



Medicaid Pharmacy Prior Authorization & Preferred Drug List

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Pharmacy Prior Authorization

- People enrolled in either traditional Medicaid or Medicaid managed care adhere to the same formulary. Some drugs on the formulary may require prior authorization.
 - Pharmacy prior authorization services for people enrolled in Medicaid managed care are administered by the person's managed care organization
 - Traditional Medicaid prior authorizations are administered by the Texas Prior Authorization Call Center.

Formulary

- The Medicaid formulary includes legend and over-the-counter drugs. In addition, certain supplies and select vitamin and mineral products are also available as a pharmacy benefit. Some drugs are subject to one or both types of prior authorization: clinical or non-preferred.
 - The Formulary Search identifies the list of Medicaid-covered drugs and whether the drug requires prior authorization.
 - www.txvendordrug.com/formulary/formulary-search.

Preferred Drug List

- The preferred drug list is arranged by drug therapeutic class and contains a subset of many, but not all, drugs on the Medicaid formulary. Most drugs are identified as "preferred" or "non-preferred". Drugs identified on the PDL as "preferred" are available without prior authorization unless there is a clinical prior authorization associated with the drug. Some drugs are subject to both non-preferred and clinical prior authorizations. (CHIP drugs are not subject to PDL requirements.)
 - ▶ www.txvendordrug.com/formulary/prior-authorization/preferred-drugs
- The **PDL Prior Authorization Criteria Guide** explains the criteria used to evaluate prior authorization requests
 - ▶ paxpress.txpa.hidinc.com/pdl_crit_guide.pdf
- Drugs requiring clinical prior authorization are hyperlinked within the list, as shown in the example entry below. Links will take the user to the specific clinical prior authorization document with a narrative explaining the purpose and requirements.

Table 1: PDL Example

<i>Therapeutic Class Name</i>		
Preferred Agents	Non-Preferred Agents	Prior Authorization Criteria
bacitracin ointment BACTROBAN (mupirocin) cream	BACITRACIN PACKET BACTROBAN (mupirocin) ointment	<ul style="list-style-type: none"> • Treatment failure with preferred drugs within any subclass • Contraindication to preferred drugs • Allergic reaction to preferred drugs • Clinical Prior Authorization applies

Clinical Prior Authorization

- **Clinical prior authorizations** may apply to any individual drug or an entire drug class on the formulary, including some preferred and non-preferred drugs. There are certain clinical prior authorizations all managed care organizations are required to perform. Usage of all other clinical prior authorizations will vary between MCOs at the discretion of each MCO.
- All are approved by the Texas Medicaid Drug Utilization Board
- For Medicaid managed care:
 - www.txvendordrug.com/formulary/prior-authorization/mco-clinical-pa
- Traditional Medicaid:
 - www.txvendordrug.com/formulary/prior-authorization/ffs-clinical-pa
- The Clinical Prior Authorization Assistance Chart identifies which clinical prior authorizations are utilized by each MCO:
 - www.txvendordrug.com/sites/txvendordrug/files/docs/prior-authorization/cpa-assistance-chart.pdf

PDL Prior Authorization

- Drugs identified as “non-preferred” require a PDL prior authorization. The PDL Prior Authorization Criteria Guide explains the criteria used to evaluate the non-preferred prior authorization requests.

Obtaining Prior Authorization

As a prescribing provider you can help people enrolled in Medicaid receive medications quickly and conveniently with a few simple steps. Prescribing providers or their representatives should contact one of the following authorization authorities:

Medicaid Managed Care

- Pharmacy prior authorization call centers vary by MCO. The **Prescriber MCO Assistance Chart** identifies each MCO and its prior authorization and member call center phone numbers.
 - www.txvendordrug.com/sites/txvendordrug/files/docs/managed-care/prescriber-assistance-chart.pdf

Traditional Medicaid

- The **Texas Prior Authorization Call Center** accepts prior authorization requests by phone at 1-877-PA-TEXAS (1-877-728-3927) or online. Online submission is only available for non-preferred prior authorization requests.
 - ▶ Texas Prior Authorization Call Center: www.txvendordrug.com/about/contact-us/prior-authorization
 - ◇ Account Registration Instructions: paxpress.txpa.hidinc.com/Account_Reg_Instructions.pdf
 - ◇ Provider Quick Reference: paxpress.txpa.hidinc.com/Provider_Quick_Ref_Guide.pdf
 - ▶ Xenical and enzyme replacement therapy products require prior authorization but are reviewed internally by HHS staff.
 - ◇ Download forms from www.txvendordrug.com/formulary/prior-authorization/medicaid-ffs-forms

Texas Medicaid Drug Utilization Review Board

The board makes recommendations for the PDL and clinical prior authorizations four times a year. Close to 75 therapeutic classes are reviewed each year with approximately one-quarter of the classes reviewed at each meeting:

- Decisions made at January and April meetings are included on the July release of the PDL.
- Decisions made at July and October meetings are included on the January release of the PDL.

Education

- Texas Health Steps offers winning online free continuing education courses and the *Prescriber's Guide to Texas Medicaid Outpatient Pharmacy Prior Authorization* quick course:
 - ▶ www.txhealthsteps.com
 - ▶ www.txvendordrug.com/providers/prescriber-education

Updates

- Both the formulary and PDL are available for free on mobile devices using the Epocrates drug information system:
 - ▶ www.txvendordrug.com/formulary/epocrates
- Texas Medicaid Email Notification Service
 - ▶ www.txvendordrug.com/about/news/notices

Contact

- vdp-formulary@hhsc.state.tx.us

HEALTH AND HUMAN SERVICES COMMISSION
TEXAS MEDICAID PREFERRED DRUG LIST (PDL) and PRIOR AUTHORIZATION (PA) CRITERIA
Effective July 25, 2019

PREFERRED DRUG LIST PUBLICATION LOG

The PDL is published biannually (January, July). Recent changes to the PDL status are highlighted:

July 25, 2019:	Published
July 26, 2019:	Nexium suspension moved to preferred. Nexium capsules remain non-preferred.

ACNE AGENTS, ORAL

Preferred Agents	Non-Preferred Agents	PA Criteria
AMNESTEEM (isotretinoin) CLARAVIS (isotretinoin) isotretinoin MYORISAN (isotretinoin) ZENATANE (isotretinoin)	<i>ABSORICA (isotretinoin)</i>	<ul style="list-style-type: none"> ■ 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 pledgets clindamycin solution erythromycin gel, solution	<i>CLEOCIN-T (clindamycin)</i> <i>clindamycin foam</i> <i>clindamycin gel (Clindagel)</i> <i>clindamycin lotion</i> <i>erythromycin medicated swab</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Topical Acne Agents

Search the Medicaid Formulary <https://www.txvendordrug.com/formulary/formulary-search>

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For drugs in therapeutic classes and/or subclasses that do not have a preferred drug option, the "PDL PA Criteria" in the third column is not relevant but providers must obtain PDL prior authorization.

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ACNE AGENTS, TOPICAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
Benzoyl Peroxide		
benzoyl peroxide gel (Rx) benzoyl peroxide wash	<i>benzoyl peroxide cleanser</i> <i>benzoyl peroxide cream</i> <i>benzoyl peroxide foam</i> <i>benzoyl peroxide gel</i> <i>benzoyl peroxide kit</i> <i>benzoyl peroxide lotion</i> <i>benzoyl peroxide towelette</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Topical Acne Agents
Retinoids		
tretinoin cream (Avita, Retin-A) tretinoin gel	<i>adapalene</i> ALTRENO (tretinoin) <i>ATRALIN (tretinoin)</i> <i>AVITA (tretinoin)</i> <i>DIFFERIN (adapalene)</i> <i>FABIOR (tazarotene)</i> <i>tazarotene</i> <i>TAZORAC (tazarotene)</i> <i>tretinoin gel (Atralin)</i> <i>tretinoin microspheres</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Topical Retinoids

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ACNE AGENTS, TOPICAL			
Preferred Agents	Non-Preferred Agents	PA Criteria	
Combination and Other Agents			
	ACZONE 7.5% (<i>dapsone</i>) AZELEX (<i>azelaic acid</i>) BENZACLIN GEL (<i>benzoyl peroxide/clindamycin</i>) benzoyl peroxide (<i>Epiduo</i>) clindamycin/benzoyl peroxide clindamycin/tretinoin dapsone DUAC (<i>benzoyl peroxide/clindamycin</i>) EPIDUO (<i>benzoyl peroxide/adapalene</i>) EPIDUO FORTE (<i>benzoyl peroxide/adapalene</i>)	erythromycin/benzoyl peroxide sulfacetamide sulfacetamide sodium sulfacetamide sodium/sulfur sulfacetamide/sulfur sulfacetamide/sulfur/urea ZIANA (<i>clindamycin/tretinoin</i>)	<ul style="list-style-type: none"> ■ 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* rivastigmine transdermal	ARICEPT (<i>donepezil</i>)* donepezil 23 mg tablet* EXELON (<i>rivastigmine</i>) transdermal galantamine* galantamine ER RAZADYNE (<i>galantamine</i>) tablet* RAZADYNE ER (<i>galantamine ER</i>) rivastigmine capsules	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>Dose Optimization applies to some strengths where a "*" is noted</p>	

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ALZHEIMER'S AGENTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
NMDA Receptor Antagonist		
memantine tablets	<i>memantine solution</i> <i>memantine tablet dose pack</i> <i>NAMENDA (memantine) tablets</i> <i>NAMENDA XR (memantine)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Cholinesterase Inhibitor/NMDA Receptor Antagonist Combinations		
	<i>NAMZARIC (donepezil/memantine)</i>	

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ANALGESICS, NARCOTIC – LONG ACTING		
Preferred Agents	Non-Preferred Agents	PA Criteria
BUTRANS (buprenorphine) EMBEDA (morphine/naloxone) fentanyl patch (12.5, 25, 50, 75, 100 mcg) morphine ER (generic MS Contin) tramadol ER (Ultram ER)	<i>BELBUCA (buprenorphine)</i> <i>buprenorphine patch</i> DURAGESIC (fentanyl) <i>EXALGO (hydromorphone)</i> fentanyl patch (37.5, 62.5, 87.5 mcg) <i>hydromorphone ER</i> <i>HYSINGLA ER (hydrocodone)</i> <i>KADIAN (morphine)</i> <i>methadone</i> <i>MORPHABOND ER (morphine)</i> <i>morphine ER (generic Avinza, Kadian)</i>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <i>MS CONTIN (morphine)</i> <i>NUCYNTA ER (tapentadol)</i> <i>OPANA ER (oxymorphone)</i> oxycodone ER OXYCONTIN (oxycodone) <i>oxymorphone ER</i> <i>tramadol ER (generic Conzip, Ryzolt)</i> XTAMPZA ER (oxycodone) </div> <div style="width: 50%;"> <ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs ■ Methadone oral solution will be authorized for patients less than 24 months of age. <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Morphine Milligram Equivalent ■ Opiate Overutilization ■ Opiate/Benzodiazepine/Muscle Relaxant <p>A drug specific prior authorization applies to drugs with a hyperlink</p> </div> </div>

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ANALGESICS, NARCOTIC – SHORT ACTING (NON-PARENTERAL)		
Preferred Agents	Non-Preferred Agents	PA Criteria
APAP/codeine hydrocodone/APAP hydrocodone/ibuprofen hydromorphone tablet morphine tablets morphine solution oxycodone solution oxycodone tablet oxycodone/APAP tramadol tramadol/APAP	<i>ACTIQ (fentanyl)</i> <i>butalbital/ASA/caffeine/codeine</i> <i>butalbital/APAP/caffeine/codeine</i> <i>butorphanol</i> <u>carisoprodol/aspirin/codeine</u> <i>codeine</i> <i>dihydrocodeine/ASA/caffeine</i> <i>DILAUDID (hydromorphone)</i> <u>fentanyl buccal</u> <u>FENTORA (fentanyl)</u> <i>FIORINAL W/CODEINE (butalbital/ASA/caffeine/codeine)</i> <i>hydromorphone liquid</i> <i>hydromorphone suppositories</i> <i>IBUDONE (hydrocodone/ibuprofen)</i> <u>LAZANDA (fentanyl)</u> <i>levorphanol</i> <i>meperidine</i> <i>morphine concentrated solution</i>	<div style="background-color: #fff2cc; padding: 5px;"> NALOCET (oxycodone/APAP) <i>NORCO (hydrocodone/APAP)</i> <i>NUCYNTA (tapentadol)</i> <i>OPANA (oxymorphone)</i> <i>oxycodone/ASA</i> <i>oxycodone/ibuprofen</i> <i>oxycodone capsule</i> <i>oxycodone concentrated solution</i> <i>oxymorphone</i> <i>pentazocine/naloxone</i> <i>PERCOCET (oxycodone/APAP)</i> <i>ROXICODONE (oxycodone)</i> <u>SUBSYS (fentanyl)</u> <i>TYLENOL-CODEINE (codeine/APAP)</i> <i>ULTRACET (tramadol/APAP)</i> <i>ULTRAM (tramadol)</i> </div> <ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ <u>Morphine Milligram Equivalent</u> ■ <u>Opiate Overutilization</u> ■ <u>Opiate/Benzodiazepine/Muscle Relaxant</u> <p>A drug specific prior authorization applies to drugs with a <u>hyperlink</u></p>

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ANDROGENIC AGENTS, TOPICAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
ANDROGEL (testosterone) pump	<p><i>ANDRODERM (testosterone)</i> <i>ANDROGEL (testosterone) packet</i> <i>FORTESTA (testosterone)</i> <i>TESTIM (testosterone)</i> <i>testosterone gel</i> <i>VOGELXO (testosterone)</i></p>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Androgenic Agents

ANGIOTENSIN MODULATORS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Ace Inhibitors		
benazepril enalapril fosinopril* lisinopril quinapril ramipril*	<p><i>ACCUPRIL (quinapril)</i> <i>ALTACE (ramipril)*</i> <i>captopril</i> <i>EPANED (enalapril)</i> <i>moexepiril</i> <i>perindopril*</i> <i>PRINIVIL (lisinopril)</i></p>	<p><i>QBRELIS (lisinopril) solution</i> <i>trandolapril*</i> <i>VASOTEC (enalapril)</i></p> <ul style="list-style-type: none"> ■ 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 <p>Dose Optimization applies to some strengths where a "*" is noted</p>

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ANGIOTENSIN MODULATORS														
Preferred Agents	Non-Preferred Agents	PA Criteria												
ACE Inhibitor/Diuretic Combinations														
enalapril/HCTZ lisinopril/HCTZ	ACCURETIC (quinapril/HCTZ) benazepril/HCTZ captopril/HCTZ fosinopril/HCTZ moexipril/HCTZ quinapril/HCTZ VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Duplicate Therapy 												
Angiotensin II Receptor Blockers (ARBs)														
DIOVAN (valsartan)* irbesartan* losartan_	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">ATACAND (candesartan)*</td> <td style="width: 50%;">EDARBI (azilsartan)</td> </tr> <tr> <td>AVAPRO (irbesartan)*</td> <td>eprosartan</td> </tr> <tr> <td>BENICAR (olmesartan)*</td> <td>MICARDIS (telmisartan)*</td> </tr> <tr> <td>candesartan*</td> <td>olmesartan*</td> </tr> <tr> <td>COZAAR (losartan)*</td> <td>telmisartan*</td> </tr> <tr> <td></td> <td>valsartan*</td> </tr> </table>	ATACAND (candesartan)*	EDARBI (azilsartan)	AVAPRO (irbesartan)*	eprosartan	BENICAR (olmesartan)*	MICARDIS (telmisartan)*	candesartan*	olmesartan*	COZAAR (losartan)*	telmisartan*		valsartan*	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Duplicate Therapy <p>Dose Optimization applies to some strengths where a "*" is noted</p>
ATACAND (candesartan)*	EDARBI (azilsartan)													
AVAPRO (irbesartan)*	eprosartan													
BENICAR (olmesartan)*	MICARDIS (telmisartan)*													
candesartan*	olmesartan*													
COZAAR (losartan)*	telmisartan*													
	valsartan*													

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ANGIOTENSIN MODULATORS		
Preferred Agents	Non-Preferred Agents	PA Criteria
ARB/Diuretic Combinations		
irbesartan/HCTZ losartan/HCTZ*	<p><i>ATACAND-HCT (candesartan/HCTZ)</i></p> <p><i>AVALIDE (irbesartan/HCTZ)</i></p> <p><i>BENICAR-HCT (olmesartan/HCTZ)</i></p> <p><i>candesartan/HCTZ</i></p> <p><i>DIOVAN-HCT (valsartan/HCTZ)</i></p> <p><i>EDARBYCLOR (azilsartan/chlorthalidone)</i></p> <p><i>HYZAAR (losartan/HCTZ)*</i></p>	<p><i>MICARDIS-HCT (telmisartan/HCTZ)</i></p> <p><i>olmesartan/HCTZ</i></p> <p><i>telmisartan /HCTZ</i></p> <p><i>valsartan/HCTZ</i></p> <ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Duplicate Therapy <p>Dose Optimization applies to some strengths where a "*" is noted</p>
Direct Renin Inhibitors		
	TEKTURNA (aliskerin)	A drug specific prior authorization applies to drugs with a hyperlink
Direct Renin Inhibitor/Diuretic Combinations		
	TEKTURNA HCT (aliskerin/HCTZ)	A drug specific prior authorization applies to drugs with a hyperlink

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ANGIOTENSIN MODULATORS		
Preferred Agents	<i>Non-Preferred Agents</i>	PA Criteria
ARB/Nepriylsin Inhibitor Combinations		
ENTRESTO (valsartan/sacubitril)		<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Duplicate Therapy

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ANGIOTENSIN MODULATOR COMBINATIONS		
Preferred Agents	Non-Preferred Agents	PA Criteria
benazepril /amlodipine valsartan/amlodipine	AZOR (olmesartan/amlodipine) BYVALSON (valsartan/nebivolol) EXFORGE (valsartan/amlodipine) LOTREL (benazepril/amlodipine) olmesartan/amlodipine olmesartan/amlodipine/HCTZ telmisartan/amlodipine trandolapril/verapamil valsartan/amlodipine/HCTZ	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>A drug specific prior authorization applies to drugs with a hyperlink</p>
ANTI-ALLERGENS, ORAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
	ORALAIR (Sweet Vernal, Orchard, Perennial Rye, Timothy, & Kentucky Blue Grass mixed pollens allergen extract)	A drug specific prior authorization applies to drugs with a hyperlink
ANTIBIOTICS, GASTROINTESTINAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
FIRVANQ (vancomycin) metronidazole tablet neomycin tinidazole	DIFICID (fidaxomicin) FLAGYL (metronidazole) metronidazole capsule paromomycin TINDAMAX (tinidazole) VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>A drug specific prior authorization applies to drugs with a hyperlink</p>

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ANTIBIOTICS, INHALED

Preferred Agents	Non-Preferred Agents	PA Criteria
ARIKAYCE (amikacin) BETHKIS (tobramycin) CAYSTON (aztreonam) KITABIS PAK (tobramycin) TOBI PODHALER (tobramycin)	<i>TOBI (tobramycin) solution</i> <i>tobramycin solution</i>	<ul style="list-style-type: none"> ■ 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 gentamicin mupirocin ointment triple antibiotic ointment neomycin/polymyxin/pramoxine	<i>CENTANY (mupirocin)</i> <i>mupirocin cream</i> <i>mupirocin ointment syringe</i>	<ul style="list-style-type: none"> ■ 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 CLINDESSE (clindamycin) metronidazole NUVESSA (metronidazole)	<i>CLEOCIN (clindamycin) cream</i> <i>VANDAZOLE (metronidazole)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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ANTICOAGULANTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
ELIQUIS (apixaban) enoxaparin FRAGMIN (dalteparin) syringe PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban)	ARIXTRA (<i>fondaparinux</i>) COUMADIN (<i>warfarin</i>) <i>fondaparinux</i> FRAGMIN (<i>dalteparin</i>) vial LOVENOX (<i>enoxaparin</i>) SAVAYSA (<i>edoxaban</i>)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Duplicate Therapy

ANTIDEPRESSANTS, OTHER		
Preferred Agents	Non-Preferred Agents	PA Criteria
bupropion bupropion SR bupropion XL* mirtazapine* phenelzine trazodone venlafaxine ER capsules*	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> APLENZIN (<i>bupropion</i>) <i>desvenlafaxine ER</i> EFFEXOR XR (<i>venlafaxine</i>)* EMSAM (<i>selegiline</i>) FETZIMA (<i>levomilnacipran</i>) FORFIVO XL (<i>bupropion</i>) KHEDEZLA (<i>desvenlafaxine</i>) MARPLAN (<i>isocarboxazid</i>) NARDIL (<i>phenelzine</i>) <i>nefazodone</i> </div> <div style="width: 45%;"> PRISTIQ (<i>desvenlafaxine</i>) REMERON (<i>mirtazapine</i>)* <i>tranylcypromine</i> TRINTELLIX (<i>vortioxetine</i>) <i>venlafaxine IR</i> <i>venlafaxine ER tablets*</i> VIIBRYD (<i>vilazodone</i>) WELLBUTRIN SR (<i>bupropion</i>) WELLBUTRIN XL (<i>bupropion</i>)* </div> </div>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>Dose Optimization applies to some strengths where a "*" is noted</p>

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ANTIDEPRESSANTS, SSRIS		
Preferred Agents	Non-Preferred Agents	PA Criteria
citalopram* escitalopram tablets* fluoxetine IR fluvoxamine paroxetine* sertraline*	<i>BRISDELLE (paroxetine)</i> <i>CELEXA (citalopram)*</i> <i>escitalopram solution</i> <i>fluoxetine capsule DR</i> <i>fluvoxamine ER</i> <i>LEXAPRO (escitalopram)*</i>	<i>paroxetine CR*</i> <i>PAXIL (paroxetine)*</i> <i>PAXIL CR (paroxetine)*</i> <i>PROZAC (fluoxetine)</i> <i>ZOLOFT (sertraline)*</i>
		<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>Dose Optimization applies to some strengths where a "*" is noted</p>

ANTIDEPRESSANTS, TRICYCLIC		
Preferred Agents	Non-Preferred Agents	PA Criteria
Amitriptyline doxepin imipramine nortriptyline capsule	<i>amoxapine</i> <i>ANAFRANIL (clomipramine)</i> <i>clomipramine</i> <i>desipramine</i> <i>imipramine pamoate</i> <i>maprotiline</i> <i>nortriptyline solution</i> <i>PAMELOR (nortriptyline)</i> <i>protriptyline</i>	<i>SURMONTIL (trimipramine)</i> <i>TOFRANIL (imipramine)</i> <i>trimipramine</i>
		<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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ANTIEMETIC-ANTIVERTIGO AGENTS (EXCLUDES INJECTABLES)		
Preferred Agents	Non-Preferred Agents	PA Criteria
Anticholinergics, Antihistamines, Dopamine Antagonists		
Dimenhydrinate meclizine metoclopramide solution, tablets phosphoric acid/dextrose/fructose prochlorperazine tablets promethazine syrup, tablets	<i>BONJESTA (doxylamine/pyridoxine)</i> <i>COMPRO (prochlorperazine)</i> <i>DICLEGIS (doxylamine/pyridoxine)</i> <i>metoclopramide ODT</i> <i>prochlorperazine suppositories</i> promethazine suppositories <i>REGLAN (metoclopramide)</i> <i>scopolamine patches</i> <i>TRANSDERM-SCOP (scopolamine)</i> <i>trimethobenzamide</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>A drug specific prior authorization applies to drugs with a hyperlink</p>
Cannabinoids		
	<i>dronabinol</i> <i>MARINOL (dronabinol)</i>	
5-HT3 Receptor Antagonists		
ondansetron	ANZEMET (dolasetron) granisetron SANCUSO (granisetron) <i>ZOFRAN (ondansetron)</i> <i>ZUPLENZ (ondansetron)</i>	<ul style="list-style-type: none"> ■ 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 <p>A drug specific prior authorization applies to drugs with a hyperlink</p>

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ANTIEMETIC-ANTIVERTIGO AGENTS
(EXCLUDES INJECTABLES)

Preferred Agents	Non-Preferred Agents	PA Criteria
Substance P Antagonists & Combinations		
	<i>aprepitant</i> <i>AKYNZEO (netupitant/palonosetron)</i> <i>EMEND (aprepitant)</i>	The following Clinical Prior Authorization applies to all drugs in the class: <ul style="list-style-type: none"> ■ Antiemetic

ANTIFUNGALS, ORAL

Preferred Agents	Non-Preferred Agents	PA Criteria	
clotrimazole fluconazole griseofulvin suspension ketoconazole nystatin terbinafine	<i>ANCOBON (flucytosine)</i> <i>CRESEMBA (isavuconazonium sulfate)</i> <i>DIFLUCAN (fluconazole)</i> <i>flucytosine</i> <i>griseofulvin tablets</i> <i>itraconazole</i>	<i>NOXAFIL (posaconazole)</i> <i>nystatin powder</i> <i>ORAVIG (miconazole)</i> <i>SPORANOX (itraconazole)</i> <i>TOLSURA (itraconazole)</i> <i>VFEND (voriconazole)</i> <i>voriconazole</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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ANTIFUNGALS, TOPICAL			
Preferred Agents	Non-Preferred Agents	PA Criteria	
Antifungals			
clotrimazole ketoconazole shampoo miconazole cream, powder nystatin terbinafine tolnaftate cream, powder	<i>BENSAL HP (benzoic acid/salicylic acid)</i> <i>ciclopirox</i> <i>DERMACINRX THERAZOLE PAK (betamethasone/clotrimazole/zinc oxide)</i> <i>econazole</i> <i>EXTINA (ketoconazole)</i> <i>FUNGOID (miconazole)</i> <i>JUBLIA (efinaconazole)</i> <i>KERYDIN (tavaborole)</i> <i>ketoconazole cream, foam</i>	<i>LOPROX (ciclopirox)</i> <i>MENTAX (butenafine)</i> <i>miconazole ointment, spray</i> <i>naftifine</i> <i>oxiconazole</i> <i>OXISTAT (oxiconazole)</i> <i>VUSION (miconazole/zinc/petrolatum)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Antifungal/Steroid Combinations			
clotrimazole/betamethasone cream	<i>clotrimazole/betamethasone lotion</i> <i>LOTRISONE (clotrimazole/betamethasone)</i> <i>nystatin/triamcinolone</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs 	

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ANTI-HISTAMINES, FIRST GENERATION			
Preferred Agents	Non-Preferred Agents		PA Criteria
Antihistamines			
carbinoxamine liquid clemastine tablet OTC chlorpheniramine IR tablets cyproheptadine syrup diphenhydramine capsules, liquid, tablet HISTEX (triprolidine) liquid, PD DROPS hydroxyzine	<i>carbinoxamine tablets</i> <i>chlorpheniramine ER tablets</i> <i>clemastine tablets</i> <i>cyproheptadine tablet</i> <i>ED CHLORPRED (chlorpheniramine/ phenylephrine)</i>	<i>KARBINAL ER (carbinoxamine) suspension</i> <i>M-HIST (triprolidine) PD DROPS</i> <i>RYCLORA (dexchlorpheniramine)</i> <i>RYVENT (carbinoxamine)</i> <i>triprolidine</i> <i>VANACLEAR (triprolidine) PD DROPS</i> <i>VANAHIST (triprolidine) PD DROPS</i> <i>VANAMINE (diphenhydramine) PD DROPS</i> <i>VISTARIL (hydroxyzine)</i>	<ul style="list-style-type: none"> ■ Treatment failure after no less than a 30-day trial of preferred drugs ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Duplicate Therapy

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ANTIHISTAMINES, MINIMALLY SEDATING		
Preferred Agents	Non-Preferred Agents	PA Criteria
Antihistamines		
cetirizine solution, tablets* loratadine solution, tablets	<i>cetirizine chewable</i> <i>CLARINEX (desloratadine)</i> <i>desloratadine</i> <i>fexofenadine</i> <i>levocetirizine</i> <i>loratadine ODT</i>	<ul style="list-style-type: none"> ■ Treatment failure after no less than a 30-day trial of preferred drugs ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Duplicate Therapy <p>Dose Optimization applies to some strengths where a "*" is noted</p>
Antihistamine/Decongestant Combinations		
	<i>cetirizine/pseudoephedrine</i> <i>loratadine/pseudoephedrine</i> <i>SEMPREX-D (acrivastine/pseudoephedrine)</i>	<ul style="list-style-type: none"> ■ Treatment failure after no less than a 30-day trial of preferred drugs ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Duplicate Therapy

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ANTIHYPERTENSIVES, SYMPATHOLYTICS		
Preferred Agents	Non-Preferred Agents	PA Criteria
CATAPRES-TTS (clonidine) clonidine IR tablets guanfacine IR methyldopa	<i>CATAPRES (clonidine)</i> <i>clonidine transdermal</i> <i>methyldopa / HCTZ</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs Allergic reaction to preferred drugs <p>A drug specific prior authorization applies to drugs with a hyperlink</p>
ANTHYPERURICEMICS		
Preferred Agents	Non-Preferred Agents	PA Criteria
allopurinol probenecid probenecid/colchicine	<i>colchicine</i> <i>COLCRYS (colchicine)</i> <i>ULORIC (febuxostat)</i> <i>ZYLOPRIM (allopurinol)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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ANTIMIGRAINE AGENTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Triptans		
rizatriptan sumatriptan injection kit sumatriptan syringe sumatriptan tablets sumatriptan vial ZOMIG (zolmitriptan) nasal	almotriptan AMERGE (naratriptan) eletriptan FROVA (frovatriptan) frovatriptan IMITREX (sumatriptan) injection kit IMITREX (sumatriptan) nasal IMITREX (sumatriptan) tablets IMITREX (sumatriptan) vial MAXALT (rizatriptan) naratriptan	ONZETRA XSAIL (sumatriptan) RELPAX (eletriptan) sumatriptan nasal sumatriptan/naproxen SUMAVEL DOSEPRO (sumatriptan) TREXIMET (sumatriptan/naproxen) ZEMBRACE SYMTOUCH (sumatriptan) zolmitriptan tablets ZOMIG (zolmitriptan) tablets
<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>A drug specific prior authorization applies to drugs with a hyperlink</p>		
Non-Triptans		
EMGALITY (galcanezumab-gnlm)	AIMOVIG (erenumab) AJOVY (fremanezumab-vfrm) CAMBIA (diclofenac) D.H.E. 45 (dihydroergotamine) dihydroergotamine mesylate MIGRANAL (dihydroergotamine mesylate)	A drug specific prior authorization applies to drugs with a hyperlink
ANTIPARASITICS, TOPICAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
NATROBA (spinosad) permethrin SKLICE (ivermectin)	EURAX (crotamiton) lindane malathion OVIDE (malathion) VANALICE OTC (piperonyl butoxide/pyrethrum)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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ANTIPARKINSON'S AGENTS (ORAL/TRANSDERMAL)		
Preferred Agents	Non-Preferred Agents	PA Criteria
Anticholinergics		
benztropine trihexyphenidyl		<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
COMT Inhibitors		
	COMTAN (<i>entacapone</i>) <i>entacapone</i> TASMAR (<i>tolcapone</i>) <i>tolcapone</i>	
Dopamine Agonists		
bromocriptine pramipexole ropinirole	MIRAPEX (<i>pramipexole</i>) MIRAPEX ER (<i>pramipexole</i>) NEUPRO transdermal (<i>rotigotine</i>) <i>pramipexole ER</i> REQUIP (<i>ropinirole</i>) REQUIP XL (<i>ropinirole</i>) <i>ropinirole ER</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
MAO-B Inhibitors		
	AZILECT (<i>rasagiline</i>) <i>rasagiline</i> <i>selegiline</i> XADAGO (<i>safinamide</i>) ZELAPAR (<i>selegiline</i>)	

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ANTIPARKINSON'S AGENTS (ORAL/TRANSDERMAL)		
Preferred Agents	Non-Preferred Agents	PA Criteria
Others		
amantadine carbidopa/levodopa tablets carbidopa/levodopa ER carbidopa/levodopa/entacapone	<i>carbidopa</i> <i>carbidopa/levodopa ODT</i> <i>DUOPA (carbidopa/levodopa)</i> <i>GOCOVRI (amantadine)</i> <i>LODOSYN (carbidopa)</i> <i>OSMOLEX ER (amantadine)</i> <i>RYTARY (carbidopa/levodopa)</i> <i>SINEMET (carbidopa/levodopa)</i> <i>SINEMET CR (carbidopa/levodopa)</i> <i>STALEVO (levodopa/carbidopa/entacapone)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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ANTIPSYCHOTICS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Antipsychotics		
aripiprazole tablets* chlorpromazine clozapine fluphenazine haloperidol LATUDA (lurasidone) olanzapine* olanzapine ODT*	perphenazine quetiapine IR risperidone tablets*, solution SAPHRIS (asenapine) thioridazine thiothixene trifluoperazine ziprasidone	ABILIFY (aripiprazole) tablets* aripiprazole ODT, solution clozapine ODT CLOZARIL (clozapine) FANAPT (iloperidone) FAZACLO (clozapine) GEODON (ziprasidone) INVEGA (paliperidone) loxapine NUPLAZID (pimavanserin) ORAP (pimozide) paliperidone
		pimoziide quetiapine ER REXULTI (brexpiprazole) RISPERDAL (risperidone)* risperidone ODT* SEROQUEL (quetiapine) SEROQUEL XR (quetiapine) VERSACLOZ (clozapine) VRAYLAR (cariprazine) ZYPREXA (olanzapine)* ZYPREXA ZYDIS (olanzapine)*
		<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Antipsychotics <p>A drug specific prior authorization applies to drugs with a hyperlink</p> <p>Dose Optimization applies to some strengths where a "*" is noted</p>
Antipsychotic/SSRI Combinations		
amitriptyline/perphenazine	olanzapine/fluoxetine SYMBYAX (olanzapine/fluoxetine)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Antipsychotics

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ANTIPSYCHOTICS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Long-Acting Injectables		
ABILIFY MAINTENA (aripiprazole) ARISTADA (aripiprazole) ARISTADA INITIO (aripiprazole) INVEGA SUSTENNA (paliperidone) INVEGA TRINZA (paliperidone) RISPERDAL CONSTA (risperidone)	<i>PERSERIS (risperidone)</i> <i>ZYPREXA RELPREVV (olanzapine)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Antipsychotics <p>A drug specific prior authorization applies to drugs with a hyperlink</p>

ANTIVIRALS (ORAL/NASAL)		
Preferred Agents	Non-Preferred Agents	PA Criteria
Antiherpetic		
acyclovir famciclovir valacyclovir	<i>VALTrex (valacyclovir)</i> <i>ZOVIRAX (acyclovir)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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ANTIVIRALS (ORAL/NASAL)		
Preferred Agents	Non-Preferred Agents	PA Criteria
Anti-influenza		
oseltamivir RELENZA (zanamivir) TAMIFLU (oseltamivir)	<i>rimantadine</i> <i>XOFLUZA (baloxavir)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Anti-CMV		
VALCYTE (valganciclovir) tablets	<i>VALCYTE (valganciclovir) solution</i> <i>valganciclovir tablets, solution</i>	<ul style="list-style-type: none"> ■ 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 DENAVER (penciclovir)	<i>XERESE (acyclovir/hydrocortisone)</i> <i>ZOVIRAX (acyclovir)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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ANXIOLYTICS		
Preferred Agents	Non-Preferred Agents	PA Criteria
alprazolam tablet buspirone chlordiazepoxide clorazepate diazepam solution diazepam tablet lorazepam intensol lorazepam tablet	<i>alprazolam ER</i> <i>alprazolam intensol</i> <i>alprazolam ODT</i> <i>diazepam intensol</i> <i>meprobamate</i> <i>oxazepam</i> <i>TRANXENE T-TAB (clorazepate)</i> <i>XANAX XR (alprazolam)</i> <i>XANAX (alprazolam) tablet</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Anxiolytics ■ Opiate/Benzodiazepine/Muscle Relaxant

BETA BLOCKERS (ORAL)		
Preferred Agents	Non-Preferred Agents	PA Criteria
Beta Blockers		
acebutolol atenolol bisoprolol HEMANGEOL (propranolol) metoprolol IR metoprolol XL propranolol IR sotalol	<i>betaxolol</i> <i>BYSTOLIC (nebivolol)</i> <i>INDERAL LA (propranolol)</i> <i>INNOPRAN XL (propranolol)</i> KAPSPARGO (metoprolol succinate) <i>nadolol</i> <i>pindolol</i> <i>propranolol ER</i> <i>SOTYLIZE (sotalol)</i> <i>TENORMIN (atenolol)</i> <i>timolol</i> <i>TOPROL XL (metoprolol succinate)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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BETA BLOCKERS (ORAL)		
Preferred Agents	Non-Preferred Agents	PA Criteria
Beta Blocker Combinations		
atenolol/chlorthalidone bisoprolol/HCTZ	CORZIDE (<i>nadolol/bendroflumethiazide</i>) DUTOPROL (<i>metoprolol succinate ER/HCTZ</i>) metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ TENORETIC (<i>atenolol/HCTZ</i>) ZIAC (<i>bisoprolol/HCTZ</i>)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>A drug specific prior authorization applies to drugs with a hyperlink</p>
Beta- and Alpha-Blockers		
carvedilol labetalol	<i>carvedilol ER*</i> <i>COREG (carvedilol)</i> <i>COREG CR (carvedilol)*</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>Dose Optimization applies to some strengths where a "*" is noted</p>

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BILE SALTS

Preferred Agents	Non-Preferred Agents	PA Criteria
ursodiol tablet	<i>ACTIGALL (ursodiol)</i> <i>CHENODAL (chenodiol)</i> <i>CHOLBAM (cholic acid)</i> <i>OCALIVA (obeticholic acid)</i> <i>URSO (ursodiol)</i> <i>URSO FORTE (urosodiol)</i> <i>ursodiol capsule</i>	<ul style="list-style-type: none"> ■ 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* oxybutynin ER* TOVIAZ (fesoterodine) VESICARE (solifenacin)*	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <i>darifenacin</i> <i>DETROL (tolterodine)</i> <i>DETROL LA (tolterodine)*</i> <i>DITROPAN XL (oxybutynin)*</i> <i>ENABLEX (darifenacin)</i> <i>flavoxate</i> <i>GELNIQUE (oxybutynin)</i> <i>MYRBETRIQ (mirabegron)</i> </div> <div style="width: 45%;"> <i>OXYTROL (oxybutynin)</i> <i>tolterodine</i> <i>tolterodine ER*</i> <i>trospium</i> <i>trospium ER</i> </div> </div>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p style="color: blue; font-size: small;">Dose Optimization applies to some strengths where a "*" is noted</p>

BONE RESORPTION SUPPRESSION AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents	PA Criteria
Bisphosphonates		
alendronate tablets	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <i>ACTONEL (risedronate)</i> <i>alendronate solution</i> <i>ATELVIA (risedronate)</i> <i>BINOSTO (alendronate)</i> <i>BONIVA (ibandronate)</i> <i>etidronate</i> </div> <div style="width: 45%;"> <i>FOSAMAX (alendronate)</i> <i>FOSAMAX PLUS D (alendronate/vitamin D)</i> <i>ibandronate</i> <i>risedronate</i> </div> </div>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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BONE RESORPTION SUPPRESSION AND RELATED AGENTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Other Bone Resorption Suppression and Related Agents		
	<i>calcitonin nasal</i> EVISTA (raloxifene) <i>FORTEO (teriparatide)</i> raloxifene <i>TYMLOS (abaloparatide)</i>	A drug specific prior authorization applies to drugs with a hyperlink
BPH AGENTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Alpha Blockers		
alfuzosin doxazosin* tamsulosin terazosin*	<i>CARDURA (doxazosin)*</i> <i>FLOMAX (tamsulosin)*</i> <i>RAPAFLO (silodosin)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs Dose Optimization applies to some strengths where a “*” is noted
5-Alpha-Reductase (5AR) Inhibitors		
finasteride	<i>AVODART (dutasteride)</i> <i>dutasteride</i> <i>PROSCAR (finasteride)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Alpha Blocker/5AR Inhibitor Combinations		
	<i>dutasteride/tamsulosin</i> <i>JALYN (dutasteride/tamsulosin)</i>	

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BRONCHODILATORS, BETA AGONIST		
Preferred Agents	Non-Preferred Agents	PA Criteria
Inhalers, Short-Acting		
PROAIR HFA (albuterol) PROVENTIL HFA (albuterol)	<i>levalbuterol</i> <i>PROAIR RESPICLICK (albuterol)</i> <i>VENTOLIN HFA (albuterol)</i> <i>XOPENEX HFA (levalbuterol)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Duplicate Therapy
Inhalers, Long-Acting		
	<i>ARCAPTA (indacaterol)</i> <i>SEREVENT (salmeterol)</i> <i>STRIVERDI RESPIMAT (olodaterol)</i>	<p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Duplicate Therapy
Inhalation Solution		
albuterol	<i>BROVANA (arformoterol)</i> <i>levalbuterol</i> <i>PERFOROMIST (formoterol)</i> <i>XOPENEX (levalbuterol)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Duplicate Therapy

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BRONCHODILATORS, BETA AGONIST

Preferred Agents	Non-Preferred Agents	PA Criteria
Oral		
albuterol syrup	albuterol tablet albuterol ER metaproterenol terbutaline	<ul style="list-style-type: none"> ■ 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
Short-Acting		
diltiazem verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nicardipine nifedipine nimodipine NYMALIZE (nimodipine) PROCARDIA (nifedipine)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
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)*	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>PROCARDIA XL (nifedipine)* TIAZAC (diltiazem) verapamil 360 mg capsules verapamil ER PM* VERELAN (verapamil) VERELAN PM (verapamil)</p> </div> <div style="width: 35%;"> <ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs </div> </div> <p style="margin-top: 10px;">Dose Optimization applies to some strengths where a "*" is noted</p>

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CEPHALOSPORINS AND RELATED ANTIBIOTICS (ORAL)		
Preferred Agents	Non-Preferred Agents	PA Criteria
Beta Lactam/Beta-Lactamase Inhibitor Combinations		
amoxicillin/clavulanate tablets, XR tablets, suspension	<i>amoxicillin/clavulanate chewable</i> <i>AUGMENTIN suspension (amoxicillin/clavulanate)</i> <i>AUGMENTIN XR (amoxicillin/clavulanate)</i>	<ul style="list-style-type: none"> ■ 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	<i>cefadroxil tablets</i> <i>cephalexin tablets</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Cephalosporins – Second Generation		
cefprozil suspension cefuroxime tablets	<i>cefaclor ER</i> <i>cefaclor IR capsules, suspension</i> <i>cefprozil tablets</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Cephalosporins – Third Generation		
cefdinir	<i>Cefixime</i> <i>cefpodoxime</i> <i>ceftibuten</i> <i>SUPRAX (cefixime)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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COLONY STIMULATING FACTORS

Preferred Agents	Non-Preferred Agents	PA Criteria
FULPHILA (pegfilgrastim - jmdb) GRANIX (tbo-filgrastim) NEUPOGEN (filgrastim) vial, syringe	LEUKINE (sargramostim) NEULASTA (pegfilgrastim) NIVESTYM (filgrastim-aafi) UDENYCA (pegfilgrastim-cbqv) ZARXIO (filgrastim-sndz)	<ul style="list-style-type: none"> ■ 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) LONHALA MAGNAIR (glycopyrrolate) SEEBRI NEOHALER (glycopyrrolate) SPIRIVA RESPIMAT (tiotropium) TUDORZA (aclidinium)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Anticholinergic-Beta Agonist Combinations		
albuterol/ipratropium BEVESPI AEROSPHERE (glycopyrrolate/formoterol) COMBIVENT RESPIMAT (albuterol/ipratropium) STIOLTO RESPIMAT (tiotropium/olodaterol)	ANORO ELLIPITA (umeclidinium/vilanterol) UTIBRON NEOHALER (glycopyrrolate/indacaterol) YUPELRI (revefenacin)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Duplicate Therapy

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COPD AGENTS

Preferred Agents	Non-Preferred Agents	PA Criteria
Phosphodiesterase Inhibitors		
	DALIRESP (roflumilast)	

COUGH AND COLD AGENTS

See Separate Preferred Cough and Cold Agent Listing.

[Cough & cold PA criteria](#)

CYTOKINE AND CAM ANTAGONISTS

Preferred Agents	Non-Preferred Agents	PA Criteria
<p>COSENTYX (secukinumab)</p> <p>ENBREL (etanercept)</p> <p>HUMIRA (adalimumab)</p> <p>OTEZLA (apremilast)</p>	<p>ACTEMRA (tocilizumab)</p> <p>CIMZIA (certolizumab)</p> <p>ILARIS (canakinumab)</p> <p>ILUMYA (tildrakizumab-asmn)</p> <p>KEVZARA (sarilumab)</p> <p>KINERET (anakinra)</p> <p>OLUMIANT (baricitinib)</p> <p>ORENCIA (abatacept)</p> <p>SILIQ (brodalumab)</p> <p>SIMPONI (golimumab)</p> <p>STELARA (ustekinumab)</p> <p>TALTZ (ixekizumab)</p> <p>TREMFYA (guselkumab)</p> <p>XELJANZ (tofacitinib)</p> <p>XELJANZ XR (tofacitinib)</p>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Cytokine and CAM Antagonists

EPINEPHRINE, SELF-INJECTED

Preferred Agents	Non-Preferred Agents	PA Criteria
<p>epinephrine (generic EPIPEN and EPIPEN JR)</p>	<p>epinephrine (generic ADRENALCLICK)</p> <p>EPIPEN (epinephrine)</p> <p>EPIPEN JR (epinephrine)</p> <p>SYMJEPI (epinephrine)</p>	<ul style="list-style-type: none"> ■ Treatment failure with preferred products ■ Contraindication to preferred products ■ Allergic reaction to preferred products

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ERYTHROPOIESIS STIMULATING PROTEINS		
Preferred Agents	Non-Preferred Agents	PA Criteria
EPOGEN (RhUEPO) PROCRIT (RhUEPO) RETACRIT (RhUEPO)	ARANESP (<i>darbepoetin</i>) MIRCERA (<i>PEG-EPO</i>)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Erythropoiesis-Stimulating Agents

FLUOROQUINOLONES, ORAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
ciprofloxacin IR ciprofloxacin suspension levofloxacin tablets	AVELOX (<i>moxifloxacin</i>) BAXDELA (<i>delafloxacin</i>) CIPRO (<i>ciprofloxacin</i>) tablets CIPRO (<i>ciprofloxacin</i>) suspension ciprofloxacin ER LEVAQUIN (<i>levofloxacin</i>) levofloxacin solution moxifloxacin ofloxacin	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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GI MOTILITY, CHRONIC		
Preferred Agents	Non-Preferred Agents	PA Criteria
LINZESS (linaclotide) MOVANTIK (naloxegol)	<i>alosetron</i> <i>AMITIZA (lubiprostone)</i> <i>LOTRONEX (alosetron)</i> <i>RELISTOR (methylnaltrexone) injection</i> <i>RELISTOR (methylnaltrexone) oral</i> <i>SYMPROIC (naldemedine)</i> <i>TRULANCE (plecanatide)</i> <i>VIBERZI (eluxadoline)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass (including OTC products) ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ GI Motility

GLUCOCORTICOIDS, INHALED		
Preferred Agents	Non-Preferred Agents	PA Criteria
Glucocorticoids		
ASMANEX (mometasone) FLOVENT HFA (fluticasone) PULMICORT 0.25, 0.5 MG RESPULES (budesonide) PULMICORT 1 MG RESPULES (budesonide)	<i>ALVESCO (ciclesonide)</i> <i>ARMONAIR RESPICLICK (fluticasone)</i> <i>ARNUITY ELLIPTA (fluticasone)</i> <i>budesonide respules</i> <i>FLOVENT DISKUS (fluticasone)</i> <i>PULMICORT FLEXHALER (budesonide)</i> <i>QVAR (beclomethasone)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Duplicate Therapy

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GLUCOCORTICIDS, INHALED		
Preferred Agents	Non-Preferred Agents	PA Criteria
Glucocorticoid/Bronchodilator Combinations		
ADVAIR (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	BREO ELLIPTA (fluticasone/vilanterol) fluticasone/salmeterol (Air Duo) TRELEGY ELLIPTA (fluticasone/umeclidinium/vilanterol)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Duplicate Therapy

GLUCOCORTICIDS, ORAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
budesonide EC dexamethasone elixir, solution, tablets hydrocortisone methylprednisolone tablet dose pack prednisolone sodium phosphate prednisolone prednisone solution, tablets	CORTEF (hydrocortisone) dexamethasone intensol DEXPAK (dexamethasone) EMFLAZA (deflazacort) ENTOCORT EC (budesonide) MEDROL (methylprednisolone) methylprednisolone tablets MILLIPRED (prednisolone)	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><i>prednisolone sodium phosphate ODT, solution</i></p> <p><i>prednisone intensol</i></p> <p><i>prednisone tablet dose pack</i></p> <p><i>TAPERDEX (dexamethasone)</i></p> </div> <div style="width: 45%;"> <ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Duplicate Therapy <p>A drug specific prior authorization applies to drugs with a hyperlink</p> </div> </div>

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GROWTH HORMONE		
Preferred Agents	Non-Preferred Agents	PA Criteria
GENOTROPIN NORDITROPIN	HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN SEROSTIM ZORBTIVE	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Growth Hormone

H. PYLORI TREATMENT		
Preferred Agents	Non-Preferred Agents	PA Criteria
PYLERA (bismuth subcitrate/metronidazole/tetracycline)	<i>lansoprazole/amoxicillin/clarithromycin</i> <i>OMECLAMOX PAK (omeprazole/amoxicillin/clarithromycin)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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HEPATITIS C AGENTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Pegylated Interferons		
	<i>PEGASYS (pegylated IFN alfa-2a)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Polymerase/Protease Inhibitors		
EPCLUSA (sofosbuvir/velpatasvir) MAVYRET (glecaprevir/pibrentasvir) VOSEVI (sofosbuvir, velpatasvir, voxilaprevir)	<i>DAKLINZA (daclatasvir)</i> <i>HARVONI (sofosbuvir/ledipasvir)</i> <i>SOVALDI (sofosbuvir)</i> <i>TECHNIVIE (ombitasvir/paritaprevir/ritonavir)</i> <i>VIEKIRA PAK (dasabuvir/ombitasvir/paritaprevir/ritonavir)</i> <i>VIEKIRA XR (dasabuvir/ombitasvir/paritaprevir/ritonavir)</i> <i>ZEPATIER (elbasvir/grazoprevir)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Manual Prior Authorization
Ribavirin		
ribavirin capsule ribavirin tablet	<i>REBETOL solution</i> <i>RIBASPHERE 400, 600 mg</i> <i>ribavirin dose pack</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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HEREDITARY ANGIOEDEMA (HAE) TREATMENTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
BERINERT (C1 esterase inhibitor) CINRYZE (C1 esterase inhibitor) FIRAZYR (icatibant) KALBITOR (ecallantide)	HAEGARDA (C1-esterase inhibitor) RUCONEST (C1 esterase inhibitor) TAKHZYRO (lanadelumab-flyo)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Hereditary Angioedema

HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Amylin Analogs		
SYMLIN (pramlintide)		<ul style="list-style-type: none"> ■ A drug specific prior authorization applies to drugs with a hyperlink

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HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Incretin Enhancers		
JENTADUETO (linagliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin) ONGLYZA (saxagliptin) TRADJENTA (linagliptin)	alogliptin alogliptin/metformin alogliptin/pioglitazone JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO XR (linagliptin/metformin) KAZANO (alogliptin /metformin) NESINA (alogliptin) OSEN (alogliptin /pioglitazone)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ DPP4 Inhibitor <p>A drug specific prior authorization applies to drugs with a hyperlink</p>
Incretin Mimetics		
BYDUREON (exenatide ER) pens, vials BYETTA (exenatide) VICTOZA (liraglutide)	ADLYXIN (lixisenatide) BYDUREON BCISE (exenatide ER) OZEMPIC (semaglutide) TRULICITY (dulaglutide)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ GLP-1 Receptor Antagonists

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HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Incretin Enhancers/SGLT2 Inhibitor Combinations		
GLXAMBI (empagliflozin/linagliptin)	<i>QTERN (dapagliflozin/saxagliptin)</i> <i>STEGLUJAN (ertugliflozin/sitagliptin)</i>	The following Clinical Prior Authorization applies to all drugs in the class: <ul style="list-style-type: none"> ■ DPP4 Inhibitor
Incretin Mimetic/Insulin Combinations		
	<i>SOLIQUA (lixisenatide/insulin glargine)</i> <i>XULTOPHY (liraglutide/insulin degludec)</i>	The following Clinical Prior Authorization applies to all drugs in the class: <ul style="list-style-type: none"> ■ GLP-1 Receptor Antagonists

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) vial HUMULIN 70/30 (insulin) vials LANTUS (insulin glargine) LEVEMIR (insulin detemir) NOVOLOG (insulin aspart) NOVOLOG MIX (insulin aspart/aspart protamine)	<i>ADMELOG (insulin lispro)</i> <i>AFREZZA (insulin)</i> <i>APIDRA (insulin glulisine)</i> <i>BASAGLAR (insulin glargine)</i> <i>FIASP (insulin aspart)</i> <i>HUMALOG (insulin lispro) pens</i> <i>HUMALOG JUNIOR KWIKPEN (insulin lispro)</i> <i>HUMALOG MIX (insulin lispro/lispro protamine) pens</i> <i>HUMULIN (insulin) pens</i> <i>HUMULIN 500 UNITS/ML (insulin) pen</i> <i>HUMULIN 70/30 (insulin) pens</i> <i>NOVOLIN (insulin)</i> <i>NOVOLIN 70/30 (insulin)</i> <i>TOUJEO (insulin glargine)</i> <i>TRESIBA (insulin degludec)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs

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HYPOGLYCEMICS, MEGLITINIDES

Preferred Agents	Non-Preferred Agents	PA Criteria
nateglinide repaglinide	repaglinide/metformin STARLIX (nateglinide)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Duplicate Therapy

HYPOGLYCEMICS, METFORMIN

Preferred Agents	Non-Preferred Agents	PA Criteria
glyburide/metformin metformin metformin ER (GLUCOPHAGE XR)	FORTAMET (metformin ER) glipizide/metformin GLUCOPHAGE (metformin) GLUCOPHAGE XR (metformin ER) GLUMETZA (metformin ER) metformin ER (FORTAMET) metformin ER (GLUMETZA) RIOMET (metformin)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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HYPOGLYCEMICS, SGLT2		
Preferred Agents	Non-Preferred Agents	PA Criteria
FARXIGA (dapagliflozin) INVOKANA (canagliflozin) JARDIANCE (empagliflozin)	<i>STEGLATRO (ertugliflozin)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
SGLT2 Combinations		
SYNJARDY (empagliflozin/metformin) XIGDUO XR (dapagliflozin/metformin)	<i>INVOKAMET (canagliflozin/metformin)</i> <i>INVOKAMET XR (canagliflozin/metformin)</i> <i>SEGLUROMET (ertugliflozin/metformin)</i> <i>SYNJARDY XR (empagliflozin/metformin)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ SGLT2 Combinations

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HYPOGLYCEMICS, TZD		
Preferred Agents	Non-Preferred Agents	PA Criteria
Thiazolidinediones		
pioglitazone	AVANDIA (<i>rosiglitazone</i>)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Thiazolidinediones
TZD Combinations		
	ACTOPLUS MET XR (<i>pioglitazone/metformin</i>) DUETACT (<i>pioglitazone/glimepiride</i>) <i>pioglitazone/metformin</i> <i>pioglitazone/glimepiride</i>	<ul style="list-style-type: none"> ■ Separate prescriptions for the individual components should be used instead of the combination drug. <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Thiazolidinediones

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IMMUNE GLOBULINS		
Preferred Agents	Non-Preferred Agents	PA Criteria
CYTOGAM (CMV immune globulin) GAMMAGARD (immune globulin) GAMMAKED (immune globulin) GAMUNEX-C (immune globulin) HIZENTRA (immune globulin)	<i>BIVIGAM (immune globulin)</i> <i>CARIMUNE NF (immune globulin)</i> <i>CUVITRU (immune globulin)</i> <i>FLEBOGAMMA DIF (immune globulin)</i> <i>HYQVIA (immune globulin)</i> <i>OCTAGAM (immune globulin)</i> <i>PANZYGA (immune globulin)</i> <i>PRIVIGEN (immune globulin)</i>	<ul style="list-style-type: none"> ■ 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
EUCRISA (crisaborole)	DUPIXENT (dupilumab) ELIDEL (pimecrolimus) tacrolimus	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs ■ Dupixent, in this therapeutic PDL class, is for Atopic Dermatitis indication. The clinical prior authorization linked here includes the product's other indications. <p>A drug specific prior authorization applies to drugs with a hyperlink</p>

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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) CELLCEPT (mycophenolate mofetil) cyclosporine ENVARUS XR (tacrolimus) mycophenolate mofetil suspension mycophenolic acid MYFORTIC (mycophenolic acid) NEORAL (cyclosporine, modified) solution	PROGRAF (tacrolimus) RAPAMUNE (sirolimus) tablets SANDIMMUNE (cyclosporine) ZORTRESS (everolimus)	<ul style="list-style-type: none"> ■ 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	BECONASE AQ (beclomethasone) budesonide fluticasone OTC flunisolide mometasone NASONEX (mometasone) OMNARIS (ciclesonide) QNASL (beclomethasone dipropionate)	Triamcinolone XHANCE (fluticasone)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Others			
azelastine (generic ASTELIN)	ASTEPRO (azelastine) azelastine (generic ASTEPRO) ipratropium nasal spray olopatadine PATANASE (olopatadine)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs 	

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INTRANASAL RHINITIS AGENTS

Preferred Agents	Non-Preferred Agents	PA Criteria
Combinations		
	<i>DYMISTA (azelastine/fluticasone)</i>	

IRON, ORAL

See Separate Listing Of Preferred Oral Iron Drugs.

LEUKOTRIENE MODIFIERS

Preferred Agents	Non-Preferred Agents	PA Criteria
montelukast chewable tablets, tablets	montelukast granules <i>SINGULAIR (montelukast)</i> zafirlukast zileuton <i>ZYFLO CR (zileuton)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Leukotriene Modifiers

LINCOSAMIDES/OXAZOLIDINONES/STREPTOGRAMINS

Preferred Agents	Non-Preferred Agents	PA Criteria
clindamycin capsules clindamycin solution linezolid	<i>CLEOCIN (clindamycin)</i> <i>LINCOCIN (lincomycin)</i> <i>SIVEXTRO (tedizolid)</i> <i>ZYVOX (linezolid)</i>	<ul style="list-style-type: none"> ■ 14 day treatment trial with a preferred drug within the past 180 days ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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LIPOTROPICS, OTHER			
Preferred Agents	Non-Preferred Agents	PA Criteria	
Bile Acid Sequestrants			
cholestyramine colestipol tablets	<i>colesevalam</i> <i>COLESTID (colestipol)</i> <i>colestipol granules</i> <i>QUESTRAN (cholestyramine)</i> <i>QUESTRAN LIGHT (cholestyramine)</i> <i>WELCHOL (colesevalam)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs 	
Cholesterol Absorption Inhibitors			
ZETIA (ezetimibe)	<i>ezetimibe</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs 	
Fibric Acid Derivatives			
fenofibrate (generic Tricor) gemfibrozil	<i>fenofibrate (generic Antara, Fenoglide, Lofibra, Lipofen)</i> <i>fenofibric acid (generic Fibracor, Trilipix)</i> <i>FENOGLIDE (fenofibrate)</i> <i>LIPOFEN (fenofibrate)</i> <i>LOPID (gemfibrozil)</i>	<i>TRICOR (fenofibrate)</i> <i>TRIGLIDE (fenofibrate)</i> <i>TRILIPIX (fenofibric acid)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Homozygous Familial Hypercholesterolemia Treatments			
	<i>JUXTAPID (lomitapide)</i> <i>KYNAMRO (mipomersen)</i>		

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LIPOTROPICS, OTHER		
Preferred Agents	Non-Preferred Agents	PA Criteria
Niacin		
niacin OTC	niacin ER NIASPAN (niacin)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>A drug specific prior authorization applies to drugs with a hyperlink</p>
Omega-3 Fatty Acids		
	LOVAZA (omega-3 fatty acids) omega-3 fatty acids VASCEPA (icosapent ethyl)	<p>A drug specific prior authorization applies to drugs with a hyperlink</p>
PCSK9 Inhibitors		
	PRALUENT (alirocumab) REPATHA (evolocumab)	<ul style="list-style-type: none"> ■ Trial and failure of atorvastatin, rosuvastatin, and ezetimibe. <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ PCSK9 Inhibitors

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LIPOTROPICS, STATINS			
Preferred Agents	Non-Preferred Agents		PA Criteria
Statins			
atorvastatin* lovastatin* pravastatin* simvastatin*	<i>CRESTOR (rosuvastatin)*</i> <i>fluvastatin*</i> <i>fluvastatin ER</i> <i>LESCOL XL (fluvastatin)</i> <i>LIPITOR (atorvastatin)*</i>	<i>LIVALO (pitavastatin)</i> <i>PRAVACHOL (pravastatin)*</i> <i>rosuvastatin*</i> <i>ZOCOR (simvastatin)*</i> <i>ZYPITAMAG (pitavastatin)</i>	<ul style="list-style-type: none"> ■ 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 <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Duplicate Therapy <p>Dose Optimization applies to some strengths where a "*" is noted</p>
Statin Combinations			
	<i>atorvastatin/amlodipine</i> <i>CADUET (atorvastatin/amlodipine)</i> <i>simvastatin/ezetimibe</i> <i>VYTORIN (simvastatin/ezetimibe)</i>		<p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Duplicate Therapy

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MACROLIDES (ORAL)		
Preferred Agents	Non-Preferred Agents	PA Criteria
azithromycin erythromycin base	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <i>clarithromycin suspension, tablets</i> <i>clarithromycin ER</i> <i>E.E.S. (erythromycin)</i> <i>ERYPED (erythromycin)</i> <i>ERY-TAB (erythromycin)</i> <i>ERYTHROCIN (erythromycin)</i> </div> <div style="width: 45%;"> <i>erythromycin base filmtab</i> <i>erythromycin ethylsuccinate suspension</i> <i>ZITHROMAX (azithromycin)</i> </div> </div>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

MOVEMENT DISORDERS		
Preferred Agents	Non-Preferred Agents	PA Criteria
AUSTEDO (deutetrabenazine)	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <i>INGREZZA (valbenazine)</i> <i>tetrabenazine</i> <i>XENAZINE (tetrabenazine)</i> </div> <div style="width: 45%;"></div> </div>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ VMAT2 Inhibitors

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NEUROPATHIC PAIN		
Preferred Agents	Non-Preferred Agents	PA Criteria
Oral Agents		
duloxetine (Cymbalta) gabapentin LYRICA (pregabalin) capsule	CYMBALTA (duloxetine) <i>duloxetine (Irenka)</i> GRALISE (gabapentin) HORIZANT (gabapentin enacarbil ER) <i>LYRICA (pregabalin) solution</i> LYRICA CR (pregabalin) SAVELLA (milnacipran)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>A drug specific prior authorization applies to drugs with a hyperlink</p>
Topical Agents		
capsaicin OTC	lidocaine patch LIDODERM (lidocaine) ZTLIDO (lidocaine)	<p>A drug specific prior authorization applies to drugs with a hyperlink</p>

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NSAIDS			
Preferred Agents	Non-Preferred Agents	PA Criteria	
Nonspecific			
ibuprofen indomethacin capsules naproxen sodium OTC naproxen tablets	<i>ADVIL (ibuprofen)</i> <i>ALEVE (naproxen)</i> <i>ANAPROX (naproxen)</i> <i>CHILDREN'S MOTRIN (ibuprofen)</i> <i>DAYPRO (oxaprozin)</i> <i>diclofenac</i> <i>diclofenac SR</i> <i>diflunisal</i> <i>etodolac</i> <i>etodolac SR</i> <i>FELDENE (piroxicam)</i> <i>fenoprofen</i> <i>flurbiprofen</i> <i>INDOCIN (indomethacin) capsules, suspension</i> <i>indomethacin ER capsules</i> <i>ketoprofen</i> <i>ketoprofen ER</i>	<i>ketorolac</i> <i>meclofenamate</i> <i>mefenamic acid</i> <i>nabumetone</i> <i>NALFON (fenoprofen)</i> <i>NAPROSYN (naproxen)</i> <i>naproxen CR</i> <i>naproxen EC</i> <i>naproxen sodium (Rx)</i> <i>naproxen suspension</i> <i>oxaprozin</i> <i>piroxicam</i> <i>sulindac</i> <i>tolmetin</i> <i>ZORVOLEX (diclofenac)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Duplicate Therapy <p>A drug specific prior authorization applies to drugs with a hyperlink</p>
NSAID/GI Protectant Combinations			
	<i>ARTHROTEC (diclofenac/misoprostol)</i> <i>diclofenac/misoprostol</i> <i>DUEXIS (ibuprofen/famotidine)</i> <i>VIMOVO (naproxen/esomeprazole)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Duplicate Therapy 	

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NSAIDS		
Preferred Agents	Non-Preferred Agents	PA Criteria
COX-II Selective		
meloxicam tablets*	<i>CELEBREX (celecoxib)</i> <i>celecoxib</i> <i>MOBIC (meloxicam)*</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Duplicate Therapy ■ Cox II Inhibitors <p>Dose Optimization applies to some strengths where a "*" is noted</p>
Topical NSAIDs		
<i>VOLTAREN gel (diclofenac)</i>	diclofenac <i>FLECTOR (diclofenac)</i> <i>INDOCIN (indomethacin) suppositories</i> PENNSAID (diclofenac)	<p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Duplicate Therapy <p>A drug specific prior authorization applies to drugs with a hyperlink</p>

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OPHTHALMICS, ANTIBIOTIC – STEROID COMBINATIONS		
Preferred Agents	Non-Preferred Agents	PA Criteria
BLEPHAMIDE (sulfacetamide/prednisolone) neomycin/polymyxin/dexamethasone sulfacetamide/prednisolone TOBRADEX (tobramycin/dexamethasone) ointment	<i>BLEPHAMIDE S.O.P. (sulfacetamide/prednisolone)</i> <i>MAXITROL (neomycin/polymyxin/ dexamethasone)</i> <i>neomycin/bacitracin/polymyxin/hydrocortisone</i> <i>neomycin/polymyxin/hydrocortisone</i> <i>PRED-G (gentamicin/prednisolone)</i> <i>TOBRADEX (tobramycin/dexamethasone) suspension</i> <i>TOBRADEX ST (tobramycin/dexamethasone)</i> <i>tobramycin/dexamethasone</i> <i>ZYLET (tobramycin/loteprednol)</i>	<ul style="list-style-type: none"> ■ 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		
GENTAK (gentamicin) gentamicin tobramycin TOBREX (tobramycin) ointment	<i>TOBREX (tobramycin) solution</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Quinolones		
ciprofloxacin MOXEZA (moxifloxacin)	<i>BESIVANCE (besifloxacin)</i> <i>CILOXAN (ciprofloxacin)</i> <i>gatifloxacin</i> <i>levofloxacin</i> <i>moxifloxacin</i> <i>OCUFLOX (ofloxacin)</i> <i>ofloxacin</i> <i>VIGAMOX (moxifloxacin)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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OPHTHALMIC ANTIBIOTICS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Macrolides		
erythromycin	AZASITE (<i>azithromycin</i>)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Other		
bacitracin/polymyxin polymyxin/trimethoprim	<i>bacitracin</i> <i>BLEPH-10 (sulfacetamide)</i> <i>NATACYN (natamycin)</i> <i>neomycin/bacitracin/polymyxin</i> <i>neomycin/polymyxin/gramicidin</i> <i>POLYTRIM (polymyxin/trimethoprim)</i> <i>sulfacetamide ointment, solution</i>	<ul style="list-style-type: none"> ■ 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 PAZEO (olopatadine)	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <i>ALOCRIAL (nedocromil)</i> <i>ALOMIDE (Iodoxamide)</i> <i>ALREX (loteprednol)</i> <i>azelastine</i> <i>BEPREVE (bepotastine)</i> <i>ELESTAT (epinastine)</i> <i>EMADINE (emedastine)</i> </div> <div style="width: 45%;"> <i>epinastine</i> <i>ketotifen</i> <i>LASTACAFT (alcaftadine)</i> <i>olopatadine</i> <i>PATADAY (olopatadine)</i> <i>PATANOL (olopatadine)</i> </div> </div>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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OPHTHALMICS, ANTI-INFLAMMATORIES		
Preferred Agents	Non-Preferred Agents	PA Criteria
NSAIDS		
diclofenac flurbiprofen ketorolac NEVANAC (nepafenac)	ACULAR (ketorolac) ACULAR LS (ketorolac) ACUVAIL (ketorolac) bromfenac ILEVRO (nepafenac) ketorolac LS	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Steroids		
DUREZOL (difluprednate) LOTEMAX (loteprednol) suspension prednisolone acetate	dexamethasone FLAREX (fluorometholone) fluorometholone FML (fluorometholone) FML FORTE (fluorometholone) FML S.O.P. (fluorometholone) INVELTYS (loteprednol) LOTEMAX (loteprednol) gel, ointment	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
OPHTHALMICS, ANTI-INFLAMMATORY IMMUNOMODULATORS		
Preferred Agents	Non-Preferred Agents	PA Criteria
RESTASIS (cyclosporine)	RESTASIS MULTIDOSE (cyclosporine) CEQUA (cyclosporine) XIIDRA (lifitegrast)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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OPHTHALMICS, GLAUCOMA AGENTS

Preferred Agents	Non-Preferred Agents	PA Criteria
Sympathomimetics		
brimonidine pilocarpine	ALPHAGAN P (brimonidine) apraclonidine brimonidine P IOPIDINE (apraclonidine)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Beta Blockers		
carteolol levobunolol timolol	betaxolol BETOPTIC S (betaxolol) ISTALOL (timolol) timolol (Istalol) TIMOPTIC (timolol) TIMOPTIC XE (timolol)	<ul style="list-style-type: none"> ■ 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)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Rho Kinase Inhibitor		
RHOPRESSA (netarsudil)		

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OPHTHALMICS, GLAUCOMA AGENTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Prostaglandin Analogs		
latanoprost TRAVATAN-Z (travoprost)	<i>bimatoprost</i> <i>LUMIGAN (bimatoprost)</i> <i>VYZULTA (latanoprostene bunod)</i> <i>XALATAN (latanoprost)</i> <i>XELPROS (latanoprost)</i> <i>ZIOPATAN (tafluprost)</i>	<ul style="list-style-type: none"> ■ 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)	<i>COSOPT (dorzolamide/timolol)</i> <i>COSOPT PF (dorzolamide/timolol)</i> <i>dorzolamide/timolol</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Miscellaneous		
	<i>phospholine iodide</i>	

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OPIATE DEPENDENCE TREATMENTS

Preferred Agents	Non-Preferred Agents	PA Criteria
BUNAVAIL (buprenorphine/naloxone)* buprenorphine* naloxone syringe, vial naltrexone NARCAN (naloxone) nasal SUBOXONE (buprenorphine/naloxone) film* VIVITROL (naltrexone) ZUBSOLV (buprenorphine/naloxone)*	<i>buprenorphine/naloxone*</i> <i>LUCEMYRA (lofexidine)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to drugs with an "*" in the class:</p> <ul style="list-style-type: none"> ■ Duplicate Therapy ■ Opiate/Benzodiazepine/Muscle Relaxant

OTIC ANTIBIOTICS

Preferred Agents	Non-Preferred Agents	PA Criteria
CIPRODEX (ciprofloxacin/dexamethasone) ciprofloxacin neomycin/polymyxin/hydrocortisone	<i>CIPRO HC (ciprofloxacin/hydrocortisone)</i> <i>COLY-MYCIN S (colistin/neomycin/hydrocortisone)</i> <i>ofloxacin</i> <i>OTOVEL (ciprofloxacin/fluocinolone)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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OTIC ANTI-INFECTIVES/ANESTHETICS

Preferred Agents	Non-Preferred Agents	PA Criteria
acetic acid	<i>acetic acid/hydrocortisone</i> <i>PINNACAINE (benzocaine)</i>	<ul style="list-style-type: none"> ■ 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) tablet	<i>ADEMPAS (riociguat)</i> <i>OPSUMIT (macitentan)</i> <i>ORENITRAM ER (treprostinil)</i> REVATIO (sildenafil) <i>tadalafil (generic Adcirca)</i> <i>TRACLEER (bosentan) suspension</i> <i>TYVASO Inhalation (treprostinil)</i> <i>UPTRAVI (selexipag)</i> <i>VENTAVIS Inhalation (iloprost)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>A drug specific prior authorization applies to drugs with a hyperlink</p>

PANCREATIC ENZYMES

Preferred Agents	Non-Preferred Agents	PA Criteria
CREON (pancrelipase) ZENPEP (pancrelipase)	<i>PANCREAZE (pancrelipase)</i> <i>PERTZYE (pancrelipase)</i> <i>VIOKACE (pancrelipase)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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PEDIATRIC VITAMIN PREPARATIONS

See Separate Listing Of Preferred Pediatric Vitamin Preparations.

PENICILLINS

Preferred Agents	<i>Non-Preferred Agents</i>	PA Criteria
amoxicillin ampicillin dicloxacillin penicillin VK		<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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PHOSPHATE BINDERS		
Preferred Agents	Non-Preferred Agents	PA Criteria
calcium acetate RENAGEL (sevelamer HCl)	AURYXIA (<i>ferric citrate</i>) ELIPHOS (<i>calcium acetate</i>) FOSRENOL (<i>lanthanum</i>) lanthanum PHOSLYRA (<i>calcium acetate</i>) RENVELA (<i>sevelamer carbonate</i>) <i>sevelamer</i> VELPHORO (<i>sucroferric oxyhydroxide</i>)	<ul style="list-style-type: none"> ■ Diagnosis of ESRD ■ Allergic reaction to preferred drug ■ Treatment failure with preferred drug and hyperphosphatemia despite dietary phosphorous restrictions AND at least one of the following: <ul style="list-style-type: none"> ■ 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 <p>A drug specific prior authorization applies to drugs with a hyperlink</p>

PLATELET AGGREGATION INHIBITORS		
Preferred Agents	Non-Preferred Agents	PA Criteria
AGGRENOX (dipyridamole/aspirin) BRILINTA (ticagrelor) clopidogrel prasugrel	<i>dipyridamole</i> <i>dipyridamole/aspirin</i> EFFIENT (<i>prasugrel</i>) PLAVIX (<i>clopidogrel</i>) ZONTIVITY (<i>vorapaxar</i>)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drug ■ Contraindication to preferred drug ■ Allergic reaction to preferred drug <p>A drug specific prior authorization applies to drugs with a hyperlink</p>

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PRENATAL VITAMINS

See Separate Preferred Prenatal Vitamin Listing.

PA Criteria:

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

PROGESTATIONAL AGENTS

Preferred Agents	Non-Preferred Agents	PA Criteria
MAKENA AUTO INJECTOR (hydroxyprogesterone) MAKENA (hydroxyprogesterone)		The following Clinical Prior Authorization applies to all drugs in the class: <ul style="list-style-type: none"> ■ Makena

PROGESTINS FOR CACHEXIA

Preferred Agents	Non-Preferred Agents	PA Criteria
megestrol suspension, tablets	<i>megestrol ES suspension (generic Megace ES)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drug ■ Contraindication to preferred drug ■ Allergic reaction to preferred drug

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PROTON PUMP INHIBITORS (ORAL)		
Preferred Agents	Non-Preferred Agents	PA Criteria
omeprazole Rx* pantoprazole* NEXIUM suspension (esomeprazole) PROTONIX (pantoprazole) suspension	<i>ACIPHEX (rabeprazole)</i> <i>DEXILANT (dexlansoprazole)</i> <i>esomeprazole*</i> <i>lansoprazole*</i> NEXIUM capsules (esomeprazole)* <i>NEXIUM OTC (esomeprazole)*</i> <i>omeprazole OTC*</i> <i>omeprazole/sodium bicarbonate</i> <i>PREVACID (lansoprazole)*</i> <i>PROTONIX tablets (pantoprazole)*</i>	<ul style="list-style-type: none"> ■ 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 <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Proton Pump Inhibitor <p>Dose Optimization applies to some strengths where a "*" is noted</p>

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HEALTH AND HUMAN SERVICES COMMISSION
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SEDATIVE HYPNOTICS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Benzodiazepines		
flurazepam temazepam 15, 30 mg triazolam	Estazolam RESTORIL (temazepam) temazepam 7.5, 22.5 mg	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ Anxiolytics and Sedatives/Hypnotics ■ Opiate/Benzodiazepine/Muscle Relaxant
Others		
zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (suvorexant) EDLUAR (zolpidem) eszopiclone HETLIOZ (tasimelteon) INTERMEZZO (zolpidem)	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> LUNESTA (eszopiclone) ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zaleplon zolpidem ER </div> <div style="width: 45%;"> <ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>A drug specific prior authorization applies to drugs with a hyperlink</p> </div> </div>

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SKELETAL MUSCLE RELAXANTS

Preferred Agents	Non-Preferred Agents	PA Criteria
baclofen carisoprodol (except 250 mg)* cyclobenzaprine * methocarbamol* tizanidine tablets	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>AMRIX (cyclobenzaprine ER)*</p> <p>carisoprodol 250 mg*</p> <p>carisoprodol compound</p> <p>chlorzoxazone*</p> <p>DANTRIUM (dantrolene)</p> <p>dantrolene</p> <p>FEXMID (carisoprodol)*</p> </div> <div style="width: 45%;"> <p>LORZONE (chlorzoxazone)*</p> <p>metaxolone*</p> <p>orphenadrine*</p> <p>ROBAXIN (methocarbamol)*</p> <p>SKELAXIN (metaxolone)*</p> <p>SOMA (carisoprodol)*</p> <p>tizanidine capsules</p> <p>ZANAFLEX (tizanidine)</p> </div> </div>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to drugs with an "*" in the class:</p> <ul style="list-style-type: none"> ■ Opiate/Benzodiazepine/Muscle Relaxant

SMOKING CESSATION

Preferred Agents	Non-Preferred Agents	PA Criteria
bupropion SR CHANTIX (varenicline) NICORETTE (nicotine) gum NICORETTE (nicotine) lozenge nicotine gum nicotine lozenge nicotine patch	<p>NICODERM CQ (nicotine)</p> <p>NICOTROL (nicotine)</p> <p>NICOTROL NS (nicotine)</p> <p>ZYBAN (bupropion)</p>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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STEROIDS, TOPICAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
Low Potency		
DERMA-SMOOTHIE/FS (fluocinolone) hydrocortisone cream, ointment hydrocortisone/aloe cream PROCTOSOL-HC (hydrocortisone)	<i>alclometasone</i> <i>DESONATE (desonide)</i> <i>desonide</i> <i>fluocinolone oil</i> <i>hydrocortisone lotion (Rx)</i>	<i>MICORT-HC (hydrocortisone)</i> <i>TEXACORT (hydrocortisone) solution</i>
		<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Medium Potency		
fluticasone propionate cream, ointment mometasone cream, ointment, solution	<i>beclomethasone valerate foam</i> <i>clocortolone cream</i> <i>CLODERM (clocortolone)</i> <i>CORDRAN (flurandrenolide)</i> <i>CUTIVATE (fluticasone)</i> <i>ELOCON (mometasone)</i> <i>fluocinolone acetonide</i> <i>flurandrenolide</i>	<i>fluticasone propionate lotion</i> <i>hydrocortisone butyrate</i> <i>hydrocortisone valerate</i> <i>LUXIQ (betamethasone)</i> <i>PANDEL (hydrocortisone probutate)</i> <i>prednicarbate</i>
		<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
High Potency		
betamethasone dipropionate lotion betamethasone dipropionate/propylene glycol cream betamethasone valerate cream triamcinolone acetonide cream, ointment	<i>Amcinonide</i> <i>betamethasone dipropionate cream, gel, ointment</i> <i>betamethasone dipropionate/propylene glycol lotion, ointment</i> <i>betamethasone valerate lotion, ointment</i> <i>desoximetasone</i> <i>diflorasone</i> <i>DIPROLENE (betamethasone dipropionate)</i>	<i>fluocinonide</i> <i>HALOG (halcinonide)</i> <i>KENALOG aerosol (triamcinolone)</i> <i>SERNIVO (betamethasone dipropionate)</i> <i>TOPICORT (desoximetasone)</i> <i>triamcinolone acetonide aerosol, lotion</i> <i>TRIANEX (triamcinolone)</i> <i>VANOS (fluocinonide)</i>
		<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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STERIODS, TOPICAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
Very High Potency		
clobetasol emollient clobetasol propionate cream, gel, solution halobetasol	APEXICON E (diflorasone) clobetasol lotion, shampoo clobetasol propionate foam, ointment, spray CLOBEX (clobetasol) LEXETTE (halobetasol propionate) OLUX (clobetasol)	TEMOVATE (clobetasol) ULTRAVATE (halobetasol propionate) ULTRAVATE X PAC (halobetasol/lactic acid)
		<ul style="list-style-type: none"> ■ 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)* APTENSIO XR (methylphenidate) amphetamine salt combination IR DAYTRANA (methylphenidate)* dexmethylphenidate IR dexmethylphenidate ER* dextroamphetamine IR DYANAVEL XR (amphetamine) METHYLIN (methylphenidate) solution methylphenidate IR methylphenidate ER (authorized generic Concerta)* QUILLICHEW ER (methylphenidate) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine) VYVANSE (lisdexamfetamine) chewable tablets	ADZENYS XR ODT (amphetamine) ADZENYS ER (amphetamine) suspension amphetamine salt combination ER* amphetamine sulfate armodafinil CONCERTA (methylphenidate)* COTEMPLA XR ODT (methylphenidate) DESOXYN (methamphetamine) DEXEDRINE (dextroamphetamine) dextroamphetamine ER dextroamphetamine solution EVEKEO (amphetamine) FOCALIN (dexmethylphenidate) FOCALIN XR (dexmethylphenidate)* methamphetamine methylphenidate CD*	methylphenidate chewable tablets methylphenidate ER* methylphenidate solution modafinil MYDAYIS (amphetamine salt combination ER) NUVIGIL (armodafinil) PROCENTRA (dextroamphetamine) PROVIGIL (modafinil) RITALIN (methylphenidate) RITALIN LA (methylphenidate ER)* ZENZEDI (dextroamphetamine)
		<ul style="list-style-type: none"> ■ 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 <p>A drug specific prior authorization applies to drugs with a hyperlink</p> <p>Dose Optimization applies to some strengths where a "*" is noted</p>

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STIMULANTS AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents	PA Criteria
Non-Stimulants		
atomoxetine guanfacine ER	<i>clonidine ER</i> <i>INTUNIV (guanfacine ER)</i> <i>STRATTERA (atomoxetine)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs <p>The following Clinical Prior Authorization applies to all drugs in the class:</p> <ul style="list-style-type: none"> ■ ADHD Agents

TETRACYCLINES

Preferred Agents	Non-Preferred Agents	PA Criteria
doxycycline monohydrate 50, 100 mg capsules minocycline capsules VIBRAMYCIN (doxycycline) suspension	<i>demeclocycline</i> <i>doxycycline hyclate IR</i> <i>doxycycline hyclate DR</i> <i>doxycycline monohydrate 40, 75, 150 mg capsules</i> <i>doxycycline monohydrate suspension, tablets</i> <i>minocycline tablets</i> <i>minocycline ER</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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THROMBOPOIESIS STIMULATING PROTEINS		
Preferred Agents	Non-Preferred Agents	PA Criteria
NPLATE (romiplostim) PROMACTA (eltrombopag)	DOPTELET (avatrombopag) MULPLETA (lusutrombopag) TAVALISSE (fostamatinib)	<ul style="list-style-type: none"> ■ 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 budesonide DR COLAZAL (balsalazide) DIPENTUM (olsalazine) GIAZO (balsalazide) mesalamine PENTASA (mesalamine) UCERIS (budesonide)	<ul style="list-style-type: none"> ■ 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 UCERIS (budesonide)	<ul style="list-style-type: none"> ■ 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

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UREA CYCLE DISORDERS		
Preferred Agents	Non-Preferred Agents	PA Criteria
BUPHENYL (sodium phenylbutyrate) CARBAGLU (carglumic acid)	<i>RAVICTI (glycerol phenylbutyrate)</i> <i>sodium phenylbutyrate powder</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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PDL Review and Implementation Schedule

2019 Review	CLASS	Date of Most Recent PDL Change	Date of Next PDL Change (Tentative)	2020 Review (Tentative)
JAN	ACNE AGENTS, ORAL	7/1/2018	7/1/2019	JAN
JAN	ACNE AGENTS, TOPICAL	7/1/2018	7/1/2019	JAN
JAN	ANALGESICS, NARCOTICS LONG	7/1/2018	7/1/2019	JAN
JAN	ANALGESICS, NARCOTICS SHORT	7/1/2018	7/1/2019	JAN
JAN	ANGIOTENSIN MODULATOR COMBINATIONS	7/1/2018	7/1/2019	JAN
JAN	ANGIOTENSIN MODULATORS	7/1/2018	7/1/2019	JAN
JAN	ANTIMIGRAINE AGENTS, OTHER	7/1/2018	7/1/2019	JAN
JAN	ANTIMIGRAINE AGENTS, TRIPTANS	7/1/2018	7/1/2019	JAN
JAN	BLADDER RELAXANT PREPARATIONS	7/1/2018	7/1/2019	JAN
JAN	H. PYLORI TREATMENT	7/1/2018	7/1/2019	JAN
JAN	IMMUNOMODULATORS, ATOPIC DERMATITIS	1/1/2019	7/1/2019	JAN
JAN	INTRANASAL RHINITIS AGENTS	7/1/2018	7/1/2019	JAN
JAN	MOVEMENT DISORDERS	7/1/2018	7/1/2019	JAN
JAN	NEUROPATHIC PAIN	7/1/2018	7/1/2019	JAN
JAN	PHOSPHATE BINDERS	7/1/2018	7/1/2019	JAN
JAN	PLATELET AGGREGATION INHIBITORS	7/1/2018	7/1/2019	JAN
JAN	PROGESTINS FOR CACHEXIA	7/1/2018	7/1/2019	JAN
JAN	PROTON PUMP INHIBITORS	7/1/2018	7/1/2019	JAN
JAN	SMOKING CESSATION	7/1/2018	7/1/2019	JAN
JAN	STIMULANTS AND RELATED AGENTS	3/9/2018	7/1/2019	JAN
APR	ANTI-ALLERGENS, ORAL	7/1/2018	7/1/2019	APR
APR	ANTIBIOTICS, INHALED	7/1/2018	7/1/2019	APR
APR	ANTICOAGULANTS	7/1/2018	7/1/2019	APR
APR	ANTIDEPRESSANTS, OTHER	7/1/2018	7/1/2019	APR
APR	ANTIDEPRESSANTS, SSRIs	7/1/2018	7/1/2019	APR

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2019 Review	CLASS	Date of Most Recent PDL Change	Date of Next PDL Change (Tentative)	2020 Review (Tentative)
APR	ANTIDEPRESSANTS, TRICYCLIC	7/1/2018	7/1/2019	APR
APR	ANTIHYPERTENSIVES	7/1/2018	7/1/2019	APR
APR	ANTIPARKINSONS AGENTS	7/1/2018	7/1/2019	APR
APR	ANTIVIRALS, ORAL	1/1/2019	7/1/2019	APR
APR	ANXIOLYTICS	7/1/2018	7/1/2019	APR
APR	BETA-BLOCKERS	7/1/2018	7/1/2019	APR
APR	BILE SALTS	7/1/2018	7/1/2019	APR
APR	BPH TREATMENTS	7/1/2018	7/1/2019	APR
APR	BRONCHODILATORS, BETA AGONIST	7/1/2018	7/1/2019	APR
APR	COPD AGENTS	7/1/2018	7/1/2019	APR
APR	COUGH AND COLD	7/1/2018	7/1/2019	APR
APR	ERYTHROPOIESIS STIMULATING PROTEINS	7/1/2018	7/1/2019	APR
APR	GLUCOCORTICOID, INHALED	7/1/2018	7/1/2019	APR
APR	HAE TREATMENTS	7/1/2018	7/1/2019	APR
APR	IMMUNE GLOBULINS, IV	7/1/2018	7/1/2019	APR
APR	LINCOSAMIDES/OXAZOLIDINONES/STREPTOGRAMINS	7/1/2018	7/1/2019	APR
APR	LIPOTROPICS, OTHER	7/1/2018	7/1/2019	APR
APR	LIPOTROPICS, STATINS	7/1/2018	7/1/2019	APR
APR	PAH AGENTS, ORAL AND INHALED	7/1/2018	7/1/2019	APR
APR	PANCREATIC ENZYMES	7/1/2018	7/1/2019	APR
APR	PEDIATRIC VITAMIN PREPARATIONS	1/1/2019	7/1/2019	APR
APR	PRENATAL VITAMINS	1/1/2019	7/1/2019	APR
APR	SEDATIVE HYPNOTICS	7/1/2018	7/1/2019	APR
APR	UREA CYCLE DISORDER, ORAL	7/1/2018	7/1/2019	APR
JUL	ALZHEIMERS AGENTS	1/1/2019	1/1/2020	JUL
JUL	ANTIHISTAMINES, MINIMALLY SEDATING	1/1/2019	1/1/2020	JUL
JUL	ANTIHYPERTENSIVES, SYMPATHOLYTIC	1/1/2019	1/1/2020	JUL
JUL	ANTIPSYCHOTICS	1/1/2019	1/1/2020	JUL

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2019 Review	CLASS	Date of Most Recent PDL Change	Date of Next PDL Change (Tentative)	2020 Review (Tentative)
JUL	CALCIUM CHANNEL BLOCKERS	1/1/2019	1/1/2020	JUL
JUL	CEPHALOSPORINS AND RELATED ANTIBIOTICS	1/1/2019	1/1/2020	JUL
JUL	FLUOROQUINOLONES, ORAL	1/1/2019	1/1/2020	JUL
JUL	GLUCOCORTICIDS, ORAL	1/1/2019	1/1/2020	JUL
JUL	IMMUNOSUPPRESSIVES, ORAL	1/1/2019	1/1/2020	JUL
JUL	IRON, ORAL	1/1/2019	1/1/2020	JUL
JUL	LEUKOTRIENE MODIFIERS	1/1/2019	1/1/2020	JUL
JUL	NSAIDS	1/1/2019	1/1/2020	JUL
JUL	OPHTHALMIC ANTIBIOTICS	1/1/2019	1/1/2020	JUL
JUL	OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS	1/1/2019	1/1/2020	JUL
JUL	OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	1/1/2019	1/1/2020	JUL
JUL	OPHTHALMICS, ANTI-INFLAMMATORY	1/1/2019	1/1/2020	JUL
JUL	OPHTHALMIC ANTI-INFLAMMATORY/IMMUNOMODULATORS	1/1/2019	1/1/2020	JUL
JUL	OPHTHALMICS, GLAUCOMA AGENTS	1/1/2019	1/1/2020	JUL
JUL	OTIC ANTIBIOTICS	1/1/2019	1/1/2020	JUL
JUL	OTIC ANTI-INFECTIVES & ANESTHETICS	1/1/2019	1/1/2020	JUL
JUL	PROGESTATIONAL AGENTS	N/A	1/1/2020	JUL
JUL	SKELETAL MUSCLE RELAXANTS	1/1/2019	1/1/2020	JUL
JUL	STEROIDS, TOPICAL	1/1/2019	1/1/2020	JUL
JUL	ULCERATIVE COLITIS	1/1/2019	1/1/2020	JUL
OCT	ANDROGENIC AGENTS	1/1/2019	1/1/2020	OCT
OCT	ANTIBIOTICS, GI	1/1/2019	1/1/2020	OCT
OCT	ANTIBIOTICS, TOPICAL	1/1/2019	1/1/2020	OCT
OCT	ANTIBIOTICS, VAGINAL	1/1/2019	1/1/2020	OCT
OCT	ANTIEMETICS/ANTIVERTIGO AGENTS	1/1/2019	1/1/2020	OCT
OCT	ANTIFUNGALS, ORAL	1/1/2019	1/1/2020	OCT
OCT	ANTIFUNGALS, TOPICAL	1/1/2019	1/1/2020	OCT
OCT	ANTIHISTAMINES, FIRST GENERATION	1/1/2019	1/1/2020	OCT

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OCT	ANTIPARASITICS, TOPICAL	1/1/2019	1/1/2020	OCT
OCT	ANTIVIRALS, TOPICAL	1/1/2019	1/1/2020	OCT
OCT	BONE RESORPTION SUPPRESSION AND RELATED	1/1/2019	1/1/2020	OCT
OCT	COLONY STIMULATING FACTORS	1/1/2019	1/1/2020	OCT
OCT	CYTOKINE AND CAM ANTAGONISTS	3/9/2018	1/1/2020	OCT
OCT	EPINEPHRINE, SELF-INJECTED	1/1/2019	1/1/2020	OCT
OCT	GI MOTILITY, CHRONIC	1/1/2019	1/1/2020	OCT
OCT	GROWTH HORMONE	1/1/2019	1/1/2020	OCT
OCT	HEPATITIS C AGENTS	1/1/2019	1/1/2020	OCT
OCT	HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS	1/1/2019	1/1/2020	OCT
OCT	HYPOGLYCEMICS, INSULIN AND RELATED	1/1/2019	1/1/2020	OCT
OCT	HYPOGLYCEMICS, MEGLITINIDES	1/1/2019	1/1/2020	OCT
OCT	HYPOGLYCEMICS, METFORMIN	1/1/2019	1/1/2020	OCT
OCT	HYPOGLYCEMICS, SGLT2	1/1/2019	1/1/2020	OCT
OCT	HYPOGLYCEMICS, TZD	1/1/2019	1/1/2020	OCT
OCT	MACROLIDES-KETOLIDES	1/1/2019	1/1/2020	OCT
OCT	OPIATE DEPENDENCE TREATMENTS	1/1/2019	1/1/2020	OCT
OCT	PENICILLINS	1/1/2019	1/1/2020	OCT
OCT	TETRACYCLINES	1/1/2019	1/1/2020	OCT

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

For drugs in therapeutic classes and/or subclasses that do not have a preferred drug option, the "PDL PA Criteria" in the third column is not relevant but providers must obtain PDL prior authorization.

Publication date: July 25, 2019

IRON, ORAL			
Preferred Agents		Non-Preferred Agents	
Agent	Ingredients	Agent	Ingredients
FERRALET 90 DUAL-IRON TABLET (ORAL)	iron carb,gl/FA/B12/C/docusate	CITRANATAL BLOOM (ORAL)	iron carb,gl/FA/B12/C/docusate
FERROUS FUMARATE TABLET OTC (ORAL)	ferrous fumarate	CORVITE 150 TABLET (ORAL)	iron,carb/folate6/mv,min no.41
FERROUS FUMARATE/FA/MULTIVITAMIN & MINERALS CAPSULE (ORAL)	iron fum/folic acid/mv,min 15	CORVITE FE TABLET (ORAL)	iron/folate no.6/mv,mins no.40
FERROUS FUMARATE/IRON POLYSACCHARIDES/FA/MULTIVITAMIN (ORAL)	iron fm,ps no.1/folic/mv no.18	FEOSOL TABLET OTC (ORAL)	iron polysacch/iron heme polyp
FERROUS GLUCONATE TABLET OTC (ORAL)	ferrous gluconate	FERGON TABLET OTC (ORAL)	ferrous gluconate
FERROUS SULFATE DROPS OTC (ORAL)	ferrous sulfate	FER-IN-SOL DROPS OTC (ORAL)	ferrous sulfate
FERROUS SULFATE SOLUTION OTC (ORAL)	ferrous sulfate	FERIVA 21-7 (ORAL)	iron/folate no1/C/B12/zinc/dss
FERROUS SULFATE TABLET ER OTC (ORAL)	ferrous sulfate	FERIVA FA CAPSULE (ORAL)	iron/folat1/C/B12/biot/docusat
FERROUS SULFATE TABLET OTC (ORAL)	ferrous sulfate	FERRAPLUS 90 TABLET (ORAL)	iron/folic acid/B12/C/docusate
FERROUS SULFATE, DRIED TABLET ER OTC (ORAL)	ferrous sulfate, dried	FERRIMIN 150 TABLET OTC (ORAL)	ferrous fumarate
HEMOCYTE PLUS CAPSULE (ORAL)	iron fum/folic acid/mv,min 15	FERROUS SULFATE/ASCORBIC ACID/FA TABLET ER OTC (ORAL)	ferrous sulfate/vit C/folic ac
HEMOCYTE-F TABLET (ORAL)	ferrous fumarate/folic acid	FUSION PLUS CAPSULE (ORAL)	iron,fm,ps/folic/B,C18/L.casei
INTEGRA F CAPSULE (ORAL)	iron fum,ps/folic acid/vitC/B3	HEMOCYTE TABLET OTC (ORAL)	ferrous fumarate
INTEGRA PLUS CAPSULE (ORAL)	iron fum,ps/folic/Bcomp,C no.9	IROSPAN TABLET (ORAL)	iron bg,ps/folic/B,C no.12/suc
IRON CARBONYL/ASCORBIC ACID TABLET OTC (ORAL)	iron,carbonyl/ascorbic acid	TARON FORTE CAPSULE (ORAL)	iron bg,ps/vitC/B12/FA/calcium
IRON POLYSACCHARIDES CAPSULE OTC (ORAL)	iron polysaccharide complex		
IRON POLYSACCHARIDES/B12/FA CAPSULE (ORAL)	iron ps complex/B12/folic acid		
NEPHRON FA TABLET (ORAL)	iron fum/docusat/folic/Bcomp,C		
TANDEM PLUS CAPSULE (ORAL)	iron fm,ps no.1/folic/mv no.18		

PEDIATRIC VITAMIN PREPARATIONS			
Preferred Agents		Non-Preferred Agents	
Agent	Ingredients	Agent	Ingredients
MULTIVITAMINS WITH FLUORIDE DROPS (ORAL)	pedi multivit no.2 w-fluoride	ESCAVITE (ORAL)	pedi multivit 47/iron/fluoride
MULTIVITS WITH IRON & FLUORIDE DROPS (ORAL)	pedi multivit 45/fluoride/iron	ESCAVITE D CHEW TAB (ORAL)	pedi multivit 78/iron/fluoride
PEDI MVI NO.16 WITH FLUORIDE TAB CHEW (ORAL)	pedi multivit no.16 w-fluoride	ESCAVITE LQ (ORAL)	pedi multivit 86/iron/fluoride
		FLORIVA CHEW (ORAL)	pedi multivit no.85/fluoride
		FLORIVA PLUS DROPS (ORAL)	pedi multivit no.130/fluoride
		FLUORIDE/VITAMINS A,C,AND D DROPS (ORAL)	ped mvit A,C,D3 no.21/fluoride
		POLY-VI-FLOR CHEW (ORAL)	pedi multivit no.33/fluoride
		POLY-VI-FLOR DROPS (ORAL)	pedi multivit no.37 w-fluoride
		POLY-VI-FLOR WITH IRON CHEW (ORAL)	pedi multivit 33/fluoride/iron
		POLY-VI-FLOR WITH IRON DROPS (ORAL)	pedi multivit 37/fluoride/iron
		QUFLORA (ORAL)	pedi multivit 84 with fluoride
		QUFLORA (ORAL)	pedi multivit no.63 w-fluoride
		QUFLORA (ORAL)	pedi multivit no.83 w-fluoride
		QUFLORA FE (ORAL)	ped multivit 142/iron/fluoride
		QUFLORA FE (ORAL)	ped multivit 151/iron/fluoride
		QUFLORA OTC (ORAL)	pedi multivit no.157/fluoride
		TRI-VI-FLORO DROPS (ORAL)	ped mvit A,C,D3 no.38/fluoride
		TRI-VITAMIN WITH FLUORIDE (ORAL)	ped mvit A,C,D3 no.21/fluoride

PRENATAL VITAMINS			
Preferred Agents		Non-Preferred Agents	
Agent	Ingredients	Agent	Ingredients
CITRANATAL 90 DHA (ORAL)	PNV72/iron,gluc/folic/dss/dha	COMPLETENATE CHEW TABLET (ORAL)	prenatal vit 14/iron fum/folic
CITRANATAL ASSURE (ORAL)	PNV73/iron,gluc/folic/dss/dha	CONCEPT DHA (ORAL)	PNV 16/iron fum,ps/folic/om-3
CITRANATAL B-CALM (ORAL)	prenatal 48/iron/folic acid/B6	CONCEPT OB (ORAL)	PNV 15/iron fum,ps/folic acid
CITRANATAL DHA (ORAL)	PNV 76/iron,gluc/folic/dss/dha	EXTRA-VIRT PLUS DHA (ORAL)	prenatal 57/iron/folic/dss/dha
CITRANATAL HARMONY (ORAL)	PNV59/iron,carb,fum/FA/dss/dha	FE C/FA (ORAL)	prenatal no.123/iron/folic ac
CITRANATAL RX (ORAL)	prenatal81/iron/folic/docusate	NESTABS (ORAL)	prenatal vit86/iron/folic acid

PROVIDA OB (ORAL) SELECT-OB + DHA (ORAL) TRICARE (ORAL) TRINATAL RX 1 (ORAL) VITAFOL NANO (ORAL) VITAFOL ULTRA (ORAL) VITAFOL-OB+DHA (ORAL) VITAFOL-ONE (ORAL) VOL-PLUS (ORAL)	prenatal vit 65/iron fum,ps/FA prenatal vit 33/iron/folic/dha prenatal vit103/iron fum/folic prenatal vit27,calcium/iron/FA prenatal no.75/iron/folate no1 PNV 67/iron ps/folate no.1/dha prenatal vit 10/iron/folic/dha prenatal 26/iron ps/folic/dha multivit-mins60/iron fum/folic	NESTABS DHA (ORAL) OB COMPLETE ONE (ORAL) OB COMPLETE PETITE (ORAL) OB COMPLETE PREMIER (ORAL) OB COMPLETE TABLET (ORAL) PNV #19/IRON PS&HEME/FOLIC/DHA (ORAL) PNV COMBO#47/IRON/FA #1/DHA (ORAL) PNV NO.118/IRON FUMARATE/FA CHEW TABLET (ORAL) PNV NO.15/IRON FUM & PS CMP/FA (ORAL) PNV W-CA NO.40/IRON FUM/FA CMB NO.1 (ORAL) PNV WITH CA NO.68/IRON/FA NO.1/DHA (ORAL) PNV#16/IRON FUM & PS/FA/OM-3 (ORAL) PNV#21/IRON PS& HEME POLYP/FA (ORAL) PNV/FA/B6/CALCIUM PHOS/GINGER (ORAL) PNV119/IRON FUMARATE/FA/DSS TABLET (ORAL) PNV119/IRON FUMARATE/FA/DSS TABLET (ORAL) PNV2/IRON B-G SUC-P/FA/OMEGA-3 (ORAL) PNV53/IRON B-G HCL-P/FA/OMEGA3 (ORAL) PNV66/IRON FUMARATE/FA/DSS/DHA (ORAL) PNV69/IRON,CARBONYL/FA/DSS/DHA (ORAL) PNV80/IRON FUMARATE/FA/DSS/DHA (ORAL) PRENATAL VIT #76/IRON,CARB/FA (ORAL) PRENATAL VIT #76/IRON,CARB/FA (ORAL) PRENATE AM (ORAL) PRENATE CHEWABLE TABLET (ORAL) PRENATE DHA (ORAL) PRENATE ELITE (ORAL) PRENATE ENHANCE (ORAL) PRENATE ESSENTIAL (ORAL) PRENATE MINI (ORAL) PRENATE PIXIE (ORAL) PRENATE RESTORE (ORAL) PRENATE STAR (ORAL) PROVIDA DHA (ORAL) SELECT-OB TAB CHEW (ORAL) TENDERA-OB OTC (ORAL) TRISTART DHA (ORAL) VITAFOL-OB (ORAL) VP-CH-PNV (ORAL) VP-PNV-DHA (ORAL)	prenatal 87/iron bis/folic/dha PNV 85/iron/folic/dha/fish oil prenatal56/iron/folic acid/dha PNV83/iron,carb,asp/folic acid prenatal no.123/iron/folic ac PNV 19/iron ps,heme/folic/dha prenatal 47/iron/folate 1/dha PNV no.118/iron fumarate/FA PNV 15/iron fum,ps/folic acid prenatal,calc.40/iron/folate 1 prenatal 68/iron/folic no1/dha PNV 16/iron fum,ps/folic/om-3 PNV 21/iron ps,heme ppep/folic PNV/folic ac/B6/calcium/ginger mv, min 59/iron/folic/docusate PNV119/iron fum/folic/docusate prenatal 2/iron/folic acid/om3 prenatal 53/iron/folic ac/omg3 PNV 66/iron/folic/docusate/dha PNV 69/iron/folic/docusate/dha PNV 80/iron fum/folic/dss/dha mv-mins no.50/iron,carb/folic prenatal vit,calc76/iron/folic prenatal vit114/folate6/ginger prenatal vit no.112/folate no6 prenatal 78/iron/folate 1/dha prenatal 114/iron a-g/folate 1 prenatal vit68/iron/FA no6/dha prenatal vit 84/iron/FA 1/dha prenatal vit 87/iron/folic/dha prenatal vit 85/iron/FA 1/dha prenatal vit69/iron/folate6/dh prenatal no.77/iron asp gly/FA prenatal90/iron fum,ps/folic/dha prenatal vit128/iron/folic acd prenatal 148/iron/folate 6/dha prenatal 93/iron/folate 9/dha prenatal vit 10/iron fum/folic prenatal 34/iron/folic/dss/dha prenatal no.52/iron/FA/dha
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COUGH AND COLD ORAL			
Preferred Agents		Non-Preferred Agents	
Agent	Ingredients	Agent	Ingredients
ALA-HIST IR TABLET OTC (ORAL)	dexbrompheniramine maleate	DEXBROMPHENIRAMINE/PHENYLEPHRINE OTC (ORAL)	dexbrompheniramin/phenylephrin
ALA-HIST PE TABLET OTC (ORAL)	dexbrompheniramin/phenylephrin	DOXYLAMINE/PHENYLEPHRINE OTC (ORAL)	doxylamine/phenylephrine HCl
CHILDREN'S MUCINEX LIQUID OTC (C) (ORAL)	diphenhyd/phenyleph/acetaminop	ED A-HIST PSE TABLET OTC (ORAL)	triprolidine/pseudoephedrine
CHILDREN'S MUCINEX LIQUID OTC (C) (ORAL)	guaifenesin	GUAIFENESIN/PHENYLEPHRINE TABLET OTC (ORAL)	guaifenesin/phenylephrine HCl
CHILDREN'S MUCINEX LIQUID OTC (C) (ORAL)	guaifenesin/phenylephrine HCl	GUAIFENESIN/PHENYLEPHRINE TABLET OTC (ORAL)	guaifenesin/pseudoephedrine HCl
DECONEX IR TABLET OTC (ORAL)	guaifenesin/phenylephrine HCl	LODRANE D CAPSULE OTC (ORAL)	brompheniramin/pseudoephedrine
ED A-HIST LIQUID OTC (ORAL)	chlorpheniramine/phenylephrine	LOHIST-D LIQUID OTC (ORAL)	chlorpheniramine/pseudoephed
ED A-HIST TABLET OTC (ORAL)	chlorpheniramine/phenylephrine	MUCINEX FAST-MAX NITE COLD-FLU LIQUID OTC (ORAL)	diphenhyd/phenyleph/acetaminop
ED BRON GP LIQUID OTC (ORAL)	guaifenesin/phenylephrine HCl	MUCUS-CHEST CONGESTION LIQUID OTC (ORAL)	guaifenesin
GUAIFENESIN 400 MG TABLET OTC (ORAL)	guaifenesin	PHENYLEPHRINE/APAP TABLET OTC (ORAL)	phenylephrine HCl/acetaminophn

GUAIFENESIN LIQUID OTC (ORAL)	guaifenesin	PHENYLEPHRINE/BROMPHENIRAMINE TABLET OTC (ORAL)	brompheniramine/phenylephrine
GUAIFENESIN TABLET ER OTC (ORAL)	guaifenesin	PHENYLEPHRINE/PYRILAMINE TABLET OTC (ORAL)	phenylephrine/pyrilamine
GUAIFENESIN/PSE TABLET ER OTC (ORAL)	guaifenesin/pseudoephedrine HCl	PROMETHAZINE VC SYRUP (QUALITEST) (ORAL)	phenylephrine HCl/prometh HCl
HISTEX-PE LIQUID OTC (ORAL)	phenylephrine HCl/triprolidine	RESCON TABLET OTC (ORAL)	dexchlorpheniramin/pseudoephed
MUCINEX D TABLET ER 12H OTC (ORAL)	guaifenesin/pseudoephedrine HCl	RESCON-GG LIQUID OTC (ORAL)	guaifenesin/phenylephrine HCl
MUCINEX ER TABLET OTC (ORAL)	guaifenesin	RYMED TABLET OTC (ORAL)	dexchlorpheniram/phenylephrine
MUCINEX FAST-MAX COLD-SINUS TABLET OTC (ORAL)	guaifen/phenyleph/acetaminophn	STAHIST AD TABLET OTC (ORAL)	chlorcyclizine/pseudoephedrine
MUCINEX GRAN PACK OTC (ORAL)	guaifenesin		
MUCINEX SINUS-MAX TABLET OTC (ORAL)	guaifen/phenyleph/acetaminophn		
NASOPEN PE LIQUID OTC (ORAL)	thonzylamine/phenylephrine		
NOHIST-LQ LIQUID OTC (ORAL)	chlorpheniramine/phenylephrine		
PHENYLEPHRINE/BROMPHENIRAMINE SOLUTION OTC (ORAL)	brompheniramine/phenylephrine		
POLY HIST FORTE TABLET OTC (ORAL)	doxylamine/phenylephrine HCl		
POLY-VENT IR TABLET OTC (ORAL)	guaifenesin/pseudoephedrine HCl		
PSE/CHLORPHENIRAMINE TABLET OTC (ORAL)	chlorpheniramine/pseudoephed		
PSE/TRIPROLDINE TABLET OTC (ORAL)	triprolidine/pseudoephedrine		
RYNEX PE SOLUTION OTC (ORAL)	brompheniramine/phenylephrine		
RYNEX PSE LIQUID OTC (ORAL)	brompheniramin/pseudoephedrine		

COUGH AND COLD NASAL			
Preferred Agents		Non-Preferred Agents	
Agent	Ingredients	Agent	Ingredients
OXYMETAZOLINE 12 HR NASAL SPRAY OTC (NASAL)	oxymetazoline HCl		

COUGH AND COLD NARCOTIC			
Preferred Agents		Non-Preferred Agents	
Agent	Ingredients	Agent	Ingredients
GUAIFENESIN/CODEINE LIQUID OTC (ORAL)	codeine phosphate/guaifenesin	GUAIFENESIN/PSE/CODEINE SYRUP OTC (ORAL)	pseudoephed/codeine/guaifen
PROMETHAZINE/CODEINE SYRUP (ORAL)	promethazine HCl/codeine	HYDROCODONE/CHLORPHENIRAMINE SUSPENSION ER 12H (ORAL)	hydrocodone/chlorphen p-stirex
		HYDROCODONE/HOMATROPINE SYRUP (ORAL)	hydrocodone bit/homatrop me-br
		HYDROCODONE/HOMATROPINE TABLET (ORAL)	hydrocodone bit/homatrop me-br
		NINJACOF-XG LIQUID OTC (ORAL)	codeine phosphate/guaifenesin
		PROMETHAZINE/PHENYLEPHRINE/CODEINE (QUALITEST) SYRUP (ORAL)	promethazine/phenyleph/codeine
		PSE/HYDROCODONE/CHLORPHENIRAMINE SOLUTION (ORAL)	hydrocodone/cpm/pseudoephed
		ROBAFEN AC (ORAL)	codeine phosphate/guaifenesin

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COUGH AND COLD NARCOTIC			
Preferred Agents		Non-Preferred Agents	
Agent	Ingredients	Agent	Ingredients
ALAHIST CF TABLET OTC (ORAL)	d-methorphan/pe/dexbromphenir	BROMFED DM SYRUP (ORAL)	brompheniramine/pseudoephed/DM
ALA-HIST DM LIQUID OTC (ORAL)	d-methorphan/pe/dexbromphenir	CHLO TUSS LIQUID OTC (ORAL)	dexbromphen/pseudoeph/chlophed
BENZONATATE CAPSULE (ORAL)	benzonatate	DM/APAP/DOXYLAMINE CAPSULE OTC (ORAL)	DM/acetaminophen/doxylamine
BROMPHENIRAMINE/PHENYLEPHRINE/DM SOLUTION OTC (ORAL)	brompheniram/phenylephrine/DM	DM/APAP/DOXYLAMINE LIQUID OTC (ORAL)	DM/acetaminophen/doxylamine
BROM-PSE-DM SYRUP (ORAL)	brompheniramine/pseudoephed/DM	DM/PHENYLEPHRINE/APAP CAPSULE OTC (ORAL)	d-methorphan/PE/acetaminophen
BROTAPP DM ELIXIR OTC (ORAL)	brompheniramine/pseudoephed/DM	DM/PHENYLEPHRINE/APAP TABLET OTC (ORAL)	d-methorphan/PE/acetaminophen
CHILD MUCINEX M-S COLD DAY-NTE LIQUID SEQUELES OTC (ORAL)	diphenhydram/PE/DM/acetamin/GG	DURAFLU TABLET OTC (ORAL)	pseudoeph/DM/guaifen/acetamin
CHILDREN'S MUCINEX LIQUID OTC (NN) (ORAL)	guaifen/dextromethorphan/pe	ED A-HIST DM TABLET OTC (ORAL)	chlorpheniramine/phenyleph/DM
CHILDREN'S MUCINEX LIQUID OTC (NN) (ORAL)	guaifenesin/dextromethorphan	GUAIFEN/DEXTROMETHORPHAN/PE OTC (ORAL)	guaifen/dextromethorphan/pe
CHILDREN'S MUCINEX LIQUID OTC (NN) (ORAL)	phenylephrine/DM/acetaminop/GG	GUAIFENESIN/DM TABLET ER 12H OTC (ORAL)	guaifenesin/dextromethorphan
DECONEX DMX TABLET OTC (ORAL)	guaifen/dextromethorphan/pe	GUAIFENESIN/DM TABLET OTC (ORAL)	guaifenesin/dextromethorphan
DELSYM SUSPENSION ER 12H OTC (ORAL)	dextromethorphan polistirex	M-END DMX LIQUID OTC (ORAL)	dexbromphen/pseudoephedrine/DM
DEXTROMETHORPHAN CAPSULE OTC (ORAL)	dextromethorphan HBr	MUCINEX FAST-MAX CONGEST-COLD TABLET OTC (ORAL)	phenylephrine/DM/acetaminop/GG
DEXTROMETHORPHAN SUSPENSION ER 12H OTC (ORAL)	dextromethorphan polistirex	MUCINEX FAST-MAX DAY-NITE COLD LIQUID SEQ OTC (ORAL)	diphenhydram/PE/DM/acetamin/GG
DM/PSE/CHLORPHENIRAMINE LIQUID OTC (ORAL)	chlorpheniramin/pseudoephed/DM	MUCINEX FAST-MAX DAY-NITE CONG TABLET OTC (ORAL)	diphenhydram/PE/DM/acetamin/GG
ED-A-HIST DM LIQUID OTC (ORAL)	chlorpheniramine/phenyleph/DM	MUCUS DM MAX TABLET ER 12H OTC (ORAL)	guaifenesin/dextromethorphan
GUAIFENESIN/DM LIQUID OTC (ORAL)	guaifenesin/dextromethorphan	NINJACOF LIQUID OTC (ORAL)	pyrilamine/chlophedianol
GUAIFENESIN/DM/PHENYLEPHRINE LIQUID OTC (ORAL)	guaifen/dextromethorphan/pe	POLY-HIST PD DROPS OTC (ORAL)	thonzylamine/chlophedianol
GUAIFENESIN/DM/PHENYLEPHRINE SYRUP OTC (ORAL)	guaifen/dextromethorphan/pe	POLYTUSSIN DM OTC (ORAL)	dexchlorphen/phenylephrine/DM
HISTEX-DM SYRUP OTC (ORAL)	triprolidine/phenylephrine/DM	RESCON-DM LIQUID OTC (ORAL)	chlorpheniramin/pseudoephed/DM
LOHIST-DM LIQUID (ORAL)	brompheniram/phenylephrine/DM	VANATAB AC TABLET OTC (ORAL)	pyrilamine/chlophedianol
MUCINEX COLD-FLU & SORE THROAT LIQUID OTC (ORAL)	phenylephrine/DM/acetaminop/GG		
MUCINEX COUGH GRAN PACK OTC (ORAL)	guaifenesin/dextromethorphan		
MUCINEX DM TABLET ER 12H OTC (ORAL)	guaifenesin/dextromethorphan		
MUCINEX DM TABLET ER 12H OTC (ORAL)	guaifenesin/dextromethorphan		
MUCINEX FAST-MAX CONGEST-COUGH TABLET OTC (ORAL)	guaifen/dextromethorphan/pe		
MUCINEX FAST-MAX DM MAX LIQUID OTC (ORAL)	guaifenesin/dextromethorphan		
MUCINEX FAST-MAX SEVERE COLD LIQUID OTC (ORAL)	phenylephrine/DM/acetaminop/GG		
NOHIST-DM LIQUID OTC (ORAL)	chlorpheniramine/phenyleph/DM		
POLY-HIST DM LIQUID OTC (ORAL)	thonzylamine/phenylephrine/DM		
POLY-VENT DM TABLET OTC (ORAL)	guaifenesin/DM/pseudoephedrine		

PROMETHAZINE/DM SYRUP (ORAL)	promethazine/dextromethorphan		
RYNEX DM SOLUTION OTC (ORAL)	brompheniram/phenylephrine/DM		
VANACOF DM LIQUID OTC (ORAL)	guaifen/dextromethorphan/pe		
VANACOF LIQUID OTC (ORAL)	dexchlorphenir/pse/chlophedian		
VANATAB DM TABLET OTC (ORAL)	guaifen/dextromethorphan/pe		