

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

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

Effective for dates of service on and after January 10, 2018, the Health Care Authority will make the following changes:

Drug Class	Drug Name	Change
Antivirals: HIV	efavirenz	Added as preferred
	Sustiva	Nonpreferred, PA required
	tenofovir disoproxil	Added as preferred
	Viread	Nonpreferred, PA required

## 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.
- 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.

**Prescription Drug Program**

<b>Drug Class</b>	<b>Preferred Drugs</b>	<b>Nonpreferred Drugs</b>
<p><b>ACE Inhibitors</b></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><b>Generic:</b> benazepril captopril enalapril lisinopril ramipril</p> <p><b>Brand:</b></p>	<p><b>Generic:</b> fosinopril moexipril perindopril erbumine quinapril trandolapril</p> <p><b>Brand:</b> Accupril (<i>quinapril</i>) Aceon (<i>perindopril</i>) Altace (<i>ramipril</i>) Epaned (<i>enalapril</i>)** Lotensin (<i>benazepril</i>) Mavik (<i>trandolapril</i>) Qbrelis (<i>lisinopril</i>)** Prinivil (<i>lisinopril</i>) Vasotec (<i>enalapril</i>) Zestril (<i>lisinopril</i>)</p> <p>**Not subject to TIP or DAW-1 override.</p>
<p><b>Alzheimer's Drugs</b></p> <p>Client must have tried and failed, or is intolerant to, all preferred products before receiving a nonpreferred product for the same indication.</p>	<p><b>Generic:</b> donepezil /ODT galantamine HBR memantine memantine titration pak rivastigmine tartrate capsules</p> <p><b>Brand:</b> Namenda (<i>memantine</i>) Namenda Titration Pak (<i>memantine</i>)</p>	<p><b>Generic:</b> rivastigmine tartrate patch</p> <p><b>Brand:</b> Aricept (<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>

Prescription Drug Program

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p><b>Anaphylaxis Agents: Epinephrine, Self Injectable</b></p>	<p><b>Generic:</b> epinephrine (Mylan)</p> <p><b>Brand:</b></p>	<p><b>Generic:</b> epinephrine*</p> <p><b>Brand:</b> 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><b>Anticoagulants: Factor XA and Thrombin Inhibitors</b></p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Eliquis (<i>apixaban</i>) Pradaxa (<i>dabigatran</i>) Xarelto (<i>rivaroxaban</i>) Xarelto Starter Pack (<i>rivaroxaban</i>)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Bevyxxa (<i>betrixaban</i>) Savaysa (<i>edoxaban tosylate</i>)</p>
<p><b>Antidiabetics: Amylin Agonist</b></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><b>Generic:</b></p> <p><b>Brand:</b></p>	<p><b>Generic:</b></p> <p><b>Brand:</b> SymlinPen (<i>pramlintide acetate</i>)*</p> <p><a href="#">*EA required</a></p>

**Prescription Drug Program**

<b>Drug Class</b>	<b>Preferred Drugs</b>	<b>Nonpreferred Drugs</b>
<p><b>Antidiabetics: DPP-4 Inhibitors</b></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><b>Generic:</b> alogliptin benzoate alogliptin-metformin alogliptin-pioglitazone</p> <p><b>Brand:</b> Jentadueto (<i>linagliptin-metformin HCl</i>) Tradjenta (<i>linagliptin</i>)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Janumet (<i>sitagliptin-metformin HCl</i>) Janumet XR (<i>sitagliptin-metformin HCl SR</i>) Januvia (<i>sitagliptin</i>) Jentadueto XR (<i>linagliptin-metformin HCl SR</i>) 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>
<p><b>Antidiabetics: GLP-1 Agonists</b></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><b>Generic:</b></p> <p><b>Brand:</b> Byetta (<i>exenatide</i>)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Adlyxin (<i>lixisenatide</i>)** Bydureon (<i>exenatide</i>) Soliqua (<i>insulin glargine – lixisenatide</i>)** Tanzeum (<i>albiglutide</i>) Trulicity (<i>dulaglutide</i>) Victoza (<i>liraglutide injection</i>) Xultophy (<i>insulin degludec-liraglutide</i>)**</p> <p>**Not subject to TIP or DAW-1 override</p>
<p><b>Antidiabetics: Insulin, Intermediate-Acting</b></p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Humulin N/ Kwikpen (<i>insulin NPH</i>)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Novolin N/ Relion (<i>insulin NPH</i>)</p>

**Prescription Drug Program**

<b>Drug Class</b>	<b>Preferred Drugs</b>	<b>Nonpreferred Drugs</b>
<b>Antidiabetics: Insulin, Long-Acting</b>	<b>Generic:</b>  <b>Brand:</b> Lantus/ Solostar ( <i>insulin glargine</i> ) Levemir/ Flextouch ( <i>insulin detemir</i> )	<b>Generic:</b>  <b>Brand:</b> Basaglar Kwikpen ( <i>insulin glargine</i> )* Toujeo Solostar ( <i>insulin glargine</i> ) Tresiba Flextouch ( <i>insulin degludec</i> )  *PA Required
<b>Antidiabetics: Insulin, Pre-Mixed</b>	<b>Generic:</b>  <b>Brand:</b> Humalog Mix/ Kwikpen ( <i>insulin lispro protamine &amp; lispro</i> ) 50/50, 75/25, 70/30 Novolog Mix/ Flexpen ( <i>insulin aspart protamine &amp; aspart</i> ) 70/30	<b>Generic:</b>  <b>Brand:</b> Novolin/ Relion ( <i>insulin NPH isophane &amp; regular human</i> ) 70/30
<b>Antidiabetics: Insulin, Rapid-Acting</b>	<b>Generic:</b>  <b>Brand:</b> Humalog/ Junior Kwikpen/ Kwikpen ( <i>insulin lispro</i> ) Novolog/ Flexpen/ Penfill ( <i>insulin aspart</i> )	<b>Generic:</b>  <b>Brand:</b> Apidra/ Solostar ( <i>insulin glulisine</i> ) Fiasp/ Flextouch ( <i>insulin aspart</i> )
<b>Antidiabetics: Insulin, Short-Acting</b>	<b>Generic:</b>  <b>Brand:</b> Humulin R/ U-500 (concentrated)/ U-500 Kwikpen ( <i>insulin regular human</i> )	<b>Generic:</b>  <b>Brand:</b> Afrezza ( <i>insulin regular human</i> ) Novolin R/ Relion ( <i>insulin regular human</i> ) Relion R ( <i>insulin regular human</i> )

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p><b>Antidiabetics: SGLT-2 Inhibitors</b></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><b>Generic:</b></p> <p><b>Brand:</b> Farxiga (<i>dapagliflozin propanediol</i>) Invokamet (<i>canagliflozin – metformin HCl</i>) Invokana (<i>canagliflozin</i>) Xigduo XR (<i>dapagliflozin-metformin HCl SR</i>)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Glyxambi (<i>empagliflozin-linagliptin</i>) Invokamet XR (<i>canagliflozin – metformin HCl SR</i>) Jardiance (<i>empagliflozin</i>) 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>
<p><b>Antidiabetics: Sulfonylureas</b></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><b>Generic immediate release:</b> glimepiride glipizide /ER/XL glyburide glyburide micronized nateglinide</p> <p><b>Brand:</b></p>	<p><b>Generic:</b> chlorpropamide repaglinide tolazamide tolbutamide</p> <p><b>Brand:</b> Amaryl (<i>glimepiride</i>) Glucotrol /XL (<i>glipizide</i>) Glynase (<i>glyburide micronized</i>) Prandin (<i>repaglinide</i>) Starlix (<i>nateglinide</i>)</p>
<p><b>Antidiabetics: Thiazolidinediones (TZDs)</b></p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p><b>Generic:</b> pioglitazone HCl</p> <p><b>Brand:</b></p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Actos tablet (<i>pioglitazone HCl</i>) Avandia tablet (<i>rosiglitazone maleate</i>)</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p><b>Antiemetics: 5-HT3 Receptor Antagonists</b></p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p><b>Generic:</b>  granisetron tablet/injection  ondansetron tablet/ injection  ondansetron solution+  ondansetron ODT tablet</p> <p><b>Brand:</b></p> <p><a href="#">+EA required for age 18 and older</a></p>	<p><b>Generic:</b></p> <p><b>Brand:</b>  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><a href="#">+EA required for age 18 and older</a>  **Not subject to TIP or DAW-1 override.</p>
<p><b>Antiemetics: Other</b></p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>  Diclegis (<i>doxylamine-pyridoxine</i>)*</p> <p><a href="#">*EA Required</a></p>	<p><b>Generic:</b></p> <p><b>Brand:</b></p>
<p><b>Antiemetics: Substance P/Neurokinin 1 (NK1) Receptor Antagonists</b></p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p><b>Generic:</b>  aprepitant</p> <p><b>Brand:</b></p>	<p><b>Generic:</b></p> <p><b>Brand:</b>  Cinvanti (<i>aprepitant</i>)  Emend/ Tripack (<i>aprepitant</i>)  Varubi (<i>rolapitant</i>)**</p> <p>**Not subject to TIP or DAW-1 override.</p>



**Prescription Drug Program**

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p><b>Antiplatelets</b></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><b>Generic:</b> clopidogrel</p> <p><b>Brand:</b></p>	<p><b>Generic:</b> aspirin-dipyridamole ER prasugrel</p> <p><b>Brand:</b> Aggrenox (<i>aspirin-dipyridamole ER</i>) Brilinta (<i>ticagrelor</i>) Effient (<i>prasugrel HCl</i>) Plavix (<i>clopidogrel bisulfate</i>) Zontivity (<i>vorapaxar sulfite</i>)</p>
<p><b>Antivirals: HIV</b></p>	<p><b>Generic:</b> abacavir abacavir/lamivudine/zidovudine abacavir/lamivudine didanosine efavirenz fosamprenavir lamivudine lamivudine/zidovudine lopinavir/ritonavir solution nevirapine/ ER stavudine tenofovir disoproxil zidovudine/ syrup</p> <p><b>Brand:</b> Aptivus (<i>tipranavir</i>) Atripla (<i>efavirenz/emtricitab/tenofov</i>) Complera (<i>emtricitab/rilpivirine/tenofov</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/tenofov</i>) Intelence (<i>etravirine</i>)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> 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>)* Sustiva (<i>efavirenz</i>)* Trizivir (<i>abacavir/lamivudine/zidovudine</i>)* Videx EC (<i>didanosine</i>)* Viramune tab/ XR (<i>nevirapine</i>)* Viread (<i>tenofovir disoproxil</i>)* Zerit (<i>stavudine</i>)* Ziagen (<i>abacavir</i>)*</p> <p>*PA Required</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p><b>Antivirals: HIV</b> <i>(continued)</i></p>	<p><b>Brand:</b>                      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>)                      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>)</p>	
<p><b>Asthma -- Leukotriene Modifiers</b></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><b>Generic:</b> montelukast sodium zafirlukast</p> <p><b>Brand:</b></p>	<p><b>Generic:</b></p> <p><b>Brand:</b>                      Accolate (<i>zafirlukast</i>)                      Singulair (<i>montelukast</i>)                      Zyflo /CR (<i>zileuton</i>)</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p><b>Asthma and COPD Agents: Anticholinergics</b></p>	<p><b>Generic:</b> cromolyn sodium ipratropium bromide ipratropium bromide/albuterol sulfate</p> <p><b>Brand:</b> Atrovent HFA (<i>ipratropium bromide</i>) Combivent Respimat (<i>ipratropium/albuterol</i>)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b></p>
<p><b>Asthma and COPD Agents: Anti-Inflammatory &amp; Muscarinic Agents</b></p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Spiriva Handihaler (<i>tiotropium bromide</i>)* Stiolto (<i>tiotropium bromide-olodaterol</i>)*</p> <p><a href="#">*EA required</a></p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Anoro Ellipta (<i>umeclidinium-vilanterol</i>)* Bevespi Aerosphere (<i>glycopyrrolate-formoterol fumarate</i>)** 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><a href="#">*EA required</a> ***Not subject to TIP or DAW-1 and EA required</p>
<p><b>Asthma and COPD Agents: Beta Agonist, Long Acting</b></p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Serevent Diskus (<i>salmeterol</i>)*</p> <p><a href="#">*EA required</a></p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Brovana (<i>arformoterol</i>)* Perforomist (<i>formoterol fumarate</i>)* Arcapta Neohaler (<i>indacaterol</i>)* Striverdi (<i>olodaterol</i>)*</p> <p><a href="#">*EA required</a></p>

**Prescription Drug Program**

<b>Drug Class</b>	<b>Preferred Drugs</b>	<b>Nonpreferred Drugs</b>
<p><b>Asthma and COPD</b>  <b>Agents: Beta Agonist, Oral</b></p>	<p><b>Generic:</b>  albuterol tab/ ER/syrup</p> <p><b>Brand:</b></p>	<p><b>Generic:</b>  metaproterenol  terbutaline</p> <p><b>Brand:</b>  Vospire ER (<i>albuterol</i>)</p>
<p><b>Asthma and COPD</b>  <b>Agents: Beta Agonist, Short Acting</b></p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p><b>Generic:</b>  albuterol inhalation solution</p> <p><b>Brand:</b>  Proair HFA (<i>albuterol</i>)  Proventil HFA (<i>albuterol</i>)</p>	<p><b>Generic:</b>  levalbuterol/ HFA</p> <p><b>Brand:</b>  Proair Respiclick (<i>albuterol</i>)  Ventolin HFA (<i>albuterol</i>)  Xopenex/ HFA/ Concentrate (<i>levalbuterol</i>)</p>
<p><b>Asthma and COPD</b>  <b>Agents: Inhaled Corticosteroids</b></p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p><b>Generic:</b>  budesonide</p> <p><b>Brand:</b>  Flovent HFA/Diskus (<i>fluticasone propionate HFA/DPI</i>)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>  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><b>Asthma and COPD Agents: Inhaled Corticosteroid Combinations</b></p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>                      Advair Diskus /HFA (<i>fluticasone-salmeterol</i>)                      Dulera (<i>mometasone furoate-formoterol fumarate</i>)*                      Symbicort (<i>budesonide-formoterol</i>)</p> <p><a href="#">*EA required</a></p>	<p><b>Generic:</b>                      fluticasone-salmeterol**</p> <p><b>Brand:</b>                      AirDuo/ RespiClick (<i>fluticasone-salmeterol</i>)**                      Breo Ellipta (<i>fluticasone furoate-vilanterol</i>)                      Trelegy (<i>fluticasone-umeclidinium-vilanterol</i>***)</p> <p><a href="#">*EA required</a>  <a href="#">**PA Required</a>                      ***Not subject to TIP or DAW-1 override.</p>
<p><b>Asthma and COPD Agents: Monoclonal Antibodies</b></p>	<p><b>Generic:</b></p> <p><b>Brand:</b></p>	<p><b>Generic:</b></p> <p><b>Brand:</b>                      Cinqair (<i>reslizumab</i>)*                      Fasentra (<i>benralizumab</i>)*                      Nucala (<i>mepolizumab</i>)*                      Xolair (<i>omalizumab</i>)*</p> <p><a href="#">*PA Required</a></p>
<p><b>Asthma and COPD Agents: Phosphodiesterase 4 Inhibitors</b></p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p><b>Generic:</b></p> <p><b>Brand:</b></p>	<p><b>Generic:</b></p> <p><b>Brand:</b>                      Daliresp (<i>roflumilast</i>)*</p> <p>*PA required</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p><b>Attention Deficit/ Hyperactivity Disorder</b></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><b>Generic:</b> 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><b>Brand:</b> 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><b>Generic:</b> dextroamphetamine solution methylphenidate chewable</p> <p><b>Brand:</b> Adderall (<i>amphetamine salt combo</i>) Adderall XR (<i>amphetamine salt combo</i>) Adzenys XR (<i>amphetamine</i>)** 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**

<b>Drug Class</b>	<b>Preferred Drugs</b>	<b>Nonpreferred Drugs</b>
<p><b>Beta Blockers</b></p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p><b>Generic:</b>                      acebutolol                      atenolol                      betaxolol                      bisoprolol                      carvedilol                      labetalol                      metoprolol succinate ER                      metoprolol tartrate                      nadolol                      pindolol                      propranolol/ER                      timolol</p> <p><b>Brand:</b></p>	<p><b>Generic:</b></p> <p><b>Brand:</b>                      Bystolic (<i>nebivolol</i>)                      Coreg /CR (<i>carvedilol</i>)                      Corgard (<i>nadolol</i>)                      Inderal LA (<i>propranolol</i>)                      Inderal XL (<i>propranolol</i>)**                      InnoPran XL (<i>propranolol</i>)                      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><b>Calcium Channel Blockers</b></p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p><b>Generic:</b>                      amlodipine                      diltiazem /CD/ER                      felodipine ER                      nicardipine                      nifedipine ER                      nisoldipine ER                      verapamil /ER</p> <p><b>Brand:</b></p>	<p><b>Generic:</b>                      isradipine                      nifedipine</p> <p><b>Brand:</b>                      Adalat CC (<i>nifedipine</i>)                      Calan /SR (<i>verapamil</i>)                      Cardizem /CD/LA (<i>diltiazem</i>)                      Isoptin SR (<i>verapamil</i>)                      Norvasc (<i>amlodipine</i>)                      Procardia /XL (<i>nifedipine</i>)                      Sular (<i>nisoldipine</i>)                      Tiazac (<i>diltiazem</i>)                      Verelan /PM (<i>verapamil</i>)</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<b>Cytokine and CAM Antagonists</b>	<b>Generic:</b>  <b>Brand:</b> Enbrel/ Sureclick ( <i>etanercept</i> ) Humira/ Pen/ Pediatric ( <i>adalimumab</i> )	<b>Generic:</b>  <b>Brand:</b> 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> ) Orencia ( <i>abatacept</i> ) Orencia 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
<b>Digestive Enzymes: Pancreatic Enzymes</b>	<b>Generic:</b>  <b>Brand:</b> Creon ( <i>lip-prot-amyl</i> ) Zenpep ( <i>lip-prot-amyl</i> )	<b>Generic:</b>  <b>Brand:</b> 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><b>Direct-Acting Antiviral Agents for Hepatitis C</b></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><b>Generic:</b></p> <p><b>Brand:</b>                      Epclusa (<i>sofosbuvir-velpatasvir</i>)*                      Mavyret (glecaprevir-pibrentasvir)*                      Vosevi (sofosbuvir-velpatasvir-voxilaprevir)*</p> <p>*PA Required</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>                      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><b>Endocrine and Metabolic Agents: Growth Hormone</b></p>	<p><b>Generic:</b></p> <p><b>Brand:</b>                      Genotropin/ Miniquick (<i>somatropin</i>)*                      Norditropin/ Flexpro (<i>somatropin</i>)*</p> <p>*PA Required</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>                      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><b>Estrogens</b></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><b>Generic Oral:</b> estradiol tablets estropipate tablets</p> <p><b>Brand Oral:</b></p> <p><b>Generic Vaginal:</b></p> <p><b>Brand Vaginal:</b> Estring (<i>estradiol</i>) vaginal ring</p>	<p><b>Generic Oral:</b></p> <p><b>Brand Oral:</b> Duavee (<i>conjugated estrogens-bazedoxifene</i>)** Enjuvia (<i>synthetic conjugated estrogens</i>) Estrace (<i>estradiol</i>) tablet Menest (<i>esterified estrogens</i>) Premarin (<i>conjugated equine estrogens</i>) tablet</p> <p><b>Generic Transdermal:</b> estradiol transdermal patch (weekly)</p> <p><b>Brand Transdermal:</b> Alora (<i>estradiol</i>) patch (biweekly) Climara (<i>estradiol</i>) patch (weekly) Divigel (<i>estradiol</i>) gel Elestrin (<i>estradiol</i>) gel Estrogel (<i>estradiol</i>) gel Evamist (<i>estradiol</i>) spray** Menostar (<i>estradiol</i>) patch (weekly) Minivelle (<i>estradiol</i>) patch (biweekly) Vivelle DOT (<i>estradiol</i>) patch (biweekly)</p> <p><b>Generic Vaginal:</b></p> <p><b>Brand Vaginal:</b> Estrace (<i>estradiol</i>) vaginal cream Femring (<i>estradiol</i>) vaginal ring Premarin (<i>conjugated equine estrogen</i>) vaginal cream Vagifem (<i>estradiol</i>) vaginal tablets</p> <p>**Not subject to TIP or DAW-1 override.</p>

**Prescription Drug Program**

<b>Drug Class</b>	<b>Preferred Drugs</b>	<b>Nonpreferred Drugs</b>
<p><b>Estrogen-Progestin Combinations</b></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><b>Generic:</b>                      estradiol-norethindrone                      norethindrone acetate -ethinyl                      estradiol</p> <p><b>Brand:</b></p>	<p><b>Generic Oral:</b></p> <p><b>Brand Oral:</b>                      Activella (<i>estradiol-norethindrone</i>)                      Angeliq (<i>estradiol-drospirenone</i>)                      Femhrt Low Dose (<i>ethinyl estradiol-norethindrone</i>)                      Prefest (<i>estradiol-norgestimate</i>)                      Premphase (<i>conjugated equine estrogens-medroxyprogesterone</i>)                      Prempro (<i>conjugated equine estrogens-medroxyprogesterone</i>)</p> <p><b>Generic Transdermal:</b></p> <p><b>Brand Transdermal:</b>                      Climara Pro (<i>estradiol-levonorgestrel</i>)                      Combipatch (<i>estradiol-norethindrone</i>)</p>
<p><b>Histamine-2 Receptor Antagonist (H2RA)</b></p>	<p><b>Generic:</b>                      ranitidine</p> <p><b>Brand:</b></p>	<p><b>Generic:</b>                      cimetidine                      famotidine                      nizatidine</p> <p><b>Brand:</b>                      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><b>Insomnia</b></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><b>Benzodiazepine receptor agonists:</b></p> <p><b>Generic:</b> zaleplon zolpidem</p> <p><b>Brand:</b></p> <p><b>Non-benzodiazepine receptor agonists:</b></p> <p><b>Generic:</b></p> <p><b>Brand:</b> Rozerem (<i>ramelteon</i>)*</p> <p>* Not subject to TIP</p>	<p><b>Benzodiazepine receptor agonists:</b></p> <p><b>Generic:</b> eszopiclone zolpidem ER</p> <p><b>Brand:</b> Ambien /CR (<i>zolpidem tartrate</i>) Edluar (<i>zolpidem tartrate</i>)** Intermezzo (<i>zolpidem tartrate</i>)** Lunesta (<i>eszopiclone</i>) Sonata (<i>zaleplon</i>) Zolpimist (<i>zolpidem tartrate</i>)**</p> <p><b>Non-benzodiazepine receptor agonists:</b></p> <p><b>Generic:</b></p> <p><b>Brand:</b> 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**

<b>Drug Class</b>	<b>Preferred Drugs</b>	<b>Nonpreferred Drugs</b>
<p><b>Long-Acting Opioids</b></p> <p>Must try and fail at least two preferred products before receiving a nonpreferred product</p>	<p><b>Generic:</b>                      fentanyl transdermal                      hydromorphone ER                      morphine sulfate /CR/SA/SR                      morphine sulfate ER capsules/tablets                      oxycodone ER</p> <p><b>Brand:</b></p>	<p><b>Generic:</b>                      levorphanol                      methadone*                      methadose*                      oxymorphone HCL ER</p> <p><b>Brand:</b>                      Arymo ER (<i>morphine sulfate ER</i>)**                      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><b>Macrolides</b></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><b>Generic:</b>                      azithromycin                      packet/suspension/tablet                      clarithromycin tablet/suspension                      clarithromycin SR tablet                      erythromycin base tablet                      erythromycin EC capsule/tablet                      erythromycin ethylsuccinate                      tablet/suspension                      erythromycin stearate tablet                      erythromycin tablet</p> <p><b>Brand:</b>                      EES (<i>erythromycin ethylsuccinate</i>)                      granules                      Eryped 200 (<i>erythromycin ethylsuccinate</i>)                      Eryped 400 (<i>erythromycin ethylsuccinate</i>)                      Ery-Tab (<i>erythromycin base EC</i>)                      Erythrocin Stearate (<i>erythromycin stearate</i>)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>                      Biaxin (<i>clarithromycin</i>)                      tablet/suspension                      Biaxin XL (<i>clarithromycin</i>)                      EES 400 (<i>erythromycin ethylsuccinate</i>) tablet                      PCE (<i>erythromycin base</i>)                      Zithromax (<i>azithromycin</i>) powder                      packet/suspension/tablet                      Zmax (<i>azithromycin SR</i>)</p>
<p><b>Multiple Sclerosis Agents</b></p>	<p><b>Generic:</b></p> <p><b>Brand:</b>                      Avonex/ Pen (<i>interferon <math>\beta</math> 1a</i>)                      Betaseron (<i>interferon <math>\beta</math> 1b</i>)                      Copaxone (<i>glatiramer acetate</i>)                      Gilenya (<i> fingolimod</i>)                      Rebif/ Titration Pack (<i>interferon <math>\beta</math> 1a</i>)                      Rebif Rebidose/ Titration Pack (<i>interferon <math>\beta</math> 1a</i>)                      Tecfidera/ Starter Pack (<i>dimethyl fumarate</i>)</p>	<p><b>Generic:</b>                      glatiramer</p> <p><b>Brand:</b>                      Aubagio (<i>teriflunomide</i>)                      Extavia (<i>interferon <math>\beta</math> 1b</i>)                      Glatopa (<i>glatiramer</i>)                      Lemtrada (<i>alemtuzumab</i>)                      Ocrevus (<i>ocrelizumab</i>)*                      Plegridy/ Pen/ Starter Pak (<i>peginterferon <math>\beta</math> 1a</i>)                      Tysabri (<i>natalizumab</i>)                      Zinbryta (<i>daclizumab</i>)</p> <p>*EA required</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p><b>Nasal Corticosteroids</b></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><b>Generic:</b>  budesonide OTC  fluticasone propionate OTC/RX  triamcinolone acetonide OTC</p> <p><b>Brand:</b></p>	<p><b>Generic:</b>  budesonide RX  flunisolide RX  mometasone furoate  triamcinolone acetonide RX</p> <p><b>Brand:</b>  Beconase AQ (<i>beclomethasone dipropionate</i>)  Flonase (<i>fluticasone propionate</i>)  Nasacort Allergy 24HR (<i>triamcinolone acetonide</i>)  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><b>Newer Antihistamines</b></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><b>Generic:</b>  cetirizine syrup /tablet  loratadine OTC</p> <p><b>Brand:</b></p>	<p><b>Generic:</b>  azelastine nasal spray  cetirizine chewable  cetirizine chewable – children’s  desloratadine  fexofenadine  levocetirizine dihydrochloride  olopatadine</p> <p><b>Brand:</b>  Allegra (<i>fexofenadine</i>)  Astepro (<i>azelastine HCl nasal spray</i>)  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><b>Nonsteroidal Anti-inflammatory Drugs (NSAID) Including Cyclo-oxygenase - 2 (Cox-II) Inhibitors</b></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><b>Generic:</b>                      diclofenac potassium                      diclofenac sodium /SR/ER/EC                      diflunisal                      etodolac /ER                      fenoprofen                      flurbiprofen                      ibuprofen                      indomethacin/SR                      ketoprofen /SR                      ketorolac                      mefenamic acid                      meloxicam                      nabumetone                      naproxen /EC                      naproxen sodium /ER/SA                      oxaprozin                      piroxicam                      salsalate                      sulindac                      tolmetin</p> <p><b>Brand:</b></p>	<p><b>Generic:</b>                      celecoxib**                      diclofenac sodium topical gel*                      diclofenac sodium topical solution**                      meclofenamate sodium</p> <p><b>Brand:</b>                      Anaprox DS (<i>naproxen sodium</i>)                      Cambia (<i>diclofenac potassium</i>) 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 &amp; not subject to TIP                      ** Not subject to TIP                      *** Not subject to TIP or DAW-1 override</p>



Drug Class	Preferred Drugs	Nonpreferred Drugs
<p><b>Overactive Bladder/Urinary Incontinence</b></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><b>Generic short acting:</b> oxybutynin chloride tablets/syrup tolterodine tartrate trospium chloride</p> <p><b>Brand short acting:</b></p> <p><b>Generic long acting:</b> oxybutynin chloride ER tolterodine tartrate ER trospium chloride ER</p> <p><b>Brand long acting:</b></p>	<p><b>Generic short acting:</b> flavoxate HCl</p> <p><b>Brand short acting:</b> Detrol (<i>tolterodine tartrate</i>)</p> <p><b>Generic long acting:</b> darifenacin hydrobromide ER</p> <p><b>Brand long acting:</b> Detrol LA (<i>tolterodine tartrate</i>) Ditropan XL (<i>oxybutynin chloride</i>) Enablex (<i>darifenacin hydrobromide</i>) Gelnique (<i>oxybutynin chloride</i>) topical gel Myrbetriq (<i>mirabegron</i>) Oxytrol (<i>oxybutynin chloride</i>) Toviaz (<i>fesoterodine fumarate</i>) Vesicare (<i>solifenacin succinate</i>)</p>
<p><b>PCSK-9 Inhibitors</b></p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Repatha (<i>evolocumab</i>)* Repatha Pushtronex (<i>evolocumab</i>)* Repatha Sureclick (<i>evolocumab</i>)*</p> <p>*PA required</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Praluent (<i>alirocumab</i>)*</p> <p>*PA required</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p><b>Proton Pump Inhibitors (Limited to 60 days duration)</b></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><b>Generic:</b> omeprazole OTC/RX pantoprazole sodium</p> <p><b>Brand:</b> Nexium granules (<i>esomeprazole</i>)+ Protonix Pack (<i>pantoprazole</i>)*</p> <p><a href="#">*EA required</a> + Preferred only for children ages 17 and younger</p>	<p><b>Generic:</b> esomeprazole magnesium esomeprazole strontium** lansoprazole omeprazole-sodium bicarbonate rabeprazole sodium</p> <p><b>Brand:</b> Aciphex (<i>rabeprazole</i>) Dexilant (<i>dexlansoprazole</i>) Nexium (<i>esomeprazole</i>) Prevacid (<i>lansoprazole</i>) capsules Prevacid SoluTab (<i>lansoprazole</i>)* Prilosec OTC (<i>omeprazole magnesium</i>) tablets Prilosec Rx (<i>omeprazole</i>) Protonix (<i>pantoprazole</i>) Zegerid (<i>omeprazole-sodium bicarbonate</i>)</p> <p><a href="#">*EA required</a> **Not subject to TIP or DAW-1 override.</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p><b>Second Generation Antidepressants</b></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><b>Generic:</b>                      bupropion HCl                      bupropion SR*                      bupropion XL*                      citalopram tablet                      escitalopram tablet                      fluoxetine HCl capsule/solution                      fluvoxamine tablet                      mirtazapine /ODT/soltab                      paroxetine HCl                      sertraline tablet                      venlafaxine ER capsules                      venlafaxine HCl</p> <p><b>Brand:</b></p> <p><u>*EA required</u>                      **Not subject to DAW-1 override.                      ***Not subject to DAW-1 override, and PA required.</p>	<p><b>Generic:</b>                      citalopram HBR solution                      desvenlafaxine ER                      duloxetine                      escitalopram solution                      fluoxetine HCl tablet                      fluvoxamine ER                      nefazodone                      paroxetine ER                      sertraline HCl solution                      venlafaxine ER tablets</p> <p><b>Brand:</b>                      Aplenzin (<i>bupropion hydrobromide ER</i>)                      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><b>Second Generation Antipsychotics</b></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><b>Generic:</b>                      aripiprazole                      clozapine tablet / ODT                      olanzapine/ODT/injection                      paliperidone ER                      quetiapine / ER                      risperidone tablet/ODT/solution                      ziprasidone capsules</p> <p><b>Brand:</b>                      Abilify Maintena (<i>aripiprazole</i>)                      Aristada (<i>aripiprazole lauroxil</i>)                      Fanapt (<i>iloperidone</i>) tablet                      Fanapt Titration Pack (<i>iloperidone</i>)                      Geodon (<i>ziprasidone mesylate</i>) IM injection                      Invega Sustenna (<i>paliperidone</i>) IM injection                      Invega Trinza (<i>paliperidone</i>)                      Latuda (<i>lurasidone HCL</i>)                      Rexulti (<i>brexpiprazole</i>)                      Risperdal Consta (<i>risperidone</i>) injection                      Saphris (<i>asenapine</i>) sublingual tablet                      Vraylar (<i>cariprazine HCl</i>)                      Zyprexa Relprevv (<i>olanzapine pamoate</i>) injection</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>                      Abilify (<i>aripiprazole</i>) tablet                      Clozaril (<i>clozapine</i>) tablet                      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><b>Skeletal Muscle Relaxants</b></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><b>Generic:</b>            baclofen            cyclobenzaprine + methocarbamol            tizanidine</p> <p><b>Brand:</b></p>         <p>+PA required for cyclobenzaprine 7.5mg tablets</p>	<p><b>Generic:</b>            carisoprodol*            chlorzoxazone            dantrolene            metaxalone            orphenadrine citrate ER</p> <p><b>Brand:</b>            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><b>Smoking Cessation</b></p>	<p><b>Generic:</b>            bupropion (smoking deterrent)*</p> <p><b>Brand:</b>            Chantix (<i>varenicline</i>)*</p>   <p>*EA required</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>            Nicotrol Inhaler/ NS (<i>nicotine</i>)*            Zyban (<i>bupropion smoking deterrent</i>)*</p>   <p>*EA required</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p><b>Statin-type Cholesterol Lowering Agents</b></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><b>Generic:</b> fluvastatin lovastatin pravastatin simvastatin</p> <p><b>Brand:</b></p> <p><b>High Potency Generic:</b> atorvastatin</p> <p><b>High Potency Brand:</b></p>	<p><b>Generic:</b> fluvastatin ER</p> <p><b>Brand:</b> Altoprev (<i>lovastatin SR</i>) 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><b>High Potency Generic:</b> rosuvastatin*</p> <p><b>High Potency Brand:</b> Crestor (<i>rosuvastatin</i>)* Lipitor (<i>atorvastatin</i>)</p> <p>*Not subject to DAW-1 override **Not subject to TIP/DAW-1 override</p>
<p><b>Substance Use Disorder: Opioid Antagonists</b></p>	<p><b>Generic:</b> naloxone naltrexone</p> <p><b>Brand:</b> Narcan (<i>naloxone</i>) Vivitrol (<i>naltrexone</i>)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b></p>
<p><b>Substance Use Disorder: Opioid Partial Antagonists (new drug class)</b></p>	<p><b>Generic:</b> buprenorphine/naloxone</p> <p><b>Brand:</b> Suboxone (<i>buprenorphine/naloxone</i>)</p>	<p><b>Generic:</b> buprenorphine*</p> <p><b>Brand:</b> 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**

<b>Drug Class</b>	<b>Preferred Drugs</b>	<b>Nonpreferred Drugs</b>
<p><b>Triptans</b></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><b>Generic:</b>            rizatriptan benzoate            sumatriptan tablets            sumatriptan injection            sumatriptan nasal spray</p> <p><b>Brand:</b></p>	<p><b>Generic:</b>            almotriptan maleate            frovatriptan            naratriptan HCl            zolmitriptan</p> <p><b>Brand:</b>            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>