

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.

8/10/2018

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ALLERGY-ASTHMA
ANTIHISTAMINES -- NASAL & NONSEDATING
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
PREFERRED
CETIRIZINE 1MG/ML SOL, 10MG SWALLOW TAB (ZYRTEC)
LORATADINE (CLARITIN)
AZELASTINE NASAL SPRAY (ASTELIN, ASTEPRO) -effective 4/1/18
OLOPATADINE NASAL SPRAY (PATANASE) -effective 4/1/18
NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO
ACRIVASTINE/PSEUDOEPHEDRINE (SEMPREX-D)
AZELASTINE NASAL SPRAY (ASTELIN, ASTEPRO) 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

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

ANTIHYPERLIPIDEMICS
HMG-CoA REDUCTASE INHIBITORS
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
PREFERRED
ATORVASTATIN (LIPITOR) Effective 5/30/2014
PRAVASTATIN (PRAVACHOL)
SIMVASTATIN (ZOCOR)
NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO
ATORVASTATIN (LIPITOR) 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)

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

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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
PREFERRED
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)
CAPTOPRIL (CAPOTEN) -effective 1/1/18
CAPTOPRIL/HCTZ (CAPOZIDE) -effective 1/1/18
NON-PREFERRED –
NON-PREFERRED AGENTS LISTED IN NEXT COLUMN

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
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RE-REVIEW POSTED PREFERRED STATUS: 11/10/17
REVISED EDIT EFFECTIVE DATE: 1/1/18
NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO
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)

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
RE-REVIEW POSTED PREFERRED STATUS: 11/10/17
REVISED EDIT EFFECTIVE DATE: 1/1/18
PREFERRED
IRBESARTAN
IRBESARTAN/HCTZ
LOSARTAN
LOSARTAN/HCTZ
VALSARTAN
VALSARTAN/HCTZ
VALSARTAN/AMLODIPINE
EXFORGE HCT (BRAND ONLY) effective 1/1/18

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ANTIHYPERTENSIVE AGENTS ANGIOTENSIN II RECEPTOR ANTAGONISTS	ANTIHYPERTENSIVE AGENTS BETA ADRENERGIC BLOCKERS	ANTIHYPERTENSIVE AGENTS CALCIUM CHANNEL BLOCKERS
<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 REVISED EDIT EFFECTIVE DATE: 02/15/2016 RE-REVIEW POSTED PREFERRED STATUS: 11/10/17 REVISED EDIT EFFECTIVE DATE: 1/1/18</p> <p>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</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>ORIGINAL POSTED PREFERRED STATUS: 7/18/2005 ORIGINAL EDIT EFFECTIVE DATE: 10/5/2005 RE-REVIEW POSTED PREFERRED STATUS: 10/17/2007</p> <p>PREFERRED</p> <p>ATENOLOL (TENORMIN) METOPROLOL TARTRATE (LOPRESSOR) PROPRANOLOL IMMEDIATE RELEASE (INDERAL) BISOPROLOL FUMARATE (ZEBETA) CARVEDILOL TABLET (COREG) METOLOPROL SUCCINATE ER (TOPROL XL)</p> <p>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</p> <p>ACEBUTOLOL (SECTRAL) BETAXOLOL HCL (KERLONE) CARVEDILOL PHOSPHATE (COREG CR) LABETALOL HCL (NORMODYNE) NADOLOL (CORGARD) NEBIVOLOL (BYSTOLIC) PENBUTOLOL (LEVATOL) PINDOLOL (VISKEN) PROPRANOLOL EXTENDED RELEASE (INDERAL LA) PROPRANOLOL SOLUTION (HEMANGEOL) TIMOLOL MALEATE (BLOCADREN)</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>PREFERRED</p> <p>AMLODIPINE (NORVASC) AMLODIPINE/OLMESARTAN (AZOR)* 02/15/2016 AMLODIPINE/OLMESARTAN/HCTZ (TRIBENZOR)* 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 EXFORGE HCT* 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>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</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 VALSARTAN/AMLODIPINE (EXFORGE-Generic only) Eff 02/15/2016 VALSARTAN/AMLODIPINE/HCTZ (EXFORGE HCT) Eff 02/15/2016 VERAPAMIL SR CAPSULES (VERELAN)</p>

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ANTIHYPERTENSIVE AGENTS

DIRECT RENIN INHIBITORS

ORIGINAL POSTED PREFERRED STATUS: 6/17/2010

ORIGINAL EDIT EFFECTIVE DATE: 8/17/2010

PREFERRED

~~ALISKIREN (TEKTURNA)~~* Effective 02/15/2016

~~ALISKIREN/HCTZ (TEKTURNA HCT)~~* Effective 02/15/2016

~~ALISKIREN/VALSARTAN (VALTURNA)*~~

NON-PREFERRED –

INCLUDE BUT NOT LIMITED TO

ALISKIREN/AMLODIPINE (AMTURNIDE)

ALISKIREN/AMLODIPINE (TEKAMLO)

ALISKIREN (TEKTURNA)* Effective 02/15/2016

ALISKIREN/HCTZ (TEKTURNA HCT)* Effective 02/15/2016

ANTI-INFECTIVES

ANTI-INFECTIVE & OTIC ANTIBIOTIC/CORTICOSTEROID COMBINATIONS

ORIGINAL POSTED PREFERRED STATUS: 8/10/2016

ORIGINAL EDIT EFFECTIVE DATE: 10/1/2016

PREFERRED

CIPROFLOXACIN 0.2% (CETRAXAL)

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)

NON-PREFERRED –

INCLUDE BUT NOT LIMITED TO

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)

ANTI-INFECTIVES

HEPATITIS C AGENTS

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

PREFERRED, MANUAL REVIEW PA

ELBASVIR/GRAZOPREX (ZEPATIER)*

SOFOBUVIR/VELPATASVIR (EPCLUSA)*

RIBAVIRIN TABLETS OR CAPSULES 200MG*

GLECAPREVIR/PIBRENTASVIR (MAVYRET)*

NON-PREFERRED –

INCLUDE BUT NOT LIMITED TO

DACLATASVIR (DAKLINZA)*

LEDIPASVIR/ SOFOBUVIR (HARVONI)*

OMBITASVIR/ PARITAPREVIR/ RITONAVIR (TECHNIVIE)*

OMBITASVIR/ PARITAPREVIR/ RITONAVIR/ DASABUVIR

(VIEKIRA PAK)*

SIMEPREVIR (OLYSIO)*

SOFOBUVIR (SOVALDI)*

SOFOBUVIR/VELPATASVIR/VOXILAPREVIR (VOSEVI)*

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BIOLOGIC AND IMMUNOLOGIC AGENTS
<p>IMMUNOLOGIC AGENTS</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>PREFERRED</p> <p>GLATIRAMER 20MG (COPAXONE) -brand only GLATIRAMER 40MG (COPAXONE) Effective 7/8/2014 INTERFERON BETA - 1A (AVONEX) INTERFERON BETA -1B (BETASERON) Effective 7/8/2014</p> <p>NON-PREFERRED –</p> <p>INCLUDE BUT NOT LIMITED TO</p> <p>CERTOLIZUMAB (CIMZIA) Effective 7/1/2012 DIMETHYL FUMARATE (TECFIDERA) GLATIRAMER 40MG (COPAXONE) brand & 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>IMMUNOLOGIC AGENTS</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>PREFERRED</p> <p>ADALIMUMAB (HUMIRA)* ETANERCEPT (ENBREL)*</p> <p>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</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>PULMONARY HYPERTENSION TREATMENTS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 2/3/2017 ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017</p> <p>PREFERRED</p> <p>AMBRISENTAN (LETAIRIS)* BOSENTAN (TRACLEER)* SILDENAFIL TABLETS (REVATIO)* TADALAFIL (ADCIRCA)*</p> <p>NON-PREFERRED –</p> <p>INCLUDE BUT NOT LIMITED TO</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>ANTIDEPRESSANTS 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>PREFERRED 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)*</p> <p>NON-PREFERRED – NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</p>

CENTRAL NERVOUS SYSTEM AGENTS
<p>ANTIDEPRESSANTS 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>NON-PREFERRED -- INCLUDE BUT NOT LIMITED TO BUPROPION HBR ER TABLET (APLENZIN)* BUPROPION HCL ER TABLET (FORFIVO XL)* DESVENLAFAXINE ER (KHEDEZLA ER, PRISTIQ ER)* DULOXETINE (CYMBALTA)* FLUOXETINE 10MG, 15MG, 20MG TABLET, 40MG CAPSULE, AND 90MG DELAYED RELEASE (PROZAC)* FLUVOXAMINE EXTENDED RELEASE (LUVOX CR) LEVOMILNACIPRAN (FETZIMA ER)* MILNACIPRAN (SAVELLA)* MIRTAZAPINE 7.5MG (REMERON)* Effective 6/5/2014 MIRTAZAPINE ODT TABLET (REMERON SOLTAB)* NEFAZODONE (SERZONE)* PAROXETINE CR TABLET; SUSPENSION (PAXIL)* PAROXETINE MESYLATE (BRISDELLE) PAROXETINE MESYLATE (PEXEVA)* VENLAFAXINE ER CAPSULES (EFFEXOR XR)* Effective 6/5/14 VENLAFAXINE ER TABLET (EFFEXOR XR)* VILAZODONE (VIIBRYD)* VORTIOXETINE (BRINTELLIX)*</p>

CENTRAL NERVOUS SYSTEM AGENTS
<p>ADHD 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>PREFERRED 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)* STRATTERA (brand-only)-effective 1/1/18 GUANFACINE ER TABLET- effective 1/1/18*</p> <p>NON-PREFERRED – NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</p>

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CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
<p>ATTENTION DEFICIT DISORDER/HYPERACTIVITY DISORDER 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>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO 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>FIBROMYALGIA AGENTS ORIGINAL POSTED PREFERRED STATUS 7/20/2011 ORIGINAL EDIT EFFECTIVE DATE: 9/20/2011</p> <p>PREFERRED 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)*</p> <p>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO 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)* DULOXETINE (CYMBALTA)* ESCITALOPRAM (LEXAPRO)*</p> <p>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</p>	<p>FIBROMYALGIA AGENTS ORIGINAL POSTED PREFERRED STATUS 7/20/2011 ORIGINAL EDIT EFFECTIVE DATE: 9/20/2011</p> <p>NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN INCLUDE BUT NOT LIMITED TO ETHOTOIN TABLET (PEGANONE)* FLUOXETINE 10MG, 15MG, 20MG TABLET, 40MG CAPSULE & 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 & 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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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

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Preferred Drug List

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8/10/2018

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CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
<p>MIGRAINE AGENTS</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>PREFERRED</p> <p>RIZATRIPTAN (MAXALT)* Effective 7/1/2010</p> <p>RIZATRIPTAN-DISINTEGRATING (MAXALT MLT)* 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>SUMATRIPTAN/NAPROXEN (TREXIMET)* Effective 7/1/2010</p> <p>NON-PREFERRED –</p> <p>INCLUDE BUT NOT LIMITED TO</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>NARCOTIC AGONIST ANALGESICS</p> <p>LONG-ACTING OPIOIDS</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>PREFERRED</p> <p>BUPRENORPHINE PATCH (BUTRANS)*-Brand Only</p> <p>HYDROCODONE ER (HYSINGLA ER) EFFECTIVE 05/13/2016</p> <p>METHADONE (DOLOPHINE)*</p> <p>MORPHINE/NALTREXONE (EMBEDA)*Effective 05/13/2016</p> <p>MORPHINE SULFATE LA TABLET (MS CONTIN, ORAMORPH)*</p> <p>OXYMORPHONE ER TABLET (OPANA ER)* Effective 1/10/2012</p> <p>TRAMADOL ER TABLET*</p> <p>NON-PREFERRED –</p> <p>INCLUDE BUT NOT LIMITED TO</p> <p>BUPRENORPHINE PATCH (BUTRANS)</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>MORPHINE/NALTREXONE (EMBEDA)*</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>NEUROPATHIC PAIN AGENTS</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>PREFERRED</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>GABAPENTIN 600MG, 800MG TAB (NEURONTIN) Eff 12/13/11</p> <p>NORTRIPTYLINE (PAMELOR)</p> <p>PREGABALIN (LYRICA)* Effective 12/13/2011</p> <p>VENLAFAXINE REGULAR RELEASE TABLET (EFFEXOR)*</p> <p>NON-PREFERRED –</p> <p>INCLUDE BUT NOT LIMITED TO</p> <p>CARBAMAZEPINE EXTENDED RELEASE CAPSULE & TABLET (CARBATROL ER, EQUETRO, TEGRETOL XR)*</p> <p>CARBAMAZEPINE SUSPENSION (TEGRETOL)*</p> <p>DIVALPROEX SODIUM (DEPAKOTE)*</p> <p>DULOXETINE (CYMBALTA)*</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>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</p> <p>***SEE DISCLAIMER ON LAST PAGE***</p>

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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
NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN
INCLUDE BUT NOT LIMITED TO
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

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
PREFERRED
RAMELTEON (ROZEREM)* Effective 2/28/2012
ZALEPLON (SONATA)*
ZOLPIDEM TABLET (AMBIEN)*
NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO
DOXEPIN (SILENOR)
ESZOPICLONE (LUNESTA)
RAMELTEON (ROZEREM) Effective 2/28/2012
ZOLPIDEM CR TABLET (AMBIEN CR)
ZOLPIDEM ORAL SPRAY (ZOLPIMIST)
ZOLPIDEM SL TABLET (EDLUAR, INTERMEZZO)

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
PREFERRED
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)
NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO
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)
NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN

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8/10/2018

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CENTRAL NERVOUS SYSTEM AGENTS
<p>NON-STEROIDAL ANTIINFLAMMATORY AGENTS</p> <p>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</p> <p>NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN INCLUDE BUT NOT LIMITED TO</p> <p>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)</p>

CENTRAL NERVOUS SYSTEM AGENTS
<p>SKELETAL MUSCLE RELAXANTS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 1/18/2006 ORIGINAL EDIT EFFECTIVE DATE: 3/20/2006</p> <p>PREFERRED</p> <p>BACLOFEN TABLETS (LIORESAL)* CHLORZOXAZONE 500MG (PARAFON) CYCLOBENZAPRINE 10MG TABLET (FLEXERIL) METHOCARBAMOL (ROBAXIN) TIZANIDINE TABLET (ZANAFLEX)*</p> <p>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</p> <p>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 (DANTRIUM) METAXOLONE (SKELAXIN) ORPHENADRINE CITRATE (NORFLEX) ORPHENADRINE/ASPIRIN/CAFFEINE (NORGESIC) TIZANIDINE CAPSULES (ZANAFLEX)</p>

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

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DERMATOLOGY
TOPICAL ANTIFUNGALS
ORIGINAL POSTED PREFERRED STATUS: 2/3/2017 ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017
NON-PREFERRED – ONYCHOMYCOSIS
INCLUDE BUT NOT LIMITED TO
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
PREFERRED
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)
NON-PREFERRED –INCLUDE BUT NOT LIMITED TO
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
PREFERRED
SITAGLIPTIN/METFORMIN (JANUMET)*
NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO
ALOGLIPTIN (NESINA)
ALOGLIPTIN/METFORMIN (KAZANO)
ALOGLIPTIN/PIOGLITAZONE (OSENİ)
LINAGLIPTIN (TRADJENTA)
LINAGLIPTIN/EMPAGLIFLOZIN (GLYXAMBI)
LINAGLIPTIN/METFORMIN (JENTADUETO)
SAXAGLIPTIN (ONGLYZA)
SAXAGLIPTIN/METFORMIN ER (KOMBIGLYZE XR)
SITAGLIPTIN/METFORMIN EXTENDED RELEASE (JANUMET XR)
SITAGLIPTIN (JANUVIA)

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

ENDOCRINE AND METABOLIC AGENTS
<p>ANTIDIABETIC AGENTS</p> <p>Meglitinides</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 REVISED POSTED PREFERRED STATUS: 8/11/2017 REVISED EDIT EFFECTIVE DATE: 10/1/2017</p> <p>PREFERRED</p> <p>NATEGLINIDE REPAGLINIDE</p> <p>NON-PREFERRED –</p> <p>INCLUDE BUT NOT LIMITED TO</p> <p>REPAGLINIDE/ METFORMIN (PRANDIMET)</p>

ENDOCRINE AND METABOLIC AGENTS
<p>ANTIDIABETIC AGENTS</p> <p>SGLT2 Inhibitors</p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/11/17 ORIGINAL EDIT EFFECTIVE DATE: 10/1/17</p> <p>PREFERRED</p> <p>DAPAGLIFLOZIN (FARXIGA)* DAPAGLIFLOZIN/METFORMIN ER (XIGDUO XR)* EMPAGLIFLOZIN (JARDIANCE)* EMPAGLIFLOZIN/METFORMIN (SYNJARDY)*</p> <p>NON-PREFERRED –</p> <p>INCLUDE BUT NOT LIMITED TO</p> <p>CANAGLIFLOZIN (INVOKANA) CANAGLIFLOZIN/METFORMIN (INVOKAMET) CANAGLIFLOZIN/METFORMIN (INVOKAMET XR) EMPAGLIFLOZIN/METFORMIN ER (SYNJARDY XR)</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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8/10/2018

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ENDOCRINE AND METABOLIC AGENTS
<p>ANTIDIABETIC AGENTS</p> <p>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>PREFERRED</p> <p>CHLORPROPAMIDE (DIABINESE) GLIMEPIRIDE (AMARYL) GLIPIZIDE (GLUCOTROL) GLYBURIDE (DIABETA) GLYBURIDE MICRONIZED (GLYNASE) METFORMIN/GLIPIZIDE (METAGLIP) METFORMIN/GLYBURIDE (GLUCOVANCE) PIOGLITAZONE/GLIMEPIRIDE (DUETACT) Effective 1/1/2012 TOLAZAMIDE (TOLINASE)</p> <p>NON-PREFERRED –</p> <p>INCLUDE BUT NOT LIMITED TO</p> <p>PIOGLITAZONE/GLIMEPIRIDE (DUETACT)* Effective 1/1/2012</p>

ENDOCRINE AND METABOLIC AGENTS
<p>ANTIDIABETIC AGENTS</p> <p>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>PREFERRED</p> <p>PIOGLITAZONE*</p> <p>NON-PREFERRED –</p> <p>INCLUDE BUT NOT LIMITED TO</p> <p>ROSIGLITAZONE (AVANDIA) ROSIGLITAZONE/METFORMIN (AVANDAMET) PIOGLITAZONE/GLIMEPIRIDE (DUETACT) PIOGLITAZONE/METFORMIN PIOGLITAZONE/METFORMIN EXTENDED-RELEASE (ACTOPLUS MET XR)</p>

ENDOCRINE AND METABOLIC AGENTS
<p>ESTROGEN REPLACEMENT AGENTS</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>PREFERRED</p> <p>ESTRADIOL 0.5MG, 1MG, 2MG ORAL TABLET (ESTRACE) ESTROPIPATE ORAL TABLET (OGEN)</p> <p>NON-PREFERRED –</p> <p>INCLUDE BUT NOT LIMITED TO</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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8/10/2018

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

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

GASTROINTESTINAL
<p>ANTIEMETICS</p> <p>5-HT₃ & NK₁ Receptor Antagonists</p> <p>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</p> <p>PREFERRED ONDANSETRON 4MG, 8MG ORAL DISINTEGRATING TABLET (ZOFRAN)* ONDANSETRON 4MG, 8MG TABLET (ZOFRAN)* ONDANSETRON 4MG/2ML PRESERVATIVE FREE VIAL* ONDANSETRON 40MG/20ML VIAL (ZOFRAN)*</p> <p>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO APREPITANT (EMEND) DOLASETRON (ANZEMET) GRANISETRON (KYTRIL, SANCUSO) NETUPITANT-PALONOSETRON (AKYNZEO) PALONOSETRON (ALOXI) ONDANSETRON 24MG TABLET (ZOFRAN) ONDANSETRON 32MG/50ML BAG (ZOFRAN) ONDANSETRON 4MG/2ML AMPULE/SYRINGE (ZOFRAN) ONDANSETRON 4MG/5ML SOLUTION (ZOFRAN) ONDANSETRON SOLUBLE FILM (ZUPLENZ)</p>

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8/10/2018

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GASTROINTESTINAL
PROTON PUMP INHIBITORS
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
PREFERRED
ESOMEPRAZOLE CAPSULE* (NEXIUM) Effective 7/9/2013
OMEPRAZOLE 20MG CAPSULE* (Rx PRILOSEC)
PANTOPRAZOLE (PROTONIX)* Effective 7/9/2013
NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO
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)
PANTOPRAZOLE (PROTONIX) Effective 7/9/2013
RABEPRAZOLE (ACIPHEX)

NASAL INHALANT PRODUCTS
CORTICOSTEROIDS
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
PREFERRED
FLUTICASONE FUROATE (VERAMYST) Effective 7/16/2012
FLUTICASONE PROPIONATE (FLONASE)
MOMETASONE (NASONEX) Effective 7/16/2012
NASACORT AQ (brand-only) Effective 1/1/2014
NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO
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
OVERACTIVE BLADDER AGENTS
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
PREFERRED
FESOTERODINE (TOVIAZ) Effective 5/30/2014
OXYBUTYNIN 5MG/5ML SYRUP, 5MG TABLET (DITROPAN)
OXYBUTYNIN ER (DITROPAN XL)*
SOLIFENACIN (VESICARE)
NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO
DARIFENACIN (ENABLEX)
FESOTERODINE (TOVIAZ) 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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8/10/2018

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RESPIRATORY AGENTS
<p>BRONCHODILATORS, SHORT-ACTING 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>PREFERRED ALBUTEROL 100MG/20ML, 2.5MG/0.5ML & 2.5MG/3ML SOL. ALBUTEROL INHALER HFA (PROAIR HFA) Effective 1/1/17 ALBUTEROL INHALER HFA (PROVENTIL HFA) Effective 1/1/17 LEVALBUTEROL HFA INHALER (XOPENEX HFA) Eff 9/23/2014 ALBUTEROL INHALER HFA (VENTOLIN HFA) 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>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO 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>BRONCHODILATORS, LONG-ACTING 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>PREFERRED TIOTROPIUM INHALER (SPIRIVA HANDIHALER)* Effective 1/1/17 SALMETEROL INHALER (SEREVENT DISKUS)* Effective 1/1/17</p> <p>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO ACLDINIUM 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) SALMETEROL INHALER (SEREVENT DISKUS)* Effective 1/1/17 TIOTROPIUM INHALER (SPIRIVA RESPIMAT)* TIOTROPIUM/OLODATEROL (STIOLTO RESPIMAT) TIOTROPIUM INHALER (SPIRIVA HANDIHALER)* Effective 1/1/17 UMECLIDINIUM/VILANTEROL INHALER (ANORO ELLIPTA)</p>

RESPIRATORY AGENTS
<p>BETA₂ AGONISTS/INHALED CORTICOSTEROIDS 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>PREFERRED BUDESONIDE/FORMOTEROL (SYMBICORT)* FLUTICASONE/SALMETEROL (ADVAIR DISKUS)* Eff 1/1/2017 FLUTICASONE/SALMETEROL HFA (ADVAIR HFA)* Eff 9/23/14 MOMETASONE/FORMOTEROL (DULERA)*</p> <p>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO FLUTICASONE/SALMETEROL (ADVAIR DISKUS) 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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8/10/2018

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

RESPIRATORY AGENTS INHALED CORTICOSTEROIDS Controller Medications for Asthma and COPD
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
PREFERRED BECLOMETHASONE (QVAR MDI)* Effective 4/1/18 BUDESONIDE INHALER (PULMICORT FLEXHALER)* Eff 1/1/17 FLUNISOLIDE (AEROSPAN)* Effective 1/1/2017 FLUTICASONE (FLOVENT HFA)* FLUTICASONE DISK WITH DEVICE (FLOVENT DISKUS)* Effective 1/1/2017 MOMETASONE (ASMANEX 30, 60, 120 INHALATION UNITS)* Effective 9/23/2014 BUDESONIDE AMPULE (PULMICORT RESPULE BRAND ONLY)* Effective 1/1/2017
NON-PREFERRED – INCLUDE BUT NOT LIMITED TO BECLOMETHASONE (QVAR) 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 REDHALER

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

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

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

DISCLAIMER
<p>FIBROMYALGIA & NEUROPATHIC PAIN AGENTS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 4/3/2008 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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DERMATOLOGY
<p>TOPICAL STEROIDS</p> <p>Class 1 (Superpotent)</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</p> <p>PREFERRED CLASS 1 (SUPERPOTENT)</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>NON-PREFERRED –</p> <p>INCLUDE BUT NOT LIMITED TO</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>

DERMATOLOGY
<p>TOPICAL STEROIDS</p> <p>Class 2 (Potent)</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</p> <p>PREFERRED CLASS 2 (POTENT)</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>NON-PREFERRED –</p> <p>INCLUDE BUT NOT LIMITED TO</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>TOPICAL STEROIDS</p> <p>Class 3 (Upper-Mid)</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</p> <p>PREFERRED CLASS 3 (UPPER-MID STRENGTH)</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>NON-PREFERRED</p> <p>INCLUDE BUT NOT LIMITED TO</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

Strikethrough indicates change in PDL Status

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8/10/2018

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DERMATOLOGY
TOPICAL STEROIDS
Class 4 (Mid)
ORIGINAL POSTED PREFERRED STATUS:5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17
PREFERRED CLASS 4 (MID-STRENGTH)
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)
NON-PREFERRED
INCLUDE BUT NOT LIMITED TO
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

DERMATOLOGY
TOPICAL STEROIDS
Class 5 (Lower-Mid)
ORIGINAL POSTED PREFERRED STATUS:5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17
PREFERRED CLASS 5 (LOWER-MID STRENGTH)
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)
NON-PREFERRED
INCLUDE BUT NOT LIMITED TO
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

DERMATOLOGY
TOPICAL STEROIDS
Class 6 (Mild)
ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17
PREFERRED CLASS 6 (MILD)
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)
NON-PREFERRED
INCLUDE BUT NOT LIMITED TO
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)

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8/10/2018

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DERMATOLOGY
<p>TOPICAL STEROIDS</p> <p>Class 7 (Least Potent)</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</p> <p>REFERRED CLASS 7 (LEAST POTENT)</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>NON-PREFERRED –</p> <p>INCLUDE BUT NOT LIMITED TO</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>

CENTRAL NERVOUS SYSTEM AGENTS
<p>NARCOTIC AGONIST ANALGESICS</p> <p>SHORT-ACTING OPIOIDS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</p> <p>PREFERRED</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>NON-PREFERRED –</p> <p>INCLUDE BUT NOT LIMITED TO</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>

CENTRAL NERVOUS SYSTEM AGENTS
<p>NARCOTIC AGONIST ANALGESICS</p> <p>SHORT-ACTING OPIOIDS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</p> <p>NON-PREFERRED – (continued)</p> <p>INCLUDE BUT NOT LIMITED TO</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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8/10/2018

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OPHTHALMOLOGY
OPHTHALMIC ANTIBIOTICS
ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17
PREFERRED
BACITRACIN/ POLYMYXIN B CIPROFLOXACIN SOLUTION ERYTHROMYCIN OINT GENTAMICIN (SOLUTION/OINTMENT) POLYMYXIN B /TRIMETHOPRIM DROPS TOBRAMYCIN DROPS VIGAMOX (BRAND ONLY) MOXIFLOXACIN
NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO
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)

OPHTHALMOLOGY
OPHTHALMIC ANTIBIOTICS-STEROID COMBINATIONS
ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17
PREFERRED
DEXAMETHASONE/NEOMYCIN SULFATE/POLYMYXIN B SULFATE TOBRADEX (DEXAMETHASONE/TOBRAMYCIN) DEXAMETHASONE/TOBRAMYCIN SUSPENSION (GENERIC) PREDNISOLONE SODIUM PHOSPHATE/SULFACETAMIDE SODIUM SOLUTION
NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO
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
GLAUCOMA AGENTS
ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17
PREFERRED
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)
NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO
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 OCULOSE, 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
PREFERRED
ARIPIPRAZOLE ER (ABILIFY MAINTENA)* ARIPIPRAZOLE LAUROXIL ER (ARISTADA)* FLUPHENAZINE DECANOATE* HALOPERIDOL DECANOATE* OLANZAPINE(ZYPREXA RELPREVV)* RISPERIDONE MICROSPHERES(RISPERDAL CONSTA)*
NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO
PALIPERIDONE PALMITATE (INVEGA SUSTENNA)* PALIPERIDONE PALMITATE (INVEGA TRINZA)*

Insulins
ORIGINAL POSTED PREFERRED STATUS: 11/10/17 ORIGINAL EDIT EFFECTIVE DATE: 1/1/18
PREFERRED
REGULAR/INTERMEDIATE ACTING
HUMULIN 500 U/M VIAL HUMULIN VIAL NOVOLIN VIAL
LONG ACTING
LEVEMIR PENS & VIALS LANTUS SOLOSTAR PEN LANTUS VIAL
RAPID ACTING
HUMALOG VIAL APIDRA SOLOSTAR PEN APIDRA VIAL NOVOLOG PEN NOVOLOG VIAL NOVOLOG CARTRIDGE HUMALOG PEN
COMBINATION
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
NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO
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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ANTICOAGULANTS
ORIGINAL POSTED PREFERRED STATUS: 2/16/18 ORIGINAL EDIT EFFECTIVE DATE: 4/1/18
PREFERRED ENOXAPARIN-GENERIC VIAL, SYRINGE WARFARIN DABIGATRAN (PRADAXA) APIXIBAN (ELIQUIS) RIVAROXABAN (XARELTO)
NON-PREFERRED – INCLUDE BUT NOT LIMITED TO DALTEPARIN (FRAGMIN) FONDAPARINUX (ATRIXA) EDOXABAN (SAVAYSA)

CHRONIC GI MOTILITY AGENTS
ORIGINAL POSTED PREFERRED STATUS: 2/16/18 ORIGINAL EDIT EFFECTIVE DATE: 4/1/18
PREFERRED LUBIPROSTONE (AMITIZA)
NON-PREFERRED – INCLUDE BUT NOT LIMITED TO 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
PREFERRED MITIGARE CAPSULE-BRAND ONLY ALLOPURINOL PROBENECID PROBENECID/COLCHICINE
NON-PREFERRED – INCLUDE BUT NOT LIMITED TO COLCHICINE TABLET (COLCRYS) COLCHICINE CAPSULE-GENERIC FEBUXOSTAT (ULORIC) LESINURAD/ALLOPURINOL (DUZALLO) ZURAMPIC (ZURAMPIC)

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CIII STIMULANTS FOR NARCOLEPSY

PROVIGIL & NUVIGIL

ORIGINAL POSTED PREFERRED STATUS: 5/10/18

ORIGINAL EDIT EFFECTIVE DATE: 7/1/18

PREFERRED

NUVIGIL (BRAND ONLY)*

NON-PREFERRED –

INCLUDE BUT NOT LIMITED TO

PROVIGIL

ARMODAFINIL (GENERIC)

MODAFINIL

COLONY STIMULATING FACTORS

ORIGINAL POSTED PREFERRED STATUS: 5/10/18

ORIGINAL EDIT EFFECTIVE DATE: 7/1/18

PREFERRED

NEUPOGEN DISP SYRIN

NEUPOGEN VIAL

GRANIX

NEULASTA SYRINGE

NON-PREFERRED –

INCLUDE BUT NOT LIMITED TO

LEUKINE

NEULASTA KIT

ZARXIO

FULPHILA

ERYTHROPOIESIS STIMULATING AGENTS

ORIGINAL POSTED PREFERRED STATUS: 5/10/18

ORIGINAL EDIT EFFECTIVE DATE: 7/1/18

PREFERRED

EPOGEN*

PROCRIT*

NON-PREFERRED –

INCLUDE BUT NOT LIMITED TO

ARANESP DISP SYRIN

ARANESP VIAL

MIRCERA

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PLATELET AGGREGATION INHIBITORS

ORIGINAL POSTED PREFERRED STATUS: 5/10/18

ORIGINAL EDIT EFFECTIVE DATE: 7/1/18

PREFERRED

AGGRENOX (BRAND ONLY)
DIPYRIDAMOLE
PRASUGREL
CLOPIDOGREL
BRILINTA
CILOSTAZOL

NON-PREFERRED –

INCLUDE BUT NOT LIMITED TO

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

PREFERRED

RENAGEL
REVELA TABLET (BRAND ONLY)
CALCIUM ACETATE CAPSULE
CALCIUM ACETATE TABLET

NON-PREFERRED –

INCLUDE BUT NOT LIMITED TO

AURYXIA
ELIPHOS
FOSRENOL CHEWABLE TABLET
LANTHANUM CARBONATE CHEWABLE TABLET
PHOSLYRA
REVELA POWDER PACK
SEVELAMER CARBONATE POWDER PACK
SEVELAMER CARBONATE TABLET
VELPHORO

LIPOTROPICS-OTHER

BILE ACID SEQUESTRANTS, FIBRATES

ORIGINAL POSTED PREFERRED STATUS: 5/10/18

ORIGINAL EDIT EFFECTIVE DATE: 7/1/18

PREFERRED FIBRATES

GEMFIBROZIL
FENOFIBRATE TABLET (TRICOR)
FENOFIBRATE TABLET (LOFIBRA)

PREFERRED BILE ACID SEQUESTRANTS

COLESTID TABLET
COLESTIPOL GRANULES
CHOLESTYRAMINE/ASPARTAME
CHOLESTYRAMINE/SUCROSE

NON-PREFERRED –

INCLUDE BUT NOT LIMITED TO

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

*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

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.

8/10/2018

For the most up-to-date Preferred Drug List visit <https://arkansas.magellanrx.com/provider/documents>

NEW PDL CATEGORY STARTING 10/1/18

CYSTINE-DEPLETING AGENTS

ORIGINAL POSTED PREFERRED STATUS: 8/10/18
ORIGINAL EDIT EFFECTIVE DATE: 10/1/18

PREFERRED
POTASSIUM CITRATE

PREFERRED -WITH CRITERIA
CUPRIMINE
DEPEN
THIOLA

<p> </p>

<p> </p>

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

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Strikethrough indicates change in PDL Status