

# Apple Health Medicaid: Fee-for-Service Preferred Drug List

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

Effective for dates of service on and after May 1, 2017, the Health Care Authority will make the following changes:

Drug Class	Drug Name	Change
<b>Antiemetics</b>	Akynzeo®	Added to class as non-preferred, unstudied, not subject to TIP/DAW.
	Sustol®	Added to class as non-preferred, unstudied, not subject to TIP/DAW.
<b>Attention Deficit Hyperactivity Disorder</b>	Vyvanse® chew	Preferred.
	ProCentra®	Non-Preferred, not subject to TIP/DAW-1 override.
<b>Beta Blockers</b>	Kerlone®	Removed, no longer manufactured.
<b>Estrogens</b>	Entire class	Client must have tried and failed, or is intolerant to, all preferred products before receiving a non-preferred product according to the formulation prescribed for the same indication.
<b>Estrogen – Progestin Combinations</b>	Entire class	Client must have tried and failed, or is intolerant to, all preferred products before receiving a non-preferred product according to the formulation prescribed for the same indication.
<b>Inhaled Beta Agonists</b>	Entire class	Separated this class into two classes: “Asthma – Quick Relief” and “Asthma or COPD – Long-Acting Beta Agonists (LABA).”
<b>Asthma – Quick Relief</b>	Entire class	Client must try all preferred drugs with the same route of administration before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.

**Prescription Drug Program**

<b>Asthma or COPD – Long-Acting Beta Agonist (LABA)</b>	Entire class	Client must try all preferred drugs with the same route of administration before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.
	Striverdi®	Non-Preferred, subject to TIP/ DAW-1 override.
<b>Inhaled Corticosteroid</b>	Entire class	Renamed this class “Asthma – Inhaled Corticosteroid.” Client must try all preferred drugs with the same indication before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.
<b>Asthma - Inhaled Corticosteroid</b>	Arnuity Ellipta®	Non-Preferred, subject to TIP/DAW-1 override.
	Pulmicort Respules® 1mg/2ml	Non-Preferred, subject to TIP/DAW-1 override.
<b>Inhaled Corticosteroids – Long-Acting Beta-Agonist Combinations</b>	Entire class	Renamed class to “Asthma or COPD – Inhaled Corticosteroid – Long-Acting Beta Agonist Combinations.” Client must try all preferred drugs with the same indication before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.
<b>Asthma or COPD – Inhaled Corticosteroids – Long-Acting Beta-Agonist Combinations</b>	Breo Ellipta®	Non-Preferred, subject to TIP/DAW-1 override.
<b>Insulin-Release Stimulant Type Oral Hypoglycemics</b>	Entire class	Changed name of drug class to “Diabetes Drugs – Sulfonylureas.”
<b>Leukotriene Modifiers</b>	Entire class	Renamed class to “Asthma – Leukotriene Modifiers.” Client must try all preferred drugs with the same indication before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate
<b>Long-Acting Beta-Agonist – Long-Acting Muscarinic Agent Combinations (LABA – LAMA)</b>	Entire class	Renamed class to “Asthma or COPD - Long-Acting Beta-Agonist – Long-Acting Muscarinic Agent Combinations (LABA- LAMA).” Client must try all preferred drugs with the same indication before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.
<b>Asthma or COPD -- Long-Acting Beta-Agonist – Long-</b>	Anoro Ellipta®	Non-Preferred, subject to TIP/DAW-1 override.
	Stiolto®	Preferred.

**Prescription Drug Program**

<b>Acting Muscarinic Agent Combinations (LABA – LAMA)</b>	Utibron Neohaler®	Non-Preferred, EA required, subject to TIP/DAW-1 override.
<b>Long-Acting Insulins</b>	Entire class	This class is being renamed “Diabetes Drugs – Long-Acting Insulins.”
<b>Long-Acting Muscarinic Agent Combinations (LAMA)</b>	Entire class	Renamed class to “Asthma or COPD – Long-Acting Muscarinic Agent Combinations (LAMA).” Client must try all preferred drugs with the same indication before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.
<b>Asthma or COPD -- Long-Acting Muscarinic Agent Combinations (LAMA)</b>	Incruse Ellipta®	Non-Preferred, EA required, subject to TIP/DAW-1 override.
	Seebri Neohaler®	Non-Preferred, subject to TIP/DAW-1 override.
<b>Long-Acting Opioids</b>	Arymo ER®	Non-preferred, not subject to TIP/DAW-1 override.
<b>Newer Diabetics</b>	Entire class	This class is being separated into several classes, titled “Diabetes Drugs – (subclass).”
<b>Diabetes Drugs – Amylin Agonist</b>	Entire class	EA required. Client must try all preferred drugs with the same route of administration before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.
<b>Diabetes Drugs – DPP-4 Inhibitors</b>	Entire class	Client must try all preferred drugs with the same route of administration before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate. Removed PA requirement.
	alogliptin benzoate	Preferred.
	alogliptin-metformin	Preferred.
	alogliptin-pioglitazone	Preferred.
	Janumet®	Non-Preferred, subject to TIP/DAW-1 override.
	Janumet XR®	Non-Preferred, subject to TIP/DAW-1 override.
	Jentadueto®	Preferred.
	Jentadueto XR®	Non-Preferred, subject to TIP/DAW-1 override.
	Kazano®	Non-Preferred, subject to TIP/DAW-1 override.
<b>Diabetes Drugs – DPP-4 Inhibitors cont.</b>	Kombiglyze XR®	Non-Preferred, subject to TIP/DAW-1 override.

**Prescription Drug Program**

	Oseni®	Non-Preferred, subject to TIP/DAW-1 override.
<b>Diabetes Drugs – GLP-1 Agonists</b>	Entire class	Client must try all preferred drugs with the same route of administration before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.
	Adlyxin®	Non-preferred, not subject to TIP/DAW-1 override.
	Soliqua®	Non-preferred, not subject to TIP/DAW-1 override.
	Xultophy®	Non-preferred, not subject to TIP/DAW-1 override.
<b>Diabetes Drugs – SGLT-2 Inhibitors</b>	Entire class	Client must try all preferred drugs with the same route of administration before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.
	Glyxambi®	Non-Preferred, subject to TIP/DAW-1 override.
	Invokamet®	Preferred.
	Invokana®	Preferred.
	Xigduo XR®	Preferred.
	Invokamet XR®	Non-Preferred, subject to TIP/DAW-1 override.
	Synjardy®	Non-Preferred, subject to TIP/DAW-1 override.
<b>Insomnia</b>	Edluar®	Non-preferred, not subject to TIP/DAW-1 override.
	Intermezzo®	Non-preferred, not subject to TIP/DAW-1 override.
	Zolpimist®	Non-preferred, not subject to TIP/DAW-1 override.
<b>Newer Antihistamines</b>	Astelin®	Removed, no longer manufactured.
<b>NSAIDs</b>	Cambia™	Non-Preferred, subject to DAW-1 override.
	Diclofenac sodium topical gel	Non-Preferred, PA required, subject to DAW-1 override.
	Diclofenac sodium topical solution	Non-Preferred, PA required, subject to DAW-1 override.
	Flector®	Non-Preferred, PA required, subject to DAW-1 override.
<b>NSAIDs cont.</b>	Pennsaid®	Non-Preferred, PA required, subject to DAW-1 override.
	Rexaphenac®	Non-Preferred, PA required, subject to DAW-1 override.

## Prescription Drug Program

	Solaraze®	Non-Preferred, PA required, subject to DAW-1 override.
	Voltaren®	Non-Preferred, PA required, subject to DAW-1 override.
<b>Overactive Bladder/ Urinary Incontinence</b>	Entire class	Client must try all preferred drugs with the same route of administration before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.
<b>PD4I Phosphodiesterase – 4 Inhibitors</b>	Entire class	Renamed class to “Asthma or COPD – PD4I Phosphodiesterase – 4 Inhibitors.” Client must try all preferred drugs with the same route of administration before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.
<b>Proton Pump Inhibitors</b>	Entire class	Client must try all preferred drugs with the same route of administration before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.
<b>Second Generation Antidepressants</b>	Irenka®	Removed, no longer manufactured.
	Pexeva®	Non-preferred, not subject to TIP/DAW-1 override.
<b>Second Generation Antipsychotics</b>	quetiapine ER	Preferred.
<b>Statins</b>	Livalo®	Non-preferred, not subject to TIP/DAW-1 override.
<b>Thiazolidinediones (TZDs)</b>	Entire class	Changed name of drug class to “Diabetes Drugs – Thiazolidinediones (TZDs).”
<b>Diabetes Drugs – Thiazolidinediones (TZDs)</b>	Avandia®	Removed PA requirement.
<b>Triptans</b>	Zecuity®	Non-preferred, not subject to TIP/DAW-1 override.

## What is the 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 (WPDL). (WAC [182-530-4100](#))

## What is the process to obtain drugs on the 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 this 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 this 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.

HCA requires pharmacies to obtain authorization for non-preferred drugs when a therapeutic equivalent is on this PDL. The following table shows the preferred and non-preferred drug in each therapeutic drug class on the Apple Health Medicaid Fee-For-Service 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<sup>®</sup> /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><b>ACE Inhibitors</b></p>	<p><b>Generic:</b> benazepril captopril enalapril lisinopril ramipril</p> <p><b>Brand:</b></p>	<p><b>Generic:</b> fosinopril moexipril perindopril erbumine quinapril trandolapril</p> <p><b>Brand:</b> Accupril® (<i>quinapril</i>) Aceon® (<i>perindopril</i>) Altace® (<i>ramipril</i>) Epaned® (<i>enalapril</i>)** Lotensin® (<i>benazepril</i>) Mavik® (<i>trandolapril</i>) Qbrelis® (<i>lisinopril</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><b>Alzheimer's Drugs</b></p> <p>Not subject to therapeutic interchange program (TIP). For more information on TIP, see Therapeutic Interchange Program in the <a href="#">Prescription Drug Program Medicaid Billing Guide</a>.</p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a non-preferred product for the same indication.</p>	<p><b>Generic:</b> donepezil /ODT galantamine galantamine HBR memantine memantine titration pak rivastigmine tartrate capsules</p> <p><b>Brand:</b> Namenda® (<i>memantine</i>) Namenda Titration Pak® (<i>memantine</i>)</p>	<p><b>Generic:</b> rivastigmine tartrate patch</p> <p><b>Brand:</b> 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><b>Anticoagulants</b></p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the <a href="#">Prescription Drug Program Medicaid Billing Guide</a>. Client must have tried and failed, or is intolerant to, all preferred products before receiving a non-preferred product for the same indication.</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>                      Eliquis® (<i>apixaban</i>)                      Pradaxa® (<i>dabigatran</i>)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>                      Savaysa® (<i>edoxaban tosylate</i>)                      Xarelto® (<i>rivaroxaban</i>)                      Xarelto Starter Pack® (<i>rivaroxaban</i>)</p>
<p><b>Antiemetics</b></p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a non-preferred product for the same indication.</p>	<p><b>Generic:</b>                      granisetron tablet/injection                      ondansetron tablet/ injection                      ondansetron solution+                      ondansetron ODT tablet</p> <p><b>Brand:</b></p> <p><a href="#">+EA required for age 18 and older</a></p>	<p><b>Generic:</b></p> <p><b>Brand:</b>                      Akynzeo® (<i>netupitant-palonosetron</i>)**                      Aloxi® (<i>palonosetron</i>) injection                      Anzemet® (<i>dolasetron</i>) tablet/injection                      Sancuso® (<i>granisetron</i>) transdermal patch**                      Sustol® (<i>granisetron ER</i>)**                      Varubi® (<i>rolapitant</i>)**                      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><a href="#">+EA required for age 18 and older</a>                      **Not subject to TIP or DAW-1 override.</p>



Drug Class	Preferred Drugs	Non-preferred Drugs
<p><b>Antiplatelets</b></p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the <a href="#">Prescription Drug Program Medicaid Billing Guide</a>.</p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a non-preferred product for the same indication.</p>	<p><b>Generic:</b> clopidogrel</p> <p><b>Brand:</b></p>	<p><b>Generic:</b> aspirin-dipyridamole ER</p> <p><b>Brand:</b> 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><b>Asthma -- Inhaled Corticosteroid</b></p> <p>Client must try all preferred drugs with the same indication before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.</p>	<p><b>Generic:</b> budesonide</p> <p><b>Brand:</b> Flovent® HFA/Diskus® (<i>fluticasone propionate HFA/DPI</i>) Qvar® (<i>beclomethasone dipropionate MDI</i>)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> 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>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p><b>Asthma -- Leukotriene Modifiers</b></p> <p>Client must try all preferred drugs with the same indication before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.</p>	<p><b>Generic:</b> montelukast sodium zafirlukast</p> <p><b>Brand:</b></p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Accolate® (<i>zafirlukast</i>) Singulair® (<i>montelukast</i>) Zyflo /CR® (<i>zileuton</i>)</p>
<p><b>Asthma – Quick Relief</b></p> <p>Client must try all preferred drugs with the same route of administration before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.</p>	<p><b>Generic nebulized:</b> albuterol inhalation solution</p> <p><b>Brand inhaled:</b> ProAir™ HFA (<i>albuterol</i>)</p>	<p><b>Generic nebulized:</b> levalbuterol</p> <p><b>Brand nebulized:</b> Accuneb® (<i>albuterol</i>) inhalation solution Xopenex® / Concentrate (<i>levalbuterol</i>) inhalation solution</p> <p><b>Brand inhaled:</b> ProAir™ Resplick (<i>albuterol</i>) Proventil® HFA (<i>albuterol</i>) Ventolin® HFA (<i>albuterol</i>) Xopenex® HFA (<i>levalbuterol</i>)</p>
<p><b>Asthma or COPD - - Inhaled Corticosteroids – Long-Acting Beta-Agonist Combinations</b></p> <p>Client must try all preferred drugs with the same indication before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Advair Diskus® /HFA® (<i>fluticasone-salmeterol</i>)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Breo Ellipta® (<i>fluticasone furoate-vilanterol</i>) Dulera® (<i>mometasone furoate-formoterol fumarate</i>)* Symbicort® (<i>budesonide-formoterol</i>)</p> <p><a href="#">*EA required</a></p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p><b>Asthma or COPD – Long-Acting Beta Agonists (LABA)</b></p> <p>Client must try all preferred drugs with the same route of administration before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.</p>	<p><b>Generic nebulized:</b></p> <p><b>Brand nebulized:</b></p> <p><b>Generic inhaled:</b></p> <p><b>Brand inhaled:</b> Serevent® Diskus® (<i>salmeterol</i>)*</p> <p><a href="#">*EA required</a></p>	<p><b>Generic nebulized:</b></p> <p><b>Brand nebulized:</b> Brovana® (<i>arformoterol</i>)* Perforomist® (<i>formoterol fumarate</i>)*</p> <p><b>Generic inhaled:</b></p> <p><b>Brand inhaled:</b> Arcapta™ Neohaler™ (<i>indacaterol</i>)* Foradil® Aerolizer® (<i>formoterol</i>)* Striverdi® (<i>olodaterol</i>)*</p> <p><a href="#">*EA required</a></p>
<p><b>Asthma or COPD – Long-Acting Beta-Agonist – Long-Acting Muscarinic Agent Combinations (LABA – LAMA)</b></p> <p>Client must try all preferred drugs with the same indication before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Stiolto® (<i>tiotropium bromide-olodaterol</i>)*</p> <p><a href="#">*EA required</a></p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Anoro Ellipta® (<i>umeclidinium-vilanterol</i>)* Bevespi Aerosphere® (<i>glycopyrrolate-formoterol fumarate</i>)* Utibron Neohaler® (<i>indacaterol-glycopyrrolate</i>)*</p> <p><a href="#">*EA required</a> ***Not subject to TIP or DAW-1 and EA required</p>
<p><b>Asthma or COPD – Long-Acting Muscarinic Agents (LAMA)</b></p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Spiriva Handihaler® (<i>tiotropium bromide</i>)* Spiriva Respimat® (<i>tiotropium bromide</i>)</p> <p><a href="#">*EA required</a></p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Incruse Ellipta® (<i>umeclidinium bromide</i>)* Seebri Neohaler® (<i>glycopyrronium</i>)* Tudorza Pressair® (<i>aclidinium</i>)*</p> <p><a href="#">*EA required</a></p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p><b>Asthma or COPD -- PD4I Phosphodiesterase – 4 Inhibitors</b></p> <p>Client must try all preferred drugs with the same route of administration before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Daliresp® (<i>roflumilast</i>)*</p> <p><a href="#">*EA required</a></p>	<p><b>Generic:</b></p> <p><b>Brand:</b></p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p><b>Attention Deficit/ Hyperactivity Disorder</b></p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the <a href="#">Prescription Drug Program Medicaid Billing Guide</a>.</p> <p>EA is required for stimulants prescribed for ADD/ADHD diagnosis for adults.</p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a non-preferred product for the same indication.</p>	<p><b>Generic:</b> amphetamine salt combo amphetamine salt combo XR dextroamphetamine dextroamphetamine SA dexmethylphenidate dexmethylphenidate XR guanfacine ER methylphenidate methylphenidate CD/ER/LA/SR</p> <p><b>Brand:</b> Strattera® (<i>atomoxetine HCl</i>) Vyvanse® (<i>lisdexamfetamine dimesylate</i>)</p>	<p><b>Generic:</b> clonidine ER dextroamphetamine solution methylphenidate chewable</p> <p><b>Brand:</b> 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><b>Beta Blockers</b></p>	<p><b>Generic:</b>                      acebutolol                      atenolol                      betaxolol                      bisoprolol                      carvedilol                      labetalol                      metoprolol succinate ER                      metoprolol tartrate                      nadolol                      pindolol                      propranolol/ER                      timolol</p> <p><b>Brand:</b></p>	<p><b>Generic:</b></p> <p><b>Brand:</b>                      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>)                      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>
<p><b>Calcium Channel Blockers</b></p>	<p><b>Generic:</b>                      amlodipine                      diltiazem /CD/ER/XR                      felodipine ER                      nicardipine                      nifedipine ER                      nisoldipine /ER                      verapamil /XR</p> <p><b>Brand:</b></p>	<p><b>Generic:</b>                      isradipine                      nifedipine</p> <p><b>Brand:</b>                      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><b>Diabetes Drugs – Amylin Agonist</b></p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the <a href="#">Prescription Drug Program Medicaid Billing Guide</a>.</p> <p>Client must try all preferred drugs with the same route of administration before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.</p>	<p><b>Generic:</b></p> <p><b>Brand:</b></p>	<p><b>Generic:</b></p> <p><b>Brand:</b> SymlinPen® (<i>pramlintide acetate</i>)*</p> <p><a href="#">*EA required</a></p>
<p><b>Diabetes Drugs – DPP-4 Inhibitors</b></p> <p>Client must try all preferred drugs with the same route of administration before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.</p>	<p><b>Generic:</b> alogliptin benzoate alogliptin-metformin alogliptin-pioglitazone</p> <p><b>Brand:</b> Jentadueto® (<i>linagliptin-metformin HCl</i>) Tadjenta® (<i>linagliptin</i>)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Janumet® (<i>sitagliptin-metformin HCl</i>) Janumet XR® (<i>sitagliptin-metformin HCl SR</i>) Januvia® (<i>sitagliptin</i>) Jentadueto XR® (<i>linagliptin-metformin HCl SR</i>) Kazano® (<i>alogliptin-metformin HCl</i>) Kombiglyze XR® (<i>saxagliptin-metformin HCl SR</i>) Nesina® (<i>alogliptin benzoate</i>) Onglyza® (<i>saxagliptin</i>) Oseni® (<i>alogliptin-pioglitazone</i>)</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p><b>Diabetes Drugs - GLP-1 Agonists</b></p> <p>Client must try all preferred drugs with the same route of administration before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Byetta® (<i>exenatide</i>)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Adlyxin® (<i>lixisenatide</i>)** Bydureon® (<i>exenatide</i>) Soliqua® (<i>insulin glargine – lixisenatide</i>)** Tanzeum® (<i>albiglutide</i>) Trulicity® (<i>dulaglutide</i>) Victoza® (<i>liraglutide injection</i>) Xultophy® (<i>insulin degludec-liraglutide</i>)**</p> <p>**Not subject to TIP or DAW-1 override</p>
<p><b>Diabetes Drugs -- Long-Acting Insulins</b></p> <p>Client must try all preferred drugs with the same route of administration before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Lantus® (<i>insulin glargine</i>)* Lantus Solostar® (<i>insulin glargine</i>)*</p> <p><a href="#">*EA required</a></p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Levemir® (<i>insulin detemir</i>)* Levemir Flextouch® (<i>insulin detemir</i>)* Toujeo Solostar® (<i>insulin glargine</i>)* Tresiba® Flextouch® (<i>insulin degludec</i>)**</p> <p><a href="#">*EA required</a> **Not subject to TIP or DAW-1 and <a href="#">EA required</a></p>
<p><b>Diabetes Drugs -- SGLT-2 Inhibitors</b></p> <p>Client must try all preferred drugs with the same route of administration before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Farxiga® (<i>dapagliflozin propanediol</i>) Invokamet® (<i>canagliflozin – metformin HCl</i>) Invokana® (<i>canagliflozin</i>) Xigduo XR® (<i>dapagliflozin-metformin HCl SR</i>)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Glyxambi® (<i>empagliflozin-linagliptin</i>) Invokamet XR® (<i>canagliflozin – metformin HCl SR</i>) Jardiance® (<i>empagliflozin</i>) Synjardy® (<i>empagliflozin-metformin hcl</i>)</p>



**Prescription Drug Program**

<b>Drug Class</b>	<b>Preferred Drugs</b>	<b>Non-preferred Drugs</b>
<p><b>Diabetes Drugs -- Sulfonylureas</b></p>	<p><b>Generic immediate release:</b>  glimepiride  glipizide /ER/XL  glyburide  glyburide micronized  nateglinide</p> <p><b>Brand:</b></p>	<p><b>Generic:</b>  chlorpropamide  repaglinide  tolazamide  tolbutamide</p> <p><b>Brand:</b>  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>
<p><b>Diabetes Drugs -- Thiazolidinediones (TZDs)</b></p>	<p><b>Generic:</b>  pioglitazone HCl</p> <p><b>Brand:</b></p>	<p><b>Generic:</b></p> <p><b>Brand:</b>  Actos® (<i>pioglitazone HCl</i>)  Avandia® (<i>rosiglitazone maleate</i>)</p>
<p><b>Direct-Acting Antiviral Agents for Hepatitis C</b></p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the <a href="#">Prescription Drug Program Medicaid Billing Guide</a>.</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>  Epclusa® (<i>sofosbuvir-velpatasvir</i>)*  Harvoni® (<i>ledipasvir-sofosbuvir</i>)*  Sovaldi® (<i>sofosbuvir</i>)*</p> <p>*PA Required</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>  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>)*  Viekira XR™ (<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><b>Estrogens</b></p> <p>Transdermal products are not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the <a href="#">Prescription Drug Program Medicaid Billing Guide</a>.</p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a non-preferred product according to the formulation prescribed for the same indication.</p>	<p><b>Generic Oral:</b>                      estradiol tablets                      estropipate tablets</p> <p><b>Brand Oral:</b></p>	<p><b>Generic Oral:</b></p> <p><b>Brand Oral:</b>                      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><b>Generic Transdermal:</b>                      estradiol transdermal patch (weekly)</p> <p><b>Brand Transdermal:</b>                      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><b>Estrogens (cont.)</b></p> <p>Transdermal products are not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the <a href="#">Prescription Drug Program Medicaid Billing Guide</a></p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a non-preferred product according to the formulation prescribed for the same indication.</p>	<p><b>Generic Vaginal:</b></p> <p><b>Brand Vaginal:</b> Estring® (<i>estradiol</i>) vaginal ring</p>	<p><b>Generic Vaginal:</b></p> <p><b>Brand Vaginal:</b> 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>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p><b>Estrogen-Progestin Combinations</b></p> <p>Transdermal products are not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the <a href="#">Prescription Drug Program Medicaid Billing Guide</a>.</p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a non-preferred product according to the formulation prescribed for the same indication.</p>	<p><b>Generic:</b>                      estradiol-norethindrone                      norethindrone acetate -ethinyl                      estradiol</p> <p><b>Brand:</b></p>	<p><b>Generic Oral:</b></p> <p><b>Brand Oral:</b>                      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><b>Generic Transdermal:</b></p> <p><b>Brand Transdermal:</b>                      Climara Pro® (<i>estradiol-levonorgestrel</i>)                      Combipatch® (<i>estradiol-norethindrone</i>)</p> <p>**Not subject to TIP or DAW-1 override.</p>
<p><b>Histamine-2 Receptor Antagonist (H2RA)</b></p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the <a href="#">Prescription Drug Program Medicaid Billing Guide</a>.</p>	<p><b>Generic:</b>                      ranitidine</p> <p><b>Brand:</b></p>	<p><b>Generic:</b>                      cimetidine                      famotidine                      nizatidine</p> <p><b>Brand:</b>                      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>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p><b>Insomnia</b></p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a non-preferred product for the same indication.</p>	<p><b>Benzodiazepine receptor agonists:</b>  <b>Generic:</b>                      zaleplon                      zolpidem</p> <p><b>Brand:</b></p> <p><b>Non-benzodiazepine receptor agonists:</b>  <b>Generic:</b></p> <p><b>Brand:</b>                      Rozerem® (<i>ramelteon</i>)</p>	<p><b>Benzodiazepine receptor agonists:</b>  <b>Generic:</b>                      eszopiclone                      zolpidem ER</p> <p><b>Brand:</b>                      Ambien /CR® (<i>zolpidem tartrate</i>)                      Edluar® (<i>zolpidem tartrate</i>)**                      Intermezzo® (<i>zolpidem tartrate</i>)**                      Lunesta® (<i>eszopiclone</i>)                      Sonata® (<i>zaleplon</i>)                      Zolpimist (<i>zolpidem tartrate</i>)**</p> <p><b>Non-benzodiazepine receptor agonists:</b>  <b>Generic:</b></p> <p><b>Brand:</b>                      Belsomra® (<i>suvorexant</i>)**</p> <p>**Not subject to TIP or DAW-1 override.</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p><b>Long-Acting Opioids</b></p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the <a href="#">Prescription Drug Program Medicaid Billing Guide</a>.</p>	<p><b>Generic:</b> fentanyl transdermal hydromorphone ER morphine sulfate /CR/SA/SR morphine sulfate ER capsules/tablets oxycodone ER</p> <p><b>Brand:</b></p>	<p><b>Generic:</b> levorphanol methadone* methadose* oxymorphone HCL ER</p> <p><b>Brand:</b> Arymo ER® (<i>morphine sulfate ER</i>)** Avinza® (<i>morphine sulfate ER</i>) Belbuca® (<i>buprenorphine</i>)** Butrans ® (<i>buprenorphine</i>) transdermal Dolophine® (<i>methadone</i>)* Duragesic® (<i>fentanyl</i>) transdermal Embeda® (<i>morphine-naltrexone</i>) 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>) Xtampza ER® (<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><b>Macrolides</b></p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the <a href="#">Prescription Drug Program Medicaid Billing Guide</a>.</p>	<p><b>Generic:</b>                      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><b>Brand:</b>                      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><b>Generic:</b></p> <p><b>Brand:</b>                      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><b>Multiple Sclerosis Drugs</b></p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the <a href="#">Prescription Drug Program Medicaid Billing Guide</a>.</p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a non-preferred product for the same indication.</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>                      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><b>Generic:</b>                      mitoxantrone</p> <p><b>Brand:</b>                      Aubagio® (<i>teriflunomide</i>)                      Extavia® (<i>interferon β 1b</i>)                      Lemtrada® (<i>alemtuzumab</i>)                      Plegridy® (<i>peginterferon β 1a</i>)                      Plegridy Pen® (<i>peginterferon β 1a</i>)                      Plegridy Starter Pak® (<i>peginterferon 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>)*                      Zinbryta™ (<i>daclizumab</i>)</p> <p>*PA required</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p><b>Nasal Corticosteroids</b></p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a non-preferred product for the same indication.</p>	<p><b>Generic:</b>  budesonide OTC  fluticasone propionate OTC  triamcinolone acetonide OTC</p> <p><b>Brand:</b></p>	<p><b>Generic:</b>  budesonide RX  flunisolide RX  fluticasone propionate RX  mometasone furoate  triamcinolone acetonide RX</p> <p><b>Brand:</b>  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>)  QNasl® (<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><b>Newer Antihistamines</b></p>	<p><b>Generic:</b>  cetirizine syrup /tablet  loratadine OTC</p> <p><b>Brand:</b></p>	<p><b>Generic:</b>  azelastine nasal spray  cetirizine chewable  cetirizine chewable – children’s  desloratadine  fexofenadine  levocetirizine dihydrochloride  olopatadine</p> <p><b>Brand:</b>  Allegra® (<i>fexofenadine</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>



Drug Class	Preferred Drugs	Non-preferred Drugs
<p><b>Nonsteroidal Anti-inflammatory Drugs (NSAID) Including Cyclo-oxygenase - 2 (Cox-II) Inhibitors</b></p>	<p><b>Generic:</b>                      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><b>Brand:</b></p>	<p><b>Generic:</b>                      celecoxib**                      diclofenac sodium topical gel*                      diclofenac sodium topical solution*                      meclofenamate sodium</p> <p><b>Brand:</b>                      Anaprox® /DS (<i>naproxen sodium</i>)                      Cambia™ (<i>diclofenac potassium</i>)                      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>)*                      Tivorbex® (<i>indomethacin</i>)***                      Vivlodex® (<i>meloxicam</i>)***                      Voltaren® (<i>diclofenac sodium</i>)*                      Voltaren XR® (<i>diclofenac sodium</i>)                      Zipsor® (<i>diclofenac potassium</i>)                      Zorvolex® (<i>diclofenac</i>)**</p> <p>*PA required and not subject to TIP                      ** Not subject to TIP                      *** Not subject to TIP or DAW-1 override</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p><b>Overactive Bladder/Urinary Incontinence</b></p> <p>Client must try all preferred drugs with the same route of administration before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.</p>	<p><b>Generic short acting:</b> oxybutynin chloride tablets/syrup tolterodine tartrate trospium chloride</p> <p><b>Brand short acting:</b></p> <p><b>Generic long acting:</b> oxybutynin ER tolterodine tartrate ER trospium chloride ER</p> <p><b>Brand long acting:</b></p>	<p><b>Generic short acting:</b> flavoxate HCl</p> <p><b>Brand short acting:</b> Detrol® (<i>tolterodine tartrate</i>) Sanctura® (<i>trospium chloride</i>)</p> <p><b>Generic long acting:</b> darifenacin hydrobromide ER</p> <p><b>Brand long acting:</b> 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><b>PCSK-9 Inhibitors</b></p> <p><b>(Proprotein Convertase Subtilisin Kexin Type 9)</b></p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Repatha® (<i>evolocumab</i>)* Repatha Pushtronex® (<i>evolocumab</i>)* Repatha Sureclick® (<i>evolocumab</i>)*</p> <p>*PA required</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Praluent® (<i>alirocumab</i>)*</p> <p>*PA required</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p><b>Proton Pump Inhibitors (Limited to 90 days duration)</b></p> <p>Client must try all preferred drugs with the same route of administration before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.</p>	<p><b>Generic:</b> omeprazole OTC/RX pantoprazole sodium</p> <p><b>Brand:</b> Nexium® granules (<i>esomeprazole</i>)+ Protonix Pack® (<i>pantoprazole</i>)*</p> <p><a href="#">*EA required</a> + Preferred only for children ages 17 and younger</p>	<p><b>Generic:</b> esomeprazole magnesium esomeprazole strontium** lansoprazole omeprazole-sodium bicarbonate rabeprazole sodium</p> <p><b>Brand:</b> 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><a href="#">*EA required</a> **Not subject to TIP or DAW-1 override.</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p><b>Second Generation Antidepressants</b></p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the <a href="#">Prescription Drug Program Medicaid Billing Guide</a>.</p>	<p><b>Generic:</b>                      bupropion HCl                      bupropion SR*                      bupropion XL*                      citalopram tablet                      escitalopram tablet                      fluoxetine HCl capsule/solution                      fluvoxamine tablet                      mirtazapine /ODT/soltab                      paroxetine HCl                      sertraline tablet                      venlafaxine ER capsules                      venlafaxine HCl</p> <p><b>Brand:</b></p> <p><a href="#">*EA required</a>                      **Not subject to DAW-1 override.                      ***Not subject to DAW-1 override, and PA required.</p>	<p><b>Generic:</b>                      citalopram HBR solution                      desvenlafaxine ER                      duloxetine                      escitalopram solution                      fluoxetine HCl tablet                      fluvoxamine ER                      nefazodone                      paroxetine ER                      sertraline HCl solution                      venlafaxine ER tablets</p> <p><b>Brand:</b>                      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® / Titration Pack (<i>levomilnacipran HCl</i>)**                      Forfivo® XL (<i>bupropion SR</i>)**                      Khedezla® (<i>desvenlafaxine</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>)**                      Trintellix® (<i>vortioxetine</i>)**                      Viibryd® (<i>vilazodone</i>)                      Wellbutrin® (<i>bupropion HCl</i>)                      Wellbutrin® SR/XL (<i>bupropion HCl /SR/XL</i>)*                      Zoloft® (<i>sertraline</i>)</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p><b>Second Generation Antipsychotics</b></p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the <a href="#">Prescription Drug Program Medicaid Billing Guide</a>.</p> <p>Client must have tried and failed, or is intolerant to, 3 preferred products before receiving a non-preferred product for the same indication.</p>	<p><b>Generic:</b>                      aripiprazole                      clozapine tablet / ODT                      olanzapine/ODT/injection                      paliperidone ER                      quetiapine / ER                      risperidone tablet/ODT/solution                      ziprasidone capsules</p> <p><b>Brand:</b>                      Abilify Maintena® (<i>aripiprazole</i>)                      Aristada® (<i>aripiprazole lauroxil</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                      Invega Trinza® (<i>paliperidone</i>)                      Latuda® (<i>lurasidone HCL</i>)                      Rexulti® (<i>brexpiprazole</i>)                      Risperdal Consta® (<i>risperidone</i>) injection                      Saphris® (<i>asenapine</i>) sublingual tablet                      Vraylar® (<i>cariprazine HCl</i>)                      Zyprexa Relprevv® (<i>olanzapine pamoate</i>) injection</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>                      Abilify® (<i>aripiprazole</i>) tablet                      Clozaril® (<i>clozapine</i>) tablet                      Fazaclo® (<i>clozapine</i>) disintegrating tablet                      Geodon® (<i>ziprasidone HCl</i>) capsule                      Invega™ (<i>paliperidone</i>) tablet                      Nuplazid® (<i>pimavanserin tartrate</i>)***                      Risperdal® (<i>risperidone</i>) tablet/M-tab®/solution                      Seroquel® / XR (<i>quetiapine</i>)                      Versacloz® (<i>clozapine</i>)**                      Zyprexa® (<i>olanzapine</i>) IM injection                      Zyprexa® (<i>olanzapine</i>) tablet                      Zyprexa Zydis® (<i>olanzapine</i>) tablet</p> <p>**Not subject to TIP or DAW-1 override.                      ***Not subject to TIP or DAW-1 override and PA required.</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p><b>Skeletal Muscle Relaxants</b></p>	<p><b>Generic:</b>                      baclofen                      cyclobenzaprine                      methocarbamol                      tizanidine</p> <p><b>Brand:</b></p>	<p><b>Generic:</b>                      carisoprodol*                      chlorzoxazone                      dantrolene                      metaxalone                      orphenadrine citrate ER</p> <p><b>Brand:</b>                      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>)</p> <p>*PA required                      **Not subject to TIP/DAW-1 override</p>
<p><b>Statin-type Cholesterol Lowering Agents</b></p>	<p><b>Generic:</b>                      fluvastatin                      lovastatin                      pravastatin                      simvastatin</p> <p><b>Brand:</b></p> <p><b>High Potency Generic:</b>                      atorvastatin</p> <p><b>High Potency Brand:</b></p>	<p><b>Generic:</b>                      fluvastatin ER</p> <p><b>Brand:</b>                      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>)</p> <p><b>High Potency Generic:</b>                      rosuvastatin*</p> <p><b>High Potency Brand:</b>                      Crestor® (<i>rosuvastatin</i>)*                      Lipitor® (<i>atorvastatin</i>)</p> <p>*Not subject to DAW-1 override                      **Not subject to TIP/DAW-1 override</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p><b>Targeted Immune Modulators</b></p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the <a href="#">Prescription Drug Program Medicaid Billing Guide</a>.</p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a non-preferred product for the same indication.</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>            Enbrel® (<i>etanercept</i>)            Enbrel Sureclick® (<i>etanercept</i>)            Humira® (<i>adalimumab</i>)            Humira Pen® (<i>adalimumab</i>)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>            Actemra® (<i>tocilizumab</i>)            Cimzia® (<i>certolizumab pegol</i>)            Cosentyx® (<i>secukinumab</i>)            Entyvio® (<i>vedolizumab</i>)            Ilaris® (<i>canakinumab</i>)            Inflectra® (<i>infliximab-dyyb</i>)            Kineret® (<i>anakinra</i>)            Orencia® (<i>abatacept</i>)            Orencia Clickject® (<i>abatacept</i>)            Otezla® (<i>apremilast</i>)            Remicade® (<i>infliximab</i>)            Rituxan® (<i>rituximab</i>)            Simponi® (<i>golimumab</i>)            Simponi Aria® (<i>golimumab</i>)            Stelara® (<i>ustekinumab</i>)            Stelara® IV solution (<i>ustekinumab</i>)**            Taltz® (<i>ixekizumab</i>)**            Xeljanz® (<i>tofacitinib citrate</i>)            Xeljanz XR® (<i>tofacitinib citrate</i>)**</p> <p>**Not subject to DAW-1 override</p>

**Prescription Drug Program**

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