

# Montana Healthcare Programs Preferred Drug List (PDL)

## Revised March 5, 2024

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### ANALGESICS

#### ANALGESICS, OPIOID – LONG-ACTING

Preferred Agents	Non-Preferred	--	Limitations
Butrans Patch #	<i>Belbuca #</i>	<i>morphine ER (Avinza) #</i>	No more than one long acting opioid allowed.
morphine sulfate SR tab #	<i>buprenorphine (Butrans) #</i>	<i>morphine sulfate ER cap (Kadian) #</i>	
Xtampza ER #	<i>Conzip ER % #</i>	<i>MS Contin * #</i>	# Quantity limits apply
	<i>Duragesic patch * #</i>	<i>Nucynta ER # %</i>	% Clinical criteria applies
	<i>fentanyl patch #</i>	<i>oxycodone ER #</i>	
	<i>hydrocodone ER cap %</i>	<i>OxyContin #</i>	MME restriction applies to this class
	<i>hydrocodone ER tab # %</i>	<i>oxymorphone ER #</i>	
	<i>hydromorphone ER tab</i>	<i>tramadol ER % #</i>	
	<i>Hysingla ER # %</i>	<i>Zohydro ER %</i>	
	<i>Kadian #</i>		
	<i>Morphabond ER#</i>		

### ANTI-MIGRAINE

Preferred Agents	Non-Preferred	--	Limitations
Ajovy %	<i>Aimovig %</i>	<i>Naratriptan</i>	Quantity limits apply to this class
Emgality 120mg %	<i>almotriptan</i>	<i>Onzetra Xsail</i>	
	<i>Amerge</i>	<i>Qulipta %</i>	% Clinical criteria applies
Frova	<i>Cambia %</i>	<i>Relpax</i>	
Imitrex nasal spray (while available)	<i>diclofenac pot (gen Cambia) %</i>	<i>Reyvow %</i>	
rizatriptan ODT	<i>dihydroergotamine nasal (gen Migranal)</i>	<i>sumatriptan inj (SUN Mfr)</i>	
rizatriptan tablet	<i>eletriptan (gen Relpax)</i>	<i>sumatriptan/naproxen 85-500</i>	
sumatriptan tablets, vial, syringe, cartridge, nasal spray	<i>Elyxyb sol</i>	<i>Tosymra</i>	
	<i>Emgality 100mg %</i>	<i>Treximet</i>	
Nurtec ODT %	<i>frovatriptan</i>	<i>Trudhesa</i>	
Ubrelvy %	<i>Imitrex * tabs, pen, cartridge</i>	<i>Zavzpret %</i>	
	<i>Maxalt *</i>	<i>Zembrace</i>	
	<i>Maxalt MLT *</i>	<i>Zolmitriptan all forms</i>	
	<i>Migranal</i>	<i>Zomig all forms</i>	

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### NSAIDS

Preferred Agents	Non-Preferred	--	Limitations
celecoxib 100mg and 200mg	Arthrotec	Licart Patch	Trial of 2 preferred agents required
diclofenac 1% gel RX (generic Voltaren) #	Celebrex *	meclofenamate	
diclofenac potassium tabs	celecoxib 50mg and 400mg	mefenamic acid	# Quantity limits apply
diclofenac sodium EC/DR	Daypro	meloxicam cap (gen Vivlodex)	
ibuprofen tablet/susp Rx	diclofenac potassium caps	Mobic	% Clinical criteria applies
indomethacin capsule IR	diclofenac sodium ER/SR	nabumetone	
ketorolac (oral) #	diclofenac sodium /misoprostol	Nalfon	
meloxicam tablet	diclofenac topical & transdermal	Naprelan	
naproxen tablet (Naprosyn)	# (except 1% gel)	naproxen EC	
sulindac	diflunisal	naproxen sodium Rx (gen Anaprox)	
	Elyxyb sol	naproxen susp	
	etodolac	naprox/esomep (gen Vimovo) %	
	etodolac tab SR	oxaprozin	
	Feldene	Pennsaid #	
	fenoprofen	piroxicam	
	Flector #	Qmiiz ODT	
	flurbiprofen	Relafen DS	
	ibuprofen susp OTC	Sprix %	
	ibuprofen/famotidine (gen Duexis)	Tivorbex	
	Indocin supp/susp	tolmetin sodium	
	indomethacin capsule ER	Vimovo %	
	ketoprofen/ER	Vivlodex	
	ketorolac tromethamine (gen Sprix) %	Zipsor %	
		Zorvolex	

### NEUROPATHIC PAIN

Preferred Agents	Non-Preferred	--	Limitations
duloxetine (all except 40mg)	Cymbalta *	Lyrica solution % μ	% Clinical criteria applies μ Cross Duplication not allowed
gabapentin capsule μ #	Dermacinrx Lidocan patch #	Lyrica CR μ	
gabapentin solution μ #	Drizalma sprinkle	Neurontin μ	# Quantity limits apply
gabapentin tablet μ #	duloxetine 40 mg cap	pregabalin caps/solution μ	
Lyrica Capsule μ #	Gralise % μ	pregabalin ER μ	Cymbalta/duloxetine/ Savella concurrent use not allowed
Savella %	Horizant % μ	Qutenza	
	lidocaine patch #	Ztlido	
	Lidocan II		

### OPIOID REVERSAL AGENTS

Preferred Agents	Non-Preferred	--	Limitations
naloxone syringe	Kloxxado		N/A
naloxone vial	naloxone nasal spray		
Narcan Nasal Spray OTC	Opvee		
	Zimhi		

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### SUBSTANCE USE DISORDER TREATMENTS

Preferred Agents	Non-Preferred	--	Limitations
naltrexone Suboxone Film +	buprenorphine SL % buprenorphine/naloxone SL films/tabs %	Lucemyra % Zubsolv %	+ <a href="#">one-time attestation</a> per NPI required  % Clinical criteria applies

### ANTI-INFECTIVES

#### ANTIBIOTICS: 2ND GENERATION QUINOLONES

Preferred Agents	Non-Preferred	--	Limitations
Cipro suspension ciprofloxacin tablet	Cipro tabs * ciprofloxacin susp	ofloxacin	N/A

#### ANTIBIOTICS: 3RD GENERATION QUINOLONES

Preferred Agents	Non-Preferred	--	Limitations
levofloxacin tablet	Baxdela	Levofloxacin solution moxifloxacin	N/A

#### ANTIBIOTICS, GI

Preferred Agents	Non-Preferred	--	Limitations
Firvanq soln metronidazole tablet tinidazole vancomycin HCL	Aemcolo Difcid tab/susp % Flagyl Likmez metronidazole capsule neomycin sulfate nitazoxanide (gen Alinia) paromomycin	Solosec Vancocin vancomycin soln (gen Firvanq) Vowst % Xifaxan %	% Clinical criteria applies

#### ANTIBIOTICS: INHALED

Preferred Agents	Non-Preferred	--	Limitations
Bethkis Kitabis	Arikayce Cayston Tobi	Tobi Podhaler tobramycin inhalation	Clinical criteria applies to class

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### ANTIBIOTICS: MACROLIDES/KETOLIDES

Preferred Agents	Non-Preferred	--	Limitations
azithromycin	<i>clarithromycin ER</i>	<i>erythromycin ES 400mg/5ml susp</i>	N/A
clarithromycin	<i>E.E.S. 400 filmtab</i>	<i>erythromycin ES tablet</i>	
E.E.S. 200 suspension	<i>Ery-Ped susp</i>	<i>erythromycin filmtab</i>	
erythromycin DR capsule	<i>Ery-Tab EC</i>	<i>Zithromax *</i>	
erythromycin ES 200mg/5ml susp	<i>Erythrocin filmtab</i>		

### ANTIBIOTICS: 2ND GENERATION CEPHA

Preferred Agents	Non-Preferred	--	Limitations
cefprozil tab/susp	<i>cefaclor capsule</i>	<i>cefaclor ER</i>	N/A
cefuroxime	<i>cefaclor suspension</i>		

### ANTIBIOTICS: 3RD GENERATION CEPHALOSPORINS

Preferred Agents	Non-Preferred	--	Limitations
cefdinir	<i>cefixime caps/susp</i>	<i>cefpodoxime</i>	N/A

### ANTIBIOTICS: TETRACYCLINES

Preferred Agents	Non-Preferred	--	Limitations
doxycycline hyclate capsule	<i>demeclocycline</i>	<i>minocycline tablet</i>	% Clinical criteria applies
doxycycline hyclate tabs (20,75,100,150mg)	<i>Doryx</i>	<i>minocycline ER</i>	
doxycycline monohydrate 50mg and 100mg capsule	<i>doxycycline hyclate DR tab</i>	<i>Minolira ER</i>	
doxycycline monohydrate tablet	<i>doxycycline IR-DR 40mg cap% (gen Oracea)</i>	<i>Morgidox Kit</i>	
minocycline capsules	<i>doxycycline suspension</i>	<i>Nuzyra</i>	
	<i>doxycycline monohydrate 75mg and 150mg capsule</i>	<i>Solodyn %</i>	
		<i>tetracycline</i>	
		<i>Vibramycin</i>	
		<i>Ximino ER</i>	

### ANTIBIOTICS, TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
mupirocin ointment	<i>Centany</i>	<i>gentamicin cream/oint</i>	N/A
	<i>Centany AT</i>	<i>mupirocin cream</i>	
		<i>Xepi</i>	

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## ANTIBIOTICS, VAGINAL

Preferred Agents	Non-Preferred	--	Limitations
Cleocin ovules Clindesse # metronidazole vaginal 0.75% gel Nuversa vaginal gel #	<i>Cleocin cream</i> <i>clindamycin vaginal 2% cream</i>	<i>Metrogel vaginal gel</i> <i>Vandazole</i> <i>Xaciato</i>	# Quantity limits apply

## ANTIFUNGALS, ORAL

Preferred Agents	Non-Preferred	--	Limitations
clotrimazole fluconazole griseofulvin suspension Noxafil tab nystatin suspension terbinafine	<i>Ancobon</i> <i>Brexafemme</i> <i>Cresemba</i> <i>Diflucan *</i> <i>flucytosine</i> <i>griseofulvin micro</i> <i>griseofulvin ultra</i> <i>itraconazole caps &amp; sol</i> <i>ketoconazole %</i>	<i>Noxafil packet/susp</i> <i>nystatin oral tablet</i> <i>Oravig</i> <i>posaconazole tab/susp</i> <i>Sporanox</i> <i>Tolsura</i> <i>Vfend</i> <i>Vivjoa</i> <i>voriconazole</i>	% Clinical criteria applies

## ANTIFUNGALS AND COMBOS, TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
Ciclodan 8% solution ciclopirox 8% solution clotrimazole cream Rx/solution clotrimazole/betamethasone cream ketoconazole cream/shampoo nystatin cream/oint/powder	<i>Bensal HP</i> <i>Ciclodan cream/kit</i> <i>ciclopirox (Ciclodan/Loprox)</i> <i>cr/gel/kit/shmp/susp</i> <i>clotrim/betameth lotion</i> <i>econazole cream</i> <i>Ertaczo cream</i> <i>Exelderm cream/sol</i> <i>Extina foam</i> <i>Jublia soln %</i> <i>Kerydin soln</i> <i>ketoconazole foam</i> <i>Ketodan Foam/Kit</i> <i>Loprox shmp/cream/susp</i>	<i>luliconazole cream</i> <i>Luzu cream</i> <i>miconazole/zinc oxide/</i> <i>petrolatum (gen Vusion)</i> <i>naftifine cream/gel</i> <i>Naftin cream/gel</i> <i>nystatin/triamcin cream/oint</i> <i>oxiconazole cream</i> <i>Oxistat cream/lotion</i> <i>sulconazole cr/sol (gen Exelderm)</i> <i>tavaborole (gen Kerydin)</i> <i>Vusion</i>	N/A

## ANTIVIRALS: HERPES – ORAL AGENTS

Preferred Agents	Non-Preferred	--	Limitations
acyclovir cap/tab/susp famciclovir valacyclovir	<i>Sitavig Buccal</i>	<i>Valtrex *</i> <i>Zovirax susp</i>	N/A

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### ANTIVIRALS: INFLUENZA

Preferred Agents	Non-Preferred		Limitations
oseltamivir suspension and capsule Xofluza	<i>flumadine</i> <i>Relenza</i> <i>rimantadine HCl</i> <i>Tamiflu</i>	--	

### ANTIVIRALS, TOPICAL

Preferred Agents	Non-Preferred		Limitations
Acyclovir 5% ointment Zovirax Cream	<i>acyclovir cream</i> <i>Denavir</i> <i>penciclovir (gen Denavir)</i>	<i>Xerese</i> <i>Zovirax Ointment</i>	N/A

### HEPATITIS C: PEGYLATED INTERFERONS

Preferred Agents	Non-Preferred		Limitations
N/A	<i>Pegasys ProClick/syringe/vial</i>	--	Clinical criteria applies to this class

### HEPATITIS C: OTHER

Preferred Agents	Non-Preferred		Limitations
Mavyret tabs/pellet pak	<i>Eplusa tabs/pellet pak</i> <i>Harvoni tabs/pellet pak</i> <i>ledipasvir-sofosbuvir</i>	<i>sofosbuvir-velpatasvir</i> <i>Sovaldi tabs/pellet pak</i> <i>Vosevi</i> <i>Zepatier</i>	Clinical criteria applies to this class

### HEPATITIS C: RIBAVIRIN PRODUCTS

Preferred Agents	Non-Preferred		Limitations
ribavirin capsules and tablets	N/A	--	Clinical criteria applies to this class

## CARDIOVASCULAR

### ACE INHIBITORS

Preferred Agents	Non-Preferred		Limitations
benazepril enalapril lisinopril quinapril	<i>Accupril *</i> <i>Altace</i> <i>captopril</i> <i>enalapril sol (gen Epaned)</i> <i>Epaned Oral Soln</i> <i>fosinopril</i> <i>Lotensin *</i>	<i>moexipril</i> <i>perindopril</i> <i>Prinivil *</i> <i>Qbrelis</i> <i>ramipril</i> <i>trandolapril</i> <i>Vasotec *</i> <i>Zestril *</i>	Trial of 2 preferred agents required

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### ACE INHIBITOR COMBINATIONS

Preferred Agents	Non-Preferred	--	Limitations
enalapril w/HCTZ lisinopril w/HCTZ quinapril w/HCTZ	Accuretic * benazepril w/HCTZ captopril w/HCTZ fosinopril w/HCTZ Lotensin HCT	Vaseretic * Zestoretic *	Trial of 2 preferred agents required

### ANGIOTENSIN MODULATOR

Preferred Agents	Non-Preferred	--	Limitations
Entresto irbesartan losartan olmesartan valsartan	Atacand Avapro * Benicar * candesartan Cozaar * Diovan *	Edarbi eprosartan Micardis telmisartan	Trial of 2 preferred agents required

### ANGIOTENSION II RECEPTOR BLOCKER COMBOS

Preferred Agents	Non-Preferred	--	Limitations
irbesartan/HCTZ losartan/HCTZ olmesartan/HCTZ valsartan/HCT	Atacand HCT Avalide * Benicar HCT * candesartan/HCTZ Diovan HCT *	Edarbyclor Hyzaar * Micardis HCT telmisartan/HCTZ	N/A

### ANGIOTENSION MODULATOR COMBINATIONS

Preferred Agents	Non-Preferred	--	Limitations
amlodipine/benazepril amlodipine/valsartan	amlodipine/olmesartan w or w/o HCTZ amlodipine/valsartan/HCTZ Azor Exforge * Exforge HCT	Lotrel * Tarka telmisartan/amlodipine trandolapril/verapamil ER Tribenzor	N/A

### ANTIANGINAL & ANTIISCHEMIC

Preferred Agents	Non-Preferred	--	Limitations
ranolazine ER	Aspruzyo Sprinkle Ranexa ER		N/A

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### ANTIHYPERTENSIVES, SYMPATHOLYTICS

Preferred Agents	Non-Preferred	--	Limitations
clonidine IR oral clonidine transdermal guanfacine IR methyldopa	Catapres oral * clonidine ER (gen Nexiclon)		N/A

### BETA BLOCKERS AND COMBINATIONS

Preferred Agents	Non-Preferred	--	Limitations
Atenolol Bystolic carvedilol Coreg CR labetalol metoprolol succinate ER metoprolol tartrate propranolol IR propranolol ER sotalol/sorine	acebutolol atenolol/chlorthalidone betaxolol bisoprolol (gen Zebeta) bisoprolol/HCTZ carvedilol ER Coreg * Hemangeol Inderal LA & XL Innopran XL Kaspargo Sprinkle Lopressor* metoprolol/HCTZ	nadolol/Corgard nebivolol (gen Bystolic) pindolol propranolol/HCTZ Betapace /Batapace AF Sotylize Tenormin /Tenoretic timolol Toprol XL * Ziac	Trial of 2 preferred agents required  % Clinical criteria applies

### CALCIUM CHANNEL BLOCKERS (DHP)

Preferred Agents	Non-Preferred	--	Limitations
amlodipine nifedipine ER (generic for Procardia XL)	Adalat CC felodipine ER isradipine Katerzia levamlodipine (gen Conjupri) nicardipine HCl nifedipine IR	nimodipine nisoldipine ER Norliqva Norvasc * Nymalize Procardia XL * Sular (reformulated)	N/A

### CALCIUM CHANNEL BLOCKERS (NON-DHP)

Preferred Agents	Non-Preferred	--	Limitations
Cartia XT Dilt XR diltiazem HCl IR diltiazem ER capsule Taztia XT verapamil HCl IR verapamil ER tablets	Calan/Calan SR Cardizem * Cardizem CD/LA diltiazem LA Matzim LA Tiazac	Tiazac 420 verapamil 360 capsule verapamil capsule ER verapamil ER PM Verelan Verelan PM	N/A



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### DIRECT RENIN INHIBITORS

Preferred Agents	Non-Preferred	--	Limitations
N/A	<i>aliskiren</i> <i>Tekturna</i>	<i>Tekturna HCT</i>	Clinical criteria applies to this class

### LIPOTROPICS: HMG-COA RED INH (STATINS) AND COMBOS

Preferred Agents	Non-Preferred	--	Limitations
atorvastatin ezetimibe lovastatin pravastatin rosuvastatin simvastatin %	<i>Altoprev</i> <i>amlodipine-atorvastatin</i> <i>Atorvaliq @</i> <i>Caduet</i> <i>Crestor *</i> <i>Ezallor Sprinkle @</i> <i>ezetimibe/simvastatin %</i> <i>fluvastatin</i> <i>fluvastatin XL</i>	<i>Lescol XL</i> <i>Lipitor *</i> <i>Livalo</i> <i>pitavastatin</i> <i>Vytorin %</i> <i>Zetia *</i> <i>Zocor %</i> <i>Zypitamag</i>	% Clinical criteria applies  @ Alternative dosage forms require PA

### LIPOTROPICS: OTHERS

Preferred Agents	Non-Preferred	--	Limitations
cholestyramine/aspartame cholestyramine/sucrose colestipol tablets fenofibrate 48mg & 145mg– (gen Tricor) fenofibrate 54mg & 160mg tab– (gen Lofibra) gemfibrozil niacin ER omega-3 ethyl esters % Prevalite Vascepa %	<i>Antara</i> <i>colesevelam tab &amp; powder (gen Welchol)</i> <i>Colestid tabs</i> <i>colestipol granules</i> <i>fenofibrate – gen Antara</i> <i>fenofibrate – gen Lipofen</i> <i>fenofibric acid – gen Trilipix</i> <i>Fenoglide</i> <i>Fibracor</i> <i>icosapent ethyl (gen Vascepa) %</i> <i>Juxtapid %</i> <i>Leqvio %</i>	<i>Lipofen</i> <i>Lopid *</i> <i>Lovaza % *</i> <i>Nexletol %</i> <i>Nexlizet %</i> <i>Niaspan *</i> <i>Praluent %</i> <i>Questran *</i> <i>Questran Light *</i> <i>Repatha %</i> <i>Trilipix</i> <i>Welchol tab &amp; powder</i>	% Clinical criteria applies

## CENTRAL NERVOUS SYSTEM

### ALZHEIMER'S DRUGS - CHOLINESTERASE INHIBITORS

Preferred Agents	Non-Preferred	--	Limitations
donepezil 5 & 10 mg tablet Exelon patch rivastigmine capsule	<i>Adlarity</i> <i>Aricept *</i> <i>Aricept 23 %</i> <i>donepezil 23mg %</i> <i>donepezil ODT</i>	<i>galantamine</i> <i>galantamine ER</i> <i>Razadyne ER</i> <i>rivastigmine patch</i>	% Clinical criteria applies

### ALZHEIMER'S DRUGS - NMDA RECEPTOR ANTAGONIST AND COMBOS

Preferred Agents	Non-Preferred	--	Limitations
memantine tablet	<i>memantine sol @/dosepak</i> <i>memantine ER</i> <i>Namenda tab, dosepak</i>	<i>Namenda XR</i> <i>Namzaric</i>	@ Alternative dosage forms require PA

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### ANTI-CONVULSANTS: CARBAMAZEPINE DERIVATIVES

Preferred Agents	Non-Preferred	--	Limitations
carbamazepine chew tabs	<i>Aptiom</i>	<i>Tegretol tablets *</i>	NOTE: DAW 7 may be used ONLY for seizure diagnosis @ Alternative dosage forms require PA
carbamazepine tab	<i>Carbamazepine susp @</i>	<i>Trileptal tablets *</i>	
Carbatrol ER	<i>carbamazepine ER</i>		
Epitol	<i>carbamazepine XR</i>		
oxcarbazepine tabs	<i>Equetro</i>		
Tegretol susp @	<i>oxcarbazepine susp</i>		
Tegretol XR	<i>Oxtellar XR</i>		
Trileptal oral suspension @			

### ANTI-CONVULSANTS: FIRST GENERATION

Preferred Agents	Non-Preferred	--	Limitations
Depakote sprinkle	<i>Celontin</i>	<i>felbamate</i>	NOTE: DAW 7 may be used ONLY for seizure diagnosis @ Alternative dosage forms require PA
Dilantin 30mg Kapseal	<i>Depakote IR and ER *</i>	<i>Felbatol tabs and susp</i>	
Dilantin 50mg chew tab	<i>Dilantin capsule *</i>	<i>methsuximide (gen Celontin)</i>	
divalproex sodium IR and ER	<i>Dilantin-125 oral suspension *@</i>	<i>Mysoline *</i>	
ethosuximide susp @	<i>divalproex sodium sprinkle</i>	<i>Phenytek</i>	
phenobarbital	<i>ethosuximide caps</i>	<i>Zarontin Syr @</i>	
phenytoin caps and suspension			
phenytoin infatabs			
primidone			
valproic acid capsule and syrup			
Zarontin caps			

### ANTI-CONVULSANTS: SECOND GENERATION AND OTHERS

Preferred Agents	Non-Preferred	--	Limitations
Diastat rectal (while available) %	<i>Banzel %</i>	<i>Neurontin solution @ μ</i>	Note: DAW 7 may be used ONLY for seizure diagnosis
diazepam rectal %	<i>Briviact</i>	<i>Neurontin tablet/capsule * μ</i>	
gabapentin capsule μ	<i>clobazam tab &amp; susp %</i>	<i>Onfi %</i>	@ Alternative dosage forms require PA
gabapentin solution μ	<i>Diacomit %</i>	<i>pregabalin caps/solution μ</i>	
gabapentin tablet μ	<i>Elepsia XR</i>	<i>pregabalin ER μ</i>	
lacosamide tab/sol (generic Vimpat) %	<i>Epidiolex %</i>	<i>Qudexy XR</i>	% Clinical criteria applies
lamotrigine IR tabs & chews/dispersible	<i>Eprontia @</i>	<i>rufinamide tab &amp; susp (gen Banzel) %</i>	
levetiracetam IR	<i>Fintepla %</i>	<i>Sabril</i>	μ Cross duplication not allowed between gabapentin and Lyrica
levetiracetam solution	<i>Fycompa</i>	<i>Spritam</i>	
Lyrica capsule μ	<i>Keppra * @</i>	<i>Sympazan % @</i>	
Nayzilam %	<i>Keppra XR</i>	<i>Tiagabine %</i>	
topiramate tablets	<i>lacosamide dose cups %</i>	<i>Topamax Sprinkle Cap @</i>	
Valtoco %	<i>Lamictal *</i>	<i>Topamax tablet *</i>	
zonisamide	<i>Lamictal ODT &amp; ODT Starter pak @</i>	<i>topiramate sprinkle cap @</i>	
	<i>Lamictal Starter pak</i>	<i>topiramate ER</i>	
	<i>Lamictal XR %</i>	<i>Trokendi XR</i>	
	<i>lamotrigine ER %</i>	<i>vigabatrin powder (gen Sabril)</i>	
	<i>lamotrigine ODT @</i>	<i>vigabatrin tablet</i>	
	<i>lamotrigine starter pak</i>	<i>Vimpat %</i>	
	<i>levetiracetam ER</i>	<i>Xcopri</i>	
	<i>Lyrica solution μ</i>	<i>Zonisade</i>	
	<i>Lyrica CR μ</i>	<i>Ztalmy %</i>	

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### ANTI-DEPRESSANTS: SSRIS

Preferred Agents	Non-Preferred	--	Limitations
citalopram tabs # (limit 40 mg/day)	<i>Brisdelle</i> %	<i>paroxetine CR</i>	Trial of 2 preferred agents required
escitalopram tablet #	<i>Celexa</i> * #	<i>paroxetine susp</i>	
fluoxetine capsules	<i>citalopram caps</i>	<i>Paxil</i> *	% Clinical criteria applies
fluoxetine solution	<i>escitalopram solution #</i>	<i>Paxil CR</i>	
fluoxetine 10 mg & 20 mg tablet	<i>fluoxetine 60mg tablet</i>	<i>Paxil Susp</i>	# Dose limits apply
fluvoxamine	<i>fluoxetine DR</i> %	<i>Pexeva</i>	
paroxetine	<i>fluvoxamine CR</i>	<i>Prozac</i> *	
sertraline tabs	<i>Lexapro</i> * #	<i>Prozac Weekly</i> %	
	<i>paroxetine 7.5mg</i> %	<i>sertraline caps</i>	
		<i>Zoloft</i> *	

### ANTI-DEPRESSANTS: NOVEL

Preferred Agents	Non-Preferred	--	Limitations
bupropion IR	<i>Aplenzin</i>	<i>Fetzima</i>	Trial of 2 preferred agents required (excluding trazodone)
bupropion SR and XL 150mg & 300mg	<i>Auvelity</i> %	<i>Forfivo XL</i>	
duloxetine (except 40mg)	<i>bupropion XL 450mg (gen Forfivo)</i>	<i>mirtazapine rapdis @</i>	% Clinical criteria applies
mirtazapine	<i>Cymbalta</i> *	<i>Remeron</i> *	
Pristiq ER #	<i>desvenlafaxine ER #</i>	<i>Remeron SolTab @</i>	# Quantity limits apply
trazodone	<i>desvenlafaxine fum ER</i>	<i>Trintellix</i>	
venlafaxine IR	<i>desvenlafaxine suc ER #</i>	<i>venlafaxine ER tabs</i>	@ Alternative dosage forms require PA
venlafaxine ER caps 24H	<i>duloxetine 40mg</i>	<i>Viibryd DS PK</i>	
Viibryd	<i>Effexor XR</i> *	<i>vilazodone (gen Viibryd)</i>	
		<i>Wellbutrin SR and XL</i> *	
		<i>Zuruvae</i> %	

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### ADHD/CNS STIMULANTS AND RELATED AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Adderall XR amphetamine salt IR combo (generic for Adderall) Aptensio XR Concerta dexamethylphenidate IR Daytrana Focalin XR methylphenidate IR (generic for Ritalin) methylphenidate solution @ Vyvanse Cap #1 Vyvanse Chewable @	Adhansia XR Adzenys XR @ amphetamine sulfate (gen Evekeo) amphetamine susp ER (gen Adzenys) Azstarys Cotempla XR ODT @ Dexedrine SA dexamethylphenidate ER dextroamphetamine SA (generic for Dexedrine SA) dextroamphetamine tab dextroamphetamine soln @ dextroamp-amphet ER (gen Adderall XR & Mydayis) Dyanavel XR @ Evekeo Evekeo ODT @ Focalin IR Jornay PM lisdexamfetamine cap #1 Methylin solution @ methylphenidate CD methylphenidate chew @	methylphenidate ER cap (gen Aptensio) methylphenidate ER tab 10 and 20mg (generic for Ritalin SR Tab) methylphenidate ER tab 18 mg, 27, 36, 54 mg (generic for Concerta) methylphenidate ER tab 45mg, 63mg (generic Relexxii ER) methylphenidate LA methylphenidate SR cap (20, 30, 40mg) methylphenidate patch (gen Daytrana) Mydayis Procentra @ Quillichew ER @ Quillivant XR @ Relexxii ER Ritalin * Ritalin LA Xelstrym Zenzedi	Trial of 2 preferred agents required for stimulants  Quantity limits apply to class  @ Alternative dosage forms require PA  #1 Dose limit 1/day
atomoxetine guanfacine ER clonidine ER & IR	Intuniv * Qelbree %	Strattera *	% Clinical criteria applies

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### ATYPICAL ANTIPSYCHOTICS

Preferred Agents	Non-Preferred	--	Limitations
Abilify Asimtufi @	Abilify Mycite %	risperidone IM (gen Consta)	Oral therapies require an FDA approved diagnosis and trial of 2 preferred agents FDA approved for same diagnosis
Abilify Maintena @	Abilify tablet *	risperidone tab rapdis @	
aripiprazole tablets	Adasuve	Saphris	Dose optimization edits apply to many in class
Aristada @	aripiprazole sol/ODT @	Secuado @	
Aristada Initio @	asenapine (gen Saphris)	Seroquel IR & XR *	@ Alternative dosage forms require PA
clozapine tablet	Caplyta	Symbyax	
Invega Hafyera @	clozapine ODT @	Versacloz	% Clinical criteria applies
Invega Sustenna @	Clozaril *	Vraylar	
Invega Trinza @	Fanapt	Zyprexa tablet *	PA for class required for members eight and under
lurasidone	Fanapt titration pack	Zyprexa Zydis * @	
olanzapine	Fazaclor		Non-preferred combination products require trial of combination of components
olanzapine ODT @	Geodon *		
Perseris @	Invega		
quetiapine	Latuda *		
quetiapine ER	Lybalvi %		
Risperdal Consta @	Nuplazid		
risperidone solution @	olanzapine/fluoxetine		
risperidone tablet	paliperidone ER		
Uzedly @	Rexulti		
ziprasidone HCl	Risperdal *		
Zyprexa Relprev @			

### MULTIPLE SCLEROSIS AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Avonex	Aubagio	Mavenclad	Clinical criteria applies to this class
Avonex Pen	Bafiertam	Mayzent	
Betaseron	Copaxone 40mg Syringe	Plegridy & Pen	
Copaxone 20mg	Extavia	Ponvory	
dimethyl fumarate (gen Tecfidera)	Gilenya	Rebif syringe	
fingolimod (gen Gilenya)	glatiramer 20&40mg	Tascenso ODT	
Kesimpta	Glatopa	Tecfidera	
Rebif Rebidose		Vumerity	
teriflunomide (gen Aubagio)		Zeposia	

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### ANTI-PARKINSON'S AGENTS

Preferred Agents	Non-Preferred	--	Limitations
amantadine caps/soln	Apokyn %	Nourianz %	% Clinical criteria applies
benztropine	Apomorphine %	Ongentys	
carbidopa/levodopa IR and ER	Azilect	Osmolex ER	
entacapone	amantadine tabs	pramipexole ER %	
pramipexole dihydrochloride	bromocriptine	rasagiline	
ropinirole	carbidopa	ropinirole ER %	
selegiline tabs	carbidopa/levodopa ODT	Rytary %	
trihexyphenidyl	carbidopa/levodopa/ entacapone	Selegiline caps	
	Dhivy	Sinemet IR	
	Duopa	Stalevo	
	Gocovri	tolcapone	
	Inbrija	Xadago	
	Lodosyn	Zelapar	
	Mirapex *		
	Mirapex ER %		
	Neupro		

### SEDATIVE HYPNOTIC AGENTS

Preferred Agents	Non-Preferred	--	Limitations
eszopiclone (initial dose limit 1mg/day)	Ambien */ Ambien CR	Quviviq %	Quantity limits apply to class
temazepam 15 & 30mg	Belsomra %	ramelteon	
zaleplon	doxepin % (gen Silenor)	Restoril *	% Clinical criteria applies
zolpidem tartrate IR tablet (initial dose limit 5mg/day for females)	Dayvigo %	Rozerem	
	Edluar %	Silenor %	
	Estazolam	Sonata	
	flurazepam	tasimelteon (gen Hetlioz) %	
	Halcion	temazepam 7.5 & 22.5mg	
	Hetlioz cap/susp %	triazolam	
	Intermezzo %	zolpidem 7.5mg caps	
	Lunesta %	zolpidem ER	
		zolpidem sl %	

### SKELETAL MUSCLE RELAXANTS

Preferred Agents	Non-Preferred	--	Limitations
baclofen tablet	Amrix %	Lyvispah	% Clinical criteria applies
chlorzoxazone	baclofen solution	metaxalone	
cyclobenzaprine HCl 5mg & 10mg	cyclobenzaprine 7.5mg%	Norgesic/Norgesic Forte	# Quantity limits apply
methocarbamol	cyclobenzaprine ER %	Robaxin *	
orphenadrine citrate	Dantrium	Skelaxin	
tizanidine HCl tablet	dantrolene sodium	tizanidine capsule % #	
	Fexmid %	Zanaflex capsule % #	
	Fleqsuvy	Zanaflex tablet *	
	Lorzone *		

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### MOVEMENT DISORDER DRUGS

Preferred Agents	Non-Preferred	--	Limitations
Austedo Austedo XR Ingrezza tetrabenazine	Austedo XR titration kit Ingrezza initiation Pack Xenazine		Clinical criteria applies to this class; Quantity limits apply

### ENDOCRINE AND METABOLIC AGENTS

#### ANDROGENIC AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Androgel pump (Abbvie only. While available) testosterone 1.62% gel pump (gen Androgel)	Androderm Fortesta	Testim testosterone gel Vogelxo	Clinical criteria applies to this class

#### BONE: RESORPTION AND RELATED AGENTS

Preferred Agents	Non-Preferred	--	Limitations
alendronate tablet Forteo ibandronate raloxifene	Actonel alendronate solution Atelvia Boniva calcitonin-salmon %	Evista * Fosamax tabs */ PlusD risedronate sodium teriparatide Tymlos	% Clinical criteria applies

#### ANTI-HYPOGLYCEMIC AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Baqsimi # Glucagon # Glucagon Emergency Kit (Lilly, Amphastar) # Proglycem susp Zegalogue autoinject #	diazoxide susp Glucagon Emergency kit (Fresenius) # Gvoke pen/syringe # Zegalogue syringe #		# Quantity limits apply

#### DIABETES: ALPHA-GLUCOSIDASE INHIBITORS

Preferred Agents	Non-Preferred	--	Limitations
acarbose	miglitol Precose *		N/A

#### DIABETES: DPP-IV INHIBITORS

Preferred Agents	Non-Preferred	--	Limitations
Glyxambi Janumet Janumet XR Januvia Jentadueto Tadjenta	alogliptin alogliptin-metformin alogliptin-pioglitazone Jentadueto XR Kazano Nesina	Oseni % saxagliptin (gen Onglyza) saxagliptin-metformin ER (gen Kombiglyze) Trijardy XR Zituvio	% Clinical criteria applies

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### DIABETES: GLP1 RECEPTOR AGONISTS

Preferred Agents	Non-Preferred	--	Limitations
Byetta Pens Ozempic Trulicity Victoza	Bydureon BCISE Mounjaro	Rybelsus	Electronic edits apply to class

### DIABETES: INSULIN AND COMBO

Preferred Agents	Non-Preferred	--	Limitations
Humalog JR Kwikpen Humalog U-100 Kwikpen Humalog Mix Pen/Vial Humalog Tempo pen Humalog Vial/Cartridge Humulin 70/30 Pen Novolin N Vial Novolin R Vial Humulin R U-500 Pen insulin aspart Flexpen/Vial insulin aspart/insulin aspart protamine Pen/Vial insulin glargine Pen/Vial Lantus Vial Lantus SoloStar Levemir Vial Levemir Flexpen NovoLog Vial/Cartridge/Penfill NovoLog Mix 70/30 Flexpen	Admelog Vial/SoloStar Afrezza Apidra Vial/Solostar Basaglar Kwikpen/Tempo pen Fiasp Vial/FlexTouch/ Cartridge/ Pumpcart Humalog U-200 Kwikpen Humulin N Vial Humulin R Vial Humulin Pen Humulin N Pen OTC Humulin R U-500 Vial insulin aspart Cartridge insulin degludec Pen/Vial insulin glargine-YFGN Pen/Vial insulin glargine max solostar insulin lispro Vial/Kwikpen insulin lispro JR kwikpen insulin lispro protamine mix	Lyumjev Vial/Kwikpen/Tempo pen Novolin N Flexpen Novolin R Flexpen Novolin 70/30 Novolog Flexpen NovoLog Mix 70/30 Vial Rezvoglar Kwikpen Semglee Semglee-YFGN Pen/Vial Soliqua 100-33 Toujeo Tresiba Vial/FlexTouch Xultophy 100-3.6	Clinical PA required for non-preferred insulin pens

### DIABETES: MEGLITINIDES AND COMBOS

Preferred Agents	Non-Preferred	--	Limitations
Repaglinide (gen for Prandin)	Nateglinide (gen for Starlix)	repaglinide-metformin	N/A

### DIABETES: METFORMINS AND COMBOS

Preferred Agents	Non-Preferred	--	Limitations
glyburide-metformin metformin metformin ER (generic for Glucophage XR)	Fortamet glipizide-metformin Glumetza metformin solution	metformin ER (gen for Fortamet) metformin ER (gen for Glumetza) Riomet	N/A



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### DIABETES: SGLT2 AND COMBOS

Preferred Agents	Non-Preferred	--	Limitations
Farxiga	<i>dapagliflozin</i>	<i>Steglatro</i>	
Glyxambi	<i>dapagliflozin/metformin ER</i>	<i>Steglujan</i>	
Invokamet	<i>Inpefa</i>	<i>Synjardy XR</i>	
Invokana	<i>Invokamet XR</i>	<i>Trijardy XR</i>	
Jardiance	<i>Qtern</i>		
Synjardy	<i>Segluromet</i>		
Xigduo XR			

### DIABETES: SULFONYLUREAS

Preferred Agents	Non-Preferred	--	Limitations
glimepiride	<i>Glucotrol XL *</i>		N/A
glipizide	<i>glyburide micronized</i>		
glipizide ER/XL			
glyburide			

### DIABETES: TZD

Preferred Agents	Non-Preferred	--	Limitations
pioglitazone	<i>Actoplus Met</i> <i>Actos</i>	<i>Duetact</i> <i>pioglitazone/glimepiride</i> <i>pioglitazone/metformin</i>	

### ESTROGEN PREPARATIONS, OTHER ROUTES: ORAL/TRANSDERMAL

Preferred Agents	Non-Preferred	--	Limitations
<b>ORAL</b> estradiol oral Premarin oral	<i>Duavee</i> <i>Estrace *</i> <i>Menest</i> <i>Osphena</i> <i>Veozah</i>		N/A
<b>TRANSDERMAL</b> estradiol patch (generic for Climara) Minivelle Vivelle-Dot	<i>Climara</i> <i>Divigel</i> <i>Dotti</i> <i>Elestrin</i> <i>Estradiol gel packet (gen Divigel)</i>	<i>estradiol patch (generics for Minivelle/Vivelle-Dot)</i> <i>Evamist</i> <i>Lyllana</i> <i>Menostar</i>	N/A

### ESTROGEN PREPARATIONS, VAGINAL

Preferred Agents	Non-Preferred	--	Limitations
Estring Premarin vaginal cream Vagifem	<i>Estrace</i> <i>estradiol (gen Estrace)</i> <i>estradiol (gen Yuvafem)</i>	<i>Femring</i> <i>Intrarosa</i> <i>Yuvafem</i>	N/A

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### GROWTH HORMONES

Preferred Agents	Non-Preferred	--	Limitations
Genotropin Cartridge, Syringe Norditropin	<i>Humatrope</i> <i>Ngenla</i> <i>Nutropin AQ</i> <i>Omnitrope</i> <i>Serostim</i>	<i>Skytrofa</i> <i>Sogroya</i> <i>Zomacton Vial</i> <i>Zorbtive</i>	Clinical criteria applies to this class

### PANCREATIC ENZYMES

Preferred Agents	Non-Preferred	--	Limitations
Creon Zenpep	<i>Pertzye</i>	<i>Viokace</i>	N/A

### PITUITARY SUPPRESSIVE AGENTS, LHRH

Preferred Agents	Non-Preferred	--	Limitations
Fensolvi Leuprolide depot (gen Lutrate Depot) Lupron Depot-Ped Supprelin LA % Synarel Triptodur	"	"	% Clinical criteria applies

### PROGESTINS FOR CACHEXIA

Preferred Agents	Non-Preferred	--	Limitations
megestrol suspension	<i>megestrol ES 625mg/5mL suspension</i>		N/A

### UTERINE DISORDER TREATMENTS

Preferred Agents	Non-Preferred	--	Limitations
Myfembree Orilissa	<i>Oriahnn</i>		N/A

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### GASTROINTESTINAL

#### ANTIEMETICS AGENTS

Preferred Agents	Non-Preferred	--	Limitations
metoclopramide tablets, solution	<i>Akynzeo</i>	<i>metoclopramide injection</i>	# Quantity limits apply
ondansetron injections	<i>Aprepitant %</i>	<i>metoclopramide ODT %</i>	% Clinical criteria applies
ondansetron ODT	<i>Bonjesta %</i>	<i>Reglan *</i>	
ondansetron solution	<i>Diclegis%</i>	<i>Sancuso %</i>	
ondansetron tablet	<i>doxylamine/pyridox %</i>	<i>Sustol SQ</i>	
	<i>Emend Oral %</i>	<i>Zofran *</i>	
	<i>Emend Oral Pak %</i>		
	<i>Gimoti</i>		
	<i>Granisetron #</i>		

#### GI MOTILITY AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Amitiza	<i>Alosetron</i>	<i>Relistor tab/syr</i>	Clinical criteria applies to this class
Linzess	<i>Ibsrela</i>	<i>Symproic</i>	
Lotronex	<i>Lubiprostone (gen Amitiza)</i>	<i>Trulance</i>	
	<i>Motegrity</i>	<i>Viberzi</i>	
	<i>Movantik</i>		

#### PROTON PUMP INHIBITORS AND H. PYLORI TREATMENT

Preferred Agents	Non-Preferred	--	Limitations
esomeprazole cap (Rx)	<i>Aciphex tab</i>	<i>omeprazole OTC</i>	Trial of two preferred molecules required
Dexilant	<i>Aciphex sprinkle @</i>	<i>omeprazole/sodium bicarb</i>	@ Alternative dose forms require PA.
lansoprazole caps Rx & OTC	<i>bismuth-metronidazole-tetracycline (gen Pylera)</i>	<i>pantoprazole susp</i>	Quantity limits apply to class
Nexium suspension @	<i>dexlansoprazole (gen Dexilant)</i>	<i>Prevacid RX and OTC</i>	% Clinical criteria applies
omeprazole (Rx)	<i>Esomeprazole cap (OTC)</i>	<i>Prilosec (Rx) susp packet @</i>	
pantoprazole	<i>esomeprazole tab (OTC)</i>	<i>Protonix Tablet *</i>	
Prevacid Solu Tab @	<i>esomeprazole susp</i>	<i>Rabeprazole</i>	
Protonix suspension @	<i>Konvomep</i>	<i>Talicia</i>	
Pylera	<i>lansoprazole ODT @</i>	<i>Vimovo %</i>	
	<i>lansoprazole-amox-clarith</i>	<i>Zegerid</i>	
	<i>naproxen/esomeprazole (gen Vimovo) %</i>	<i>Zegerid packet @</i>	
	<i>Nexium OTC</i>		
	<i>Nexium Rx capsule</i>		
	<i>Omeclamox-Pak</i>		

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### ULCERATIVE COLITIS – ORAL

Preferred Agents	Non-Preferred	--	Limitations
Apriso Delzicol Lialda Pentasa sulfasalazine DR sulfasalazine IR	Asacol HD Azulfidine * Azulfidine DR * balsalazide budesonide ER Colazal	Dipentum mesalamine (gen Delzicol) mesalamine ER (gen Apriso) mesalamine (gen Asacol HD) mesalamine (gen Lialda) mesalamine ER (gen Pentasa) Uceris oral	N/A

### ULCERATIVE COLITIS – RECTAL

Preferred Agents	Non-Preferred	--	Limitations
mesalamine supp (gen Canasa)	budesonide (gen Uceris) Canasa rectal supp mesalamine enema mesalamine kit (gen Rowasa)	Rowasa kit sf Rowasa enema Uceris rectal	N/A

### GENITOURINARY AND RENAL

#### ALPHA BLOCKERS FOR BPH

Preferred Agents	Non-Preferred	--	Limitations
alfuzosin tamsulosin	Flomax * Rapaflo	silodosin	N/A

#### ANDROGEN HORMONE INHIBITORS AND COMBOS

Preferred Agents	Non-Preferred	--	Limitations
dutasteride finasteride	Avodart * dutasteride-tamsulosin	Jalyn Natesto Proscar *	N/A

#### PDE-5 FOR BPH

Preferred Agents	Non-Preferred	--	Limitations
N/A	Cialis Entadfi Tadalafil		Clinical criteria applies to this class

#### PHOSPHATE BINDERS

Preferred Agents	Non-Preferred	--	Limitations
calcium acetate caps Fosrenol tabs Renvela tablets	Auryxia calcium acetate tabs Fosrenol powder lanthanum chew tab Renvela powder packets	sevelamer powder sevelamer carbonate tabs (gen Renvela) sevelamer HCL tabs (gen Renagel) Velphoro Xphozah	N/A

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### POTASSIUM BINDERS

Preferred Agents	Non-Preferred		Limitations
Lokelma sodium polystyrene sulfonate	Veltassa	--	N/A

### URINARY TRACT ANTISPASMODICS

Preferred Agents	Non-Preferred		Limitations
oxybutynin ER oxybutynin 5mg IR solifenacin (gen Vesicare) Toviaz	darifenacin ER Detrol Detrol LA Ditropan XL fesoterodine ER (gen Toviaz) flavoxate Gemtesa	Myrbetriq tab/susp oxybutynin 2.5mg IR Oxytrol * tolterodine tolterodine ER trospium trospium XR Vesicare * Vesicare LS susp	N/A

### HEMATOLOGICAL AGENTS

#### ANTICOAGULANTS INJECTABLE

Preferred Agents	Non-Preferred		Limitations
enoxaparin #	Arixtra fondaparinux	Fragmin Lovenox * #	# Quantity limits apply

#### ANTICOAGULANT ORAL

Preferred Agents	Non-Preferred		Limitations
Eliquis # Eliquis starter pack # Pradaxa capsule # warfarin Xarelto 2.5mg # % Xarelto 10,15,20mg and Starter Pack #	Dabigatran # (generic Pradaxa) Pradaxa pellet pack # Savaysa # Xarelto susp %	--	# Quantity limits apply % Clinical criteria applies

### COLONY STIMULATING FACTORS

Preferred Agents	Non-Preferred		Limitations
Fynetra Neupogen vial & syringe	Fulphila Leukine Granix vial/syringe Neulasta Nivestym Nyvepria	Releuko Rolvedon Stimufend Udenyca Zarxio Ziextenzo	N/A

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### HEMATOPOIETIC AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Epogen Retacrit	Aranesp Syr/Vial Jesduvroq Mircera	Procrit Reblozyl	N/A

### MISCELLANEOUS AGENTS

#### ANTIHYPERURICEMICS

Preferred Agents	Non-Preferred	--	Limitations
allopurinol colchicine tablet (generic for Colcrys) Colcrys (while available) probenecid probenecid/colchicine %	allopurinol 200mg colchicine capsule (generic for Mitigare)	febuxostat % (gen Uloric) Gloperba Mitigare Uloric % Zyloprim *	% Clinical criteria applies

#### BILE SALTS

Preferred Agents	Non-Preferred	--	Limitations
ursodiol tablet/capsule	Bylvay (caps/pellet) Chenodal % Cholbam % Livmarli	Ocaliva % Reltone Urso/Urso Forte tablet	% Clinical criteria applies

### IMMUNOLOGIC AGENTS

#### ANTINEOPLASTIC AGENTS, TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
diclofenac topical (gen for Solaraze) Efudex cream fluorouracil solution (generic & branded generic)	Carac fluorouracil cream Picato		Clinical criteria applies to this class

#### HAE TREATMENTS

Preferred Agents	Non-Preferred	--	Limitations
Berinert Haegarda icatibant (gen Firazyr) Kalbitor Takhzyro	Cinryze Firazyr Orladeyo Ruconest		Clinical criteria applies to this class

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### IMMUNOMODULATORS

Preferred Agents	Non-Preferred	--	Limitations
Cosentyx	Actemra	Rinvoq ER	Clinical criteria applies to this class
Enbrel	adalimumab biosimilars	Siliq	
Enbrel Mini	Amjevita	Simponi	
Humira	Bimzelx	Skyrizi	
Humira Pediatric	Cibinqo	Sotyktu	
	Cimzia	Stelara	
	Cimzia Kit	Taltz	
	Enbrel vial	Tremfya	
	Enspryng	Velsipity	
	Entyvio	Xeljanz	
	Ilumya	Xeljanz solution	
	Kevzara	Xeljanz XR	
	Kineret	Zeposia	
	Olumiant		
	Omvoh		
	Orencia		
	Otezla		

### IMMUNOSUPPRESSANTS

Preferred Agents	Non-Preferred	--	Limitations
azathioprine	Astagraf XL	Neoral *	N/A
cyclosporine (gen Neoral)	Azasan	Prograf caps *	
cyclosporine (gen Sandimmune)	Cellcept	Prograf granules pack	
everolimus	cyclosporine capsule	Rezerock	
Gengraf	Envarsus XR	Sandimmune caps/solution	
mycophenolate (gen Cellcept) cap/tab	Imuran *	sirolimus soln	
Rapamune soln	mycophenolate susp	Tavneos	
sirolimus tab	mycophenolic acid	Zortress	
tacrolimus caps	Myfortic		

### IMMUNOMODULATORS, ASTHMA

Preferred Agents	Non-Preferred	--	Limitations
Fasenra SQ Syringe/Pen	Nucala SQ Syringe/Auto-injector		Clinical criteria and quantity limits apply to this class
Xolair SQ Syringe	Tezspire Pen		
	Xolair Autoinjector		

### IMMUNOMODULATORS, ATOPIC DERMATITIS

Preferred Agents	Non-Preferred	--	Limitations
Elidel	Adbry %	pimecrolimus (gen Elidel)	% Clinical criteria applies
Eucrisa %	Dupixent %	Protopic	
	Opzelura %	tacrolimus ointment	

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### IMMUNOMODULATORS, TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
imiquimod 5% (gen Aldara)	<i>Aldara *</i> <i>Condylox gel</i> <i>imiquimod 3.75% (gen Zyclara)</i>	<i>Podofilox gel/sol</i> <i>Veregen</i> <i>Hyftor %</i> <i>Zyclara</i>	N/A

### METHOTREXATE PRODUCTS

Preferred Agents	Non-Preferred	--	Limitations
methotrexate PF vial methotrexate tablet methotrexate vial	<i>Jylamvo</i> <i>Otrexup</i> <i>Rasuvo</i> <i>Reditrex</i>	<i>Trexall</i> <i>Xatmep</i>	N/A

### OPHTHALMICS

#### ALPHA2 ADRENERGIC AGENTS – GLAUCOMA

Preferred Agents	Non-Preferred	--	Limitations
Alphagan P brimonidine 0.2% Combigan Simbrinza	<i>apraclonidine</i> <i>brimonidine 0.1% &amp; 0.15% (gen Alphagan P)</i>	<i>brimonidine/timolol (gen Combigan)</i> <i>lopidine</i>	N/A

### ANTIBIOTIC-STEROID COMBINATIONS

Preferred Agents	Non-Preferred	--	Limitations
neomycin/polymixin/dexamethasone Tobradex ointment Tobradex suspension (while available) tobramycin/dexamethasone susp	<i>Blephamide ointment</i> <i>Maxitrol Drops/Oint *</i> <i>neomycin/bacitracin/polymixin/HC</i> <i>neomycin/polymixin/HC</i>	<i>Pred-G ointment</i> <i>sulfacetamide/prednisolone</i> <i>Tobradex ST</i> <i>Zylet</i>	N/A

### ANTI-INFLAMMATORIES – NSAIDS

Preferred Agents	Non-Preferred	--	Limitations
diclofenac sodium flurbiprofen sodium	<i>Acular</i> <i>Acular LS</i> <i>Acuvail</i> <i>bromfenac (gen Bromsite &amp; Prolensa)</i> <i>Bromsite</i>	<i>Ilevro</i> <i>ketorolac ophth 0.4% (LS)</i> <i>ketorolac ophth 0.5%</i> <i>Nevanac</i> <i>Prolensa</i>	N/A



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### ANTI-INFLAMMATORIES – STEROIDS

Preferred Agents	Non-Preferred	--	Limitations
fluorometholone Lotemax drops/gel prednisolone acetate	<i>dexamethasone</i> <i>difluprednate (gen Durezol)</i> <i>Durezol</i> <i>Flarex</i> <i>FML</i> <i>FML Forte</i> <i>FML SOP</i> <i>Inveltys</i>	<i>Lotemax ointment</i> <i>loteprednol (gen Lotemax)</i> <i>Maxidex</i> <i>Pred Forte</i> <i>Pred Mild</i> <i>prednisolone sod phos</i>	N/A

### BETA BLOCKERS – GLAUCOMA

Preferred Agents	Non-Preferred	--	Limitations
Combigan timolol solution timolol gel solution	<i>betaxolol 0.5%</i> <i>Betimol</i> <i>Betoptic S 0.25%</i> <i>carteolol</i> <i>Istalol</i>	<i>levobunolol</i> <i>timolol (gen Istalol)</i> <i>timolol (gen Timoptic Ocudose)</i> <i>Timoptic *</i> <i>Timoptic Ocudose</i> <i>Timoptic-XE *</i>	N/A

### GLAUCOMA, OTHERS

Preferred Agents	Non-Preferred	--	Limitations
dorzolamide dorzolamide/timolol Rhopressa Rocklatan Simbrinza	<i>Azopt</i> <i>brinzolamide (gen Azopt)</i> <i>Cosopt *</i> <i>Cosopt PF</i> <i>dorzolamide/timolol/PF (gen Cosopt PF)</i>	<i>Trusopt *</i>	N/A

### OPHTHALMIC ALLERGIC CONJUNCTIVITIS

Preferred Agents	Non-Preferred	--	Limitations
cromolyn sodium ketotifen OTC olopatadine 0.1% & 0.2% Rx Zaditor OTC	<i>Alomide</i> <i>Alrex</i> <i>Azelastine</i> <i>bepotastine (gen Bepreve)</i> <i>Bepreve</i>	<i>epinastine</i> <i>Lastacaft</i> <i>loteprednol (gen Alrex)</i> <i>Pataday</i> <i>Zerviate</i>	N/A

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### OPHTHALMIC – ANTI-INFLAMMATORY/IMMUNOMODULATOR

Preferred Agents	Non-Preferred	Limitations
Restasis Multidose Restasis Unit Dose Xiidra	<i>Cequa</i> <i>cyclosporine (gen Restasis)</i> <i>Eysuvis</i> <i>Miebo</i> <i>Tyrvaya</i> <i>Verkazia</i> <i>Vevye</i>	N/A

### OPHTHALMIC PROSTAGLANDIN AGONISTS

Preferred Agents	Non-Preferred	Limitations
latanoprost	<i>bimatoprost</i> <i>(gen Lumigan 0.03%)</i> <i>lyuzeh</i> <i>Lumigan 0.01%</i> <i>tafluprost (gen Zioptan)</i> <i>travaprost</i>	<i>Travatan Z</i> <i>Vyzulta</i> <i>Xalatan *</i> <i>Xelpros</i> <i>Zioptan</i>

### OPHTHALMIC QUINOLONES

Preferred Agents	Non-Preferred	Limitations
ciprofloxacin drops ofloxacin drops Vigamox	<i>Besivance</i> <i>Ciloxan drops*/ointment</i> <i>gatifloxacin</i> <i>levofloxacin</i>	<i>Moxeza</i> <i>moxifloxacin</i> <i>Ocuflox *</i> <i>Zymaxid</i>

### OTICS

#### OTIC ANTI-INFECTIVES AND ANESTHETICS

Preferred Agents	Non-Preferred	Limitations
acetic acid	<i>acetic acid HC</i>	N/A

#### OTIC ANTIBIOTICS

Preferred Agents	Non-Preferred	Limitations
Ciprodex (while available) ciproflox/dexameth otic susp (gen Ciprodex) neomycin/polymixin/HC soln/susp ofloxacin drops	<i>Cipro HC</i> <i>ciprofloxacin HCl otic</i>	<i>ciproflox/fluocinolone</i> <i>Coly-Mycin S</i> <i>Cortisporin-TC otic susp</i> <i>Otovel</i>

#### OTIC ANTI-INFLAMMATORY

Preferred Agents	Non-Preferred	Limitations
Dermotic Oil fluocinolone acetonide oil	<i>Flac Otic Oil</i>	N/A

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### PAH AGENTS

#### ENDOTHELIN RECEPTOR ANTAGONISTS

Preferred Agents	Non-Preferred	--	Limitations
ambrisentan (gen Letairis) Tracleer	bosentan (gen Tracleer) Letairis	Opsumit	Clinical criteria applies to this class

#### PROSTACYCLINS FOR PAH, INHALATION AND ORAL

Preferred Agents	Non-Preferred	--	Limitations
Tyvaso Inh Sol Ventavis Inh	Orenitram ER/titration kit Tyvaso DPI Uptravi Uptravi Dose Pak		Clinical criteria applies to this class

#### PDE INHIBITORS AND OTHERS FOR PPH/PAH

Preferred Agents	Non-Preferred	--	Limitations
Alyq 20mg (gen Adcirca) Revatio susp sildenafil tabs (gen Revatio) tadalafil 20mg (gen Adcirca)	Adcirca Adempas Liqrev Revatio tabs sildenafil susp (gen Revatio) Tadliq susp		Clinical criteria applies to this class

### PLATELET AGGREGATION INHIBITORS

#### PLATELET AGGREGATION INHIBITORS

Preferred Agents	Non-Preferred	--	Limitations
aspirin aspirin-dipyridamole Brilinta clopidogrel dipyridamole prasugrel	Effient * Plavix *	Zontivity	N/A

### RESPIRATORY

#### COPD AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Anoro Ellipta Atrovent HFA Combivent Respimat ipratropium neb ipratropium/albuterol neb roflumilast (gen Daliresp) % Spiriva HandiHaler Stiolto Respimat	Bevespi Breztri Aerosphere Daliresp % Duaklir Pressair Incruse Ellipta Seebri Neohaler	Spiriva Respimat tiotropium (gen Spiriva handihaler) Trelegy Ellipta Tudorza Yupelri	% Clinical criteria applies  Non-preferred combination products require trial of combination of preferred products with all requested MOAs

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### ANTI-ALLERGENS

Preferred Agents	Non-Preferred	--	Limitations
N/A	Grastek Odactra Oralair Palforzia	Ragwitek	Clinical criteria applies to this class

### ANTI-HISTAMINES NON-SEDATING, AND DECONGESTANT COMBOS

Preferred Agents	Non-Preferred	--	Limitations
cetirizine solution 1mg/ml OTC cetirizine syrup 1mg/ml Rx cetirizine tablets OTC levocetirizine tablets Rx and OTC loratadine syrup OTC loratadine tablets OTC	cetirizine chewable OTC cetirizine soln 5mg/5mL OTC (unit dose) cetirizine-D OTC Clarinex Clarinex-D desloratadine fexofenadine tabs OTC	fexofenadine-D OTC levocetirizine soln loratadine chewable OTC loratadine-D OTC loratadine ODT OTC	N/A

### BETA AGONISTS: SHORT-ACTING MDI AND NEBS

Preferred Agents	Non-Preferred	--	Limitations
albuterol nebs ProAir HFA (while available) Proventil HFA (while available) Ventolin HFA Xopenex HFA	albuterol HFA (generic Proair 8.5g) albuterol HFA (generic Proventil 6.7g) levalbuterol HFA levalbuterol inh soln	ProAir Digihaler ProAir Respiclick Xopenex inh soln	N/A

### BETA AGONISTS: LONG-ACTING MDI & NEBS

Preferred Agents	Non-Preferred	--	Limitations
Serevent Diskus	arformoterol (gen Brovana)	formoterol (gen Perforomist)	N/A
	Brovana	Perforomist Striverdi Respimat	

### BETA AGONISTS: COMBINATION PRODUCTS

Preferred Agents	Non-Preferred	--	Limitations
Advair Diskus Advair HFA Dulera Symbicort	AirDuo Breo Ellipta Breyna budesonide/formoterol (gen Symbicort) fluticasone/salmeterol (generic Advair)	fluticasone/salmeterol (generic Airduo) fluticasone/vilanterol (generic Breo Ellipta) Wixela	N/A

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### CORTICOSTEROIDS INHALED

Preferred Agents	Non-Preferred	--	Limitations
Asmanex Twisthaler	<i>Airsupra</i>	<i>Flovent Diskus</i>	N/A
budesonide respules	<i>Alvesco</i>	<i>Fluticasone Diskus (generic)</i>	
Flovent HFA (while available)	<i>Armonair</i>	<i>Flovent</i>	
fluticasone HFA	<i>Arnuity Ellipta</i>	<i>Pulmicort Respules</i>	
Pulmicort Flexhaler	<i>Asmanex HFA</i>	<i>QVAR Redihaler</i>	

### EPINEPHRINE – SELF INJECTED

Preferred Agents	Non-Preferred	--	Limitations
Epipen/Epipen Jr epinephrine, self-injected (Mfr. Mylan only)	<i>epinephrine, self-injected</i>	<i>Symjepi</i>	N/A

### GLUCOCORTICOIDS, ORAL

Preferred Agents	Non-Preferred	--	Limitations
budesonide EC	<i>Alkindi Sprinkle</i>	<i>Millipred DP tab DS Pk</i>	% Clinical criteria applies
dexamethasone Intensol	<i>Cortef</i>	<i>Millipred tablet</i>	
dexamethasone solution and tablet	<i>cortisone</i>	<i>Ortikos</i>	
hydrocortisone	<i>Decadron</i>	<i>Prednisone Intensol</i>	
methylprednisolone 4mg	<i>dexamethasone elixir</i>	<i>prednisolone ODT</i>	
methylprednisolone tab DS pak	<i>dexamethasone pak (gen</i>	<i>prednisolone sod phos sol (gen</i>	
prednisolone sodium phos sol (gen Pediapred)	<i>Dexpak)</i>	<i>Millipred &amp; Veripred)</i>	
prednisolone solution	<i>Emflaza %</i>	<i>Rayos %</i>	
prednisone solution	<i>Hemady</i>	<i>Taperdex (gen Dexpak)</i>	
prednisone tab DS pak	<i>Medrol</i>	<i>Tarpeyo</i>	
prednisone tablet	<i>Medrol DS PK</i> <i>methylprednisolone 8mg, 16mg,</i> <i>and 32mg tabs</i>		

### IDIOPATHIC PULMONARY FIBROSIS

Preferred Agents	Non-Preferred	--	Limitations
pirfenidone (generic Esbriet) Ofev	<i>Esbriet</i>		Clinical criteria applies to this class

### INTRANASAL ANTIHISTAMINES AND OTHERS

Preferred Agents	Non-Preferred	--	Limitations
azelastine 0.1% (generic Astelin) ipratropium nasal	<i>azelastine 0.15% (generic</i> <i>Astepro)</i>	<i>olopatadine</i>	N/A

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## INTRANASAL CORTICOSTEROIDS

Preferred Agents	Non-Preferred	--	Limitations
fluticasone RX	<i>azelastine/fluticasone</i> <i>budesonide nasal</i> <i>Dymista</i> <i>flunisolide</i> <i>fluticasone OTC</i> <i>mometasone (gen Nasonex)</i>	<i>Nasonex</i> <i>Omnaris</i> <i>Qnasl</i> <i>Ryaltris</i> <i>triamcinolone OTC</i> <i>Xhance</i> <i>Zetonna</i>	Non-preferred combination products require trial of combination of preferred products with all requested MOAs

## LEUKOTRIENE RECEPTOR ANTAGONISTS

Preferred Agents	Non-Preferred	--	Limitations
montelukast tablet/chew tablet	<i>Accolate</i> <i>montelukast gran pak</i>	<i>Singulair gran pak</i> <i>Singulair tablet/chew tab *</i> <i>zafirlukast</i>	N/A

## TOBACCO CESSATION

Preferred Agents	Non-Preferred	--	Limitations
bupropion SR (gen Zyban) nicotine chewing gum OTC nicotine lozenge OTC nicotine transdermal OTC varenicline (gen Chantix)	<i>Nicotrol Inhaler %</i> <i>Nicotrol Nasal Spray %</i>		Quantity limits apply to class  % Clinical criteria applies

## TOPICAL AGENTS

### ANTIPARASITICS – TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
Natroba permethrin cream permethrin OTC piperonyl butoxide/pyrethrins shampoo OTC	<i>Eurax Cream</i> <i>Eurax Lotion</i> <i>Ivermectin 0.5% (gen Sklice)</i> <i>malathion</i>	<i>Ovide</i> <i>piperonyl butoxide/pyrethrins kit</i> <i>OTC</i> <i>spinosad</i> <i>Vanlice</i>	Monthly limits apply – One application per 34 days.

### ANTIPSORIATICS – TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
calcipotriene cream calcipotriene solution	<i>calcipotriene foam/oint</i> <i>calcipotriene-betameth oint/scalp</i> <i>calcitriol</i> <i>Dovonex cream</i> <i>Duobrii</i>	<i>Enstilar foam</i> <i>Sorilux</i> <i>Taclonex ointment/scalp</i> <i>Vectical</i> <i>Vtama</i> <i>Zoryve %</i>	Clinical criteria applies to this class

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### MISC ACNE, TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
clindamycin/benzoyl peroxide (Duac 1.2-5%) clindamycin phosphate solution erythromycin solution	<i>Acanya Gel</i> <i>Aczone</i> <i>Amzeeq</i> <i>Arazlo</i> <i>Avar products</i> <i>Benzaclin</i> <i>Benzamycin</i> <i>benzoyl peroxide</i> <i>BP-10-1</i> <i>Cleocin-T</i> <i>Clindacin</i> <i>Clindagel</i> <i>clindamycin/benzoyl perox. (Benzaclin 1-5%)</i> <i>clindamycin/benzoyl perox. (Acanya 1.2-2.5%)</i> <i>clindamycin/benzoyl perox. (gen Onexton w/Pump)</i> <i>clindamycin phosphate foam/gel/lotion/swab</i>	<i>dapsone</i> <i>Ery gel/pads</i> <i>erythromycin gel/swab</i> <i>erythromycin-benzoyl peroxide</i> <i>Evoclin</i> <i>Klaron</i> <i>Neuac</i> <i>Onexton</i> <i>Ovace/Ovace Plus</i> <i>Rosanil</i> <i>Rosula</i> <i>SSS 10-5</i> <i>sulfacetamide</i> <i>sulfacetamide/sulfur</i> <i>sulfacetamide/sulfur/urea</i> <i>sulfacetamide sodium</i> <i>sulfacetamide sodium/sulfur</i> <i>Sumadan products</i> <i>Sumaxin products</i> <i>Winlevi</i> <i>ZMA Clear</i>	Trial of 2 preferred agents required

### TOPICAL RETINOIDS

Preferred Agents	Non-Preferred	--	Limitations
adapalene gel 0.3% Rx Retin-A	<i>adapalene cream/gel pump</i> <i>adapalene gel OTC</i> <i>adapalene/benzoyl peroxide</i> <i>Aklief</i> <i>Altreno</i> <i>Atralin</i> <i>Avita</i> <i>clindamycin/tretinoin gel</i>	<i>Fabior</i> <i>Retin-A Micro pump and tube</i> <i>tazarotene foam (gen Fabior)</i> <i>tazarotene cream/gel (gen Tazorac)</i> <i>tretinoin cream/gel</i> <i>tretinoin microspheres</i> <i>Ziana</i>	Requires clinical PA if > 26 years old.

### TOPICAL, ROSACEA AGENTS

Preferred Agents	Non-Preferred	--	Limitations
metronidazole cream metronidazole gel ( <b>tube</b> )	<i>azelaic acid (gen Finacea gel)</i> <i>brimonidine gel pump (gen Mirvaso)</i> <i>Finacea foam</i> <i>ivermectin 1% cr (gen Soolantra)</i> <i>metronidazole gel (pump)</i> <i>metronidazole kit/lotion</i>	<i>Noritate</i> <i>Rhofade</i> <i>Rosadan kit</i> <i>Zilxi</i>	N/A

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## Revised March 5, 2024

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### LOW POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	--	Limitations
Derma-Smoothe FS hydrocortisone cream/oint 1% Rx hydrocortisone cream/oint/lot 2.5%	<i>alclometasone dipro cream/ ointment</i> <i>Aqua-Glycolic HC</i> <i>desonide cream/lot/oint</i>	<i>fluocinolone 0.01% oil</i> <i>Hydrocort Lot</i> <i>Hydroxym gel</i> <i>Texacort</i>	N/A

### MEDIUM POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	--	Limitations
fluticasone propionate cream/oint mometasone furoate cream mometasone furoate oint mometasone furoate soln triamcinolone 0.1% paste (dental)	<i>Beser lotion/Kit</i> <i>betamethasone val foam 0.12%</i> <i>clocortolone</i> <i>Cloderm</i> <i>Cordran tape (if rebateable product available)</i> <i>Cutivate</i> <i>fluocinolone acetonide cream/oint/solution</i> <i>flurandrenolide cr/oint/lot</i> <i>fluticasone propionate lot</i>	<i>hydrocortisone butyrate (brand and generic all forms)</i> <i>hydrocortisone valerate cream/oint</i> <i>Luxiq Foam</i> <i>Oralene 0.1% paste</i> <i>Pandel</i> <i>prednicarbate cream</i> <i>prednicarbate oint</i> <i>Synalar</i> <i>Synalar TS</i>	N/A

### HIGH POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	--	Limitations
betamethasone val cream betamethasone val oint triamcinolone acetonide cream triamcinolone acetonide lotion 0.025%, 0.1% triamcinolone acetonide oint	<i>amcinonide</i> <i>betamethasone dipropionate</i> <i>betamet diprop / prop glycol</i> <i>betamethasone val lotion</i> <i>desoximetasone</i> <i>diflorasone diacetate</i> <i>Diprolene</i> <i>Fluocinonide</i> <i>halcinonide 0.1% cr</i>	<i>Halog</i> <i>Kenalog Aerosol</i> <i>Psorcon</i> <i>SanadermRX</i> <i>Topicort</i> <i>triamcinolone spray</i> <i>Trianex ointment</i> <i>Vanos</i>	N/A

### VERY HIGH POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	--	Limitations
clobetasol prop (crm, oint, sol, gel, shmp)	<i>Apexicon E</i> <i>Bryhali</i> <i>clobetasol emollient cream/foam</i> <i>clobetasol lot/spray</i> <i>clobetasol propionate foam</i> <i>Clodan</i>	<i>halobetasol propionate cream/foam/oint</i> <i>Impeklo Lotion</i> <i>Lexette</i> <i>Olux/Olux-E</i> <i>Temovate</i> <i>Tovet foam/kit</i> <i>Ultravate lotion</i>	N/A



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## BRAND OVER GENERIC PREFERENCES FOR NON-REVIEWED DRUG CLASSES

In addition to the preferred brands listed in the above classes, these brands are also preferred over their generics

Preferred Agents	Non-Preferred	Limitations
Nuvaring	<i>etonogestrel/ethinyl estradiol vaginal ring</i>	Use of generic will require prior authorization and clinical rationale
Keveyis	<i>dichlorphenamide</i>	
Zavesca	<i>miglustat</i>	