

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.

5/17/2017

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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
PREFERRED CETIRIZINE 1MG/ML SOL, 10MG SWALLOW TAB (ZYRTEC) Effective 10/26/2010 LORATADINE (CLARITIN) OLOPATADINE NASAL SPRAY (PATANASE) Eff 10/26/2010
NON-PREFERRED – INCLUDE BUT NOT LIMITED TO ACRIVASTINE/PSEUDOEPHEDRINE (SEMPREX-D) AZELASTINE NASAL SPRAY (ASTELIN, ASTEPRO) Effective 12/28/2010 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)*

ANALGESIC AGENTS
OPIATE DEPENDENCE TREATMENTS
ORIGINAL POSTED PREFERRED STATUS: 2/3/2017 ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017
PREFERRED SUBOXONE FILM* BUPRENORPHINE SUBLINGUAL TABLETS*
NON-PREFERRED – INCLUDE BUT NOT LIMITED TO BUNAVAIL BUPRENORPHINE/NALOXONE SUBLINGUAL TAB ZUBSOLV

ANTIHYPERTENSIVES
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)

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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
PREFERRED
BENAZEPRIL (LOTENSIN)
BENAZEPRIL/HCTZ (LOTENSIN HCT)
CAPTOPRIL (CAPOTEN)
CAPTOPRIL/HCTZ (CAPOZIDE)
ENALAPRIL (VASOTEC)
ENALAPRIL/HCTZ (VASERETIC)
LISINOPRIL (PRINIVIL)
LISINOPRIL/HCTZ (PRINZIDE)
QUINAPRIL (ACCUPRIL)
QUINAPRIL/HCTZ (ACCURETIC)
RAMIPRIL CAPSULES (ALTACE CAPSULES)
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
REVISED EDIT EFFECTIVE DATE: 1/23/2008
RE-REVIEW POSTED PREFERRED STATUS: 6/17/2010
REVISED EDIT EFFECTIVE DATE: 8/17/2010
NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO
BENAZEPRIL/AMLODIPINE (LOTREL)
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
REVISED EDIT EFFECTIVE DATE: 02/15/2016
* New Clinical Criteria Effective 8/17/2010
PREFERRED
DIOVAN (Brand-Only)* Effective 02/15/2016
EXFORGE (Brand-Only)* Effective 02/15/2016
EXFORGE HCT * 02/15/2016
IRBESARTAN (AVAPRO)* Effective 5/7/2013
IRBESARTAN/HCTZ (AVALIDE)* Effective 5/7/2013
LOSARTAN (COZAAR)*
LOSARTAN/HCTZ (HYZAAR)*
OLMESARTAN (BENICAR) Effective 02/15/2016
OLMESARTAN/AMLODIPINE (AZOR) Effective 02/15/2016
OLMESARTAN/HCTZ (BENICAR HCT) Effective 02/15/2016
OLMESARTAN/AMLODIPINE/HCTZ (TRIBENZOR) Eff 02/15/2016
VALSARTAN (DIOVAN)* Effective 02/15/2016
VALSARTAN/HCTZ (DIOVAN HCT)* Effective 3/15/2014
VALSARTAN/AMLODIPINE (EXFORGE)* Effective 02/15/2016

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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</p> <p>* New Clinical Criteria Effective 8/17/2010</p> <p>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</p> <p>AZILSARTAN (EDARBI) AZILSARTAN/CHLORTHALIDONE (EDARBYCLOR) CANDESARTAN (ATACAND)* CANDESARTAN/HCTZ (ATACAND HCT) EPROSARTAN (TEVETEN) EPROSARTAN/HCTZ (TEVETEN HCT) IRBESARTAN (AVAPRO) Effective 5/7/2013 IRBESARTAN/HCTZ (AVALIDE) Effective 5/7/2013 OLMESARTAN (BENICAR) Effective 02/15/2016 OLMESARTAN/AMLODIPINE (AZOR) Effective 02/15/2016 OLMESARTAN/HCTZ (BENICAR HCT) Effective 02/15/2016 OLMESARTAN/AMLODIPINE/HCTZ (TRIBENZOR) Eff 02/15/2016 TELMISARTAN (MICARDIS) TELMISARTAN/AMLODIPINE (TWINSTA) TELMISARTAN/HCTZ (MICARDIS HCT) VALSARTAN (DIOVAN Generic-only) Effective 02/15/2016 VALSARTAN/AMLODIPINE (EXFORGE Generic-only) Eff 02/15/2016 VALSARTAN/AMLODIPINE/HCTZ (EXFORGE HCT Generic-Only) Eff 02/15/2016 VALSARTAN/AMLODIPINE/HCTZ (EXFORGE HCT) Eff 02/15/2016</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)</p> <p>PREFERRED FOR CHF ONLY</p> <p>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)* Effective 8/17/2010

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

PREFERRED, MANUAL REVIEW PA

ELBASVIR/GRAZOPREXIN (ZEPATIER)*

SOFOBUVIR/VELPATASVIR (EPCLUSA)*

RIBAVIRIN TABLETS OR CAPSULES 200MG*

NON-PREFERRED –

INCLUDE BUT NOT LIMITED TO

DACLATASVIR (DAKLINZA)*

LEDIPASVIR/ SOFOBUVIR (HARVONI)*

OMBITASVIR/ PARITAPREVIR/ RITONAVIR (TECHNIVIE)*

OMBITASVIR/ PARITAPREVIR/ RITONAVIR/ DASABUVIR

(VIEKIRA PAK)*

SIMEPREXIN (OLYSIO)*

SOFOBUVIR (SOVALDI)*

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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) 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) Effective 7/8/2014 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</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</p> <p>PREFERRED</p> <p>ADALIMUMAB (HUMIRA)* CERTOLIZUMAB (CIMZIA) Effective 7/1/2012 ETANERCEPT (ENBREL)*</p> <p>NON-PREFERRED –</p> <p>INCLUDE BUT NOT LIMITED TO</p> <p>ABATACEPT (ORENCIA) ANAKINRA (KINERET) APREMILAST (OTEZLA) CERTOLIZUMAB (CIMZIA) Effective 04/01/2015 GOLIMUMAB (SIMPONI) INFLIXIMAB (REMICADE, INFLECTRA) SECUKINUMAB (COSENTYX) TOCILIZUMAB (ACTEMRA) TOFACITINIB (XELJANZ) USTEKINUMAB (STELARA)</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) RIOCIQUAT (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>ANTIEMETICS 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 (ZOFTRAN)* ONDANSETRON 4MG, 8MG TABLET (ZOFTRAN)* ONDANSETRON 4MG/2ML PRESERVATIVE FREE VIAL* ONDANSETRON 40MG/20ML VIAL (ZOFTRAN)*</p> <p>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO 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 (ZUPLENZ)</p>

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>PREFERRED ADDERALL XR* (Brand only) Effective 4/17/2012 ATOMOXETINE (STRATTERA)* AMPHETAMINE SALTS TABLET (ADDERALL)* DEXTROAMPHETAMINE 5MG, 10MG TABLET* FOCALIN* (Brand only) Effective 4/17/2012 FOCALIN XR* (Brand only) LISDEXAMFETAMINE CAPSULES (VYVANSE CAPSULES)* METHYLPHENIDATE ER PATCH (DAYTRANA)* METHYLPHENIDATE SWALLOW TABLET (RITALIN)*</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)* DESMETHYLPHENIDATE ER CAPSULE (FOCALIN XR - Generic only) DESMETHYLPHENIDATE 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) GUANFACINE ER TABLET (INTUNIV ER) 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 (CONCERTA)* Eff 4/17/2012 METHYLPHENIDATE ER TABLET (METADATE ER, RITALIN SR) METHYLPHENIDATE SOLUTION (METHYLIN)</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>

*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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5/17/2017

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CENTRAL NERVOUS SYSTEM AGENTS

MIGRAINE AGENTS

Serotonin 5-HT1 Receptor Agonist

ORIGINAL POSTED PREFERRED STATUS: 12/8/2005

ORIGINAL EDIT EFFECTIVE DATE: 2/7/2006

REVISED POSTED PREFERRED STATUS: 7/25/2007

REVISED EDIT EFFECTIVE DATE: 10/1/2007

RE-REVIEW POSTED PREFERRED STATUS: 4/26/2010

REVISED EDIT EFFECTIVE DATE: 7/1/2010

PREFERRED

~~RIZATRIPTAN (MAXALT)*~~ Effective 7/1/2010

~~RIZATRIPTAN-DISINTEGRATING (MAXALT-MLT)*~~ Eff 7/1/2010

SUMATRIPTAN 4MG/0.5ML KIT REFILL (IMITREX)*

SUMATRIPTAN 5MG NASAL SPRAY (IMITREX)*

SUMATRIPTAN 6MG/0.5ML KIT REFILL (IMITREX)*

SUMATRIPTAN 6MG/0.5ML KIT SYRINGE (IMITREX)*

SUMATRIPTAN 6MG/0.5ML VIAL (IMITREX)*

SUMATRIPTAN 20MG NASAL SPRAY (IMITREX)*

SUMATRIPTAN TABLET (IMITREX)*

~~SUMATRIPTAN/NAPROXEN (TREXIMET)*~~ Effective 7/1/2010

NON-PREFERRED –

INCLUDE BUT NOT LIMITED TO

AMLOTRIPTAN (AXERT)

ELETRIPTAN (RELPAX)

FROVATRIPTAN (FROVA)

NARATRIPTAN (AMERGE)

RIZATRIPTAN (MAXALT) Effective 7/1/2010

RIZATRIPTAN DISINTEGRATING (MAXALT MLT)* Eff 7/1/2010

SUMATRIPTAN 4MG/0.5ML VIAL (IMITREX)

SUMATRIPTAN 6MG/0.5ML INJECTION (SUMAVEL DOSEPRO)

SUMATRIPTAN/NAPROXEN (TREXIMET) Effective 7/1/2010

ZOLMITRIPTAN (ZOMIG)

CENTRAL NERVOUS SYSTEM AGENTS

NARCOTIC AGONIST ANALGESICS

LONG-ACTING OPIOIDS

ORIGINAL POSTED PREFERRED STATUS: 8/26/2005

ORIGINAL EDIT EFFECTIVE DATE: 10/26/2005

REVISED POSTED PREFERRED STATUS: 8/4/2008

REVISED EDIT EFFECTIVE DATE: 8/1/2008

RE-REVIEW POSTED PREFERRED STATUS: 10/14/2011

REVISED EDIT EFFECTIVE DATE: 1/10/2012

REVISED EDIT EFFECTIVE DATE: 05/13/2016

PREFERRED

BUPRENORPHINE PATCH (BUTRANS)* Effective 05/13/2016

HYDROCODONE ER (HYSINGLA ER) EFFECTIVE 05/13/2016

~~METHADONE (DOLOPHINE)*~~

MORPHINE/NALTREXONE (EMBEDA)* Effective 05/13/2016

MORPHINE SULFATE LA TABLET (MS CONTIN, ORAMORPH)*

~~OXYMORPHONE ER TABLET (OPANA ER)*~~ Effective 1/10/2012

TRAMADOL ER TABLET*

NON-PREFERRED –

INCLUDE BUT NOT LIMITED TO

~~BUPRENORPHINE PATCH (BUTRANS)~~

BUPRENORPHINE (BELBUCA)*

FENTANYL PATCH (DURAGESIC)*

HYDROMORPHONE ER TABLET (EXALGO ER)*

MORPHINE SULFATE ER CAPSULE (AVINZA, KADIAN)*

~~MORPHINE/NALTREXONE (EMBEDA)*~~

OXYCODONE-ACETAMINOPHEN ER TABLET (XARTEMIX XR)*

OXYCODONE ER TABLET (OXYCONTIN)*

OXYMORPHONE ER TABLET (OPANA ER)* Effective 1/10/2012

TAPENTADOL ER TABLET (NUCYNTA ER)*

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

PREFERRED

AMITRIPTYLINE (ELAVIL)

CARBAMAZEPINE CHEWABLE TABLET (TEGRETOL CHEW TAB)

CARBAMAZEPINE IMMEDIATE RELEASE TABLET (TEGRETOL)

GABAPENTIN CAPSULE (NEURONTIN)

~~GABAPENTIN 600MG, 800MG TAB (NEURONTIN)~~ Eff 12/13/11

NORTRIPTYLINE (PAMELOR)

~~PREGABALIN (LYRICA)*~~ Effective 12/13/2011

~~VENLAFAXINE REGULAR RELEASE TABLET (EFFEXOR)*~~

NON-PREFERRED –

INCLUDE BUT NOT LIMITED TO

CARBAMAZEPINE EXTENDED RELEASE CAPSULE & TABLET

(CARBATROL ER, EQUETRO, TEGRETOL XR)*

CARBAMAZEPINE SUSPENSION (TEGRETOL)*

DIVALPROEX SODIUM (DEPAKOTE)*

DULOXETINE (CYMBALTA)*

GABAPENTIN 250MG/5ML SOLUTION (NEURONTIN)*

GABAPENTIN TABLET (NEURONTIN)* Effective 12/13/2011

GABAPENTIN EXTENDED RELEASE CAPSULE (GRALISE)

GABAPENTIN EXTENDED RELEASE TABLET (HORIZANT)

LACOSAMIDE (VIMPAT)*

LAMOTRIGINE (LAMICTAL)*

VENLAFAXINE REGULAR RELEASE TABLET (EFFEXOR)*

NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN

SEE DISCLAIMER ON LAST PAGE

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5/17/2017

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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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5/17/2017

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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) SERTAICONAZOLE (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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5/17/2017

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

DERMATOLOGY
<p>TOPICAL ANTIPARASITICS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 2/3/2017 ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017</p> <p>PREFERRED</p> <p>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)</p> <p>NON-PREFERRED –INCLUDE BUT NOT LIMITED TO</p> <p>BENZYL ALCOHOL (ULESFIA) CROTAMITON (EURAX) IVERMECTIN (SKLICE) LINDANE MALATHION (OVIDE) SPINOSAD (NATROBA)</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</p> <p>PREFERRED</p> <p>NATEGLINIDE (STARLIX) REPAGLINIDE (PRANDIN) Effective 1/1/2012</p> <p>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</p> <p>REPAGLINIDE (PRANDIN) Effective 1/1/2012 REPAGLINIDE/METFORMIN (PRANDIMET)</p>

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Preferred Drug List

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5/17/2017

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ENDOCRINE AND METABOLIC AGENTS
ANTIDIABETIC AGENTS
Newer Agents
ORIGINAL POSTED PREFERRED STATUS: 11/12/2008
ORIGINAL EDIT EFFECTIVE DATE: 1/1/2009
NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO
ALBIGLUTIDE (TANZEUM)
ALOGLIPTIN (NESINA)
ALOGLIPTIN/METFORMIN (KAZANO)
ALOGLIPTIN/PIOGLITAZONE (OSENI)
CANAGLIFLOZIN (INVOKANA)
CANAGLIFLOZIN/METFORMIN (INVOKAMET, INVOKAMET XR)
DAPAGLIFLOZIN (FARXIGA)
EMPAGLIFLOZIN (JARDIANCE)
EXENATIDE (BYETTA)
EXENATIDE MICROSPHERES (BYDUREON)
INSULIN DEGLUDEC/LIRAGLUTIDE (XULTOPHY)
LINAGLIPTIN (TRADJENTA)
LINAGLIPTIN/METFORMIN (JENTADUETO)
LIRAGLUTIDE (VICTOZA)
LIXISENATIDE (ADLYXIN)
LIXISENATIDE/INSULIN GLARGINE (SOLIQUA)
PRAMLINTIDE (SYMLIN)
SAXAGLIPTIN (ONGLYZA)
SAXAGLIPTIN/METFORMIN (KOMBIGLYZE XR)
SITAGLIPTIN (JANUVIA)
SITAGLIPTIN/METFORMIN (JANUMET)
SITAGLIPTIN/METFORMIN EXTENDED RELEASE (JANUMET XR)
SITAGLIPTIN/SIMVASTATIN (JUVISYNC)

ENDOCRINE AND METABOLIC AGENTS
ANTIDIABETIC AGENTS
Sulfonylurea
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
PREFERRED
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)
NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO
PIOGLITAZONE/GLIMEPIRIDE (DUETACT)* Effective 1/1/2012

ENDOCRINE AND METABOLIC AGENTS
ANTIDIABETIC AGENTS
Thiazolidinediones
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
PREFERRED
PIOGLITAZONE (ACTOS) Effective 1/1/2012
PIOGLITAZONE/GLIMEPIRIDE (DUETACT) Effective 1/1/2012
PIOGLITAZONE/METFORMIN (ACTOSPLUS MET) Eff 1/1/2012
ROSIGLITAZONE (AVANDIA) Effective 1/1/2012
ROSIGLITAZONE/GLIMEPIRIDE (AVANDARYL) Eff 1/1/2012
ROSIGLITAZONE/METFORMIN (AVANDAMET) Eff 1/1/2012
NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO
PIOGLITAZONE (ACTOS)* Effective 1/12/2012
PIOGLITAZONE/GLIMEPIRIDE (DUETACT)* Effective 1/12/2012
PIOGLITAZONE/METFORMIN (ACTOSPLUS MET)* Eff 1/12/2012
PIOGLITAZONE/METFORMIN ER (ACTOSPLUS MET XR)* Eff 1/1/2012
ROSIGLITAZONE (AVANDIA) Effective 1/1/2012
ROSIGLITAZONE/GLIMEPIRIDE (AVANDARYL) Eff 1/1/2012
ROSIGLITAZONE/METFORMIN (AVANDAMET) Eff 1/1/2012

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

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Preferred Drug List

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5/17/2017

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ENDOCRINE AND METABOLIC AGENTS
ESTROGEN REPLACEMENT AGENTS
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
PREFERRED
ESTRADIOL 0.5MG, 1MG, 2MG ORAL TABLET (ESTRACE)
ESTROPIPATE ORAL TABLET (OGEN)
NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO
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 (GENESTIN, ENJUVIA, PREMARIN)
ESTROGENS, CONJUGATED/BAZEDOXIFENE (DUAVEE)
ESTROGENS, CONJUGATED/MEDROXYPROGESTERONE (PREMPHASE, PREMPRO)*
ESTROGENS, ESTERIFIED (MENEST)
ETHINYL ESTRADIOL/NORETHINDRONE ACETATE (FEMHRT)*

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

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

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5/17/2017

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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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5/17/2017

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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 UMECLIDIUM/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)</p>

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5/17/2017

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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
PREFERRED BECLOMETHASONE (QVAR)* Effective 1/1/17 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 MOMETASONE (ASMANEX 7, 14 INHALATION UNITS) MOMETASONE (ASMANEX 30, 60, 120 INHALATION UNITS) Effective 9/23/2014 TRIAMCINOLONE (AZMACORT)

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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5/17/2017

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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</p> <p>PREFERRED</p> <p>EPINEPHRINE 0.15MG (ADRENACLICK) EPINEPHRINE 0.3MG (ADRENACLICK) EPIPEN (brand & generic) EPIPEN JR. (brand & generic)</p> <p>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</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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5/17/2017

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NEW PDL CATEGORIES EFFECTIVE JULY 1, 2017

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

DERMATOLOGY
TOPICAL STEROIDS
Class 2 (Potent)
ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17
PREFERRED CLASS 2 (POTENT)
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)
NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO
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

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

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5/17/2017

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NEW PDL CATEGORIES EFFECTIVE JULY 1, 2017

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)

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

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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.

5/17/2017

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NEW PDL CATEGORIES EFFECTIVE JULY 1, 2017

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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5/17/2017

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NEW PDL CATEGORIES EFFECTIVE JULY 1, 2017

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 (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 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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