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Revised July 10, 2025

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ANALGESICS

ANALGESICS, OPIOID – LONG-ACTING

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

ANTI-MIGRAINE

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

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NSAIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
celecoxib 100mg and 200mg	*Arthrotec*	*Licart Patch*	**Trial of 2 preferred agents required**
diclofenac 1% gel OTC (generic Voltaren) #	*Celebrex **	*meclofenamate*	
diclofenac sodium EC/DR	*celecoxib 50mg and 400mg*	*mefenamic acid*	
ibuprofen tablet/susp Rx	*Daypro*	*meloxicam cap (gen Vivlodex)*	**# Quantity limits apply**
indomethacin capsule IR	*diclofenac potassium caps/tabs*	*Mobic*	
ketorolac (oral) #	*diclofenac sodium ER/SR*	*nabumetone*	**% Clinical criteria applies**
meloxicam tablet	*diclofenac sodium /misoprostol*	*Nalfon*	
naproxen tablet (Naprosyn)	*diclofenac topical & transdermal # (except 1% gel)*	*Naprelan*	
sulindac	*diflunisal*	*naproxen EC*	
	Dolobid	*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	Non-Preferred Cont.	Limitations
duloxetine (all except 40mg)	*Dermacinrx Lidocan patch #*	*Lyrica solution % µ*	**% Clinical criteria applies**
gabapentin capsule µ #	*Drizalma sprinkle*	*Lyrica CR µ*	**µ Cross Duplication not allowed**
gabapentin solution µ #	*duloxetine 40 mg cap*	*Neurontin µ*	**# Quantity limits apply**
gabapentin tablet µ #	*gabapentin ER % µ*	*pregabalin caps/solution µ*	**duloxetine/ Savella concurrent use not allowed**
Lyrica Capsule µ #	*Gabarone*	*pregabalin ER µ*	
Savella %	*Gralise % µ*	*Qutenza*	
	Horizant % µ	*Ztlido*	
	lidocaine patch #		
	Lidocan II		

OPIOID REVERSAL AGENTS

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

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SUBSTANCE USE DISORDER TREATEMENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Brixadi %	*buprenorphine/naloxone SL films*	*N/A*	**+ one-time attestation per NPI required**
buprenorphine SL +	*lofexidine (generic Lucemyra) %*		
buprenorphine/naloxone SL tabs +	*Lucemyra %*		
Naltrexone	*Vivitrol %*		**% Clinical criteria applies**
Sublocade %	*Zubsolv %*		
Suboxone Film +			

ANTI-INFECTIVES

ANTIOBIOTICS: 2ND GENERATION QUINOLONES

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

ANTIBIOTICS: 3RD GENERATION QUINOLONES

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

ANTIBIOTICS, GI

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
metronidazole tablet	*Aemcolo*	*neomycin sulfate*	**% Clinical criteria applies**
tinidazole	*Dificid tab/susp %*	*nitazoxanide (gen Alinia)*	
vancomycin HCL	*Firvanq soln*	*paromomycin*	
vancomycin soln (gen Firvanq)	*Flagyl*	*Solosec*	
	Likmez	*Vancocin*	
	metronidazole 125mg tab	*Vowst %*	
	metronidazole capsule	*Xifaxan %*	

ANTIBIOTICS: INHALED

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

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ANTIBIOTICS: MACROLIDES/KETOLIDES

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

ANTIBIOTICS: 2ND GENERATION CEPHA

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
cefprozil tab/susp	*cefaclor capsule*	*cefaclor ER*	**N/A**
cefuroxime	*cefaclor suspension*		

ANTIBIOTICS: 3RD GENERATION CEPHALOSPORINS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
cefdinir	*cefixime caps/susp*	*cefpodoxime*	**N/A**

ANTIBIOTICS: TETRACYCLINES

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

ANTIBIOTICS, TOPICAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
mupirocin ointment	*Centany*	*gentamicin cream/oint*	**N/A**
	Centany AT	*mupirocin cream*	
		Xepi	

ANTIBIOTICS, VAGINAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Cleocin cream	*clindamycin vaginal 2% cream*	*Nuvessa vaginal gel #*	**# Quantity limits apply**
Cleocin ovules	*Metrogel vaginal gel*	*Vandazole*	
Clindesse #		*Xaciato*	
metronidazole vaginal 0.75% gel			

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ANTIFUNGALS, ORAL

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

ANTIFUNGALS AND COMBOS, TOPICAL

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

ANTIVIRALS: HERPES – ORAL AGENTS

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

ANTIVIRALS: INFLUENZA

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

ANTIVIRALS, TOPICAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Acyclovir 5% ointment Docosanol OTC (gen Abreva)	*acyclovir cream* *Denavir* *penciclovir (gen Denavir)*	*Xerese* *Zovirax Cream/Ointment*	**N/A**

HEPATITIS C: PEGYLATED INTERFERONS

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

HEPATITIS C: OTHER

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Mavyret tabs/pellet pak	*Epclusa 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	Non-Preferred Cont.	Limitations
ribavirin capsules and tablets	*N/A*	*N/A*	**Clinical criteria applies to this class**

CARDIOVASCULAR

ACE INHIBITORS

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

ACE INHIBITOR COMBINATIONS

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

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ANGIOTENSIN MODULATOR

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Entresto	*Atacand*	*Edarbi*	**Trial of 2 preferred agents required**
irbesartan	*Avapro **	*Entresto Sprinkles*	
losartan	*Benicar **	*eprosartan*	
olmesartan	*candesartan*	*Telmisartan*	
valsartan	*Cozaar **	*valsartan sol*	
	*Diovan **		

ANGIOTENSION II RECEPTOR BLOCKER COMBOS

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

ANGIOTENSION MODULATOR COMBINATIONS

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

ANTIANGINAL & ANTIISCHEMIC

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
ranolazine ER	*Ranexa ER*	*N/A*	**N/A**

ANTIHYPERTENSIVES, SYMPATHOLYTICS

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

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BETA BLOCKERS AND COMBINATIONS

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

CALCIUM CHANNEL BLOCKERS (DHP)

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
amlodipine	*Adalat CC*	*nimodipine*	**Trial of 2 preferred agents required**
nifedipine ER (generic for Procardia XL)	*felodipine ER*	*nisoldipine ER*	
	isradipine	*Norliqva*	
	Katerzia	*Norvasc **	
	levamlodipine (gen Conjupri)	*Nymalize*	
	nicardipine HCl	*Procardia XL **	
	nifedipine IR	*Sular (reformulated)*	

CALCIUM CHANNEL BLOCKERS (NON-DHP)

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Cartia XT	*Calan/Calan SR*	*Tiazac 420*	**Trial of 2 preferred agents required**
Dilt XR	*Cardizem **	*verapamil 360 capsule*	
diltiazem HCl IR	*Cardizem CD/LA*	*verapamil capsule ER*	
diltiazem ER capsule	*diltiazem LA*	*verapamil ER PM*	
Taztia XT	*Matzim LA*	*Verelan*	
verapamil HCl IR	*Tiazac*	*Verelan PM*	
verapamil ER tablets			

DIRECT RENIN INHIBITORS

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

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

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

LIPOTROPICS: OTHERS

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

CENTRAL NERVOUS SYSTEM

ALZHEIMER'S DRUGS - CHOLINESTERASE INHIBITORS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
donepezil 5 & 10 mg tablet	*Adlarity*	*galantamine*	**% Clinical criteria applies**
Exelon patch	*Aricept **	*galantamine ER*	
rivastigmine capsule	*Aricept 23 %*	*Razadyne ER*	
	donepezil 23mg %	*rivastigmine patch*	
	donepezil ODT	*Zunveyl*	

ALZHEIMER'S DRUGS - NMDA RECEPTOR ANTAGONIST AND COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
memantine tablet	*memantine sol @/dosepak*	*Namzaric*	**@ Alternative dosage forms require PA**
	memantine ER		
	memantine-donepezil (gen Namzaric)		
	Namenda dosepak		

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ANTI-CONVULSANTS: CARBAMAZEPINE DERIVATIVES

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

ANTI-CONVULSANTS: FIRST GENERATION

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

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ANTI-CONVULSANTS: SECOND GENERATION AND OTHERS

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

ANTI-DEPRESSANTS: SSRIS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
citalopram tabs # (limit 40 mg/day)	*Brisdelle %*	*paroxetine CR*	**Trial of 2 preferred agents required**
escitalopram tablet #	*Celexa * #*	*paroxetine susp*	
fluoxetine capsules	*citalopram caps*	*Paxil *	
fluoxetine solution	*escitalopram solution #*	*Paxil CR*	**% Clinical criteria applies**
fluoxetine tablets	*fluoxetine DR %*	*Paxil Susp*	
fluvoxamine	*fluvoxamine CR*	*Pexeva*	**# Dose limits apply**
paroxetine	*Lexapro * #*	*sertraline caps*	
sertraline tabs and soln	*paroxetine 7.5mg %*	*Zoloft *	

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ANTI-DEPRESSANTS: NOVEL

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

ADHD/CNS STIMULANTS AND RELATED AGENTS

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

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ATYPICAL ANTIPSYCHOTICS

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

MULTIPLE SCLEROSIS AGENTS

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

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ANTI-PARKINSON'S AGENTS

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

SEDATIVE HYPNOTIC AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	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 **	
zolpidem tartrate IR tablet (initial dose limit 5mg/day for females)	*Dayvigo %*	*Rozerem*	**% Clinical criteria applies**
	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	Non-Preferred Cont.	Limitations
baclofen tablet	*Amrix %*	*Lyvispah*	**% Clinical criteria applies**
cyclobenzaprine HCl 5mg & 10mg	*baclofen solution*	*metaxalone*	**# Quantity limits apply**
methocarbamol	*chlorzoxazone*	*Norgesic/Norgesic Forte*	
orphenadrine citrate	*cyclobenzaprine 7.5mg%*	*Robaxin **	
tizanidine HCl tablet	*cyclobenzaprine ER %*	*Skelaxin*	
	Dantrium	*Tanlor*	
	dantrolene sodium	*tizanidine capsule % #*	
	Fexmid %	*Zanaflex capsule % #*	
	Fleqsuvy	*Zanaflex tablet **	
	*Lorzone **		

MOVEMENT DISORDER DRUGS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Austedo Austedo XR Ingrezza tetrabenazine	*Austedo XR titration kit* *Ingrezza initiation Pack* *Ingrezza Sprinkles @* *Xenazine*		**Clinical criteria applies to this class; Quantity limits apply** **@ Alternative dosage forms require PA**

ENDOCRINE AND METABOLIC AGENTS

ANDROGENIC AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
testosterone 1.62% gel pump (gen Androgel)	*Androderm*	*Testim* *testosterone gel* *Vogelxo*	**Clinical criteria applies to this class**

BONE: RESPORPTION AND RELATED AGENTS

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

DIABETES: ALPHA-GLUCOSIDASE INHIBITORS

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

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DIABETES: DPP-IV INHIBITORS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Glyxambi	*alogliptin*	*saxagliptin-metformin ER (gen Kombiglyze)*	**% Clinical criteria applies**
Janumet	*alogliptin-metformin*	*sitagliptin (gen Zituvio)*	
Janumet XR	*alogliptin-pioglitazone*	*sitagliptin/metformin (gen Zituvimet)*	
Januvia	*Jentadueto XR*	*Trijardy XR*	
Jentadueto	*Kazano*	*Zituvio*	
Tradjenta	*Nesina*	*Zituvimet IR and ER*	
	Oseni %		
	saxagliptin (gen Onglyza)		

DIABETES: GLP-1/GIP AND COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Byetta Pens	*Bydureon BCISE*	*Rybelsus*	**Trial of 2 preferred agents for 6 months each required**
Ozempic	*liraglutide (gen Victoza)*		
Trulicity	*Mounjaro*		**Electronic edits apply to class**
Victoza			

DIABETES: INSULIN AND COMBOS

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

DIABETES: MEGLITINIDES AND COMBOS

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

DIABETES: METFORMINS AND COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
glyburide-metformin metformin metformin ER (generic for Glucophage XR)	*Fortamet* *glipizide-metformin* *Glumetza* *metformin 625mg and 750mg* *metformin solution*	*metformin ER (gen for Fortamet)* *metformin ER (gen for Glumetza)* *Riomet*	**N/A**

DIABETES: SGLT2 AND COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Farxiga Glyxambi Jardiance Synjardy Xigduo XR	*dapagliflozin* *dapagliflozin/metformin ER* *Inpefa* *Invokamet* *Invokana* *Invokamet XR*	*Segluromet* *Steglatro* *Steglujan* *Synjardy XR* *Trijardy XR*	

DIABETES: SULFONYLUREAS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
glimepiride 1mg, 2mg, & 4mg glipizide glipizide ER/XL glyburide	*glimepiride 3mg* *glyburide micronized*	*N/A*	**N/A**

DIABETES: TZD

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

ESTROGEN, OTHERS: ORAL/TRANSDERMAL

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

ESTROGEN , OTHERS: VAGINAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Estring	*Estrace*	*Intrarosa*	**N/A**
Femring	*estradiol (gen Estrace)*	*Yuvafem*	
Premarin vaginal cream	*estradiol (gen Yuvafem)*		
Vagifem			

GROWTH HORMONES

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Genotropin Cartridge, Syringe	*Humatrope*	*Skytrofa*	**Clinical criteria applies to this class**
Norditropin	*Ngenla*	*Sogroya*	
	Omnitrope	*Zomacton Vial*	
	Serostim	*Zorbtive*	

PANCREATIC ENZYMES

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Creon	*Pertzye*	*Viokace*	**N/A**
Zenpep			

PITUITARY SUPPRESSIVE AGENTS, LHRH

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Fensolvi	*N/A*	*N/A*	**% Clinical criteria applies**
Leuprolide depot (gen Lutrate Depot)			
Lupron Depot-Ped			
Supprelin LA %			
Synarel			
Triptodur			

PROGESTINS FOR CACHEXIA

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
megestrol suspension	*megestrol ES 625mg/5mL suspension*	*N/A*	**N/A**

UTERINE DISORDER TREATMENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Myfembree	*Oriahnn*	*N/A*	**N/A**
Orilissa			

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GASTROINTESTINAL

ANTIEMETICS AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
metoclopramide tablets, solution	*Akynzeo*	*Granisetron #*	**# Quantity limits apply**
ondansetron injections	*Aprepitant %*	*metoclopramide injection*	**% Clinical criteria applies**
ondansetron ODT (4mg & 8mg)	*Bonjesta %*	*metoclopramide ODT %*	
ondansetron solution	*Diclegis%*	*ondansetron ODT 16mg*	
ondansetron tablet	*doxylamine/pyridox %*	*Reglan **	
	Emend Oral %	*Sancuso %*	
	Emend Oral Pak %	*Sustol SQ*	
	Gimoti	*Zofran **	

GI MOTILITY AGENTS

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

PROTON PUMP INHIBITORS, OTHERS/H. PYLORI TREATMENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
esomeprazole cap (Rx)	*Aciphex tab*	*Omeclamox-Pak*	**Trial of two preferred molecules required**
lansoprazole OTC 15mg ODT @	*Aciphex sprinkle @*	*omeprazole OTC*	**@ Alternative dose forms require PA.**
lansoprazole caps Rx	*bismuth-metronidazole-tetracycline (gen Pylera)*	*omeprazole/sodium bicarb*	**Quantity limits apply to class**
omeprazole (Rx)	*Dexilant*	*pantoprazole susp*	**% Clinical criteria applies**
pantoprazole	*dexlansoprazole (gen Dexilant)*	*Prevacid RX and OTC*	
Protonix suspension @	*Esomeprazole cap (OTC)*	*Prevacid Solu Tab @*	
Pylera	*esomeprazole tab (OTC)*	*Prilosec (Rx) susp packet @*	
	esomeprazole susp	*Protonix Tablet **	
	Konvomep	*Rabeprazole*	
	lansoprazole caps OTC	*Talicia*	
	lansoprazole ODT Rx @	*Vimovo %*	
	lansoprazole-amox-clarith	*Voquezna*	
	naproxen/esomeprazole (gen Vimovo) %	*Voquezna Dual/Triple Pak*	
	Nexium OTC	*Zegerid*	
	Nexium Rx capsule	*Zegerid packet @*	
	Nexium suspension @		

ULCERATIVE COLITIS – ORAL

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

ULCERATIVE COLITIS – RECTAL

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

ANDROGEN HORMONE INHIBITORS AND COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
dutasteride finasteride 5mg	*dutasteride-tamsulosin* *Jalyn*	*Natesto* *Proscar **	**N/A**

PDE-5 FOR BPH

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
tadalafil	*Cialis*	*N/A*	**Clinical criteria applies to this class**

PHOSPHATE BINDERS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
calcium acetate caps Fosrenol tabs sevelamer carbonate 800mg tabs (gen Renvela)	*Auryxia* *calcium acetate tabs* *ferric citrate* *Fosrenol powder* *lanthanum chew tab* *Renvela tabs & powder*	*sevelamer powder* *sevelamer HCL 400mg tabs (gen Renagel)* *Velphoro* *Xphozah*	**N/A**

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POTASSIUM BINDERS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
sodium polystyrene sulfonate	*Kionex*	*SPS*	**N/A**
	Lokelma	*Veltassa*	

URINARY TRACT ANTISPASMODICS

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

HEMATOLOGICAL AGENTS

ANTICOAGULANTS INJECTABLE

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

ANTICOAGULANT ORAL

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

COLONY STIMULATING FACTORS

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

ERYTHROPOIESIS STIMULATING AGENTS

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

MISCELLANEOUS AGENTS

ANTIHYPERURICEMICS

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

BILE SALTS

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

IMMUNOLOGIC AGENTS

ANTINEOPLASTIC AGENTS, TOPICAL

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

HAE TREATMENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Berinert Haegarda icatibant (gen Firazyr) Kalbitor Takhzyro	Cinryze Firazyr *Orladeyo* *Ruconest*	*N/A*	**Clinical criteria applies to this class**

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IMMUNOMODULATORS

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

IMMUNOSUPPRESSANTS

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

IMMUNOMODULATORS, ASTHMA

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Dupixent	*Nucala SQ Syringe/Auto-injector*	*N/A*	**Clinical criteria and quantity limits apply to this class**
Fasenra SQ Syringe/Pen	*Tezspire Pen*		
Xolair			

IMMUNOMODULATORS, ATOPIC DERMATITIS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Adbry %	*Ebglyss %*	*Zoryve 0.15 % cream %*	**% Clinical criteria applies**
Dupixent %	*Nemluvio %*	*Zoryve Foam %*	
Eucrisa %	*Opzelura %*		
pimecrolimus cream			
tacrolimus ointment			

IMMUNOMODULATORS, TOPICAL

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

METHOTREXATE PRODUCTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
methotrexate PF vial	*Jylamvo*	*Trexall*	**N/A**
methotrexate tablet	*Otrexup*	*Xatmep*	
methotrexate vial	*Rasuvo*		
	Reditrex		

OPHTHALMICS

ALPHA2 ADRENERGIC AGENTS – GLAUCOMA

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Alphagan P	*apraclonidine*	*brimonidine/timolol (gen Combigan)*	**N/A**
brimonidine 0.2%	*brimonidine 0.1% & 0.15% (gen Alphagan P)*	*Iopidine*	
Combigan			
Simbrinza			

ANTIBIOTIC-STEROID COMBINATIONS

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

ANTI-INFLAMMATORIES – NSAIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
diclofenac sodium	*Acular*	*Ilevro*	**N/A**
flurbiprofen sodium	*Acular LS*	*ketorolac ophth 0.4% (LS)*	
	Acuvail	*ketorolac ophth 0.5%*	
	bromfenac (gen Bromsite & Prolensa)	*Nevanac*	
		Prolensa	
	Bromsite		

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ANTI-INFLAMMATORIES – STEROIDS

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

BETA BLOCKERS – GLAUCOMA

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Combigan	*betaxolol 0.5%*	*timolol (gen Istalol)*	**N/A**
timolol solution	*Betimol*	*timolol (gen Timoptic Ocudose)*	
timolol gel solution	*carteolol*	*Timoptic **	
	Istalol	*Timoptic Ocudose*	
	levobunolol	*Timoptic-XE **	

GLAUCOMA, OTHERS

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

OPHTHALMIC ALLERGIC CONJUNCTIVITIS

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

OPHTHALMIC – ANTI-INFLAMMATORY/IMMUNOMODULATOR

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

OPHTHALMIC PROSTAGLANDIN AGONISTS

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

OPHTHALMIC QUINOLONES

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
ciprofloxacin drops moxifloxacin ofloxacin drops	*Besivance* *Ciloxan drops*/ointment* *gatifloxacin* *levofloxacin*	*Moxeza* *Ocuflox ** *Vigamox* *Zymaxid*	**N/A**

OTICS

OTIC ANTI-INFECTIVES AND ANESTHETICS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
acetic acid	*acetic acid HC*	*N/A*	**N/A**

OTIC ANTIBIOTICS

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

OTIC ANTI-INFLAMMATORY

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Dermotic Oil fluocinolone acetonide oil	*Flac Otic Oil*	*N/A*	**N/A**

PAH AGENTS

ENDOTHELIN RECEPTOR ANTAGONISTS

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

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PROSTACYCLINS FOR PAH, INHALATION AND ORAL

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

PDE INHIBITORS AND OTHERS FOR PPH/PAH

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

PLATELET AGGREGATION INHIBITORS

PLATELET AGGREGATION INHIBITORS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
aspirin aspirin-dipyridamole Brilinta clopidogrel dipyridamole prasugrel	*Effient ** *Plavix ** *ticagrelor (gen Brilinta)*	*Zontivity*	**N/A**

RESPIRATORY

COPD AGENTS

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

ANTI-ALLERGENS

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

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ANTIHISTAMINES NON-SEDATING, AND DECONGESTANT COMBOS

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

BETA AGONISTS: SHORT-ACTING MDI AND NEBS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
albuterol nebs Ventolin HFA Xopenex HFA	*albuterol HFA (generic Proair 8.5g)* *albuterol HFA (generic Proventil 6.7g)* *Airsupra*	*levalbuterol HFA* *levalbuterol inh soln* *ProAir Respiclick* *Xopenex inh soln*	**Non-preferred combination products require trial of combination of preferred products with all requested MOAs**

BETA AGONISTS: LONG-ACTING MDI & NEBS

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

BETA AGONISTS: COMBINATION PRODUCTS

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

CORTICOSTEROIDS INHALED

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Alvesco Arnuity Ellipta Asmanex HFA Asmanex Twisthaler budesonide Respules fluticasone HFA (<=5y.o.) Pulmicort Flexhaler Qvar Redihaler	*Airsupra* *Flovent Diskus*	*fluticasone Diskus (generic Flovent)* *fluticasone HFA (>=6y.o.)* *Pulmicort Respules*	**Non-preferred combination products require trial of combination of preferred products with all requested MOAs**

EPINEPHRINE – SELF ADMINISTERED

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Epipen/Epipen Jr epinephrine, self-injected (Mfr. Mylan only)	*Auvi-Q* *epinephrine, self-injected*	*Neffy Spray* *Symjepi*	**N/A**

GLUCOCORTICOIDS, ORAL

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

IDIOPATHIC PULMONARY FIBROSIS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
pirfenidone (generic Esbriet) Ofev	*Esbriet*	*N/A*	**Clinical criteria applies to this class**

INTRANASAL ANTIHISTAMINES AND OTHERS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
azelastine 0.1% (generic Astelin) ipratropium nasal	*azelastine 0.15% (generic Astepro)*	*olopatadine*	**N/A**

INTRANASAL CORTICOSTEROIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
fluticasone RX Nasonex OTC	*azelastine/fluticasone* *budesonide nasal* *Dymista* *flunisolide* *fluticasone OTC* *mometasone Rx and OTC*	*Nasonex* *Omnaris* *Qnasl* *Ryaltris* *triamcinolone OTC* *Xhance* *Zetonna*	**Non-preferred combination products require trial of combination of preferred products with all requested MOAs**

LEUKOTRIENE RECEPTOR ANTAGONISTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
montelukast tablet/chew tablet	*Accolate* *montelukast gran pak*	*Singulair tablet/chew tab ** *zafirlukast*	**N/A**

TOBACCO CESSATION

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

TOPICAL AGENTS

ANTIPARASITICS – TOPICAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	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* *Vanalice*	**Monthly limits apply – One application per 34 days.**

ANTIPSORIATICS – TOPICAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	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 0.3% cream*	**Clinical criteria applies to this class**

MISC ACNE, TOPICAL

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Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
clindamycin/benzoyl peroxide (Duac 1.2-5%) clindamycin phosphate gel (gen Cleocin T 1%) clindamycin phosphate solution Erygel erythromycin gel/solution	*Acanya Gel* *Aczone* *Amzeeq* *Arazlo* *Avar products* *Benzaclin* *Benzamycin* *benzoyl peroxide* *BP-10-1* *Cabtreo* *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/lotion/swab* *clindamycin phosphate gel (gen Clindagel 1%)*	*dapsone* *Ery pads* *erythromycin 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* *ZMA Clear*	**Trial of 2 preferred agents required**

TOPICAL RETINOIDS

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

TOPICAL, ROSACEA AGENTS

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

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LOW POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Derma-Smoothe FS	*alclometasone dipro cream/ ointment*	*Hydrocort Lot*	**N/A**
fluocinolone 0.01% oil	*Aqua-Glycolic HC*	*hydrocortisone lot kit*	
hydrocortisone cream/oint 1% Rx	*Capex shampoo*	*hydrocortisone sol*	
hydrocortisone cream/oint/lot 2.5%	*desonide cream/lot/oint*	*Hydroxym gel*	
		Texacort	

MEDIUM POTENCY TOPICAL STEROIDS

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

HIGH POTENCY TOPICAL STEROIDS

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

VERY HIGH POTENCY TOPICAL STEROIDS

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

***Indicates a generic is available without prior authorization**

Clinical criteria can be found here: Pharmacy Services - Mountain Pacific Grandfathering of medications does not apply if samples, patient assistance or cash pay have been used to bypass criteria or PDL placement.

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

Note: Brand Named Drugs are capitalized, generic drugs start with lower case letters.

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	Non-Preferred Cont.	Limitations
Keveyis	*dichlorphenamide*	*N/A*	**Use of generic will require prior authorization and clinical rationale**
Zavesca	*miglustat*		