

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 January 1, 2018, the Health Care Authority will make the following changes:

Unless otherwise indicated in the drug class information, the authorization criteria is that the client must have tried and failed, or is intolerant to, at least two or more preferred drugs within the drug class unless contraindicated, not clinically appropriate, or only one drug is preferred. Drugs may have criteria that go beyond these basic criteria.

Drug classes that are subject to the Therapeutic Interchange Program (TIP), are noted in the drug class information. For more information on TIP, see Therapeutic Interchange Program in the [Prescription Drug Program Medicaid Billing Guide](#).

Drug Class	Drug Name	Change
ACE Inhibitors	Univasc	Removed, no longer manufactured
Alzheimer's Drugs	Galantamine	Removed, no longer manufactured
	Aricept ODT	Removed, no longer manufactured
	Exelon solution	Removed, no longer manufactured
Anaphylaxis Agents: Epinephrine, Self Injectable (new drug class)	Adrenaclick	Non-Preferred, PA required
	Adrenalin	Non-Preferred, PA required
	Epinephrine	Non-Preferred, PA required
	Epinephrine (Mylan only)	Preferred
	Epipen 2-Pak/ JR 2-Pak	Non-Preferred, PA required

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Anticoagulants	Entire class	Renamed drug class “Anticoagulants: Factor XA and Thrombin Inhibitors.”
Anticoagulants: Factor XA and Thrombin Inhibitors	Xarelto/ Starter Pack	Preferred
Antidiabetics: Insulin, Intermediate-Acting (new drug class)	Humulin N/ Kwikpen	Preferred
	Novolin N/ Relion	Non-Preferred
Antidiabetics: Insulin, Long-Acting	Levemir/ Flextouch	Preferred
Antidiabetics: Insulin, Pre-Mixed (new drug class)	Humalog Mix/ Kwikpen 50/50, 75/25, 70/30	Preferred
	Novolog Mix/ Flexpen 70/30	Preferred
	Novolin/ Relion 70/30	Non-Preferred
Antidiabetics: Insulin, Rapid-Acting (new drug class)	Apidra/ Solostar	Non-Preferred
	Fiasp/ Flextouch	Non-Preferred
	Humalog/ Junior Kwikpen/ Kwikpen	Preferred
	Novolog/ Flexpen/ Penfill	Preferred
Antidiabetics: Insulin, Short-Acting (new drug class)	Humulin R/ U-500 (concentrated)/ U-500 Kwikpen	Preferred
	Afrezza	Non-Preferred
	Novolin R/ Relion	Non-Preferred
	Relion R	Non-Preferred
Antiemetics	Akynzeo	Removed, no longer manufactured
Antiemetics	Entire class	Client must have tried and failed, or is intolerant to, two preferred products before receiving a nonpreferred product for the same indication.

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Antiemetics	Entire class	Separated drug class into three classes “Antiemetics:5-HT3 Receptor Antagonists”, “Antiemetics: Other” and “Antiemetics: Substance P/Neurokinin 1 (NK1) Receptor Antagonists”
Antiemetics: Other (new drug class)	Diclegis	Preferred, PA required
Antiemetics: Substance P/Neurokinin 1 (NK1) Receptor Antagonists	Aprepitant	Preferred
	Cinvanti	Non-Preferred
	Emend/ Tripack	Non-Preferred
	Varubi	Non-Preferred
Antivirals: HIV (new drug class)	Entire class	Single source brand products and generics preferred. Exception: Juluca is Non-Preferred, PA required
Asthma and COPD Agents: Anticholinergics (new drug class)	Atrovent HFA	Preferred
	Combivent Respimat	Preferred
	Cromolyn Sodium	Preferred
	Ipratropium Bromide	Preferred
	Ipratropium Bromide/Albuterol Sulfate	Preferred
Asthma or COPD – Long-Acting Beta-Agonist – Long Acting Muscarinic Agent Combinations (LABA – LAMA) And Asthma or COPD – Long-Acting Muscarinic Agents (LAMA)	Entire class	Combined the two classes and renamed “Asthma and COPD Agents: Anti-Inflammatory & Muscarinic Agents”

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Asthma and COPD Agents: Anti-Inflammatory & Muscarinic Agents	Spiriva Respimat	Non-Preferred
Asthma and COPD Agents: Beta Agonist, Oral (new drug class)	Albuterol tab/ ER/syrup	Preferred
	Metaproterenol	Non-Preferred
	Terbutaline	Non-Preferred
	Vospire ER	Non-Preferred
Asthma or COPD – Long Acting Beta Agonists (LABA)	Foradil Aerolizer	Removed, no longer manufactured
Asthma or COPD – Long Acting Beta Agonists (LABA)	Entire class	Renamed drug class “Asthma and COPD Agents: Beta Agonist, Long Acting”
Asthma – Quick Relief	Accuneb	Removed, no longer manufactured
Asthma – Quick Relief	Entire class	Renamed drug class “Asthma and COPD Agents: Beta Agonist, Short Acting”
Asthma and COPD Agents: Beta Agonist, Short Acting	Proventil HFA	Preferred
Asthma -- Inhaled Corticosteroid	Entire class	Renamed drug class “Asthma and COPD Agents: Inhaled Corticosteroids”
Asthma and COPD Agents: Inhaled Corticosteroids	Qvar	Non-Preferred
Asthma or COPD - - Inhaled Corticosteroids – Long-Acting Beta-Agonist Combinations	Entire class	Renamed drug class “Asthma and COPD Agents: Inhaled Corticosteroid Combinations”

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Asthma and COPD Agents: Inhaled Corticosteroid Combinations	Dulera	Preferred
	Fluticasone-Salmeterol	Preferred
	Symbicort	Preferred
	Trelegy	Added as Non-Preferred
Asthma and COPD Agents: Monoclonal Antibodies (new drug class)	Cinqair	Non-Preferred, PA required
	Fasenra	Non-Preferred, PA required
	Nucala	Non-Preferred, PA required
	Xolair	Non-Preferred, PA required
Asthma or COPD -- PD4I Phosphodiesterase – 4 Inhibitors	Entire class	Renamed drug class “Asthma and COPD Agents: Phosphodiesterase 4 Inhibitors”
Asthma and COPD Agents: Phosphodiesterase 4 Inhibitors	Daliresp	Non-Preferred, PA required
Attention Deficit/ Hyperactivity Disorder	Aptensio XR	Preferred
	Metadate CD	Removed, no longer manufactured
	Quillichew ER	Preferred
	Quillivant XR	Preferred
	Ritalin SR	Removed, no longer manufactured
Beta Blockers	Levatol	Removed, no longer manufactured
	Sectral	Removed, no longer manufactured
	Trandate	Removed, no longer manufactured
	Zebeta	Removed, no longer manufactured
Cytokine and CAM Antagonists	Arcalyst	Added as Non-Preferred
	Enbrel Mini	Added as Non-Preferred

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Diabetes Drugs – Amylin Agonist	Entire class	Renamed drug class “Antidiabetics: Amylin Agonist”
Diabetes Drugs – DPP-4 Inhibitors	Juvisync	Added as Non-Preferred
Diabetes Drugs – DPP-4 Inhibitors	Entire class	Renamed drug class “Antidiabetics: DPP-4 Inhibitors”
Diabetes Drugs - GLP-1 Agonists	Entire class	Renamed drug class “Antidiabetics: GLP-1 Agonists”
Diabetes Drugs – Long-Acting Insulins	Entire class	Renamed drug class “Antidiabetics: Insulins, Long-Acting”
Diabetes Drugs -- SGLT-2 Inhibitors	Qtern	Added as Non-Preferred
Diabetes Drugs -- SGLT-2 Inhibitors	Entire class	Renamed drug class “Antidiabetics: SGLT-2 Inhibitors”
Diabetes Drugs – Sulfonylureas	DiaBeta	Removed, no longer manufactured
Diabetes Drugs – Sulfonylureas	Entire class	Renamed drug class “Antidiabetics: Sulfonylureas”
Diabetes Drugs – Thiazolidinediones (TZDs)	Entire class	Renamed drug class “Antidiabetics: Thiazolidinediones (TZDs)”
Digestive Enzymes: Pancreatic Enzymes (new class)	Creon	Preferred
	Pancreaze	Non-Preferred
	Pertzye	Non-Preferred
	Viokase	Non-Preferred
	Zenpep	Preferred

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Direct-Acting Antiviral Agents for Hepatitis C	Harvoni	Non-Preferred
	Sovaldi	Non-Preferred
Endocrine and Metabolic Agents: Growth Hormone (new drug class)	Genotropin/ Miniquick	Preferred, PA required
	Norditropin/ Flexpro	Preferred, PA required
	Humatrope/ Combo Pack	Non-Preferred, PA required
	Nutropin AQ Nusprin/ Pen	Non-Preferred, PA required
	Omnitrope	Non-Preferred, PA required
	Saizen/ Click.Easy/ Reconstitution Kit	Non-Preferred, PA required
	Serostim	Non-Preferred, PA required
	Zomacton	Non-Preferred, PA required
	Zorbtive	Non-Preferred, PA required
Estrogens	Ortho Est	Removed, no longer manufactured
Histamine-2 Receptor Antagonist (H2RA)	Axid	Removed, no longer manufactured
Insomnia	Silenor	Added as Non-Preferred, PA required
Multiple Sclerosis Drugs	Entire class	Renamed drug class “Multiple Sclerosis Agents”
Multiple Sclerosis Agents	Glatiramer	Non-Preferred
	Glatopa	Non-Preferred
	Mitoxantrone	Removed from drug class
	Ocrevus	EA required
	Rebif/ Titration Pack	Preferred
	Rebif Rebidose/ Titration Pack	Preferred
	Tysabri	Removed PA requirement
Nasal Corticosteroids	Nasacort AQ	Removed, no longer manufactured
	Veramyst	Removed, no longer manufactured

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Nonsteroidal Anti-inflammatory Drugs (NSAID) Including Cyclo-oxygenase - 2 (Cox-II) Inhibitors	Cataflam	Removed, no longer manufactured
	Disalcid	Removed, no longer manufactured
	Voltaren XR	Removed, no longer manufactured
Overactive Bladder/Urinary Incontinence	Sanctura/ XR	Removed, no longer manufactured
Second Generation Antidepressants	Brintellix	Removed, no longer manufactured
	Luvox CR	Removed, no longer manufactured
	Wellbutrin	Removed, no longer manufactured
Smoking Cessation (new drug class)	Bupropion (smoking deterrent)	Preferred, EA required
	Chantix	Preferred, EA required
	Nicotrol Inhaler/ NS	Non-Preferred, EA required
	Zyban	Non-Preferred, EA required
Substance Use Disorder: Opioid Antagonists (new drug class)	Naloxone	Preferred
	Naltrexone	Preferred
	Narcan	Preferred
	Vivitrol	Preferred
Substance Use Disorder: Opioid Partial Antagonists (new drug class)	Bunvail	Non-Preferred, PA required
	Buprenorphine	Non-Preferred, PA required
	Buprenorphine/ Naloxone	Preferred
Substance Use Disorder: Opioid Partial Antagonists (new drug class)	Probuphine	Non-Preferred, PA required
	Suboxone	Preferred
	Sublocade	Non-Preferred, PA required
	Zubsolv	Non-Preferred, PA required
Targeted Immune Modulators	Entire class	Renamed drug class “Cytokine and CAM Antagonists”

Triptans	Alsuma	Removed, no longer manufactured
	Zecuity	Removed, no longer manufactured

What is the preferred drug list?

The Health Care Authority (the agency) has 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 evaluated by the Drug Use Review Board, which makes recommendations to the agency regarding the selection of the preferred drugs. The [Apple Health \(Medicaid\) Fee-For-Service Preferred Drug List](#) includes drug classes from the [Washington Preferred Drug List \(PDL\)](#), as well as additional classes and restrictions that pertain only to Fee-For-Service Medicaid clients. The [Therapeutic Interchange Program \(TIP\)](#) only applies to drug classes that are also included on the Washington Preferred Drug List (PDL).

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

- Unless otherwise indicated, the authorization criteria is that the client must have tried and failed, or is intolerant to, at least two or more preferred drugs within the drug class unless contraindicated, not clinically appropriate, or only one drug is preferred. Drugs may have criteria that go beyond these basic criteria.

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.

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

- **Preferred Drugs** - Prescription claims for preferred drugs submitted to the agency are reimbursed without authorization requirements unless the drug requires authorization for:
 - ✓ Safety criteria;
 - ✓ Special subpopulation criteria; or
 - ✓ Limits based on age, gender, dose, or quantity.
- **Nonpreferred Drugs** - Prescription claims for nonpreferred drugs submitted to the agency are reimbursed only after authorizing criteria are met.

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- Prescription claims submitted to the agency for **non-preferred drugs** that are subject to the [Therapeutic Interchange Program](#) (TIP) 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](#).

Pharmacies must contact the agency for authorization when required. To request authorization call 1-800-562-3022 or fax a Pharmacy Information Authorization form (13-835A) to 866-668-1214.

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>ACE Inhibitors</p> <p>Subject to Therapeutic Interchange Program (TIP).</p> <p>Client must have tried and failed, or is intolerant to, at least one preferred products before receiving a nonpreferred product for the same indication.</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>) Vasotec (<i>enalapril</i>) Zestril (<i>lisinopril</i>)</p> <p>**Not subject to TIP or DAW-1 override.</p>

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Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Alzheimer's Drugs</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 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 (<i>donepezil</i>) Exelon (<i>rivastigmine</i>) patch Exelon (<i>rivastigmine</i>) capsule 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>
<p>Anaphylaxis Agents: Epinephrine, Self Injectable</p>	<p>Generic: epinephrine (Mylan)</p> <p>Brand:</p>	<p>Generic: epinephrine*</p> <p>Brand: Adrenaclick (<i>epinephrine</i>)* Adrenalin (<i>epinephrine</i>)* Epipen 2-Pak (<i>epinephrine</i>)* Epipen-Jr 2-Pak (<i>epinephrine</i>)*</p> <p>*PA required</p>
<p>Anticoagulants: Factor XA and Thrombin Inhibitors</p>	<p>Generic:</p> <p>Brand: Eliquis (<i>apixaban</i>) Pradaxa (<i>dabigatran</i>) Xarelto (<i>rivaroxaban</i>) Xarelto Starter Pack (<i>rivaroxaban</i>)</p>	<p>Generic:</p> <p>Brand: Bevyxxa (<i>betrixaban</i>) Savaysa (<i>edoxaban tosylate</i>)</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Antidiabetics: Amylin Agonist</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>Antidiabetics: DPP-4 Inhibitors</p> <p>Subject to Therapeutic Interchange Program (TIP).</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>) Juvisync (<i>sitagliptin-simvastatin</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> <p>**Not subject to DAW-1 override.</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Antidiabetics: GLP-1 Agonists</p> <p>Subject to Therapeutic Interchange Program (TIP).</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 (exenatide)</p>	<p>Generic:</p> <p>Brand: Adlyxin (lixisenatide)** Bydureon (exenatide) Soliqua (insulin glargine – lixisenatide)** Tanzeum (albiglutide) Trulicity (dulaglutide) Victoza (liraglutide injection) Xultophy (insulin degludec-liraglutide)**</p> <p>**Not subject to TIP or DAW-1 override</p>
<p>Antidiabetics: Insulin, Intermediate-Acting</p>	<p>Generic:</p> <p>Brand: Humulin N/ Kwikpen (<i>insulin NPH</i>)</p>	<p>Generic:</p> <p>Brand: Novolin N/ Relion (<i>insulin NPH</i>)</p>
<p>Antidiabetics: Insulin, Long-Acting</p>	<p>Generic:</p> <p>Brand: Lantus/ Solostar (<i>insulin glargine</i>) Levemir/ Flextouch (<i>insulin detemir</i>)</p>	<p>Generic:</p> <p>Brand: Basaglar Kwikpen (<i>insulin glargine</i>)* Toujeo Solostar (<i>insulin glargine</i>) Tresiba Flextouch (<i>insulin degludec</i>)</p> <p>*PA Required</p>
<p>Antidiabetics: Insulin, Pre-Mixed</p>	<p>Generic:</p> <p>Brand: Humalog Mix/ Kwikpen (<i>insulin lispro protamine & lispro</i>) 50/50, 75/25, 70/30 Novolog Mix/ Flexpen (<i>insulin aspart protamine & aspart</i>) 70/30</p>	<p>Generic:</p> <p>Brand: Novolin/ Relion (<i>insulin NPH isophane & regular human</i>) 70/30</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Antidiabetics: Insulin, Rapid-Acting</p>	<p>Generic:</p> <p>Brand: Humalog/ Junior Kwikpen/ Kwikpen (<i>insulin lispro</i>) Novolog/ Flexpen/ Penfill (<i>insulin aspart</i>)</p>	<p>Generic:</p> <p>Brand: Apidra/ Solostar (<i>insulin glulisine</i>) Fiasp/ Flextouch (<i>insulin aspart</i>)</p>
<p>Antidiabetics: Insulin, Short-Acting</p>	<p>Generic:</p> <p>Brand: Humulin R/ U-500 (concentrated)/ U-500 Kwikpen (<i>insulin regular human</i>)</p>	<p>Generic:</p> <p>Brand: Afrezza (<i>insulin regular human</i>) Novolin R/ Relion (<i>insulin regular human</i>) Relion R (<i>insulin regular human</i>)</p>
<p>Antidiabetics: SGLT-2 Inhibitors</p> <p>Subject to Therapeutic Interchange Program (TIP).</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>) Qtern (<i>dapagliflozin-saxagliptin</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>

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Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Antidiabetics: Sulfonylureas</p> <p>Subject to Therapeutic Interchange Program (TIP).</p> <p>Client must try one preferred drug with the same route of administration before a nonpreferred drug will be authorized unless contraindicated or not clinically appropriate.</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>) Glucotrol /XL (<i>glipizide</i>) Glynase (<i>glyburide micronized</i>) Prandin (<i>repaglinide</i>) Starlix (<i>nateglinide</i>)</p>
<p>Antidiabetics: Thiazolidinediones (TZDs)</p> <p>Subject to Therapeutic Interchange Program (TIP).</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>Antiemetics: 5-HT3 Receptor Antagonists</p> <p>Subject to Therapeutic Interchange Program (TIP).</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: Aloxi (<i>palonosetron</i>) injection Anzemet (<i>dolasetron</i>) tablet/injection Sancuso (<i>granisetron</i>) transdermal patch** Sustol (<i>granisetron ER</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>
<p>Antiemetics: Other</p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p>Generic:</p> <p>Brand: Diclegis (<i>doxylamine-pyridoxine</i>)*</p> <p>*EA Required</p>	<p>Generic:</p> <p>Brand:</p>
<p>Antiemetics: Substance P/Neurokinin 1 (NK1) Receptor Antagonists</p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p>Generic: aprepitant</p> <p>Brand:</p>	<p>Generic:</p> <p>Brand: Cinvanti (<i>aprepitant</i>) Emend/ Tripack (<i>aprepitant</i>) Varubi (<i>rolapitant</i>)**</p> <p>**Not subject to TIP or DAW-1 override.</p>

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Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Antiplatelets</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 prasugrel</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 sulfite</i>)</p>
<p>Antivirals: HIV</p>	<p>Generic: abacavir abacavir/lamivudine/zidovudine abacavir/lamivudine didanosine fosamprenavir lamivudine lamivudine/zidovudine lopinavir/ritonavir solution nevirapine/ ER stavudine zidovudine/ syrup</p> <p>Brand: Aptivus (<i>tipranavir</i>) Atripla (<i>efavirenz/emtricitab/tenofof</i>) Complera (<i>emtricitab/rilpivirine/tenofof</i>) Crixivan (<i>indinavir</i>) Descovy (<i>emtricitabine/ tenofovir/ alafenamide</i>) Edurant (<i>rilpivirine</i>) Emtriva (<i>emtricitabine</i>) Evotaz (<i>atazanavir/cobicistat</i>) Fuzeon (<i>enfuvirtide</i>) Genvoya (<i>elvitegrav/cobic/emtricitab/tenofof</i>) Intelence (<i>etravirine</i>)</p>	<p>Generic:</p> <p>Brand: Combivir (<i>lamivudine/zidovudine</i>)* Epivir (<i>lamivudine</i>)* Epzicom (<i>abacavir/lamivudine</i>)* Juluca (<i>dolutegravir-rilpivirine</i>)* Kaletra sol (<i>lopinavir/ritonavir</i>)* Lexiva tab (<i>fosamprenavir</i>)* Retrovir (<i>zidovudine</i>)* Trizivir (<i>abacavir/lamivudine/zidovudine</i>)* Videx EC (<i>didanosine</i>)* Viramune tab/ XR (<i>nevirapine</i>)* Zerit (<i>stavudine</i>)* Ziagen (<i>abacavir</i>)*</p> <p>*PA Required</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
Antivirals: HIV <i>(continued)</i>	Brand: Invirase (<i>saquinavir</i>) Isentress/ HD (<i>raltegravir</i>) Kaletra tab (<i>lopinavir/ritonavir</i>) Lexiva susp (<i>fosamprenavir</i>) Norvir (<i>ritonavir</i>) Odefsey (<i>emtricitab/rilpivirine/tenofov</i>) Prezcobix (<i>darunavir/cobicistat</i>) Prezista (<i>darunavir</i>) Rescriptor (<i>delavirdine</i>) Retrovir IV (<i>zidovudine</i>) Reyataz (<i>atazanavir</i>) Selzentry/ sol (<i>maraviroc</i>) Stribild (<i>elvitegrav/cobic/emtricitab/tenofov</i>) Sustiva (<i>efavirenz</i>) Tivicay (<i>dolutegravir</i>) Triumeq (<i>abacavir/dolutegravir/lamivudine</i>) Truvada (<i>emtricitab/tenofov</i>) Tybost (<i>cobicistat</i>) Videx pediatric sol (<i>didanosine</i>) Viracept (<i>nelfinavir</i>) Viramune susp (<i>nevirapine</i>) Viread (<i>tenofovir disoproxil</i>)	

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Asthma -- Leukotriene Modifiers</p> <p>Subject to Therapeutic Interchange Program (TIP).</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: <i>Accolate (zafirlukast)</i> <i>Singulair (montelukast)</i> <i>Zyflo /CR (zileuton)</i></p>
<p>Asthma and COPD Agents: Anticholinergics</p>	<p>Generic: cromolyn sodium ipratropium bromide ipratropium bromide/albuterol sulfate</p> <p>Brand: <i>Atrovent HFA (ipratropium bromide)</i> <i>Combivent Respimat (ipratropium/albuterol)</i></p>	<p>Generic:</p> <p>Brand:</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Asthma and COPD Agents: Anti-Inflammatory & Muscarinic Agents</p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p>Generic:</p> <p>Brand: Spiriva Handihaler (<i>tiotropium bromide</i>)* 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>)** Incruse Ellipta (<i>umeclidinium bromide</i>)* Seebri Neohaler (<i>glycopyrronium</i>)* Spiriva Respimat (<i>tiotropium bromide</i>) Tudorza Pressair (<i>aclidinium</i>)* Utibron Neohaler (<i>indacaterol-glycopyrrolate</i>)*</p> <p>*EA required ***Not subject to TIP or DAW-1 and EA required</p>
<p>Asthma and COPD Agents: Beta Agonist, Long Acting</p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p>Generic:</p> <p>Brand: Serevent Diskus (<i>salmeterol</i>)*</p> <p>*EA required</p>	<p>Generic:</p> <p>Brand: Brovana (<i>arformoterol</i>)* Perforomist (<i>formoterol fumarate</i>)* Arcapta Neohaler (<i>indacaterol</i>)* Striverdi (<i>olodaterol</i>)*</p> <p>*EA required</p>
<p>Asthma and COPD Agents: Beta Agonist, Oral</p>	<p>Generic: albuterol tab/ ER/syrup</p> <p>Brand:</p>	<p>Generic: metaproterenol terbutaline</p> <p>Brand: Vospire ER (<i>albuterol</i>)</p>

Prescription Drug Program

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Asthma and COPD Agents: Beta Agonist, Short Acting</p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p>Generic: albuterol inhalation solution</p> <p>Brand: Proair HFA (<i>albuterol</i>) Proventil HFA (<i>albuterol</i>)</p>	<p>Generic: levalbuterol/ HFA</p> <p>Brand: Proair Respiclick (<i>albuterol</i>) Ventolin HFA (<i>albuterol</i>) Xopenex/ HFA/ Concentrate (<i>levalbuterol</i>)</p>
<p>Asthma and COPD Agents: Inhaled Corticosteroids</p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p>Generic: budesonide</p> <p>Brand: Flovent HFA/Diskus (<i>fluticasone propionate HFA/DPI</i>)</p>	<p>Generic:</p> <p>Brand: Aerospan (<i>flunisolide HFA</i>) Alvesco (<i>ciclesonide HFA</i>) Armonair RespiClick (<i>fluticasone</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>) Qvar/ Redihaler (<i>beclomethasone dipropionate MDI</i>)</p> <p>*PA required</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Asthma and COPD Agents: Inhaled Corticosteroid Combinations</p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p>Generic:</p> <p>Brand: Advair Diskus /HFA (<i>fluticasone-salmeterol</i>) Dulera (<i>mometasone furoate-formoterol fumarate</i>)* Symbicort (<i>budesonide-formoterol</i>)</p> <p>*EA required</p>	<p>Generic: fluticasone-salmeterol**</p> <p>Brand: AirDuo/ RespiClick (<i>fluticasone-salmeterol</i>)** Breo Ellipta (<i>fluticasone furoate-vilanterol</i>) Trelegy (<i>fluticasone-umeclidinium-vilanterol</i>***)</p> <p>*EA required **PA Required ***Not subject to TIP or DAW-1 override.</p>
<p>Asthma and COPD Agents: Monoclonal Antibodies</p>	<p>Generic:</p> <p>Brand:</p>	<p>Generic:</p> <p>Brand: Cinqair (<i>reslizumab</i>)* Fasenra (<i>benralizumab</i>)* Nucala (<i>mepolizumab</i>)* Xolair (<i>omalizumab</i>)*</p> <p>*PA Required</p>
<p>Asthma and COPD Agents: Phosphodiesterase 4 Inhibitors</p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p>Generic:</p> <p>Brand:</p>	<p>Generic:</p> <p>Brand: Daliresp (<i>roflumilast</i>)*</p> <p>*PA required</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Attention Deficit/ Hyperactivity Disorder</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 methylphenidate solution</p> <p>Brand: Aptensio XR (<i>methylphenidate</i>) Quillichew ER (<i>methylphenidate HCl</i>) Quillivant XR (<i>methylphenidate HCl</i>) 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>)** 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>) Methylin (<i>methylphenidate HCl</i>) chewable/solution Mydayis (<i>amphetamine-dextroamphetamine</i>)* ProCentra (<i>dextroamphetamine</i>)** Ritalin (<i>methylphenidate HCl</i>) Ritalin LA (<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
<p>Beta Blockers</p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<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>) Lopressor (<i>metoprolol tartrate</i>) Tenormin (<i>atenolol</i>) Toprol XL (<i>metoprolol succinate</i>)</p> <p>**Not subject to TIP or DAW-1 override</p>
<p>Calcium Channel Blockers</p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p>Generic: amlodipine diltiazem /CD/ER felodipine ER nicardipine nifedipine ER nisoldipine ER verapamil /ER</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
Cytokine and CAM Antagonists	Generic: Brand: Enbrel/ Sureclick (<i>etanercept</i>) Humira/ Pen/ Pediatric (<i>adalimumab</i>)	Generic: Brand: Actemra (<i>tocilizumab</i>) Arcalyst (<i>rilonacept</i>) Cimzia (<i>certolizumab pegol</i>) Cosentyx (<i>secukinumab</i>) Enbrel Mini (<i>etanercept</i>) Entyvio (<i>vedolizumab</i>) Ilaris (<i>canakinumab</i>) Inflectra (<i>infliximab-dyyb</i>) Kevzara (<i>sarilumab</i>)** Kineret (<i>anakinra</i>) Orenzia (<i>abatacept</i>) Orenzia Clickject (<i>abatacept</i>) Otezla (<i>apremilast</i>) Remicade (<i>infliximab</i>) Renflexis (infliximab-abda) 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>)** **Not subject to DAW-1 override
Digestive Enzymes: Pancreatic Enzymes	Generic: Brand: Creon (<i>lip-prot-amyl</i>) Zenpep (<i>lip-prot-amyl</i>)	Generic: Brand: Pancreaze (<i>lip-prot-amyl</i>) Pertzye (<i>lip-prot-amyl</i>) Viokase (<i>lip-prot-amyl</i>)

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Direct-Acting Antiviral Agents for Hepatitis C</p> <p>Client must have tried and failed, or is intolerant to, one preferred drug within the drug class unless contraindicated, not clinically appropriate, or only one drug is preferred.</p>	<p>Generic:</p> <p>Brand: Epclusa (<i>sofosbuvir-velpatasvir</i>)* Mavyret (glecaprevir-pibrentasvir)* Vosevi (sofosbuvir-velpatasvir-voxilaprevir)*</p> <p>*PA Required</p>	<p>Generic:</p> <p>Brand: Daklinza (<i>daclatasvir</i>)* Harvoni (<i>ledipasvir-sofosbuvir</i>)* Olysio (<i>simeprevir</i>)* Sovaldi (<i>sofosbuvir</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 **Not subject to TIP or DAW-1 override and PA required</p>
<p>Endocrine and Metabolic Agents: Growth Hormone</p>	<p>Generic:</p> <p>Brand: Genotropin/ Miniquick (<i>somatropin</i>)* Norditropin/ Flexpro (<i>somatropin</i>)*</p> <p>*PA Required</p>	<p>Generic:</p> <p>Brand: Humatrope/ Combo Pack (<i>somatropin</i>)* Nutropin AQ Nusprin/ Pen (<i>somatropin</i>)* Omnitrope (<i>somatropin</i>)* Saizen/ Click.Easy (<i>somatropin</i>)* Saizen Reconstitution Kit (<i>somatropin</i>)* Serostim (<i>somatropin</i>)* Zomacton (<i>somatropin</i>)* Zorbtive (<i>somatropin</i>)*</p> <p>*PA Required</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Estrogens</p> <p>Oral products subject to Therapeutic Interchange Program (TIP).</p> <p>Transdermal products are not subject to TIP.</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 Vaginal:</p> <p>Brand Vaginal: Estring (<i>estradiol</i>) vaginal ring</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>) 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>Generic Vaginal:</p> <p>Brand Vaginal: Estrace (<i>estradiol</i>) vaginal cream Femring (<i>estradiol</i>) vaginal ring Premarin (<i>conjugated equine estrogen</i>) vaginal cream Vagifem (<i>estradiol</i>) vaginal tablets</p> <p>**Not subject to TIP or DAW-1 override.</p>

Prescription Drug Program

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Estrogen-Progestin Combinations</p> <p>Oral products subject to Therapeutic Interchange Program (TIP).</p> <p>Transdermal products are not subject to TIP.</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>Generic: ranitidine</p> <p>Brand:</p>	<p>Generic: cimetidine famotidine nizatidine</p> <p>Brand: 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>Subject to Therapeutic Interchange Program (TIP).</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:</p> <p>Generic: zaleplon zolpidem</p> <p>Brand:</p> <p>Non-benzodiazepine receptor agonists:</p> <p>Generic:</p> <p>Brand: Rozerem (<i>ramelteon</i>)*</p> <p>* Not subject to TIP</p>	<p>Benzodiazepine receptor agonists:</p> <p>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:</p> <p>Generic:</p> <p>Brand: Belsomra (<i>suvorexant</i>)** Silenor (<i>doxepin</i>)***</p> <p>**Not subject to TIP or DAW-1 override. ***Not subject to TIP or DAW-1 override and PA required.</p>

Prescription Drug Program

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Long-Acting Opioids</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>)** 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>Client must have tried and failed, or is intolerant to, one preferred drug within the drug class unless contraindicated, not clinically appropriate</p>	<p>Generic: azithromycin packet/suspension/tablet clarithromycin tablet/suspension clarithromycin SR tablet erythromycin base tablet erythromycin EC capsule/tablet erythromycin ethylsuccinate tablet/suspension erythromycin stearate tablet erythromycin tablet</p> <p>Brand: EES (<i>erythromycin ethylsuccinate</i>) granules Eryped 200 (<i>erythromycin ethylsuccinate</i>) Eryped 400 (<i>erythromycin ethylsuccinate</i>) Ery-Tab (<i>erythromycin base EC</i>) Erythrocin Stearate (<i>erythromycin stearate</i>)</p>	<p>Generic:</p> <p>Brand: Biaxin (<i>clarithromycin</i>) tablet/suspension Biaxin XL (<i>clarithromycin</i>) EES 400 (<i>erythromycin ethylsuccinate</i>) tablet PCE (<i>erythromycin base</i>) Zithromax (<i>azithromycin</i>) powder packet/suspension/tablet Zmax (<i>azithromycin SR</i>)</p>
<p>Multiple Sclerosis Agents</p>	<p>Generic:</p> <p>Brand: Avonex/ Pen (<i>interferon β 1a</i>) Betaseron (<i>interferon β 1b</i>) Copaxone (<i>glatiramer acetate</i>) Gilenya (<i> fingolimod</i>) Rebif/ Titration Pack (<i>interferon β 1a</i>) Rebif Rebidose/ Titration Pack (<i>interferon β 1a</i>) Tecfidera/ Starter Pack (<i>dimethyl fumarate</i>)</p>	<p>Generic: glatiramer</p> <p>Brand: Aubagio (<i>teriflunomide</i>) Extavia (<i>interferon β 1b</i>) Glatopa (<i>glatiramer</i>) Lemtrada (<i>alemtuzumab</i>) Ocrevus (<i>ocrelizumab</i>)* Plegridy/ Pen/ Starter Pak (<i>peginterferon β 1a</i>) Tysabri (<i>natalizumab</i>) Zinbryta (<i>daclizumab</i>)</p> <p>*EA required</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Nasal Corticosteroids</p> <p>Subject to Therapeutic Interchange Program (TIP).</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/RX triamcinolone acetonide OTC</p> <p>Brand:</p>	<p>Generic: budesonide RX flunisolide 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>) Nasonex (<i>mometasone furoate</i>) Omnaris (<i>ciclesonide</i>) QNasl (<i>beclomethasone dipropionate</i>)** Rhinocort Aqua (<i>budesonide</i>) Zetonna (<i>ciclesonide</i>)**</p> <p>**Not subject to TIP or DAW-1</p>
<p>Newer Antihistamines</p> <p>Client must have tried and failed, or is intolerant to, one preferred drug within the drug class unless contraindicated, not clinically appropriate</p> <p>Subject to Therapeutic Interchange Program (TIP).</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>) Clarinet (<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>Subject to Therapeutic Interchange Program (TIP).</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 Celebrex (<i>celecoxib</i>)** Daypro (<i>oxaprozin</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>)* 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>Subject to Therapeutic Interchange Program (TIP).</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 chloride 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>)</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>) Toviaz (<i>fesoterodine fumarate</i>) Vesicare (<i>solifenacin succinate</i>)</p>
<p>PCSK-9 Inhibitors</p> <p>Subject to Therapeutic Interchange Program (TIP).</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>Subject to Therapeutic Interchange Program (TIP).</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>Client must have tried and failed, or is intolerant to, two preferred drugs within the drug class unless contraindicated, not clinically appropriate.</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><u>*EA required</u> **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>) 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>) 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 SR/XL (<i>bupropion HCl /SR/XL</i>)* Zoloft® (<i>sertraline</i>)</p> <p><u>*EA required</u> **Not subject to DAW-1 override. ***Not subject to DAW-1 override, and PA required.</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Second Generation Antipsychotics</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 Fazacllo (<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>

Prescription Drug Program

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Skeletal Muscle Relaxants</p> <p>Subject to Therapeutic Interchange Program (TIP).</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>Smoking Cessation</p>	<p>Generic: bupropion (smoking deterrent)*</p> <p>Brand: Chantix (<i>varenicline</i>)*</p> <p>*EA required</p>	<p>Generic:</p> <p>Brand: Nicotrol Inhaler/ NS (<i>nicotine</i>)* Zyban (<i>bupropion smoking deterrent</i>)*</p> <p>*EA required</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Statin-type Cholesterol Lowering Agents</p> <p>Subject to Therapeutic Interchange Program (TIP).</p> <p>Client must have tried and failed, or is intolerant to, one preferred drug within the drug class unless contraindicated, not clinically appropriate.</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>)</p> <p>*Not subject to DAW-1 override **Not subject to TIP/DAW-1 override</p>
<p>Substance Use Disorder: Opioid Antagonists</p>	<p>Generic: naloxone naltrexone</p> <p>Brand: Narcan (<i>naloxone</i>) Vivitrol (<i>naltrexone</i>)</p>	<p>Generic:</p> <p>Brand:</p>
<p>Substance Use Disorder: Opioid Partial Antagonists (new drug class)</p>	<p>Generic: buprenorphine/naloxone</p> <p>Brand: Suboxone (<i>buprenorphine/naloxone</i>)</p>	<p>Generic: buprenorphine*</p> <p>Brand: Bunavail (<i>buprenorphine/naloxone</i>)* Probuphine Implant Kit (<i>buprenorphine</i>)* Sublocade (<i>buprenorphine</i>)* Zubsolv (<i>buprenorphine/naloxone</i>)*</p> <p>*PA Required</p>

Prescription Drug Program

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Triptans</p> <p>Client must have tried and failed, or is intolerant to, one preferred drug within the drug class unless contraindicated, not clinically appropriate.</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: 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>) Zembrace Symtouch (<i>sumatriptan succinate</i>)** Zomig /ZMT (<i>zolmitriptan</i>)</p> <p>**Not subject to TIP or DAW-1 override.</p>