Montana Medicaid Preferred Drug List (PDL)

Revised 3-4-2016

*Indicates a generic is available without Prior Authorization (PA)

This list may not include all available generic formulations listed specifically by name

ANALGESICS

ANALGESICS, NARCOTIC – LONG-ACTING

Preferred Agents	Non-Preferred Agents		Limitations
fentanyl patch 12,25,50,75,100 mcg/hr # Kadian® methadone tablet morphine sulfate SR tab	*Avinza® #* *Belbuca®%* *Butrans Patch® #* *Conzip ER® %* *Dolophine®* *Duragesic® patch*#* *Embeda®* *Exalgo®* *fentanyl patch 37.5,62.5,87.5mcg/hr#* *hydromorphone ER tab* *Hyslinga ER®%* *methadone conc* *methadone sol tablet* *methadone solution* *morphine ER (Avinza)*	*morphine sulfate ER cap (Kadian)* *MS Contin® ** *Nucynta ER® #* *Opana ER® #* *Oxycodone ER %* *OxyContin® %* *Oxymorphone ER#* *tramadol ER %* *Ultram ER® %* *Xartemis XR®%* *Zohydro ER®%*	**No more than one long acting opioid allowed.** **# Quantity limit applies** **% Clinical criteria applies**

ANTI-MIGRAINE

Preferred Agents	Non-Preferred Agents		Limitations
rizatriptan ODT rizatriptan tablet sumatriptan (all generic forms) tablets, injection, nasal spray	*Alsuma®* *Amerge®* *Axert®* *Cambia®* *Frova®* *Imitrex® * all forms* *Maxalt MLT®* *Maxalt®* *naratriptan*	*Relpax®* *Sumavel® Dosepro%* *Treximet ®* *Zecuity®* *zolmitriptan* *Zomig®* *Zomig® Spray* *Zomig ZMT®*	**Quantity limits apply to this class** **% Clinical Criteria Applies**

NSAIDS

Preferred Agents		Non-Preferred Agents			Limitations
ibuprofen tablet Rx indomethacin capsule ketorolac (oral) # meloxicam tablet	naproxen sodium Rx (Anaprox®) naproxen tablet (Naprosyn®) sulindac Voltaren® gel #	*Anaprox®/ DS* *Arthrotec®* *Celebrex® %* *celecoxib%* *Daypro®* *diclofenac potassium* *diclofenac sodium* *diclofenac SR* *diclofenac sodium /misoprostol* *diflunisal* *Duexis®* *etodolac* *etodolac tab SR* *Feldene®*	*fenoprofen* *Flector #* *flurbiprofen* *ibuprofen susp* *Indocin® supp/suspension* *indomethacin capsule ER* *ketoprofen/ER* *meclofenamate* *mefenamic acid* *meloxicam susp* *Mobic®* *nabumetone* *Nalfon®* *Naprelan®*	*Naprosyn®* *naproxen EC (Naprosyn EC®)* *naproxen suspension* *oxaprozin* *Pennsaid® #* *piroxicam* *Ponstel®* *Sprix® %* *Tivorbex* *tolmetin sodium* *Vimovo® %* *Voltaren/XR®oral* *Zipsor® %* *Zorvolex®*	**# Quantity limit applies** **% Clinical Criteria Applies**

NEUROPATHIC PAIN

Preferred Agents		Non-Preferred Agents		Limitations
duloxetine gabapentin capsule µ	gabapentin solution µ Lyrica® Capsule µ +	*Cymbalta®* *gabapentin tablet µ* *Gralise® % µ* *Horizant® % µ* *Irenka®* *lidocaine patch #*	*Lidoderm® #* Lyrica® Solution % µ *Neurontin® µ* *Qutenza®* *Savella® %*	**% Clinical criteria applies** **µ Cross Duplication not allowed** **# Quantity limit applies** **+ Dose optimization applies** **Cymbalta/duloxetine/ Savella concurrent use not allowed**

OPIOID REVERSAL AGENTS

Preferred Agents	Non-Preferred Agents	Limitations
naloxone syringe *naloxone vial*	*Evzio®* *Narcan® Nasal Spray*	

OPIATE DEPENDENCE TREATMENTS

Preferred Agents	Non-Preferred Agents		Limitations
naltrexone Suboxone® Film %	Bunavail®% *buprenorphine/naloxone SL%*	buprenorphine SL% *Vivitrol®¶* *Zubsolv®%*	**% Clinical criteria applies** **¶Physician Administered**

ANTI-INFECTIVES

ANTIBIOTICS: 2ND GENERATION QUINOLONES

Preferred Agents	Non-Preferred Agents		Limitations
ciprofloxacin tablet Cipro® suspension	*Cipro® tabs ** *Cipro XR®* *ciprofloxacin susp*	*ciprofloxacin ER* *ofloxacin*	

ANTIBIOTICS: 3RD GENERATION QUINOLONES

Preferred Agents	Non-Preferred Agents		Limitations
levofloxacin tablet	*Avelox®* *Avelox ABC Pack®* *Levaquin®*	*levofloxacin solution* *moxifloxacin*	

ANTIBIOTICS, GI

Preferred Agents	Non-Preferred Agents		Limitations
metronidazole tablet *vancomycin HCl*	*Alinia®* *Dificid® %* *Flagyl®* *Flagyl® ER* *metronidazole capsule* *neomycin sulfate*	*paromomycin* *Tindamax®* *Tinidazole* *Vancocin®* *Xifaxan®*	**% Clinical criteria applies**

ANTIBIOTICS: INHALED

Preferred Agents	Non-Preferred Agents		Limitations
Bethkis® Kitabis®	*Cayston®* *Tobi®*	*TobiPodhaler®* *tobramycin inhalation*	**Clinical criteria applies to class**

ANTIBIOTICS: MACROLIDES/KETOLIDES

Preferred Agents		Non-Preferred Agents		Limitations
azithromycin	Ery-Tab®	*Biaxin® **	*erythromycin ES tablet*	
clarithromycin	Erythrocin®	*clarithromycin ER*	*Ketek®*	
E.E.S. 200® suspension	erythromycin filmtab	*E.E.S.® 400 tablet*	*PCE® **	
		Ery-Ped®	*Zithromax® **	
		erythromycin DR	*Zmax® **	
		erythromycin EC capsule		

ANTIBIOTICS: 2ND GENERATION CEPHALOSPORINS

Preferred Agents		Non-Preferred Agents		Limitations
cefaclor capsule	cefuroxime	*cefaclor suspension*	*Ceftin ® **	
cefprozil suspension		*cefaclor ER*	*cefprozil tablet*	

ANTIBIOTICS: 3RD GENERATION CEPHALOSPORINS

Preferred Agents		Non-Preferred Agents		Limitations
cefdinir	Suprax® capsule/suspension	*Cedax®*	*ceftibuten*	
		cefditoren	*Spectracef®*	
		cefpodoxime	*Suprax Chewable*	

ANTIBIOTICS: TETRACYCLINES

Preferred Agents	Non-Preferred Agents		Limitations
doxycycline **monohydrate 50mg and 100mg capsule**	*Adoxa®*	*doxycycline monohydrate 75mg and 150mg capsule*	% Clinical criteria applies
doxycycline **monohydrate tablet**	*demeclocycline*	*minocycline tablet*	
minocycline capsules	*Doryx®*	*minocycline ER*	
tetracycline	doxycycline hyclate capsule	*Morgidox® Kit*	
	doxycycline hyclate tabs	*Oracea® %*	
	doxycycline hyclate delayed release tablets	*Solodyn® %*	
	doxycycline suspension	*Vibramycin®*	

ANTIBIOTICS, TOPICAL

Preferred Agents	Non-Preferred Agents		Limitations
mupirocin ointment	*Altabax®*	*Centany AT®*	
	Bactroban®	*mupirocin cream*	
	Centany®		

ANTIBIOTICS, VAGINAL

Preferred Agents		Non-Preferred Agents		Limitations
Cleocin® ovules	Vandazole®	*Cleocin® cream*	*Metrogel® vaginal gel*	
metronidazole vaginal 0.75% gel		*clindamycin vaginal 2% cream*	*Nuvessa® vaginal gel*	
		Clindesse®		

ANTIFUNGALS, ORAL

Preferred Agents		Non-Preferred Agents		Limitations
fluconazole	nystatin suspension	*Ancobon®*	*Lamisil®*	**% Clinical criteria applies**
griseofulvin suspension	terbinafine	*clotrimazole*	*Noxafil®*	
griseofulvin ultra		*Cresemba®*	*nystatin oral powder*	
		Diflucan®	*nystatin oral tablet*	
		flucytosine	*Onmel®*	
		Grifulvin® V	*Oravig®*	
		griseofulvin tablet	*Sporanox®*	

		griseofulvin micro *Gris-peg®* *itraconazole* *ketoconazole %*	*Terbinex®* *Vfend®* *voriconazole*	

ANTIVIRALS: HERPES – ORAL AGENTS

Preferred Agents		Non-Preferred Agents		Limitations
acyclovir famciclovir	valacyclovir	*Famvir®* *Sitavig®Buccal*	*Valtrex®* *Zovirax® **	

ANTIVIRALS: INFLUENZA

Preferred Agents		Non-Preferred Agents		Limitations
Relenza® rimantadine HCl	Tamiflu®	*Flumadine®*		

ANTIVIRALS, TOPICAL

Preferred Agents		Non-Preferred Agents		Limitations
acyclovir ointment Zovirax® Cream		*Denavir®* *Xerese®*	*Zovirax® Ointment*	

HEPATITIS C: PEGYLATED INTERFERONS

Preferred Agents		Non-Preferred Agents		Limitations
Pegasys ProClick® Pegasys ®	PEG-Intron ® PEG-Intron Redipen ®	*N/A*		**Clinical criteria applies to this class**

HEPATITIS C: OTHER

Preferred Agents		Non-Preferred Agents		Limitations
Daklinza® Technivie®	Viekira® Pak	*Harvoni®* *Olysio®* *Sovaldi®*	*Victrelis ®* *Zepatier®*	**Clinical criteria applies to this class**

HEPATITIS C: RIBAVIRIN PRODUCTS

Preferred Agents	Non-Preferred Agents		Limitations
ribavirin capsules and tablets	*Copegus®* *Moderiba* *Rebetol®*	*Ribapak®* *Ribasphere®* *ribavirin dosepak*	**Clinical criteria applies to this class**

CARDIOVASCULAR

ACE INHIBITORS

Preferred Agents	Non-Preferred Agents		Limitations
benazepril captopril enalapril lisinopril	*Accupril®* *Altace®* *Epaned®* *fosinopril* *Lotensin® ** *Mavik®* *Moexipril* *perindopril*	*Prinivil® ** *quinapril* *ramipril* *trandolapril* *Univasc®* *Vasotec® ** *Zestril® **	**Trial of 2 preferred agents required**

ACE INHIBITOR COMBINATIONS

Preferred Agents	Non-Preferred Agents		Limitations
benazepril w/HCTZ captopril w/HCTZ	*Accuretic®* *fosinopril w/HCTZ*	*Uniretic®* *Vaseretic® **	**Trial of 2 preferred agents required**

ACE INHIBITOR COMBINATIONS

Preferred Agents	Non-Preferred Agents		Limitations
enalapril w/HCTZ lisinopril w/HCTZ	*Lotensin HCT® ** *moexipril w/HCTZ* *quinapril w/HCTZ*	*Zestoretic® **	

ANGIOTENSIN MODULATOR

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

ANGIOTENSION II RECEPTOR BLOCKER COMBOS

Preferred Agents	Non-Preferred Agents		Limitations
losartan-HCTZ valsartan HCT	*Atacand HCT®* *Avalide®* *Benicar HCT®* *candesartan HCT* Diovan HCT® *Edarbyclor®*	*Hyzaar® ** *Tarka®* *irbesartan-HCTZ* *Micardis HCT®* *telmisartan/HCTZ* *Teveten HCT®*	Trial of 2 preferred agents required

ANGIOTENSION MODULATOR COMBINATIONS

Preferred Agents		Non-Preferred Agents		Limitations
amlodipine/benazepril Exforge ®	Exforge HCT ®	*amlodipine-valsartan* *amlodipine-valsartan-HCTZ* *Amturnide ® %* *Azor ®* *Lotrel ®*	*Tekamlo ® %* *telmisartan-amlodipine* *trandolapril-verapamil ER* *Tribenzor®* *Twynsta®*	**% Clinical criteria applies**

ANTIHYPERTENSIVES, SYMPATHOLYTICS

Preferred Agents		Non-Preferred Agents		Limitations
Catapres-TTS clonidine IR oral guanfacine IR	methyldopa methyldopa/HCTZ reserpine	*Catapres® oral* *clonidine transdermal*	*Clorpres®* *Tenex®*	

BETA BLOCKERS AND COMBINATIONS

Preferred Agents		Non-Preferred Agents		Limitations
atenolol carvedilol metoprolol succinate ER	metoprolol tartrate *propranolol IR*	*acebutolol/Sectral®* *atenolol/chlorthalidone* *betaxolol* *bisoprolol/Zebeta®* *bisoprolol/HCTZ* *Bystolic®* *Coreg®*/Coreg CR®* *Corzide* *Dutoprol®* *Hemangeol®* *Inderal LA®** *Inderal XL®* *Innopran XL®*	*Levatol®* *Lopressor®*/Lopressor HCT®* *metoprolol/HCTZ* *nadolol/Corgard®* *nadolol/bendroflumethazide* *pindolol* *propranolol/HCTZ* *propranolol ER* *sotalol/Betapace®/Batapace AF® /Sorine®* *Sotylize®* *Tenormin®*/Tenoretic®* *timolol*	**Trial of 2 preferred agents required with the exception of Coreg CR® which only requires a trial of IR agent**

BETA BLOCKERS AND COMBINATIONS

Preferred Agents		Non-Preferred Agents		Limitations
		labetalol/Trandate®	Toprol XL® *Ziac®*	

CALCIUM CHANNEL BLOCKERS (DHP)

Preferred Agents	Non-Preferred Agents		Limitations
amlodipine nifedipine ER (generic for Procardia® XL)	*Adalat CC®* *felodipine ER®* *isradipine* *nicardipine HCl* nifedical® XL *nifedipine IR/Procardia®*	*nimodipine* *nisoldipine* *Procardia XL®* *Norvasc®** *Nymalize®* *Sular ® (reformulated)*	

CALCIUM CHANNEL BLOCKERS (NON-DHP)

Preferred Agents		Non-Preferred Agents		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®*	*verapamil 360 capsule* *verapamil capsule ER* *verapamil ER PM* *Verelan* *VerelanPM ®*	

DIRECT RENIN INHIBITORS

Preferred Agents	Non-Preferred Agents		Limitations
N/A	*Tekturna®*	*Tekturna HCT®*	**Clinical criteria applies to this class**

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

Preferred Agents		Non-Preferred Agents		Limitations
atorvastatin lovastatin pravastatin simvastatin %		*Advicor®* *Altoprev®* *amlodipine-atorvastatin* *Caduet®* *Crestor®* *fluvastatin* *Lescol®* *Lescol XL®*	*Lipitor®* *Lipruzet®* *Livalo®* *pravachol® ** *Simcor®* *Vytorin® %* *Zetia®* *Zocor® * %*	**% Clinical criteria applies**

LIPOTROPICS: OTHERS

Preferred Agents		Non-Preferred Agents		Limitations
cholestyramine/aspartame cholestyramine/aspartame cholestyramine/sucrose colestipol tablets Gemfibrozil	*niacin ER* Niaspan ® *Tricor®* *Trilipix®*	*Antara®* *Colestid® Granules* *Colestid® Tablets* *colestipol granules* *fenofibrate – Gen Antara®* *fenofibrate – Gen Lipofen®* *fenofibrate – Gen Lofibra®* *fenofibrate – Generic for Tricor®* *fenofibric acid – Generic for Trilipix®* *fenofibric acid – Gen*	*Lipofen®* *Lofibra®* *Lopid® ** *Lovaza®%* *Niacor®* *Niacin ER* *omega-3 ethyl esters%* *Praluent®%* *Repatha®%* *Questran®* *Questran ® Light* *Triglide®*	***% Clinical criteria applies***

LIPOTROPICS: OTHERS

Preferred Agents		Non-Preferred Agents		Limitations
		Fibricor® *Fenoglide®* *Fibricor®* *Juxtapid® %* *Kynamro® %*	*Vascepa® %* *Welchol® Powder Pack* *Welchol® Tablet*	

PAH AGENTS

ENDOTHELIN RECEPTOR ANTAGONISTS

Preferred Agents		Non-Preferred Agents	Limitations
Letairis ®	Tracleer®	*Opsumit®*	**Class requires clinical criteria**

PROSTACYCLINS FOR PAH, INHALATION AND ORAL

Preferred Agents		Non-Preferred Agents	Limitations
Tyvaso®	Ventavis®	*Orenitram ER®* *Uptravi®* *Uptravi® Dose Pak*	**Class requires clinical criteria**

PDE INHIBITORS AND OTHERS FOR PPH/PAH

Preferred Agents	Non-Preferred Agents		Limitations
Adcirca® sildenafil	*Adempas®*	*Revatio® tabs and liquid*	**Class requires clinical criteria**

PLATELET AGGREGATION INHIBITORS

PLATELET AGGREGATION INHIBITORS

Preferred Agents		Non-Preferred Agents		Limitations
Aggrenox® aspirin clopidogrel	dipyridamole Effient® %	*Brilinta®* *Durlaza®%* *Persantine®*	*Plavix®* *ticlopidine* *Zontivity®*	**% Requires clinical criteria**

CENTRAL NERVOUS SYSTEM

ALZHEIMER'S DRUGS

Preferred Agents	Non-Preferred Agents		Limitations
	Cholinesterase Inhibitors		
donepezil Exelon® capsules Exelon® patch	*Aricept®* *Aricept 23 %* *Aricept® ODT* *Donepezil ODT* *Donepezil 23 mg %*	*galantamine* *galantamine ER* *Razadyne®* *Razadyne® ER* *rivastigmine capsule*	**% Requires clinical criteria**
	NMDA Receptor Antagonist and Combos		
Namenda®tablet and solution	*Namazaric* *Namenda XR #*		**# Quantity limit applies** **Class requires clinical criteria**

ANTI-CONVULSANTS: CARBAMAZEPINE DERIVATIVES

Preferred Agents		Non-Preferred Agents		Limitations
carbamazepine chew tabs carbamazepine tab and	Epitol® oxcarbazepine tablet s Tegretol ® XR	*carbamazepine XR* *Equetro®* *oxcarbazepine susp*	*Tegretol® tablets and suspension * @* *Trileptal® oral suspension * @*	**Note: DAW 7 may be used ONLY for seizure diagnosis** **@ Alternative dosage**

ANTI-CONVULSANTS: CARBAMAZEPINE DERIVATIVES

Preferred Agents		Non-Preferred Agents		Limitations
susp @ carbamazepine ER *Carbatrol ®*		*Oxtellar XR* *Tegretol® chew tabs* @*	*Trileptal® tablets **	**forms require PA**

ANTI-CONVULSANTS: FIRST GENERATION

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

ANTI-CONVULSANTS: SECOND GENERATION AND OTHERS

Preferred Agents	Non-Preferred Agents		Limitations
Diastat® rectal % gabapentin capsule **µ** gabapentin solution **µ** Lamictal® Starter lamotrigine levetiracetam IR Lyrica® **µ** topiramate tablets zonisamide	*Aptiom®* *Banzel® %* *diazepam rectal %* *Fycompa®* *gabapentin tablet* **µ** *Gabitril® %* *Keppra® *@* *Keppra XR® @* *Lamictal® * @* *Lamictal® ODT/ODT Tritration @* *Lamictal XR® %* *lamotrigine ER* *levetiracetam ER @* *Neurontin® solution @* **µ**	*Neurontin ® tablet/capsule * @* **µ** *Onfi® %* *Potiga® %* *Qudexy® XR* *Sabril®* *Spritam®* *tiagabine* *Topamax ® Sprinkle Cap***@** *Topamax ® tablet ** *topiramate sprinkle cap***@** *topiramate ER* *Trokendi® XR* *Vimpat® %* *Zonegran® **	**Note: DAW 7 may be used ONLY for seizure diagnosis** **@ Alternative dosage forms require PA** **% Requires clinical criteria** **µ Cross Duplication not allowed between Gabapentin and Lyrica®**

ANTI-DEPRESSANTS: SSRIS

Preferred Agents	Non-Preferred Agents		Limitations
citalopram - Dose Limit 40 mg/day escitalopram tablet fluoxetine capsules fluoxetine 10 mg Tablet fluvoxamine paroxetine sertraline	*Brisdelle®* *Celexa® * #* *escitalopram solution #* *fluoxetine 20mg and 60 mg tablet* *fluoxetine DR* *fluvoxamine CR* *Lexapro®* *Luvox CR®*	*paroxetine CR* *Paxil® ** *Paxil® CR* *Pexeva®* *Prozac® ** *Prozac® Weekly %* *Sarafem® %* *Zoloft® **	**% Requires clinical criteria** **# Dose limits apply**

ANTI-DEPRESSANTS: NOVEL

Preferred Agents	Non-Preferred Agents		Limitations
budeprion SR and XL *bupropion IR* *bupropion SR and XL* *duloxetine* *mirtazapine* *trazodone* *venlafaxine IR*	*Aplenzin®* *Brintellix®* *desvenlafaxine ER* *Cymbalta® #* *desvenlafaxine fumarate ER* *Effexor XR®* *Fetzima®*	*mirtazapine rapdis @* *Oleptro ER®* *Pristiq®ER #* *Remeron® ** *Remeron Sol-tab® @* *venlafaxine ER tabs* *Viibryd®*	**# Quantity limit applies** **@ Alternative dosage forms require PA**

ANTI-DEPRESSANTS: NOVEL

Preferred Agents	Non-Preferred Agents		Limitations
venlafaxine ER Caps 24H #	*Forfivo XL®* *Khedzela ER®* *Irenka®*	*Viibryd® DS PK* *Wellbutrin®* *Wellbutrin SR and XL®*	

ADHD/CNS STIMULANTS AND RELATED AGENTS

Preferred Agents		Non-Preferred Agents		Limitations
Adderall XR® amphetamine salt IR combo *(generic for Adderall®*) dextroamphetamine (generic for Zenzedi®*)* dextroamphetamine SA (generic for *Dexedrine SA®)* Focalin XR® Focalin® Metadate CD® Metadate ER®	methylphenidate (generic for *Ritalin®)* methylphenidate ER 18 mg, 27, 36, 54 mg (*generic for Concerta®)* methylphenidate ER tab 10 and 20mg *(generic for Ritalin® SR Tab)* methylphenidate SR tab 20 mg Quillivant® XR @ Vyvanse® #1	*Aptensio XR* *Adderall® ** *Concerta®** *Daytrana® @* *Dexedrine Tabs* *Dexedrine SA® ** *dexmethylphenidate* *dexmethylphenidate ER* *dextroamphetamine soln* *dextroamp-amphet ER* *Dyanavel® XR* *Evekeo®* *Methylin chew tab®*	*Methylin solution ® @* *methylphenidate CD* *methylphenidate LA* *methylphenidate chew & soln* *methylphenidate SR cap (20,30, 40mg)* *Procentra* *Quillichew® ER* *Ritalin LA®* *Ritalin® ** *Zenzedi®*	**Trial of 2 preferred agents required for stimulants** **Quantity limits applies to class** **@ Alternative dosage forms require PA** **#1 Dose limit 1/day**
Strattera® Kapvay®%	Intuniv®%	*clonidine ER%* *guanfacine ER%*		**% Requires clinical criteria**

ATYPICAL ANTIPSYCHOTICS

Preferred Agents		Non-Preferred Agents		Limitations
Abilify® Maintena @ Abilify® tablet clozapine tablet Invega® Sustenna @ Latuda® olanzapine	quetiapine Risperdal Consta® @ risperidone tablet Seroquel XR® ziprasidone HCL Zyprexa Relprevv ® @	*Abilify discmelt® @* *Abilify® solution @* *Adasuve®* *aripiprazole®* *Aristada® LAI@* *clozapine ODT @* *Clozaril®* *Fanapt®* *Fanapt® titration pack* *Fazaclo®* *Geodon®* *Invega®* *Invega® Trinza@* *olanzapine ODT @* *olanzapine/fluoxetine*	*paliperidone ER* *Rexulti®%* *Risperdal®* *Risperdal M-tabs® @* *Risperdal solution® @* *risperidone solution @* *risperidone tab rapdis @* *Saphris®* *Seroquel® %* *Symbyax®* *Versacloz®* *Vraylar®* *Zyprexa ® tablet* *Zyprexa zydis® @*	**Initial prescriptions limited to 15-day supply** **Dose optimization edits apply to many in class** **@ Alternative dosage forms require PA** **# Dose limits apply** **% Requires clinical criteria**

MULTIPLE SCLEROSIS AGENTS

Preferred Agents		Non-Preferred Agents		Limitations
Avonex® Avonex® Pen Betaseron®	Copaxone® 20mg Gilenya®% Rebif® Rebidose	*Ampyra® %* *Aubagio® %* *Copaxone ® 40mg Syringe%* *Extavia®* *glatiramer 20 mg%*	*Glatopa®* *Lemtrada®* *Plegridy® % & Pen* *Tecfidera® %*	**% Requires clinical criteria**

PARKINSON'S AGENTS: NON-ERGOT DOPAMINE RECEPTOR AGONISTS

Preferred Agents	Non-Preferred Agents		Limitations
amantadine pramipexole dihydrochloride	*Mirapex® ** *Mirapex ER® %*	*Requip®* *Requip XL® %*	**% Requires clinical criteria**

PARKINSON'S AGENTS: NON-ERGOT DOPAMINE RECEPTOR AGONISTS

Preferred Agents	Non-Preferred Agents		Limitations
ropinirole	*Neupro®* *pramipexole ER*	*ropinirole ER %*	

SEDATIVE HYPNOTIC AGENTS

Preferred Agents	Non-Preferred Agents		Limitations
flurazepam temazepam 15 and 30mg zolpidem tartrate IR	*Ambien® / Ambien CR®* *Belsomra®%* *Edluar® %* *estazolam* *eszopiclone* *Halcion®* *Hetlioz®%* *Intermezzo® %* *Lunesta®* *Restoril®*	*Rozerem* *Silenor® %* *Sonata®* *temazepam 7.5 & 22.5mg* *triazolam* *zaleplon* *zolpidem ER* *Zolpimist® %*	**Quantity limits apply to class** **% Requires clinical criteria**

SKELETAL MUSCLE RELAXANTS

Preferred Agents		Non-Preferred Agents		Limitations
baclofen chlorzoxazone cyclobenzaprine HCl	methocarbamol orphenadrine citrate tizanidine HCl tablet	*Amrix® %* *Dantrium®* *dantrolene sodium* *Fexmid® %* *Lorzone®* metaxalone	*Parafon Forte DSC®* *Robaxin®* *Skelaxin®* *tizanidine capsule %* *Zanaflex capsule® %* *Zanaflex tablet®*	**% Requires clinical criteria**

ENDOCRINE AND METABOLIC AGENTS

ANDROGENIC AGENTS

Preferred Agents		Non-Preferred Agents		Limitations
Androgel®Pak & Pump		*Androderm®* *Axiron®* *Fortesta®* *Natesto®*	*Testim®* *testosterone gel* *Vogelxo®*	**Class requires clinical criteria**

BONE: BISPHOSPHONATES

Preferred Agents		Non-Preferred Agents		Limitations
alendronate tablet		*Actonel®* *alendronate solution* *Atelvia®* *Binosto®* *Boniva®*	*Fosamax ®* *tabs*/solution/PlusD* *ibandronate* *risedronate sodium*	

BONE:NASAL CALCITONINS

Preferred Agents		Non-Preferred Agents		Limitations
Fortical®		*calcitonin-salmon*	*Miacalcin®*	Class requires clinical criteria.

BONE:RESORPTION SUPPRESSION AGENTS AND OTHERS

Preferred Agents		Non-Preferred Agents		Limitations
raloxifene		*Evista®* *Forteo®*	*Prolia® ¶*	¶ Physician Administered Drug

DIABETES: ALPHA-GLUCOSIDASE INHIBITORS

Preferred Agents		Non-Preferred Agents		Limitations
acarbose	Glyset ®	*Precose®*		

DIABETES: DPP-IV INHIBITORS

Preferred Agents		Non-Preferred Agents		Limitations
Janumet ® Janumet XR® Januvia ®	Jentadueto® Tradjenta®	*Glyxambi®* *Kazano®* *Kombiglyze XR®* *Nesina®*	*Onglyza®* *Oseni®%*	% Requires clinical criteria

DIABETES: GLP-1 RECEPTOR AGONIST

Preferred Agents		Non-Preferred Agents		Limitations
Bydureon® *Bydureon®Pen*	Byetta® Tanzeum®	*Trulicity®*	*Victoza ®*	**Electronic edit applies**

DIABETES: INSULIN

Preferred Agents		Non-Preferred Agents		Limitations
Humalog® Mix Pen/Vial Humalog® Vial Humulin® 70/30 Vial Humulin® N Vial Humulin® R Vial Humulin® U-500	Lantus® vial Levemir® vial Novolog® Pen/Vial Novolog® Mix 70/30 Pen/Vial Novolog® Cartridge	*Afrezza* *Apidra® Vial* *Apidra® Solostar Pen* *Humalog® Cartridge* *Humalog® Pen* *Humulin® Pen* *Lantus Solostar®* *Lantus® cartridges*	*Levemir® FlexPens* *Levemir® FlexTouch* *Novolin® N Vial/Cartridge* *Novolin® R Vial/Cartridge* *Novolin® 70/30* *Toujeo®* *Tresiba®*	**Clinical PA required for Non-preferred Insulin Pens**

DIABETES: MEGLITINIDES AND COMBOS

Preferred Agents		Non-Preferred Agents		Limitations
Prandin®		*nateglinide* *PrandiMet®*	*repaglinide* *Starlix®*	

DIABETES: METFORMINS AND COMBOS

Preferred Agents	Non-Preferred Agents		Limitations
glyburide-metformin metformin metformin ER (generic for Glucophage® XR)	*Fortamet®* *glipizide-metformin* *Glucophage®* *Glucophage XR®*	*Glucovance®* *Glumetza®* *metformin ER (gen for Fortamet)* *Riomet®*	

DIABETES: SGLT2 AND COMBOS

Preferred Agents	Non-Preferred Agents		Limitations
Invokamet® Invokana®	*Farxiga®* *Glyxambi%* *Jardiance®*	*Synjardy®* *Xigduo XR®*	Class requires clinical criteria

DIABETES: SULFONYLUREAS

Preferred Agents		Non-Preferred Agents		Limitations
glimepiride glipizide glipizide ER/XL	glyburide glyburide micronized	*Amaryl ® ** *chlorpropamide* *Diabeta ® ** *Glucotrol® **	*Glucotrol XL ® ** *Glynase® ** *tolazamide* *tolbutamide*	

DIABETES: TZD

Preferred Agents		Non-Preferred Agents		Limitations
pioglitazone		*Actoplus Met®* *Actoplus Met XR®* *Actos®* *Avandamet®* *Avandaryl®*	*Avandia®* *Duetact®* *pioglitazone/metformin®* *pioglitazone/glimepiride®*	Class requires clinical criteria

ESTROGEN PREPARATIONS, OTHER ROUTES: ORAL/TRANSDERMAL

Preferred Agents			Non-Preferred Agents			Limitations
Oral	estradiol oral	**Transdermal**	***Oral***	***Transdermal***		
Cenestin®	estropipate	Climara®	*Activella®*	*Alora®*	*Evamist®*	
Enjuvia®	*Menest®*	Vivelle-Dot®	*Duavee®*	*Divigel®*	*Menostar®*	
	Premarin® Oral		*Estrace®*	*Elestrin®*	*Minivelle®*	
			Lopreeza®	*estradiol tansderm*		
			Osphena®			

ESTROGEN PREPARATIONS, VAGINAL

Preferred Agents		Non-Preferred Agents		Limitations
Estring® Premarin®Vaginal Cr	Vagifem®	*Estrace®*	*Femring®*	

GROWTH HORMONES

Preferred Agents		Non-Preferred Agents		Limitations
Norditropin® Nutropin AQ®		Genotropin®Cartridge, Syr *Humatrope®* *Omnitrope®* *Saizen®*	*Serostim®* *Tev-Tropin®* *Zomacton® Vial* *Zorbtive®*	**Class requires clinical criteria**

PANCREATIC ENZYMES

Preferred Agents		Non-Preferred Agents		Limitations
Creon® pancrelipase	Zenpep®	*Pancreaze®* *Pertzye®*	*Ultresa ®* *Viokace®*	

PROGESTINS FOR CACHEXIA

Preferred Agents		Non-Preferred Agents		Limitations
megestrol suspension		*Megace®*	*Megace ES®*	

GASTROINTESTINAL

ANTIEMETICS AGENTS

Preferred Agents	Non-Preferred Agents		Limitations
metoclopramide tablets, solution, injections ondansetron injections ondansetron tablet ondansetron ODT	*Akynzeo®* *Anzemet®* *Cesamet®* *Diclegis®%* *Emend® Oral %* *Emend® Oral Pak %* *Granisetron* *metoclopramide ODT*	*Metozolv ODT® %* *ondansetron solution* *Reglan®* *Sancuso®* *Varubi®* *Zofran®* *Zofran ODT®* *Zuplenz®*	**Quantity limits apply to this class** **% Requires clinical criteria**

GI MOTILITY AGENTS

Preferred Agents		Non-Preferred Agents		Limitations
Amitiza®	Linzess®	*Movantik®* *Relistor®*	*Viberzi®*	**Class requires clinical criteria**

PROTON PUMP INHIBITORS

Preferred Agents	Non-Preferred Agents		Limitations
Nexium® suspension @ omeprazole (Rx) pantoprazole Protonix® suspension @	*Aciphex®* *Dexilant®* *esomeprazole* *lansoprazole* *Nexium® Rx capsule* *Omeclamox-Pak* *omeprazole OTC* *Prevacid® RX and OTC* *Prevacid Naprapac® %*	*Prevacid SoluTab®@* Prilosec® OTC *Prilosec® (Rx) cap/susp & Pack* *Protonix®Tablet* *rabeprazole* *Vimovo® %* *Zegerid OTC®*	**Trial of two preferred molecules required** **@ Alternative dose forms require PA.** **Quantity limits apply to class** **% Requires clinical criteria**

ULCERATIVE COLITIS – ORAL

Preferred Agents		Non-Preferred Agents		Limitations
Apriso® Delzicol®	sulfasalazine DR sulfasalazine IR	*Asacol-HD®* *Azulfidine* *Azulfidine DR* *balsalazide* *Colazal®*	*Dipentum®* *Giazo®* *Lialda®* *Pentasa®* *Uceris® oral*	

ULCERATIVE COLITIS – RECTAL

Preferred Agents	Non-Preferred Agents		Limitations
Canasa ® rectal suppositories mesalamine enema	*mesalamine kit* *Rowasa®*	*sfRowasa® enema* *Uceris® rectal*	

GENITOURINARY AND RENAL

ALPHA BLOCKERS FOR BPH

Preferred Agents	Non-Preferred Agents		Limitations
alfuzosin tamsulosin	*Flomax®** *Rapaflo®*	*Uroxatral®*	

ANDROGEN HORMONE INHIBITORS AND COMBOS

Preferred Agents	Non-Preferred Agents		Limitations
finasteride	*Avodart®* *Jalyn®*	*Proscar®**	

PDE-5 FOR BPH

Preferred Agents	Non-Preferred Agents	Limitations
N/A	*Cialis®*	**Class Requires clinical criteria**

ELECTROLYTE DEPLETERS

Preferred Agents		Non-Preferred Agents		Limitations
calcium acetate Fosrenol® tablet MagneBind® 400 RX	Phoslyra® Renagel®	*Auryxia®* *Eliphos®* *Fosrenol® powder pk* *PhosLo®*	Renvela® powder packets *Renvela® tablets* *sevelamer* *Velphoro®*	

URINARY TRACT ANTISPASMODICS

Preferred Agents	Non-Preferred Agents		Limitations
oxybutynin Toviaz® Vesicare®	*Detrol®* *Detrol LA®* *Ditropan XL®* *Enablex®* *flavoxate* *Gelnique®* *Gelnique® MD PMP* *Myrbetriq®* *oxybutynin extended-release*	*Oxytrol®* *Oxytrol® for Women* *Sanctura XR®* *Sanctura®* *tolterodine* *tolterodine ER* *trospium* *trospium XR*	

HEMATOLOGICAL AGENTS

ANTICOAGULANTS INJECTABLE

Preferred Agents		Non-Preferred Agents		Limitations
enoxaparin		*Arixtra®* *fondaparinux*	*Fragmin®* *Lovenox®*	

ANTICOAGULANT ORAL

Preferred Agents		Non-Preferred Agents		Limitations
Pradaxa® % Xarelto® %	warfarin	*Coumadin®* Eliquis® %	*Savaysa®%* Xarelto® Dose Pack%	**% Requires clinical criteria**

COLONY STIMULATING FACTORS

Preferred Agents		Non-Preferred Agents		Limitations
Neupogen® vial		*Granix®* *Leukine®* *Neulasta®*	*Neupogen Disp Syringe®* *Zarxio®*	

HEMATOPOIETIC AGENTS

Preferred Agents		Non-Preferred Agents		Limitations
Aranesp®	Procrit®	*Epogen®*	*Mircera®*	

MISCELLANEOUS AGENTS

ANTIHYPERURICEMICS

Preferred Agents		Non-Preferred Agents		Limitations
allopurinol colchicine capsule% (generic for Mitigare®)	probenecid probenecid/colchine %	*colchicine tablet% (Generic for Colcrys®)* *Colcrys® %* *Mitigare® %*	*Uloric® %* *Zyloprim®* *Zurampic®*	**% Requires clinical criteria**

BILE SALTS

Preferred Agents	Non-Preferred Agents		Limitations
ursodiol 300mg capsule ursodiol tablet	*Actigall®* *Chenodal*	*Cholbam®* *urso/urso forte tablet*	

IMMUNOLOGIC AGENTS

ANTINEOPLASTIC AGENTS, TOPICAL

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

HAE TREATMENTS

Preferred Agents		Non-Preferred Agents		Limitations
Berinert® Cinryze®	Kalbitor®	*Firazyr®* *Ruconest®*		**Clinical criteria applies to this class**

IMMUNOMODULATORS

Preferred Agents		Non-Preferred Agents		Limitations
Enbrel®	Humira®	*Actemra®* *Cimzia®* *CimziaKit®* *Cosentyx®* *Entyvio®¶* *Kineret®* *Orencia®*	*Otezla®* *Simponi®* *Simponi® Aria* *Stelara®* *Xeljanz®*	**Clinical criteria applies to this class** ¶ Physician Administered Drug

IMMUNOSUPPRESSANTS

Preferred Agents		Non-Preferred Agents		Limitations
azathioprine cyclosporine, softgel cyclosporine, modified *Gengraf®* *Hecoria®*	mycophenolate Rapamune® tabs and soln Sandimmune® capsule tacrolimus Zortress®	*Astagraf® XL* *Azasan®* *Cellcept®* *cyclosporine capsule* *Imuran®* *Envarsus® XR*	*mycophenolic acid* *Myfortic®* *Neoral®* Prograf® *Sandimmune® solution* *sirolimus*	

IMMUNOMODULATORS, ATOPIC DERMATITIS

Preferred Agents	Non-Preferred Agents		Limitations
Elidel®	*Protopic®*	*tacrolimus ointment*	**Clinical criteria and Quantity limits apply to this class**

IMMUNOMODULATORS, TOPICAL

Preferred Agents	Non-Preferred Agents		Limitations
Aldara®	*imiquimod*	*Zyclara®*	

METHOTREXATE PRODUCTS

Preferred Agents	Non-Preferred Agents	Limitations
methotrexate PF vial methotrexate tablet methotrexate vial®	*Otrexup®* *Rasuvo®* *Rheumatrex tablet®* *Trexall®*	

OPHTHALMICS

ALPHA2 ADRENERGIC AGENTS – GLAUCOMA

Preferred Agents		Non-Preferred Agents		Limitations
Alphagan P® brimonidine 0.2%	Combigan®	*apraclonidine* *brimonidineP 0.15%*	*Iopidine®*	

ANTIBIOTIC-STEROID COMBINATIONS

Preferred Agents	Non-Preferred Agents		Limitations
Blephamide® drops	*Blephamide S.O.P.*	*Pred- G® drops/ointment*	
neomycin/polymixin/dexamethasone	*Maxitrol® Drops/ointment*	*sulfacetamide/prednsisolone*	
Tobradex® ointment	*neomycin/bacitracin/polymix in/HC*	*Tobradex® ST*	
Tobradex® suspension	*neomycin/ polymixin/HC*	*tobramycin/dexamethasone*	
		Zylet®	

ANTI-INFLAMMATORIES – NSAIDS

Preferred Agents		Non-Preferred Agents		Limitations
diclofenac sodium	*ketorolac ophth 0.4% (LS)*	*Acular®*	*bromfenac*	
flurbiprofen sodium	*ketorolac ophth 0.5%*	*Acular LS®*	*Ocufen®*	
Ilevro®	Nevanac®	*Acuvail®*	*Prolensa®*	

ANTI-INFLAMMATORIES – STEROIDS

Preferred Agents	Non-Preferred Agents		Limitations
dexamethasone	*Durezol®*	*Maxidex®*	
fluorometholone	*Flarex®*	*Omnipred®*	
Lotemax® Drops	*FML®*	*Pred Forte®*	
prednisolone acetate	*FML Forte®*	*Pred Mild®*	
	FML SOP®	*prednisolone sod phos*	
	Lotemax® Gel/Ointment	*Vexol®*	

BETA BLOCKERS – GLAUCOMA

Preferred Agents		Non-Preferred Agents		Limitations
Combigan®	timolol solution	*Betagan® **	*Istalol®*	
levobunolol	timolol gel solution	*betaxolol 0.5%*	*metipranolol*	
		Betoptic ® S 0.25%	*Timoptic® **	
		carteolol	*Timoptic-XE® **	

CARBONIC ANHYDRASE INHIBITORS – GLAUCOMA

Preferred Agents		Non-Preferred Agents		Limitations
Azopt®	dorzolamide/timolol	*Cosopt® **	*Trusopt® **	
dorzolamide	*Simbrinza®*	*Cosopt PF®*		

OPHTHALMIC ALLERGIC CONJUNCTIVITIS

Preferred Agents		Non-Preferred Agents		Limitations
cromolyn sodium	Pataday®	*Alocril®*	*epinastine*	
ketotifen OTC	Patanol®	*Alomide®*	*Lastacaft®*	
		Alrex®	*Optivar®*	
		azelastine	*olopatadine*	
		Bepreve®	*Pazeo®*	
		Elestat®	*Zaditor® OTC*	
		Emadine®		

OPHTHALMIC PROSTAGLANDIN AGONISTS

Preferred Agents	Non-Preferred Agents		Limitations
latanoprost	*bimatoprost*	*Travatan®*	**Class requires clinical criteria**
	Lumigan®	*travoprost*	
	Rescula®	*Xalatan®*	
	Travatan Z®	*Zioptan®*	

OPHTHALMIC QUINOLONES

Preferred Agents		Non-Preferred Agents		Limitations
Ciloxan Ointment®	ofloxacin drops	*Besivance®*	*Ocuflox®*	
ciprofloxacin drops	Vigamox®	*Ciloxan Drops®*	*Zymaxid®*	
Moxeza®		*gatifloxacin*		
		levofloxacin		

OTICS

OTIC ANTI-INFECTIVES AND ANESTHETICS

Preferred Agents	Non-Preferred Agents		Limitations
acetic acid	*acetic acid HC*	*Oto-End 10®*	
	Acetasol HC®	*Otozin®*	
	acetic acid/aluminum	*Pinnacaine®®*	

OTIC ANTIBIOTICS

Preferred Agents	Non-Preferred Agents		Limitations
Ciprodex®	*Cipro HC®*	*Cortisporin® drops*	
neomycin/polymixin/HC soln/susp	*ciprofloxacin HCl otic*	*Cortisporin-TC ®drops*	
ofloxacin drops	*Coly-Mycin S®*		

RESPIRATORY

COPD AGENTS

Preferred Agents		Non-Preferred Agents		Limitations
Atrovent HFA®	ipratropium/albuterol nebs	*Anoro Ellipta® µ*	*Spiriva® Respimat µ*	**% Requires clinical criteria**
Combivent Respimat®	Spiriva ® µ	*Daliresp® %*	*Stiolto® Respimat µ*	**µ Duplication with**
ipratropium neb		*Incruse Ellipta ® µ*	*Tudorza® % µ*	**ipratropium not allowed**
		Seebri ®Neohaler	*Utibron® Neohaler*	

ANTIHISTAMINES NON-SEDATING, AND DECONGESTANT COMBOS

Preferred Agents		Non-Preferred Agents		Limitations
cetirizine solution	loratadine tablets OTC	*cetirizine chewable OTC*	*fexofenadine-D*	
cetirizine tablets OTC	loratadine ODT OTC	*cetirizine-D (Rx and OTC)*	*levocetirizine*	
fexofenadine susp		*Clarinex®*	*loratadine-D*	
loratadine syrup OTC		*Clarinex-D®*	*Semprex-D*	
		desloratadine	*Xyzal®*	
		fexofenadine tabs		

BETA AGONISTS: SHORT-ACTING MDI AND NEBS

Preferred Agents		Non-Preferred Agents		Limitations
albuterol	Proventil HFA ®	*levalbuterol inh soln /conc*	*Ventolin HFA®*	
ProAir ® HFA	Xopenex ® soln /conc	*ProAir Respiclick*	*Xopenex HFA®*	

BETA AGONISTS: LONG-ACTING MDI & NEBS

Preferred Agents	Non-Preferred Agents		Limitations
Foradil®	*Arcapta®*	*Serevent Diskus®*	
	Brovana®	*Striverdi Respimat®*	
	Perforomist®		

BETA AGONISTS: COMBINATION PRODUCTS

Preferred Agents		Non-Preferred Agents	Limitations
Advair Diskus®	Dulera®	*Breo Ellipta®*	
Advair HFA®	Symbicort®		

CORTICOSTEROIDS INHALED

Preferred Agents		Non-Preferred Agents		Limitations
Asmanex® Flovent Diskus® Flovent HFA®	Pulmicort Respules® QVAR®	*Aerospan®* *Alvesco®* *Arnuity Elipta®* *Asmanex HFA®*	*budesonide respules inhalation* *Pulmicort Flexhaler®*	

EPINEPHRINE – SELF_INJECTED

Preferred Agents		Non-Preferred Agents	Limitations
Epipen®	Epipen Jr ®	Epinephrine self-injected	

GLUCOCORTICOIDS, ORAL

Preferred Agents		Non-Preferred Agents		Limitations
budesonide EC cortisone dexamethasone Intensol® dexamethasone solution and tablet hydrocortisone methylprednisolone 4mg and 32 mg tablet	methylprednisolone tab DS pak prednisolone sodium phosphate prednisolone solution prednisone solution prednisone tab DS pak prednisone tablet	*Cortef®* *dexamethasone elixir* *Dexpak®* *Entocort® EC* *Flo-Pred®* *Medrol®* *Medrol®DS PK* *methylprednisolone 8 and 16mg tab*	*Millipred®DP tab DS Pk* *Millipred solution/tablet* *Orapred®* *Orapred ODT®* *Pediapred®* *Prednisone Intensol®* *Rayos® %* *Veripred®*	**% Requires clinical criteria**

INTRANASAL ANTIHISTAMINES AND OTHERS

Preferred Agents		Non-Preferred Agents		Limitations
Astelin® Astepro®	ipratropium nasal Patanase®	*Atrovent® nasal* *azelastine®*	*olopatadine*	

INTRANASAL CORTICOSTEROIDS

Preferred Agents		Non-Preferred Agents		Limitations
fluticasone	Nasonex®	*Beconase AQ®* *budesonide nasal* *Dymista®* *Flonase® ** *flunisolide* *Omnaris®*	*QnasI®* *Rhinocort Aqua®* *triamcinolone nasal spray* *Veramyst®* *Zetonna®*	

LEUKOTRIENE RECEPTOR ANTAGONISTS

Preferred Agents	Non-Preferred Agents		Limitations
montelukast tablet/chew tablet zafirlukast	*Accolate®* *montelukast gran pak* *Singulair® gran pak*	*Singulair® tablet/chew tab*	

TOBACCO CESSATION

Preferred Agents		Non-Preferred Agents		Limitations
bupropion SR Chantix®	nicotine chewing gum OTC nicotine transdermal OTC	*Nicoderm CQ OTC®* *Nicorette Gum OTC®* *Nicorette Lozenge OTC®*	*nicotine lozenge OTC* *Zyban®*	**Class requires clinical criteria**

TOPICAL AGENTS

ANTIPARASITICS – TOPICAL

Preferred Agents		Non-Preferred Agents		Limitations
permethrin cream permethrin OTC	piperonyl butoxide/pyrethrins	*Elimite®* *Eurax® Cream*	*Ovide®* *piperonyl*	**Step thru OTC product required**

ANTIPARASITICS – TOPICAL

Preferred Agents		Non-Preferred Agents		Limitations
piperonyl butoxide/pyrethrins liquid OTC	shampoo OTC Sklice® Ulesfia®	*Eurax® Lotion* *lindane lotion* *lindane shampoo* *malathion* *Natroba®*	*butoxide/pyrethrins/permethrin kit OTC* *piperonyl butoxide/pyrethrins kit OTC* *spinosad*	

ANTIPSORIATICS – TOPICAL

Preferred Agents		Non-Preferred Agents		Limitations
calcipotriene cream calcipotriene solution		*calcipotriene oint* *calcipotriene-betamethasone ointment* *Calcitrene®* *calcitriol*	*Dovonex® cream* *Enstilar® Foam* *Sorilux®* *Taclonex® ointment/scalp* *Vectical®*	**Class requires clinical criteria**

MISC ACNE, TOPICAL

Preferred Agents	Non-Preferred Agents		Limitations
Benzaclin® clindamycin phosphate lotion clindamycin phosphate solution erythromycin solution	*Acanya Gel ®* *Acne Clearing System®* *Aczone ®* *Akne-mycin ®* *Avar® products* *Azelex®* *Benzamycin®* *Benzepro®* *benzoyl peroxide* *BP-10-1* *Cleocin-T®* *Clindacin* *clindamycin/benzoyl peroxide (gen Benzaclin)* *clindamycin/benzoyl peroxide (gen Duac)* *clindamycin phosphate foam* *clindamycin phosphate gel* *clindamycin phosphate med swab* Duac®	*erythromycin gel* *erythromycin med swab* *erythromycin-benzoyl peroxide* *Evoclin®* *Klaron®* *Neuac®* *Onexton®* *Ovace Plus®* *Pacnex®/HP/LP* *SSS 10-4/10-5* *sulfacetamide/sulfur/urea* *sulfacetamide/sulfur* *sulfacetamide* *sulfacetamide sodium* *sulfacetamide sodium/sulfur* *Sumadan®* *Sumadan XLT®* *Sumaxin®* *Sumaxin CP®* *Zenica Wash*	**Trial of two agents required**

TOPICAL RETINOIDS

Preferred Agents		Non-Preferred Agents		Limitations
Differin® Tazorac®	*tretinoin*	*adapalene cream/gel* *Atralin®* *Avita®* *Epiduo®* *Epiduo® Forte* *Fabior®*	*Retin-A®** *Retin-A ® micro Pump and Tube* *tretinoin microspheres* *Veltin®* *Ziana®*	**Requires Clinical PA if > 26 years old.**

TOPICAL, ROSACEA AGENTS

Preferred Agents		Non-Preferred Agents		Limitations
Metrocream® Metrogel®	metronidazole lotion	*Finacea® Gel/Foam* *Metrolotion®* *metronidazole cream* *metronidazole gel*	*Mirvaso®* *Noritate®* *Rosadan®/ kit* *Soolantra®*	

LOW POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred Agents		Limitations
alclometasone dipr cr	*Aqua-Glycolic HC*	*fluocinolone 0.01% Oil*	
alclometasone dipropionate oint	*Capex Shampoo®*	*hydrocortisone lotion 2.5%*	
hydrocortisone cr/oint 1% Rx	*Derma-Smoothe-FS®*	*Pediaderm HC®*	
hydrocortisone cr/oint 2.5%	*DermacinRX Silapak*	*Pediaderm TA®*	
hydrocortisone / min oil / pet oint 1%	*DermacinRX Silazone*	*Texacort®*	
hydrocortisone gel	*Desonate gel®*	*U-Cort®*	
	desonide cream	*Verdeso®*	
	desonide lotion	*Whytederm TDPak*	
	desonide oint		
	Desowen®		

MEDIUM POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred Agents		Limitations
fluticasone propionate cream	*betamethasone val foam 0.12%*	*hydrocortisone butyrate emollient*	
fluticasone propionate oint	*clocortolone*	*hydrocortisone valerate oint*	
hydrocortisone soln	*Cloderm®*	*Luxiq® Foam*	
hydrocortisone valerate cream	*Cordran Tape®*	*Momexin®*	
mometasone furoate cream	*Cutivate®*	*Pandel®*	
mometasone furoate oint	*Dermatop®*	*prednicarbate cream*	
mometasone furoate soln	*Elocon®*	*prednicarbate oint*	
	fluocinolone acetonide cream	*Synalar®*	
	fluocinolone acetonide oint	*Synalar TS®*	
	fluocinolone acetonide solution	*Westcort®*	
	fluticasone propionate lotion		
	hydrocortisone butyrate (Brand and generic)		

HIGH POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred Agents		Limitations
betamethasone dipr cream	*amcinonide*	*fluocinonide*	
betamethasone dipr lotion	*Apexicon®*	*Halog®*	
betamethasone val cream	*betamethasone dipr gel*	*Kenalog Aerosol®*	
betamethasone val oint	*betamet diprop / prop gly*	*Topicort®*	
triamcinolone acetonide cream	*betamethasone dipr oint*	*Topicort LP®*	
triamcinolone acetonide oint	*betamethasone val lotion*	*triamcinolone lotion*	
	desoximetasone	*triamcinolone spray*	
	diflorasone diacetate	*Trianex ointment*	
	Diprolene®	*Vanos®*	
	Diprolene AF®		

VERY HIGH POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred Agents		Limitations
clobetasol emollient	*Apexicon E®*	*Halonate/Halonate PAC®*	
clobetasol prop (crm,oint,sol,gel)	*clobetasol lotion/shampoo*	*Olux/Olux-E®*	
Clobex® shampoo	*clobetasol propionate foam*	*Temovate®*	
halobetasol propionate	*Clobex® lotion & spray*	*Ultravate® /Ultravate PAC®*	
	Clodan®	*Ultravate X® /Ultravate-X PAC®*	
	Halac®		