HEALTH AND HUMAN SERVICES COMMISSION
TEXAS MEDICAID PREFERRED DRUG LIST (PDL) and PRIOR AUTHORIZATION (PA) CRITERIA
Effective January 28, 2016

PREFERRED DRUG LIST PUBLICATION LOG	
The PDL is published biannually (January, July). Recent changes to the PDL include:	
May 20, 2016	Status change: • Valtrex moved from preferred to non-preferred; valacyclovir listed as preferred • Removed from PDL: Abreva, Gammastan S-D, Hepagam B, Varizig, Betimol, Vosol HC, Magnebind 400
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ACNE AGENTS, ORAL		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
AMNESTEEM (isotretinoin) CLARAVIS (isotretinoin) ZENATANE (isotretinoin)	*ABSORICA (isotretinoin)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ACNE AGENTS, TOPICAL		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Antibiotics		
clindamycin gel clindamycin lotion clindamycin medicated swab clindamycin solution erythromycin gel erythromycin solution	*AKNE-MYCIN (erythromycin)* *CLEOCIN-T (clindamycin)* *CLINDAGEL (clindamycin)* *clindamycin foam* *erythromycin medicated swab* *EVOCLIN (clindamycin)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ACNE AGENTS, TOPICAL		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Benzoyl Peroxide		
benzoyl peroxide cleansing bar benzoyl peroxide cream benzoyl peroxide gel (Rx) benzoyl peroxide lotion benzoyl peroxide wash	*ACNE CLEARING SYSTEM (benzoyl peroxide)* *BENZEFOAM (benzoyl peroxide)* *benzoyl peroxide cleanser* *benzoyl peroxide foam* *benzoyl peroxide gel OTC* *benzoyl peroxide kit* *benzoyl peroxide towelette* *BP 10-1 (benzoyl peroxide)* *PACNEX-HP (benzoyl peroxide)* *PACNEX-LP (benzoyl peroxide)* *PANOXYL-4 CREAMY WASH (benzoyl peroxide)* *PANOXYL 10 (benzoyl peroxide)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Retinoids		
tretinoin	*adapalene* *ATRALIN (tretinoin)* *AVITA (tretinoin)* *DIFFERIN (adapalene)* *FABIOR (tazarotene)* *RETIN-A (tretinoin)* *RETIN-A MICRO (tretinoin)* *TAZORAC (tazarotene)* *tretinoin microspheres*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ACNE AGENTS, TOPICAL

Preferred Agents	*Non-Preferred Agents*	PA Criteria
Combination and Other Agents		
BENZACLIN (benzoyl peroxide/clindamycin) gel pump	*ACANYA (benzoyl peroxide/clindamycin)* *ACZONE (dapsone)* *AVAR (sulfacetamide/sulfur)* *AVAR-E LS (sulfacetamide/sulfur)* *AVAR-LS (sulfacetamide/sulfur)* *AZELEX (azelaic acid)* *BENZACLIN GEL (benzoyl peroxide/clindamycin)* *BENZAMYCIN (benzoyl peroxide/erythromycin)* *CLINDACIN PAC KIT (clindamycin)* *clindamycin/benzoyl peroxide* *DUAC (benzoyl peroxide/clindamycin)* *EPIDUO (benzoyl peroxide/adapalene)* *erythromycin/benzoyl peroxide* *INOVA 4-1 (salicylic acid/benzoyl peroxide/vitamin E)* *NEUAC (benzoyl peroxide/clindamycin)* *ONEXTON (benzoyl peroxide/clindamycin)* *OVACE PLUS (sulfacetamide)* *SE 10-5 SS (sulfacetamide sodium/sulfur)* *SSS 10-5 (sulfacetamide sodium/sulfur)* *sulfacetamide* *sulfacetamide sodium* *sulfacetamide sodium/sulfur* *sulfacetamide/sulfur* *sulfacetamide/sulfur/urea* *SUMADAN (sulfacetamide/sulfur)* *SUMADAN XLT (sulfacetamide/sulfur)* *SUMAXIN CP (sulfacetamide/sulfur)* *VELTIN (clindamycin/tretinoin)* *ZIANA (clindamycin/tretinoin)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ALZHEIMER'S AGENTS

Preferred Agents	*Non-Preferred Agents*	PA Criteria
Cholinesterase Inhibitors		
donepezil 5, 10 mg tablet donepezil ODT EXELON (rivastigmine) transdermal	*ARICEPT (donepezil) 5, 10, 23 mg* *donepezil 23 mg tablet* *EXELON (rivastigmine) capsules* *galantamine* *galantamine ER* *RAZADYNE ER (galantamine)* *rivastigmine*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ALZHEIMER'S AGENTS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
NMDA Receptor Antagonist		
memantine tablets NAMENDA (memantine) solution NAMENDA XR (memantine)	*NAMENDA (memantine) tablets*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Cholinesterase Inhibitor/NMDA Receptor Antagonist Combinations		
	NAMZARIC (donepezil/memantine)	▪

ANALGESICS, NARCOTIC – LONG ACTING			
Preferred Agents	***Non-Preferred Agents***		**PA Criteria**
BUTRANS (buprenorphine) fentanyl patch[PPG] morphine ER[PPG] (generic MS Contin) tramadol ER	*AVINZA (morphine)* *CONZIP (tramadol)* *DURAGESIC (fentanyl)* *EXALGO (hydromorphone)* *hydromorphone ER* *HYSINGLA ER (hydrocodone)* KADIAN (morphine) *morphine ER (generic Avinza, Kadian)* *MS CONTIN (morphine)*	*NUCYNTA ER (tapentadol)* *OPANA ER (oxymorphone)* *oxycodone ER* *OXYCONTIN (oxycodone)* *oxymorphone ER* *ULTRAM ER (tramadol)* *ZOHYDRO ER (hydrocodone)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANALGESICS, NARCOTIC – SHORT ACTING (NON-PARENTERAL)			
Preferred Agents	***Non-Preferred Agents***		**PA Criteria**
APAP/codeine[PPG] butalbital/APAP/caffeine/codeine codeine hydrocodone/APAP[PPG] hydrocodone/ibuprofen hydromorphone tablet[PPG] morphine tablets morphine solution oxycodone solution[PPG] oxycodone tablet[PPG] oxycodone/APAP[PPG] pentazocine/APAP tramadol[PPG] tramadol/APAP	*ABSTRAL (fentanyl)* *butalbital/ASA/caffeine/codeine* *butorphanol* *CAPITAL W/CODEINE (APAP/codeine)* *carisoprodol/aspirin/codeine* *DEMEROL (meperidine)* *dihydrocodeine/ASA/caffeine* *DILAUDID (hydromorphone)* *fentanyl buccal* *FENTORA (fentanyl)* *FIORICET W/CODEINE (butalbital/APAP/caffeine/ codeine)* *FIORINAL W/CODEINE (butalbital/ASA/caffeine/codeine)* *HYCET (hydrocodone/APAP)* *hydromorphone liquid* *hydromorphone suppositories* *IBUDONE (hydrocodone/ibuprofen)* *LAZANDA (fentanyl)* *levorphanol* *LORTAB (hydrocodone/APAP)* *meperidine* *morphine concentrated solution* *morphine oral syringe*	*morphine suppositories* *NORCO (hydrocodone/APAP)* *NUCYNTA (tapentadol)* *OXECTA (oxycodone)* *oxycodone/ASA* *oxycodone/ibuprofen* *oxycodone capsule* *oxycodone concentrated solution* *oxymorphone* *pentazocine/naloxone* *PERCOCET (oxycodone/APAP)* *PRIMLEV (oxycodone/APAP)* *REPREXAIN (hydrocodone/ibuprofen)* *ROXICET SOLUTION (oxycodone/APAP)* *ROXICODONE (oxycodone)* *RYBIX ODT (tramadol)* *TYLENOL-CODEINE (codeine/APAP)* *ULTRACET (tramadol/APAP)* *ULTRAM (tramadol)* *VICOPROFEN (hydrocodone/ibuprofen)* *XARTEMIS XR (oxycodone/APAP)* *ZAMICET (hydrocodone/APAP)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANDROGENIC AGENTS, TOPICAL		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
ANDROGEL (testosterone)	*ANDRODERM (testosterone)* *AXIRON (testosterone)* *FORTESTA (testosterone)* *NATESTO (testosterone)* *TESTIM (testosterone)* *testosterone gel* *VOGELXO (testosterone)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANGIOTENSIN MODULATORS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Ace Inhibitors		
benazepril captopril enalapril lisinopril ramipril	*ACCUPRIL (quinapril)* *ALTACE (ramipril)* *EPANED (enalapril)* *fosinopril* *LOTENSIN (benazepril)* *moexepril* *perindopril* *quinapril* *trandolapril* *UNIVASC (moexepril)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs ▪ Epaned will be authorized for patients six years of age and under
ACE Inhibitor/Diuretic Combinations		
benazepril/HCTZ captopril/HCTZ enalapril/HCTZ lisinopril/HCTZ	*fosinopril/HCTZ* *moxepril/HCTZ* *quinapril/HCTZ* *ZESTORETIC (lisinopril/HCTZ)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANGIOTENSIN MODULATORS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Angiotensin II Receptor Blockers (ARBs)		
BENICAR (olmesartan) DIOVAN (valsartan) losartan	*ATACAND (candesartan)* *AVAPRO (irbesartan)* *candesartan* *COZAAR (losartan)* *EDARBI (azilsartan)* *eprosartan* *irbesartan* *MICARDIS (telmisartan)* *telmisartan* *TEVETEN (eprosartan)* *valsartan*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
ARB/Diuretic Combinations		
BENICAR-HCT (olmesartan/HCTZ) losartan/HCTZ	*ATACAND-HCT (candesartan/HCTZ)* *AVALIDE (irbesartan/HCTZ)* *candesartan/HCTZ* *DIOVAN-HCT (valsartan/HCTZ)* *EDARBYCLOR (azilsartan/chlorthalidone)* *HYZAAR (losartan/HCTZ)* *irbesartan/HCTZ* *MICARDIS-HCT (telmisartan/HCTZ)* *telmisartan /HCTZ* *TEVETEN-HCT (eprosartan/HCTZ)* *valsartan/HCTZ*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Direct Renin Inhibitors		
	TEKTURNA (aliskerin)	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Direct Renin Inhibitor/Diuretic Combinations		
	TEKTURNA HCT (aliskerin/HCTZ)	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANGIOTENSIN MODULATORS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
ARB/Neprilysin Inhibitor Combinations		
ENTRESTO (valsartan/sacubitril)		▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANGIOTENSIN MODULATOR COMBINATIONS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) TARKA (trandolapril/verapamil)	*AMTURNIDE (aliskiren/amlodipine/HCTZ)* *AZOR (olmesartan/amlodipine)* *benazepril /amlodipine* *LOTREL (benazepril/amlodipine)* *TEKAMLO (aliskerin/amlodipine)* *TRIBENZOR (olmesartan/amlodipine/HCTZ)* *TWYNSTA (telmisartan/amlodipine)* *telmisartan/amlodipine* *valsartan /amlodipine*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
ANTI-ALLERGENS, ORAL		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
	GRASTEK (Timothy grass pollen allergen extract) *ORALAIR (Sweet Vernal, Orchard, Perennial Rye, Timothy, & Kentucky Blue Grass mixed pollens allergen extract)* *RAGWITEK (short ragweed pollen allergen extract)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANTIBIOTICS, GASTROINTESTINAL		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
metronidazole tablet TINDAMAX (tinidazole) vancomycin	*ALINIA (nitazoxanide)* *DIFICID (fidaxomicin)* *FLAGYL (metronidazole)* *FLAGYL ER(metronidazone)* *metronidazole capsule* *neomycin* *paromomycin* *tinidazole* *VANCOCIN (vancomycin)* *XIFAXAN (rifaximin)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANTIBIOTICS, INHALED		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
BETHKIS (tobramycin) CAYSTON (aztreonam) KITABIS PAK (tobramycin) TOBI PODHALER (tobramycin)	*TOBI (tobramycin) solution* *tobramycin solution*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANTIBIOTICS, TOPICAL		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
bacitracin ointment BACTROBAN (mupirocin) cream gentamicin mupirocin ointment triple antibiotic ointment	*ALTABAX (retapamulin)* *bacitracin packet* *bacitracin/polymyxin* *BACTROBAN (mupirocin) ointment* *CENTANY (mupirocin)* *DOUBLE ANTIBIOTIC (bacitracin/polymyxin B)* *mupirocin cream* *neomycin/polymyxin/pramoxine* *NEOSPORIN (bacitracin/neomycin/polymyxin B)* *POLYSPORIN (bacitracin/polymyxin)* *triple antibiotic packet*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANTIBIOTICS, VAGINAL

Preferred Agents	*Non-Preferred Agents*	PA Criteria
CLEOCIN (clindamycin) ovules clindamycin metronidazole	*CLEOCIN (clindamycin) cream* *CLINDESSE (clindamycin)* *METROGEL-VAGINAL (metronidazole)* *NUVESSA (metronidazole)* *VANDAZOLE (metronidazole)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANTICOAGULANTS

Preferred Agents	*Non-Preferred Agents*	PA Criteria
ELIQUIS (apixaban) enoxaparin FRAGMIN (dalteparin) PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban)	*ARIXTRA (fondaparinux)* *COUMADIN (warfarin)* *fondaparinux* *LOVENOX (enoxaparin)* *SAVAYSA (edoxaban)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANTIDEPRESSANTS, OTHER

Preferred Agents	*Non-Preferred Agents*		PA Criteria
bupropion bupropion SR bupropion XL MARPLAN (isocarboxazid) mirtazapine phenelzine trazodone venlafaxine ER capsules	*APLENZIN (bupropion)* *BRINTELLIX (vortioxetine)* *desvenlafaxine ER* *EFFEXOR XR (venlafaxine)* *EMSAM (selegiline)* *FETZIMA (levomilnacipran)* *FORFIVO XL (bupropion)* *KHEDEZLA (desvenlafaxine)* *NARDIL (phenelzine)* *nefazodone* *OLEPTRO ER (trazodone)*	*PARNATE (tranylcypromine)* *PRISTIQ (desvenlafaxine)* *REMERON (mirtazapine)* *tranylcypromine* *venlafaxine IR* *venlafaxine ER tablets* *VIIBRYD (vilazodone)* *WELLBUTRIN (bupropion)* *WELLBUTRIN SR (bupropion)* *WELLBUTRIN XL (bupropion)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

Unless otherwise specified, the listing of a particular brand or generic name includes all dosage forms of that drug.

ANTIDEPRESSANTS, SSRIS			
Preferred Agents	***Non-Preferred Agents***		**PA Criteria**
citalopram escitalopram tablets fluoxetine IR fluvoxamine paroxetine sertraline	*BRISDELLE (paroxetine)* *CELEXA (citalopram)* *escitalopram solution* *fluoxetine capsule DR* *fluvoxamine ER* *LEXAPRO (escitalopram)* *LUVOX CR (fluvoxamine)*	*paroxetine CR* *PAXIL (paroxetine)* *PAXIL CR (paroxetine)* *PEXEVA (paroxetine)* *PROZAC (fluoxetine)* *SARAFEM (fluoxetine)* *ZOLOFT (sertraline)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANTIEMETIC-ANTIVERTIGO AGENTS (EXCLUDES INJECTABLES)			
Preferred Agents	***Non-Preferred Agents***		**PA Criteria**
Anticholinergics, Antihistamines, Dopamine Antagonists			
DICLEGIS (doxylamine/pyridoxine) dimenhydrinate meclizine metoclopramide solution, tablets phosphoric acid/dextrose/fructose prochlorperazine (oral) promethazine syrup, tablets	*ANTIVERT (meclizine)* *COMPRO (prochlorperazine)* *DRAMAMINE (dimenhydrinate)* *metoclopramide ODT* *METOZOLV ODT (metoclopramide)* *prochlorperazine (rectal)* *promethazine suppositories*	*REGLAN (metoclopramide)* *TRANSDERM-SCOP (scopolamine)* *trimethobenzamide*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Cannabinoids			
dronabinol	*CESAMET (nabilone)* *MARINOL (dronabinol)*		▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANTIEMETIC-ANTIVERTIGO AGENTS (EXCLUDES INJECTABLES)

Preferred Agents	*Non-Preferred Agents*	PA Criteria
5-HT3 Receptor Antagonists		
ondansetron	*ANZEMET (dolasetron)* *granisetron* *SANCUSO (granisetron)* *ZOFRAN (ondansetron)* *ZUPLENZ (ondansetron)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs ▪ Ondansetron solution will be authorized for patients six years of age and under
Substance P Antagonists & Combinations		
	AKYNZEO (netupitant/palonosetron) *EMEND (aprepitant)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANTIFUNGALS, ORAL

Preferred Agents	*Non-Preferred Agents*		PA Criteria
clotrimazole fluconazole griseofulvin suspension ketoconazole nystatin terbinafine	*CRESEMBA (isavuconazonium sulfate)* *DIFLUCAN (fluconazole)* *flucytosine* *GRIFULVIN V (griseofulvin)* *GRIS-PEG (griseofulvin)* *griseofulvin tablets* *itraconazole*	*LAMISIL (terbinafine)* *NOXAFIL (posaconazole)* *nystatin powder* *ONMEL (itraconazole)* *SPORANOX (itraconazole)* *VFEND (voriconazole)* *voriconazole*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANTIFUNGALS, TOPICAL			
Preferred Agents	***Non-Preferred Agents***		**PA Criteria**
Antifungals			
clotrimazole ketoconazole cream, shampoo miconazole cream, powder nystatin terbinafine tolnaftate cream, powder	*ALEVAZOL (clotrimazole)* *AZOLEN TINCTURE (miconazole)* *BENSAL HP (benzoic acid/salicylic acid)* *ciclopirox* *CNL 8 (ciclopirox)* *DESENEX AERO POWDER (miconazole)* *econazole* *ERTACZO (sertaconazole)* *EXELDERM (sulconazole)* *EXTINA (ketoconazole)* *FUNGOID (miconazole)* *JUBLIA (efinaconazole)* *KERYDIN (tavaborole)* *ketoconazole foam*	*LAMISIL (terbinafine)* *LOPROX (ciclopirox)* *LOTRIMIN (clotrimazole)* *LUZU (luliconazole)* *MENTAX (butenafine)* *miconazole ointment, spray* *naftifine* *NAFTIN (naftifine)* *NIZORAL (ketoconazole)* *OXISTAT (oxiconazole)* *PERIADERM AF (nystatin)* *PENLAC (ciclopirox)* *TINACTIN (tolnaftin)* *tolnaftate solution, spray* *VUSION (miconazole/ zinc/petrolatum)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Antifungal/Steroid Combinations			
clotrimazole/betamethasone cream	*clotrimazole/betamethasone lotion* *LOTRISONE (clotrimazole/betamethasone)* *nystatin/triamcinolone*		▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANTIHISTAMINES, MINIMALLY SEDATING		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Antihistamines		
cetirizine solution, tablets loratadine ODT, solution, tablets	*ALLEGRA (fexofenadine)* *cetirizine capsule, chewable, solution 5mg/5mL* *CLARINEX (desloratadine)* *CLARITIN (loratadine)* *desloratadine* *fexofenadine* *levocetirizine* *XYZAL (levocetirizine)* *ZYRTEC (cetirizine)*	▪ Treatment failure after no less than a 30-day trial of preferred drugs ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Antihistamine/Decongestant Combinations		
cetirizine/pseudoephedrine loratadine/pseudoephedrine	*ALLEGRA-D (fexofenadine/pseudoephedrine)* *CLARINEX-D (desloratadine/pseudoephedrine)* *CLARITIN-D (loratadine/pseudoephedrine)* *fexofenadine/pseudoephedrine* *SEMPREX-D (acrivastine/pseudoephedrine)* *ZYRTEC-D (cetirizine/pseudoephedrine)*	▪ Treatment failure after no less than a 30-day trial of preferred drugs ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANTIHYPERTENSIVES, SYMPATHOLYTICS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
CATAPRES-TTS (clonidine) clonidine IR (oral) guanfacine IR methyldopa	*CATAPRES (clonidine)* *clonidine (transdermal)* *CLORPRES (clonidine / chlorthalidone)* *methyldopa / HCTZ* *methyldopate* *reserpine* *TENEX (guanfacine)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANTIHYPERURICEMICS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
allopurinol probenecid probenecid/colchicine	*colchicine* *COLCRYS (colchicine)* *ULORIC (febuxostat)* *ZYLOPRIM (allopurinol)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANTIMIGRAINE AGENTS			
Preferred Agents	***Non-Preferred Agents***		**PA Criteria**
Triptans			
IMITREX (sumatriptan) injection kit IMITREX (sumatriptan) nasal RELPAX (eletriptan) sumatriptan tablets	*AXERT (almotriptan)* *FROVA (frovatriptan)* *IMITREX (sumatriptan) tablets* *IMITREX (sumatriptan) vial* *MAXALT (rizatriptan)* *naratriptan* *rizatriptan*	*sumatriptan injection* *sumatriptan nasal* *SUMAVEL DOSEPRO (sumatriptan)* *TREXIMET (sumatriptan/naproxen)* *zolmitriptan* *ZOMIG (zolmitriptan)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Non-Triptans			
	CAFERGOT (caffeine/ergotamine) *CAMBIA (diclofenac)* *D.H.E. 45 (dihydroergotamine)* *dihydroergotamine mesylate* *isometheptene/caffeine/APAP* *isometheptene/dichloralphenazone/APAP* *MIGRAGESIC IDA (isometheptene/dichloralphenazone/APAP)* *MIGRANAL (dihydroergotamine mesylate)* *NODOLOR (isometheptene/dichloralphenazone/APAP)*		▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANTIPARASITICS, TOPICAL		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
NATROBA (spinosad) permethrin SKLICE (ivermectin)	*EURAX (crotamiton)* *lindane* *malathion* *OVIDE (malathion)* *piperonyl butoxide/pyrethrins* *spinosad*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANTIPARKINSON'S AGENTS (ORAL/TRANSDERMAL)		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Anticholinergics		
benztropine trihexyphenidyl		▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
COMT Inhibitors		
	COMTAN (entacapone) *entacapone* *TASMAR (tolcapone)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANTIPARKINSON'S AGENTS (ORAL/TRANSDERMAL)		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Dopamine Agonists		
bromocriptine pramipexole ropinirole	*MIRAPEX (pramipexole)* *MIRAPEX ER (pramipexole)* *NEUPRO transdermal (rotigotine)* *pramipexole ER* *REQUIP (ropinirole)* *REQUIP XL (ropinirole)* *ropinirole ER*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
MAO-B Inhibitors		
	AZILECT (rasagiline) *selegiline* *ZELAPAR (selegiline)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Others		
amantadine carbidopa/levodopa tablets carbidopa/levodopa ER STALEVO (levodopa/carbidopa/entacapone)	*carbidopa* *carbidopa/levodopa ODT* *carbidopa/levodopa/entacapone* *LODOSYN (carbidopa)* *RYTARY (carbidopa/levodopa)* *SINEMET (carbidopa/levodopa)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANTIPSYCHOTICS				
Preferred Agents		***Non-Preferred Agents***		**PA Criteria**
Antipsychotics				
ABILIFY (aripiprazole) tablets chlorpromazine clozapine FANAPT (iloperidone) fluphenazine haloperidol LATUDA (lurasidone) olanzapine olanzapine ODT	perphenazine quetiapine risperidone tablets, solution SAPHRIS (asenapine) thioridazine thiothixene trifluoperazine VERSACLOZ (clozapine) ziprasidone	*ADASUVE (loxapine)* *aripiprazole* *clozapine ODT* *CLOZARIL (clozapine)* *FAZACLO (clozapine)* *GEODON (ziprasidone)* *INVEGA (paliperidone)* *loxapine* *ORAP (pimozide)*	*REXULTI (brexpiprazole)* *RISPERDAL (risperidone)* *risperidone ODT* *SEROQUEL (quetiapine)* *SEROQUEL XR (quetiapine)* *ZYPREXA (olanzapine)* *ZYPREXA ZYDIS (olanzapine)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Antipsychotic/SSRI Combinations				
amitriptyline/perphenazine		*olanzapine/fluoxetine* *SYMBYAX (olanzapine/fluoxetine)*		▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Long-Acting Injectables				
ABILIFY MAINTENA (aripiprazole) INVEGA SUSTENNA (paliperidone) INVEGA TRINZA (paliperidone) RISPERDAL CONSTA (risperidone)		*ZYPREXA RELPREVV (olanzapine)*		▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANTIVIRALS (ORAL/NASAL)		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Antiherpetic		
acyclovir famciclovir valacyclovir	*FAMVIR (famciclovir)* *SITAVIG (acyclovir)* *VALTREX (valacyclovir)* *ZOVIRAX (acyclovir)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Anti-influenza		
RELENZA (zanamivir) rimantadine TAMIFLU (oseltamivir)		▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ANTIVIRALS, TOPICAL		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
acyclovir ointment DENAVIR (penciclovir)	*XERESE (acyclovir/hydrocortisone)* *ZOVIRAX (acyclovir)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

BETA BLOCKERS (ORAL)		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Beta Blockers		
acebutolol atenolol bisoprolol metoprolol IR metoprolol XL propranolol IR sotalol	*BETAPACE/AF (sotalol)* *betaxolol* *BYSTOLIC (nebivolol)* *CORGARD (nadolol)* *HEMANGEOL (propranolol)* *INDERAL LA (propranolol)* *INDERAL XL (propranolol)* *INNOPRAN XL (propranolol)* *LEVATOL (penbutolol)* *LOPRESSOR (metoprolol)* *nadolol* *pindolol* *propranolol ER* *SECTRAL (acebutolol)* *SOTYLIZE (sotalol)* *TENORMIN (atenolol)* *timolol* *TOPROL XL (metoprolol succinate)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Beta Blocker Combinations		
atenolol/chlorthalidone bisoprolol/HCTZ	*CORZIDE (nadolol/bendroflumethiazide)* *DUTOPROL (metoprolol succinate ER/HCTZ)* *LOPRESSOR HCT (metoprolol/HCTZ)* *metoprolol/HCTZ* *nadolol/bendroflumethiazide* *propranolol/HCTZ* *TENORETIC (atenolol/HCTZ)* *ZIAC (bisoprolol/HCTZ)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Beta- and Alpha-Blockers		
carvedilol labetalol	*COREG (carvedilol)* *COREG CR (carvedilol)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

BILE SALTS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
ursodiol	*CHENODAL (chenodiol)* *URSO (ursodiol)* *URSO FORTE (urosodiol)*	▪ Treatment failure with preferred drug ▪ Contraindication to preferred drug ▪ Allergic reaction to preferred drug

BLADDER RELAXANT PREPARATIONS			
Preferred Agents	***Non-Preferred Agents***		**PA Criteria**
oxybutynin IR TOVIAZ (fesoterodine) VESICARE (solifenacin)	*DETROL (tolterodine)* *DETROL LA (tolterodine)* *DITROPAN XL (oxybutynin)* *ENABLEX (darifenacin)* *flavoxate* *GELNIQUE (oxybutynin)* *MYRBETRIQ (mirabegron)*	*oxybutynin ER* *OXYTROL (oxybutynin)* *OXYTROL FOR WOMEN (oxybutynin)* *tolterodine* *tolterodine ER* *trospium* *trospium ER*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

BONE RESORPTION SUPPRESSION AND RELATED AGENTS			
Preferred Agents	***Non-Preferred Agents***		**PA Criteria**
Bisphosphonates			
alendronate tablets	*ACTONEL (risedronate)* *alendronate solution* *ATELVIA (risedronate)* *BINOSTO (alendronate)* *BONIVA (ibandronate)* *etidronate*	*FOSAMAX (alendronate)* *FOSAMAX PLUS D (alendronate/vitamin D)* *ibandronate* *raloxifene* *risedronate*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

BONE RESORPTION SUPPRESSION AND RELATED AGENTS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Other Bone Resorption Suppression and Related Agents		
FORTICAL (calcitonin)	*calcitonin nasal* *EVISTA (raloxifene)* *FORTEO (teriparatide)* *MIACALCIN (calcitonin)* *PROLIA (denosumab)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

BPH AGENTS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Alpha Blockers		
alfuzosin doxazosin tamsulosin terazosin	*CARDURA (doxazosin)* *CARDURA XL (doxazosin)* *FLOMAX (tamsulosin)* *RAPAFLO (silodosin)* *UROXATRAL (alfuzosin)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
5-Alpha-Reductase (5AR) Inhibitors		
finasteride	*AVODART (dutasteride)* *PROSCAR (finasteride)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

BPH AGENTS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Alpha Blocker/5AR Inhibitor Combinations		
	JALYN (dutasteride/tamsulosin)	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

BRONCHODILATORS, BETA AGONIST		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Inhalers, Short-Acting		
PROAIR HFA (albuterol) PROVENTIL HFA (albuterol)	*MAXAIR (pirbuterol)* *PROAIR RESPICLICK (albuterol)* *VENTOLIN HFA (albuterol)* *XOPENEX HFA (levalbuterol)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs ▪ History of intolerable side effects to preferred drugs
Inhalers, Long-Acting		
	ARCAPTA (indacaterol) *FORADIL (formoterol)* *SEREVENT (salmeterol)* *STRIVERDI RESPIMAT (olodaterol)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs ▪ History of intolerable side effects to preferred drugs

BRONCHODILATORS, BETA AGONIST		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Inhalation Solution		
albuterol	*BROVANA (arformoterol)* *levalbuterol* *PERFOROMIST (formoterol)* *XOPENEX (levalbuterol)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs ▪ History of intolerable side effects to preferred drugs
Oral		
albuterol syrup	*albuterol tablet* *albuterol ER* *metaproterenol* *terbutaline*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs ▪ History of intolerable side effects to preferred drugs

CALCIUM CHANNEL BLOCKERS (ORAL)		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Short-Acting		
diltiazem verapamil	*isradipine* *nicardipine* *nifedipine* *nimodipine* *NYMALIZE (nimodipine)* *PROCARDIA (nifedipine)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

CALCIUM CHANNEL BLOCKERS (ORAL)		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Long-Acting		
amlodipine diltiazem ER felodipine ER nifedipine ER verapamil ER capsules, tablets	*ADALAT CC (nifedipine)* *CALAN SR (verapamil)* *CARDIZEM CD (diltiazem)* *CARDIZEM LA (diltiazem)* *diltiazem LA* *MATZIM LA (diltiazem)* *nisoldipine* *NORVASC (amlodipine)* *PROCARDIA XL (nifedipine)* *SULAR (nisoldipine)* *TIAZAC (diltiazem)* *verapamil 360 mg capsules* *verapamil ER PM* *VERELAN (verapamil)* *VERELAN PM (verapamil)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

CEPHALOSPORINS AND RELATED ANTIBIOTICS (ORAL)		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Beta Lactam/Beta-Lactamase Inhibitor Combinations		
amoxicillin/clavulanate suspension, tablets	*amoxicillin/clavulanate XR* *amoxicillin/clavulanate chewable IR tablets* *AUGMENTIN suspension (amoxicillin/clavulanate)* *AUGMENTIN tablets (amoxicillin/clavulanate)* *AUGMENTIN XR (amoxicillin/clavulanate)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Cephalosporins – First Generation		
cefadroxil capsules, suspension cephalexin capsules, suspension	*cefadroxil tablets* *cephalexin tablets* *KEFLEX (cephalexin)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

CEPHALOSPORINS AND RELATED ANTIBIOTICS (ORAL)		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Cephalosporins – Second Generation		
cefprozil suspension cefuroxime tablets	*cefaclor ER* *cefaclor IR capsules, suspension* *cefprozil tablets* *CEFTIN (cefuroxime)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Cephalosporins – Third Generation		
cefdinir SUPRAX (cefixime) capsules, suspension	*CEDAX (ceftibuten)* *cefditoren* *cefixime* *cefpodoxime* *ceftibuten* *SUPRAX (cefixime) chewable tablets, tablets*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

COLONY STIMULATING FACTORS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
LEUKINE (sargramostim) NEULASTA (pegfilgrastim) NEUPOGEN (filgrastim)	*GRANIX (tbo-filgrastim)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

COPD AGENTS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Anticholinergics		
ATROVENT HFA (ipratropium) ipratropium inhalation solution SPIRIVA HANDIHALER (tiotropium)	*INCRUSE ELLIPTA (umeclidinium)* *SPIRIVA RESPIMAT (tiotropium)* *TUDORZA (aclidinium)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Anticholinergic-Beta Agonist Combinations		
COMBIVENT RESPIMAT (albuterol/ipratropium)	*albuterol/ipratropium* *ANORO ELLIPTA (umeclidinium/vilanterol)* *STIOLTO RESPIMAT (tiotropium/olodaterol)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Phosphodiesterase Inhibitors		
	DALIRESP (roflumilast)	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

COUGH AND COLD AGENTS
See Separate Preferred Cough and Cold Agent Listing.

CYTOKINE AND CAM ANTAGONISTS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
ENBREL (etanercept) HUMIRA (adalimumab)	*ACTEMRA (tocilizumab)* *CIMZIA (certolizumab)* *COSENTYX (secukinumab)* *ILARIS (canakinumab)* *KINERET (anakinra)* *ORENCIA (abatacept)* *OTEZLA (apremilast)* *SIMPONI (golimumab)* *STELARA (ustekinumab)* *XELJANZ (tofacitinib)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

EPINEPHRINE, SELF-INJECTED		
Preferred Agents	***Non-Preferred Agents***	
epinephrine EPIPEN EPIPEN JR	*ADRENACLICK* *AUVI-Q*	▪ Treatment failure with preferred products ▪ Contraindication to preferred products ▪ Allergic reaction to preferred products

ERYTHROPOIESIS STIMULATING PROTEINS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
EPOGEN (RhUEPO) PROCRIT (RhUEPO)	*ARANESP (darbepoetin)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

FLUOROQUINOLONES, ORAL		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
CIPRO (ciprofloxacin) suspension ciprofloxacin IR levofloxacin tablets	*AVELOX (moxifloxacin)* *CIPRO (ciprofloxacin) tablets* *ciprofloxacin ER* *ciprofloxacin suspension* *LEVAQUIN (levofloxacin)* *levofloxacin solution* *moxifloxacin*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
	alosetron *AMITIZA (lubiprostone)* *LINZESS (linaclotide)* *LOTRONEX (alosetron)* *MOVANTIK (naloxegol)* *RELISTOR (methylnaltrexone)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

GLUCOCORTICOIDS, INHALED		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Glucocorticoids		
ASMANEX (mometasone) FLOVENT (fluticasone) QVAR (beclomethasone)	*AEROSPAN (flunisolide)* *ALVESCO (ciclesonide)* *ARNUITY ELLIPTA (fluticasone)* *ASMANEX HFA (mometasone)* *budesonide respules* *PULMICORT 0.25, 0.5 MG RESPULES (budesonide) (See comment under PA criteria)* *PULMICORT 1 MG RESPULES (budesonide)* *PULMICORT FLEXHALER (budesonide)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs ▪ Pulmicort respules 0.25, 0.5 mg will be authorized for patients under four years of age

GLUCOCORTICOIDS, INHALED

Preferred Agents	*Non-Preferred Agents*	PA Criteria
Glucocorticoid/Bronchodilator Combinations		
ADVAIR (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	*BREO ELLIPTA (fluticasone/vilanterol)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

GLUCOCORTICOIDS, ORAL

Preferred Agents	*Non-Preferred Agents*	PA Criteria
budesonide EC dexamethasone elixir, solution, tablets hydrocortisone methylprednisolone tablet dose pack ORAPRED ODT (prednisolone) prednisolone sodium phosphate solution prednisolone prednisone solution, tablets, tablet dose pack	*CORTEF (hydrocortisone)* *CORTISONE (hydrocortisone)* *dexamethasone intensol* *DEXPAK (dexamethasone)* *ENTOCORT EC (budesonide)* *FLO-PRED (prednisolone)* *MEDROL (methylprednisolone)* *methylprednisolone tablets* *MILLIPRED (prednisolone)* *prednisolone sodium phosphate ODT* *prednisone intensol* *RAYOS (prednisone)* *VERIPRED 20 (prednisolone)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

GROWTH HORMONE

Preferred Agents	*Non-Preferred Agents*	PA Criteria
GENOTROPIN NORDITROPIN	*HUMATROPE* *NUTROPIN AQ* *OMNITROPE* *SAIZEN* *SEROSTIM* *TEV-TROPIN* *ZORBTIVE*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

H. PYLORI TREATMENT		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
PYLERA (bismuth subcitrate/metronidazole/tetracycline)	*HELIDAC (bismuth subsalicylate/metronidazole/tetracycline)* *lansoprazole/amoxicillin/clarithromycin* *OMECLAMOX-PAK (amoxicillin/clarithromycin/omeprazole)* *PREVPAC (lansoprazole/amoxicillin/clarithromycin)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

HEPATITIS C AGENTS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Pegylated Interferons		
PEG-INTRON (pegylated IFN alfa-2b)	*INFERGEN (consensus IFN)* *PEGASYS (pegylated IFN alfa-2a)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Polymerase/Protease Inhibitors		
VIEKIRA PAK (dasabuvir/ombitasvir/paritaprevir/ritonavir)	*HARVONI (sofosbuvir/ledipasvir)* *OLYSIO (simeprevir)* *SOVALDI (sofosbuvir)* *VICTRELIS (boceprevir)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

HEPATITIS C AGENTS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Ribavirin		
ribavirin capsule ribavirin tablet	*REBETOL solution* *RIBAPAK* *RIBASPHERE 400, 600 mg* *ribavirin dose pack*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

HEREDITARY ANGIOEDEMA (HAE) TREATMENTS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
BERINERT (C1 esterase inhibitor) CINRYZE (C1 esterase inhibitor) FIRAZYR (icatibant) KALBITOR (ecallantide)	*RUCONEST (C1 esterase inhibitor)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Amylin Analogs		
SYMLIN (pramlintide)		Patient must meet all of the following criteria: ▪ Diagnosis of diabetes mellitus ▪ Age >18 years ▪ HbA1C in past 6 months ▪ No history of gastroparesis, neurologic manifestations of diabetes or recent treatment of hypoglycemia

HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Incretin Enhancers		
JENTADUETO (linagliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin) ONGLYZA (saxagliptin) TRADJENTA (linagliptin)	*JANUMET (sitagliptin/metformin)* *JANUMET XR (sitagliptin/metformin)* *JANUVIA (sitagliptin)* *KAZANO (alogliptin /metformin)* *NESINA (alogliptin)* *OSENI (alogliptin / glimepiride)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Incretin Mimetics		
BYDUREON (exenatide ER) BYETTA (exenatide) VICTOZA (liraglutide)	*TANZEUM (albiglutide)* *TRULICITY (dulaglutide)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Incretin Enhancers/SGLT2 Inhibitor Combinations		
	GLYXAMBI (empagliflozin/linagliptin)	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

HYPOGLYCEMICS, INSULIN		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
HUMALOG (insulin lispro) vials HUMALOG MIX (insulin lispro/lispro protamine) vials HUMULIN (insulin) vials HUMULIN 500 UNITS/ML (insulin) HUMULIN 70/30 (insulin) vials LANTUS (insulin glargine) LEVEMIR (insulin detemir) NOVOLOG (insulin aspart) NOVOLOG MIX (insulin aspart/aspart protamine)	*AFREZZA (insulin)* *APIDRA (insulin glulisine)* *HUMALOG (insulin lispro) pens* *HUMALOG MIX (insulin lispro/lispro protamine) pens* *HUMULIN (insulin) pens* *HUMULIN 70/30 (insulin) pens* *NOVOLIN (insulin)* *NOVOLIN 70/30 (insulin)* *TOUJEO (insulin glargine)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs

HYPOGLYCEMICS, MEGLITINIDES		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
nateglinide repaglinide	*PRANDIMET (repaglinide/metformin)* *PRANDIN (repaglinide)* *STARLIX (nateglinide)*	▪ Separate prescriptions for the individual components should be used instead of the combination drug.

HYPOGLYCEMICS, SGLT2		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
INVOKANA (canaglifozin)	*FARXIGA (dapagliflozin)* *JARDIANCE (empagliflozin)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

HYPOGLYCEMICS, SGLT2		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
SGLT2 Combinations		
	INVOKAMET (canagliflozin/ metformin) *XIGDUO XR (dapagliflozin/metformin)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

HYPOGLYCEMICS, TZD		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Thiazolinediones		
pioglitazone	*ACTOS (pioglitazone)* *AVANDIA (rosiglitazone)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
TZD Combinations		
	ACTOPLUS MET (pioglitazone/metformin) *ACTOPLUS MET XR (pioglitazone/metformin)* *AVANDAMET (rosiglitazone/metformin)* *AVANDARYL (rosiglitazone/glimepiride)* *DUETACT (pioglitazone/glimepiride)* *pioglitazone/metformin* *pioglitazone/glimepiride*	▪ Separate prescriptions for the individual components should be used instead of the combination drug.

IMMUNE GLOBULINS

Preferred Agents	*Non-Preferred Agents*	PA Criteria
CYTOGAM (CMV immune globulin) GAMMAGARD (immune globulin) GAMMAGARD S-D (immune globulin) GAMUNEX-C (immune globulin) HIZENTRA (immune globulin)	*CARIMUNE NF (immune globulin)* *FLEBOGAMMA DIF (immune globulin)* *GAMMAKED (immune globulin)* *GAMMAPLEX (immune globulin)* *HYQVIA (immune globulin)* *OCTAGAM (immune globulin)* *PRIVIGEN (immune globulin)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

IMMUNOMODULATORS, ATOPIC DERMATITIS

Preferred Agents	*Non-Preferred Agents*	PA Criteria
	ELIDEL (pimecrolimus) *PROTOPIC (tacrolimus)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

IMMUNOSUPPRESSIVES, ORAL

Preferred Agents	*Non-Preferred Agents*		PA Criteria
azathioprine cyclosporine, modified mycophenolate mofetil capsules, tablets NEORAL (cyclosporine, modified) capsules RAPAMUNE (sirolimus) solution sirolimus tablets tacrolimus	*ASTAGRAF XL (tacrolimus)* *AZASAN (azathioprine)* *CELLCEPT (mycophenolate mofetil)* *cyclosporine* *IMURAN (azathioprine)* *mycophenolate mofetil suspension* *mycophenolic acid*	*MYFORTIC (mycophenolic acid)* *NEORAL (cyclosporine, modified) solution* *PROGRAF (tacrolimus)* *RAPAMUNE (sirolimus) tablets* *SANDIMMUNE (cyclosporine)* *ZORTRESS (everolimus)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

INTRANASAL RHINITIS AGENTS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Glucocorticoids		
fluticasone NASONEX (mometasone)	*BECONASE AQ (beclomethasone)* *budesonide* *FLONASE (fluticasone)* *FLONASE OTC (fluticasone)* *flunisolide* *NASACORT OTC (triamcinolone)* *NASACORT AQ (triamcinolone)* *OMNARIS (ciclesonide)* *QNASL (beclomethasone dipropionate)* *RHINOCORT AQUA (budesonide)* *triamcinolone* *VERAMYST (fluticasone furoate)isolide)* *ZETONNA (ciclesonide)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Others		
PATANASE (olopatadine)	*ASTELIN (azelastine)* *ASTEPRO (azelastine)* *ATROVENT (ipratropium) nasal spray* *azelastine* *ipratropium nasal spray* *olopatadine*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Combinations		
	DYMISTA (azelastine/fluticasone)	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

IRON, ORAL
See Separate Listing Of Preferred Oral Iron Drugs.

LEUKOTRIENE MODIFIERS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
montelukast chewable tablets, tablets	*ACCOLATE (zafirlukast)* *montelukast granules* *SINGULAIR (montelukast)* *zafirlukast* *ZYFLO (zileuton)* *ZYFLO CR (zileuton)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

LINCOSAMIDES/OXAZOLIDINONES/STREPTOGRAMINS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
clindamycin capsules clindamycin solution ZYVOX (linezolid) suspension ZYVOX (linezolid) tablets	*CLEOCIN (clindamycin)* *clindamycin injection* *LINCOCIN (lincomycin)* *linezolid injection* *SIVEXTRO (tedizolid)* *SYNERCID (quinupristin/dalfopristin)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

LIPOTROPICS, OTHER		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Bile Acid Sequestrants		
cholestyramine colestipol tablets	*COLESTID (colestipol)* *colestipol granules* *QUESTRAN (cholestyramine)* *QUESTRAN LIGHT (cholestyramine)* *WELCHOL (colesevalam)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

LIPOTROPICS, OTHER		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Cholesterol Absorption Inhibitors		
ZETIA (ezetimibe)		▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Fibric Acid Derivatives		
fenofibrate (generic Lipofen, Lofibra, Tricor) fenofibric acid (generic Trilipix) gemfibrozil	*ANTARA (fenofibrate)* *fenofibrate (generic Antara)* *fenofibric acid (generic Fibricor)* *FENOGLIDE (fenofibrate)* *LOFIBRA (fenofibrate)* *LIPOFEN (fenofibrate)* *LOPID (gemfibrozil)* *TRICOR (fenofibrate)* *TRIGLIDE (fenofibrate)* *TRILIPIX (fenofibric acid)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Homozygous Familial Hypercholesterolemia Treatments		
JUXTAPID (lomitapide) KYNAMRO (mipomersen)		▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Niacin		
niacin inositol OTC niacin ER NIACOR (niacin)	*niacin ER OTC* *niacin tablets OTC* *NIASPAN (niacin)* *SLO-NIACIN OTC (niacin)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

LIPOTROPICS, OTHER		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Omega-3 Fatty Acids		
omega-3 OTC	*LOVAZA (omega-3 fatty acids)* *omega-3 fatty acids* *VASCEPA (icosapent ethyl)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

LIPOTROPICS, STATINS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Statins		
atorvastatin lovastatin pravastatin simvastatin	*ALTOPREV (lovastatin)* *CRESTOR (rosuvastatin)* *fluvastatin* *LESCOL (fluvastatin)* *LESCOL XL (fluvastatin)* *LIPITOR (atorvastatin)* *LIVALO (pitavastatin)* *PRAVACHOL (pravastatin)* *ZOCOR (simvastatin)*	▪ Treatment failure with at least two preferred drugs accounting for no less than 120 days of therapy combined ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Statin Combinations		
SIMCOR (simvastatin/niacin)	*ADVICOR (lovastatin/niacin)* *atorvastatin/amlodipine* *CADUET (atorvastatin/amlodipine)* *LIPTRUZET (atorvastatin/ezetimibe)* *VYTORIN (simvastatin/ezetimibe)*	▪ Treatment failure with at least two preferred drugs accounting for no less than 120 days of therapy combined ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

MACROLIDES/KETOLIDES (ORAL)		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Ketolides		
	KETEK (telithromycin)	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Macrolides		
azithromycin clarithromycin suspension ERY-TAB (erythromycin) ERYTHROCIN (erythromycin) PCE (erythromycin)	*BIAXIN (clarithromycin)* *BIAXIN XL (clarithromycin)* *clarithromycin tablets* *clarithromycin ER* *E.E.S. (erythromycin)* *ERYPED (erythromycin)* *erythromycin base* *Z-MAX (azithromycin)* *ZITHROMAX (azithromycin)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

NEUROPATHIC PAIN		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Oral Agents		
duloxetine gabapentin LYRICA (pregabalin)	*CYMBALTA (duloxetine)* *GRALISE (gabapentin)* *HORIZANT (gabapentin enacarbil ER)* *SAVELLA (milnacipran)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

NEUROPATHIC PAIN		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Topical Agents		
capsaicin OTC	*lidocaine patch* *LIDODERM (lidocaine)* *QUTENZA (capsaicin)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

NSAIDS			
Preferred Agents	***Non-Preferred Agents***		**PA Criteria**
Nonspecific			
ibuprofen INDOCIN (indomethacin) suspension indomethacin capsules ketorolac naproxen suspension, tablets	*ADVIL (ibuprofen)* *ALEVE (naproxen)* *DAYPRO (oxaprozin)* *diclofenac* *diclofenac SR* *diflunisal* *etodolac* *etodolac SR* *FELDENE (piroxicam)* *fenoprofen* *flurbiprofen* *indomethacin ER capsules* *ketoprofen* *ketoprofen ER* *meclofenamate* *mefenamic acid* *MIDOL (ibuprofen)*	*MOTRIN (ibuprofen)* nabumetone *NALFON (fenoprofen)* *NAPRELAN (naproxen)* *NAPROSYN (naproxen)* *NAPROSYN EC (naproxen)* *naproxen CR* *naproxen EC* *oxaprozin* *piroxicam* *PONSTEL (meclofenamate)* *SPRIX (ketorolac)* *sulindac* *TIVORBEX (indomethacin)* *tolmetin* *ZORVOLEX (diclofenac)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

NSAIDS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
NSAID/GI Protectant Combinations		
	ARTHROTEC (diclofenac/misoprostol) *diclofenac/misoprostol* *DUEXIS (ibuprofen/famotidine)* *VIMOVO (naproxen/ esomeprazole)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
COX-II Selective		
meloxicam tablets	*CELEBREX (celecoxib)* *celecoxib* *meloxicam suspension* *MOBIC (meloxicam)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Topical NSAIDs		
	diclofenac *FLECTOR (diclofenac)* *INDOCIN (indomethacin) suppositories* *PENNSAID (diclofenac)* *VOLTAREN (diclofenac)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

OPHTHALMICS, ANTIBIOTIC – STEROID COMBINATIONS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
BLEPHAMIDE (sulfacetamide/prednisolone) neomycin/polymyxin/dexamethasone sulfacetamide/prednisolone TOBRADEX (tobramycin/dexamethasone)	*BLEPHAMIDE S.O.P. (sulfacetamide/prednisolone)* *MAXITROL (neomycin/polymyxin/ dexamethasone)* *neomycin/bacitracin/polymyxin/hydrocortisone* *neomycin/polymyxin/ hydrocortisone* *PRED-G (gentamicin/prednisolone)* *TOBRADEX ST (tobramycin/dexamethasone)* *tobramycin/dexamethasone* *ZYLET (tobramycin/loteprednol)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

OPHTHALMIC ANTIBIOTICS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Aminoglycosides		
gentamicin tobramycin TOBREX (tobramycin) ointment	*TOBREX (tobramycin) solution*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Quinolones		
ciprofloxacin MOXEZA (moxifloxacin) ofloxacin VIGAMOX (moxifloxacin)	*BESIVANCE (besifloxacin)* *CILOXAN (ciprofloxacin)* *gatifloxacin* *levofloxacin* *OCUFLOX (ofloxacin)* *ZYMAXID (gatifloxacin)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

OPHTHALMIC ANTIBIOTICS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Macrolides		
erythromycin	*AZASITE (azithromycin)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Other		
bacitracin/polymyxin neomycin/polymyxin/gramicidin polymyxin/trimethoprim sulfacetamide solution	*bacitracin* *BLEPH-10 (sulfacetamide)* *NATACYN (natamycin)* *neomycin/bacitracin/polymyxin* *POLYTRIM (polymyxin/trimethoprim)* *sulfacetamide ointment*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS			
Preferred Agents	***Non-Preferred Agents***		**PA Criteria**
cromolyn PATADAY (olopatadine) PAZEO (olopatadine)	*ALOCRIL (nedocromil)* *ALOMIDE (lodoxamide)* *ALREX (loteprednol)* *azelastine* *BEPREVE (bepotastine)* *ELESTAT (epinastine)*	*EMADINE (emedastine)* *epinastine* *ketotifen* *LASTACAFT (alcaftadine)* *OPTIVAR (azelastine)* *PATANOL (olopatadine)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

OPHTHALMICS, ANTI-INFLAMMATORIES		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
NSAIDS		
diclofenac flurbiprofen ILEVRO (nepafenac) ketorolac NEVANAC (nepafenac)	*ACULAR (ketorolac)* *ACULAR LS (ketorolac)* *ACUVAIL (ketorolac)* *bromfenac* *ketorolac LS* *OCUFEN (flurbiprofen)* *PROLENSA (bromfenac)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Steroids		
dexamethasone DUREZOL (difluprednate) LOTEMAX (loteprednol) suspension prednisolone acetate	*FLAREX (fluorometholone)* *fluoromethalone* *FML (fluorometholone)* *FML FORTE (fluorometholone)* *FML S.O.P. (fluorometholone)* *LOTEMAX (loteprednol) gel, ointment* *MAXIDEX (dexamethasone)* *OMNIPRED (prednisolone)* *PRED FORTE (prednisolone)* *PRED MILD (prednisolone)* *prednisolone sodium phosphate* *VEXOL (rimexolone)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

OPHTHALMICS, GLAUCOMA AGENTS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Sympathomimetics		
brimonidine pilocarpine	*ALPHAGAN P (brimonidine)* *apraclonidine* *brimonidine P* *IOPIDINE (apraclonidine)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

OPHTHALMICS, GLAUCOMA AGENTS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Beta Blockers		
betaxolol carteolol levobunolol timolol	*BETAGAN (levobunolol)* *BETOPTIC S (betaxolol)* *ISTALOL (timolol)* *metipranolol* *TIMOPTIC (timolol)* *TIMOPTIC XE (timolol)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Carbonic Anhydrase Inhibitors		
AZOPT (brinzolamide) dorzolamide	*TRUSOPT (dorzolamide)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Prostaglandin Analogs		
latanoprost TRAVATAN-Z (travoprost)	*bimatoprost* *LUMIGAN (bimatoprost)* *travoprost* *XALATAN (latanoprost)* *ZIOPTAN (tafluprost)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Combination Agents		
COMBIGAN (brimonidine/timolol) dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine)	*COSOPT (dorzolamide/timolol)* *COSOPT PF (dorzolamide/timolol)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

OPHTHALMICS, GLAUCOMA AGENTS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Miscellaneous		
	phospholine iodide	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

OPIATE DEPENDENCE TREATMENTS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
buprenorpine naloxone syringe naloxone vial naltrexone[PPG] SUBOXONE (buprenorphine/naloxone) film	*BUNAVAIL (buprenorphine/naloxone)* *buprenorphine/naloxone* *EVZIO (naloxone)* *VIVITROL (naltrexone)* *ZUBSOLV (buprenorphine/naloxone)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

OTIC ANTIBIOTICS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
CIPRODEX (ciprofloxacin/dexamethasone) neomycin/polymyxin/hydrocortisone ofloxacin	*CIPRO HC (ciprofloxacin/hydrocortisone)* *ciprofloxacin* *COLY-MYCIN S (colistin/neomycin/hydrocortisone)* *CORTISPORIN (neomycin/polymyxin/hydrocortisone)* *CORTISPORIN-TC (colistin/neomycin/hydrocortisone)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

OTIC ANTI-INFECTIVES/ANESTHETICS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
acetic acid antipyrine/benzocaine	*acetic acid/hydrocortisone* *acetic acid/aluminum* *PINNACAINE (benzocaine)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

PAH AGENTS (ORAL, INHALATION)		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
ADCIRCA (tadalafil) LETAIRIS (ambrisentan) sildenafil (generic Revatio) TRACLEER (bosentan)	*ADEMPAS (riociguat)* *OPSUMIT (macitentan)* *ORENITRAM ER (treprostinil)* *REVATIO (sildenafil)* *TYVASO Inhalation (treprostinil)* *VENTAVIS Inhalation (iloprost)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

PANCREATIC ENZYMES		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
CREON (pancrelipase) pancrelipase ZENPEP (pancrelipase)	*PANCREAZE (pancrelipase)* *PERTZYE (pancrelipase)* *ULTRESA (pancrelipase)* *VIOKACE (pancrelipase)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

PENICILLINS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
amoxicillin ampicillin dicloxacillin penicillin VK	*amoxicillin ER*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

PHOSPHATE BINDERS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
calcium acetate CALPHRON OTC (calcium acetate) PHOSLO (calcium acetate) PHOSLYRA (calcium acetate) RENAGEL (sevelamer HCl)	*AURYXIA (ferric citrate)* *ELIPHOS (calcium acetate)* *FOSRENOL (lanthanum)* *RENVELA (sevelamer carbonate)* *sevelamer carbonate* *VELPHORO (sucroferric oxyhydroxide)*	Allergic reaction to preferred drug OR treatment failure with preferred drug; AND diagnosis of ESRD and hyperphosphatemia despite dietary phosphorous restrictions AND at least one of the following: ▪ hypercalcemia (corrected serum calcium >10.2 mg/dL) ▪ plasma PTH levels <150 pg/mL on two consecutive measurements ▪ dialysis patients with severe vascular and/or soft tissue calcifications

PLATELET AGGREGATION INHIBITORS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
AGGRENOX (dipyridamole/aspirin) BRILINTA (ticagrelor) clopidogrel EFFIENT (prasugrel)	*dipyridamole* *PERSANTINE (dipyridamole)* *PLAVIX (clopidogrel)* *ticlopidine* *ZONTIVITY (vorapaxar)*	▪ Treatment failure with preferred drug ▪ Contraindication to preferred drug ▪ Allergic reaction to preferred drug

PRENATAL VITAMINS

See Separate Preferred Prenatal Vitamin Listing.

PA Criteria:

- Prenatal vitamins are covered only for females less than 50 years of age.

PROGESTINS FOR CACHEXIA

Preferred Agents	*Non-Preferred Agents*	PA Criteria
megestrol	*MEGACE ES (megestrol)*	▪ Treatment failure with preferred drug ▪ Contraindication to preferred drug ▪ Allergic reaction to preferred drug

PROTON PUMP INHIBITORS (ORAL)

Preferred Agents	*Non-Preferred Agents*		PA Criteria
NEXIUM (esomeprazole) omeprazole pantoprazole PROTONIX (pantoprazole) suspension	*ACIPHEX (rabeprazole)* *DEXILANT (dexlansoprazole)* *esomeprazole* *esomeprazole strontium* *lansoprazole* *NEXIUM OTC (esomeprazole)* *omeprazole/sodium bicarbonate* *PREVACID (lansoprazole)* *PRILOSEC (omeprazole)*	*PROTONIX tablets (pantoprazole)* *rabeprazole* *ZEGERID (omeprazole/sodium bicarbonate)*	▪ Treatment failure after no less than a 30 day trial of each preferred drug ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs ▪ Prevacid Solutabs will be approved for children 10 years of age and under

SEDATIVE HYPNOTICS

Preferred Agents	*Non-Preferred Agents*	PA Criteria
Benzodiazepines		
flurazepam temazepam 15, 30 mg triazolam	*estazolam* *HALCION (triazola)* *RESTORIL (temazepam)* *temazepam 7.5, 22.5 mg*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Others		
zolpidem	*AMBIEN (zolpidem)* *AMBIEN CR (zolpidem)* *BELSOMRA (suvorexant)* *eszopiclone* *HETLIOZ (tasimelteon)* *INTERMEZZO (zolpidem)* *LUNESTA (eszopiclone)* *ROZEREM (ramelteon)* *SILENOR (doxepin)* *SONATA (zaleplon)* *zaleplon* *zolpidem ER*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

SKELETAL MUSCLE RELAXANTS

Preferred Agents	*Non-Preferred Agents*	PA Criteria
baclofen carisoprodol (except 250 mg) chlorzoxazone cyclobenzaprine methocarbamol tizanidine tablets	*AMRIX (cyclobenzaprine ER)* *carisoprodol 250 mg* *carisoprodol compound* *DANTRIUM (dantrolene)* *Dantrolene* *FEXMID (cyclobenzaprine)* *LORZONE (chlorzoxazone)* *metaxolone* *orphenadrine* *ROBAXIN (methocarbamol)* *SKELAXIN (metaxolone)* *SOMA (carisoprodol)* *tizanidine capsules* *ZANAFLEX (tizanidine)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

SMOKING CESSATION		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
bupropion SR CHANTIX (varenicline) NICODERM CQ (nicotine) NICORETTE (nicotine) nicotine gum nicotine patch	*nicotine lozenge* *NICOTROL (nicotine)* *NICOTROL NS (nicotine)* *ZYBAN (bupropion)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

STEROIDS, TOPICAL			
Preferred Agents	***Non-Preferred Agents***		**PA Criteria**
Low Potency			
fluocinolone oil hydrocortisone cream, gel, lotion, ointment hydrocortisone/aloe cream	*alclometasone* *AQUA GLYCOLIC HC (hydrocortisone)* *CAPEX (fluocinolone)* *DERMA-SMOOTHE/FS (fluocinolone)* *DESONATE (desonide)* *desonide* *DESOWEN (desonide)* *hydrocortisone/mineral oil ointment*	*hydrocortisone/urea* *hydrocortisone lotion, solution* *NEOSPORIN (hydrocortisone)* *PEDIADERM HC (hydrocortisone)* *PEDIADERM TA (triamcinolone)* *SCALPICIN (hydrocortisone)* *TEXACORT (hydrocortisone) solution*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Medium Potency			
fluticasone propionate cream, ointment hydrocortisone butyrate ointment mometasone cream, ointment, solution	*beclomethasone valerate foam* *clocortolone cream* *CLODERM (clocortolone)* *CORDRAN (flurandrenolide)* *CUTIVATE (fluticasone)* *ELOCON (mometasone)* *fluocinolone acetonide* *fluticasone propionate lotion*	*hydrocortisone butyrate cream, emollient, ointment, solution* *hydrocortisone valerate* *LUXIQ (betamethasone)* *PANDEL (hydrocortisone probutate)* *prednicarbate* *SYNALAR (fluocinolone)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

STEROIDS, TOPICAL			
Preferred Agents	***Non-Preferred Agents***		**PA Criteria**
High Potency			
betamethasone dipropionate lotion betamethasone dipropionate/propylene glycol cream betamethasone valerate cream triamcinolone acetonide cream, ointment	*amcinonide* *betamethasone dipropionate cream, gel, ointment* *betamethasone dipropionate/ propylene glycol lotion, ointment* *betamethasone valerate lotion, ointment* *desoximetasone* *diflorasone* *DIPROLENE (betamethasone dipropionate)*	*DIPROLENE AF (betamethasone dipropionate)* *fluocinonide* *HALOG (halcinonide)* *KENALOG aerosol (triamcinolone)* *TOPICORT (desoximetasone)* *triamcinolone acetonide lotion* *TRIANEX (triamcinolone)* *VANOS (fluocinonide)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs
Very High Potency			
clobetasol emollient clobetasol propionate cream, gel, ointment, solution	*APEXICON E (diflorasone)* *clobetasol lotion, shampoo* *clobetasol propionate foam, spray* *CLOBEX (clobetasol)* *CLODAN (clobetasol)* *halobetasol*	*TEMOVATE (clobetasol)* *ULTRAVATE X (halobetasol)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

STIMULANTS AND RELATED AGENTS			
Preferred Agents	***Non-Preferred Agents***		**PA Criteria**
Stimulants			
ADDERALL XR (amphetamine salt combination) amphetamine salt combination IR [PPG] DAYTRANA (methylphenidate) dexmethylphenidate IR dextroamphetamine IR[PPG] FOCALIN XR (dexmethylphenidate) methylphenidate IR[PPG] methylphenidate ER (generic Concerta) [PPG] methylphenidate ER (generic Ritalin SR) [PPG] QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine)	*amphetamine salt combination ER* *APTENSIO XR (methylphenidate)* *CONCERTA (methylphenidate)* *DEXEDRINE (dextroamphetamine)* *dexmethylphenidate ER* *dextroamphetamine ER* *dextroamphetamine solution* *EVEKEO (amphetamine)* *FOCALIN (dexmethylphenidate)* *METADATE CD (methylphenidate)* *methamphetamine* *METHYLIN (methylphenidate)*	*methylphenidate CD* *methylphenidate ER (generic Ritalin LA)* *methylphenidate solution* *modafanil* *NUVIGIL (armodafinil)* *PROCENTRA (dextroamphetamine)* *PROVIGIL (modafinil)* *RITALIN (methylphenidate)* *RITALIN LA (methylphenidate ER)* *RITALIN SR (methylphenidate ER)* *ZENZEDI (dextroamphetamine)*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs ▪ Methylin solution will not require previous use of a preferred drug for patients under six years of age
Non-Stimulants			
guanfacine ER STRATTERA (atomoxetine)	*clonidine ER* *INTUNIV (guanfacine ER)* *KAPVAY (clonidine ER)*		▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

TETRACYCLINES		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
doxycycline monohydrate 50, 100 mg capsules minocycline capsules VIBRAMYCIN (doxycycline) suspension	*ADOXA (doxycycline)* *demeclocycline* *DORYX (doxycycline)* *doxycycline hyclate IR* *doxycycline hyclate DR* *doxycycline monohydrate 40, 75, 150 mg capsules* *doxycycline monohydrate suspension, tablets* *minocycline tablets* *minocycline ER* *MORGIDOX KIT (doxycycline)* *ORACEA (doxycycline)* *SOLODYN (minocycline)* *tetracycline* *VIBRAMYCIN (doxycycline) capsule, syrup*	▪ Treatment failure with preferred drugs within any subclass ▪ Contraindication to preferred drugs ▪ Allergic reaction to preferred drugs

ULCERATIVE COLITIS		
Preferred Agents	***Non-Preferred Agents***	**PA Criteria**
Oral		
DELZICOL (mesalamine) LIALDA (mesalamine) sulfasalazine sulfasalazine DR	*APRISO (mesalamine)* *ASACOL HD (mesalamine)* *AZULFIDINE (sulfasalazine)* *balsalazide* *COLAZAL (balsalazide)* *DIPENTUM (olsalazine)* *GIAZO (balsalazide)* *PENTASA (mesalamine)* *UCERIS (budesonide)*	▪ Treatment failure with preferred drugs within any subclass of same route ▪ Contraindication to preferred drugs of same route ▪ Allergic reaction to preferred drugs of same route
Rectal		
CANASA (mesalamine)	*mesalamine* *ROWASA (mesalamine)* *SFROWASA (mesalamine)* *UCERIS (budesonide)*	▪ Treatment failure with preferred drugs within any subclass of same route ▪ Contraindication to preferred drugs of same route ▪ Allergic reaction to preferred drugs of same route

PREMIUM PREFERRED GENERIC () MANUFACTURERS: These manufacturers have offered Supplemental Rebates to the state for their PDL drugs dispensed to Medicaid recipients. Pharmacists will receive an additional $0.50 dispensing fee when they dispense the PDL drugs of these manufacturers.

Generic Manufacturer	Labeler Code(s)
Mallinckrodt	00406

Cough and Cold (Oral only)				
Preferred Agents		Non-Preferred Agents		PA CRITERIA
Agent	Ingredients	Agent	Ingredients	
ALA-HIST IR	DEXBROMPHENIRAMINE MALEATE	BROTAPP	BROMPHENIRAMIN/PSEUDOEPHEDRINE	All products restricted to patients aged 2 years and above
ALA-HIST PE	DEXBROMPHENIRAMIN/PHENYLEPHRIN	CHEST CONGESTION RELIEF PE	GUAIFENESIN/PHENYLEPHRINE HCL	
APRODINE	TRIPROLIDINE/PSEUDOEPHEDRINE	CONGESTION RELIEF	IBUPROFEN/PHENYLEPHRINE HCL	
CHEST CONGESTION RELIEF	GUAIFENESIN	GUAIFENESIN ER	GUAIFENESIN	
CHILD DELSYM COUGH+COLD	DIPHENHYDRA/PHENYLEPH/ACETAMIN	HISTEX-PE	PHENYLEPHRINE/TRIPROLIDINE	
CHILD MUCINEX CHEST CONGESTION	GUAIFENESIN	J-MAX	GUAIFENESIN/PHENYLEPHRINE HCL	
CHILDREN'S MUCINEX	DIPHENHYDRA/PHENYLEPH/ACETAMIN	J-TAN D PD	BROMPHENIRAMIN/PSEUDOEPHEDRINE	
CHILDREN'S MUCINEX	GUAIFENESIN/PHENYLEPHRINE HCL	LODRANE D	BROMPHENIRAMIN/PSEUDOEPHEDRINE	
DALLERGY	CHLORPHENIRAMINE/PHENYLEPHRINE	LOHIST-D	CHLORPHENIRAMINE/PSEUDOEPHED	
DALLERGY	DEXBROMPHENIRAMIN/PHENYLEPHRIN	LORTUSS LQ	DOXYLAMINE/PSEUDOEPHEDRINE HCL	
DECONEX IR	GUAIFENESIN/PHENYLEPHRINE HCL	MAPAP SINUS	PHENYLEPHRINE HCL/ACETAMINOPHN	
DELSYM COUGH+COLD	DIPHENHYDRA/PHENYLEPH/ACETAMIN	MAXIPHEN	GUAIFENESIN/PHENYLEPHRINE HCL	
DIMAPHEN	BROMPHENIRAMIN/PHENYLEPHRINE	MUCINEX FAST-MAX NITE COLD-FLU	DIPHENHYDRA/PHENYLEPH/ACETAMIN	
ED A-HIST	CHLORPHENIRAMINE/PHENYLEPHRINE	MUCUS ER	GUAIFENESIN	
ED A-HIST PSE	TRIPROLIDINE/PSEUDOEPHEDRINE	MUCUS RELIEF SINUS	GUAIFENESIN/PHENYLEPHRINE HCL	
ED BRON GP	GUAIFENESIN/PHENYLEPHRINE HCL	NOHIST-LQ	CHLORPHENIRAMINE/PHENYLEPHRINE	
ED CHLORPED D	CHLORPHENIRAMINE/PHENYLEPHRINE	PAIN RELIEF SINUS PE	PHENYLEPHRINE HCL/ACETAMINOPHN	
GUAIFENESIN	GUAIFENESIN	PHENYLEPHRINE-PYRILAMINE	PHENYLEPHRINE/PYRILAMINE	
IOPHEN NR	GUAIFENESIN	PROMETHAZINE VC	PHENYLEPHRINE HCL/PROMETH HCL	
MUCAPHED	GUAIFENESIN/PHENYLEPHRINE HCL	RESCON	DEXCHLORPHENIRAMIN/PSEUDOEPHED	
MUCINEX	GUAIFENESIN	RESCON-GG	GUAIFENESIN/PHENYLEPHRINE HCL	
MUCINEX D	GUAIFENESIN/PSEUDOEPHEDRNE HCL	RU-HIST D	BROMPHENIRAMIN/PHENYLEPHRINE	
MUCINEX FAST-MAX COLD-SINUS	GUAIFEN/PHENYLEPH/ACETAMINOPHN	STAHIST AD	CHLORCYCLIZINE/PSEUDOEPHEDRINE	
MUCINEX FAST-MAX NITE COLD-FLU	DIPHENHYDRA/PHENYLEPH/ACETAMIN	VIRDEC	CHLORPHENIRAMINE/PHENYLEPHRINE	
MUCINEX SINUS-MAX	GUAIFEN/PHENYLEPH/ACETAMINOPHN			
MUCINEX SINUS-MAX DAY-NIGHT	DIPHENHYD/PE/ACETAMINOPHEN/GG			
MUCINEX SINUS-MAX SEV CONGEST	GUAIFEN/PHENYLEPH/ACETAMINOPHN			
MUCUS RELIEF	GUAIFENESIN			
NASOPEN PE	THONZYLAMINE/PHENYLEPHRINE			
ORGAN-I NR	GUAIFENESIN			
POLY-VENT IR	GUAIFENESIN/PSEUDOEPHEDRNE HCL			
Q-TUSSIN	GUAIFENESIN			
RESPAIRE-30	GUAIFENESIN/PSEUDOEPHEDRNE HCL			
ROBAFEN	GUAIFENESIN			
RYMED	DEXCHLORPHENIR/PHENYLEPHRINE			
RYNEX PE	BROMPHENIRAMIN/PHENYLEPHRINE			
RYNEX PSE	BROMPHENIRAMIN/PSEUDOEPHEDRINE			
SILTUSSIN SA	GUAIFENESIN			
SUDOGEST SINUS & ALLERGY	CHLORPHENIRAMINE/PSEUDOEPHED			
TUSSIN	GUAIFENESIN			

Cough and Cold (Nasal)			
Preferred Agents		Non-Preferred Agents	
Agent	Ingredients	Agent	Ingredients
NASAL DECONGESTANT	OXYMETAZOLINE HCL	MUCINEX SINUS-MAX	OXYMETAZOLINE HCL
NASAL SPRAY	OXYMETAZOLINE HCL	MUCINEX SINUS-MAX	OXYMETAZOLINE HCL
NRS-NASAL RELIEF	OXYMETAZOLINE HCL	NASAL SPRAY	OXYMETAZOLINE HCL
		NOSE DROPS	PHENYLEPHRINE HCL

Cough and Cold (Non-Narcotic)				
Preferred Agents		Non-Preferred Agents		PA CRITERIA
Agent	Ingredients	Agent	Ingredients	
ALA-HIST DM	BROMPHENIRAM/PHENYLEPHRINE/DM	ALL-NITE COLD-FLU RELIEF	D-METHORPHAN/ACETAMIN/DOXYLAMN	All products restricted to patients aged 2 years and above
AP-HIST DM	BROMPHENIRAM/PHENYLEPHRINE/DM	ALLFEN DM	GUAIFENESIN/DEXTROMETHORPHAN	
BENZONATATE	BENZONATATE	BROMPHENIRAMINE-PSEUDOEPHED-DM	BROMPHENIRAMINE/PSEUDOEPHED/DM	
BROMFED DM	BROMPHENIRAMINE/PSEUDOEPHED/DM	CHILD MUCINEX M-S COLD DAY-NTE	DIPHENHYDRAM/PE/DM/ACETAMIN/GG	
BROTAPP DM	BROMPHENIRAMINE/PSEUDOEPHED/DM	CHILDREN'S COLD & COUGH DM	BROMPHENIRAM/PHENYLEPHRINE/DM	
CHILD DELSYM COUGH+CHEST DM	GUAIFENESIN/DEXTROMETHORPHAN	CHLO TUSS EX	CHLOPHEDIANOL HCL/GUAIFENESIN	
CHILDREN'S MUCINEX	GUAIFENESIN/D-METHORPHAN HB/PE	COUGH DM ER	DEXTROMETHORPHAN POLISTIREX	
CHILDREN'S MUCINEX	GUAIFENESIN/DEXTROMETHORPHAN	DAY TIME COLD-FLU RELIEF	D-METHORPHAN/PE/ACETAMINOPHEN	
CHILDREN'S MUCINEX	PHENYLEPHRINE/DM/ACETAMINOP/GG	DEXTROMETHORPHAN POLISTIREX	DEXTROMETHORPHAN POLISTIREX	
CHLO TUSS	DEXBROMPHEN/PSEUDOEPH/CHLOPHED	DIMAPHEN DM	BROMPHENIRAM/PHENYLEPHRINE/DM	
DECONEX DMX	GUAIFENESIN/D-METHORPHAN HB/PE	DURAFLU	PSEUDOEPH/DM/GUAIFEN/ACETAMIN	
DELSYM	DEXTROMETHORPHAN POLISTIREX	ED A-HIST DM	CHLORPHENIRAMINE/PHENYLEPH/DM	
DELSYM COUGH+CHEST CONGEST DM	GUAIFENESIN/DEXTROMETHORPHAN	ENDACOF-DM	BROMPHENIRAM/PHENYLEPHRINE/DM	
DELSYM COUGH+COLD	PHENYLEPHRINE/DM/ACETAMINOP/GG	HISTEX-DM	TRIPROLIDINE/PHENYLEPHRINE/DM	
ED-A-HIST DM	CHLORPHENIRAMINE/PHENYLEPH/DM	LOHIST PEB DM	BROMPHENIRAM/PHENYLEPHRINE/DM	
EXTRA ACTION COUGH	GUAIFENESIN/DEXTROMETHORPHAN	LOHIST-DM	BROMPHENIRAM/PHENYLEPHRINE/DM	
IOPHEN DM-NR	GUAIFENESIN/DEXTROMETHORPHAN	LORTUSS DM	DOXYLAMINE/PSEUDOEPHEDRINE/DM	
KIDKARE	CHLORPHENIRAMIN/PSEUDOEPHED/DM	MAPAP COLD FORMULA	D-METHORPHAN/PE/ACETAMINOPHEN	
M-END DMX	DEXBROMPHEN/PSEUDOEPHEDRINE/DM	MAXIPHEN DM	GUAIFENESIN/D-METHORPHAN HB/PE	
MUCINEX COLD-FLU & SORE THROAT	PHENYLEPHRINE/DM/ACETAMINOP/GG	MUCINEX FAST-MAX DAY-NITE CONG	DIPHENHYDRAM/PE/DM/ACETAMIN/GG	
MUCINEX COUGH	GUAIFENESIN/DEXTROMETHORPHAN	MUCINEX FAST-MAX SEVERE COLD	PHENYLEPHRINE/DM/ACETAMINOP/GG	
MUCINEX DM	GUAIFENESIN/DEXTROMETHORPHAN	NIGHT TIME COLD-FLU RELIEF	D-METHORPHAN/ACETAMIN/DOXYLAMN	
MUCINEX FAST-MAX COLD-FLU-THRT	PHENYLEPHRINE/DM/ACETAMINOP/GG	NIGHTTIME COUGH & SORE THROAT	D-METHORPHAN/ACETAMIN/DOXYLAMN	
MUCINEX FAST-MAX CONGEST-COUGH	GUAIFENESIN/D-METHORPHAN HB/PE	NINJACOF	PYRILAMINE/CHLOPHEDIANOL	
MUCINEX FAST-MAX DAY-NITE COLD	DIPHENHYDRAM/PE/DM/ACETAMIN/GG	NINJACOF-A	PYRILAM/CHLOPHED/ACETAMINOPHEN	
MUCINEX FAST-MAX DM MAX	GUAIFENESIN/DEXTROMETHORPHAN	NOHIST-DM	CHLORPHENIRAMINE/PHENYLEPH/DM	
MUCINEX FAST-MAX SEVERE COLD	PHENYLEPHRINE/DM/ACETAMINOP/GG	RESCON-DM	CHLORPHENIRAMIN/PSEUDOEPHED/DM	
PEDIATRIC COUGH-COLD	CHLORPHENIRAMIN/PSEUDOEPHED/DM	ROBAFEN CF	GUAIFENESIN/D-METHORPHAN HB/PE	
POLY-HIST DM	THONZYLAMINE/PHENYLEPHRINE/DM	ROBAFEN COUGH	DEXTROMETHORPHAN HBR	
POLY-HIST PD	THONZYLAMINE/CHLOPHEDIANOL	VIRDEC DM	CHLORPHENIRAMINE/PHENYLEPH/DM	
POLY-VENT DM	GUAIFENESIN/DM/PSEUDOEPHEDRINE	ZONATUSS	BENZONATATE	
PRO-CHLO	PYRILAMINE/PE/CHLOPHEDIANOL			
PROMETHAZINE-DM	PROMETHAZINE/DEXTROMETHORPHAN			
Q-TUSSIN DM	GUAIFENESIN/DEXTROMETHORPHAN			
ROBAFEN DM COUGH	GUAIFENESIN/DEXTROMETHORPHAN			
ROBAFEN DM COUGH-CHEST CONGEST	GUAIFENESIN/DEXTROMETHORPHAN			
ROBAFEN-DM	GUAIFENESIN/DEXTROMETHORPHAN			
RYNEX DM	BROMPHENIRAM/PHENYLEPHRINE/DM			
SILTUSSIN DM	GUAIFENESIN/DEXTROMETHORPHAN			
SILTUSSIN DM DAS COUGH FORMULA	GUAIFENESIN/DEXTROMETHORPHAN			
TUSSIN DM	GUAIFENESIN/DEXTROMETHORPHAN			
VANACOF	D-CHLORPHENIRA/PSE/CHLOPHEDIAN			
VANACOF DM	GUAIFENESIN/D-METHORPHAN HB/PE			
VANACOF-8	PYRILAMINE/CHLOPHEDIANOL			

Cough and Cold (Narcotic)				
Preferred Agents		Non-Preferred Agents		PA CRITERIA
Agent	Ingredients	Agent	Ingredients	
CHERATUSSIN AC	GUAIFENESIN/CODEINE PHOSPHATE	CHERATUSSIN DAC	P-EPHED HCL/CODEINE/GUAIFEN	All products restricted to patients aged 2 years and above
CODEINE-GUAIFENESIN	GUAIFENESIN/CODEINE PHOSPHATE	HYDROCOD-CPM-PSEUDOEPHEDRINE	HYDROCODONE/CPM/PSEUDOEPHED	
GUAIATUSSIN AC	GUAIFENESIN/CODEINE PHOSPHATE	HYDROCODONE BT-HOMATROPINE MBR	HYDROCODONE BIT/HOMATROP ME-BR	
GUAIFENESIN AC	GUAIFENESIN/CODEINE PHOSPHATE	HYDROCODONE-CHLORPHENIRAMNE ER	HYDROCODONE/CHLORPHEN P-STIREX	
GUAIFENESIN-CODEINE	GUAIFENESIN/CODEINE PHOSPHATE	HYDROCODONE-HOMATROPINE MBR	HYDROCODONE BIT/HOMATROP ME-BR	
IOPHEN-C NR	GUAIFENESIN/CODEINE PHOSPHATE	HYDROMET	HYDROCODONE BIT/HOMATROP ME-BR	
PRO-CLEAR AC	CODEINE PHOSPHATE/PYRIL MAL	LORTUSS EX	P-EPHED HCL/CODEINE/GUAIFEN	
PROMETHAZINE-CODEINE	PROMETHAZINE HCL/CODEINE	M-END MAX D	DEXBROMPHENIRAMINE/PSE/CODEINE	
TUSSIONEX	HYDROCODONE/CHLORPHEN P-STIREX	M-END WC	BROMPHENIRA/PSEUDOEPHED/CODEIN	
VIRTUSSIN AC	**GUAIFENESIN/CODEINE PHOSPHATE**	**NINJACOF-XG**	**GUAIFENESIN/CODEINE PHOSPHATE**	
		PHENYLHISTINE DH	P-EPHED HCL/COD/CHLORPHENIR	
		PROMETHAZINE VC-CODEINE	PROMETHAZINE/PHENYLEPH/CODEINE	
		REZIRA	P-EPHED HCL/HYDROCODONE	
		ZUTRIPRO	HYDROCODONE/CPM/PSEUDOEPHED	

Prenatal Vitamins

Preferred Agents	
Agent	Ingredients
CITRANATAL 90 DHA	PNV72/IRON,CARB&GLU/FA/DSS/DHA
CITRANATAL ASSURE	PNV73/IRON,CARB&GLU/FA/DSS/DHA
CITRANATAL B-CALM	PRENATAL #48/IRON CB,GLU/FA/B6
CITRANATAL HARMONY	PNV59/IRON,CARB&FUM/FA/DSS/DHA
CITRANATAL RX	PNV NO.22/IRON CBN&GLUC/FA/DSS
NESTABS	PRENATAL VIT#86/IRON BISGLY/FA
NESTABS ABC	PNV #86/IRON POLY/FA/DHA/EPA
NESTABS DHA	PNV #87/IRON BISGLY/FA/DHA
OB COMPLETE	IRON,CARBONYL/FA/MULTIVIT-MIN
OB COMPLETE PETITE	PRENATAL56/IRON/FOLIC ACID/DHA
PRENATE AM	PRENATAL VIT NO.114/FA/GINGER
PRENATE CHEWABLE	PRENATAL VIT NO.112/FOLIC ACID
PRENATE DHA	PNV #38/IRON FUM/FOLATE/DHA
PRENATE DHA	PNV #78/IRON ASP GLY/FA#1/DHA
PRENATE ELITE	PRENATAL #79/IRON ASP GLY/FA#1
PRENATE ENHANCE	PRENATAL VIT #68/IRON/FA#6/DHA
PRENATE ESSENTIAL	PRENATAL VIT#84/IRON/FA#1/DHA
PRENATE MINI	PRENATAL VIT NO.44/IRON/FA/DHA
PRENATE MINI	PRENATAL VIT NO.87/IRON/FA/DHA
PRENATE PIXIE	PRENATAL VIT#85/IRON/FA#1/DHA
PRENATE RESTORE	PRENATAL VIT #69/IRON/FA#6/DHA
PRENATE STAR	PRENATAL NO.77/IRON ASP GLY/FA
SELECT-OB + DHA	PRENATAL VITS #33/IRON/FA/DHA
TRIADVANCE	PRENATAL VIT 15/IRON CB/FA/DSS
TRICARE	PRENATAL #103/IRON FUMARATE/FA
TRINATAL RX 1	PRENATAL VIT27,CALCIUM/IRON/FA
VITAFOL NANO	PRENATAL NO.75/IRON/FOLATE #1
VITAFOL ULTRA	PNV#67/IRON PS/FA CMB#1/DHA
VITAFOL-OB+DHA	PRENAT VIT COMB.10/IRON/FA/DHA
VITAFOL-ONE	PNV#26/IRON POLY/FA/DHA
VOL-PLUS	PNV WITH CA#74/IRON/FOLIC ACID

Non-Preferred Agents	
Agent	Ingredients
ACTIVE OB	PNV NO.66/IRON,CARBONYL/FA/DHA
COMPLETE NATAL DHA	PNV2/IRON B-G SUC-P/FA/OMEGA-3
COMPLETENATE	PNV #14/FERROUS FUM/FOLIC ACID
CONCEPT DHA	PNV#16/IRON FUM & PS/FA/OM-3
CONCEPT OB	PNV #15/IRON FUM,PS/FOLIC ACID
ELITE-OB	IRON,CARBONYL/FA/MULTIVIT-MIN
EXTRA-VIRT PLUS DHA	PRENATAL #57/IRON/FA/DSS/DHA
FOCALGIN 90 DHA	PNV72/IRON,CARB&GLU/FA/DSS/DHA
FOCALGIN CA	PNV73/IRON,CARB&GLU/FA/DSS/DHA
FOLCAL DHA	PNV66/IRON FUMARATE/FA/DSS/DHA
FOLCAPS OMEGA-3	PNV W-CA NO.37/IRON/FA/OMEGA-3
FOLIVANE-OB	PNV #15/IRON FUM,PS/FOLIC ACID
NATALVIRT 90 DHA	PN W-CA64/IRON CB&GL/FA/DSS/DH
NATALVIRT CA	PNV38/IRON CBN&GLUC/FA/DSS/DHA
NEXA PLUS	PNV53/IRON FUM/FA/DOCUSATE/DHA
OB COMPLETE ONE	PN85/IRON CB&ASP G/FA/DHA/FISH
OB COMPLETE PREMIER	PNV83/IRON,CARB/IRON ASP GL/FA
PAIRE OB PLUS DHA	PNV #8/IRON PS CMP,ASPG/FA/DHA
PR NATAL 400	PNV53/IRON B-G HCL-P/FA/OMEGA3
PR NATAL 400 EC	PNV19/IRON BG HC&SUCC-P/FA/OM3
PR NATAL 430 EC	PNV55/IRON BG HC,SUCC-P/FA/OM3
PREFERA OB	PNV#21/IRON PS& HEME POLYP/FA
PREFERA-OB ONE	PNV #19/IRON PS&HEME/FOLIC/DHA
PREFERA-OB PLUS DHA	PNV COMBO #22/IRON/FA/OM3/DHA
PROVIDA DHA	PRENATAL#90/IRON FUM,PS/FA/DHA
PROVIDA OB	PRENATAL VIT#65/IRON FUM&PS/FA
RELNATE DHA	PNV 11-IRON FUM-FOLIC ACID-OM3
SE-NATAL 19	PNV NO.118/IRON FUMARATE/FA
SE-NATAL 19	PNV119/IRON FUMARATE/FA/DSS
SE-TAN DHA	PNV NO10/IRON FUM&P/FA/OMEGA-3
SELECT-OB	PV W-O CAL/IRON PS CPLX/FA
TARON-BC	PNV WITH CA,NO63/IRON/FA/B6
TARON-C DHA	PNV#16/IRON FUM & PS/FA/OM-3
TRICARE PRENATAL COMPLEAT	PNV103/FE/FA/DHA/EPA/OTHER OM3
TRICARE PRENATAL DHA ONE	PNV#20/IRON/FA/DS/FISH/DHA/EPA
TRINATAL GT	PRENATAL VIT 16/IRON CB/FA/DSS
TRIVEEN-DUO DHA	PNV53/IRON B-G HCL-P/FA/OMEGA3
ULTIMATECARE ONE	PNV W-CA NO.37/IRON/FA/OMEGA-3
VIRT-SELECT	PNV80/IRON FUMARATE/FA/DSS/DHA
VITAFOL-OB	PRENATAL VIT COMB.10/IRON/FA
VOL-NATE	PRENATAL VIT NO.73/IRON/FA
VOL-TAB RX	PRENATAL VIT #76/IRON,CARB/FA
VP-CH-PNV	PNV34/IRON,CARBONYL/FA/DSS/DHA
VP-GGR-B6	PNV/FA/B6/CALCIUM PHOS/GINGER
VP-HEME OB	PNV#21/IRON PS& HEME POLYP/FA
VP-HEME OB + DHA	PNV COMBO #22/IRON/FA/OM3/DHA
VP-HEME ONE	PNV #19/IRON PS&HEME/FOLIC/DHA
VP-PNV-DHA	PRENATAL NO.52/IRON/FA/DHA
ZATEAN-CH	PNV69/IRON,CARBONYL/FA/DSS/DHA
ZATEAN-PN	PNV W-CA #40/IRON FUM/FA CMB#1
ZATEAN-PN DHA	PNV COMBO#47/IRON/FA #1/DHA
ZATEAN-PN PLUS	PNV WITH CA #68/IRON/FA#1/DHA

Iron Oral Agents

Preferred Agents	
Agent	Ingredients
CENTRATEX	FE FUMARATE/FA/MV, MIN COMB#15
FERIVA FA	IRON/FA#1/C/B12/BIOT/COPPR/DSS
FERIVA FA	IRON/FA#6/C/B12/BIOT/COP/DOCUS
FERRALET 90	IRON CARB,GL/FA/B12/C/DOCUSATE
FERRAPLUS 90	IRON/FA/B12/C/DOCUSATE SODIUM
FUSION PLUS	**IRON,FUM&PS/FA/VIT B&C#18/L.CA**
HEMOCYTE PLUS	FE FUMARATE/FA/MV, MIN COMB#15
HEMOCYTE-F	FERROUS FUMARATE/FOLIC ACID
INTEGRA	IRON FUM & PS CMP/VIT C & B
INTEGRA F	IRON FUM & PS CMP/FA/VIT C/B3
INTEGRA PLUS	IRON FUM,PS/FA/VIT B WITH C #9
IROSPAN	IRON BISGLY & PS/FA/B&C#12/SUC
NOVAFERRUM	IRON POLYSACCHARIDE COMPLEX
NOVAFERRUM 125	IRON POLYSACCHARIDE COMPLEX/D3
NOVAFERRUM 50	IRON POLYSACCHARIDE COMPLEX
SE-TAN PLUS	IRON FUM&POLYSAC#1/FA/MV NO.18
TANDEM DUAL ACTION	FERROUS FUMARATE/IRON PS CPLX
TANDEM PLUS	IRON FUM&POLYSAC#1/FA/MV NO.18
TARON FORTE	IRON BG,PS/VITC/B12/FA/CALCIUM

Non-Preferred Agents	
Agent	Ingredients
ACTIVE FE	IRON,CARBONYL/FA/MULTIVIT-MIN
CORVITE 150	IRON,CARB/FA#6/MV, MIN NO.41
CORVITE FE	IRON,CARB/FA#6/MV, MIN NO.40
FERATE	FERROUS GLUCONATE
FERGON	FERROUS GLUCONATE
FERIVA 21-7	**IRON/FA#1/VIT C/B12/ZN/DSS/SUC**
FOCALGIN DSS	IRON CARB,GL/FA/B12/C/DOCUSATE
NATALVIRT FLT	IRON CARB,GL/FA/B12/C/DOCUSATE
NEPHRON FA	FE FUMARATE/DOSS/FA/BCOMP,C
SLOW RELEASE IRON	FERROUS SULFATE
POLY-IRON 150 FORTE	IRON PS CMPLX/VIT B12/FA