

# Preferred Drug List

Prescribers may request an override for non-preferred drugs by calling the Magellan Medicaid Administration (MMA) Help Desk at: Toll Free 1-800-424-7895 and choose the PDL option. This Preferred Drug List is subject to change without notice. New products in a reviewed drug class are considered NON-PREFERRED until the committee has reevaluated the evidence for the drug class. The effective implementation date stated for each drug class is the date claims will be edited at point-of-sale.

3/6/2019

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ALLERGY-ASTHMA
<p><b>ANTI-HISTAMINES -- NASAL &amp; NONSEDATING</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 1/25/2005            ORIGINAL EDIT EFFECTIVE DATE: 3/25/2005            RE-REVIEW POSTED PREFERRED STATUS: 11/2007            RE-REVIEW POSTED PREFERRED STATUS: 10/26/2010            REVISED EDIT EFFECTIVE DATE 12/28/2010            RE-REVIEW POSTED PREFERRED STATUS: 2/14/18            REVISED EDIT EFFECTIVE DATE: 4/1/2018</p> <p><b>PREFERRED</b>            CETIRIZINE 1MG/ML SOL, 10MG SWALLOW TAB (ZYRTEC)            LORATADINE (CLARITIN)            AZELASTINE NASAL SPRAY (ASTELIN, ASTEPRO) -effective 4/1/18  <del>OLOPATADINE NASAL SPRAY (PATANASE)</del> -effective 4/1/18</p> <p><b>NON-PREFERRED –</b>  <b>INCLUDE BUT NOT LIMITED TO</b>            ACRIVASTINE/PSEUDOEPHEDRINE (SEMPREX-D)  <del>AZELASTINE NASAL SPRAY (ASTELIN, ASTEPRO)</del> effective 4/1/18            AZELASTINE/FLUTICASONE NASAL SPRAY (DYMISTA)            CETIRIZINE 5MG, 10MG CHEWABLE TAB (ZYRTEC)*            CETIRIZINE/PSEUDOEPHEDRINE (ZYRTEC-D)*            DESLORATADINE (CLARINEX)* Criteria discontinued 12/28/10            DESLORATADINE/PSEUDOEPHEDRINE (CLARINEX-D)*            FEXOFENADINE (ALLEGRA)*            FEXOFENADINE/PSEUDOEPHEDRINE (ALLEGRA-D)*            LEVOCETIRIZINE (XYZAL)*            LORATADINE/PSEUDOEPHEDRINE (CLARITIN-D)*            OLOPATADINE NASAL SPRAY (PATANASE) -effective 4/1/18</p>

OPIATE DEPENDENCE
<p><b>OPIATE DEPENDENCE TREATMENTS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 2/3/2017            ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017            RE-REVIEW: 8/10/18</p> <p><b>PREFERRED</b>            SUBOXONE FILM* (BRAND)            BUPRENORPHINE SUBLINGUAL TABLETS*</p> <p><b>NON-PREFERRED –</b>  <b>INCLUDE BUT NOT LIMITED TO</b></p> <p>BUNAVAIL            BUPRENORPHINE/NALOXONE SUBLINGUAL TAB            BUPRENORPHINE/NALOXONE SUBLINGUAL FILM (GENERIC)            ZUBSOLV</p> <p><b>MEDICAL</b>            VIVITROL            PROBUPHINE            SUBLOCADE</p>

ANTHYPERLIPIDEMICS
<p><b>HMG-CoA REDUCTASE INHIBITORS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 3/30/2005            ORIGINAL EDIT EFFECTIVE DATE: 6/8/2005            RE-REVIEW POSTED PREFERRED STATUS: 4/11/2008            REVISED EDIT EFFECTIVE DATE: 6/10/2008            RE-REVIEW POSTED PREFERRED STATUS: 5/27/2014            REVISED EDIT EFFECTIVE DATE: 5/30/2014</p> <p><b>PREFERRED</b>            ATORVASTATIN (LIPITOR) Effective 5/30/2014            PRAVASTATIN (PRAVACHOL)            SIMVASTATIN (ZOCOR)</p> <p><b>NON-PREFERRED –</b>  <b>INCLUDE BUT NOT LIMITED TO</b>  <del>ATORVASTATIN (LIPITOR)</del> Effective 5/30/2014            ATORVASTATIN/EZETIMIBE (LIPTRUZET)            FLUVASTATIN (LESCOL)            LOVASTATIN (MEVACOR)            LOVASTATIN/NIACIN (ADVICOR)            PITAVASTATIN (LIVALO)            ROSUVASTATIN (CRESTOR)            SIMVASTATIN/EZETIMIBE (VYTORIN)            SIMVASTATIN/NIACIN (SIMCOR)            SIMVASTATIN/SITAGLIPTIN (JUVISYNC)</p>

\*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Strikethrough indicates change in PDL Status

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3/6/2019

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ANTIHYPERTENSIVE AGENTS
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
ORIGINAL POSTED PREFERRED STATUS: 11/16/2005
ORIGINAL EDIT EFFECTIVE DATE: 11/16/2005
REVISED POSTED PREFERRED STATUS: 11/21/2007
REVISED EDIT EFFECTIVE DATE: 1/23/2008
RE-REVIEW POSTED PREFERRED STATUS: 6/17/2010
REVISED EDIT EFFECTIVE DATE: 8/17/2010
RE-REVIEW POSTED PREFERRED STATUS: 11/10/17
REVISED EDIT EFFECTIVE DATE: 1/1/18
<b>PREFERRED</b>
BENAZEPRIL (LOTENSIN)
BENAZEPRIL/HCTZ (LOTENSIN HCT)
ENALAPRIL (VASOTEC)
ENALAPRIL/HCTZ (VASERETIC)
LISINOPRIL (PRINIVIL)
LISINOPRIL/HCTZ (PRINZIDE)
QUINAPRIL (ACCUPRIL)
QUINAPRIL/HCTZ (ACCURETIC)
RAMIPRIL CAPSULES (ALTACE CAPSULES)
<del>CAPTOPRIL (CAPOTEN)</del> -effective 1/1/18
<del>CAPTOPRIL/HCTZ (CAPOZIDE)</del> -effective 1/1/18
<b>NON-PREFERRED –</b>
<b>NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</b>

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ANTIHYPERTENSIVE AGENTS
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
ORIGINAL POSTED PREFERRED STATUS: 11/16/2005
ORIGINAL EDIT EFFECTIVE DATE: 11/16/2005
REVISED POSTED PREFERRED STATUS: 11/21/2007
REVISED EDIT EFFECTIVE DATE: 1/23/2008
RE-REVIEW POSTED PREFERRED STATUS: 6/17/2010
REVISED EDIT EFFECTIVE DATE: 8/17/2010
RE-REVIEW POSTED PREFERRED STATUS: 11/10/17
REVISED EDIT EFFECTIVE DATE: 1/1/18
<b>NON-PREFERRED –</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
BENAZEPRIL/AMLODIPINE (LOTREL)
CAPTOPRIL (CAPOTEN)-effective 1/1/18
CAPTOPRIL/HCTZ (CAPOZIDE)-effective 1/1/18
ENALAPRIL SOLUTION (EPANED)
FOSINOPRIL (MONOPRIL)
FOSINOPRIL/HCTZ (MONOPRIL HCT)
MOEXIPRIL (UNIVASC)
MOEXIPRIL/HCTZ (UNIRETIC)
PERINDOPRIL (ACEON)
RAMIPRIL TABLETS (ALTACE TABLETS)
TRANDOLAPRIL (MAVIK)
TRANDOLAPRIL/VERAPAMIL (TARKA)

**GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY**

ANTIHYPERTENSIVE AGENTS
ANGIOTENSIN II RECEPTOR ANTAGONISTS
ORIGINAL POSTED PREFERRED STATUS: 12/20/2005
ORIGINAL EDIT EFFECTIVE DATE: 2/21/2006
REVISED POSTED PREFERRED STATUS: 8/12/2011
REVISED EDIT EFFECTIVE DATE: 10/12/2011
RE-REVIEW POSTED PREFERRED STATUS: 3/6/2013
REVISED EDIT EFFECTIVE DATE: 5/7/2013
REVISED EDIT EFFECTIVE DATE: 02/15/2016
RE-REVIEW POSTED PREFERRED STATUS: 11/10/17
REVISED EDIT EFFECTIVE DATE: 1/1/18
<b>PREFERRED</b>
IRBESARTAN
IRBESARTAN/HCTZ
LOSARTAN
LOSARTAN/HCTZ
VALSARTAN
VALSARTAN/HCTZ
VALSARTAN/AMLODIPINE
EXFORGE HCT (BRAND ONLY) effective 1/1/18

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3/6/2019

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ANTIHYPERTENSIVE AGENTS	ANTIHYPERTENSIVE AGENTS	ANTIHYPERTENSIVE AGENTS
<p><b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 12/20/2005 ORIGINAL EDIT EFFECTIVE DATE: 2/21/2006 REVISED POSTED PREFERRED STATUS: 8/12/2011 REVISED EDIT EFFECTIVE DATE: 10/12/2011 RE-REVIEW POSTED PREFERRED STATUS: 3/6/2013 REVISED EDIT EFFECTIVE DATE: 5/7/2013 RE-REVIEW POSTED PREFERRED STATUS: 11/10/17 REVISED EDIT EFFECTIVE DATE: 1/1/18</p> <p><b>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</b></p> <p>AZILSARTAN (EDARBI) AZILSARTAN/CHLORTHALIDONE (EDARBYCLOR) AMLODIPINE/OLMESARTAN AMLODIPINE/OLMESARTAN/HCTZ BYVALSON CANDESARTAN CANDESARTAN/HCTZ EPROSARTAN EPROSARTAN/HCTZ OLMESARTAN OLMESARTAN/AMLODIPINE OLMESARTAN/HCTZ OLMESARTAN/AMLODIPINE/HCTZ TELMISARTAN TELMISARTAN/AMLODIPINE TELMISARTAN/HCTZ VALSARTAN/AMLODIPINE/HCTZ</p>	<p><b>BETA ADRENERGIC BLOCKERS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 7/18/2005 ORIGINAL EDIT EFFECTIVE DATE: 10/5/2005 RE-REVIEW POSTED PREFERRED STATUS: 10/17/2007 RE-REVIEW POSTED PREFERRED STATUS: 11/15/2018</p> <p><b>PREFERRED</b></p> <p>ATENOLOL METOPROLOL TARTRATE PROPRANOLOL IMMEDIATE RELEASE BISOPROLOL CARVEDILOL METOPROLOL SUCCINATE TIMOLOL ACEBUTOLOL PINDOLOL SOTALOL BETAXOLOL LABETALOL PROPRANOLOL SOLUTION PROPRANOLOL/HCTZ BISOPROLOL/HCTZ ATENOLOL/CHLORTHALIDONE</p> <p><b>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</b></p> <p>CARVEDILOL ER NADOLOL NEBIVOLOL (BYSTOLIC) PENBUTOLOL PROPRANOLOL ER (INDERAL LA, INNOPRAN XL) PROPRANOLOL SOLUTION (HEMANGEOL) SOTALOL (SOTYLIZE) NADOLOL/BENDROFLUMETHAZIDE METOPROLOL/HCTZ</p>	<p><b>CALCIUM CHANNEL BLOCKERS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/2005 ORIGINAL EDIT EFFECTIVE DATE: 7/12/2005 RE-REVIEW POSTED PREFERRED STATUS: 6/17/2010 REVISED EDIT EFFECTIVE DATE: 8/17/2010 RE-REVIEW EFFECTIVE DATE: 02/15/2016</p> <p><b>PREFERRED</b></p> <p>AMLODIPINE (NORVASC) <del>AMLODIPINE/OLMESARTAN (AZOR)*</del> 02/15/2016 <del>AMLODIPINE/OLMESARTAN/HCTZ (TRIBENZOR)*</del> 02/15/2016 DILTIAZEM ER 120MG, 180MG, 240MG CAPSULE (DILACOR XR) DILTIAZEM ER 120MG, 180MG, 240, 300MG (TIAZAC) Eff 10/1/2016 EXFORGE*-(Brand-only)-02/15/2016 <del>EXFORGE HCT*</del> 02/15/2016 NIFEDIPINE CC, ER (ADALAT CC, PROCARDIA XL) VALSARTAN/AMLODIPINE (EXFORGE)* Effective 02/15/2016 VERAPAMIL SR TABLETS 120MG, 180MG, AND 240MG (CALAN SR)</p> <p><b>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</b></p> <p>AMLODIPINE/ATORVASTATIN (CADUET) AMLODIPINE/OLMESARTAN (AZOR)* 02/15/2016 AMLODIPINE/OLMESARTAN/HCTZ (TRIBENZOR)* 02/15/2016 DILTIAZEM CD, ER, LA, XR, OR XT (CARDIZEM) FELODIPINE ER (PLENDIL) ISRADIPINE (DYNACIRC) ISRADIPINE CR (DYNACIRC CR) NICARDIPINE (CARDENE) NICARDIPINE ER (CARDENE SR) NISOLDIPINE ER (SULAR ER) OLMESARTAN/AMLODIPINE/HCTZ (TRIBENZOR) Eff 02/15/2016 <del>VALSARTAN/AMLODIPINE (EXFORGE-Generie-only)</del> Eff 02/15/2016 VALSARTAN/AMLODIPINE/HCTZ (EXFORGE HCT) Eff 02/15/2016 VERAPAMIL SR CAPSULES (VERELAN)</p>

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ANTIHYPERTENSIVE AGENTS
<p><b>DIRECT RENIN INHIBITORS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 6/17/2010 ORIGINAL EDIT EFFECTIVE DATE: 8/17/2010</p> <p><b>PREFERRED</b></p> <p><del>ALISKIREN (TEKTURNA)*</del> Effective 02/15/2016 <del>ALISKIREN/HCTZ (TEKTURNA HCT)*</del> Effective 02/15/2016 <del>ALISKIREN/ALSARTAN (VALTURNA)*</del></p> <p><b>NON-PREFERRED –</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>ALISKIREN/AMLODIPINE (AMTURNIDE) ALISKIREN/AMLODIPINE (TEKAMLO) ALISKIREN (TEKTURNA)* Effective 02/15/2016 ALISKIREN/HCTZ (TEKTURNA HCT)* Effective 02/15/2016</p>

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ANTI-INFECTIVES
<p><b>ANTI-INFECTIVE &amp; OTIC ANTIBIOTIC/CORTICOSTEROID COMBINATIONS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/10/2016 ORIGINAL EDIT EFFECTIVE DATE: 10/1/2016</p> <p><b>PREFERRED</b></p> <p>CIPROFLOXACIN 0.2% (CETRALXAL) CIPROFLOXACIN 0.3%/DEXAMETHASONE 0.1% (CIPRODEX) NEOMYCIN/POLYMYXIN/HC SOLN/SUSP (CORTISPORIN) ACETIC ACID 2% OTIC (ACETASOL) ACETIC ACID/HC OTIC DROPS (ACETASOL HC)</p> <p><b>NON-PREFERRED –</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>CIPROFLOXACIN 0.2%/HC 1% (CIPRO HC OTIC) CIPROFLOXACIN OTIC (OTIPRIO) HC/NEOMYCIN/COLISTIN/THONZONIUM (COLY-MYCIN S) HC/NEOMYCIN/COLISTIN/THONZONIUM (CORTISPORIN TC) OFLOXACIN 0.3% SOLUTION (FLOXIN OTIC)</p>

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ANTI-INFECTIVES
<p><b>HEPATITIS C AGENTS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/10/2016 ORIGINAL EDIT EFFECTIVE DATE: 10/1/2016 RE-REVIEW POSTED PREFERRED STATUS: 2/14/18 REVISED EDIT EFFECTIVE DATE: 4/1/2018</p> <p><b>PREFERRED, MANUAL REVIEW PA</b></p> <p>ELBASVIR/GRAZOPRE VIR (ZEPATIER)* SOFOSBUVIR/VELPATASVIR (EPCLUSA)* RIBAVIRIN TABLETS OR CAPSULES 200MG* GLECAPRE VIR/PIBRENTASVIR (MAVYRET)*</p> <p><b>NON-PREFERRED –</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>DACLATASVIR (DAKLINZA)* LEDIPASVIR/ SOFOSBUVIR (HARVONI)* OMBITASVIR/ PARITAPRE VIR/ RITONAVIR (TECHNIVIE)* OMBITASVIR/ PARITAPRE VIR/ RITONAVIR/ DASABUVIR (VIEKIRA PAK)* SIMEPREVIR (OLYSIO)* SOFOSBUVIR (SOVALDI)* SOFOSBUVIR/VELPATASVIR/VOXILAPRE VIR (VOSEVI)*</p>

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BIOLOGIC AND IMMUNOLOGIC AGENTS
<p><b>IMMUNOLOGIC AGENTS</b></p> <p>Disease-modifying Drugs for Multiple Sclerosis</p> <p>ORIGINAL POSTED PREFERRED STATUS: 7/28/2011 ORIGINAL EDIT EFFECTIVE DATE: 9/27/2011 ORIGINAL POSTED PREFERRED STATUS: 5/6/2014 ORIGINAL EDIT EFFECTIVE DATE: 7/8/2014 RE-REVIEW: 11/09/2016</p> <p><b>PREFERRED</b></p> <p>GLATIRAMER 20MG (COPAXONE) -brand only <del>GLATIRAMER 40MG (COPAXONE)</del> Effective 7/8/2014 INTERFERON BETA - 1A (AVONEX) <del>INTERFERON BETA -1B (BETASERON)</del> Effective 7/8/2014</p> <p><b>NON-PREFERRED –</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>CERTOLIZUMAB (CIMZIA) Effective 7/1/2012 DIMETHYL FUMARATE (TECFIDERA) GLATIRAMER 40MG (COPAXONE) brand &amp; generic FINGOLIMOD (GILENYA) INTERFERON BETA - 1A/ALBUMIN (REBIF) INTERFERON BETA - 1B (BETASERON) Effective 7/8/2014 INTERFERON BETA - 1B KIT (EXTAVIA) TERIFLUNOMIDE (AUBAGIO) GLATIRAMER 20MG (GLATOPA) Effective 06/18/2015 GLATIRAMER 20MG (generic copaxone)</p>

BIOLOGIC AND IMMUNOLOGIC AGENTS
<p><b>IMMUNOLOGIC AGENTS</b></p> <p>Targeted Immune Modulators</p> <p>ORIGINAL POSTED PREFERRED STATUS: 4/14/2006 ORIGINAL EDIT EFFECTIVE DATE: 6/13/2006 RE-REVIEW POSTED PREFERRED STATUS: 8/22/2007 REVISED EDIT EFFECTIVE DATE: 10/17/2007 RE-REVIEW POSTED PREFERRED STATUS: 5/31/2012 REVISED EDIT EFFECTIVE DATE: 7/1/2012 RE-REVIEW POSTED PREFERRED STATUS: 11/10/17 REVISED EDIT EFFECTIVE DATE: 1/1/18</p> <p><b>PREFERRED</b></p> <p>ADALIMUMAB (HUMIRA)* ETANERCEPT (ENBREL)*</p> <p><b>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</b></p> <p>ABATACEPT (ORENCIA) ANAKINRA (KINERET) APREMILAST (OTEZLA) CERTOLIZUMAB (CIMZIA) GOLIMUMAB (SIMPONI) INFLIXIMAB (REMICADE, INFLECTRA, RENFLEXIS ) IXEKIZUMAB (TALTZ) SECUKINUMAB (COSENTYX) TOCILIZUMAB (ACTEMRA) TOFACITINIB (XELJANZ) USTEKINUMAB (STELARA) GUSELKUMAB (TREMIFYA) SARILUMAB (KEVZARA) BRODALUMAB (SILIQ) CANAKINUMAB (ILARIS) RILONACEPT (ARCALYST)</p>

CARDIOVASCULAR AGENTS
<p><b>PULMONARY HYPERTENSION TREATMENTS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 2/3/2017 ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017</p> <p><b>PREFERRED</b></p> <p>AMBRISENTAN (LETAIRIS)* BOSENTAN (TRACLEER)* SILDENAFIL TABLETS (REVATIO)* TADALAFIL (ADCIRCA)*</p> <p><b>NON-PREFERRED –</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>SILDENAFIL SUSPENSION (REVATIO) MACITENTAN (OPSUMIT) RIOCIGUAT(ADEMPAS) ILOPROST (VENTAVIS) TREPROSTINIL (TYVASO) SELEXIPAG(UPTRAVI) TREPROSTINIL (ORENITRAM)</p>

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CENTRAL NERVOUS SYSTEM AGENTS
<p><b>ANTIDEPRESSANTS</b> SSRIs, SSNRIs, SNRIs</p> <p>ORIGINAL POSTED PREFERRED STATUS: 2/7/2007 ORIGINAL EDIT EFFECTIVE DATE: 4/10/2007 RE-REVIEW POSTED PREFERRED STATUS: 10/8/2009 REVISED EDIT EFFECTIVE DATE: 1/1/2010 RE-REVIEW POSTED PREFERRED STATUS: 5/2/2011 REVISED EDIT EFFECTIVE DATE: 7/1/2011 RE-REVIEW POSTED PREFERRED STATUS: 5/6/2014 REVISED EDIT EFFECTIVE DATE: 6/5/2014 RE-REVIEW POSTED PREFERRED STATUS: 11/15/18</p> <p><b>PREFERRED</b> BUPROPION EXTENDED RELEASE (WELLBUTRIN XL)* BUPROPION REGULAR RELEASE (WELLBUTRIN)* BUPROPION SUSTAINED RELEASE (WELLBUTRIN SR)* CITALOPRAM (CELEXA)* ESCITALOPRAM 5MG TABLET, 5MG/5ML SOL'N (LEXAPRO)* ESCITALOPRAM 10MG, 20MG TABLET (LEXAPRO)* FLUOXETINE 10MG, 20MG CAPSULE, AND 20MG/5ML SOLUTION (PROZAC)* FLUVOXAMINE (LUVOX)* MIRTAZAPINE 7.5MG (REMERON)* Effective 6/5/2014 MIRTAZAPINE 15MG, 30MG, 45MG TABLET (REMERON)* PAROXETINE HCL TABLET (PAXIL)* SERTRALINE (ZOLOFT)* VENLAFAXINE ER CAPSULES (EFFEXOR XR)* Effective 6/5/14 VENLAFAXINE REGULAR RELEASE TABLET (EFFEXOR)* DULOXETINE (CYMBALTA) Effective 1/1/19</p> <p><b>NON-PREFERRED –</b> NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</p>

CENTRAL NERVOUS SYSTEM AGENTS
<p><b>ANTIDEPRESSANTS</b> SSRIs, SSNRIs, SNRIs</p> <p>ORIGINAL POSTED PREFERRED STATUS: 2/7/2007 ORIGINAL EDIT EFFECTIVE DATE: 4/10/2007 RE-REVIEW POSTED PREFERRED STATUS: 10/8/2009 REVISED EDIT EFFECTIVE DATE: 1/1/2010 RE-REVIEW POSTED PREFERRED STATUS: 5/2/2011 REVISED EDIT EFFECTIVE DATE: 7/1/2011 RE-REVIEW POSTED PREFERRED STATUS: 5/6/2014 REVISED EDIT EFFECTIVE DATE: 6/5/2014</p> <p><b>NON-PREFERRED --</b> INCLUDE BUT NOT LIMITED TO BUPROPION HBR ER TABLET (APLENZIN)* BUPROPION HCL ER TABLET (FORFIVO XL)* DESVENLAFAXINE ER (KHEDEZLA ER, PRISTIQ ER)* <del>DULOXETINE (CYMBALTA)*</del> Effective 1/1/19 FLUOXETINE 10MG, 15MG, 20MG TABLET, 40MG CAPSULE, AND 90MG DELAYED RELEASE (PROZAC)* FLUVOXAMINE EXTENDED RELEASE (LUVOX CR) LEVOMILNACIPRAN (FETZIMA ER)* MILNACIPRAN (SAVELLA)* <del>MIRTAZAPINE 7.5MG (REMERON)*</del> Effective 6/5/2014 MIRTAZAPINE ODT TABLET (REMERON SOLTAB)* NEFAZODONE (SERZONE)* PAROXETINE CR TABLET; SUSPENSION (PAXIL)* PAROXETINE MESYLATE (BRISDELLE) PAROXETINE MESYLATE (PEXEVA)* <del>VENLAFAXINE ER CAPSULES (EFFEXOR XR)*</del> Effective 6/5/14 VENLAFAXINE ER TABLET (EFFEXOR XR)* VILAZODONE (VIIBRYD)* VORTIOXETINE (BRINTELLIX)*</p>

CENTRAL NERVOUS SYSTEM AGENTS
<p><b>ADHD</b> Amphetamine Salts, Amphetamine-Like Drugs, and Norepinephrine Reuptake Inhibitors</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/7/2007 ORIGINAL EDIT EFFECTIVE DATE: 7/10/2007 REVISED POSTED PREFERRED STATUS: 5/11/2009 REVISED EDIT EFFECTIVE DATE: 7/21/2009 RE-REVIEW POSTED PREFERRED STATUS: 2/16/2012 REVISED EDIT EFFECTIVE DATE: 4/17/2012 RE-REVIEW POSTED PREFERRED STATUS: 11/10/17 REVISED EDIT EFFECTIVE DATE: 1/1/18</p> <p><b>PREFERRED</b> ADDERALL XR* (Brand only) Effective 4/17/2012 ATOMOXETINE (STRATTERA)-effective 1/1/18 AMPHETAMINE SALTS TABLET (ADDERALL)* DEXTROAMPHETAMINE 5MG, 10MG TABLET* FOCALIN* (Brand only) Effective 4/17/2012 FOCALIN XR* (Brand only) VYVANSE CAPSULES (LISDEXAMFETAMINE CAPSULES)* METHYLPHENIDATE SWALLOW TABLET (RITALIN)* <del>STRATTERA (brand only)-effective 1/1/18</del> GUANFACINE ER TABLET- effective 1/1/18*</p> <p><b>NON-PREFERRED –</b> NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</p>

\*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Strikethrough indicates change in PDL Status

# Preferred Drug List

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3/6/2019

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CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
<p><b>ATTENTION DEFICIT DISORDER/HYPERACTIVITY DISORDER</b> Amphetamine Salts, Amphetamine-Like Drugs, and Norepinephrine Reuptake Inhibitors</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/7/2007 ORIGINAL EDIT EFFECTIVE DATE: 7/10/2007 REVISED POSTED PREFERRED STATUS: 5/11/2009 REVISED EDIT EFFECTIVE DATE: 7/21/2009 RE-REVIEW POSTED PREFERRED STATUS: 2/16/2012 REVISED EDIT EFFECTIVE DATE: 4/17/2012</p> <p><b>NON-PREFERRED –</b> <b>INCLUDE BUT NOT LIMITED TO</b> AMPHETAMINE SALTS ER CAPSULE (ADDERALL XR - Generic only) ATOMOXETINE (STRATTERA)* brand only- effective 1/1/18 DEXMETHYLPHENIDATE ER CAPSULE (FOCALIN XR - Generic only) DEXMETHYLPHENIDATE TABLET (FOCALIN - Generic only) CLONIDINE ER SUSPENSION (NEXICLON XR) CLONIDINE ER TABLET (KAPVAY ER, NEXICLON XR) DEXTROAMPHETAMINE CAPSULE (DEXEDRINE SPANSULE) DEXTROAMPHETAMINE SOLUTION (PROCENTRA) DEXTROAMPHETAMINE 2.5MG, 7.5MG, 15MG, 20MG, 30MG TABLET (ZENZEDI) LISDEXAMFETAMINE CHEWABLE (VYVANSE CHEWABLE TABS) METHAMPHETAMINE TABLET (DESOXYN) METHYLPHENIDATE CHEWABLE TABLET (METHYLIN) METHYLPHENIDATE ER CAPSULE (METADATE CD, RITALIN LA, APTENSIO XR) METHYLPHENIDATE ER PATCH (DAYTRANA)* METHYLPHENIDATE ER SUSPENSION (QUILLIVANT XR) METHYLPHENIDATE ER TABLET (METADATE ER, RITALIN SR) METHYLPHENIDATE SOLUTION (METHYLIN) METHYLPHENIDATE (COTEMPLA XR-ODT) METHYLPHENIDATE ER (CONCERTA)</p>	<p><b>FIBROMYALGIA AGENTS</b> ORIGINAL POSTED PREFERRED STATUS 7/20/2011 ORIGINAL EDIT EFFECTIVE DATE: 9/20/2011</p> <p><b>PREFERRED</b> AMITRIPTYLINE (ELAVIL) CITALOPRAM (CELEXA)* CYCLOBENZAPRINE 10MG TABLET (FLEXERIL) FLUOXETINE 10MG, 20MG CAPSULE, 20MG/5ML SOLUTION (PROZAC)* GABAPENTIN CAPSULE (NEURONTIN) NORTRIPTYLINE (PAMELOR) PAROXETINE HCL TABLET (PAXIL)* DULOXETINE (CYMBALTA)* Effective 1/1/19</p> <p><b>NON-PREFERRED –</b> <b>INCLUDE BUT NOT LIMITED TO</b> BUPROPION HBR ER TABLET (APLENZIN)* BUPROPION EXTENDED RELEASE (WELLBUTRIN XL)* BUPROPION REGULAR RELEASE (WELLBUTRIN)* BUPROPION SUSTAINED RELEASE (WELLBUTRIN SR)* CARBAMAZEPINE CHEWABLE TABLET (TEGRETOL CHEW TAB)* CARBAMAZEPINE EXTENDED RELEASE CAPSULE (CARBATROL ER, EQUETRO)* CARBAMAZEPINE IMMEDIATE RELEASE TABLET (TEGRETOL)* CARBAMAZEPINE SUSPENSION (TEGRETOL)* CYCLOBENZAPRINE 5MG, 7.5MG TABLET (FEXMID, FLEXERIL) CYCLOBENZAPRINE ER CAPSULE (AMRIX) DESIPRAMINE (NORPRAMIN)* DESVENLAFAXINE (PRISTIQ)* DIVALPROEX SODIUM (DEPAKOTE)* <del>DULOXETINE (CYMBALTA)*</del> Effective 1/1/19 ESCITALOPRAM (LEXAPRO)*</p> <p><b>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</b></p>	<p><b>FIBROMYALGIA AGENTS</b> ORIGINAL POSTED PREFERRED STATUS 7/20/2011 ORIGINAL EDIT EFFECTIVE DATE: 9/20/2011</p> <p><b>NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN</b> <b>INCLUDE BUT NOT LIMITED TO</b> ETHOTOIN TABLET (PEGANONE)* FLUOXETINE 10MG, 15MG, 20MG TABLET, 40MG CAPSULE &amp; 90MG DELAYED RELEASE (PROZAC, SARAFEM)* FLUVOXAMINE EXTENDED RELEASE CAPSULE (LUVOX CR)* FLUVOXAMINE TABLET (LUVOX)* GABAPENTIN 250MG/5ML SOLUTION (NEURONTIN)* GABAPENTIN 600MG, 800MG TABLET (NEURONTIN)* IMIPRAMINE (TOFRANIL)* LACOSAMIDE (VIMPAT)* LAMOTRIGINE (LAMICTAL)* LEVETIRACETAM (KEPPRA)* MILNACIPRAN (SAVELLA)* MIRTAZAPINE (REMERON)* NEFAZODONE (SERZONE)* OXCARBAZEPINE (TRILEPTAL)* PAROXETINE EXTENDED RELEASE &amp; SUSPENSION (PAXIL)* PAROXETINE MESYLATE (PEXEVA)* PHENYTOIN 100MG ER CAPSULE (DILANTIN)* PREGABALIN (LYRICA)* SERTRALINE (ZOLOFT)* TIAGABINE (GABITRIL)* TOPIRAMATE (TOPAMAX)* VALPROIC ACID (DEPAKENE, STAVZOR)* VENLAFAXINE TABLET (EFFEXOR)* VENLAFAXINE EXTENDED RELEASE CAPSULES (EFFEXOR XR)* VENLAFAXINE EXTENDED RELEASE TABLET* ZONISAMIDE (ZONEGRAN)*</p> <p>***SEE DISCLAIMER ON LAST PAGE***</p>

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3/6/2019

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CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
<p><b>MIGRAINE AGENTS</b></p> <p>Serotonin 5-HT1 Receptor Agonist</p> <p>ORIGINAL POSTED PREFERRED STATUS: 12/8/2005</p> <p>ORIGINAL EDIT EFFECTIVE DATE: 2/7/2006</p> <p>REVISED POSTED PREFERRED STATUS: 7/25/2007</p> <p>REVISED EDIT EFFECTIVE DATE: 10/1/2007</p> <p>RE-REVIEW POSTED PREFERRED STATUS: 4/26/2010</p> <p>REVISED EDIT EFFECTIVE DATE: 7/1/2010</p> <p><b>PREFERRED</b></p> <p><del>RIZATRIPTAN (MAXALT)</del>* Effective 7/1/2010</p> <p><del>RIZATRIPTAN DISINTEGRATING (MAXALT-MLT)</del>* Eff 7/1/2010</p> <p>SUMATRIPTAN 4MG/0.5ML KIT REFILL (IMITREX)*</p> <p>SUMATRIPTAN 5MG NASAL SPRAY (IMITREX)*</p> <p>SUMATRIPTAN 6MG/0.5ML KIT REFILL (IMITREX)*</p> <p>SUMATRIPTAN 6MG/0.5ML KIT SYRINGE (IMITREX)*</p> <p>SUMATRIPTAN 6MG/0.5ML VIAL (IMITREX)*</p> <p>SUMATRIPTAN 20MG NASAL SPRAY (IMITREX)*</p> <p>SUMATRIPTAN TABLET (IMITREX)*</p> <p><del>SUMATRIPTAN/NAPROXEN (TREXIMET)</del>* Effective 7/1/2010</p> <p><b>NON-PREFERRED –</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>AMLOTRIPTAN (AXERT)</p> <p>ELETRIPTAN (RELPAK)</p> <p>FROVATRIPTAN (FROVA)</p> <p>NARATRIPTAN (AMERGE)</p> <p>RIZATRIPTAN (MAXALT) Effective 7/1/2010</p> <p>RIZATRIPTAN DISINTEGRATING (MAXALT MLT)* Eff 7/1/2010</p> <p>SUMATRIPTAN 4MG/0.5ML VIAL (IMITREX)</p> <p>SUMATRIPTAN 6MG/0.5ML INJECTION (SUMAVEL DOSEPRO)</p> <p>SUMATRIPTAN/NAPROXEN (TREXIMET) Effective 7/1/2010</p> <p>ZOLMITRIPTAN (ZOMIG)</p>	<p><b>NARCOTIC AGONIST ANALGESICS</b></p> <p><b>LONG-ACTING OPIOIDS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/26/2005</p> <p>ORIGINAL EDIT EFFECTIVE DATE: 10/26/2005</p> <p>REVISED POSTED PREFERRED STATUS: 8/4/2008</p> <p>REVISED EDIT EFFECTIVE DATE: 8/1/2008</p> <p>RE-REVIEW POSTED PREFERRED STATUS: 10/14/2011</p> <p>REVISED EDIT EFFECTIVE DATE: 1/10/2012</p> <p>REVISED EDIT EFFECTIVE DATE: 05/13/2016</p> <p>REVISED EDIT EFFECTIVE DATE: 05/01/2019</p> <p><b>PREFERRED</b></p> <p>BUPRENORPHINE PATCH (BUTRANS)*-Brand Only</p> <p><del>HYDROCODONE-ER (HYSINGLA-ER)</del> EFFECTIVE 04/01/2019</p> <p><del>METHADONE (DOLOPHINE)</del>*</p> <p>MORPHINE/NALTREXONE (EMBEDA)*Effective 05/13/2016</p> <p>MORPHINE SULFATE LA TABLET (MS CONTIN, ORAMORPH)*</p> <p><del>OXYMORPHONE-ER TABLET (OPANA-ER)</del>* Effective 1/10/2012</p> <p>TRAMADOL ER TABLET*</p> <p><b>NON-PREFERRED –</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p><del>BUPRENORPHINE PATCH (BUTRANS)</del></p> <p>BUPRENORPHINE (BELBUCA)*</p> <p>FENTANYL PATCH (DURAGESIC)*</p> <p>HYDROMORPHONE ER TABLET (EXALGO ER)*</p> <p>MORPHINE SULFATE ER CAPSULE (AVINZA, KADIAN)*</p> <p><del>MORPHINE/NALTREXONE (EMBEDA)</del>*</p> <p>OXYCODONE-ACETAMINOPHEN ER TABLET (XARTEMIX XR)*</p> <p>OXYCODONE ER TABLET (OXYCONTIN)*</p> <p>OXYMORPHONE ER TABLET (OPANA ER)* Effective 1/10/2012</p> <p>TAPENTADOL ER TABLET (NUCYNTA ER)*</p> <p>BUPRENORPHINE PATCH (BUTRANS)*-generic only</p> <p>HYDROCODONE ER (HYSINGLA ER) EFFECTIVE 04/01/2019</p>	<p><b>NEUROPATHIC PAIN AGENTS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 4/3/2008</p> <p>ORIGINAL EDIT EFFECTIVE DATE: 6/5/2008</p> <p>RE-REVIEW POSTED PREFERRED STATUS: 10/14/2011</p> <p>REVISED EDIT EFFECTIVE DATE: 12/13/2011</p> <p><b>PREFERRED</b></p> <p>AMITRIPTYLINE (ELAVIL)</p> <p>CARBAMAZEPINE CHEWABLE TABLET (TEGRETOL CHEW TAB)</p> <p>CARBAMAZEPINE IMMEDIATE RELEASE TABLET (TEGRETOL)</p> <p>GABAPENTIN CAPSULE (NEURONTIN)</p> <p><del>GABAPENTIN 600MG, 800MG-TAB (NEURONTIN)</del> Eff 12/13/11</p> <p>NORTRIPTYLINE (PAMELOR)</p> <p><del>PREGABALIN (LYRICA)</del>* Effective 12/13/2011</p> <p>VENLAFAXINE REGULAR RELEASE TABLET (EFFEXOR)*</p> <p>DULOXETINE (CYMBALTA)* Effective 1/1/19</p> <p><b>NON-PREFERRED –</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>CARBAMAZEPINE EXTENDED RELEASE CAPSULE &amp; TABLET (CARBATROL ER, EQUETRO, TEGRETOL XR)*</p> <p>CARBAMAZEPINE SUSPENSION (TEGRETOL)*</p> <p>DIVALPROEX SODIUM (DEPAKOTE)*</p> <p><del>DULOXETINE (CYMBALTA)</del>* Effective 1/1/19</p> <p>GABAPENTIN 250MG/5ML SOLUTION (NEURONTIN)*</p> <p>GABAPENTIN TABLET (NEURONTIN)* Effective 12/13/2011</p> <p>GABAPENTIN EXTENDED RELEASE CAPSULE (GRALISE)</p> <p>GABAPENTIN EXTENDED RELEASE TABLET (HORIZANT)</p> <p>LACOSAMIDE (VIMPAT)*</p> <p>LAMOTRIGINE (LAMICTAL)*</p> <p><b>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</b></p> <p>***SEE DISCLAIMER ON LAST PAGE***</p>

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# Preferred Drug List

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3/6/2019

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

CENTRAL NERVOUS SYSTEM AGENTS
NEUROPATHIC PAIN AGENTS
ORIGINAL POSTED PREFERRED STATUS: 4/3/2008
ORIGINAL EDIT EFFECTIVE DATE: 6/5/2008
RE-REVIEW POSTED PREFERRED STATUS: 10/14/2011
REVISED EDIT EFFECTIVE DATE: 12/13/2011
<b>NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
LIDOCAINE PATCH (LIDODERM)*
OXCARBAZEPINE (TRILEPTAL)*
PREGABALIN (LYRICA)* Effective 12/13/2011
TOPIRAMATE (TOPAMAX)*
VALPROIC ACID (DEPAKENE, STAVZOR)*
VENLAFAXINE ER CAPSULE (EFFEXOR XR)*
VENLAFAXINE ER TABLET (EFFEXOR XR)*
***SEE DISCLAIMER ON LAST PAGE***

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CENTRAL NERVOUS SYSTEM AGENTS
NON-BENZODIAZEPINE SEDATIVE HYPNOTICS
ORIGINAL POSTED PREFERRED STATUS: 3/7/2006
ORIGINAL EDIT EFFECTIVE DATE: 5/9/2006
REVISED POSTED PREFERRED STATUS: 12/15/2008
REVISED EDIT EFFECTIVE DATE: 3/1/2009
RE-REVIEW POSTED PREFERRED STATUS: 11/28/2011
REVISED EDIT EFFECTIVE DATE: 2/28/2012
<b>PREFERRED</b>
<del>RAMELTEON (ROZEREM)*</del> Effective 2/28/2012
ZALEPLON (SONATA)*
ZOLPIDEM TABLET (AMBIEN)*
<b>NON-PREFERRED –</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
DOXEPIN (SILENOR)
ESZOPICLONE (LUNESTA)
RAMELTEON (ROZEREM) Effective 2/28/2012
ZOLPIDEM CR TABLET (AMBIEN CR)
ZOLPIDEM ORAL SPRAY (ZOLPIMIST)
ZOLPIDEM SL TABLET (EDLUAR, INTERMEZZO)

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

CENTRAL NERVOUS SYSTEM AGENTS
NONSTEROIDAL ANTIINFLAMMATORY AGENTS
ORIGINAL POSTED PREFERRED STATUS: 4/13/2007
ORIGINAL EDIT EFFECTIVE DATE: 6/18/2007
RE-REVIEW POSTED PREFERRED STATUS: 4/07/2011
REVISED EDIT EFFECTIVE DATE: 6/7/2011
<b>PREFERRED</b>
DICLOFENAC SODIUM ER 100MG TABLET (VOLTAREN XR 100MG) Effective 6/7/2011
IBUPROFEN 100MG/5ML SUSPENSION, 400MG, 600MG, 800MG TABLET (MOTRIN)
INDOMETHACIN 25MG, 50MG CAPSULE (INDOCIN) Eff 6/7/2011
KETOPROFEN 50MG, 75MG CAPSULE (ORUDIS)
KETOROLAC TABLET (TORADOL)*
MELOXICAM 7.5MG, 15MG TABLET (MOBIC)
NAPROXEN 250MG, 375MG, 500MG TABLET (NAPROSYN)
NAPROXEN 375MG, 500MG EC TABLET (EC-NAPROSYN)
NAPROXEN SODIUM 275MG, 550MG TABLET (ANAPROX)
SALSALATE 750MG (SALFLEX-750)
<b>NON-PREFERRED –</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
CELECOXIB (CELEBREX)
DICLOFENAC EPOLAMINE (FLECTOR)
DICLOFENAC POTASSIUM (CAMBIA, CATAFLAM, ZIPSOR)
DICLOFENAC SODIUM (TOPICAL GEL & SOLUTION; 25MG, 50MG, 75MG TABLET) Eff 6/7/2011
DICLOFENAC SODIUM/MISOPROSTOL (ARTHROTEC)
DICLOFENAC SUBMICRONIZED (ZORVOLEX)
DIFLUNISAL (DOLOBID)
<b>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</b>

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3/6/2019

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CENTRAL NERVOUS SYSTEM AGENTS
NONSTEROIDAL ANTIINFLAMMATORY AGENTS
ORIGINAL POSTED PREFERRED STATUS: 4/13/2007
ORIGINAL EDIT EFFECTIVE DATE: 6/18/2007
RE-REVIEW POSTED PREFERRED STATUS: 4/07/2011
REVISED EDIT EFFECTIVE DATE: 6/7/2011
<b>NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
ETODOLAC (LODINE)
FENOPROFEN (NALFON)
FLURBIPROFEN (ANSAID)
IBUPROFEN 40MG/ML SUSPENSION; 50MG, 100MG TABLET (MOTRIN)
IBUPROFEN/CAFF/B1/B2/B6/B12 (IC400, IC800 KIT)
IBUPROFEN/FAMOTIDINE (DUEXIS)
INDOMETHACIN 75MG SA CAPSULE; 50MG SUPPOSITORY 25MG/5ML SUSPENSION (INDOCIN)
KETOPROFEN 200MG CAPSULE SA (ORUVAIL)
KETOROLAC NASAL SPRAY (SPRIX)
MECLOFENAMATE (MECLOMEN)
MEFENAMIC ACID (PONSTEL)
MELOXICAM SUSPENSION (MOBIC)
NABUMETONE (RELAFEN)
NAPROXEN/ESOMEPRAZOLE (VIMOVO)
NAPROXEN SUSPENSION (NAPROSYN)
NAPROXEN NA 375MG, 500MG TABLET (NAPRELAN)
OXAPROZIN (DAYPRO)
PIROXICAM (FELDENE) Effective 6/7/2011
SALSALATE 500MG (SALFLEX-500) Effective 6/7/2011
SULINDAC (CLINORIL)
TOLMETIN (TOLECTIN)

CENTRAL NERVOUS SYSTEM AGENTS
SKELETAL MUSCLE RELAXANTS
ORIGINAL POSTED PREFERRED STATUS: 1/18/2006
ORIGINAL EDIT EFFECTIVE DATE: 3/20/2006
<b>PREFERRED</b>
BACLOFEN TABLETS (LIORESAL)*
CHLORZOXAZONE 500MG (PARAFON)
CYCLOBENZAPRINE 10MG TABLET (FLEXERIL)
METHOCARBAMOL (ROBAXIN)
TIZANIDINE TABLET (ZANAFLEX)*
<b>NON-PREFERRED –</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
CARISOPRODOL (SOMA)
CARISOPRODOL/ASA (SOMA COMPOUND)
CARISOPRODOL/ASA/CODEINE (SOMA COMPOUND W/ COD)
CHLORZOXAZONE 375MG, 750MG (LORZONE)
CYCLOBENZAPRINE 5MG, 7.5MG TABLET (FLEXERIL, FEXMID)
CYCLOBENZAPRINE ER CAPSULE (AMRIX)
DANTROLENE (DANTRIUIM)
METAXOLONE (SKELAXIN)
ORPHENADRINE CITRATE (NORFLEX)
ORPHENADRINE/ASPIRIN/CAFFEINE (NORGESIC)
TIZANIDINE CAPSULES (ZANAFLEX)

DERMATOLOGY
TOPICAL ANTIFUNGALS
ORIGINAL POSTED PREFERRED STATUS: 2/3/2017
ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017
<b>PREFERRED</b>
TOLNAFTATE 1% TOPICAL CREAM OTC
TOLNAFTATE 1% TOPICAL POWDER OTC
TOLNAFTATE 1% TOPICAL SOLUTION OTC
CLOTRIMAZOLE RX CREAM
CLOTRIMAZOLE-BETAMETHASONE RX CREAM
KETOCONAZOLE 2% RX SHAMPOO
NYSTATIN (OINTMENT, CREAM, POWDER)
<b>NON-PREFERRED –</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
CLOTRIMAZOLE / BETAMETHASONE (LOTRISONE)
ECONAZOLE CREAM
ECONAZOLE FOAM (ECOZA)
KETOCONAZOLE CREAM
KETOCONAZOLE FOAM(EXTINA)
LULICONAZOLE CREAM (LUZU)
OXICONAZOLE (OXISTAT)
SERTACONAZOLE (ERTACZO)
SULCONAZOLE (EXELDERM)
MICONAZOLE /ZINC OXIDE/PETROLATUM (VUSION)
MICONAZOLE CREAM
NAFTIFINE (NAFTIN)
BUTENAFINE (MENTAX)
NYSTATIN/EMOLLIENT (PEDIADERM AF)
NYSTATIN / TRIAMCINOLONE

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DERMATOLOGY
TOPICAL ANTIFUNGALS
ORIGINAL POSTED PREFERRED STATUS: 2/3/2017 ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017
<b>NON-PREFERRED – ONYCHOMYCOSIS</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
CICLOPIROX (PENLAC NAIL LACQUER)
EFINACONAZOLE (JUBLIA)
TAVABOROLE (KERYDIN)

DERMATOLOGY
TOPICAL ANTIPARASITICS
ORIGINAL POSTED PREFERRED STATUS: 2/3/2017 ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017
<b>PREFERRED</b>
PIP BUTOXIDE/PYRETHRINS/PERMETHRIN KIT OTC [LICE SOLUTION, COMPLETE LICE TREATMENT]
PIPERONYL BUTOXIDE/PYRETHRINS SHAMPOO OTC [LICE KILLING SHAMPOO, LICE TREATMENT]
PERMETHRIN 1% LIQUID OTC
PERMETHRIN 5% CREAM (ELIMITE)
<b>NON-PREFERRED –INCLUDE BUT NOT LIMITED TO</b>
BENZYL ALCOHOL (ULESFIA)
CROTAMITON (EURAX)
IVERMECTIN (SKLICE)
LINDANE
MALATHION (OVIDE)
SPINOSAD (NATROBA)

ENDOCRINE AND METABOLIC AGENTS
ANTIDIABETIC AGENTS
DPP-4 Enzyme Inhibitors
ORIGINAL POSTED PREFERRED STATUS: 8/11/17 ORIGINAL EDIT EFFECTIVE DATE: 10/1/17
<b>PREFERRED</b>
SITAGLIPTIN/METFORMIN (JANUMET)*
<b>NON-PREFERRED –</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
ALOGLIPTIN (NESINA)
ALOGLIPTIN/METFORMIN (KAZANO)
ALOGLIPTIN/PIOGLITAZONE (OSENII)
LINAGLIPTIN (TRADJENTA)
LINAGLIPTIN/EMPAGLIFLOZIN (GLYXAMBI)
LINAGLIPTIN/METFORMIN (JENTADUETO)
SAXAGLIPTIN (ONGLYZA)
SAXAGLIPTIN/METFORMIN ER (KOMBIGLYZE XR)
SITAGLIPTIN/METFORMIN EXTENDED RELEASE (JANUMET XR)
SITAGLIPTIN (JANUVIA)

\*Please refer to the PDL Criteria Overview for more detail

Strikethrough indicates change in PDL Status

# Preferred Drug List

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3/6/2019

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

ENDOCRINE AND METABOLIC AGENTS
<p>ANTIDIABETIC AGENTS</p> <p>GLP-1 Receptor Agonists</p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/11/17</p> <p>ORIGINAL EDIT EFFECTIVE DATE: 10/1/17</p> <p><b>PREFERRED</b></p> <p>EXENATIDE (BYETTA)*</p> <p>EXENATIDE ER (BYDUREON PEN &amp; VIAL)*</p> <p>LIRAGLUTIDE (VICTOZA)*</p> <p><b>NON-PREFERRED –</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>ALBIGLUTIDE (TANZEUM)</p> <p>DULAGLUTIDE (TRULICITY)</p> <p>EXENATIDE ER (BYDUREON BCISE)</p> <p>LIRAGLUTIDE/INSULIN DEGLUDEC (XULTOPHY)</p> <p>LIXISENATIDE (ADLYXIN)</p> <p>LIXISENATIDE/INSULIN GLARGINE (SOLIQUA)</p> <p>SEMAGLUTIDE (OZEMPIC)</p>

[\\*Please refer to the PDL Criteria Overview for more detail](#)

ENDOCRINE AND METABOLIC AGENTS
<p>ANTIDIABETIC AGENTS</p> <p>Meglitinides</p> <p>ORIGINAL POSTED PREFERRED STATUS: 9/29/2006</p> <p>ORIGINAL EDIT EFFECTIVE DATE: 11/28/2006</p> <p>REVISED POSTED PREFERRED STATUS: 11/12/2008</p> <p>REVISED EDIT EFFECTIVE DATE: 1/1/2009</p> <p>RE-REVIEW POSTED PREFERRED STATUS: 9/7/2011</p> <p>REVISED EDIT EFFECTIVE DATE: 1/1/2012</p> <p>REVISED POSTED PREFERRED STATUS: 8/11/2017</p> <p>REVISED EDIT EFFECTIVE DATE: 10/1/2017</p> <p><b>PREFERRED</b></p> <p>NATEGLINIDE</p> <p>REPAGLINIDE</p> <p><b>NON-PREFERRED –</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>REPAGLINIDE/ METFORMIN (PRANDIMET)</p>

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

ENDOCRINE AND METABOLIC AGENTS
<p>ANTIDIABETIC AGENTS</p> <p>SGLT2 Inhibitors</p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/11/17</p> <p>ORIGINAL EDIT EFFECTIVE DATE: 10/1/17</p> <p><b>PREFERRED</b></p> <p>DAPAGLIFLOZIN (FARXIGA)*</p> <p>DAPAGLIFLOZIN/METFORMIN ER (XIGDUO XR)*</p> <p>EMPAGLIFLOZIN (JARDIANCE)*</p> <p>EMPAGLIFLOZIN/METFORMIN (SYNJARDY)*</p> <p><b>NON-PREFERRED –</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>CANAGLIFLOZIN (INVOKANA)</p> <p>CANAGLIFLOZIN/METFORMIN (INVOKAMET)</p> <p>CANAGLIFLOZIN/METFORMIN (INVOKAMET XR)</p> <p>EMPAGLIFLOZIN/METFORMIN ER (SYNJARDY XR)</p>

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3/6/2019

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ENDOCRINE AND METABOLIC AGENTS
<p align="center"><b>ANTIDIABETIC AGENTS</b></p> <p align="center">Sulfonylurea</p> <p>ORIGINAL POSTED PREFERRED STATUS: 9/29/2006            ORIGINAL EDIT EFFECTIVE DATE: 11/28/2006            REVISED POSTED PREFERRED STATUS: 11/12/2008            REVISED EDIT EFFECTIVE DATE: 1/1/2009            RE-REVIEW POSTED PREFERRED STATUS: 9/7/2011            REVISED EDIT EFFECTIVE DATE: 1/1/2012</p> <p><b>PREFERRED</b></p> <p>CHLORPROPAMIDE (DIABINESE)            GLIMEPIRIDE (AMARYL)            GLIPIZIDE (GLUCOTROL)            GLYBURIDE (DIABETA)            GLYBURIDE MICRONIZED (GLYNASE)            METFORMIN/GLIPIZIDE (METAGLIP)            METFORMIN/GLYBURIDE (GLUCOVANCE)  <del>PIOGLITAZONE/GLIMEPIRIDE (DUETACT)</del> Effective 1/1/2012            TOLAZAMIDE (TOLINASE)</p> <p><b>NON-PREFERRED –</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>PIOGLITAZONE/GLIMEPIRIDE (DUETACT)* Effective 1/1/2012</p>

[\\*Please refer to the PDL Criteria Overview for more detail](#)

ENDOCRINE AND METABOLIC AGENTS
<p align="center"><b>ANTIDIABETIC AGENTS</b></p> <p align="center">Thiazolidinediones</p> <p>ORIGINAL POSTED PREFERRED STATUS: 9/29/2006            ORIGINAL EDIT EFFECTIVE DATE: 11/28/2006            REVISED POSTED PREFERRED STATUS: 11/12/2008            REVISED EDIT EFFECTIVE DATE: 1/1/2009            RE-REVIEW POSTED PREFERRED STATUS: 9/7/2011            REVISED EDIT EFFECTIVE DATE: 1/1/2012            RE-REVIEW POSTED PREFERRED STATUS: 8/11/17            REVISED EDIT EFFECTIVE DATE: 10/1/17</p> <p><b>PREFERRED</b></p> <p>PIOGLITAZONE*</p> <p><b>NON-PREFERRED –</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>ROSIGLITAZONE (AVANDIA)            ROSIGLITAZONE/METFORMIN (AVANDAMET)            PIOGLITAZONE/GLIMEPIRIDE (DUETACT)            PIOGLITAZONE/METFORMIN            PIOGLITAZONE/METFORMIN EXTENDED-RELEASE            (ACTOPLUS MET XR)</p>

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

ENDOCRINE AND METABOLIC AGENTS
<p align="center"><b>ESTROGEN REPLACEMENT AGENTS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 2/14/2006            ORIGINAL EDIT EFFECTIVE DATE: 4/17/2006            RE-REVIEW POSTED PREFERRED STATUS: 5/12/2008            REVISED EDIT EFFECTIVE DATE: 7/11/2008</p> <p><b>PREFERRED</b></p> <p>ESTRADIOL 0.5MG, 1MG, 2MG ORAL TABLET (ESTRACE)            ESTROPIPATE ORAL TABLET (OGEN)</p> <p><b>NON-PREFERRED –</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>ESTRADIOL ACETATE TABLET (FEMTRACE)            ESTRADIOL ACETATE VAGINAL RING (FEMRING)            ESTRADIOL ORAL 1.5MG TABLET (ESTRACE)            ESTRADIOL SPRAY (EVAMIST)            ESTRADIOL TOPICAL GEL (DIVIGEL)            ESTRADIOL TRANSDERMAL (ALORA, CLIMARA)            ESTRADIOL VAGINAL RING (ESTRING)            ESTRADIOL VAGINAL TABLET (VAGIFEM, YUVAFEM)            ESTRADIOL/DROSPIRENONE (ANGELIQ)*            ESTRADIOL/LEVONORGESTREL (CLIMARA PRO)*            ESTRADIOL/NORETHINDRONE ACETATE (ACTIVELLA)*            ESTRADIOL/NORGESTIMATE (PREFEST)*            ESTROGENS, CONJUGATED (CENESTIN, ENJUVIA, PREMARIN)            ESTROGENS, CONJUGATED/BAZEDOXIFENE (DUAVEE)            ESTROGENS, CONJUGATED/MEDROXYPROGESTERONE            (PREMPHASE, PREMPRO)*            ESTROGENS, ESTERIFIED (MENEST)            ETHINYL ESTRADIOL/NORETHINDRONE ACETATE            (FEMHRT)*</p>

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3/6/2019

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ENDOCRINE AND METABOLIC AGENTS
<b>GROWTH HORMONE</b>
ORIGINAL POSTED PREFERRED STATUS: 8/10/2016 ORIGINAL EDIT EFFECTIVE DATE: 10/1/2016
<b>PREFERRED</b> SOMATROPIN (GENOTROPIN)*
<b>NON-PREFERRED –</b> <b>INCLUDE BUT NOT LIMITED TO</b> SOMATROPIN (HUMATROPE)* SOMATROPIN (NORDITROPIN)* SOMATROPIN (NUTROPIN AQ)* SOMATROPIN (OMNITROPE)* SOMATROPIN (SAIZEN)* SOMATROPIN (SEROSTIM)* SOMATROPIN (ZOMACTON)* SOMATROPIN (ZORBITIVE)*
ETHINYL ESTRADIOL/NORETHINDRONE ACETATE (FEMHRT)*

ENDOCRINE AND METABOLIC AGENTS
<b>PANCREATIC ENZYMES</b>
ORIGINAL POSTED PREFERRED STATUS: 8/10/2016 ORIGINAL EDIT EFFECTIVE DATE: 10/1/2016
<b>PREFERRED</b> PANCRELIPASE (CREON) PANCRELIPASE (ZENPEP)
<b>NON-PREFERRED –</b> <b>INCLUDE BUT NOT LIMITED TO</b> PANCRELIPASE (PANCREAZE) PANCRELIPASE (PERTZYE) PANCRELIPASE (ULTRESA) PANCRELIPASE (VIOKACE)

GASTROINTESTINAL
<b>ANTIEMETICS</b> <b>5-HT3 &amp; NK1 Receptor Antagonists</b>
ORIGINAL POSTED PREFERRED STATUS: 8/10/2006 ORIGINAL EDIT EFFECTIVE DATE: 10/10/2006 RE-REVIEW POSTED PREFERRED STATUS: 7/14/2009 REVISED EDIT EFFECTIVE DATE: 9/14/2009
<b>PREFERRED</b> ONDANSETRON 4MG, 8MG ORAL DISINTEGRATING TABLET (ZOFTRAN)* ONDANSETRON 4MG, 8MG TABLET (ZOFTRAN)* ONDANSETRON 4MG/2ML PRESERVATIVE FREE VIAL* ONDANSETRON 40MG/20ML VIAL (ZOFTRAN)*
<b>NON-PREFERRED –</b> <b>INCLUDE BUT NOT LIMITED TO</b> APREPITANT (EMEND) DOLASETRON (ANZEMET) GRANISETRON (KYTRIL, SANCUSO) NETUPITANT-PALONOSETRON (AKYNZEO) PALONOSETRON (ALOXI) ONDANSETRON 24MG TABLET (ZOFTRAN) ONDANSETRON 32MG/50ML BAG (ZOFTRAN) ONDANSETRON 4MG/2ML AMPULE/SYRINGE (ZOFTRAN) ONDANSETRON 4MG/5ML SOLUTION (ZOFTRAN) ONDANSETRON SOLUBLE FILM (ZUPLLENZ)

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3/6/2019

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

GASTROINTESTINAL
<b>PROTON PUMP INHIBITORS</b>
ORIGINAL POSTED PREFERRED STATUS: 3/18/2005
ORIGINAL EDIT EFFECTIVE DATE: 5/18/2005
RE-REVIEW POSTED PREFERRED STATUS: 1/31/2008
REVISED EDIT EFFECTIVE DATE: 4/1/2008
RE-REVIEW POSTED PREFERRED STATUS: 5/6/2013
REVISED EDIT EFFECTIVE DATE: 7/9/2013
<b>PREFERRED</b>
<del>ESOMEPRAZOLE CAPSULE* (NEXIUM)</del> Effective 7/9/2013
OMEPRAZOLE 20MG CAPSULE* (Rx PRILOSEC)
PANTOPRAZOLE (PROTONIX)* Effective 7/9/2013
<b>NON-PREFERRED –</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
DEXLANSOPRAZOLE (DEXILANT)
ESOMEPRAZOLE CAPSULE (NEXIUM) Effective 7/9/2013
ESOMEPRAZOLE/NAPROXEN (VIMOVO)
ESOMEPRAZOLE PACKET (NEXIUM PACKET)
ESOMEPRAZOLE STRONTIUM DR CAPSULE
LANSOPRAZOLE CAPSULE (PREVACID CAPSULE)*
LANSOPRAZOLE SOLUTAB (PREVACID SOLUTAB)*
OMEPRAZOLE 10MG, 40MG CAPSULE (PRILOSEC)
OMEPRAZOLE SUSPENSION (PRILOSEC SUSPENSION)
OMEPRAZOLE/SODIUM BICARBONATE (ZEGERID)
<del>PANTOPRAZOLE (PROTONIX)</del> Effective 7/9/2013
RABEPRAZOLE (ACIPHEX)

NASAL INHALANT PRODUCTS
<b>CORTICOSTEROIDS</b>
ORIGINAL POSTED PREFERRED STATUS: 9/29/2006
ORIGINAL EDIT EFFECTIVE DATE: 11/28/2006
REVISED POSTED PREFERRED STATUS: 6/25/2009
REVISED EDIT EFFECTIVE DATE: 8/24/2009
RE-REVIEW POSTED PREFERRED STATUS: 5/17/2012
RE-REVIEW EDIT EFFECTIVE DATE: 7/16/2012
<b>PREFERRED</b>
<del>FLUTICASONE FUROATE (VERAMYST)</del> Effective 7/16/2012
FLUTICASONE PROPIONATE (FLONASE)
<del>MOMETASONE (NASONEX)</del> Effective 7/16/2012
<del>NASACORT AQ (brand only)</del> Effective 1/1/2014
<b>NON-PREFERRED –</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
AZELASTINE/FLUTICASONE NASAL SPRAY (DYMISTA)
BECLOMETHASONE (BECONASE AQ, QNASAL)
BUDESONIDE (RHINOCORT AQUA)
CICLESONIDE (OMNARIS, ZETONNA)
FLUTICASONE FUROATE (VERAMYST) Effective 7/16/2012
MOMETASONE (NASONEX) Effective 7/16/2012
NASACORT AQ (brand only) Effective 1/1/2014
TRIAMCINOLONE (NASOCORT AQ-generic only) Eff 7/16/2012

RENAL AND GENITOURINARY AGENTS
<b>OVERACTIVE BLADDER AGENTS</b>
ORIGINAL POSTED PREFERRED STATUS: 6/16/2006
ORIGINAL EDIT EFFECTIVE DATE: 8/15/2006
REVISED POSTED PREFERRED STATUS: 5/14/2009
REVISED EDIT EFFECTIVE DATE: 7/14/2009
RE-REVIEW POSTED PREFERRED STATUS: 2/16/2012
REVISED EDIT EFFECTIVE DATE: 5/8/2012
RE-REVIEW POSTED PREFERRED STATUS: 5/21/2014
REVISED EDIT EFFECTIVE DATE: 5/30/2014
RE-REVIEW: 11/09/16
<b>PREFERRED</b>
FESOTERODINE (TOVIAZ) Effective 5/30/2014
OXYBUTYNIN 5MG/5ML SYRUP, 5MG TABLET (DITROPAN)
OXYBUTYNIN ER (DITROPAN XL)*
SOLIFENACIN (VESICARE)
<b>NON-PREFERRED –</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
DARIFENACIN (ENABLEX)
<del>FESOTERODINE (TOVIAZ)</del> Effective 5/30/2014
FLAVOXATE (URISPAS)
OXYBUTYNIN GEL (GELNIQUE)
OXYBUTYNIN PATCH (OXYTROL)
MIRABEGRON ER (MYRBETRIQ)
TOLTERODINE IMMEDIATE RELEASE TABLET (DETROL)
TOLTERODINE LA CAPSULE (DETROL LA)
TROSPIUM (SANCTURA)
TROSPIUM ER (SANCTURA XR) Effective 5/8/2012

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3/6/2019

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

RESPIRATORY AGENTS
<p><b>BRONCHODILATORS, SHORT-ACTING</b> Quick Relief Medications for Asthma</p> <p>ORIGINAL POSTED PREFERRED STATUS: 3/30/2007 ORIGINAL EDIT EFFECTIVE DATE: 5/29/2007 RE-REVIEW POSTED PREFERRED STATUS: 11/09/2016 RE-REVIEW EDIT EFFECTIVE DATE: 1/01/2017</p> <p><b>PREFERRED</b> ALBUTEROL 100MG/20ML, 2.5MG/0.5ML &amp; 2.5MG/3ML SOL. ALBUTEROL INHALER HFA (PROAIR HFA) Effective 1/1/17 ALBUTEROL INHALER HFA (PROVENTIL HFA) Effective 1/1/17 <del>LEVALBUTEROL HFA INHALER (XOPENEX HFA)</del> Eff 9/23/2014 <del>ALBUTEROL INHALER HFA (VENTOLIN HFA)</del> Eff 1/1/17 IPRATROPIUM HFA(ATROVENT HFA)* Effective 1/1/17 IPRATROPIUM INHALATION SOLUTION* Effective 1/1/17 IPRATROPIUM/ALBUTEROL (COMBIVENT RESPIMAT)*EFF 1/1/17</p> <p><b>NON-PREFERRED –</b> <b>INCLUDE BUT NOT LIMITED TO</b> ALBUTEROL 0.21MG/ML, 0.42MG/ML SOLUTION (ACCUNEB) ALBUTEROL INHALER HFA (PROAIR RESPICLICK) ALBUTEROL INHALER HFA (VENTOLIN HFA) Eff 1/1/17 IPRATROPIUM/ALBUTEROL (NEBULIZER SOLUTION) LEVALBUTEROL HFA INHALER (XOPENEX HFA) Eff 9/23/2014 LEVALBUTEROL SOLUTION (XOPENEX) METAPROTERENOL INHALER AND SOLUTION (ALUPENT) PIRBUTEROL INHALER (MAXAIR AUTOHALER) Eff 4/17/2012</p>

RESPIRATORY AGENTS
<p><b>BRONCHODILATORS, LONG-ACTING</b> Controller Medications for Asthma/COPD</p> <p>ORIGINAL POSTED PREFERRED STATUS: 3/30/2007 ORIGINAL EDIT EFFECTIVE DATE: 5/29/2007 RE-REVIEW POSTED PREFERRED STATUS: 5/11/2009 RE-REVIEW EDIT EFFECTIVE DATE: 8/11/2009 RE-REVIEW POSTED PREFERRED STATUS: 7/21/2014 RE-REVIEW EDIT EFFECTIVE DATE: 9/23/2014 RE-REVIEW POSTED PREFERRED STATUS: 11/09/2016 RE-REVIEW EDIT EFFECTIVE DATE: 1/01/2017</p> <p><b>PREFERRED</b> TIOTROPIUM INHALER (SPIRIVA HANDIHALER)* Effective 1/1/17 SALMETEROL INHALER (SEREVENT DISKUS)* Effective 1/1/17</p> <p><b>NON-PREFERRED –</b> <b>INCLUDE BUT NOT LIMITED TO</b> ACLIDINIUM INHALER (TUDORZA PRESSAIR)* ARFORMOTEROL INHALATION SOLUTION (BROVANA) FORMOTEROL INHALATION SOLUTION (PERFOROMIST) FORMOTEROL INHALER (FORADIL) FORMOTEROL/GLYCOPYRROLATE (BEVESPI AEROSPHERE) INDACATEROL MALEATE (ARCAPTA NEOHALER) INDACATEROL/GLYCOPYRROLATE (UTIBRON NEOHALER) <del>SALMETEROL INHALER (SEREVENT DISKUS)*</del> Effective 1/1/17 TIOTROPIUM INHALER (SPIRIVA RESPIMAT)* TIOTROPIUM/OLODATEROL (STIOLTO RESPIMAT) <del>TIOTROPIUM INHALER (SPIRIVA HANDIHALER)*</del> Effective 1/1/17 UMECLIDINIUM/VILANTEROL INHALER (ANORO ELLIPTA)</p>

RESPIRATORY AGENTS
<p><b>BETA<sub>2</sub> AGONISTS/INHALED CORTICOSTEROIDS</b> Controller Medications for Asthma and COPD</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/11/2009 ORIGINAL EDIT EFFECTIVE DATE: 8/11/2009 RE-REVIEW POSTED PREFERRED STATUS: 8/22/2011 RE-REVIEW EDIT EFFECTIVE DATE: 10/25/2011 RE-REVIEW POSTED PREFERRED STATUS: 7/21/2014 RE-REVIEW EDIT EFFECTIVE DATE: 9/23/2014 RE-REVIEW POSTED PREFERRED STATUS: 11/9/2016 RE-REVIEW EDIT EFFECTIVE DATE: 1/1/17</p> <p><b>PREFERRED</b> BUDESONIDE/FORMOTEROL (SYMBICORT)* FLUTICASONE/SALMETEROL (ADVAIR DISKUS)* Eff 1/1/2017 <del>FLUTICASONE/SALMETEROL HFA (ADVAIR HFA)*</del> Eff 9/23/14 MOMETASONE/FORMOTEROL (DULERA)*</p> <p><b>NON-PREFERRED –</b> <b>INCLUDE BUT NOT LIMITED TO</b> <del>FLUTICASONE/SALMETEROL (ADVAIR DISKUS)</del> Eff 1/1/17 FLUTICASONE/SALMETEROL HFA (ADVAIR HFA) Eff 9/23/14 FLUTICASONE/VILANTEROL (BREQ ELLIPTA) FLUTICASONE/SALMETEROL (AIRDUO) FLUTICASONE/UMECLIDINIUM/VILANTEROL (TRELEGY)</p>

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RESPIRATORY
<p><b>INHALED ANTIBIOTICS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/10/2016 ORIGINAL EDIT EFFECTIVE DATE: 10/1/2016</p> <p><b>PREFERRED</b> TOBRAMYCIN (BETHKIS)* TOBRAMYCIN (KITABIS PAK)*</p> <p><b>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</b> AZTREONAM (CAYSTON)* TOBRAMYCIN (TOBI)* TOBRAMYCIN (TOBI PODHALER)*</p>

\*Please refer to the PDL Criteria Overview for more detail

RESPIRATORY AGENTS
<p><b>INHALED CORTICOSTEROIDS</b> Controller Medications for Asthma and COPD</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/2006 ORIGINAL EDIT EFFECTIVE DATE: 7/11/2006 REVISED POSTED PREFERRED STATUS: 11/9/2016 REVISED EDIT EFFECTIVE DATE: 1/1/17 RE-REVIEWED: 2/14/18</p> <p><b>PREFERRED</b> <del>BECLOMETHASONE (QVAR MDI)*</del> Effective 4/1/18 <del>BUDESONIDE INHALER (PULMICORT FLEXHALER)*</del> Eff 1/1/17 <del>FLUNISOLIDE (AEROSPAN)*</del> Effective 1/1/2017 FLUTICASONE (FLOVENT HFA)* <del>FLUTICASONE DISK WITH DEVICE (FLOVENT DISKUS)*</del> Effective 1/1/2017 <del>MOMETASONE (ASMANEX 30, 60, 120 INHALATION UNITS)*</del> Effective 9/23/2014 BUDESONIDE AMPULE (PULMICORT RESPULE BRAND ONLY)* Effective 1/1/2017</p> <p><b>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</b> <del>BECLOMETHASONE (QVAR)</del> Effective 1/1/17 BUDESONIDE AMPULE (GENERIC)* BUDESONIDE INHALER (PULMICORT FLEXHALER) Eff 1/1/17 CICLESONIDE (ALVESCO) FLUNISOLIDE (AEROSPAN) Effective 1/1/2017 FLUTICASONE DISK WITH DEVICE (FLOVENT DISKUS)* Effective 1/1/2017 FLUTICASONE (ARMONAIR RESPICLICK) MOMETASONE (ASMANEX 7, 14 INHALATION UNITS) MOMETASONE (ASMANEX 30, 60, 120 INHALATION UNITS) Effective 9/23/2014 TRIAMCINOLONE (AZMACORT) QVAR MDI, QVAR REDIHALER</p>

RESPIRATORY AGENTS
<p><b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b> Controller Medications for Asthma</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/11/2009 ORIGINAL EDIT EFFECTIVE DATE: 8/11/2009</p> <p><b>PREFERRED</b> MONTELUKAST (SINGULAIR)*</p> <p><b>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</b> ZAFIRLUKAST (ACCOLATE) ZILEUTON (ZYFLO)</p>

Strikethrough indicates change in PDL Status

# Preferred Drug List

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

RESPIRATORY AGENTS
<p>PHOSPHODIESTERASE INHIBITORS</p> <p>Medications for COPD</p> <p>ORIGINAL POSTED PREFERRED STATUS: 7/21/2014</p> <p>ORIGINAL EDIT EFFECTIVE DATE: 9/23/2014</p> <p>PREFERRED</p> <p>NON-PREFERRED –</p> <p>INCLUDE BUT NOT LIMITED TO</p> <p>ROFLUMILAST (DALIRESP)</p>

[\\*Please refer to the PDL Criteria Overview for more detail](#)

RESPIRATORY AGENTS
<p>SELF INJECTED EPINEPHRINE</p> <p>ORIGINAL POSTED PREFERRED STATUS: 11/14/2016</p> <p>ORIGINAL EDIT EFFECTIVE DATE: 1/1/17</p> <p>REVISED POSTED PREFERRED STATUS: 11/10/17</p> <p>REVISED EDIT EFFECTIVE DATE: 1/1/18</p> <p>PREFERRED</p> <p>Generic Epipen &amp; Epipen Jr.</p> <p>NON-PREFERRED –</p> <p>INCLUDE BUT NOT LIMITED TO</p> <p>EPINEPHRINE 0.15MG (ADRENACLICK)</p> <p>EPINEPHRINE 0.3MG (ADRENACLICK)</p> <p>EPIPEN (brand )</p> <p>EPIPEN JR. (brand)</p>

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

DISCLAIMER
<p>FIBROMYALGIA &amp; NEUROPATHIC PAIN AGENTS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 4/3/2008</p> <p>ORIGINAL EDIT EFFECTIVE DATE: 6/5/2008</p> <p>The non-preferred antiepileptic medications will be considered non-preferred for treating fibromyalgia and neuropathic pain only. Medications listed as either preferred or non-preferred status in this category may or may not include an FDA approved indication for fibromyalgia or neuropathic pain. Use of these medications for fibromyalgia, neuralgias, and neuropathic pain has been reviewed through the evidence-based review process. Medications listed in this category as either preferred or non-preferred status are not to be construed as endorsements for marketing of off-label use by the manufacturer or by Medicaid.</p>

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3/6/2019

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DERMATOLOGY
<p><b>TOPICAL STEROIDS</b></p> <p><b>Class 1 (Superpotent)</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</p> <p><b>PREFERRED CLASS 1 (SUPERPOTENT)</b></p> <p>CLOBETASOL PROPIONATE 0.05% CREAM-EMOLLIENT (15, 30, 60 gm) CLOBEX (BRAND ONLY) CLOBETASOL PROP. 0.05% LOTION (59ML) HALOBETASOL PROP 0.05% CREAM (15gm, 50gm) HALOBETASOL PROP 0.05% OINT (15gm, 50gm)</p> <p><b>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</b></p> <p>BETAMETHASONE DP/PROP GLYC (AUG) 0.05% GEL BETAMETHASONE DP/PROP GLYC (AUG) 0.05% OINT (Diprolene) BETAMETHASONE DP/PROP GLYC (AUG) 0.05% LOTION CLOBETASOL PROPIONATE 0.05% CREAM CLOBETASOL PROPIONATE 0.05% EMOLL FOAM (e.g., OLUX-E) CLOBETASOL PROPIONATE 0.05% FOAM (e.g., OLUX) CLOBETASOL PROPIONATE 0.05% GEL CLOBETASOL PROPIONATE 0.05% OINTMENT CLOBETASOL PROPIONATE 0.05% LOTION (59ML, 118ML) CLOBETASOL PROPIONATE 0.05% SHAMPOO CLOBETASOL PROPIONATE 0.05% SPRAY ( CLOBEX) CLOBETASOL 0.05% SOLUTION DESOXIMETASONE 0.25% SPRAY TOPICAL (TOPICORT) DIFLORASONE diacetate 0.05% OINTMENT FLUOCINONIDE 0.1% CREAM (e.g., VANOS) HALOBETASOL PROP 0.05% LOTION (ULTRAVATE LOTION)</p>

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DERMATOLOGY
<p><b>TOPICAL STEROIDS</b></p> <p><b>Class 2 (Potent)</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</p> <p><b>PREFERRED CLASS 2 (POTENT)</b></p> <p>BETAMETHASONE DP/PROP GLYC (AUG) 0.05% CREAM (15gm, 50gm) FLUOCINONIDE 0.05% CREAM (15gm, 30gm, 60gm) FLUOCINONIDE 0.05% OINTMENT (15gm, 30gm) TRIAMCINOLONE 0.5% OINTMENT (15 gm)</p> <p><b>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</b></p> <p>AMCINONIDE 0.1% OINTMENT DESOXIMETASONE 0.05% GEL DESOXIMETASONE 0.25% CREAM, OINTMENT DIFLORASONE 0.05% CREAM FLUOCINONIDE 0.05% GEL, SOLUTION FLUOCINONIDE 0.05% CREAM (120 gm) FLUOCINONIDE 0.05% OINTMENT (60gm) HALCINONIDE (HALOG) 0.1% CREAM, OINTMENT</p>

DERMATOLOGY
<p><b>TOPICAL STEROIDS</b></p> <p><b>Class 3 (Upper-Mid)</b></p> <p>ORIGINAL POSTED PREFERRED STATUS:5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</p> <p><b>PREFERRED CLASS 3 (UPPER-MID STRENGTH)</b></p> <p>BETAMETHASONE DP 0.05% LOT (not augmented) 60ml BETAMETHASONE VAL 0.1% OINTMENT (15gm, 45gm) ELOCON OINTMENT (BRAND ONLY) MOMETASONE 0.1% OINT (15, 45gm) TRIAMCINOLONE 0.5% CREAM (15gm)</p> <p><b>NON-PREFERRED INCLUDE BUT NOT LIMITED TO</b></p> <p>AMCINONIDE 0.1% CREAM AMCINONIDE 0.1% LOTION BETAMETHASONE DIPROPIONATE 0.05% CREAM (not augmented) BETAMETHASONE DIPROPIONATE 0.05% OINTMENT (not augmented) BETAMETHASONE DIPROPIONATE 0.05% SPRAY EMULSION (not aug.) BETAMETHASONE VALERATE 0.12% FOAM FLUOCINONIDE 0.05% EMOLLIENT CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT TRIAMCINOLONE 0.1% OINTMENT</p>

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

DERMATOLOGY
<p><b>TOPICAL STEROIDS</b></p> <p><b>Class 4 (Mid)</b></p> <p>ORIGINAL POSTED PREFERRED STATUS:5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</p> <p><b>PREFERRED CLASS 4 (MID-STRENGTH)</b></p> <p>ELOCON CREAM (BRAND ONLY) MOMETASONE 0.1% CREAM (15, 45gm) MOMETASONE FUROATE 0.1% SOLN, LOTION (30 ML) FLUOCINOLONE 0.025% OINT (15gm, 60gm, 120gm) TRIAMCINOLONE 0.1% CREAM (15gm, 28.4gm, 30gm, 45gm, 80gm, 85.2gm)</p> <p><b>NON-PREFERRED</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>CLOCORTOLONE PIVALATE 0.1% CREAM AND CREAM PUMP DESOXIMETASONE 0.05% CREAM DESOXIMETASONE 0.05% OINTMENT HYDROCORTISONE VALERATE 0.2% OINTMENT FLURANDRENOLIDE 0.05% OINTMENT MOMETASONE FUROATE 0.1% SOLUTION OR LOTION (60 ML) TRIAMCINOLONE ACETONIDE 0.1% AEROSOL SPRAY</p>

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DERMATOLOGY
<p><b>TOPICAL STEROIDS</b></p> <p><b>Class 5 (Lower-Mid)</b></p> <p>ORIGINAL POSTED PREFERRED STATUS:5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</p> <p><b>PREFERRED CLASS 5 (LOWER-MID STRENGTH)</b></p> <p>FLUOCINOLONE 0.01% CREAM (15, 60gm) BETAMETHASONE VAL 0.1% CREAM (15gm, 45gm) FLUOCINOLONE 0.025% CREAM (15gm, 60gm, 120gm) FLUTICASONE PROP 0.05% CREAM (15gm, 30gm, 60gm) HYDROCORTISONE BUTYRATE 0.1% SOLUTION TRIAMCINOLONE 0.025% LOTION, OINTMENT (60ml, 15gm, 80gm) TRIAMCINOLONE 0.1% LOTION (60ml)</p> <p><b>NON-PREFERRED</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>BETAMETHASONE VALERATE 0.1% LOTION DESONIDE 0.05% LOTION DESONIDE 0.05% OINTMENT FLUOCINOLONE SHAMPOO FLURANDRENOLIDE 0.05% CREAM FLURANDRENOLIDE 0.05% LOTION FLURANDRENOLIDE 4 MCG/SQ. CM TAPE, SMALL AND LARGE SIZE FLUTICASONE PROPIONATE 0.05% LOTION HYDROCORTISONE BUTYRATE 0.1% CREAM HYDROCORTISONE BUTYRATE 0.1% CREAM EMOLLIENT HYDROCORTISONE BUTYRATE 0.1% OINTMENT HYDROCORTISONE VALERATE 0.2% CREAM HYDROCORTISONE PROBUTATE 0.1% CREAM PREDNICARBATE 0.1% CREAM EMOLLIENT PREDNICARBATE 0.1% OINTMENT TRIAMCINOLONE 0.025% OINTMENT, 453.6 GM, 430 GM TRIAMCINOLONE 0.05% OINTMENT, 430 GM</p>

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

DERMATOLOGY
<p><b>TOPICAL STEROIDS</b></p> <p><b>Class 6 (Mild)</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</p> <p><b>PREFERRED CLASS 6 (MILD)</b></p> <p>ALCLOMETASONE DIPR 0.05% OINTMENT (15gm, 45gm, 60gm) TRIAMCINOLONE 0.025% CREAM (15 gm, 60 gm, 80 gm) SYNALAR (BRAND ONLY) FLUOCINOLONE 0.01% SOLUTION (60ml)</p> <p><b>NON-PREFERRED</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>ALCLOMETASONE DIPROPIONATE 0.05% CREAM DESONIDE 0.05% CREAM DESONIDE 0.05% GEL FLUOCINOLONE 0.01% SOLUTION (90 ML) FLUOCINOLONE SCALP OIL 0.01% TRIAMCINOLONE 0.025% CREAM (453.6 GM, 454 GM)</p>

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3/6/2019

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DERMATOLOGY
<p><b>TOPICAL STEROIDS</b></p> <p><b>Class 7 (Least Potent)</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</p> <p><b>REFERRED CLASS 7 (LEAST POTENT)</b></p> <p>HYDROCORTISONE ACETATE 0.5% (covered OTC) 28.4gm HYDROCORTISONE 0.5% CREAM (covered OTC) 28.4gm, 28.35gm HYDROCORTISONE 0.5% OINTMENT (covered OTC) 28.35gm HYDROCORTISONE 1% CREAM (28.35gm, 28.4gm) HYDROCORTISONE 1% OINTMENT (28.35gm, 28.4gm) HYDROCORTISONE 2.5% CREAM (20gm, 28gm, 28.35gm, 30gm) HYDROCORTISONE 2.5% OINTMENT (20gm, 28.35gm, 28.4gm)</p> <p><b>NON-PREFERRED –</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>HYDROCORTISONE 1% CREAM (453.6 GM) HYDROCORTISONE 1% OINTMENT (453.6 GM) HYDROCORTISONE 1% OINTMENT IN ABSORBASE HYDROCORTISONE 2.5% CREAM (453.6 GM) HYDROCORTISONE 2.5% LOTION HYDROCORTISONE 2.5% OINTMENT (453.6 GM, 454 GM) HYDROCORTISONE 2.5% SOLUTION</p>

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CENTRAL NERVOUS SYSTEM AGENTS
<p><b>NARCOTIC AGONIST ANALGESICS</b></p> <p><b>SHORT-ACTING OPIOIDS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</p> <p><b>PREFERRED</b></p> <p>APAP/CODEINE ELIXIR APAP/CODEINE TABLET (300-15 mg, 300-30 mg, 300-60 mg) CODEINE TABLET (15 mg, 30 mg, 60 mg) HYDROMORPHONE TABLET (2 mg, 4 mg, 8 mg) HYDROCODONE/APAP SOLUTION (7.5-325 mg/15 ml) HYDROCODONE/APAP TABLET (5-325 mg, 7.5-325 mg, 10-325 mg) HYDROCODONE/IBUPROFEN (7.5-200 mg) MEPERIDINE SOLUTION MEPERIDINE TABLET (50 MG) MORPHINE CONC. SOLUTION (100 mg/5 ml) MORPHINE IR TABLET (15 mg, 30 mg) MORPHINE SOLUTION (10 mg/5 ml, 20 mg/5 ml) OXYCODONE/APAP SOLUTION (5-325 mg/5 ml) OXYCODONE/APAP TABLET (5-325 mg, 7.5-325 mg 10-325 mg) OXYCODONE SOLUTION (5 mg/5 ml) OXYCODONE TABLET TRAMADOL TABLET TRAMADOL/APAP TABLET</p> <p><b>NON-PREFERRED –</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>APAP/CODEINE (unit dose cups) BUTALBITAL/CAFFEINE/APAP W/CODEINE BUTALBITAL COMPOUND W/CODEINE BUTORPHANOL TARTRATE CAPITAL W-CODEINE CARISOPRODOL COMPOUND W/CODEINE</p>

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

CENTRAL NERVOUS SYSTEM AGENTS
<p><b>NARCOTIC AGONIST ANALGESICS</b></p> <p><b>SHORT-ACTING OPIOIDS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</p> <p><b>NON-PREFERRED – (continued)</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>DIHYDROCODEINE/APAP/CAFFEINE (TABLET, CAPSULE) FIORICET/CODEINE FIORINAL/CODEINE HYDROMORPHONE LIQUID, RECTAL SUPP HYDROCODONE/APAP TABLET (2.5-325, 5-300, 7.5-300, 10-300 mg) HYDROCODONE/APAP SOLUTION (unit dose cups) HYDROCODONE/IBUPROFEN (5-200mg, 10-200mg) MEPERIDINE TABLET (100 MG) NUCYNTA OPANA OXYCODONE/ASA OXYCODONE CAPSULE OXYCODONE CONCENTRATED ORAL SOLUTION OXYCODONE/IBUPROFEN OXYCODONE/APAP TABLET (2.5-325mg) OXYMORPHONE PENTAZOCINE/NALOXONE PRIMLEV (5-300mg, 7.5-300mg, 10-300mg) REPREXAIN ZAMICET</p>

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OPHTHALMOLOGY
<b>OPHTHALMIC ANTIBIOTICS</b>
ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17
<b>PREFERRED</b>
BACITRACIN/ POLYMYXIN B CIPROFLOXACIN SOLUTION ERYTHROMYCIN OINT GENTAMICIN (SOLUTION/OINTMENT) POLYMYXIN B /TRIMETHOPRIM DROPS TOBRAMYCIN DROPS VIGAMOX (BRAND ONLY) MOXIFLOXACIN
<b>NON-PREFERRED –</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
AZASITE (AZITHROMYCIN) BACITRACIN BESIVANCE (BESIFLOXACIN) CILOXAN (CIPROFLOXACIN OINTMENT) LEVOFLOXACIN MOXEZA(MOXIFLOXACIN) NATACYN (NATAMYCIN) NEOMYCIN/POLYMYXIN B/ BACITRACIN NEOMYCIN/POLYMYXIN B/ GRAMICIDIN OFLOXACIN SULFACETAMIDE TOBEX (TOBRAMYCIN OINTMENT) ZYMAXID (GATIFLOXACIN)

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OPHTHALMOLOGY
<b>OPHTHALMIC ANTIBIOTICS-STEROID COMBINATIONS</b>
ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17
<b>PREFERRED</b>
DEXAMETHASONE/NEOMYCIN SULFATE/POLYMYXIN B SULFATE TOBRADEX (DEXAMETHASONE/TOBRAMYCIN) DEXAMETHASONE/TOBRAMYCIN SUSPENSION (GENERIC) PREDNISOLONE SODIUM PHOSPHATE/SULFACETAMIDE SODIUM SOLUTION
<b>NON-PREFERRED –</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
BLEPHAMIDE, BLEPHAMIDE S.O.P. (PREDNISOLONE ACETATE/ SULFACETAMIDE SODIUM) SUSPENSION & OINTMENT) HYDROCORTISONE/NEOMYCIN SULFATE/BACITRACIN ZINC/ POLYMYXIN B SULFATES HYDROCORTISONE/NEOMYCIN SULFATE/POLYMYXIN B SULFATE PRED-G, PRED-G S.O.P. (PREDNISOLONE ACETATE/ GENTAMICIN SULFATE) TOBRADEX ST (DEXAMETHASONE/TOBRAMYCIN) ZYLET(LOTEPREDNOL/TOBRAMYCIN)

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

OPHTHALMOLOGY
<b>GLAUCOMA AGENTS</b>
ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17
<b>PREFERRED</b>
ALPHAGAN P 0.15% (BRAND ONLY) BRIMONIDINE CARTEOLOL DROPS COMBIGAN (BRIMONIDINE/TIMOLOL) DORZOLAMIDE DORZOLAMIDE/TIMOLOL (generic) LATANOPROST LEVOBUNOLOL LUMIGAN 0.01% 2.5ML, 5ML ( BIMATOPROST) SIMBRINZA (BROMONIDINE/BRINZOLAMIDE) TIMOLOL (GENERIC TIMOPTIC DROPS) TRAVATAN Z (TRAVOPROST)
<b>NON-PREFERRED –</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
BRIMONIDINE 0.1% (ALPHAGAN P), BRIMONIDINE 0.2% APRACLONIDINE AZOPT (BRINZOLAMIDE) BETAXOLOL BETOPIC S (BETAXOLOL) IOPIDINE (APRACLONIDINE) ISTALOL (TIMOLOL LA) LUMIGAN 7.5ML (BIMATOPROST) METIPRANOLOL PILOCARPINE TIMOPTIC IN OCUDOSE, TIMOLOL XE (TIMOLOL) ZIOPTAN (TAFLUPROST)

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CENTRAL NERVOUS AGENTS
Long Acting Injectable Antipsychotics
ORIGINAL POSTED PREFERRED STATUS: 8/11/17 ORIGINAL EDIT EFFECTIVE DATE: 10/1/17
<b>PREFERRED</b>
ARIPIPIRAZOLE ER (ABILIFY MAINTENA)* ARIPIPIRAZOLE LAUROXIL ER (ARISTADA)* FLUPHENAZINE DECANOATE* HALOPERIDOL DECANOATE* OLANZAPINE(ZYPREXA RELPREVV)* RISPERIDONE MICROSPHERES(RISPERDAL CONSTA)*
<b>NON-PREFERRED –</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
PALIPERIDONE PALMITATE (INVEGA SUSTENNA)* PALIPERIDONE PALMITATE (INVEGA TRINZA)*

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Insulins
ORIGINAL POSTED PREFERRED STATUS: 11/10/17 ORIGINAL EDIT EFFECTIVE DATE: 1/1/18
<b>PREFERRED</b>
<b><u>REGULAR/INTERMEDIATE ACTING</u></b>
HUMULIN 500 U/M VIAL HUMULIN VIAL NOVOLIN VIAL
<b><u>LONG ACTING</u></b>
LEVEMIR PENS & VIALS LANTUS SOLOSTAR PEN LANTUS VIAL
<b><u>RAPID ACTING</u></b>
HUMALOG VIAL APIDRA SOLOSTAR PEN APIDRA VIAL NOVOLOG PEN NOVOLOG VIAL NOVOLOG CARTRIDGE HUMALOG PEN
<b><u>COMBINATION</u></b>
HUMALOG MIX VIAL HUMALOG MIX PEN NOVOLOG MIX PEN NOVOLOG MIX VIAL HUMULIN 70/30 VIAL

Insulins
ORIGINAL POSTED PREFERRED STATUS: 11/10/17 ORIGINAL EDIT EFFECTIVE DATE: 1/1/18
<b>NON-PREFERRED –</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
HUMALOG CARTRIDGE HUMALOG JR QUICKPEN HUMALOG 200 PEN AFREZZA NOVOLIN 70/30 VIAL OTC HUMULIN 70/30 PEN OTC HUMULIN PEN OTC HUMULIN 500 U/M PEN TRESIBA PEN BASAGLAR KWIKPEN TOUJEO SOLOSTAR PEN TRESIBA FLEXTOUCH PEN FIASP

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3/6/2019

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

ANTICOAGULANTS
ORIGINAL POSTED PREFERRED STATUS: 2/16/18
ORIGINAL EDIT EFFECTIVE DATE: 4/1/18
<b>PREFERRED</b>
ENOXAPARIN-GENERIC VIAL, SYRINGE
WARFARIN
DABIGATRAN (PRADAXA)
APIXIBAN (ELIQUIS)
RIVAROXABAN (XARELTO)
<b>NON-PREFERRED –</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
DALTEPARIN (FRAGMIN)
FONDAPARINUX (ATRIXA)
EDOXABAN (SAVAYSA)

CHRONIC GI MOTILITY AGENTS
ORIGINAL POSTED PREFERRED STATUS: 2/16/18
ORIGINAL EDIT EFFECTIVE DATE: 4/1/18
<b>PREFERRED</b>
LUBIPROSTONE (AMITIZA)
<b>NON-PREFERRED –</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
ALOSETRON (LOTRONEX)
ELUXADOLINE (VIBERZI)
PLECANATIDE (TRULANCE)
METHYLNALTREXONE (RELISTOR)
NALDEMEDINE (SYMPROIC)
LINACLOTIDE (LINZESS)
NALEXEGOL (MOVANTIK)

ANTIHYPERURICEMICS
ORIGINAL POSTED PREFERRED STATUS: 2/16/18
ORIGINAL EDIT EFFECTIVE DATE: 4/1/18
<b>PREFERRED</b>
MITIGARE CAPSULE-BRAND ONLY
ALLOPURINOL
PROBENECID
PROBENECID/COLCHICINE
<b>NON-PREFERRED –</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
COLCHICINE TABLET (COLCRYS)
COLCHICINE CAPSULE-GENERIC
FEBUXOSTAT (ULORIC)
LESINURAD/ALLOPURINOL (DUZALLO)
ZURAMPIC (ZURAMPIC)

\*Please refer to the PDL Criteria Overview for more detail

Strikethrough indicates change in PDL Status



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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

CIII STIMULANTS FOR NARCOLEPSY
PROVIGIL & NUVIGIL
ORIGINAL POSTED PREFERRED STATUS: 5/10/18
ORIGINAL EDIT EFFECTIVE DATE: 7/1/18
<b>PREFERRED</b>
NUVIGIL (BRAND ONLY)*
<b>NON-PREFERRED –</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
PROVIGIL
ARMODAFINIL (GENERIC)
MODAFINIL

COLONY STIMULATING FACTORS
ORIGINAL POSTED PREFERRED STATUS: 5/10/18
ORIGINAL EDIT EFFECTIVE DATE: 7/1/18
<b>PREFERRED</b>
NEUPOGEN DISP SYRIN
NEUPOGEN VIAL
GRANIX
NEULASTA SYRINGE
<b>NON-PREFERRED –</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
LEUKINE
NEULASTA KIT
ZARXIO
FULPHILA

ERYTHROPOIESIS STIMULATING AGENTS
ORIGINAL POSTED PREFERRED STATUS: 5/10/18
ORIGINAL EDIT EFFECTIVE DATE: 7/1/18
<b>PREFERRED</b>
EPOGEN*
PROCRIT*
<b>NON-PREFERRED –</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
ARANESP DISP SYRIN
ARANESP VIAL
MIRCERA

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

PLATELET AGGREGATION INHIBITORS
ORIGINAL POSTED PREFERRED STATUS: 5/10/18
ORIGINAL EDIT EFFECTIVE DATE: 7/1/18
<b>PREFERRED</b>
AGGRENOX (BRAND ONLY)
DIPYRIDAMOLE
PRASUGREL
CLOPIDOGREL
BRILINTA
CILOSTAZOL
<b>NON-PREFERRED –</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
ASPIRIN/DIPYRIDAMOLE (GENERIC)
EFFIENT (BRAND)
PLAVIX (BRAND)
TICLOPIDINE
ZONTIVITY
YOSPRALA

PHOSPHATE BINDERS FOR CKD
ORIGINAL POSTED PREFERRED STATUS: 5/10/18
ORIGINAL EDIT EFFECTIVE DATE: 7/1/18
<b>PREFERRED</b>
RENAGEL
REVELA TABLET (BRAND ONLY)
CALCIUM ACETATE CAPSULE
CALCIUM ACETATE TABLET
<b>NON-PREFERRED –</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
AURYXIA
ELIPHOS
FOSRENOL CHEWABLE TABLET
LANTHANUM CARBONATE CHEWABLE TABLET
PHOSLYRA
REVELA POWDER PACK
SEVELAMER CARBONATE POWDER PACK
SEVELAMER CARBONATE TABLET
VELPHORO

LIPOTROPICS-OTHER
<b>BILE ACID SEQUESTRANTS, FIBRATES</b>
ORIGINAL POSTED PREFERRED STATUS: 5/10/18
ORIGINAL EDIT EFFECTIVE DATE: 7/1/18
<b>PREFERRED FIBRATES</b>
GEMFIBROZIL
FENOFIBRATE TABLET (TRICOR)
FENOFIBRATE TABLET (LOFIBRA)
<b>PREFERRED BILE ACID SEQUESTRANTS</b>
COLESTID TABLET
COLESTIPOL GRANULES
CHOLESTYRAMINE/ASPARTAME
CHOLESTYRAMINE/SUCROSE
<b>NON-PREFERRED –</b>
<b>INCLUDE BUT NOT LIMITED TO</b>
FENOFIBRATE (ANTARA)
FENOFIBRATE (FENOGLIDE)
FENOFIBRATE CAPSULE (LIPOFEN, LOFIBRA)
FENOFIBRIC ACID (FIBRICOR)
FENOFIBRIC ACID (TRILIPIX)
FENOGLIDE
FIBRICOR
LIPOFEN
TRICOR
TRIGLIDE
TRILIPIX
WELCHOL POWDER PACK
WELCHOL TABLET

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CYSTINE-DEPLETING AGENTS
ORIGINAL POSTED PREFERRED STATUS: 8/10/18
ORIGINAL EDIT EFFECTIVE DATE: 10/1/18
<b>PREFERRED</b>
POTASSIUM CITRATE
<b>PREFERRED –WITH CRITERIA</b>
CUPRIMINE
DEPEN
THIOLA

NEW PDL CATEGORY STARTING 1/1/19
BOWEL PREP AGENTS
ORIGINAL POSTED PREFERRED STATUS: 11/15/18
ORIGINAL EDIT EFFECTIVE DATE: 1/1/19
<b>PREFERRED</b>
COLYTE SOLUTION
COLYTE W/ FLAVOR PACKS
GAVILYTE-C
NULYTELY
GAVILYTE-N
GOLYTELY SOLUTION
GAVILYTE-G
MOVIPREP
PEG-3350 AND ELECTROLYTE SOLUTION
PEG-3350 WITH FLAVOR PACKS SOLUTION
TRILYTE
<b>NON-PREFERRED</b>
OSMOPREP
CLENPIQ
PREPOPIK
SUPREP
PLENVU
GOLYTELY POWDER PACK

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