

Montana Medicaid Preferred Drug List (PDL)

Revised November 22, 2023

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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. # Quantity limits apply % Clinical criteria applies MME restriction applies to this class
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>	
	<i>Duragesic patch * #</i>	<i>Nucynta ER # %</i>	
	<i>fentanyl patch #</i>	<i>oxycodone ER #</i>	
	<i>hydrocodone ER cap %</i>	<i>OxyContin #</i>	
	<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 % Clinical criteria applies
Emgality 120mg %	<i>almotriptan</i>	<i>Onzetra Xsail</i>	
	<i>Amerge</i>	<i>Qulipta %</i>	
Frova	<i>Cambia %</i>	<i>Relpax</i>	
Imitrex nasal spray	<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 nasal spray</i>	
sumatriptan tablets, vial, syringe, cartridge	<i>Elyxyb sol</i>	<i>sumatriptan/naproxen 85-500</i>	
	<i>Emgality 100mg %</i>	<i>Tosymra</i>	
Nurtec ODT %	<i>frovatriptan</i>	<i>Treximet</i>	
Ubrelvy %	<i>Imitrex * tabs, pen, cartridge</i>	<i>Trudhesa</i>	
	<i>Maxalt *</i>	<i>Zavzpret %</i>	
	<i>Maxalt MLT *</i>	<i>Zembrace</i>	
	<i>Migranal</i>	<i>Zolmitriptan all forms</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
gabapentin capsule μ #	Dermacinrx Lidocan patch #	Lyrica CR μ	μ Cross Duplication not allowed
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	

OPIOID REVERSAL AGENTS

Preferred Agents	Non-Preferred	--	Limitations
naloxone syringe	Kloxxado		N/A
naloxone vial	naloxone nasal spray		
Narcan Nasal Spray OTC	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 %	% 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 Dificid tab/susp % Flagyl metronidazole capsule neomycin sulfate nitazoxanide (gen Alinia) paramomycin	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%</i>	<i>Morgidox Kit</i>	
minocycline capsules	<i>(gen Oracea)</i>	<i>Nuzyra</i>	
	<i>doxycycline suspension</i>	<i>Solodyn %</i>	
	<i>doxycycline monohydrate 75mg and 150mg capsule</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 #	Cleocin cream clindamycin vaginal 2% cream	Metrogel vaginal gel Vandazole	# Quantity limits apply

ANTIFUNGALS, ORAL

Preferred Agents	Non-Preferred	--	Limitations
clotrimazole fluconazole griseofulvin suspension Noxafil tab nystatin suspension terbinafine	Ancobon Brexafemme Cresemba Diflucan * flucytosine griseofulvin micro griseofulvin ultra itraconazole caps & sol ketoconazole %	Noxafil packet/susp nystatin oral tablet Oravig posaconazole tab/susp Sporanox Tolsura Vfend Vivjoa voriconazole	% 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	Bensal HP Ciclodan cream/kit ciclopirox (Ciclodan/Loprox) cr/gel/kit/shmp/susp clotrim/betameth lotion econazole cream Ertaczo cream Exelderm cream/sol Extina foam Jublia soln % Kerydin soln ketoconazole foam Ketodan Foam/Kit Loprox shmp/cream/susp	luliconazole cream Luzu cream miconazole/zinc oxide/ petrolatum (gen Vusion) naftifine cream/gel Naftin cream/gel nystatin/triamcin cream/oint oxiconazole cream Oxistat cream/lotion sulconazole cr/sol (gen Exelderm) tavaborole (gen Kerydin) Vusion	N/A

ANTIVIRALS: HERPES – ORAL AGENTS

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

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ANTIVIRALS: INFLUENZA

Preferred Agents	Non-Preferred	--	Limitations
oseltamivir suspension and capsule Xofluza	flumadine Relenza rimantadine HCl Tamiflu		

ANTIVIRALS, TOPICAL

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

HEPATITIS C: PEGYLATED INTERFERONS

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

HEPATITIS C: OTHER

Preferred Agents	Non-Preferred	--	Limitations
Mavyret tabs/pellet pak	Eplusa tabs/pellet pak Harvoni tabs/pellet pak ledipasvir-sofosbuvir	sofosbuvir-velpatasvir Sovaldi tabs/pellet pak Vosevi Zepatier	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	Accupril * Altace captopril enalapril sol (gen Epaned) Epaned Oral Soln fosinopril Lotensin *	moexipril perindopril Prinivil * Qbrelisl ramipril trandolapril Vasotec * Zestril *	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

ANGIOTENSIN 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

ANGIOTENSIN 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	<i>Catapres oral *</i> <i>clonidine ER (gen Nexiclon)</i>		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	<i>acebutolol</i> <i>atenolol/chlorthalidone</i> <i>betaxolol</i> <i>bisoprolol (gen Zebeta)</i> <i>bisoprolol/HCTZ</i> <i>carvedilol ER</i> <i>Coreg *</i> <i>Hemangeol</i> <i>Inderal LA & XL</i> <i>Innopran XL</i> <i>Kapspargo Sprinkle</i> <i>Lopressor*</i> <i>metoprolol/HCTZ</i>	<i>nadolol/Corgard</i> <i>nebivolol (gen Bystolic)</i> <i>pindolol</i> <i>propranolol/HCTZ</i> <i>Betapace /Batapace AF</i> <i>Sotylize</i> <i>Tenormin /Tenoretic</i> <i>timolol</i> <i>Toprol XL *</i> <i>Ziac</i>	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)	<i>Adalat CC</i> <i>felodipine ER</i> <i>isradipine</i> <i>Katerzia</i> <i>levamlodipine (gen Conjupri)</i> <i>nicardipine HCl</i> <i>nifedipine IR</i>	<i>nimodipine</i> <i>nisoldipine ER</i> <i>Norliqva</i> <i>Norvasc *</i> <i>Nymalize</i> <i>Procardia XL *</i> <i>Sular (reformulated)</i>	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	<i>Calan/Calan SR</i> <i>Cardizem *</i> <i>Cardizem CD/LA</i> <i>diltiazem LA</i> <i>Matzim LA</i> <i>Tiazac</i>	<i>Tiazac 420</i> <i>verapamil 360 capsule</i> <i>verapamil capsule ER</i> <i>verapamil ER PM</i> <i>Verelan</i> <i>Verelan PM</i>	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>Atoprev</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 & 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 & 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 %	<i>Banzel %</i>	<i>Neurontin solution @ μ</i>	Note: DAW 7 may be used ONLY for seizure diagnosis
gabapentin capsule μ	<i>Briviact</i>	<i>Neurontin tablet/capsule * μ</i>	
gabapentin solution μ	<i>clobazam tab & susp %</i>	<i>Onfi %</i>	@ Alternative dosage forms require PA
gabapentin tablet μ	<i>Diacomit %</i>	<i>pregabalin caps/solution μ</i>	
lacosamide tab/sol (generic Vimpat) %	<i>diazepam rectal %</i>	<i>pregabalin ER μ</i>	
lamotrigine IR tabs & chews/dispersible	<i>Elepsia XR</i>	<i>Qudexy XR</i>	% Clinical criteria applies
levetiracetam IR	<i>Epidiolex %</i>	<i>rufinamide tab & susp (gen Banzel) %</i>	
levetiracetam solution	<i>Eprontia @</i>	<i>Sabril</i>	μ Cross duplication not allowed between gabapentin and Lyrica
Lyrica capsule μ	<i>Fintepla %</i>	<i>Spritam</i>	
Nayzilam %	<i>Fycompa</i>	<i>Sympazan % @</i>	
topiramate tablets	<i>Keppra * @</i>	<i>Tiagabine %</i>	
Valtoco %	<i>Keppra XR</i>	<i>Topamax Sprinkle Cap @</i>	
zonisamide	<i>lacosamide dose cups %</i>	<i>Topamax tablet *</i>	
	<i>Lamictal *</i>	<i>topiramate sprinkle cap @</i>	
	<i>Lamictal ODT & ODT Starter pak @</i>	<i>topiramate ER</i>	
	<i>Lamictal Starter pak</i>	<i>Trokendi XR</i>	
	<i>Lamictal XR %</i>	<i>vigabatrin powder (gen Sabril)</i>	
	<i>lamotrigine ER %</i>	<i>vigabatrin tablet</i>	
	<i>lamotrigine ODT @</i>	<i>Vimpat %</i>	
	<i>lamotrigine starter pak</i>	<i>Xcopri</i>	
	<i>levetiracetam ER</i>	<i>Zonisade</i>	
	<i>Lyrica solution μ</i>	<i>Ztalmy %</i>	
	<i>Lyrica CR μ</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>Forfivo</i>	<i>Remeron *</i>	
Pristiq ER #	<i>Cymbalta *</i>	<i>Remeron SolTab @</i>	# Quantity limits apply
trazodone	<i>desvenlafaxine ER #</i>	<i>Trintellix</i>	
venlafaxine IR	<i>desvenlafaxine fum ER</i>	<i>venlafaxine ER tabs</i>	@ Alternative dosage forms require PA
venlafaxine ER caps 24H	<i>desvenlafaxine suc ER #</i>	<i>Viibryd DS PK</i>	
Viibryd	<i>duloxetine 40mg</i>	<i>vilazodone (gen Viibryd)</i>	
	<i>Effexor XR *</i>	<i>Wellbutrin SR and XL *</i>	

ADHD/CNS STIMULANTS AND RELATED AGENTS

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

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Preferred Agents	Non-Preferred	--	Limitations
atomoxetine guanfacine ER clonidine ER & IR	<i>Intuniv *</i> <i>Qelbree %</i>	<i>Strattera *</i>	% Clinical criteria applies

ATYPICAL ANTIPSYCHOTICS

Preferred Agents	Non-Preferred	--	Limitations
Abilify Asimtufi @ Abilify Maintena @ aripiprazole tablets Aristada @ Aristada Initio @ clozapine tablet Invega Hafyera @ Invega Sustenna @ Invega Trinza @ lurasidone olanzapine olanzapine ODT @ Perseris @ quetiapine quetiapine ER Risperdal Consta @ risperidone solution @ risperidone tablet Uzedy @ ziprasidone HCl Zyprexa Relprevv @	<i>Abilify Mycite %</i> <i>Abilify tablet *</i> <i>Adasuve</i> <i>aripiprazole sol/ODT</i> <i>asenapine (gen Saphris)</i> <i>Caplyta</i> <i>clozapine ODT @</i> <i>Clozaril *</i> <i>Fanapt</i> <i>Fanapt titration pack</i> <i>Fazaclo</i> <i>Geodon *</i> <i>Invega</i> <i>Latuda *</i> <i>Lybalvi %</i> <i>Nuplazid %</i> <i>olanzapine/fluoxetine</i> <i>paliperidone ER</i> <i>Rexulti %</i> <i>Risperdal *</i>	<i>risperidone tab rapdis @</i> <i>Saphris</i> <i>Secuado %</i> <i>Seroquel IR & XR *</i> <i>Symbyax %</i> <i>Versacloz</i> <i>Vraylar %</i> <i>Zyprexa tablet *</i> <i>Zyprexa Zydis * @</i>	Dose optimization edits apply to many in class @ Alternative dosage forms require PA # Dose limits apply % Clinical criteria applies PA for class required for members seven and under

MULTIPLE SCLEROSIS AGENTS

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

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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	
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 Tradjenta	alogliptin alogliptin-metformin alogliptin-pioglitazone Jentadueto XR Kazano Nesina	Oseni % saxagliptin (gen Onglyza) saxagliptin-metformin ER (gen Kombiglyze) Trijardy XR	% 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 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 Glyxambi Invokamet Invokana Jardiance Synjardy Xigduo XR	Inpefa Invokamet XR Qtern Segluromet	Steglatro Steglujan Synjardy XR Trijardy XR	

DIABETES: SULFONYLUREAS

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

DIABETES: TZD

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

ESTROGEN PREPARATIONS, OTHER ROUTES: ORAL/TRANSDERMAL

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

ESTROGEN PREPARATIONS, VAGINAL

Preferred Agents	Non-Preferred	--	Limitations
Estring Premarin Vaginal Cream Vagifem	Estrace estradiol (gen Estrace) estradiol (gen Yuvafem)	Femring Intrarosa Yuvafem	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	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
Fylnetra 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 Mircera	Procrit Reblozyl	N/A

MISCELLANEOUS AGENTS

ANTIHYPERURICEMICS

Preferred Agents	Non-Preferred	--	Limitations
allopurinol Colcrys probenecid probenecid/colchicine %	allopurinol 200mg colchicine capsule (generic for Mitigare) colchicine tablet (generic for Colcrys)	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	Cibinqo	Skyrizi	
Humira Pediatric	Cimzia	Sotyktu	
	Cimzia Kit	Stelara	
	Enbrel vial	Taltz	
	Enspr yng	Tremfya	
	Ilumya	Xeljanz	
	Kevzara	Xeljanz solution	
	Kineret	Xeljanz XR	
	Olumiant	Zeposia	
	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	Rezurock	
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		

IMMUNOMODULATORS, ATOPIC DERMATITIS

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

IMMUNOMODULATORS, TOPICAL

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

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METHOTREXATE PRODUCTS

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

OPHTHALMICS

ALPHA2 ADRENERGIC AGENTS – GLAUCOMA

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

ANTIBIOTIC-STEROID COMBINATIONS

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

ANTI-INFLAMMATORIES – NSAIDS

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

ANTI-INFLAMMATORIES – STEROIDS

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

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BETA BLOCKERS – GLAUCOMA

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

GLAUCOMA, OTHERS

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

OPHTHALMIC ALLERGIC CONJUNCTIVITIS

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

OPHTHALMIC – ANTI-INFLAMMATORY/IMMUNOMODULATOR

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

OPHTHALMIC PROSTAGLANDIN AGONISTS

Preferred Agents	Non-Preferred	--	Limitations
latanoprost	bimatoprost (gen Lumigan 0.03%) Iyuzeh Lumigan 0.01% tafluprost (gen Zioptan) travaprost	Travatan Z Vyzulta Xalatan * Xelpros Zioptan	N/A

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OPHTHALMIC QUINOLONES

Preferred Agents	Non-Preferred	--	Limitations
ciprofloxacin drops	<i>Besivance</i>	<i>Moxeza</i>	N/A
ofloxacin drops	<i>Ciloxan drops*/ointment</i>	<i>moxifloxacin</i>	
Vigamox	<i>gatifloxacin</i>	<i>Ocuflox *</i>	
	<i>levofloxacin</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)	<i>Cipro HC</i>	<i>ciproflox/fluocinolone</i>	N/A
ciproflox/dexameth otic susp (gen Ciprodex)	<i>ciprofloxacin HCl otic</i>	<i>Coly-Mycin S</i>	
neomycin/polymixin/HC soln/susp		<i>Cortisporin-TC otic susp</i>	
ofloxacin drops		<i>Otovel</i>	

OTIC ANTI-INFLAMMATORY

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

PAH AGENTS

ENDOTHELIN RECEPTOR ANTAGONISTS

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

PROSTACYCLINS FOR PAH, INHALATION AND ORAL

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

PDE INHIBITORS AND OTHERS FOR PPH/PAH

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

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PLATELET AGGREGATION INHIBITORS

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Preferred Agents	Non-Preferred	--	Limitations
aspirin aspirin-dipyridamole Brilinta clopidogrel dipyridamole prasugrel	<i>Effient *</i> <i>Plavix *</i>	<i>Zontivity</i>	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	<i>Bevespi</i> <i>Breztri Aerosphere</i> <i>Daliresp %</i> <i>Duaklir Pressair</i> <i>Incruse Ellipta</i> <i>Seebri Neohaler</i>	<i>Spiriva Respimat</i> <i>tiotropium (gen Spiriva handihaler)</i> <i>Trelegy Ellipta</i> <i>Tudorza</i> <i>Yupelri</i>	% Clinical criteria applies Non-preferred combination products require trial of combination of preferred products with all requested MOAs

ANTI-ALLERGENS

Preferred Agents	Non-Preferred	--	Limitations
N/A	<i>Oralair</i> <i>Palforzia</i>	<i>Ragwitek</i>	Clinical criteria applies to this class

ANTIHISTAMINES 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	<i>cetirizine chewable OTC</i> <i>cetirizine soln 5mg/5mL OTC (unit levocetirizine soln dose)</i> <i>cetirizine-D OTC</i> <i>Clarinet</i> <i>Clarinet-D</i> <i>desloratadine</i> <i>fexofenadine tabs OTC</i>	<i>fexofenadine-D OTC</i> <i>loratadine chewable OTC</i> <i>loratadine-D OTC</i> <i>loratadine ODT OTC</i>	N/A

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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	<i>albuterol HFA (generic Proair 8.5g)</i> <i>albuterol HFA (generic Proventil 6.7g)</i> <i>levalbuterol HFA</i> <i>levalbuterol inh soln</i>	<i>ProAir Digihaler</i> <i>ProAir Respiclick</i> <i>Xopenex inh soln</i>	N/A

BETA AGONISTS: LONG-ACTING MDI & NEBS

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

BETA AGONISTS: COMBINATION PRODUCTS

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

CORTICOSTEROIDS INHALED

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

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

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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 & 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, and 32mg tabs</i>		

IDIOPATHIC PULMONARY FIBROSIS

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

INTRANASAL ANTIHISTAMINES AND OTHERS

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

INTRANASAL CORTICOSTEROIDS

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

LEUKOTRIENE RECEPTOR ANTAGONISTS

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

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TOBACCO CESSATION

Preferred Agents	Non-Preferred	--	Limitations
bupropion SR (gen Zyban) nicotine chewing gum OTC nicotine lozenge OTC nicotine transdermal OTC varenicline (gen Chantix)	Nicotrol Inhaler % Nicotrol Nasal Spray %		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	Eurax Cream Eurax Lotion Ivermectin 0.5% (gen Sklice) malathion	Ovide piperonyl butoxide/pyrethrins kit OTC spinosad Vanallice	Monthly limits apply – One application per 34 days.

ANTIPSORIATICS – TOPICAL

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

MISC ACNE, TOPICAL

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

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TOPICAL RETINOIDS

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

TOPICAL, ROSACEA AGENTS

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

LOW POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	--	Limitations
Derma-Smoothe FS hydrocortisone cream/oint 1% Rx hydrocortisone cream/oint/lot 2.5%	alclometasone dipro cream/ ointment Aqua-Glycolic HC desonide cream/lot/oint	fluocinolone 0.01% oil Hydroxym gel Texacort	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)	Beser lotion/Kit betamethasone val foam 0.12% clocortolone Cloderm Cordran tape (if rebateable product available) Cutivate fluocinolone acetonide cream/oint/solution flurandrenolide cr/oint/lot fluticasone propionate lot	hydrocortisone butyrate (brand and generic all forms) hydrocortisone valerate cream/oint Luxiq Foam Oralene 0.1% paste Pandel prednicarbate cream prednicarbate oint Synalar Synalar TS	N/A

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HIGH POTENCY TOPICAL STEROIDS

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

VERY HIGH POTENCY TOPICAL STEROIDS

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

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>		