

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

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

Effective for dates of service on and after October 1, 2017, the Health Care Authority made the following changes:

| Drug Class | Drug Name | Change |
|--|------------|---------------------------------|
| Direct-Acting Antiviral Agents for Hepatitis C | Mavyret™ | Preferred |
| Direct-Acting Antiviral Agents for Hepatitis C | Vosevi™ | Preferred |
| Direct-Acting Antiviral Agents for Hepatitis C | Victrelis® | Removed, no longer manufactured |

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](http://www.wac.gov/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. **Nonpreferred Drugs** - Prescription claims for nonpreferred 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 nonpreferred 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, two or more preferred drugs. 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 nonpreferred drugs and will require authorization.

HCA requires pharmacies to obtain authorization for nonpreferred drugs when a therapeutic equivalent is on this PDL. The following table shows the preferred and nonpreferred 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[®] /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 | Nonpreferred 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>) 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>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 Billing Guide.</p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a nonpreferred product for the same indication.</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 | Nonpreferred Drugs |
|---|--|--|
| <p>Anticoagulants</p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the Prescription Drug Program Medicaid Billing Guide. Client must have tried and failed, or is intolerant to, all preferred products before receiving a nonpreferred product for the same indication.</p> | <p>Generic:</p> <p>Brand: Eliquis® (<i>apixaban</i>) Pradaxa® (<i>dabigatran</i>)</p> | <p>Generic:</p> <p>Brand: Savaysa® (<i>edoxaban tosylate</i>) Xarelto® (<i>rivaroxaban</i>) Xarelto Starter Pack® (<i>rivaroxaban</i>)</p> |
| <p>Antiemetics</p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a nonpreferred product for the same indication.</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</p> | <p>Generic:</p> <p>Brand: 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>+EA required for age 18 and older **Not subject to TIP or DAW-1 override.</p> |

| Drug Class | Preferred Drugs | Nonpreferred Drugs |
|---|--|--|
| <p>Antiplatelets</p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the Prescription Drug Program Medicaid Billing Guide.</p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a nonpreferred product for the same indication.</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>Asthma -- Inhaled Corticosteroid</p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a nonpreferred product for the same indication.</p> | <p>Generic: budesonide</p> <p>Brand: Flovent® HFA/Diskus® (<i>fluticasone propionate HFA/DPI</i>) Qvar® (<i>beclomethasone dipropionate MDI</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> |

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

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

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

Prescription Drug Program

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|--|--|--|
| <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 Billing Guide.</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 nonpreferred product for the same indication.</p> | <p>Generic: amphetamine salt combo amphetamine salt combo XR atomoxetine HCl clonidine /ER dextroamphetamine dextroamphetamine SA dexmethylphenidate dexmethylphenidate XR guanfacine /ER methylphenidate methylphenidate CD/ER/LA/SR methylphenidate solution</p> <p>Brand: Strattera® (<i>atomoxetine HCl</i>) Vyvanse® (<i>lisdexamfetamine dimesylate</i>)</p> | <p>Generic: 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>) Cotempla™ (<i>methylphenidate extended release</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 Mydayis™ (<i>amphetamine- dextroamphetamine</i>)* 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 TIP or DAW-1 override. **Not subject to DAW-1 override.</p> |
|--|--|--|

Prescription Drug Program

| Drug Class | Preferred Drugs | Nonpreferred 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>) 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 | Nonpreferred Drugs |
|---|---|--|
| <p>Diabetes Drugs – Amylin Agonist</p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the Prescription Drug Program Medicaid Billing Guide.</p> <p>Client must try all preferred drugs with the same route of administration before a nonpreferred drug will be authorized unless contraindicated or not clinically appropriate.</p> | <p>Generic:</p> <p>Brand:</p> | <p>Generic:</p> <p>Brand: SymlinPen® (<i>pramlintide acetate</i>)*</p> <p>*EA required</p> |
| <p>Diabetes Drugs – DPP-4 Inhibitors</p> <p>Client must try all preferred drugs with the same route of administration before a nonpreferred drug will be authorized unless contraindicated or not clinically appropriate.</p> | <p>Generic: alogliptin benzoate alogliptin-metformin alogliptin-pioglitazone</p> <p>Brand: Jentadueto® (<i>linagliptin-metformin HCl</i>) Tradjenta® (<i>linagliptin</i>)</p> | <p>Generic:</p> <p>Brand: 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 | Nonpreferred Drugs |
|---|--|---|
| <p>Diabetes Drugs - GLP-1 Agonists</p> <p>Client must try all preferred drugs with the same route of administration before a nonpreferred drug will be authorized unless contraindicated or not clinically appropriate.</p> | <p>Generic:</p> <p>Brand: Byetta® (<i>exenatide</i>)</p> | <p>Generic:</p> <p>Brand: 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>Diabetes Drugs -- Long-Acting Insulins</p> <p>Client must try all preferred drugs with the same route of administration before a nonpreferred drug will be authorized unless contraindicated or not clinically appropriate.</p> | <p>Generic:</p> <p>Brand: Lantus® (<i>insulin glargine</i>)* Lantus Solostar® (<i>insulin glargine</i>)*</p> <p>*EA required</p> | <p>Generic:</p> <p>Brand: Basaglar Kwikpen® (<i>insulin glargine</i>)+ 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>*EA required **Not subject to TIP or DAW-1 and EA required +PA Required</p> |

| Drug Class | Preferred Drugs | Nonpreferred Drugs |
|--|---|---|
| <p>Diabetes Drugs -- SGLT-2 Inhibitors</p> <p>Client must try all preferred drugs with the same route of administration before a nonpreferred drug will be authorized unless contraindicated or not clinically appropriate.</p> | <p>Generic:</p> <p>Brand: 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>Generic:</p> <p>Brand: Glyxambi® (<i>empagliflozin-linagliptin</i>) Invokamet XR® (<i>canagliflozin – metformin HCl SR</i>) Jardiance® (<i>empagliflozin</i>) Synjardy® (<i>empagliflozin-metformin hcl</i>) Synjardy XR® (<i>empagliflozin-metformin hcl SR</i>)**</p> <p>**Not subject to TIP or DAW-1 override</p> |
| <p>Diabetes Drugs -- Sulfonylureas</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> |
| <p>Diabetes Drugs -- 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> |

| Drug Class | Preferred Drugs | Nonpreferred 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 Billing Guide.</p> | <p>Generic:</p> <p>Brand: Epclusa® (<i>sofosbuvir-velpatasvir</i>)* Harvoni® (<i>ledipasvir-sofosbuvir</i>)* Mavyret™ (<i>glecaprevir-pibrentasvir</i>)* Sovaldi® (<i>sofosbuvir</i>)* Vosevi™ (<i>sofosbuvir-velpatasvir-voxilaprevir</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>)* 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</p> |

| Drug Class | Preferred Drugs | Nonpreferred 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 Billing Guide.</p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a nonpreferred product according to the formulation prescribed for the same indication.</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 | Nonpreferred 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 Billing Guide</p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a nonpreferred product according to the formulation prescribed for the same indication.</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> |

| Drug Class | Preferred Drugs | Nonpreferred Drugs |
|--|---|---|
| <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 Billing Guide.</p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a nonpreferred product according to the formulation prescribed for the same indication.</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>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 Billing 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> |

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

| Drug Class | Preferred Drugs | Nonpreferred Drugs |
|---|--|---|
| <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 Billing Guide.</p> <p>Must try and fail at least two preferred products before receiving a nonpreferred product</p> | <p>Generic: fentanyl transdermal hydromorphone ER 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: 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 | Nonpreferred Drugs |
|---|--|--|
| <p>Macrolides</p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the Prescription Drug Program Medicaid Billing 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> |

| Drug Class | Preferred Drugs | Nonpreferred Drugs |
|--|--|---|
| <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 Billing Guide.</p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a nonpreferred product for the same indication.</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>Generic: mitoxantrone</p> <p>Brand: Aubagio® (<i>teriflunomide</i>) Extavia® (<i>interferon β 1b</i>) Lemtrada® (<i>alemtuzumab</i>) Ocrevus® (<i>ocrelizumab</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 | Nonpreferred Drugs |
|--|--|---|
| <p>Nasal Corticosteroids</p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a nonpreferred product for the same indication.</p> | <p>Generic: budesonide OTC fluticasone propionate OTC triamcinolone acetonide OTC</p> <p>Brand:</p> | <p>Generic: budesonide RX flunisolide RX fluticasone propionate RX mometasone furoate triamcinolone acetonide RX</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>) 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>Newer 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>) Astepro® (<i>azelastine HCl nasal spray</i>) Clarinx® (<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 | Nonpreferred Drugs |
|---|---|---|
| <p>Nonsteroidal Anti-inflammatory Drugs (NSAID) Including Cyclo-oxygenase - 2 (Cox-II) Inhibitors</p> <p>Client must try all preferred drugs before a nonpreferred drug will be authorized unless contraindicated or not clinically appropriate.</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>)* 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 *** Not subject to TIP or DAW-1 override</p> |

| Drug Class | Preferred Drugs | Nonpreferred Drugs |
|--|---|--|
| <p>Overactive Bladder/Urinary Incontinence</p> <p>Client must try all preferred drugs with the same route of administration before a nonpreferred drug will be authorized unless contraindicated or not clinically appropriate.</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: darifenacin hydrobromide ER</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</p> <p>(Proprotein Convertase Subtilisin Kexin Type 9)</p> | <p>Generic:</p> <p>Brand: Repatha® (<i>evolocumab</i>)* Repatha Pushtronex® (<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> |

| Drug Class | Preferred Drugs | Nonpreferred Drugs |
|---|---|--|
| <p>Proton Pump Inhibitors (Limited to 60 days duration)</p> <p>Client must try all preferred drugs with the same route of administration before a nonpreferred drug will be authorized unless contraindicated or not clinically appropriate.</p> | <p>Generic: omeprazole OTC/RX pantoprazole sodium</p> <p>Brand: Nexium® granules (<i>esomeprazole</i>)+ Protonix Pack® (<i>pantoprazole</i>)*</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 | Nonpreferred 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 Billing Guide.</p> | <p>Generic: 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>Brand:</p> <p>*EA required **Not subject to DAW-1 override. ***Not subject to DAW-1 override, and PA required.</p> | <p>Generic: citalopram HBR solution desvenlafaxine ER duloxetine escitalopram solution fluoxetine HCl tablet fluvoxamine ER nefazodone paroxetine ER sertraline HCl solution venlafaxine ER tablets</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® / 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 | Nonpreferred Drugs |
|--|---|--|
| <p>Second Generation Antipsychotics</p> <p>Not subject to TIP. For more information on TIP, see Therapeutic Interchange Program in the Prescription Drug Program Medicaid Billing Guide.</p> <p>Client must have tried and failed, or is intolerant to, 3 preferred products one of which must be a generic, before receiving a nonpreferred product for the same indication.</p> | <p>Generic: aripiprazole clozapine tablet / ODT olanzapine/ODT/injection paliperidone ER quetiapine / ER risperidone tablet/ODT/solution ziprasidone capsules</p> <p>Brand: 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>Generic:</p> <p>Brand: 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 | Nonpreferred Drugs |
|--|--|--|
| <p>Skeletal Muscle Relaxants</p> <p>Client must try all preferred drugs before a nonpreferred drug will be authorized unless contraindicated or not clinically appropriate.</p> | <p>Generic: baclofen cyclobenzaprine + methocarbamol tizanidine</p> <p>Brand:</p> <p>+PA required for cyclobenzaprine 7.5mg tablets</p> | <p>Generic: carisoprodol* chlorzoxazone dantrolene metaxalone orphenadrine citrate ER</p> <p>Brand: Amrix® (<i>cyclobenzaprine SR</i>)** Dantrium® (<i>dantrolene</i>) Fexmid® (<i>cyclobenzaprine</i>) Lorzone® (<i>chlorzoxazone</i>) Metaxall® (<i>metaxalone</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>Statin-type Cholesterol Lowering Agents</p> | <p>Generic: fluvastatin lovastatin pravastatin simvastatin</p> <p>Brand:</p> <p>High Potency Generic: atorvastatin</p> <p>High Potency Brand:</p> | <p>Generic: fluvastatin ER</p> <p>Brand: Altoprev® (<i>lovastatin SR</i>) FloLipid™ (<i>simvastatin</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>High Potency Generic: rosuvastatin*</p> <p>High Potency Brand: Crestor® (<i>rosuvastatin</i>)* Lipitor® (<i>atorvastatin</i>) *Not subject to DAW-1 override **Not subject to TIP/DAW-1 override</p> |

| Drug Class | Preferred Drugs | Nonpreferred 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 Billing Guide.</p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a nonpreferred product for the same indication.</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>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>) Inflectra® (<i>infliximab-dyyb</i>) Kevzara® (<i>sarilumab</i>)** Kineret® (<i>anakinra</i>) Orencia® (<i>abatacept</i>) Orencia Clickject® (<i>abatacept</i>) Otezla® (<i>apremilast</i>) Remicade® (<i>infliximab</i>) Renflexis™ (<i>infliximab-abda</i>) Rituxan® (<i>rituximab</i>) Siliq® (<i>brodalumab</i>)** Simponi® (<i>golimumab</i>) Simponi Aria® (<i>golimumab</i>) Stelara® (<i>ustekinumab</i>) Stelara® IV solution (<i>ustekinumab</i>)** Taltz® (<i>ixekizumab</i>)** Tremfya™ (<i>guselkumab</i>) ** Xeljanz® (<i>tofacitinib citrate</i>) Xeljanz XR® (<i>tofacitinib citrate</i>)**</p> <p>**Not subject to DAW-1 override</p> |

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| Drug Class | Preferred Drugs | Nonpreferred Drugs |
|------------------------|--|---|
| <p>Triptans</p> | <p>Generic: rizatriptan benzoate sumatriptan tablets sumatriptan injection sumatriptan nasal spray</p> <p>Brand:</p> | <p>Generic: almotriptan maleate frovatriptan 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 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> |