

Apple Health Medicaid Fee For Service Preferred Drug List

What is new in this version of the Washington preferred drug list?

Effective for dates of service on and after June 1 2016, the Health Care Authority will make the following changes:

Drug Class	Drug Name	Preferred Status
Antiplatelets	aspirin-dipyridamole ER	Non-Preferred
	Aspirin and Extended Release Dipyridamole®	Removed
Attention Deficit/Hyperactivity Disorder	Metadate ER™	Removed – see methylphenidate ER
Calcium Channel Blockers	Adalat®	Removed
	Cartia XT®	Removed – see diltiazem ER
	Taztia XT®	Removed – see diltiazem ER
Estrogens	Cenestin®	Removed
	Estrasorb®	Removed
	Femtrace®	Removed
Estrogen-Progestin Combinations	jinteli	Removed – see norethindrone acetate -ethinyl estradiol
	mimvey	Removed -- see estradiol-norethindrone
Inhaled Corticosteroids – Long-Acting Beta-Agonist Combinations (No changes to preferred drug status. Separating asthma/COPD subclasses for clarity of Therapeutic Interchange.)	Advair Diskus® /HFA®	Preferred
	Breo Ellipta®	Preferred
	Dulera®	Non-Preferred, EA required
	Symbicort®	Non-Preferred

Prescription Drug Program

Long-Acting Beta-Agonist – Long Acting Muscarinic Agent Combinations (LABA – LAMA) (No changes to preferred drug status. Separating asthma/COPD subclasses for clarity of Therapeutic Interchange.)	Anoro Ellipta®	Preferred, EA required
	Stioloto®	Non-Preferred, Not subject to TIP or DAW-1, and EA required
	Utibron Neohaler®	Non-Preferred, Not subject to TIP or DAW-1, and EA required
Long-Acting Muscarinic Agents (LAMA) (No changes to preferred drugs. Renaming drug class)	Incruse Ellipta®	Non-Preferred, Not subject to TIP or DAW-1, and EA required
	Seebri Neohaler®	Non-Preferred, Not subject to TIP or DAW-1, and EA required
	Spiriva Handihaler®	Preferred, EA required
	Spiriva Respimat®	Preferred, EA required
	Tudorza Pressair®	Non-Preferred, EA required
Nasal Corticosteroids	mometasone furoate	Non-Preferred
PCSK-9 Inhibitors (Proprotein Convertase Subtilisin Kexin Type 9) (new drug class)	Praluent®	Non-Preferred, PA required
	Repatha®	Preferred, PA required
	Repatha Sureclick®	Preferred, PA required
Statin-type Cholesterol Lowering Agents (No changes to preferred drug status. Separating asthma/COPD subclasses for clarity of Therapeutic Interchange.)	atorvastatin	High Potency, Preferred
	Crestor®	High Potency, Non-preferred, Not subject to DAW-1 override
	Lipitor®	High Potency, Non-preferred
Targeted Immune Modulators	Taltz®	Non-preferred, not subject to DAW-1 override
Triptans	Onzetra®	Non-Preferred, not subject to TIP/DAW-1 override

What is the Washington preferred drug list?

The Health Care Authority (agency) and Labor & Industries (L & I) have developed a list of preferred drugs within a chosen therapeutic class that are selected based on clinical evidence of safety, efficacy, and effectiveness. The drugs within a chosen therapeutic class are studied by an evidence-based practice center (EPC). A written report on the comparative safety, efficacy, and effectiveness from the EPC is evaluated by the Washington State Pharmacy and Therapeutic Committee which makes recommendations to the state agencies regarding the selection of the preferred drugs on the Washington Preferred Drug List (PDL). (WAC [182-530-4100](#))

What is the process to obtain drugs on the Washington preferred drug list?

1. **Preferred Drugs** - Prescription claims for preferred drugs submitted to the agency are reimbursed without authorization requirements unless the drug requires authorization for:
 - a. Safety criteria;
 - b. Special subpopulation criteria; or
 - c. Limits based on age, gender, dose, or quantity.
2. **Non-preferred Drugs** - Prescription claims for non-preferred drugs submitted to the agency are reimbursed without authorization requirements when written by an Endorsing Practitioner who has indicated “DAW” on the prescription unless the drug requires restrictions for safety. See WAC [182-530-4150](#).
3. Prescription claims for non-preferred drugs submitted to the agency are reimbursed only after authorizing criteria are met if written by a non-endorsing practitioner.
4. Pharmacies must call the agency for authorization when required. Call 800-848-2842 (Option 1) **or fax to 866-668-1214.**

What are the authorization criteria that must be met to obtain a nonpreferred drug?

- For most drug classes on the Washington PDL, the authorization criteria is that the client must have tried and failed, or is intolerant to, at least one preferred drug. Drugs may have criteria that go beyond these basic criteria for the reasons stated in #1 on the previous page.
- Drugs that are in drug classes on the Washington PDL that have not been studied by the evidence-based practice center(s) and have not been reviewed by the P&T committee will be treated as non-preferred drugs and will require authorization.

Prescription Drug Program

HCA requires pharmacies to obtain authorization for non-preferred drugs when a therapeutic equivalent is on the Washington PDL. The following table shows the preferred and non-preferred drug in each therapeutic drug class on the Washington PDL.

Note: The agency changed the format for multiple drug listings. A slash (/) is used to denote multiple forms of a drug. For example: “Cardizem[®] /CD/LA/SR” represents immediate release Cardizem, as well as the CD, LA, and SR forms. A hyphen (-) is used to indicate combination products. For example: “benazepril-HCTZ” represents the combination product of benazepril and hydrochlorothiazide, rather than benazepril AND the combination product.

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>ACE Inhibitors</p>	<p>Generic: benazepril captopril enalapril lisinopril ramipril</p> <p>Brand:</p>	<p>Generic: fosinopril moexipril perindopril erbumine quinapril trandolapril</p> <p>Brand: Accupril® (<i>quinapril</i>) Aceon® (<i>perindopril</i>) Altace® (<i>ramipril</i>) Epaned® (<i>enalapril</i>)** Lotensin® (<i>benazepril</i>) Mavik® (<i>trandolapril</i>) Prinivil® (<i>lisinopril</i>) Univasc® (<i>moexipril</i>) Vasotec® (<i>enalapril</i>) Zestril® (<i>lisinopril</i>)</p> <p>**Not subject to TIP or DAW-1 override.</p>
<p>Alzheimer's Drugs</p> <p>(Not subject to therapeutic interchange program (TIP). For more information on TIP, see Therapeutic Interchange Program in the Prescription Drug Program Medicaid Provider Guide.)</p>	<p>Generic: donepezil /ODT galantamine galantamine HBR memantine memantine titration pak rivastigmine tartrate capsules</p> <p>Brand: Namenda® (<i>memantine</i>) Namenda Titration Pak® (<i>memantine</i>)</p>	<p>Generic: rivastigmine tartrate patch</p> <p>Brand: Aricept® /ODT (<i>donepezil</i>) Exelon® (<i>rivastigmine</i>) patch Exelon® (<i>rivastigmine</i>) capsule/solution Namenda® XR (<i>memantine</i>)** Namenda XR Titration Pak® (<i>memantine</i>)** Namzaric® (<i>memantine-donepezil</i>)** Razadyne® /ER (<i>galantamine</i>)</p> <p>**Not subject to DAW-1 override.</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Antiemetics</p>	<p>Generic: granisetron tablet/injection* ondansetron tablet/ injection ondansetron solution+ ondansetron ODT tablet+</p> <p>Brand:</p> <p>+EA required for age 18 and older *EA required</p>	<p>Generic:</p> <p>Brand: Aloxi® (<i>palonosetron</i>) injection* Anzemet® (<i>dolasetron</i>) tablet/injection* Granisol® (<i>granisetron</i>) solution* Sancuso® (<i>granisetron</i>) transdermal patch** Zofran® (<i>ondansetron</i>) tablet /injection Zofran® (<i>ondansetron</i>) solution* Zofran® ODT® (<i>ondansetron</i>) tablet* Zuplenz® (<i>ondansetron oral soluble</i>)**</p> <p>*EA required **Not subject to TIP or DAW-1 override.</p>
<p>Antiplatelets</p> <p>(Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the Prescription Drug Program Medicaid Provider Guide.)</p>	<p>Generic: clopidogrel</p> <p>Brand:</p>	<p>Generic: aspirin-dipyridamole ER</p> <p>Brand: Aggrenox® (<i>aspirin-dipyridamole ER</i>) Brilinta® (<i>ticagrelor</i>)** Effient® (<i>prasugrel HCl</i>) Plavix® (<i>clopidogrel bisulfate</i>) Zontivity® (<i>vorapaxar sulfate</i>)**</p> <p>**Not subject to DAW-1 override.</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Attention Deficit/ Hyperactivity Disorder</p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the Prescription Drug Program Medicaid Provider Guide.</p> <p>EA is required for stimulants prescribed for ADD/ADHD diagnosis for adults)</p>	<p>Generic: amphetamine salt combo amphetamine salt combo XR dextroamphetamine dextroamphetamine SA dexmethylphenidate dexmethylphenidate XR guanfacine ER methylphenidate methylphenidate CD/ER/LA/SR</p> <p>Brand: Strattera® (<i>atomoxetine HCl</i>) Vyvanse™ (<i>lisdexamfetamine dimesylate</i>)</p>	<p>Generic: clonidine ER dextroamphetamine solution methylphenidate chewable</p> <p>Brand: Adderall® (<i>amphetamine salt combo</i>) Adderall XR® (<i>amphetamine salt combo</i>) Adzenys XR® (<i>amphetamine</i>)** Aptensio XR® (<i>methylphenidate</i>)** Concerta® (<i>methylphenidate HCl</i>) Daytrana™ (<i>methylphenidate HCl</i>) transdermal patch Dexedrine® (<i>dextroamphetamine</i>) Dyanavel XR® (<i>amphetamine</i>)** Evekeo® (<i>amphetamine</i>)** Focalin® (<i>dexmethylphenidate</i>) Focalin XR® (<i>dexmethylphenidate</i>) Intuniv™ (<i>guanfacine</i>) Kapvay® (<i>clonidine</i>) Metadate CD™ (<i>methylphenidate HCl</i>) Methylin® (<i>methylphenidate HCl</i>) chewable/solution ProCentra® (<i>dextroamphetamine</i>) Quillichew ER® (<i>methylphenidate HCl</i>)** Quillivant® XR (<i>methylphenidate HCl</i>) Ritalin® (<i>methylphenidate HCl</i>) Ritalin LA® (<i>methylphenidate HCl</i>) Ritalin SR® (<i>methylphenidate HCl</i>)</p> <p>**Not subject to DAW-1 override.</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Atypical Antipsychotic Drugs</p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the Prescription Drug Program Medicaid Provider Guide.</p>	<p>Generic: aripiprazole clozapine tablet / ODT olanzapine/ODT/injection paliperidone ER quetiapine risperidone tablet/ODT/solution ziprasidone capsules</p> <p>Brand: Abilify® (<i>aripiprazole</i>) tablet/solution/Dismelt® Abilify® (<i>aripiprazole</i>) IM injection Abilify Maintena® (<i>aripiprazole</i>) Fanapt® (<i>iloperidone</i>) tablet Fanapt Titration Pack® (<i>iloperidone</i>) Geodon® (<i>ziprasidone mesylate</i>) IM injection Invega Sustenna® (<i>paliperidone</i>) IM injection Latuda® (<i>lurasidone HCL</i>) Risperdal Consta® (<i>risperidone</i>) injection Saphris® (<i>asenapine</i>) sublingual tablet Seroquel® XR (<i>quetiapine</i>) Zyprexa® (<i>olanzapine</i>) IM injection Zyprexa Relprevv® (<i>olanzapine pamoate</i>) injection</p>	<p>Generic:</p> <p>Brand: Aristada® (<i>aripiprazole lauroxil</i>)** Clozaril® (<i>clozapine</i>) tablet Fazaclo® (<i>clozapine</i>) disintegrating tablet Geodon® (<i>ziprasidone HCl</i>) capsule Invega™ (<i>paliperidone</i>) tablet Invega Trinza® (<i>paliperidone</i>)** Rexulti® (<i>brexiprazole</i>)** Risperdal® (<i>risperidone</i>) tablet/M-tab®/solution Seroquel® (<i>quetiapine</i>) tablet Versacloz® (<i>clozapine</i>)** Vraylar® (<i>cariprazine HCl</i>)** Zyprexa® (<i>olanzapine</i>) tablet Zyprexa Zydis® (<i>olanzapine</i>) tablet</p> <p>**Not subject to TIP or DAW-1 override.</p>

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Beta Blockers	<p>Generic: acebutolol atenolol betaxolol bisoprolol carvedilol labetalol metoprolol succinate ER metoprolol tartrate nadolol pindolol propranolol/ER timolol</p> <p>Brand:</p>	<p>Generic:</p> <p>Brand: Bystolic® (<i>nebivolol</i>) Coreg® /CR® (<i>carvedilol</i>) Corgard® (<i>nadolol</i>) Inderal® LA (<i>propranolol</i>) Inderal® XL (<i>propranolol</i>)** InnoPran XL® (<i>propranolol</i>) Kerlone® (<i>betaxolol</i>) Levatol® (<i>penbutolol</i>) Lopressor® (<i>metoprolol tartrate</i>) Sectral® (<i>acebutolol</i>) Tenormin® (<i>atenolol</i>) Toprol XL (<i>metoprolol succinate</i>) Trandate® (<i>labetalol</i>) Zebeta® (<i>bisoprolol</i>)</p> <p>**Not subject to TIP or DAW-1 override</p>
Calcium Channel Blockers	<p>Generic: amlodipine diltiazem /CD/ER/XR felodipine ER nicardipine nifedipine ER nisoldipine /ER verapamil /XR</p> <p>Brand:</p>	<p>Generic: isradipine nifedipine</p> <p>Brand: Adalat® CC (<i>nifedipine</i>) Calan® /SR (<i>verapamil</i>) Cardizem® /CD/LA (<i>diltiazem</i>) Isoptin® SR (<i>verapamil</i>) Norvasc® (<i>amlodipine</i>) Procardia® /XL (<i>nifedipine</i>) Sular® (<i>nisoldipine</i>) Tiazac® (<i>diltiazem</i>) Verelan® /PM (<i>verapamil</i>)</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Direct-Acting Antiviral Agents for Hepatitis C</p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the Prescription Drug Program Medicaid Provider Guide.</p>	<p>Generic:</p> <p>Brand: Harvoni® (<i>ledipasvir-sofosbuvir</i>)* Sovaldi® (<i>sofosbuvir</i>)*</p> <p>*PA Required</p>	<p>Generic:</p> <p>Brand: Daklinza® (<i>daclatasvir</i>)* Olysio® (<i>simeprevir</i>)* Technivie® (<i>ombitasvir-paritaprevir-ritonavir</i>)* Victrelis® (<i>boceprevir</i>)** Viekira Pak™ (<i>paritaprevir-ritonavir-ombitasvir-dasabuvir</i>)* Zepatier® (<i>elbasvir-grazoprevir</i>)**</p> <p>*PA Required **Not subject to TIP or DAW-1 override and PA required</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Estrogens</p> <p>Transdermal products are not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the Prescription Drug Program Medicaid Provider Guide.</p>	<p>Generic Oral: estradiol tablets estropipate tablets</p> <p>Brand Oral:</p>	<p>Generic Oral:</p> <p>Brand Oral: Duavee® (<i>conjugated estrogens-bazedoxifene</i>)** Enjuvia® (<i>synthetic conjugated estrogens</i>) Estrace® (<i>estradiol</i>) tablet Menest® (<i>esterified estrogens</i>) Ortho-Est® (<i>estropipate</i>) Premarin® (<i>conjugated equine estrogens</i>) tablet</p> <p>Generic Transdermal: estradiol transdermal patch (weekly)</p> <p>Brand Transdermal: Alora® (<i>estradiol</i>) patch (biweekly) Climara® (<i>estradiol</i>) patch (weekly) Divigel® (<i>estradiol</i>) gel Elestrin™ (<i>estradiol</i>) gel Estrogel® (<i>estradiol</i>) gel Evamist® (<i>estradiol</i>) spray** Menostar® (<i>estradiol</i>) patch (weekly) Minivelle® (<i>estradiol</i>) patch (biweekly) Vivelle® DOT (<i>estradiol</i>) patch (biweekly)</p> <p>**Not subject to TIP or DAW-1 override.</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Estrogens (cont.)</p> <p>Transdermal products are not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the Prescription Drug Program Medicaid Provider Guide.</p>	<p>Generic Vaginal:</p> <p>Brand Vaginal: Estring® (<i>estradiol</i>) vaginal ring</p>	<p>Generic Vaginal:</p> <p>Brand Vaginal: Estrace® (<i>estradiol</i>) vaginal cream Femring® (<i>estradiol</i>) vaginal ring Premarin® (<i>conjugated equine estrogen</i>) vaginal cream Vagifem® (<i>estradiol</i>) vaginal tablets</p>
<p>Estrogen-Progestin Combinations</p> <p>Transdermal products are not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the Prescription Drug Program Medicaid Provider Guide.</p>	<p>Generic: estradiol-norethindrone norethindrone acetate -ethinyl estradiol</p> <p>Brand:</p>	<p>Generic Oral:</p> <p>Brand Oral: Activella® (<i>estradiol-norethindrone</i>) Angeliq® (<i>estradiol-drospirenone</i>) Femhrt Low Dose® (<i>ethinyl estradiol-norethindrone</i>) Prefest® (<i>estradiol-norgestimate</i>) Premphase® (<i>conjugated equine estrogens-medroxyprogesterone</i>) Prempro® (<i>conjugated equine estrogens-medroxyprogesterone</i>)</p> <p>Generic Transdermal:</p> <p>Brand Transdermal: Climara Pro® (<i>estradiol-levonorgestrel</i>) Combipatch® (<i>estradiol-norethindrone</i>)</p> <p>**Not subject to TIP or DAW-1 override.</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Histamine-2 Receptor Antagonist (H2RA)</p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the Prescription Drug Program Medicaid Provider Guide.</p>	<p>Generic: ranitidine</p> <p>Brand:</p>	<p>Generic: cimetidine famotidine nizatidine</p> <p>Brand: Axid® (<i>nizatidine</i>) Pepcid® (<i>famotidine</i>) Pepcid Complete® (<i>famotidine – calcium carbonate – magnesium hydroxide</i>) Tagamet HB® (<i>cimetidine</i>) Zantac® (<i>ranitidine</i>)</p>
<p>Inhaled Beta-Agonists</p>	<p>Generic nebulized: albuterol inhalation solution</p> <p>Brand inhaled: ProAir™ HFA (<i>albuterol</i>)</p> <p>Brand long-acting inhaled: Serevent® Diskus® (<i>salmeterol</i>)*</p> <p>*EA required</p>	<p>Generic nebulized: levalbuterol</p> <p>Brand nebulized: Accuneb® (<i>albuterol</i>) inhalation solution Xopenex® (<i>levalbuterol</i>) inhalation solution</p> <p>Brand inhaled: ProAir™ Respiclick (<i>albuterol</i>) Proventil® HFA (<i>albuterol</i>) Ventolin® HFA (<i>albuterol</i>) Xopenex® HFA (<i>levalbuterol</i>)</p> <p>Brand long-acting nebulized: Brovana® (<i>arformoterol</i>)* Perforomist® (<i>formoterol fumarate</i>)*</p> <p>Brand long-acting inhaled: Arcapta™ Neohaler™ (<i>indacaterol</i>)* Foradil® Aerolizer® (<i>formoterol</i>)* Striverdi® (<i>olodaterol</i>)*</p> <p>*EA required</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Inhaled Corticosteroids</p>	<p>Generic: budesonide</p> <p>Brand: Flovent® HFA/Diskus® <i>(fluticasone propionate HFA/DPI)</i> Qvar® <i>(beclomethasone dipropionate MDI)</i> Pulmicort Respules® 1mg/2ml <i>(budesonide inhalation suspension)</i></p>	<p>Generic:</p> <p>Brand: Aerospan® <i>(flunisolide HFA)</i> Alvesco® <i>(ciclesonide HFA)</i> Arnuity Ellipta® <i>(fluticasone furoate)**</i> Asmanex 14® <i>(mometasone furoate)</i> Asmanex HFA® <i>(mometasone furoate)</i> Asmanex Twisthaler® <i>(mometasone furoate DPI)</i> Pulmicort Flexhaler® <i>(budesonide DPI)</i> Pulmicort Respules® <i>(budesonide inhalation suspension)</i></p> <p>**Not subject to TIP or DAW-1 override.</p>
<p>Inhaled Corticosteroids – Long-Acting Beta-Agonist Combinations</p>	<p>Generic:</p> <p>Brand: Advair Diskus® /HFA® <i>(fluticasone-salmeterol)</i> Breo Ellipta® <i>(fluticasone furoate-vilanterol)</i></p>	<p>Generic:</p> <p>Brand: Dulera® <i>(mometasone furoate-formoterol fumarate)*</i> Symbicort® <i>(budesonide-formoterol)</i></p> <p>*EA required</p>
<p>Insulin-Release Stimulant Type Oral Hypoglycemics</p>	<p>Generic immediate release: glimepiride glipizide /ER/XL glyburide glyburide micronized nateglinide</p> <p>Brand:</p>	<p>Generic: chlorpropamide repaglinide tolazamide tolbutamide</p> <p>Brand: Amaryl® <i>(glimepiride)</i> DiaBeta® <i>(glyburide)</i> Glucotrol® /XL <i>(glipizide)</i> Glynase® <i>(glyburide micronized)</i> Prandin® <i>(repaglinide)</i> Starlix® <i>(nateglinide)</i></p>

Drug Class	Preferred Drugs	Non-preferred Drugs
Leukotriene Modifiers	Generic: montelukast sodium zafirlukast Brand:	Generic: Brand: Accolate® (<i>zafirlukast</i>) Singulair® (<i>montelukast</i>) Zyflo /CR® (<i>zileuton</i>)
Long-Acting Beta-Agonists (LABA)	Generic: Brand inhaled: Serevent® Diskus® (<i>salmeterol</i>)* *EA required	Generic: Brand nebulized: Arcapta™ Neohaler™ (<i>indacaterol</i>)* Brovana® (<i>arformoterol</i>)* Perforomist® (<i>formoterol fumarate</i>)* Brand inhaled: Foradil® Aerolizer® (<i>formoterol</i>)* Striverdi® (<i>olodaterol</i>)* *EA required ***Not subject to TIP or DAW-1 and EA required
Long-Acting Beta-Agonist – Long Acting Muscarinic Agent Combinations (LABA – LAMA)	Generic: Brand: Anoro Ellipta® (<i>umeclidinium-vilanterol</i>)* *EA required	Generic: Brand: Stioloto® (<i>tiotropium bromide-olodaterol</i>)* Utibron Neohaler® (<i>indacaterol-glycopyrrolate</i>)* ***Not subject to TIP or DAW-1 and EA required

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Long-Acting Muscarinic Agents (LAMA)</p>	<p>Generic:</p> <p>Brand: Spiriva Handihaler® (<i>tiotropium bromide</i>)* Spiriva Respimat® (<i>tiotropium bromide</i>)*</p> <p>*EA required</p>	<p>Generic:</p> <p>Brand: Incruse Ellipta® (<i>umeclidinium bromide</i>)* Seebri Neohaler® (<i>glycopyrronium</i>)* Tudorza Pressair® (<i>aclidinium</i>)*</p> <p>*EA required **Not subject to TIP or DAW-1 ***Not subject to TIP or DAW-1 and EA required</p>
<p>Long-Acting Opioids</p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the Prescription Drug Program Medicaid Provider Guide.</p>	<p>Generic: fentanyl transdermal hydromorphone morphine sulfate /CR/SA/SR morphine sulfate ER capsules/tablets oxycodone ER</p> <p>Brand:</p>	<p>Generic: levorphanol methadone* methadose* oxymorphone HCL ER</p> <p>Brand: Avinza® (<i>morphine sulfate ER</i>) Belbuca® (<i>buprenorphine</i>)* Butrans® (<i>buprenorphine</i>) transdermal Dolophine® (<i>methadone</i>)* Duragesic® (<i>fentanyl</i>) transdermal Exalgo® (<i>hydromorphone HCl</i>) Hysingla ER® (<i>hydrocodone bitartrate</i>) Kadian® (<i>morphine sulfate SR</i>) Methadone HCl Intensol® (<i>methadone</i>)* MS Contin® (<i>morphine sulfate SA</i>) Nucynta ER® (<i>tapentadol HCl</i>) Opana ER® (<i>oxymorphone HCl</i>) OxyContin® (<i>oxycodone ER</i>) Zohydro ER® (<i>hydrocodone bitartrate</i>)</p> <p>*PA Required **Not subject to DAW-1 override</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Macrolides</p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the Prescription Drug Program Medicaid Provider Guide.</p>	<p>Generic: azithromycin packet/suspension/tablet clarithromycin tablet/suspension clarithromycin SR tablet erythromycin base tablet erythromycin EC capsule/tablet erythromycin ethylsuccinate tablet/suspension erythromycin stearate tablet erythromycin tablet</p> <p>Brand: EES® (<i>erythromycin ethylsuccinate</i>) granules Eryped 200® (<i>erythromycin ethylsuccinate</i>) Eryped 400® (<i>erythromycin ethylsuccinate</i>) Ery-Tab® (<i>erythromycin base EC</i>) Erythrocin Stearate® (<i>erythromycin stearate</i>)</p>	<p>Generic:</p> <p>Brand: Biaxin® (<i>clarithromycin</i>) tablet/suspension Biaxin XL® (<i>clarithromycin</i>) EES 400® (<i>erythromycin ethylsuccinate</i>) tablet PCE® (<i>erythromycin base</i>) Zithromax® (<i>azithromycin</i>) powder packet/suspension/tablet Zmax® (<i>azithromycin SR</i>)</p>
<p>Multiple Sclerosis Drugs</p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the Prescription Drug Program Medicaid Provider Guide.</p>	<p>Generic:</p> <p>Brand: Avonex® (<i>interferon β 1a</i>) Avonex Pen® (<i>interferon β 1a</i>) Betaseron® (<i>interferon β 1b</i>) Copaxone® (<i>glatiramer acetate</i>) Gilenya® (<i>fingolimod</i>) Glatopa® (<i>glatiramer acetate</i>) Tecfidera® (<i>dimethyl fumarate</i>) Tecfidera Starter Pack® (<i>dimethyl fumarate</i>)</p> <p>*PA required</p>	<p>Generic: mitoxantrone</p> <p>Brand: Aubagio® (<i>teriflunomide</i>) Extavia® (<i>interferon β 1b</i>) Lemtrada® (<i>alemtuzumab</i>)** Plegridy® (<i>interferon β 1a</i>)** Plegridy Pen® (<i>interferon β 1a</i>)** Plegridy Starter Pak® (<i>interferon β 1a</i>)** Rebif® (<i>interferon β 1a</i>) Rebif Titration Pack® (<i>interferon β 1a</i>) Rebif Rebidose® (<i>interferon β 1a</i>) Rebif Rebidose Titration Pack® (<i>interferon β 1a</i>) Tysabri® (<i>natalizumab</i>)*</p> <p>*PA required **Not subject to TIP or DAW-1</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Nasal Corticosteroids</p>	<p>Generic: fluticasone propionate triamcinolone acetonide</p> <p>Brand:</p>	<p>Generic: budesonide flunisolide mometasone furoate</p> <p>Brand: Beconase AQ® (<i>beclomethasone dipropionate</i>) Flonase® (<i>fluticasone propionate</i>) Nasacort® Allergy 24HR (<i>triamcinolone acetonide</i>) Nasacort AQ® (<i>triamcinolone acetonide</i>) Nasonex® (<i>mometasone furoate</i>) Omnaris® (<i>ciclesonide</i>) QNasI® (<i>beclomethasone dipropionate</i>) Rhinocort Aqua® (<i>budesonide</i>) Veramyst™ (<i>fluticasone furoate</i>) Zetonna® (<i>ciclesonide</i>)**</p> <p>**Not subject to TIP or DAW-1</p>
<p>Newer Anticoagulants</p>	<p>Generic:</p> <p>Brand: Eliquis® (<i>apixaban</i>)** Pradaxa® (<i>dabigatran</i>)**</p> <p>**Not subject to TIP and PA required</p>	<p>Generic:</p> <p>Brand: Savaysa® (<i>edoxaban tosylate</i>)** Xarelto® (<i>rivaroxaban</i>)** Xarelto Starter Pack® (<i>rivaroxaban</i>)**</p> <p>**Not subject to TIP and PA required ***Not subject to TIP or DAW-1 override and PA required</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Newer Antihistamines (formerly Non-sedating Antihistamines)</p>	<p>Generic: cetirizine syrup /tablet loratadine OTC</p> <p>Brand:</p>	<p>Generic: azelastine nasal spray cetirizine chewable cetirizine chewable – children’s desloratadine fexofenadine levocetirizine dihydrochloride olopatadine</p> <p>Brand: Allegra® (<i>fexofenadine</i>) Astelin® (<i>azelastine HCl nasal spray</i>) Astepro® (<i>azelastine HCl nasal spray</i>) Clarinex® (<i>desloratadine</i>) Claritin® (<i>loratadine</i>) Patanase® (<i>olopatadine nasal spray</i>) Xyzal® (<i>levocetirizine</i>) Zyrtec® (<i>cetirizine</i>)</p>
<p>Newer Diabetic</p>	<p>Generic:</p> <p>Brand: Byetta® (<i>exenatide</i>)* Farxiga® (<i>dapagliflozin propanediol</i>)* Tradjenta® (<i>linagliptin</i>)*</p> <p>*PA Required</p>	<p>Generic:</p> <p>Brand: Bydureon® (<i>exenatide</i>)* Invokana® (<i>canagliflozin</i>)* Januvia® (<i>sitagliptin</i>)* Jardiance® (<i>empagliflozin</i>)* Nesina® (<i>alogliptin benzoate</i>)* Onglyza® (<i>saxagliptin</i>)* SymlinPen®(<i>pramlintide acetate</i>)* Tanzeum® (<i>albiglutide</i>)* Trulicity® (<i>dulaglutide</i>)* Victoza® (<i>liraglutide injection</i>)*</p> <p>*PA Required. **Not subject to TIP ***Not subject to TIP or DAW-1 override and PA required</p>

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Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Newer Sedative/ Hypnotics</p>	<p>Generic: zaleplon* zolpidem*</p> <p>Brand: Rozerem® (<i>ramelteon</i>)</p> <p>*EA required</p>	<p>Generic: eszopiclone zolpidem ER</p> <p>Brand: Ambien /CR® (<i>zolpidem tartrate</i>)* Belsomra® (<i>suvorexant</i>)** Edluar® (<i>zolpidem tartrate</i>) sublingual Lunesta® (<i>eszopiclone</i>)* Sonata® (<i>zaleplon</i>)* Zolpimist (<i>zolpidem tartrate</i>)</p> <p>*EA required **Not subject to TIP or DAW-1</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Nonsteroidal Anti-inflammatory Drugs (NSAID) Including Cyclo-oxygenase - 2 (Cox-II) Inhibitors</p>	<p>Generic: diclofenac potassium diclofenac sodium /SR/ER/EC diflunisal etodolac /ER fenoprofen flurbiprofen ibuprofen indomethacin/SR ketoprofen /SR ketorolac mefenamic acid meloxicam nabumetone naproxen /EC naproxen sodium /ER/SA oxaprozin piroxicam salsalate sulindac tolmetin</p> <p>Brand:</p>	<p>Generic: celecoxib** diclofenac sodium topical gel*** diclofenac sodium topical solution*** meclofenamate sodium</p> <p>Brand: Anaprox® /DS (<i>naproxen sodium</i>) Cambia™ (<i>diclofenac potassium</i>) solution*** Cataflam® (<i>diclofenac potassium</i>) Celebrex® (<i>celecoxib</i>)** Daypro® (<i>oxaprozin</i>) Disalcid® (<i>salsalate</i>) Feldene® (<i>piroxicam</i>) Flector® (<i>diclofenac epolamine</i>)*** Indocin® (<i>indomethacin</i>) Mediproxen® (<i>naproxen sodium</i>) Mobic® (<i>meloxicam</i>) Nalfon® (<i>fenoprofen</i>) Naprelan® (<i>naproxen sodium ER</i>) Naprosyn® /EC/DS (<i>naproxen</i>) Pennsaid® (<i>diclofenac sodium</i>) sol*** Ponstel® (<i>mefenamic acid</i>) Rexaphenac® (<i>diclofenac sodium</i>)*** Solaraze® (<i>diclofenac sodium</i>) gel*** Tivorbex® (<i>indomethacin</i>)** Vivlodex® (<i>meloxicam</i>) Voltaren® (<i>diclofenac sodium</i>) gel*** Voltaren XR® (<i>diclofenac sodium</i>) Zipsor® (<i>diclofenac potassium</i>) Zorvolex® (<i>diclofenac</i>)**</p> <p>* PA required ** Not subject to TIP *** Not subject to TIP or DAW-1 override and PA required.</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Overactive Bladder/Urinary Incontinence</p>	<p>Generic short acting: oxybutynin chloride tablets/syrup tolterodine tartrate trospium chloride</p> <p>Brand short acting:</p> <p>Generic long acting: oxybutynin ER tolterodine tartrate ER trospium chloride ER</p> <p>Brand long acting:</p>	<p>Generic short acting: flavoxate HCl</p> <p>Brand short acting: Detrol® (<i>tolterodine tartrate</i>) Sanctura® (<i>trospium chloride</i>)</p> <p>Generic long acting:</p> <p>Brand long acting: Detrol LA® (<i>tolterodine tartrate</i>) Ditropan XL® (<i>oxybutynin chloride</i>) Enablex® (<i>darifenacin hydrobromide</i>) Gelnique® (<i>oxybutynin chloride</i>) topical gel Myrbetriq® (<i>mirabegron</i>) Oxytrol® (<i>oxybutynin chloride</i>) Sanctura XR® (<i>trospium chloride</i>) Toviaz® (<i>fesoterodine fumarate</i>) Vesicare® (<i>solifenacin succinate</i>)</p>
<p>PCSK-9 Inhibitors (Proprotein Convertase Subtilisin Kexin Type 9)</p>	<p>Generic:</p> <p>Brand: Repatha® (<i>evolocumab</i>)* Repatha Sureclick® (<i>evolocumab</i>)*</p> <p>*PA required</p>	<p>Generic:</p> <p>Brand: Praluent® (<i>alirocumab</i>)*</p> <p>*PA required</p>
<p>PD4I Phosphodiesterase – 4 Inhibitors</p>	<p>Generic:</p> <p>Brand: Daliresp® (<i>roflumilast</i>)*</p> <p>*EA required</p>	<p>Generic:</p> <p>Brand:</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Proton Pump Inhibitors (Limited to 90 days duration)</p>	<p>Generic: omeprazole OTC/RX pantoprazole sodium</p> <p>Brand: Nexium® granules (esomeprazole)+ Protonix Pack® (pantoprazole)*</p> <p>*EA required + Preferred only for children ages 17 and younger</p>	<p>Generic: esomeprazole magnesium esomeprazole strontium** lansoprazole omeprazole-sodium bicarbonate rabeprazole sodium</p> <p>Brand: Aciphex® (<i>rabeprazole</i>) Dexilant® (<i>dexlansoprazole</i>) Nexium® (<i>esomeprazole</i>) Prevacid® (<i>lansoprazole</i>) capsules Prevacid® SoluTab™ (<i>lansoprazole</i>)* Prilosec OTC® (<i>omeprazole magnesium</i>) tablets Prilosec® Rx (<i>omeprazole</i>) Protonix® (<i>pantoprazole</i>) Zegerid® (<i>omeprazole-sodium bicarbonate</i>)</p> <p>*EA required **Not subject to TIP or DAW-1 override.</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Second Generation Antidepressants</p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the Prescription Drug Program Medicaid Provider Guide.</p>	<p>Generic: bupropion HCl bupropion SR* bupropion XL* citalopram escitalopram fluoxetine HCl fluvoxamine mirtazapine /ODT/soltab paroxetine HCl / ER sertraline venlafaxine ER capsules/tablets venlafaxine HCl</p> <p>Brand:</p> <p>*EA required</p>	<p>Generic: desvenlafaxine ER duloxetine duloxetine EC** fluvoxamine ER nefazodone</p> <p>Brand: Aplenzin® (<i>bupropion hydrobromide ER</i>) Brintellix® (<i>vortioxetine</i>)** Brisdelle® (<i>paroxetine mesylate</i>)** Celexa® (<i>citalopram</i>) Cymbalta® (<i>duloxetine HCl</i>) Effexor® XR (<i>venlafaxine HCl</i>) Fetzima® (<i>levomilnacipran HCl</i>)** Fetzima® Titration Pack (<i>levomilnacipran HCl</i>)** Forfivo® XL (<i>bupropion SR</i>)** Khedezla® (<i>desvenlafaxine fumarate</i>)** Lexapro® (<i>escitalopram</i>) Luvox CR® (<i>fluvoxamine</i>) Paxil® /CR (<i>paroxetine HCl</i>) Pexeva® (<i>paroxetine mesylate</i>) Pristiq® (<i>desvenlafaxine succinate</i>) Prozac® /Prozac Weekly® (<i>fluoxetine HCl</i>) Remeron® /SolTab (<i>mirtazapine</i>) Sarafem® (<i>fluoxetine</i>)** Viibryd® (<i>vilazodone</i>) Wellbutrin® (<i>bupropion HCl</i>) Wellbutrin® SR/XL (<i>bupropion HCl /SR/XL</i>)* Zoloft® (<i>sertraline</i>)</p> <p>*EA required **Not subject to DAW-1 override.</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
Skeletal Muscle Relaxants	Generic: baclofen cyclobenzaprine methocarbamol tizanidine Brand:	Generic: carisoprodol* chlorzoxazone dantrolene metaxalone orphenadrine citrate ER Brand: Amrix® (<i>cyclobenzaprine</i>) Dantrium® (<i>dantrolene</i>) Fexmid® (<i>cyclobenzaprine</i>) Lorzone® (<i>chlorzoxazone</i>) Metaxall® (<i>metaxalone</i>) Norflex® (<i>orphenadrine</i>) Parafon Forte® (<i>chlorzoxazone</i>) Robaxin® (<i>methocarbamol</i>) Skelaxin® (<i>metaxalone</i>) Soma® (<i>carisoprodol</i>)* Zanaflex® (<i>tizanidine</i>) *PA required
Statin-type Cholesterol Lowering Agents	Generic: fluvastatin lovastatin pravastatin simvastatin Brand: High Potency Generic: atorvastatin High Potency Brand:	Generic: fluvastatin ER Brand: Altoprev® (<i>lovastatin SR</i>) Lescol® /XL (<i>fluvastatin</i>) Livalo® (<i>pitavastatin calcium</i>) Mevacor® (<i>lovastatin</i>) Pravachol® (<i>pravastatin</i>) Zocor® (<i>simvastatin</i>) High Potency Generic: High Potency Brand: Crestor® (<i>rosuvastatin</i>)* Lipitor® (<i>atorvastatin</i>) *Not subject to DAW-1 override

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Targeted Immune Modulators</p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the Prescription Drug Program Medicaid Provider Guide.</p>	<p>Generic:</p> <p>Brand: Enbrel® (<i>etanercept</i>)* Enbrel Sureclick® (<i>etanercept</i>)* Humira® (<i>adalimumab</i>)* Humira Pen® (<i>adalimumab</i>)*</p> <p>*EA required</p>	<p>Generic:</p> <p>Brand: Actemra® (<i>tocilizumab</i>)* Cimzia® (<i>certolizumab pegol</i>)* Cosentyx® (<i>secukinumab</i>)** Entyvio® (<i>vedolizumab</i>)** Ilaris® (<i>canakinumab</i>)** Kineret® (<i>anakinra</i>)* Orencia® (<i>abatacept</i>)* Otezla® (<i>apremilast</i>)** Remicade® (<i>infliximab</i>)* Rituxan® (<i>rituximab</i>)* Simponi® (<i>golimumab</i>)* Stelara® (<i>ustekinumab</i>)* Taltz® (<i>ixekizumab</i>)** Xeljanz® (<i>tofacitinib citrate</i>)*</p> <p>*EA required **Not subject to DAW-1 override</p>
<p>Thiazolidinediones (TZDs)</p>	<p>Generic: pioglitazone HCl</p> <p>Brand:</p>	<p>Generic:</p> <p>Brand: Actos® tablet (<i>pioglitazone HCl</i>) Avandia® tablet (<i>rosiglitazone maleate</i>)*</p> <p>*PA required</p>

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Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Triptans</p>	<p>Generic: rizatriptan benzoate sumatriptan tablets sumatriptan injection sumatriptan nasal spray</p> <p>Brand:</p>	<p>Generic: almotriptan maleate naratriptan HCl zolmitriptan</p> <p>Brand: Alsuma® (<i>sumatriptan succinate</i>) Amerge® (<i>naratriptan</i>) Axert® (<i>almotriptan</i>) Frova® (<i>frovatriptan</i>) Imitrex® tablets (<i>sumatriptan</i>) Imitrex® injection (<i>sumatriptan</i>) Imitrex® nasal spray (<i>sumatriptan</i>) Maxalt® /MLT (<i>rizatriptan</i>) Onzetra® (<i>sumatriptan</i>)** Relpax® (<i>eletriptan</i>) Sumavel™ DosePro™ (<i>sumatriptan</i>) Zecuity® (<i>sumatriptan succinate</i>) Zomig® /ZMT (<i>zolmitriptan</i>)</p> <p>**Not subject to TIP or DAW-1 override.</p>