablet
Valproic Acid Capsule, Solution <sup>QL</sup>	Lamotrigine ODT
Zonisamide Capsule <sup>QL</sup>	Lamotrigine Starter Kit
	Lamotrigine ER
	Lyrica Capsule, Solution <sup>QL</sup>
	Mysoline <sup>QL</sup>
	Neurontin <sup>QL</sup>
	Onfi Suspension, Tablet <sup>QL</sup>
	Oxtellar XR <sup>QL</sup>
	Peganone <sup>QL</sup>
	Phenytek <sup>QL</sup>
	Qudexy XR <sup>QL</sup>
	Sabril <sup>QL</sup>
	Spritam Tablet for Suspension <sup>QL</sup>
	Sympazan <sup>QL</sup>
	Tegretol IR Suspension, Tablet <sup>QL</sup>
	Tegretol XR Tablet <sup>QL</sup>
	Tiagabine
	Topamax Sprinkle, Tablet <sup>QL</sup>
	Trileptal <sup>QL</sup>
	Trokendi XR <sup>QL</sup>
	Vigabatrin <sup>QL</sup>
	Vimpat <sup>QL</sup>
	Zarontin Capsule, Syrup <sup>QL</sup>

## ANTIDEPRESSANTS, OTHER

Preferred Agents	Non Preferred Agents
Amitriptyline Tablet	Anafranil
Amoxapine Tablet	Aplenzin <sup>QL</sup>
Bupropion IR <sup>QL</sup>	Clomipramine
Bupropion SR <sup>QL</sup>	Desipramine
Bupropion XL <sup>QL</sup>	Cymbalta <sup>QL</sup>
Desvenlafaxine Succinate ER ( <i>generic Pristiq</i> ) <sup>QL</sup>	Desvenlafaxine ER <sup>QL</sup>
Doxepin Capsule, Concentrate Solution	Desvenlafaxine Fumarate ER <sup>QL</sup>
Duloxetine 20 mg, 30 mg, 60 mg Capsule ( <i>generic Cymbalta</i> ) <sup>QL</sup>	Duloxetine 40 mg Capsule ( <i>generic Irenka</i> ) <sup>QL</sup>
Imipramine Tablet	Effexor XR <sup>QL</sup>
Mirtazapine Tablet <sup>QL</sup>	Emsam Patch <sup>QL</sup>
Nortriptyline Capsule	Fetzima <sup>QL</sup>
Phenelzine Tablet	Forfivo XL <sup>QL</sup>
Trazodone Tablet	Imipramine Capsule
Venlafaxine ER Capsule <sup>QL</sup>	Khedezla ER <sup>QL</sup>
Venlafaxine IR Tablet <sup>QL</sup>	Maprotiline <sup>QL</sup>
	Marplan
	Mirtazapine ODT <sup>QL</sup>
	Nardil

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## ANTIDEPRESSANTS, OTHER

Preferred Agents	Non Preferred Agents
	Nefazodone
	Norpramin
	Nortriptyline Solution
	Pamelor
	Parnate
	Pristiq ER <sup>QL</sup>
	Protriptyline
	Remeron <sup>QL</sup>
	Remeron Soltab <sup>QL</sup>
	Spravato <sup>QL</sup>
	Surmontil
	Tofranil
	Tranlycypromine Sulfate
	Trimipramine
	Trintellix <sup>QL</sup>
	Venlafaxine ER Tablet <sup>QL</sup>
	Viibryd <sup>QL</sup>
	Wellbutrin SR <sup>QL</sup>
	Wellbutrin XL <sup>QL</sup>

## ANTIDEPRESSANTS, SSRIS

Preferred Agents	Non Preferred Agents
Citalopram Solution, Tablet <sup>QL</sup>	Brisdelle <sup>QL</sup>
Escitalopram Tablet <sup>QL</sup>	Celexa <sup>QL</sup>
Fluoxetine IR Capsule, Solution <sup>QL</sup>	Escitalopram Solution <sup>QL</sup>
Fluvoxamine IR Tablet <sup>QL</sup>	Fluoxetine DR Capsule <sup>QL</sup>
Paroxetine IR Tablet <sup>QL</sup>	Fluoxetine IR Tablet <sup>QL</sup>
Sertraline Tablet <sup>QL</sup>	Fluvoxamine ER Capsule <sup>QL</sup>
	Lexapro <sup>QL</sup>
	Paroxetine ER Tablet <sup>QL</sup>
	Paroxetine Mesylate Capsule <sup>QL</sup>
	Paxil <sup>QL</sup>
	Paxil CR <sup>QL</sup>
	Pexeva <sup>QL</sup>
	Prozac <sup>QL</sup>
	Sarafem <sup>QL</sup>
	Sertraline Concentrate Solution <sup>QL</sup>
	Zoloft <sup>QL</sup>

## ANTIEMETICS-ANTIVERTIGO AGENTS

Preferred Agents	Non Preferred Agents
Aloxi Injection <sup>QL</sup>	Akynzeo Capsule, Vial <sup>QL</sup>
Cinvanti Vial <sup>QL</sup>	Anzemet <sup>QL</sup>
Diclegis <sup>QL</sup>	Aprepitant <sup>QL</sup>
Dimenhydrinate Tablet (OTC)	Bonjesta Tablet <sup>QL</sup>
Emend Capsule, Dose Pack <sup>QL</sup>	Cesamet <sup>QL</sup>
Granisetron Injection	Dimenhydrinate Injection
Meclizine Chewable Tablet, Tablet (OTC & Rx)	Dronabino <sup>QL</sup>
Metoclopramide Solution, Tablet	Emend Powder for Suspension <sup>QL</sup>
Metoclopramide Syringe, Vial	Emend Vial <sup>QL</sup>
Ondansetron ODT <sup>QL</sup>	Granisetron Tablet <sup>QL</sup>

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## ANTIEMETICS-ANTIVERTIGO AGENTS

Preferred Agents	Non Preferred Agents
Ondansetron Solution, Tablet <sup>QL</sup>	Marinol <sup>QL</sup>
Ondansetron Syringe	Metoclopramide ODT
Ondansetron Vial <sup>QL</sup>	Phenergan <sup>AR</sup>
Palonosetron Injection <sup>QL</sup>	Prochlorperazine Suppository
Phosphorated Carbohydrate Oral Solution	Promethazine Suppository <sup>AR, QL</sup>
Prochlorperazine Tablet	Reglan
Prochlorperazine Vial	Sancuso Patch <sup>QL</sup>
Promethazine Ampule, Vial <sup>AR</sup>	Scopolamine Patch <sup>QL</sup>
Promethazine Syrup <sup>AR</sup>	Sustol <sup>QL</sup>
Promethazine Tablet <sup>AR, QL</sup>	Syndros <sup>QL</sup>
Transderm-Scop <sup>QL</sup>	Tigan <sup>QL</sup>
Trimethobenzamide Capsule <sup>QL</sup>	Varubi <sup>QL</sup>
	Zofran <sup>QL</sup>
	Zofran ODT <sup>QL</sup>
	Zuplenz <sup>QL</sup>

## ANTIFUNGALS, ORAL

Preferred Agents	Non Preferred Agents
Clotrimazole Troche <sup>QL</sup>	Ancobon
Fluconazole <sup>QL</sup>	Cresemba <sup>QL</sup>
Griseofulvin Suspension	Diflucan <sup>QL</sup>
Nystatin	Flucytosine
Terbinafine <sup>QL</sup>	Griseofulvin Microsize Tablet
	Griseofulvin Ultramicrosize Tablet
	Itraconazole <sup>QL</sup>
	Ketoconazole Tablet <sup>QL</sup>
	Noxafil <sup>QL</sup>
	Onmel <sup>QL</sup>
	Oravig <sup>QL</sup>
	Sporanox <sup>QL</sup>
	Tolsura
	Vfend
	Voriconazole

## ANTIFUNGALS, TOPICAL

Preferred Agents	Non Preferred Agents
Alevazol (OTC)	Bensal HP
Butenafine Cream	Ciclodan
Ciclopirox Cream, Solution	Ciclopirox Gel, Shampoo, Suspension
Clotrimazole Cream (OTC)	Ciclopirox Treatment Kit
Clotrimazole-Betamethasone Cream	Clotrimazole Solution
Desenex Powder	Clotrimazole Cream (Rx)
Ketoconazole Shampoo	Clotrimazole-Betamethasone Lotion
Lamisil AF Defense Spray (OTC)	Econazole
Lamisil Spray (OTC)	Ertaczo
Miconazole (OTC)	Exelderm
Nyamyc Powder	Extina
Nystatin Cream, Ointment, Powder	Fungoid, Fungoid Kit
Nystop	Hydrocortisone-Iodoquinol
Terbinafine Topical (OTC)	Iodoquinol-Hydrocortisone-Aloe
Tolnaftate (OTC)	Jublia

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**ANTIFUNGALS, TOPICAL**

Preferred Agents	Non Preferred Agents
Zeasorb Powder	Kerydin Ketoconazole Cream, Foam Lamisil AT Cream Loprox Lotrisone Luliconazole Luzu Mentax Micnonazole/Zinc/Petrolatum Naftifine Naftin Nizoral Shampoo Nystatin-Triamcinolone Oxiconazole Oxistat Penlac Vusion

**ANTIHEMOPHILIA AGENTS – FACTOR VIII**

Preferred Agents	Non Preferred Agents
Advate <sup>PA</sup> Eloctate <sup>PA</sup> Helixate FS <sup>PA</sup> Hemofil M <sup>PA</sup> Koate <sup>PA</sup> Kogenate FS <sup>PA</sup> Monoclate-P <sup>PA</sup> Novoeight <sup>PA</sup> Nuwiq <sup>PA</sup> Recombinate <sup>PA</sup> Xyntha <sup>PA</sup> Xyntha Solofuse <sup>PA</sup>	Adynovate Afstyla Jivi Kovaltry Obizur

**ANTIHEMOPHILIA AGENTS – FACTOR VIII/VWF**

Preferred Agents	Non Preferred Agents
Alphanate <sup>PA</sup> Humate-P <sup>PA</sup> Wilate <sup>PA</sup>	Vonvendi

**ANTIHEMOPHILIA AGENTS – FACTOR IX**

Preferred Agents	Non Preferred Agents
Alphanine SD <sup>PA</sup> Alprolix <sup>PA</sup> Benefix <sup>PA</sup> Ixinity <sup>PA</sup> Mononine <sup>PA</sup> Profilnine <sup>PA</sup> Rixubis <sup>PA</sup>	Idelvion Rebinyn

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## ANTIHEMOPHILIA AGENTS – INHIBITORS

Preferred Agents	Non Preferred Agents
Hemlibra <sup>PA</sup>	Feiba NF Novoseven

## ANTIHISTAMINES, MINIMALLY SEDATING

Preferred Agents	Non Preferred Agents
Cetirizine Solution, Tablet <sup>QL</sup> Fexofenadine Suspension, Tablet <sup>QL</sup> Levocetirizine Tablet <sup>QL</sup> Loratadine ODT <sup>QL</sup> Loratadine Solution, Tablet <sup>QL</sup> Loratadine-D 24HR <sup>QL</sup>	Cetirizine Chewable Tablet <sup>QL</sup> Cetirizine-D <sup>QL</sup> Clarinet Syrup, Tablet <sup>QL</sup> Clarinet-D <sup>QL</sup> Desloratadine <sup>QL</sup> Fexofenadine-D <sup>QL</sup> Levocetirizine Solution <sup>QL</sup> Loratadine Capsule, Chewable Tablet <sup>QL</sup> Loratadine-D 12HR <sup>QL</sup> Semprex D <sup>QL</sup>

## ANTIHYPERTENSIVES, SYMPATHOLYTIC

Preferred Agents	Non Preferred Agents
Clonidine Patch <sup>QL</sup> Clonidine Tablet Guanfacine <sup>QL</sup> Methyldopa	Catapres-TTS <sup>QL</sup> Catapres Tablet Methyldopa-HCTZ

## ANTIHYPURICEMICS

Preferred Agents	Non Preferred Agents
Allopurinol Tablet Colchicine Capsule, Tablet <sup>PA, QL</sup> Probenecid Tablet Probenecid-Colchicine Tablet	Colcrys <sup>QL</sup> Krystexxa <sup>QL</sup> Mitigare <sup>QL</sup> Uloric <sup>QL</sup> Zyloprim

## ANTIMALARIALS

Preferred Agents	Non Preferred Agents
Atovaquone-Proguanil <sup>QL</sup> Chloroquine Coartem Hydroxychloroquine Krintafel Mefloquine Primaquine	Malarone <sup>QL</sup> Plaquenil Quaaluan Quinine Capsule

## ANTIMIGRAINE AGENTS, OTHER

Preferred Agents	Non Preferred Agents
Emgality <sup>PA, QL</sup>	Aimovig <sup>QL</sup> Ajovy <sup>QL</sup> Cafergot <sup>QL</sup> DHE Injection Dihydroergotamine Mesylate Injection Dihydroergotamine Mesylate Nasal Spray <sup>QL</sup>



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## ANTIMIGRAINE AGENTS, OTHER

Preferred Agents	Non Preferred Agents
	Ergomar <sup>QL</sup> Migergot Suppository <sup>QL</sup> Migranal Nasal Spray <sup>QL</sup>

## ANTIMIGRAINE AGENTS, TRIPTANS

Preferred Agents	Non Preferred Agents
Naratriptan <sup>QL</sup>	Almotriptan <sup>QL</sup>
Rizatriptan <sup>QL</sup>	Amerge <sup>QL</sup>
Rizatriptan ODT <sup>QL</sup>	Eletriptan <sup>QL</sup>
Sumatriptan Nasal Spray <sup>QL</sup>	Frova <sup>QL</sup>
Sumatriptan Injection <sup>QL</sup>	Frovatriptan <sup>QL</sup>
Sumatriptan Tablet <sup>QL</sup>	Imitrex Injection, Nasal Spray, Tablet <sup>QL</sup>
Zolmitriptan <sup>QL</sup>	Maxalt <sup>QL</sup>
Zolmitriptan ODT <sup>QL</sup>	Maxalt MLT <sup>QL</sup>
Zomig Nasal Spray <sup>QL</sup>	Onzetra Xsail <sup>QL</sup>
	Relpax <sup>QL</sup>
	Sumatriptan-Naproxen Tablet <sup>QL</sup>
	Sumavel Dosepro <sup>QL</sup>
	Treximet <sup>QL</sup>
	Zembrace <sup>QL</sup>
	Zomig Tablet <sup>QL</sup>
	Zomig ZMT <sup>QL</sup>

## ANTIPARASITICS, TOPICAL

Preferred Agents	Non Preferred Agents
Natroba Topical Suspension	Crotan Lotion
Permethrin 1% Creme Rinse (OTC) ( <i>Lice Treatment 1% Creme Rinse</i> )	Elimite Cream
Permethrin 5% Cream	Eurax Cream, Lotion
Piperonyl Butoxide/Pyrethrins Kit, Liquid, Shampoo (OTC) ( <i>Lice Treatment Shampoo</i> )	Lindane Shampoo
Piperonyl Butoxide/Pyrethrins/Permethrin Kit (OTC) ( <i>Lice Solutions Kit</i> )	Malathion Lotion
Sklice Lotion	Ovide Lotion
	Spinosad Topical Suspension
	Vanallice Gel

## ANTIPARKINSON'S AGENTS

Preferred Agents	Non Preferred Agents
Amantadine Capsule, Solution, Tablet	Azilect <sup>QL</sup>
Benzotropine Tablet <sup>QL</sup>	Carbidopa <sup>QL</sup>
Bromocriptine Capsule, Tablet <sup>QL</sup>	Carbidopa-Levodopa ODT <sup>QL</sup>
Carbidopa-Levodopa IR Tablet <sup>QL</sup>	Carbidopa-Levodopa-Entacapone <sup>QL</sup>
Carbidopa-Levodopa ER Tablet <sup>QL</sup>	Comtan <sup>QL</sup>
Entacapone Tablet <sup>QL</sup>	Duopa <sup>QL</sup>
Parlodel Capsule, Tablet <sup>QL</sup>	Gocovri ER <sup>QL</sup>
Pramipexole IR Tablet <sup>QL</sup>	Inbrija <sup>QL</sup>
Ropinirole IR Tablet <sup>QL</sup>	Lodosyn <sup>QL</sup>
Selegiline Capsule, Tablet <sup>QL</sup>	Mirapex <sup>QL</sup>
Trihexyphenidyl Elixir, Tablet <sup>QL</sup>	Mirapex ER <sup>QL</sup>
	Neupro Patch <sup>QL</sup>
	Osmolex ER <sup>QL</sup>
	Pramipexole ER Tablet <sup>QL</sup>

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**ANTIPARKINSON'S AGENTS**

Preferred Agents	Non Preferred Agents
	Rasagiline <sup>QL</sup> Requip <sup>QL</sup> Requip XL <sup>QL</sup> Ropinirole ER Tablet <sup>QL</sup> Rytary ER <sup>QL</sup> Sinemet CR Tablet <sup>QL</sup> Sinemet IR Tablet <sup>QL</sup> Stalevo <sup>QL</sup> Tasmar <sup>QL</sup> Tolcapone <sup>QL</sup> Xadago <sup>QL</sup> Zelapar <sup>QL</sup>

**ANTIPSORIATICS, ORAL**

Preferred Agents	Non Preferred Agents
Soriatane <sup>QL</sup>	Acitretin <sup>QL</sup> Methoxsalen Oxsoralen-Ultra

**ANTIPSORIATICS, TOPICAL**

Preferred Agents	Non Preferred Agents
Calcipotriene Cream, Solution Calcitriol Ointment Tazorac Cream, Gel <sup>AR</sup> Vectical Ointment	Calcipotriene Ointment Calcipotriene-Betamethasone Calcitrene Dovonex Cream Enstilar Foam Sorilux Taclonex Tazarotene <sup>AR</sup>

**ANTIPSYCHOTICS**

Preferred Agents	Non Preferred Agents
Abilify Maintena <sup>AR, QL</sup> Aripiprazole Tablet <sup>AR, QL</sup> Aristada ER <sup>AR, QL</sup> Aristada Initio <sup>AR, QL</sup> Clozapine Tablet <sup>AR, QL</sup> Fluphenazine Tablet <sup>AR</sup> Fluphenazine Decanoate Injection <sup>AR</sup> Haldol (Lactate) Injection <sup>AR</sup> Haloperidol Tablet <sup>AR</sup> Haloperidol Decanoate Injection <sup>AR</sup> Haloperidol Lactate Injection <sup>AR</sup> Haloperidol Lactate Oral Concentrate Solution <sup>AR</sup> Invega Sustenna <sup>AR, QL</sup> Invega Trinza <sup>AR, QL</sup> Loxapine <sup>AR</sup> Olanzapine Tablet <sup>AR, QL</sup> Perphenazine Tablet <sup>AR</sup> Perseris ER <sup>AR, QL</sup> Quetiapine ER Tablet <sup>AR, QL</sup>	Abilify Tablet <sup>AR, QL</sup> Abilify Mycite <sup>AR</sup> Adasuve <sup>AR, QL</sup> Amitriptyline-Perphenazine <sup>AR</sup> Aripiprazole ODT <sup>AR, QL</sup> Aripiprazole Solution <sup>AR, QL</sup> Chlorpromazine <sup>AR</sup> Clozapine ODT <sup>AR, QL</sup> Clozaril <sup>AR, QL</sup> Fanapt <sup>AR, QL</sup> Fazaclo <sup>AR, QL</sup> Fluphenazine Elixir, Oral Concentrate Solution <sup>AR</sup> Fluphenazine HCl Injection <sup>AR</sup> Geodon Capsule, Injection <sup>AR, QL</sup> Haldol Decanoate Injection <sup>AR</sup> Invega ER Tablet <sup>AR, QL</sup> Latuda <sup>AR, QL</sup> Molindone <sup>AR, QL</sup> Nuplazid <sup>AR, QL</sup>

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## ANTIPSYCHOTICS

Preferred Agents	Non Preferred Agents
Quetiapine IR Tablet <sup>AR, QL</sup>	Olanzapine Injection <sup>AR, QL</sup>
Risperdal Consta <sup>AR, QL</sup>	Olanzapine ODT <sup>AR, QL</sup>
Risperidone Solution, Tablet <sup>AR, QL</sup>	Olanzapine-Fluoxetine <sup>AR, QL</sup>
Trifluoperazine Tablet <sup>AR</sup>	Paliperidone ER <sup>AR, QL</sup>
Ziprasidone Capsule <sup>AR, QL</sup>	Pimozide <sup>AR</sup>
Zyprexa Relprevv <sup>AR, QL</sup>	Rexulti <sup>AR, QL</sup>
	Risperdal Solution, Tablet <sup>AR, QL</sup>
	Risperidone ODT <sup>AR, QL</sup>
	Saphris <sup>AR, QL</sup>
	Seroquel <sup>QL</sup>
	Seroquel XR <sup>AR, QL</sup>
	Symbyax <sup>AR, QL</sup>
	Thioridazine <sup>AR</sup>
	Thiothixene <sup>AR</sup>
	Versacloz <sup>AR</sup>
	Vraylar <sup>AR, QL</sup>
	Zyprexa <sup>AR, QL</sup>
	Zyprexa Zydys <sup>AR, QL</sup>

## ANTIVIRALS, CMV

Preferred Agents	Non Preferred Agents
Prevymis <sup>PA, QL</sup>	Valcyte Tablet
Valcyte Solution	Valganciclovir Solution
Valganciclovir Tablet	

## ANTIVIRALS, HERPES

Preferred Agents	Non Preferred Agents
Abreva Cream <sup>QL</sup>	Acyclovir Cream, Ointment <sup>QL</sup>
Acyclovir Capsule, Suspension, Tablet <sup>QL</sup>	Denavir <sup>QL</sup>
Famciclovir <sup>QL</sup>	Sitavig <sup>QL</sup>
Valacyclovir <sup>QL</sup>	Valtrex <sup>QL</sup>
	Xerese <sup>QL</sup>
	Zovirax <sup>QL</sup>

## ANTIVIRALS, INFLUENZA

Preferred Agents	Non Preferred Agents
Oseltamivir <sup>QL</sup>	Flumadine
Relenza <sup>QL</sup>	Rapivab
	Rimantadine
	Tamiflu <sup>QL</sup>
	Xofluza <sup>QL</sup>

## ANXIOLYTICS

Preferred Agents	Non Preferred Agents
Alprazolam Tablet <sup>AR, QL</sup>	Alprazolam ER <sup>QL</sup>
Buspirone <sup>QL</sup>	Alprazolam Intensol Solution <sup>QL</sup>
Chlordiazepoxide <sup>AR, QL</sup>	Alprazolam ODT <sup>AR, QL</sup>
Clorazepate <sup>AR, QL</sup>	Ativan Tablet <sup>AR, QL</sup>
Diazepam Tablet, Solution <sup>AR, QL</sup>	Diazepam Intensol Solution <sup>AR, QL</sup>
Diazepam Vial	Diazepam Syringe

AR = age restriction, clinical prior authorization required  
 Non-preferred agents require prior authorization  
 IR = immediate-release formulation  
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PA = clinical prior authorization required  
 QL = quantity limit applies to FFS claims  
 ER = extended-release formulation  
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## ANXIOLYTICS

Preferred Agents	Non Preferred Agents
Hydroxyzine Hydrochloride Solution, Tablet Hydroxyzine Pamoate Capsule Lorazepam Tablet <sup>AR, QL</sup>	Lorazepam Intensol Solution <sup>AR, QL</sup> Meprobamate <sup>QL</sup> Oxazepam <sup>AR, QL</sup> Tranxene T-Tab <sup>AR, QL</sup> Vistaril Capsule Xanax Tablet <sup>AR, QL</sup> Xanax XR <sup>AR, QL</sup>

## BETA-BLOCKERS

Preferred Agents	Non Preferred Agents
Acebutolol Atenolol Atenolol-Chlorthalidone Bisoprolol Bisoprolol-Hydrochlorothiazide Carvedilol IR Tablet <sup>QL</sup> Hemangeol <sup>PA</sup> Labetalol Metoprolol Tartrate Metoprolol Succinate ER Pindolol Propranolol Propranolol-Hydrochlorothiazide Propranolol ER Sotalol Sotalol AF	Betapace Betapace AF Betaxolol Bystolic <sup>QL</sup> Carvedilol ER Capsule <sup>QL</sup> Coreg <sup>QL</sup> Coreg CR <sup>QL</sup> Corgard Corzide Inderal LA Inderal XL <sup>QL</sup> Innopran XL <sup>QL</sup> Kapsargo Sprinkle <sup>QL</sup> Lopressor Metoprolol-Hydrochlorothiazide Nadolol Nadolol-Bendroflumethiazide Sotylize Tenoretic Tenormin Timolol Toprol XL Ziac

## BILE SALTS

Preferred Agents	Non Preferred Agents
Cholbam <sup>PA</sup> Ursodiol <sup>QL</sup>	Actigall <sup>QL</sup> Chenodal <sup>QL</sup> Ocaliva <sup>QL</sup> Urso <sup>QL</sup> Urso Forte <sup>QL</sup>

## BLADDER RELAXANT PREPARATIONS

Preferred Agents	Non Preferred Agents
Oxybutynin <sup>QL</sup> Oxybutynin ER <sup>QL</sup> Oxytrol for Women (OTC) <sup>QL</sup> Solifenacin <sup>QL</sup> Tolterodine <sup>QL</sup> Tolterodine ER <sup>QL</sup> Trospium <sup>QL</sup>	Darifenacin ER <sup>QL</sup> Detrol <sup>QL</sup> Detrol LA <sup>QL</sup> Ditropan XL <sup>QL</sup> Enablex <sup>QL</sup> Flavoxate Gelnique <sup>QL</sup>

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## BLADDER RELAXANT PREPARATIONS

Preferred Agents	Non Preferred Agents
	Myrbetriq <sup>QL</sup> Oxytrol <sup>QL</sup> Toviaz <sup>QL</sup> Trospium ER <sup>QL</sup> Vesicare <sup>QL</sup>

## BLOOD GLUCOSE METERS AND TEST STRIPS

Preferred Products	Non Preferred Manufacturers	
<b>Ascensia Glucometers</b> <ul style="list-style-type: none"> <li>Contour<sup>QL</sup></li> <li>Contour Next<sup>QL</sup></li> <li>Contour Next EZ<sup>QL</sup></li> <li>Contour Next One<sup>QL</sup></li> </ul>	Abbott <sup>QL</sup> Able Diagnostics <sup>QL</sup> Acon <sup>QL</sup> Agamatrix <sup>QL</sup> American Screening Arkray <sup>QL</sup> Bayer <sup>QL</sup> Bionime USA <sup>QL</sup> Biosense Medical <sup>QL</sup> Cambridge <sup>QL</sup> Cardiocom <sup>QL</sup> Citizen Health <sup>QL</sup> Dario <sup>QL</sup> Entra Health <sup>QL</sup> Fifty50 <sup>QL</sup> ForaCare <sup>QL</sup> Future Diagnostics <sup>QL</sup> GL Diabetes <sup>QL</sup> Genesis Health <sup>QL</sup> Home Aide Diagnostics <sup>QL</sup> Infopia USA <sup>QL</sup> I-Sens <sup>QL</sup> Leader <sup>QL</sup> Liberty Medical <sup>QL</sup> Links Medical <sup>QL</sup> Medline <sup>QL</sup> Meijer <sup>QL</sup> MHC Medical <sup>QL</sup> MPA-Diabetic <sup>QL</sup>	Nipro Diagnostics/Trividia <sup>QL</sup> Nova <sup>QL</sup> Oak Tree Intern <sup>QL</sup> Omnis Health <sup>QL</sup> One Pharmaceutical <sup>QL</sup> Perrigo <sup>QL</sup> Pharma Tech <sup>QL</sup> Prodigy <sup>QL</sup> Progressive Health <sup>QL</sup> PSS World Medical <sup>QL</sup> Roche <sup>QL</sup> Sacks Medical <sup>QL</sup> SD Biosensor <sup>QL</sup> Shasta Technology <sup>QL</sup> Simple Diagnostics <sup>QL</sup> Solartek <sup>QL</sup> Sunmark <sup>QL</sup> Target <sup>QL</sup> Telcare <sup>QL</sup> Topco <sup>QL</sup> Unistrip Technology <sup>QL</sup> US Diagnostics <sup>QL</sup> Value Providers <sup>QL</sup> Vertex Diagnostics <sup>QL</sup> VIP International <sup>QL</sup> Xpress Medical <sup>QL</sup>
<b>Ascensia Test Strips</b> <ul style="list-style-type: none"> <li>Contour<sup>QL</sup></li> <li>Contour Next<sup>QL</sup></li> </ul>		
<b>Lifescan Glucometers</b> <ul style="list-style-type: none"> <li>OneTouch Ultra 2<sup>QL</sup></li> <li>OneTouch UltraMini<sup>QL</sup></li> <li>OneTouch Verio<sup>QL</sup></li> <li>One Touch Verio Flex<sup>QL</sup></li> <li>OneTouch Verio IQ<sup>QL</sup></li> </ul>		
<b>Lifescan Test Strips</b> <ul style="list-style-type: none"> <li>OneTouch Ultra Blue<sup>QL</sup></li> <li>OneTouch Verio<sup>QL</sup></li> </ul>		

## BONE DENSITY REGULATORS

Preferred Agents	Non Preferred Agents
Alendronate Tablet <sup>QL</sup> Ibandronate Tablet <sup>QL</sup> Pamidronate Zoledronic Acid <sup>QL</sup>	Actonel <sup>QL</sup> Alendronate Solution <sup>QL</sup> Atelvia <sup>QL</sup> Binosto <sup>QL</sup> Boniva <sup>QL</sup> Calcitonin Salmon Nasal <sup>QL</sup> Etidronate Disodium Evista <sup>QL</sup> Forte <sup>QL</sup> Fosamax <sup>QL</sup> Fosamax Plus D <sup>QL</sup>

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## BONE DENSITY REGULATORS

Preferred Agents	Non Preferred Agents
	Ibandronate Injection <sup>QL</sup> Miacalcin Injection <sup>QL</sup> Prolia <sup>QL</sup> Raloxifene <sup>QL</sup> Reclast <sup>QL</sup> Risedronate <sup>QL</sup> Risedronate DR Tablet <sup>QL</sup> Tymlos <sup>QL</sup> Xgeva <sup>QL</sup> Zometa <sup>QL</sup>

## BOTULINUM TOXINS

Preferred Agents	Non Preferred Agents
Botox <sup>PA, QL</sup> Dysport <sup>PA, QL</sup>	Myobloc <sup>QL</sup> Xeomin <sup>QL</sup>

## BPH (BENIGN PROSTATIC HYPERPLASIA) TREATMENTS

Preferred Agents	Non Preferred Agents
Alfuzosin ER <sup>QL</sup> Doxazosin <sup>QL</sup> Dutasteride <sup>QL</sup> Finasteride <sup>QL</sup> Tamsulosin <sup>QL</sup> Terazosin <sup>QL</sup>	Avodart <sup>QL</sup> Cardura <sup>QL</sup> Cardura XL <sup>QL</sup> Cialis <sup>QL</sup> Dutasteride-Tamsulosin <sup>QL</sup> Jalyn <sup>QL</sup> Proscar <sup>QL</sup> Rapaflo <sup>QL</sup> Silodosin <sup>QL</sup> Tadalafil <sup>QL</sup>

## BRONCHODILATORS, BETA AGONIST

Preferred Agents	Non Preferred Agents
Albuterol HFA <sup>QL</sup> Albuterol Nebulizer Concentrate Solution, Vial Albuterol Syrup Serevent Diskus <sup>PA, QL</sup>	Albuterol Tablet Albuterol ER Tablet Arcapta Neohaler <sup>QL</sup> Brovana Vial <sup>QL</sup> Levalbuterol HFA <sup>QL</sup> Levalbuterol Nebulizer Concentrate Solution, Vial <sup>QL</sup> Metaproterenol Syrup, Tablet Perforomist Vial <sup>QL</sup> Proair HFA <sup>QL</sup> Proair Respiclick <sup>QL</sup> Proventil HFA <sup>QL</sup> Striverdi Respimat <sup>QL</sup> Terbutaline Tablet Ventolin HFA <sup>QL</sup> Xopenex HFA <sup>QL</sup> Xopenex Nebulizer Concentrate Solution, Vial <sup>QL</sup>

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## CALCIUM CHANNEL BLOCKERS

Preferred Agents	Non Preferred Agents
Amlodipine <sup>QL</sup>	Adalat CC <sup>QL</sup>
Cartia XT Capsule <sup>QL</sup>	Calan <sup>QL</sup>
Dilt-XR Capsule <sup>QL</sup>	Calan SR <sup>QL</sup>
Diltiazem IR Tablet <sup>QL</sup>	Cardizem Tablet <sup>QL</sup>
Diltiazem 24HR ER (CD) Capsule ( <i>generic Cardizem CD Capsule</i> ) <sup>QL</sup>	Cardizem CD Capsule <sup>QL</sup>
Diltiazem 24HR ER Capsule ( <i>generic Tiazac ER Capsule</i> ) <sup>QL</sup>	Cardizem LA Tablet <sup>QL</sup>
Diltiazem 24HR ER (XR) Capsule ( <i>generic Dilacor XR Capsule</i> ) <sup>QL</sup>	Diltiazem 12HR ER Capsule ( <i>generic Cardizem SR Capsule</i> ) <sup>QL</sup>
Felodipine ER <sup>QL</sup>	Diltiazem 24HR ER (LA) Tablet ( <i>generic Cardizem LA Tablet</i> ) <sup>QL</sup>
Nifedipine Capsule <sup>QL</sup>	Isradipine Capsule <sup>QL</sup>
Nifedipine ER Tablet <sup>QL</sup>	Matzim LA Tablet <sup>QL</sup>
Nimodipine	Nicardipine <sup>QL</sup>
Taztia XT Capsule <sup>QL</sup>	Nisoldipine ER <sup>QL</sup>
Verapamil ER/SR Capsule ( <i>generic Verelan Capsule</i> ) <sup>QL</sup>	Norvasc <sup>QL</sup>
Verapamil ER PM Capsule ( <i>generic Verelan PM Capsule</i> ) <sup>QL</sup>	Nymalize Solution
Verapamil ER Tablet ( <i>generic Calan SR/Isoptin SR Tablet</i> ) <sup>QL</sup>	Procardia Capsule
Verapamil Tablet	Procardia XL <sup>QL</sup>
	Sular ER <sup>QL</sup>
	Tiazac ER <sup>QL</sup>
	Verelan Capsule <sup>QL</sup>
	Verelan PM Capsule <sup>QL</sup>

## CEPHALOSPORINS

Preferred Agents	Non Preferred Agents
Cefadroxil Capsule	Cefaclor Capsule, Suspension
Cefdinir Capsule, Suspension	Cefaclor ER
Cefpodoxime Tablet	Cefadroxil Suspension, Tablet
Cefprozil Suspension, Tablet	Cefixime Suspension
Cefuroxime Tablet	Cefpodoxime Suspension
Cephalexin 250 mg, 500 mg Capsule	Cephalexin 750 mg Capsule
Cephalexin Suspension	Cephalexin Tablet
	Keflex
	Suprax Capsule, Chewable Tablet, Suspension

## COLONY STIMULATING FACTORS

Preferred Agents	Non Preferred Agents
Granix <sup>PA</sup>	Fulphila <sup>QL</sup>
Neupogen <sup>PA</sup>	Leukine
Udenyca ( <i>biosimilar for Neulasta</i> ) <sup>PA, QL</sup>	Neulasta Onpro <sup>QL</sup>
	Neulasta Syringe <sup>QL</sup>
	Nivestym
	Zarxio

## CONTRACEPTIVES, ORAL - MONOPHASIC

Preferred Agents	Non Preferred Agents
Altavera	Balcoltra
Alyacen-28 1-35	Drospirenone-Ethinyl Estradiol-Levomefolate 3-0.03-0.451 mg ( <i>generic Safyral</i> )
Apri	Ethinodiol-Ethinyl Estradiol
Aubra	Jasmiel
Aubra EQ	Kelnor-28 1-50
Aviane	Loestrin-21
Balziva	

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**CONTRACEPTIVES, ORAL - MONOPHASIC**

Preferred Agents		Non Preferred Agents
Blisovi Fe-28 1-20	Lutera	Loestrin Fe-28
Blisovi Fe-28 1.5-30	Marlissa	Norethindrone-Ethinyl Estradiol Fe 0.4-0.035 (21)-75 ( <i>generic Wymzya Fe Chewable</i> )
Briellyn	Microgestin-21 1-20	Norinyl-28 1-35
Chateal	Microgestin-21 1.5.30	Nortrel-28 0.5-35
Chateal EQ	Microgestin Fe-28 1-20	Nortrel-28 1-35
Cryselle	Mili	Ogestrel
Cyclafem-28 1-35	Mono-Linyah	Ortho-Cyclen
Cyred	MonoNessa	Ortho-Novum-28 1-35
Cyred EQ	Necon-28 0.5-35	Safyral
Dasetta-28 1-35	Necon-28 1-35	Syeda
Desogestrel-Ethinyl Estradiol-28 0.15-30 ( <i>generic Desogen</i> )	Necon-28 1-50	Taytulla
Drospirenone-Ethinyl Estradiol	Norethindrone-Ethinyl Estradiol-21 1-20 ( <i>generic Loestrin-21 1-20</i> )	Tydemy
Elinest	Norethindrone-Ethinyl Estradiol Fe-28 1-20 ( <i>generic Loestrin Fe-28 1-20</i> )	Wymzya Fe Chewable
Emoquette	Norgestimate-Ethinyl Estradiol-28 ( <i>generic Ortho-Cyclen</i> )	Yasmin
Enskyce	Ocella	
Estarilla	Orsythia	
Falmina	Philith	
Femynor	Pirmella-28 1-35	
Gianvi	Portia	
Isibloom	Previfem	
Juleber	Reclipsen	
Junel-21 1-20	Sprintec	
Junel-21 1.5-30	Sronyx	
Junel Fe-28 1-20	Tarina Fe 1-20	
Junel Fe-28 1.5-30	Tarina Fe 1-20 EQ	
Kelnor-28 1-35	Vienna	
Kurvelo	Vyfemla	
Larin-21 1-20	Vylibra	
Larin-21 1.5.30	Wera	
Larin Fe-28 1-20	Zarah	
Larin Fe-28 1.5-30	Zovia 1-35	
Larissia		
Lessina		

**CONTRACEPTIVES, ORAL – BIPHASIC**

Preferred Agents	Non Preferred Agents
Azurette	Mircette
Bekyree	
Desogestrel-Ethinyl Estradiol 21-2-5 ( <i>generic Mircette</i> )	
Kariva	
Pimtrea	
Viorele	

**CONTRACEPTIVES, ORAL – TRIPHASIC**

Preferred Agents	Non Preferred Agents
Alyacen-28 7-7-7	Cyclessa
Aranelle	Estrostep Fe-28
Caziant	Nortrel-28 7-7-7
Cyclafem-28 7-7-7	Ortho-Novum-28 7-7-7
Dasetta-28 7-7-7	Ortho Tri-Cyclen
Enpresse	Ortho Tri-Cyclen Lo



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## CONTRACEPTIVES, ORAL – TRIPHASIC

Preferred Agents	Non Preferred Agents
Leena	Tilia Fe
Levonest	Tri-Estarylla
Levonorgestrel-Ethinyl Estradiol ( <i>generic TriPhasil, Tri-Levlen</i> )	Tri-Legest Fe
Myzilra	
Norgestimate-Ethinyl Estradiol Lo-28 ( <i>generic Ortho Tri-Cyclen Lo</i> )	
Norgestimate-Ethinyl Estradiol-28 ( <i>generic Ortho Tri-Cyclen</i> )	
Pirmella-28 7-7-7	
Tri-Femynor	
Tri-Linyah	
Tri-Lo-Estarylla	
Tri-Lo-Marzia	
Tri-Lo-Sprintec	
Tri-Mili	
Tri-Previfem	
Tri-Sprintec	
Trivora	
Tri-Vylibra	
Tri-Vylibra Lo	
Velivet	

## CONTRACEPTIVES, ORAL – FOUR-PHASIC

Preferred Agents	Non Preferred Agents
	Natazia

## CONTRACEPTIVES, ORAL – 28-DAY EXTENDED CYCLE

Preferred Agents	Non Preferred Agents
Drospirenone-Ethinyl Estradiol 3-0.02 mg	Beyaz
Gianvi	Blisovi 24 Fe
Nikki	Drospirenone-Ethinyl Estradiol-Levomefolate 3-0.02-0.451 mg ( <i>generic Beyaz</i> )
	Generess Fe Chewable
	Hailey 24 Fe
	Junel 24 Fe
	Kaitlib Fe Chewable
	Larin 24 Fe
	Layolis Fe Chewable
	Lo Loestrin Fe-28
	Loryna
	Melodetta 24 Fe Chewable
	Mibelas 24 Fe Chewable
	Microgestin 24 Fe 1-20
	Minastrin 24 Fe Chewable
	Noethindrone-Ethinyl Estradiol-Fe 1-0.02(24) ( <i>generic Loestrin 24 Fe</i> )
	Noethindrone-Ethinyl Estradiol-Fe 1-0.02(24)-75 ( <i>generic Minastrin 24 Fe</i> )
	Noethindrone-Ethinyl Estradiol-Fe 0.8-0.025(24) Chewable ( <i>generic Generess Fe Chewable</i> )
	Yaz

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**CONTRACEPTIVES, ORAL – 28-DAY CONTINUOUS CYCLE**

Preferred Agents	Non Preferred Agents
Amethyst-28 Levonorgestrel-Ethinyl Estradiol-28 0.09-0.02 mg	

**CONTRACEPTIVES, ORAL – 3-MONTH EXTENDED CYCLE**

Preferred Agents	Non Preferred Agents
Camrese (3-month) Introvale (3-month) Jolissa (3-month) Levonorgestrel-Ethinyl Estradiol 0.15-0.03 mg (3-month) ( <i>generic Seasonale-91</i> ) Setlakin (3-month)	Amethia (3-month) Amethia Lo (3-month) Ashlyna (3-month) Camrese Lo (3-month) Daysee (3-month) Fayosim (3-month) Levonorgestrel-Ethinyl Estradiol + EE 0.10-0.02 mg + 0.01 mg (3-month) ( <i>generic LoSeasonique-91</i> ) Levonorgestrel-Ethinyl Estradiol + EE 0.15-0.03 mg + 0.01 mg (3-month) ( <i>generic Seasonique-91</i> ) Levonorgestrel 0.15 mg-Ethinyl Estradiol 20-25-30 (3-month) ( <i>generic Quartette-91</i> ) Loseasonique (3-month) Quartette (3-month) Rivelsa (3-month) Seasonique (3-month)

**CONTRACEPTIVES, ORAL – PROGESTIN-ONLY**

Preferred Agents	Non Preferred Agents
Camila Deblitane Errin Heather Incassia Jencycla Jolivette Lyza Nora-Be Norethindrone-28 0.35 Norlyda Sharobel Tulana	Micronor

**CONTRACEPTIVES, OTHER**

Preferred Agents	Non Preferred Agents
Depo-SubQ Provera 104 Injection <sup>QL</sup> Kyleena <sup>QL</sup> Liletta <sup>QL</sup> Medroxyprogesterone Acetate Injection Syringe, Vial <sup>QL</sup> Mirena <sup>QL</sup> Nexplanon <sup>QL</sup> Nuvaring <sup>QL</sup> Paragard T 380-A <sup>QL</sup> Skylla <sup>QL</sup> Xulane Patch <sup>QL</sup>	Depo-Provera Injection Syringe, Vial <sup>QL</sup>

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## COPD AGENTS

Preferred Agents	Non Preferred Agents
Anoro Ellipta <sup>QL</sup>	Daliresp Tablet <sup>QL</sup>
Atrovent HFA <sup>QL</sup>	Incruse Ellipta <sup>QL</sup>
Bevespi Aerosphere <sup>QL</sup>	Lonhala Magnair <sup>QL</sup>
Combivent Respimat <sup>QL</sup>	Seebri Neohaler <sup>QL</sup>
Ipratropium Nebulizer Vial	Stiolto Respimat <sup>QL</sup>
Ipratropium-Albuterol Nebulizer Vial <sup>QL</sup>	Trelegy Ellipta <sup>QL</sup>
Spiriva Handihaler, Respimat <sup>PA, QL</sup>	Tudorza Pressair <sup>QL</sup>
	Utibron Neohaler <sup>QL</sup>
	Yupelri Nebulizer Vial <sup>QL</sup>

## CYTOKINE AND CAM ANTAGONISTS

Preferred Agents	Non Preferred Agents
Cosentyx <sup>PA, QL</sup>	Actemra <sup>QL</sup>
Enbrel <sup>PA, QL</sup>	Arcalyst <sup>QL</sup>
Humira <sup>PA, QL</sup>	Cimzia <sup>QL</sup>
	Entyvio <sup>QL</sup>
	Ilaris <sup>QL</sup>
	Ilumya <sup>QL</sup>
	Inflectra
	Kevzara <sup>QL</sup>
	Kineret
	Olumiant <sup>QL</sup>
	Orencia <sup>QL</sup>
	Otezla <sup>QL</sup>
	Remicade
	Renflexis
	Siliq <sup>QL</sup>
	Simponi <sup>QL</sup>
	Simponi Aria
	Skyrizi <sup>QL</sup>
	Stelara <sup>QL</sup>
	Taltz <sup>QL</sup>
	Tremfya <sup>QL</sup>
	Xeljanz, Xeljanz XR <sup>QL</sup>

## ENZYME REPLACEMENTS, GAUCHER DISEASE

Preferred Agents	Non Preferred Agents
Elelyso <sup>PA</sup>	Cerdelga <sup>QL</sup>
Zavesca <sup>PA, QL</sup>	Cerezyme
	Miglustat <sup>QL</sup>
	Vpriv

## EPINEPHRINE, SELF-INJECTED

Preferred Agents	Non Preferred Agents
Epinephrine Auto-Injector (labeler 49502 only)	Adrenaclick
	Epinephrine Auto-Injector (all labelers except 49502)
	EpiPen, EpiPen Jr.
	Symjepi

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**ERYTHROPOIESIS STIMULATING PROTEINS**

Preferred Agents	Non Preferred Agents
Aranesp <sup>PA</sup> Epogen <sup>PA</sup> Mircera <sup>PA</sup> Retacrit <sup>PA</sup>	Procrit

**ESTROGENS**

Preferred Agents	Non Preferred Agents
Alora Patch <sup>QL</sup> Angeliq Tablet <sup>QL</sup> Climara Pro Patch <sup>QL</sup> Combipatch <sup>QL</sup> Elestrin Gel Estradiol Tablet Estradiol Patch (Once-Weekly) <sup>QL</sup> Estradiol Patch (Twice-Weekly) <sup>QL</sup> Premarin Tablet Premphase Tablet <sup>QL</sup> Prempro Tablet <sup>QL</sup>	Activella Tablet <sup>QL</sup> Amabelz Tablet <sup>QL</sup> Climara Patch <sup>QL</sup> Divigel Packet Duavee Tablet <sup>QL</sup> Estrace Tablet Estradiol-Norethindrone Tablet ( <i>generic Activella Tablet</i> ) <sup>QL</sup> Estrogen-Methyltestosterone Tablet Evamist Spray Femhrt Tablet <sup>QL</sup> Fyavolv Tablet <sup>QL</sup> Jinteli Tablet <sup>QL</sup> Lopreeza Tablet <sup>QL</sup> Menest Tablet Menostar Patch <sup>QL</sup> Mimvey, Mimvey Lo Tablet <sup>QL</sup> Minivelle Patch <sup>QL</sup> Norethindrone-Ethinyl Estradiol Tablet ( <i>generic Femhrt Tablet</i> ) <sup>QL</sup> Prefest Tablet <sup>QL</sup> Premarin Injection Vivelle-Dot Patch <sup>QL</sup>

**FLUOROQUINOLONES, ORAL**

Preferred Agents	Non Preferred Agents
Cipro Suspension Ciprofloxacin IR Tablet Levofloxacin Tablet	Avelox Baxdela Cipro Tablet Ciprofloxacin ER Ciprofloxacin Suspension Levaquin Levofloxacin Solution Moxifloxacin Tablet Ofloxacin Tablet

**GI MOTILITY, CHRONIC**

Preferred Agents	Non Preferred Agents
Amitiza Capsule <sup>QL, PA</sup> Linzess 145mg, 290mg Capsule <sup>QL, PA</sup>	Alosetron <sup>QL</sup> Linzess 72mg Capsule <sup>QL</sup> Lotronex <sup>QL</sup> Motegrity <sup>QL</sup> Movantik <sup>QL</sup> Relistor <sup>QL</sup> Symproic <sup>QL</sup> Trulance <sup>QL</sup>

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PA = clinical prior authorization required  
QL = quantity limit applies to FFS claims  
ER = extended-release formulation  
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**GI MOTILITY, CHRONIC**

Preferred Agents	Non Preferred Agents
	Viberzi <sup>QL</sup>

**GLUCOCORTICOIDS, INHALED**

Preferred Agents	Non Preferred Agents
<u>Single-Ingredient Glucocorticoids</u>	<u>Single-Ingredient Glucocorticoids</u>
Asmanex Twisthaler <sup>QL</sup> Budesonide 0.25 mg/2 ml, 0.5 mg/2 ml Respule <sup>QL</sup> Flovent Diskus <sup>QL</sup> Flovent HFA <sup>QL</sup> Pulmicort Flexhaler <sup>QL</sup>	Alvesco <sup>QL</sup> Armonair Respiclick <sup>QL</sup> Arnuity Ellipta <sup>QL</sup> Asmanex HFA <sup>QL</sup> Budesonide 1 mg/ml Respule <sup>QL</sup> Pulmicort Respule <sup>QL</sup> Qvar Redihaler <sup>QL</sup>
<u>Glucocorticoid + LABA Combinations</u>	<u>Glucocorticoid + LABA Combinations</u>
Advair HFA <sup>QL</sup> Dulera <sup>QL</sup> Fluticasone-Salmeterol <sup>QL</sup> Symbicort <sup>QL</sup>	Advair Diskus <sup>QL</sup> Airduo Respiclick <sup>QL</sup> Breo Ellipta <sup>QL</sup> Wixela Inhub <sup>QL</sup>

**GLUCOCORTICOIDS, ORAL**

Preferred Agents	Non Preferred Agents
Budesonide EC Capsule <sup>QL</sup> Budesonide ER Tablet <sup>QL</sup> Dexamethasone Elixir, Intensol, Solution, Tablet Fludrocortisone Hydrocortisone Tablet Methylprednisolone Dose Pack, Tablet Prednisolone Sodium Phosphate Solution Prednisolone Solution Prednisone Dose Pack, Solution, Tablet	Cortef Cortisone Decadron Dexamethasone Dose Pack DexPak Emflaza <sup>QL</sup> Entocort EC <sup>QL</sup> Medrol Millipred Prednisolone Sodium Phosphate ODT Prednisone Intensol Rayos DR Taperdex Uceris <sup>QL</sup>

**GROWTH HORMONES**

Preferred Agents	Non Preferred Agents
Norditropin <sup>PA</sup> Omnitrope <sup>PA</sup>	Genotropin Humatrope Nutropin AQ Saizen Serostim <sup>QL</sup> Zomacton Zorbtive

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## H. PYLORI TREATMENTS

Preferred Agents	Non Preferred Agents
	Lansoprazole-Amoxicillin-Clarithromycin <sup>QL</sup> Omeclamox-Pak Pylera

## HEPATITIS B AGENTS

Preferred Agents	Non Preferred Agents
Adefovir Dipivoxil Tablet <sup>QL</sup> Baraclude Solution <sup>QL</sup> Entecavir <sup>QL</sup> Epivir HBV Solution <sup>QL</sup> Hepsera Tablet <sup>QL</sup> Lamivudine HBV <sup>QL</sup> Tenofovir Disoproxil Fumarate 300 mg Tablet <sup>QL</sup> Viread Powder <sup>QL</sup> Viread Tablet (all strengths except 300 mg) <sup>QL</sup>	Baraclude Tablet <sup>QL</sup> Epivir HBV Tablet <sup>QL</sup> Vemlidy <sup>QL</sup> Viread 300 mg Tablet <sup>QL</sup>

## HEPATITIS C AGENTS

Preferred Agents	Non Preferred Agents
Mavyret <sup>PA, QL</sup> Ribavirin Capsule <sup>QL</sup> Sofosbuvir-Velpatasvir <sup>PA, QL</sup> Zepatier <sup>PA, QL</sup>	Daklinza <sup>QL</sup> Epclusa <sup>QL</sup> Harvoni <sup>QL</sup> Ledipasvir-Sofosbuvir <sup>QL</sup> Moderiba Dose Pack Moderiba Tablet Pegasys <sup>QL</sup> Peg-Intron Rebetol Ribasphere Ribapak Ribasphere Tablet Ribavirin Tablet Sovaldi <sup>QL</sup> Viekira <sup>QL</sup> Vosevi <sup>QL</sup>

## HEREDITARY ANGIOEDEMA TREATMENTS

Preferred Agents	Non Preferred Agents
Berinert <sup>PA</sup> Cinryze <sup>PA, QL</sup> Firazyr <sup>PA, QL</sup> Haegarda <sup>PA, QL</sup> Kalbitor <sup>PA, QL</sup> Ruconest <sup>PA, QL</sup> Takhzyro <sup>PA, QL</sup>	

## HISTAMINE 2 RECEPTOR BLOCKERS

Preferred Agents	Non Preferred Agents
Famotidine Injection Famotidine Tablet <sup>QL</sup> Ranitidine Injection <sup>QL</sup>	Acid Reducer Complete Tablet Chew (Famotidine-Calcium Carbonate-Magnesium Hydroxide Chewable) Cimetidine

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## HISTAMINE 2 RECEPTOR BLOCKERS

Preferred Agents	Non Preferred Agents
Ranitidine Syrup Ranitidine Tablet <sup>QL</sup>	Famotidine Suspension Nizatidine Pepcid <sup>QL</sup> Ranitidine Capsule <sup>QL</sup> Zantac <sup>QL</sup>

## HIV/AIDS ANTIRETROVIRALS – INSTIs

Preferred Agents	Non Preferred Agents
Isentress Chewable Tablet, Tablet <sup>QL</sup> Isentress Powder Pack <sup>QL</sup> Tivicay <sup>QL</sup>	Isentress HD <sup>QL</sup>

## HIV/AIDS ANTIRETROVIRALS – MISCELLANEOUS

Preferred Agents	Non Preferred Agents
	Fuzeon <sup>QL</sup> Selzentry <sup>QL</sup> Trogarzo <sup>QL</sup> Tybost <sup>QL</sup>

## HIV/AIDS ANTIRETROVIRALS – NNRTIs

Preferred Agents	Non Preferred Agents
Edurant <sup>QL</sup> Efavirenz <sup>QL</sup> Nevirapine Tablet <sup>QL</sup>	Intelence <sup>QL</sup> Nevirapine ER <sup>QL</sup> Nevirapine Suspension <sup>QL</sup> Pifeltro <sup>QL</sup> Rescriptor <sup>QL</sup> Sustiva <sup>QL</sup> Viramune <sup>QL</sup> Viramune XR <sup>QL</sup>

## HIV/AIDS ANTIRETROVIRALS – NRTIs

Preferred Agents	Non Preferred Agents
Abacavir Tablet, Solution <sup>QL</sup> Abacavir-Lamivudine <sup>QL</sup> Cimduo <sup>QL</sup> Descovy <sup>QL</sup> Didanosine DR <sup>QL</sup> Emtriva <sup>QL</sup> Lamivudine <sup>QL</sup> Lamivudine-Zidovudine <sup>QL</sup> Stavudine Capsule <sup>QL</sup> Tenofovir Disoproxil Fumarate 300 mg Tablet <sup>QL</sup> Truvada <sup>QL</sup> Videx Solution <sup>QL</sup> Viread Powder <sup>QL</sup> Viread Tablet (all strengths except 300 mg) <sup>QL</sup> Zidovudine <sup>QL</sup>	Abacavir-Lamivudine-Zidovudine <sup>QL</sup> Combivir <sup>QL</sup> Epivir <sup>QL</sup> Epzicom <sup>QL</sup> Retrovir <sup>QL</sup> Trizivir <sup>QL</sup> Videx EC <sup>QL</sup> Viread 300 mg Tablet <sup>QL</sup> Zerit <sup>QL</sup> Ziagen <sup>QL</sup>

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## HIV/AIDS – PIs

Preferred Agents	Non Preferred Agents
Atazanavir <sup>QL</sup>	Aptivus <sup>QL</sup>
Evotaz <sup>QL</sup>	Crixivan <sup>QL</sup>
Kaletra <sup>QL</sup>	Fosamprenavir <sup>QL</sup>
Norvir Powder, Solution <sup>QL</sup>	Invirase <sup>QL</sup>
Prezcobix <sup>QL</sup>	Lexiva <sup>QL</sup>
Prezista <sup>QL</sup>	Lopinavir-Ritonavir <sup>QL</sup>
Reyataz Powder Packet <sup>QL</sup>	Norvir Tablet <sup>QL</sup>
Ritonavir Tablet <sup>QL</sup>	Reyataz Capsule <sup>QL</sup>
	Viracept <sup>QL</sup>

## HIV/AIDS – SINGLE TABLET REGIMENS

Preferred Agents	Non Preferred Agents
Atripla <sup>QL</sup>	Stribild <sup>QL</sup>
Biktarvy <sup>QL</sup>	Symtuza <sup>QL</sup>
Complera <sup>QL</sup>	
Delstrigo <sup>QL</sup>	
Dovato <sup>QL</sup>	
Genvoya <sup>QL</sup>	
Juluca <sup>QL</sup>	
Odefsey <sup>QL</sup>	
Symfi <sup>QL</sup>	
Symfi Lo <sup>QL</sup>	
Triumeq <sup>QL</sup>	

## HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS

Preferred Agents	Non Preferred Agents
Acarbose <sup>QL</sup>	Glyset <sup>QL</sup>
	Miglitol <sup>QL</sup>
	Precose <sup>QL</sup>

## HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS

Preferred Agents	Non Preferred Agents
<u>Incretin Enhancers</u>	<u>Incretin Enhancers</u>
Janumet <sup>PA, QL</sup>	Alogliptin <sup>QL</sup>
Janumet XR <sup>PA, QL</sup>	Alogliptin-Metformin <sup>QL</sup>
Januvia <sup>PA, QL</sup>	Alogliptin-Pioglitazone <sup>QL</sup>
Jentadueto <sup>PA, QL</sup>	Glyxambi <sup>QL</sup>
Tradjenta <sup>PA, QL</sup>	Jentadueto XR <sup>QL</sup>
	Kazano <sup>QL</sup>
	Kombiglyze XR <sup>QL</sup>
	Nesina <sup>QL</sup>
	Onglyza <sup>QL</sup>
	Oseni <sup>QL</sup>
	Qtern <sup>QL</sup>
	Steglujan <sup>QL</sup>



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## HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS

Preferred Agents	Non Preferred Agents
<u>Incretin Mimetics</u>	<u>Incretin Mimetics</u>
Bydureon Pen <sup>PA, QL</sup> Byetta <sup>PA, QL</sup> Trulicity <sup>PA, QL</sup> Victoza <sup>PA, QL</sup>	Adlyxin <sup>QL</sup> Bydureon BCise <sup>QL</sup> Ozempic <sup>QL</sup> Symlin Pen <sup>QL</sup>

## HYPOGLYCEMICS, INSULIN AND RELATED AGENTS

Preferred Agents	Non Preferred Agents
<u>Rapid-Acting</u>	<u>Rapid-Acting</u>
Apidra Solostar Apidra Vial Insulin Lispro Pen Insulin Lispro Vial NovoLog Cartridge NovoLog Flexpen NovoLog Vial	Admelog Solostar Admelog Vial Fiasp Flextouch Fiasp Vial Humalog Cartridge Humalog Junior Kwikpen Humalog Kwikpen U-100 Humalog Kwikpen U-200 Humalog Vial
<u>Short-Acting</u>	<u>Short-Acting</u>
Humulin R Kwikpen U-500 Humulin R Vial U-500	Humulin R Vial U-100 Novolin R Vial
<u>Intermediate-Acting</u>	<u>Intermediate-Acting</u>
	Humulin N Kwikpen Humulin N Vial Novolin N Vial
<u>Long-Acting (basal)</u>	<u>Long-Acting (basal)</u>
Lantus Solostar Lantus Vial Levemir Flextouch Levemir Vial	Basaglar Kwikpen Toujeo Max Solostar Toujeo Solostar Tresiba FlexTouch U-100 Tresiba FlexTouch U-200 Tresiba Vial
<u>Insulin Mixes</u>	<u>Insulin Mixes</u>
Humalog Mix 50-50 Kwikpen Humalog Mix 50-50 Vial Humalog Mix 75-25 Kwikpen Humalog Mix 75-25 Vial Humulin 70-30 Kwikpen Humulin 70-30 Vial NovoLog Mix 70-30 Flexpen NovoLog Mix 70-30 Vial	Novolin 70-30 Flexpen Novolin 70-30 Vial
<u>Alternate Formulations</u>	<u>Alternate Formulations</u>
	Afrezza Powder Soliqua <sup>QL</sup> Xultophy <sup>QL</sup>

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**HYPOGLYCEMICS, MEGLITINIDES**

Preferred Agents	Non Preferred Agents
Nateglinide <sup>QL</sup> Repaglinide <sup>QL</sup>	Prandin <sup>QL</sup> Repaglinide-Metformin <sup>QL</sup> Starlix <sup>QL</sup>

**HYPOGLYCEMICS, METFORMINS**

Preferred Agents	Non Preferred Agents
Glipizide-Metformin <sup>QL</sup> Glyburide-Metformin <sup>QL</sup> Metformin IR Tablet <sup>QL</sup> Metformin ER 500 mg, 750 mg Tablet ( <i>generic Glucophage XR Tablet</i> ) <sup>QL</sup>	Fortamet ER <sup>QL</sup> Glucophage IR Tablet <sup>QL</sup> Glucophage XR Tablet (500 mg, 750 mg) <sup>QL</sup> Glumetza ER <sup>QL</sup> Metformin ER Tablet ( <i>generic Fortamet ER</i> ) <sup>QL</sup> Metformin ER Tablet ( <i>generic Glumetza ER</i> ) <sup>QL</sup> Riomet Solution <sup>QL</sup>

**HYPOGLYCEMICS, SGLT2 INHIBITORS**

Preferred Agents	Non Preferred Agents
Farxiga <sup>PA, QL</sup> Invokamet <sup>PA, QL</sup> Invokana <sup>PA, QL</sup> Jardiance <sup>PA, QL</sup> Synjardy <sup>PA, QL</sup>	Invokamet XR <sup>QL</sup> Segluromet <sup>QL</sup> Steglatro <sup>QL</sup> Synjardy XR <sup>QL</sup> Xigduo XR <sup>QL</sup>

**HYPOGLYCEMICS, SULFONYLUREAS**

Preferred Agents	Non Preferred Agents
Glimepiride <sup>QL</sup> Glipizide <sup>QL</sup> Glipizide ER/XL <sup>QL</sup> Glyburide <sup>QL</sup> Glyburide Micronized <sup>QL</sup>	Amaryl <sup>QL</sup> Chlorpropamide <sup>QL</sup> Glucotrol <sup>QL</sup> Glucotrol XL <sup>QL</sup> Glynase Prestab <sup>QL</sup> Tolazamide <sup>QL</sup> Tolbutamide <sup>QL</sup>

**HYPOGLYCEMICS, TZDS**

Preferred Agents	Non Preferred Agents
Pioglitazone <sup>PA, QL</sup>	Actoplus Met <sup>QL</sup> Actoplus Met XR <sup>QL</sup> Actos <sup>QL</sup> Avandia <sup>QL</sup> Duetact <sup>QL</sup> Pioglitazone-Glimepiride <sup>QL</sup> Pioglitazone-Metformin <sup>QL</sup>

**IDIOPATHIC PULMONARY FIBROSIS AGENTS**

Preferred Agents	Non Preferred Agents
Esbriet <sup>PA, QL</sup> Ofev <sup>PA, QL</sup>	

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## IMMUNOMODULATORS, ATOPIC DERMATITIS

Preferred Agents	Non Preferred Agents
Elidel Pimecrolimus (labeler 68682 only) Protopic	Dupixent <sup>QL</sup> Eucrisa Pimecrolimus (all labelers except 68682) Tacrolimus

## IMMUNOMODULATORS, TOPICAL

Preferred Agents	Non Preferred Agents
Imiquimod Cream 5% Packet	Aldara Imiquimod Cream 3.75% Pump Zyclara

## IMMUNOSUPPRESSIVES, ORAL

Preferred Agents	Non Preferred Agents
Azathioprine CellCept Suspension Cyclosporine Capsule Cyclosporine (Modified) Softgel, Solution Gengraf Capsule Mycophenolate Mofetil Capsule, Tablet Mycophenolic Acid DR Rapamune Solution Sandimmune Sirolimus Tablet Tacrolimus Capsule	Astagraf XL Azasan CellCept Capsule, Tablet Envarsus XR Gengraf Solution Imuran Mycophenolate Mofetil Suspension Myfortic DR Neoral Capsule Neoral Solution Prograf Rapamune Tablet Sirolimus Solution Zortress

## INTRA-ARTICULAR HYALURONATES

Preferred Agents	Non Preferred Agents
Durolane <sup>PA, QL</sup> Euflexxa <sup>PA, QL</sup> Gel-One <sup>PA, QL</sup> Gelsyn-3 <sup>PA, QL</sup> Hyalgan <sup>PA, QL</sup> Hymovis <sup>PA, QL</sup> Trivisc <sup>PA, QL</sup> Visco-3 <sup>PA, QL</sup>	Genvisc 850 <sup>QL</sup> Monovisc <sup>QL</sup> Orthovisc <sup>QL</sup> Supartz FX <sup>QL</sup> Synvisc <sup>QL</sup> Synvisc-One <sup>QL</sup>

## INTRANASAL RHINITIS AGENTS

Preferred Agents	Non Preferred Agents
Azelastine 0.1% (137 mcg) ( <i>generic Astelin</i> ) <sup>QL</sup> Cromolyn Sodium (OTC) Fluticasone Propionate (Rx) <sup>QL</sup> Ipratropium <sup>QL</sup>	Astepro 0.15% <sup>QL</sup> Azelastine 0.15% (205.5 mcg) ( <i>generic Astepro</i> ) <sup>QL</sup> Beconase AQ <sup>QL</sup> Budesonide (OTC) <sup>QL</sup> Dymista <sup>QL</sup> Flonase Allergy Relief (OTC) <sup>QL</sup> Flonase Sensimist (OTC) <sup>QL</sup> Flunisolide <sup>QL</sup> Fluticasone Propionate (OTC) <sup>QL</sup>

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**INTRANASAL RHINITIS AGENTS**

Preferred Agents	Non Preferred Agents
	Mometasone <sup>QL</sup> Nasonex <sup>QL</sup> Olopatadine <sup>QL</sup> Omnaris <sup>QL</sup> Patanase <sup>QL</sup> Qnasl <sup>QL</sup> Sinuva Triamcinolone <sup>QL</sup> Xhance <sup>QL</sup> Zetonna <sup>QL</sup>

**IRON CHELATING AGENTS**

Preferred Agents	Non Preferred Agents
Deferasirox Tablet <sup>PA</sup> Exjade Tablet <sup>PA</sup>	Ferriprox Jadenu

**IRON, ORAL**

Preferred Agents	Non Preferred Agents
Ferate Tablet Ferrous Gluconate Tablet Ferrous Sulfate Drops Ferrous Sulfate EC Tablet Ferrous Sulfate Elixir Ferrous Sulfate Tablet Folivane-F Hemocyte-F Hemocyte Plus Iferex 150 Iron 45 mg Tablet ( <i>Ferrous Sulfate, Dried ER Tablet</i> )	Active Fe Auryxia <sup>QL</sup> Corvita 150 Corvite 150 Corvite FE Feriva 21-7 Ferraplus 90 Ferrous Fumarate Tablet Fusion Plus Fusion Sprinkles Powder Packet Iferex 150 Forte Integra Plus Nufera Purevit Dualfe Plus Tandem Plus Taron Forte TL-HEM 150 Tricon Trigels-F Forte

**IRON, PARENTERAL**

Preferred Agents	Non Preferred Agents
Ferrlecit INFeD Sodium Ferric Gluconate Complex in Sucrose Venofer <sup>QL</sup>	Feraheme <sup>QL</sup> Injectafer

**LEUKOTRIENE MODIFIERS**

Preferred Agents	Non Preferred Agents
Montelukast Chewable Tablet <sup>QL</sup> Montelukast Tablet <sup>QL</sup>	Accolate <sup>QL</sup> Montelukast Granule <sup>QL</sup>

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## LEUKOTRIENE MODIFIERS

Preferred Agents	Non Preferred Agents
	Singulair <sup>QL</sup> Zafirlukast <sup>QL</sup> Zileuton ER <sup>QL</sup> Zyflo <sup>QL</sup> Zyflo CR <sup>QL</sup>

## LIPOTROPICS, OTHER

Preferred Agents	Non Preferred Agents
Cholestyramine, Cholestyramine Lite	Antara <sup>QL</sup>
Colestipol Tablet <sup>QL</sup>	Colesevelam <sup>QL</sup>
Ezetimibe Tablet <sup>QL</sup>	Colestid <sup>QL</sup>
Fenofibrate 54 mg, 160 mg Tablet ( <i>generic Lofibra Tablet</i> ) <sup>QL</sup>	Colestipol Granule
Fenofibrate Micronized 43 mg, 130 mg Capsule ( <i>generic Antara</i> ) <sup>QL</sup>	Fenofibrate 50 mg, 150 mg Capsule ( <i>generic Lipofen</i> ) <sup>QL</sup>
Fenofibrate Micronized 67 mg, 134 mg, 200 mg Capsule ( <i>generic Lofibra Capsule</i> ) <sup>QL</sup>	Fenofibrate 40 mg, 120 mg Tablet ( <i>generic Fenoglide</i> ) <sup>QL</sup>
Fenofibrate Nanocrystalized 48 mg, 145 mg Tablet ( <i>generic Tricor</i> ) <sup>QL</sup>	Fenofibric Acid 35 mg, 105 mg Tablet ( <i>generic Fibracor</i> ) <sup>QL</sup>
Fenofibric Acid (Choline) DR 45 mg, 135 mg Capsule ( <i>generic Trilipix</i> ) <sup>QL</sup>	Fenoglide <sup>QL</sup>
Gemfibrozil <sup>QL</sup>	Fibracor <sup>QL</sup>
Omega-3 Ethyl Esters <sup>QL</sup>	Juxtapid <sup>QL</sup>
Prevalite	Lipofen <sup>QL</sup>
	Lopid <sup>QL</sup>
	Lovaza <sup>QL</sup>
	Niacin (OTC)
	Niacin ER Tablet ( <i>generic Niaspan</i> )
	Niacin SA Capsule
	Niacor
	Niaspan
	Praluent <sup>QL</sup>
	Questran, Questran Light
	Repatha <sup>QL</sup>
	Tricor <sup>QL</sup>
	Triglide <sup>QL</sup>
	Trilipix <sup>QL</sup>
	Vascepa <sup>QL</sup>
	Welchol <sup>QL</sup>
	Zetia <sup>QL</sup>

## LIPOTROPICS, STATINS

Preferred Agents	Non Preferred Agents
Atorvastatin <sup>QL</sup>	Altprev ER <sup>QL</sup>
Lovastatin <sup>QL</sup>	Atorvastatin-Amlodipine <sup>QL</sup>
Pravastatin <sup>QL</sup>	Caduet <sup>QL</sup>
Rosuvastatin <sup>QL</sup>	Crestor <sup>QL</sup>
Simvastatin <sup>QL</sup>	Ezetimibe-Simvastatin <sup>QL</sup>
	Fluvastatin <sup>QL</sup>
	Fluvastatin ER <sup>QL</sup>
	Lescol XL <sup>QL</sup>
	Lipitor <sup>QL</sup>
	Livalo <sup>QL</sup>
	Pravachol <sup>QL</sup>
	Vytorin <sup>QL</sup>
	Zocor <sup>QL</sup>

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## LIPOTROPICS, STATINS

Preferred Agents	Non Preferred Agents
	Zypitamag <sup>QL</sup>

## LOCAL ANESTHETICS, TOPICAL

Preferred Agents	Non Preferred Agents
Glydo Jelly Syringe Lidocaine Cream, Jelly, Ointment Lidocaine Viscous Solution <sup>AR</sup> Lidocaine-Prilocaine Cream Synera Patch	Lidocaine-Prilocaine Kit Lidotral

## MACROLIDES

Preferred Agents	Non Preferred Agents
Azithromycin Clarithromycin Suspension, Tablet E.E.S. 200 Suspension EryPed Suspension	Clarithromycin ER Tablet E.E.S. 400 Filmtab Ery-Tab DR Erythrocin Filmtab Erythromycin Base DR Capsule Erythromycin Base Filmtab Erythromycin Ethylsuccinate Suspension, Tablet Zithromax

## MACULAR DEGENERATION AGENTS

Preferred Agents	Non Preferred Agents
Eylea <sup>PA, QL</sup> Lucentis <sup>PA, QL</sup> Macugen <sup>PA, QL</sup> Visudyne <sup>PA</sup>	

## METHOTREXATES

Preferred Agents	Non Preferred Agents
Methotrexate Tablet Methotrexate Injection Vial, PF Vial	Otrexup <sup>QL</sup> Rasuvo <sup>QL</sup> Trexall Xatmep

## MONOCLONAL ANTIBODIES (MABs) – ANTI-IL, ANTI-IGE

Preferred Agents	Non Preferred Agents
Fasenra <sup>PA, QL</sup> Nucala <sup>PA, QL</sup> Xolair Vial <sup>PA, QL</sup>	Cinqair Dupixent <sup>QL</sup> Xolair Syringe <sup>QL</sup>

## MULTIPLE SCLEROSIS AGENTS

Preferred Agents	Non Preferred Agents
Aubagio Tablet <sup>PA, QL</sup> Avonex <sup>QL</sup> Betaseron <sup>QL</sup> Dalfampridine ER Tablet <sup>PA, QL</sup> Gilenya Capsule <sup>PA, QL</sup>	Ampyra ER <sup>QL</sup> Copaxone <sup>QL</sup> Extavia <sup>QL</sup> Glatopa <sup>QL</sup> Lemtrada <sup>QL</sup>

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## MULTIPLE SCLEROSIS AGENTS

Preferred Agents	Non Preferred Agents
Glatiramer <sup>QL</sup>	Mavenclad <sup>QL</sup>
Rebif <sup>QL</sup>	Mayzent <sup>QL</sup>
Rebif Rebidose <sup>QL</sup>	Ocrevus <sup>QL</sup>
Tecfidera DR Capsule <sup>PA, QL</sup>	Plegridy <sup>QL</sup>
Tysabri <sup>PA, QL</sup>	

## NEUROPATHIC PAIN

Preferred Agents	Non Preferred Agents
Capsaicin Topical	Cymbalta DR <sup>QL</sup>
Duloxetine DR 20 mg, 30 mg, 60 mg Capsule ( <i>generic Cymbalta</i> ) <sup>QL</sup>	Duloxetine DR 40 mg Capsule ( <i>generic Irenka</i> ) <sup>QL</sup>
Gabapentin Capsule, Solution, Tablet <sup>QL</sup>	Gralise ER <sup>QL</sup>
Lidocaine 5% Patch ( <i>generic Lidoderm Patch</i> ) <sup>QL</sup>	Horizant ER <sup>QL</sup>
Pregabalin Capsule <sup>QL</sup>	Lidoderm Patch <sup>QL</sup>
Savella Tablet <sup>QL</sup>	Lyrica CR <sup>QL</sup>
	Lyrica Capsule, Solution <sup>QL</sup>
	Neurontin <sup>QL</sup>
	Qutenza Patch <sup>QL</sup>
	Zlido Patch <sup>QL</sup>

## NSAIDs

Preferred Agents	Non Preferred Agents
Celecoxib <sup>QL</sup>	Arthrotec <sup>QL</sup>
Diclofenac Gel <sup>QL</sup>	Cambia <sup>QL</sup>
Diclofenac 1.5% (Topical) Solution <sup>QL</sup>	Celebrex <sup>QL</sup>
Diclofenac Sodium DR/EC 25 mg, 50 mg, 75 mg Tablet ( <i>generic Voltaren EC Tablet</i> ) <sup>QL</sup>	Daypro <sup>QL</sup>
Flurbiprofen Tablet <sup>QL</sup>	Diclofenac Epolamine Patch <sup>QL</sup>
Ibuprofen <sup>QL</sup>	Diclofenac Potassium Tablet <sup>QL</sup>
Indomethacin ER <sup>QL</sup>	Diclofenac Sodium ER 24HR 100 mg Tablet ( <i>generic Voltaren-XR Tablet</i> ) <sup>QL</sup>
Indomethacin IR <sup>QL</sup>	Diclofenac-Misoprostol <sup>QL</sup>
Ketorolac <sup>PA, QL</sup>	Diflunisal <sup>QL</sup>
Meloxicam Tablet <sup>QL</sup>	Duexis <sup>QL</sup>
Nabumetone <sup>QL</sup>	EC-Naproxen 375 mg, 500 mg Tablet <sup>QL</sup>
Naproxen 250 mg, 375 mg, 500 mg Tablet (Rx) ( <i>generic Naprosyn Tablet</i> ) <sup>QL</sup>	Etodolac, Etodolac SR <sup>QL</sup>
Naproxen DR 375 mg, 500 mg Tablet ( <i>generic Naprosyn EC Tablet</i> ) <sup>QL</sup>	Feldene <sup>QL</sup>
Naproxen Sodium 220 mg Capsule (OTC) ( <i>generic Aleve Liquid Gel Cap</i> ) <sup>QL</sup>	Fenoprofen <sup>QL</sup>
Naproxen Sodium 220 mg Tablet (OTC) ( <i>generic Aleve Caplet/Tablet</i> ) <sup>QL</sup>	Flector Patch <sup>QL</sup>
Piroxicam <sup>QL</sup>	Indocin Suppository <sup>QL</sup>
Sulindac <sup>QL</sup>	Indocin Suspension <sup>QL</sup>
	Ketoprofen IR <sup>QL</sup>
	Ketoprofen ER <sup>QL</sup>
	Meclofenamate <sup>QL</sup>
	Mefenamic Acid <sup>QL</sup>
	Mobic <sup>QL</sup>
	Nalfon <sup>QL</sup>
	Naprelan CR Tablet <sup>QL</sup>
	Naproxen Sodium CR Tablet, ER Tablet ( <i>generic Naprelan CR Tablet</i> ) <sup>QL</sup>
	Naproxen Sodium 275 mg Tablet ( <i>generic Anaprox Tablet</i> ) <sup>QL</sup>
	Naproxen Sodium DS 550 mg Tablet ( <i>generic Anaprox DS Tablet</i> ) <sup>QL</sup>

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## NSAIDs

Preferred Agents	Non Preferred Agents
	Naproxen Suspension <sup>QL</sup>
	Oxaprozin <sup>QL</sup>
	Pennsaid Pump <sup>QL</sup>
	Sprix <sup>QL</sup>
	Tivorbex <sup>QL</sup>
	Tolmetin <sup>QL</sup>
	Vimovo <sup>QL</sup>
	Vivlodex <sup>QL</sup>
	Voltaren Gel <sup>QL</sup>
	Zipsor <sup>QL</sup>
	Zorvolex <sup>QL</sup>

## ONCOLOGY AGENTS, BREAST CANCER

Preferred Agents	Non Preferred Agents
Anastrozole Tablet <sup>QL</sup>	Arimidex <sup>QL</sup>
Exemestane Tablet <sup>QL</sup>	Aromasin <sup>QL</sup>
Letrozole Tablet <sup>PA, QL</sup>	Fareston <sup>QL</sup>
Tamoxifen Tablet <sup>QL</sup>	Femara <sup>QL</sup>
	Soltamox Solution <sup>QL</sup>
	Toremifene <sup>QL</sup>

## ONCOLOGY AGENTS, ORAL

Preferred Agents	Non Preferred Agents
Abiraterone Acetate Tablet <sup>PA, QL</sup>	Braftovi <sup>QL</sup>
Afinitor <sup>PA, QL</sup>	Casodex <sup>QL</sup>
Afinitor Disperz <sup>PA</sup>	Gleevec <sup>QL</sup>
Alecensa <sup>PA, QL</sup>	Mektovi <sup>QL</sup>
Alunbrig <sup>PA, QL</sup>	Temodar
Bicalutamide <sup>PA, QL</sup>	Xeloda
Bosulif <sup>PA, QL</sup>	Yonsa <sup>QL</sup>
Cabometyx <sup>PA, QL</sup>	Zytiga <sup>QL</sup>
Calquence <sup>PA, QL</sup>	
Capecitabine <sup>PA</sup>	
Caprelsa <sup>PA, QL</sup>	
Cometriq <sup>PA, QL</sup>	
Copiktra <sup>PA, QL</sup>	
Cotellic <sup>PA, QL</sup>	
Daurismo <sup>PA, QL</sup>	
Erivedge <sup>PA, QL</sup>	
Erleada <sup>PA, QL</sup>	
Farydak <sup>PA, QL</sup>	
Gilotrif <sup>PA, QL</sup>	
Ibrance <sup>PA, QL</sup>	
Iclusig <sup>PA, QL</sup>	
IDHIFA <sup>PA, QL</sup>	
Imatinib <sup>PA, QL</sup>	
Imbruvica <sup>PA, QL</sup>	
Inlyta <sup>PA, QL</sup>	
Iressa <sup>PA, QL</sup>	
Jakafi <sup>PA, QL</sup>	
Kisqali <sup>PA, QL</sup>	
Lynparza <sup>PA, QL</sup>	
Mekinist <sup>PA, QL</sup>	
Nerlynx <sup>PA, QL</sup>	
Nexavar <sup>PA, QL</sup>	
Ninlaro <sup>PA, QL</sup>	
Odomzo <sup>PA, QL</sup>	
Rubraca <sup>PA, QL</sup>	
Rydapt <sup>PA, QL</sup>	
Sprycel <sup>PA, QL</sup>	
Stivarga <sup>PA, QL</sup>	
Sutent <sup>PA, QL</sup>	
Tafinlar <sup>PA, QL</sup>	
Tagrisso <sup>PA, QL</sup>	
Talzenna <sup>PA, QL</sup>	
Tarceva <sup>PA, QL</sup>	
Tasigna <sup>PA, QL</sup>	
Temozolomide <sup>PA</sup>	
Tibsovo <sup>PA, QL</sup>	
Tykerb <sup>PA, QL</sup>	
Venclexta <sup>PA, QL</sup>	
Verzenio <sup>PA, QL</sup>	
Vitrakvi <sup>PA, QL</sup>	
Vizimpro <sup>PA, QL</sup>	
Votrient <sup>PA, QL</sup>	
Xalkori <sup>PA, QL</sup>	
Xospata <sup>PA, QL</sup>	
Xtandi <sup>PA, QL</sup>	
Zejula <sup>PA, QL</sup>	



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## ONCOLOGY AGENTS, ORAL

Preferred Agents		Non Preferred Agents
Kisqali Femara <sup>PA, QL</sup>	Zelboraf <sup>PA, QL</sup>	
Lenvima <sup>PA, QL</sup>	Zolinza <sup>PA, QL</sup>	
Lonsurf <sup>PA, QL</sup>	Zydelig <sup>PA, QL</sup>	
Lobrena <sup>PA, QL</sup>	Zykadia <sup>PA, QL</sup>	

## OPHTHALMICS, ALLERGIC CONJUNCTIVITIS

Preferred Agents	Non Preferred Agents
Alaway	Alocril
Azelastine Drop	Alomide
Cromolyn Sodium Drop	Alrex
Ketotifen (OTC)	Bepreve
Naphcon-A	Epinastine
Olopatadine Drop	Lastacaft
Zaditor (OTC)	Pataday
	Patanol
	Pazeo

## OPHTHALMICS, ANTIBIOTICS

Preferred Agents	Non Preferred Agents
AK-Poly-Bac Ointment	AzaSite
Bacitracin-Polymyxin Ophthalmic Ointment	Bacitracin Ophthalmic Ointment
Ciprofloxacin Ophthalmic Drop	Besivance
Erythromycin Ointment	Bleph-10
Gentak Ophthalmic Ointment	Ciloxan
Gentamicin Drop	Gatifloxacin
Moxeza	Levofloxacin Ophthalmic Drop
Ofloxacin Ophthalmic Drop	Moxifloxacin Ophthalmic Drop
Polymyxin B-Trimethoprim Drop	Natacyn
Tobramycin Drop	Neomycin-Bacitracin-Polymyxin Ophthalmic Ointment
	Neo-Polycin Ointment
	Neomycin-Polymyxin-Gramicidin Drop
	Ocuflox
	Polycin Ointment
	Polytrim
	Sulfacetamide Drop, Ointment
	Tobrex Drop, Ointment
	Vigamox
	Zymaxid

## OPHTHALMICS, ANTIBIOTIC-STEROID COMBINATIONS

Preferred Agents	Non Preferred Agents
Neomycin-Bacitracin-Polymyxin-HC Ointment	Blephamide Drop, Ointment
Neomycin-Polymyxin-Dexamethasone Drop, Ointment	Maxitrol Drop, Ointment
Pred-G Drop, Ointment	Neomycin-Polymyxin-HC Drop
Sulfacetamide-Prednisolone Drop	Neo-Polycin HC Ointment
TobraDex Drop, Ointment	TobraDex ST Drop
Zylet Drop	Tobramycin-Dexamethasone Drop

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**OPHTHALMICS, ANTI-INFLAMMATORIES**

Preferred Agents	Non Preferred Agents
Acuvail	Acular
Dexamethasone Sodium Phosphate Ophthalmic Drop	Acular LS
Durezol	Bromfenac
Flarex	Bromsite
Fluorometholone	Dexycu
Flurbiprofen Drop	Diclofenac Ophthalmic Drop
FML Forte	FML Liquifilm
FML S.O.P.	Iluvien
Ilevro	Inveltys
Ketorolac Drop	Lotemax
Ketorolac LS Drop	Lotemax SM
Lotemax Drop, Ointment	Loteprednol Drop
Maxidex	Omnipred
Nevanac	Ozurdex
Pred Mild	Pred Forte
Prednisolone Acetate Ophthalmic Drop	Prolensa
Prednisolone Sodium Phosphate Ophthalmic Drop	Retisert
	Triesence <sup>QL</sup>
	Yutiq

**OPHTHALMICS, GLAUCOMA**

Preferred Agents	Non Preferred Agents
Brimonidine 0.2%	Alphagan P 0.1%
Carteolol	Alphagan P 0.15%
Dorzolamide	Apraclonidine
Dorzolamide-Timolol Drop ( <i>generic Cosopt</i> )	Azopt
Latanoprost 0.005%	Betaxolol
Levobunolol	Betoptic S 0.25%
Simbrinza	Bimatoprost 0.03%
Timolol Drop ( <i>generic Timoptic</i> )	Brimonidine 0.15%
	Combigan
	Cosopt
	Cosopt PF
	Dorzolamide-Timolol Droperette ( <i>generic Cosopt PF</i> )
	Iopidine
	Isopto Carpine
	Istalol
	Lumigan 0.01%
	Phospholine Iodide
	Pilocarpine
	Rhopressa
	Rocklatan
	Timolol Drop Once-Daily ( <i>generic Istalol</i> )
	Timolol Gel-Solution
	Timoptic
	Timoptic Ocudose
	Timoptic-XE GFS
	Travatan Z
	Trusopt
	Vyzulta
	Xalatan
	Xelpros

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**OPHTHALMICS, GLAUCOMA**

Preferred Agents	Non Preferred Agents
	Zioptan

**OPHTHALMICS, IMMUNOMODULATORS**

Preferred Agents	Non Preferred Agents
Restasis Droperette <sup>QL</sup>	Cequa <sup>QL</sup> Restasis Multidose <sup>QL</sup> Xiidra <sup>QL</sup>

**OPIOID DEPENDENCE TREATMENTS**

Preferred Agents	Non Preferred Agents
Buprenorphine SL Tablet <sup>PA, QL</sup> Buprenorphine-Naloxone SL Film <sup>QL</sup> Buprenorphine-Naloxone SL Tablet <sup>QL</sup> Clonidine Tablet Naltrexone Tablet Sublocade <sup>PA, QL</sup> Vivitrol <sup>QL</sup>	Bunavail Film <sup>QL</sup> Catapres Tablet Lucemyra <sup>QL</sup> Probuphine <sup>QL</sup> Suboxone SL Film <sup>QL</sup> Zubsolv SL Tablet <sup>QL</sup>

**OPIOID OVERDOSE AGENTS**

Preferred Agents	Non Preferred Agents
Naloxone Syringe, Vial Narcan Nasal Spray	

**OTIC ANTIBIOTICS**

Preferred Agents	Non Preferred Agents
Cipro HC Ciprodex Coly-Mycin S Neomycin-Polymyxin-HC Otic Drop Ofloxacin Otic Drop	Ciprofloxacin Otic Drop Otiprio Otovel

**PANCREATIC ENZYMES**

Preferred Agents	Non Preferred Agents
Creon Zenpep	Pancreaze Pertzye Viokace

**PENICILLINS**

Preferred Agents	Non Preferred Agents
Amoxicillin Amoxicillin-Clavulanate 200-28.5 mg/5 ml Suspension Amoxicillin-Clavulanate 400-57 mg/5 ml Suspension Amoxicillin-Clavulanate 600-42.9 mg/5 ml Suspension Amoxicillin-Clavulanate Tablet Ampicillin Trihydrate Dicloxacillin Penicillin	Amoxicillin-Clavulanate Chewable Tablet Amoxicillin-Clavulanate 250-62.5 mg/5 ml Suspension Amoxicillin-Clavulanate ER Tablet Augmentin Augmentin XR

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## PHOSPHATE BINDERS

Preferred Agents	Non Preferred Agents
Calcium Acetate Capsule <sup>QL</sup> Calphron Tablet <sup>QL</sup> Phoslyra Solution <sup>QL</sup> Sevelamer Carbonate Tablet <sup>QL</sup>	Auryxia <sup>QL</sup> Calcium Acetate Tablet <sup>QL</sup> Fosrenol <sup>QL</sup> Lanthanum Carbonate Chewable <sup>QL</sup> Renage <sup>QL</sup> Renvela <sup>QL</sup> Sevelamer Carbonate Powder Packet <sup>QL</sup> Sevelamer HCl Tablet <sup>QL</sup> Velphoro <sup>QL</sup>

## PITUITARY SUPPRESSIVE AGENTS, LHRH

Preferred Agents	Non Preferred Agents
Eligard <sup>PA, QL</sup> Leuprolide Acetate <sup>PA</sup> Lupaneta Pack <sup>PA, QL</sup> Lupron Depot <sup>PA, QL</sup> Lupron Depot-Ped <sup>PA, QL</sup> Orilissa <sup>PA, QL</sup> Synarel <sup>PA, QL</sup> Triptodur <sup>PA, QL</sup> Zoladex <sup>PA, QL</sup>	Supprelin LA <sup>QL</sup> Trelstar <sup>QL</sup> Vantas <sup>QL</sup>

## PLATELET AGGREGATION INHIBITORS

Preferred Agents	Non Preferred Agents
Aggrenox <sup>QL</sup> Brilinta <sup>QL</sup> Clopidogrel <sup>QL</sup> Dipyridamole <sup>QL</sup> Prasugrel <sup>QL</sup>	Aspirin-Dipyridamole ER <sup>QL</sup> Effient <sup>QL</sup> Plavix <sup>QL</sup> Yosprala <sup>QL</sup> Zontivity <sup>QL</sup>

## POTASSIUM REMOVING AGENTS

Preferred Agents	Non Preferred Agents
Lokelma <sup>PA, QL</sup> Veltassa <sup>PA, QL</sup>	

## PRENATAL VITAMINS

Preferred Agents	Non Preferred Agents
Complete Natal DHA Niva-Plus Tablet O-Cal FA Tablet Preplus Tablet Trinatal RX 1 Tablet Triveen-Duo DHA Combo Pack Vol-Plus Tablet	C-Nate DHA Completenate Tablet Chewable Elite-OB Caplet Folivane-OB Capsule OB Complete One Softgel OB Complete Petite Softgel OB Complete Premier Tablet OB Complete Prenatal OB Complete with DHA Softgel PNV 29-1 Tablet Pretab Provida DHA Capsule Provida OB Capsule

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**PRENATAL VITAMINS**

Preferred Agents	Non Preferred Agents
	Taron-C DHA Capsule Taron-Prex Prenatal DHA Capsule Thrivite 19 Thrivite Rx Virt-Advance Virt-C DHA Virt-Nate Virt-Nate DHA Virt-PN Virt-PN DHA Softgel Virt-PN Plus Softgel Virtprex Capsule Virt-Select Capsule Vitafof Gummies VP-PNV-DHA Zatean-PN DHA Capsule Zatean-PN Plus Softgel

**PROGESTATIONAL AGENTS**

Preferred Agents	Non Preferred Agents
Depo-Provera 400 mg/mL <sup>QL</sup> Makena <sup>PA, QL</sup> Medroxyprogesterone Tablet <sup>QL</sup> Norethindrone Tablet <sup>QL</sup> Progesterone Capsule <sup>QL</sup> Progesterone IM Injection	Aygestin <sup>QL</sup> Crinone Gel Hydroxyprogesterone Caproate <sup>QL</sup> Prometrium <sup>QL</sup> Provera <sup>QL</sup>

**PROTON PUMP INHIBITORS**

Preferred Agents	Non Preferred Agents
Esomeprazole Magnesium DR Capsule <sup>QL</sup> Lansoprazole DR Capsule <sup>QL</sup> Nexium DR Granule Packet for Suspension <sup>QL</sup> Omeprazole DR Capsule (Rx) <sup>QL</sup> Pantoprazole DR Tablet <sup>QL</sup>	Aciphex DR Sprinkle Capsule, Tablet <sup>QL</sup> Dexilant DR <sup>QL</sup> Esomeprazole Strontium DR Capsule <sup>QL</sup> Lansoprazole ODT DR <sup>QL</sup> Nexium DR Capsule <sup>QL</sup> Omeprazole DR Tablet <sup>QL</sup> Omeprazole Magnesium DR Capsule (OTC) <sup>QL</sup> Omeprazole-Sodium Bicarbonate Capsule, Packet <sup>QL</sup> Prevacid 24HR DR Capsule Prevacid DR Capsule <sup>QL</sup> Prevacid Solutab <sup>QL</sup> Prilosec DR Granule for Suspension <sup>QL</sup> Protonix DR Tablet <sup>QL</sup> Protonix Granule for Suspension <sup>QL</sup> Rabeprazole DR <sup>QL</sup> Zegerid Capsule, Packet <sup>QL</sup>

**PULMONARY ARTERIAL HYPERTENSION (PAH) AGENTS, ORAL AND INHALED**

Preferred Agents	Non Preferred Agents
Ambrisentan <sup>PA, QL</sup> Sildenafil <sup>PA, QL</sup> Tadalafil <sup>PA, QL</sup>	Adcirca <sup>QL</sup> Adempas <sup>QL</sup> Alyq <sup>QL</sup>

AR = age restriction, clinical prior authorization required  
Non-preferred agents require prior authorization  
IR = immediate-release formulation  
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PA = clinical prior authorization required  
QL = quantity limit applies to FFS claims  
ER = extended-release formulation  
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## PULMONARY ARTERIAL HYPERTENSION (PAH) AGENTS, ORAL AND INHALED

Preferred Agents	Non Preferred Agents
Tracleer Tablet <sup>PA, QL</sup> Tyvaso <sup>PA, QL</sup> Ventavis <sup>PA, QL</sup>	Bosentan <sup>QL</sup> Letairis <sup>QL</sup> Opsumit <sup>QL</sup> Orenitram ER Revatio <sup>QL</sup> Tracleer Tablet for Suspension <sup>QL</sup> Upravi <sup>QL</sup>

## SEDATIVE HYPNOTICS

Preferred Agents	Non Preferred Agents
Eszopiclone <sup>QL</sup> Temazepam 15mg, 30mg Capsule <sup>AR, QL</sup> Zaleplon <sup>QL</sup> Zolpidem IR Tablet <sup>QL</sup>	Ambien <sup>QL</sup> Ambien CR <sup>QL</sup> Belsomra <sup>QL</sup> Butisol Sodium <sup>QL</sup> Edluar <sup>QL</sup> Estazolam <sup>AR, QL</sup> Flurazepam <sup>AR, QL</sup> Halcion <sup>AR, QL</sup> Hetlioz <sup>QL</sup> Intermezzo <sup>QL</sup> Lunesta <sup>QL</sup> Midazolam Syrup <sup>AR</sup> Restoril <sup>AR, QL</sup> Rozerem <sup>QL</sup> Seconal Sodium <sup>QL</sup> Silenor <sup>QL</sup> Temazepam 7.5mg, 22.5mg Capsule <sup>AR, QL</sup> Triazolam <sup>AR, QL</sup> Zolpidem ER Tablet <sup>QL</sup> Zolpidem SL Tablet <sup>QL</sup> Zolpimist <sup>QL</sup>

## SKELETAL MUSCLE RELAXANTS

Preferred Agents	Non Preferred Agents
Baclofen <sup>QL</sup> Cyclobenzaprine Tablet <sup>QL</sup> Dantrolene Capsule <sup>QL</sup> Methocarbamol <sup>QL</sup> Tizanidine Tablet <sup>QL</sup>	Amrix ER <sup>QL</sup> Carisoprodol <sup>QL</sup> Carisoprodol-Aspirin <sup>QL</sup> Chlorzoxazone <sup>QL</sup> Cyclobenzaprine ER Capsule <sup>QL</sup> Dantrium <sup>QL</sup> Fexmid <sup>QL</sup> Lorzone <sup>QL</sup> Metaxall <sup>QL</sup> Metaxalone <sup>QL</sup> Orphenadrine ER <sup>QL</sup> Robaxin <sup>QL</sup> Skelaxin <sup>QL</sup> Soma <sup>QL</sup> Tizanidine Capsule <sup>QL</sup> Zanaflex <sup>QL</sup>

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**SMOKING CESSATION**

Preferred Agents	Non Preferred Agents
Bupropion SR <sup>QL</sup> Chantix <sup>QL</sup> Nicorelief Gum <sup>QL</sup> Nicotine Gum <sup>QL</sup> Nicotine Lozenge, Mini Lozenge <sup>QL</sup> Nicotine Patch <sup>QL</sup>	Nicoderm CQ Patch <sup>QL</sup> Nicorette Gum <sup>QL</sup> Nicorette Lozenge, Mini Lozenge <sup>QL</sup> Nicotine Transdermal System (Steps 1, 2, 3) <sup>QL</sup> Nicotrol Cartridge Inhaler <sup>QL</sup> Nicotrol NS <sup>QL</sup> Zyban <sup>QL</sup>

**STEROIDS, TOPICAL – LOW POTENCY**

Preferred Agents	Non Preferred Agents
Hydrocortisone Cream, Ointment, Lotion Hydrocortisone (OTC) Hydrocortisone-Aloe Cream (OTC) Scalpicin (OTC)	Alclometasone Capex Shampoo Derma-Smoothe-FS Desonate Desonide Desowen Fluocinolone Oil Micort-HC Texacort

**STEROIDS, TOPICAL – MEDIUM POTENCY**

Preferred Agents	Non Preferred Agents
Fluticasone Cream, Ointment Mometasone Cream, Ointment, Solution	Betamethasone Valerate Foam Clocortolone Cloderm Cordran Tape Cutivate Dermatop Elocon Fluocinolone Cream, Ointment, Solution Flurandrenolide Fluticasone Lotion Hydrocortisone Butyrate Hydrocortisone Valerate Locoid Luxiq Pandel Prednicarbate Synalar Synalar TS

**STEROIDS, TOPICAL – HIGH POTENCY**

Preferred Agents	Non Preferred Agents
Betamethasone Dipropionate Cream, Lotion Betamethasone Dipropionate Augmented Cream Betamethasone Valerate Cream, Lotion, Ointment Triamcinolone Acetonide Cream, Lotion, Ointment	Amcinonide Betamethasone Dipropionate Ointment Betamethasone Dipropionate Augmented Gel, Lotion, Ointment Desoximetasone Diflorasone Diprolene Fluocinonide Fluocinonide-E

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## STERIODS, TOPICAL – HIGH POTENCY

Preferred Agents	Non Preferred Agents
	Halog Kenalog Spray Psorcon Sernivo Spray Topicort Triamcinolone Spray Trianex Vanos

## STERIODS, TOPICAL – VERY HIGH POTENCY

Preferred Agents	Non Preferred Agents
Clobetasol Cream, Solution, Ointment Clodan Shampoo	Apexicon E Bryhali Clobetasol Foam, Gel, Lotion, Shampoo, Spray Clobetasol Emollient Cream, Foam Clobetasol Emulsion Foam Clobex Clodan Kit Halobetasol Lexette Olux Olux-E Temovate Ultravate Ultravate X

## STIMULANTS AND RELATED AGENTS

Preferred Agents	Non Preferred Agents
Aptensio XR Capsule <sup>AR, QL</sup> Armodafinil Tablet <sup>AR, PA, QL</sup> Atomoxetine Capsule <sup>AR, QL</sup> Dexmethylphenidate ER Capsule <sup>QL</sup> Dexmethylphenidate IR Tablet <sup>AR, QL</sup> Dextroamphetamine ER Capsule <sup>AR, QL</sup> Dextroamphetamine IR Tablet <sup>AR, QL</sup> Dextroamphetamine/Amphetamine ER Capsule ( <i>generic Adderall XR</i> ) <sup>AR, QL</sup> Dextroamphetamine/Amphetamine Tablet ( <i>generic Adderall</i> ) <sup>AR, QL</sup> Guanfacine ER Tablet <sup>AR, QL</sup> Methylphenidate ER (CD) Capsule ( <i>generic Metadate CD</i> ) <sup>AR, QL</sup> Methylphenidate IR Tablet <sup>AR, QL</sup> Methylphenidate ER Tablet ( <i>generic Ritalin SR Tablet</i> ) <sup>AR, QL</sup> Methylphenidate ER 24HR Tablet ( <i>generic Concerta</i> ) <sup>AR, QL</sup> (labeler 10147 only) Modafinil Tablet <sup>AR, PA, QL</sup> Quillichew ER Chewable Tablet <sup>AR, QL</sup> Quilivant XR Suspension <sup>AR, QL</sup>	Adderall IR Tablet <sup>AR, QL</sup> Adderall XR Capsule <sup>AR, QL</sup> Adzenys ER Suspension <sup>AR, QL</sup> Adzenys XR-ODT <sup>AR, QL</sup> Amphetamine Sulfate Tablet <sup>AR, QL</sup> Clonidine ER Tablet <sup>AR, QL</sup> Concerta Tablet <sup>AR, QL</sup> Cotempla XR-ODT <sup>AR, QL</sup> Daytrana Patch <sup>AR, QL</sup> Desoxyn <sup>AR, QL</sup> Dexedrine <sup>AR, QL</sup> Dextroamphetamine Solution <sup>AR, QL</sup> Dyanavel XR Suspension <sup>AR, QL</sup> Evekeo <sup>AR, QL</sup> Focalin IR Tablet <sup>AR, QL</sup> Focalin XR Capsule <sup>AR, QL</sup> Intuniv ER <sup>AR, QL</sup> Methamphetamine Tablet <sup>AR, QL</sup> Methylin <sup>AR, QL</sup> Methylphenidate Chewable Tablet, Solution <sup>AR, QL</sup> Methylphenidate ER 24HR Tablet ( <i>generic Concerta</i> ) <sup>AR, QL</sup> (all labelers except 10147)



# Pennsylvania Department of Human Services Statewide Preferred Drug List (PDL)

Effective January 1, 2020

## STIMULANTS AND RELATED AGENTS

Preferred Agents	Non Preferred Agents
	Methylphenidate ER 24HR 72 mg Tablet ( <i>generic Relexxii ER Tablet</i> ) <sup>AR, QL</sup>
	Methylphenidate ER (LA) 24HR Capsule ( <i>generic Ritalin LA Capsule</i> ) <sup>AR, QL</sup>
	Mydayis ER Capsule <sup>AR, QL</sup>
	Nuvigil <sup>AR, QL</sup>
	Procentra Solution <sup>AR, QL</sup>
	Provigil <sup>AR, QL</sup>
	Relexxii ER 24HR Tablet <sup>AR, QL</sup>
	Ritalin <sup>AR, QL</sup>
	Ritalin LA <sup>AR, QL</sup>
	Strattera <sup>AR, QL</sup>
	Vyvanse Capsule, Chewable Tablet <sup>AR, QL</sup>
	Zenzedj <sup>AR, QL</sup>

## TETRACYCLINES

Preferred Agents	Non Preferred Agents
Doxycycline Hyclate 50 mg, 100 mg Capsule	Demeclocycline
Doxycycline Hyclate 20 mg, 100 mg Tablet	Doryx DR, MPC DR <sup>QL</sup>
Doxycycline Monohydrate 50 mg, 100mg Capsule	Doxycycline Hyclate 75 mg, 150 mg Tablet
Doxycycline Monohydrate Suspension	Doxycycline Hyclate DR Tablet <sup>QL</sup>
Doxycycline Monohydrate 50 mg, 75 mg, 100 mg Tablet	Doxycycline IR-DR 40 mg Capsule <sup>QL</sup>
Minocycline Capsule	Doxycycline Monohydrate 75 mg, 150 mg Capsule
	Doxycycline Monohydrate 150 mg Tablet
	Minocin Pelletized Capsule
	Minocycline ER Tablet <sup>QL</sup>
	Minocycline Tablet
	Minolira ER Tablet
	Morgidox Capsule, Kit <sup>QL</sup>
	Oracea <sup>QL</sup>
	Solodyn ER <sup>QL</sup>
	Tetracycline
	Vibramycin
	Ximino ER <sup>QL</sup>

## THALIDOMIDE AND DERIVATIVES

Preferred Agents	Non Preferred Agents
Revlimid <sup>PA, QL</sup>	Pomalyst <sup>QL</sup>
Thalomid <sup>PA, QL</sup>	

## THROMBOPOIETICS

Preferred Agents	Non Preferred Agents
Nplate <sup>PA</sup>	Doptelet
Promacta <sup>PA, QL</sup>	Mulpleta <sup>QL</sup>
	Tavalisse <sup>QL</sup>

## THYROID HORMONES

Preferred Agents	Non Preferred Agents
Armour Thyroid	Levothyroxine Injection

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## THYROID HORMONES

Preferred Agents	Non Preferred Agents
Cytomel <sup>QL</sup>	Liothyronine Injection
Levo-T	Synthroid
Levothyroxine Tablet	Tirosint-Sol Solution
Levoxyl	Triostat Injection
Liothyronine Tablet <sup>QL</sup>	Unithroid
NP Thyroid	
Thyroid Tablet	
Tirosint Capsule	

## ULCERATIVE COLITIS AGENTS

Preferred Agents	Non Preferred Agents
Apriso ER 24HR Capsule <sup>QL</sup>	Asacol HD DR Tablet <sup>QL</sup>
Balsalazide Capsule <sup>QL</sup>	Azulfidine Tablet <sup>QL</sup>
Delzicol DR Capsule <sup>QL</sup>	Azulfidine EN-Tab <sup>QL</sup>
Mesalamine DR Capsule ( <i>generic Delzicol</i> ) <sup>QL</sup>	Canasa Suppository <sup>QL</sup>
Mesalamine Enema <sup>QL</sup>	Colazal Capsule <sup>QL</sup>
Mesalamine Enema Kit	Dipentum Capsule <sup>QL</sup>
Mesalamine Suppository <sup>QL</sup>	Giazo Tablet <sup>QL</sup>
Pentasa Capsule <sup>QL</sup>	Lialda DR Tablet <sup>QL</sup>
Sulfasalazine Tablet <sup>QL</sup>	Mesalamine DR 800 mg Tablet ( <i>generic Asacol HD</i> ) <sup>QL</sup>
Sulfasalazine DR Tablet <sup>QL</sup>	Mesalamine DR 1.2 gm Tablet ( <i>generic Lialda</i> ) <sup>QL</sup>
	Rowasa Enema Kit
	sfRowasa Enema <sup>QL</sup>
	Uceris Rectal Foam <sup>QL</sup>

## UREA CYCLE DISORDER AGENTS

Preferred Agents	Non Preferred Agents
Buphenyl	Ravicti <sup>QL</sup>
Sodium Phenylbutyrate	

## URINARY ANTI-INFECTIVES

Preferred Agents	Non Preferred Agents
Methenamine Hippurate <sup>QL</sup>	Furadantin Suspension <sup>QL</sup>
Nitrofurantoin Capsule ( <i>generic Macrochantin Capsule</i> ) <sup>QL</sup>	Hiprex <sup>QL</sup>
Nitrofurantoin Monohydrate-Macro Capsule ( <i>generic Macrobid Capsule</i> ) <sup>QL</sup>	Macrobid Capsule <sup>QL</sup>
	Macrochantin Capsule <sup>QL</sup>
	Methenamine Mandelate
	Monurol <sup>QL</sup>
	Nitrofurantoin Suspension <sup>QL</sup>
	Urelle <sup>QL</sup>
	Urimar-T <sup>QL</sup>
	Urin D.S. <sup>QL</sup>
	Urogesic-Blue <sup>QL</sup>

## VAGINAL ANTI-INFECTIVES

Preferred Agents	Non Preferred Agents
Cleocin Ovules	AVC Cream
Clindamycin Vaginal Cream	Cleocin Vaginal Cream
Clindesse Cream	Gynazole 1
Clotrimazole 3 (2%) Vaginal Cream	MetroGel Vaginal

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**VAGINAL ANTI-INFECTIVES**

Preferred Agents	Non Preferred Agents
Clotrimazole 7 (1%) Vaginal Cream	Miconazole 3 (200 mg) Suppository
Metronidazole Tablet	Nuversa Gel
Metronidazole Vaginal Gel	Solosec
Miconazole 1 (1200 mg-2%) Combination Pack	Terconazole Cream, Suppository
Miconazole 3 (200 mg-2%) Combination Pack	Vandazole Gel
Miconazole 3 (4%) Vaginal Cream	
Miconazole 7 (2%) Vaginal Cream	
Miconazole 7 (100 mg) Suppository	
Tioconazole-1 (6.5%) Ointment	

**VITAMIN D ANALOGS**

Preferred Agents	Non Preferred Agents
Calcitriol Ampule, Capsule	Calcitriol Solution
Doxercalciferol Injection	Doxercalciferol Capsule
Hectorol Injection	Paricalcitol Capsule
Paricalcitol Injection	Rayaldee ER <sup>QL</sup>
	Rocaltrol
	Zemplar

**VMAT2 INHIBITORS**

Preferred Agents	Non Preferred Agents
Austedo <sup>PA, QL</sup>	Xenazine <sup>QL</sup>
Ingrezza <sup>PA, QL</sup>	
Tetrabenazine <sup>PA, QL</sup>	