

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

Change
<p>Due to the implementation of the Apple Health Preferred Drug List (PDL), a PDL that will be used by all managed care plans and the fee-for-service (FFS), the following changes have occurred:</p> <ul style="list-style-type: none"> • New drug classes have been added. This means drugs not previously on the PDL have been added with preferred and nonpreferred statuses. Some drugs also have additional prior authorization (PA) requirements. • Many existing drug classes have a new drug class name and may have been split into two or more drug classes. • For existing drug classes, preferred statuses may have changed. Some drugs may have additional PA requirements that did not previously require PA.

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) and the [Apple Health Preferred Drug List](#), 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

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Allergy : Anaphylaxis Vasopressor Self- Injectables</p>	<p>Generic: epinephrine (Mylan)</p> <p>Brand:</p>	<p>Generic: epinephrine*</p> <p>Brand: Adrenalin (<i>epinephrine</i>)* Adrenaclick (<i>epinephrine</i>)* Epipen 2-Pak (<i>epinephrine</i>)* Epipen-Jr 2-Pak (<i>epinephrine</i>)*</p> <p>*PA required</p>
<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>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Analgesics : Migraine Agents – 5-HT1 Agonists</p>	<p>Generic: naratriptan HCl rizatriptan benzoate sumatriptan tablets sumatriptan injection sumatriptan nasal spray</p> <p>Brand:</p>	<p>Generic: almotriptan maleate eletriptan frovatriptan 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>*PA Required **Not subject to TIP or DAW-1 override.</p>
<p>Antibiotics : Cephalosporins – 1st Generation</p>	<p>Generic: cefadroxil cefazolin* cefazolin-dextrose* cephalexin</p> <p>Brand: Cefadyl (cephapirin)*</p> <p>*PA Required</p>	<p>Generic:</p> <p>Brand: Daxbia (cephalexin) Keflex (cephalexin)*</p> <p>*PA Required</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
Antibiotics : Cephalosporins – 2nd Generation	Generic: cefaclor cefaclor susp* cefotetan* cefotetan-dextrose* cefoxitin sodium* cefprozil cefuroxime tabs cefuroxime solution* Brand: Cefotan (cefotetan)* Zinacef (cefuroxime)* *PA Required	Generic: cefaclor ER Brand: Ceftin (cefuroxime) *PA Required
Antibiotics : Cephalosporins – 3rd Generation	Generic: cefdinir cefixime cefotaxime solution* cefpodoxime ceftazidime* ceftazidime-dextrose* ceftriaxone* ceftriaxone-dextrose* Brand: Suprax (cefixime) Tazicef (ceftazidime)* *PA Required	Generic: ceftibuten Brand: Cedax ceftibuten Fortaz (ceftazidime)* Suprax susp (cefixime)* *PA Required
Antibiotics : Cephalosporins – 4th Generation	Generic: cefepime* cefepime-dextrose* Brand: Maxipime IV (cefepime)* *PA Required	Generic: Brand: Maxipime inj (cefepime)* *PA Required

Prescription Drug Program

Drug Class	Preferred Drugs	Nonpreferred Drugs
Antibiotics : Inhaled - Aminoglycosides	Generic: tobramycin nebu* Brand: Bethkis (tobramycin)* Kitabis pak (tobramycin)* Tobi podhaler (tobramycin)* *PA Required	Generic: Brand: Tobi (tobramycin)* *PA Required
Antibiotics : Inhaled - Other	Generic: Brand: Cayston (aztreonam)* *PA Required	Generic: Brand:
Anticoagulants : Coumarin Anticoagulants	Generic: warfarin Brand: Jantoven (warfarin)	Generic: Brand: Coumadin (warfarin)* *PA Required
Anticoagulants : Factor XA and Thrombin Inhibitors	Generic: Brand: Eliquis/ Starter Pack (<i>apixaban</i>) Pradaxa (<i>dabigatran</i>) Xarelto (<i>rivaroxaban</i>) Xarelto Starter Pack (<i>rivaroxaban</i>)	Generic: Brand: Savaysa (<i>edoxaban tosylate</i>)
Anticoagulants : Heparins and Heparinoid Agents	Generic: enoxaparin heparin* heparin DCU* heparin lock flush* heparin-D5W* heparin-nalc* heparin-sodium chloride* Brand: *PA Required	Generic: fondaparinux Brand: Arixtra (fondaparinux)* Fragmin (dalteparin) Lovenox (enoxaparin)* *PA Required

Prescription Drug Program

Drug Class	Preferred Drugs	Nonpreferred Drugs
Anticonvulsants : AMPA Glutamate Receptor Antagonist	Generic: Brand: Fycompa (perampanel)* *PA Required	Generic: Brand:
Anticonvulsants : Benzodiazepines	Generic: clonazepam diazepam gel* Brand: Diastat Acudial/ Pediatric (diazepam)* *PA Required	Generic: Clonazepam ODT Brand: Klonopin (clonazepam)* Onfi (clobazam)* *PA Required
Anticonvulsants : Carbamates	Generic: felbamate* Brand:	Generic: Brand: Felbatol (felbamate)*
Anticonvulsants : GABA Modulators	Generic: tiagabine* vigabatrin* Brand: Sabril tab (vigabatrin)* *PA Required	Generic: Brand: Gabatril (tiagabine)* Sabril Pack (vigabatrin)* *PA Required
Anticonvulsants : Hydantoins	Generic: fosphenytoin* phenytoin phenytoin solution* Brand: Cerebyx (fosphenytoin)* *PA Required	Generic: Brand: Dilantin/ Infatab/ 125 (phenytoin)* Peganone (ethotoin) Phenytek (phenytoin)* *PA Required

Prescription Drug Program

Drug Class	Preferred Drugs	Nonpreferred Drugs
Anticonvulsants : MISC	Generic: cabamazepine/ ER gabapentin lamotrigine levetiracetam inj/ IV* levetiracetam tabs/ ER oxcarbazepine primidone topiramate zonisamide Brand: Briviact IV (brivaracetam)* Epitol (cabamazepine) Roweepra/ XR (levetiracetam) Trokendi XR (topiramate) Vimpat IV (lacosamide)* Vimpat oral solution/ tabs (lacosamide) *PA Required	Generic: lamotrigine ODT/ starter and titration kit* topiramate ER* Brand: Aptiom (eslicarbazepine)* Banzel (rufinamide)* Briviact tabs/ oral solution (brivaracetam)* Carbatrol (cabamazepine)* Keppra/ XR (levetiracetam)* Lamictal (lamotrigine)* Lyrica (pregabalin)* Mysoline (primidone)* Neurontin (gabapentin)* Oxtellar XR (oxcarbazepine)* Potiga (ezogabine)* Qudexy XR (topiramate)* Spirtam ((levetiracetam)* Tegretol/ XR (cabamazepine)* Topamax/ Sprinkle (topiramate)* Trileptal (oxcarbazepine)* Zonegran (zonisamide)* *PA Required
Anticonvulsants : Succinimides	Generic: Brand:	Generic: ethosuximide* Brand: Celontin (methsuximide)* Zarontin (ethosuximide)* *PA Required
Anticonvulsants : Valproic Acid	Generic: divalproex/ DR/ ER valproate valproic acid Brand:	Generic: Brand: Depacon (valproate)* Depakene (valproate)* Depakote/ ER/ Sprinkles (divalproex)* *PA Required

Prescription Drug Program

Drug Class	Preferred Drugs	Nonpreferred Drugs
Antidiabetics : Incretin Mimetics and Enhancers - Amylin Analogs	Generic: Brand:	Generic: Brand: SymlinPen (<i>pramlintide acetate</i>)* *PA Required
Antidiabetics : Incretin Mimetics and Enhancers - DPP-4 Inhibitors / SLGT2 Inhibitor Combinations	Generic: Brand:	Generic: Brand: Glyxambi (<i>empagliflozin- linagliptin</i>)* Qtern (<i>dapagliflozin-saxagliptin</i>)* Steglujan (<i>empagliflozin- saxagliptin</i>)* *PA Required
Antidiabetics : Incretin Mimetics and Enhancers - DPP-4 Inhibitors / TZD Combinations	Generic: alogliptin-pioglitazone* Brand: *PA Required	Generic: Brand: Oseni (<i>alogliptin-pioglitazone</i>)* *PA Required
Antidiabetics : Incretin Mimetics and Enhancers - DPP-4 Inhibitors Subject to Therapeutic Interchange Program (TIP).	Generic: Brand: Janumet (<i>sitagliptin-metformin HCl</i>) Janumet XR (<i>sitagliptin-metformin HCl SR</i>) Januvia (<i>sitagliptin</i>) Jentadueto (<i>linagliptin-metformin HCl</i>) Tradjenta (<i>linagliptin</i>)	Generic: alogliptin alogliptin-metformin Brand: Jentadueto XR (<i>linagliptin- metformin HCl SR</i>) Kazano (<i>alogliptin-metformin HCl</i>) Kombiglyze XR (<i>saxagliptin- metformin HCl SR</i>) Nesina (<i>alogliptin benzoate</i>) Onglyza (<i>saxagliptin</i>)

Drug Class	Preferred Drugs	Nonpreferred Drugs
Antidiabetics : Incretin Mimetics and Enhancers - GLP-1 Agonists / Insulin Combinations	Generic: Brand:	Generic: Brand: Soliqua (insulin glargine – lixisenatide)* Xultophy (insulin degludec- liraglutide)* *PA Required
Antidiabetics : Incretin Mimetics and Enhancers - GLP-1 Agonists Subject to Therapeutic Interchange Program (TIP).	Generic: Brand: Bydureon/ BCISE/ Pen (exenatide) Byetta (exenatide) Victoza (liraglutide injection)	Generic: Brand: Adlyxin/ Starter Pack (lixisenatide)** Bydureon (exenatide) Ozempic (semaglutide)** Tanzeum (albiglutide) Trulicity (dulaglutide) **Not subject to TIP or DAW-1 override
Antidiabetics : Insulin - Intermediate-Acting	Generic: Brand: Humulin N/ Kwikpen (<i>insulin NPH</i>)	Generic: Brand: Novolin N/ Relion (<i>insulin NPH</i>)
Antidiabetics : Insulin - Long- Acting	Generic: Brand: Lantus/ Solostar (<i>insulin glargine</i>) Levemir/ Flextouch (<i>insulin detemir</i>)	Generic: Brand: Basaglar Kwikpen (<i>insulin glargine</i>)* Toujeo Solostar (<i>insulin glargine</i>) Tresiba Flextouch (<i>insulin degludec</i>) *PA Required

Prescription Drug Program

Drug Class	Preferred Drugs	Nonpreferred Drugs
<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>
<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: Admelog / Solostar (<i>insulin lispro</i>) 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>*PA Required</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: Invokamet XR (<i>canagliflozin – metformin HCl SR</i>) Jardiance (<i>empagliflozin</i>) Synjardy (<i>empagliflozin-metformin hcl</i>) Synjardy XR (<i>empagliflozin-metformin hcl SR</i>)**</p> <p>**Not subject to TIP or DAW-1 override</p>

Prescription Drug Program

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>
<p>Antiemetics / Antivertigo : 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>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>)* Zuplenz (<i>ondansetron oral soluble</i>)</p> <p>*PA Required</p>

Prescription Drug Program

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Antiemetics / Antivertigo : 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 / Antivertigo : 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 tablet (<i>rolapitant</i>) Varubi emul (<i>rolapitant</i>)**</p> <p>*PA Required **Not subject to TIP or DAW-1 override</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
Antipsychotics / Antimanic Agents : Antipsychotics – 2nd Generation	<p>Generic: aripiprazole clozapine tablet 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 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 Versacloz (<i>clozapine</i>) Zyprexa Relprevv (<i>olanzapine pamoate</i>) injection</p>	<p>Generic: clozapine ODT* olanzapine-fluoxetine</p> <p>Brand: Abilify (<i>aripiprazole</i>) tablet* Clozaril (<i>clozapine</i>) tablet* Fanapt Titration Pack (<i>iloperidone</i>) Fazacllo (<i>clozapine</i>) disintegrating tablet* Geodon (<i>ziprasidone HCl</i>) capsule* Invega (<i>paliperidone</i>) tablet* Risperdal (<i>risperidone</i>) tablet/M-tab/solution* Seroquel / XR (<i>quetiapine</i>)* Symbyax (<i>olanzapine-fluoxetine</i>)* Zyprexa (<i>olanzapine</i>) IM injection/ tablet* Zyprexa Zydis (<i>olanzapine</i>) tablet*</p> <p>*PA Required</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
Antivirals: Hepatitis C Agents	<p>Generic:</p> <p>Brand: Epclusa (<i>sofosbuvir-velpatasvir</i>)* Mavyret (<i>glecaprevir-pibrentasvir</i>)* Vosevi (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)*</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>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Antivirals: HIV</p>	<p>Generic: abacavir abacavir/lamivudine/zidovudine abacavir/lamivudine atazanavir didanosine efavirenz fosamprenavir lamivudine lamivudine/zidovudine lopinavir/ritonavir solution nevirapine/ ER stavudine tenofovir disoproxil zidovudine/ syrup</p> <p>Brand: Aptivus (<i>tipranavir</i>) Atripla (<i>efavirenz/emtricitab/tenofov</i>) Complera (<i>emtricitab/rilpivirine/tenofov</i>) Crixivan (<i>indinavir</i>) Descovy (<i>emtricitabine/ tenofov/</i> <i>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>) Invirase (<i>saquinavir</i>) Isentress/ HD (<i>raltegravir</i>) Kaletra tab (<i>lopinavir/ritonavir</i>) Lexiva susp (<i>fosamprenavir</i>) Odefsey (<i>emtricitab/rilpivirine/tenofov</i>)</p>	<p>Generic:</p> <p>Brand: Biktarvy (<i>bictegravir-emtricitabine-tenofov</i>) 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>)* Norvir (<i>ritonavir</i>)* Retrovir (<i>zidovudine</i>)* Sustiva (<i>efavirenz</i>)* Symfi Lo (<i>efavirenz-lamivudine-tenofov</i>) Trizivir (<i>abacavir/lamivudine/zidovudine</i>)* Trogarzo (<i>ibalizumab-uiyk</i>) Videx EC (<i>didanosine</i>)* Viramune tab/ XR (<i>nevirapine</i>)* Viread 300 mg tab (<i>tenofov</i> <i>disoproxil</i>)* Zerit (<i>stavudine</i>)* Ziagen (<i>abacavir</i>)*</p> <p>*PA Required</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Antivirals: HIV <i>(continued)</i></p>	<p>Brand: 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>) Viread 150mg, 200mg, 250mg tab (<i>tenofovir disoproxil</i>) Viread oral powder (<i>tenofovir disoproxil</i>)</p>	
<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: Accolate (<i>zafirlukast</i>) Singulair (<i>montelukast</i>) Zyflo /CR (<i>zileuton</i>)</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Asthma and COPD Agents: Anticholinergics</p>	<p>Generic: cromolyn sodium ipratropium bromide ipratropium bromide/albuterol sulfate</p> <p>Brand: Atrovent HFA (<i>ipratropium bromide</i>) Combivent Respimat (<i>ipratropium/albuterol</i>)</p>	<p>Generic:</p> <p>Brand:</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 (salmeterol)*</p> <p>*EA required</p>	<p>Generic:</p> <p>Brand: Brovana (arformoterol)* Perforomist (formoterol fumarate) Arcapta Neohaler (indacaterol)* Striverdi (olodaterol)*</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> <p>*PA Required</p>
<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>

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>Generic: fluticasone-salmeterol*</p> <p>Brand: AirDuo/ RespiClick (<i>fluticasone-salmeterol</i>)** Breo Ellipta (<i>fluticasone furoate-vilanterol</i>) Trelegy Elipta (<i>fluticasone-umeclidinium-vilanterol</i>***)</p> <p>*PA Required ** Not subject to TIP or DAW-1 override and PA Required ***Not subject to TIP or DAW-1 override.</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>) Pulmicort Flexhaler (<i>budesonide DPI</i>)</p>	<p>Generic:</p> <p>Brand: Aerospan (<i>flunisolide HFA</i>) Alvesco (<i>ciclesonide HFA</i>) Anoro Ellipta (<i>umeclidinium-vilanterol</i>)* Armonair RespiClick (<i>fluticasone</i>)* Arnuity Ellipta (<i>fluticasone furoate</i>) Asmanex HFA (<i>mometasone furoate</i>) Asmanex Twisthaler (<i>mometasone furoate DPI</i>) Bevespi Aerosphere (<i>glycopyrrolate-formoterol fumarate</i>***) Pulmicort Respules (<i>budesonide inhalation suspension</i>)*</p> <p>*PA required ***Not subject to TIP or DAW-1 override.</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Asthma and COPD Agents: Long Acting Muscarinic Agents / Long Acting Beta Agonist Combinations</p>	<p>Generic:</p> <p>Brand: Stiolto (tiotropium bromide-olodaterol)*</p> <p>*EA required</p>	<p>Generic:</p> <p>Brand: Utibron Neohaler (indacaterol-glycopyrrolate)* Qvar/ Redihaler (beclomethasone dipropionate MDI)</p> <p>*EA required</p>
<p>Asthma and COPD Agents: Long Acting Muscarinic Agents</p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p>Generic:</p> <p>Brand: Spiriva Handihaler (tiotropium bromide)</p>	<p>Generic:</p> <p>Brand: Incruse Ellipta (umeclidinium bromide)* Seebri Neohaler (glycopyrronium)* Spiriva Respimat (tiotropium bromide) Tudorza Pressair (aclidinium)*</p> <p>*EA required</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>Generic:</p> <p>Brand:</p>	<p>Generic:</p> <p>Brand: Daliresp (<i>roflumilast</i>)*</p> <p>*PA required</p>

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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>
<p>Cardiovascular Agents– Antihyperlipidemics 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>Cardiovascular Agents – Antihypertensives : Angiotensin Modulators - ACE Inhibitor Combinations</p>	<p>Generic: amlodipine-benazepril benazepril-HCTZ enalapril-HCTZ fosinopril-HCTZ quinapril-HCTZ</p> <p>Brand:</p>	<p>Generic: captopril-HCTZ moexipril-HCTZ</p> <p>Brand: Accuretic (quinapril-HCTZ)* Lotensin HCT (benazepril-HCTZ)* Lotrel (amlodipine-benazepril)* Prestalia (perindopril-amlodipine)</p> <p>*PA Required</p>
<p>Cardiovascular Agents – Antihypertensives : Angiotensin Modulators - ACE Inhibitors</p> <p>Subject to Therapeutic Interchange Program (TIP).</p>	<p>Generic: benazepril captopril enalapril fosinopril lisinopril ramipril</p> <p>Brand:</p>	<p>Generic: 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>)* Qbrelis (<i>lisinopril</i>)** Prinivil (<i>lisinopril</i>)* Vasotec (<i>enalapril</i>)* Zestril (<i>lisinopril</i>)*</p> <p>*PA Required **Not subject to TIP or DAW-1 override.</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Cardiovascular Agents – Antihypertensives : Angiotensin Modulators – Angiotensin II Receptor Blocker Combinations</p>	<p>Generic: amlodipine-valsartan irbesartan-HCTZ losartan-HCTZ olmesartan-HCTZ valsartan-HCTZ</p> <p>Brand:</p>	<p>Generic: amlodipine-olmesartan amlodipine-valsartan-HCTZ candesartan-HCTZ olmesartan-amlodipine-HCTZ telmisartan-amlodipine telmisartan-HCTZ</p> <p>Brand: Atacand HCT (candesartan-HCTZ)* Avalide (irbesartan-HCTZ)* Azor (amlodipine-olmesartan)* Benicar HCT (olmesartan-HCTZ)* Byvalson (nebivolol-valsartan) Diovan HCT (valsartan-HCTZ)* Edarbyclor (azilsartan-chlorthalidone) Exforge (amlodipine-valsartan)* Exforge HCT (amlodipine-valsartan-HCTZ)* Hyzaar (losartan-HCTZ)* Micardis HCT (telmisartan-HCTZ)* Tribenzor (olmesartan-amlodipine-HCTZ)* Twynsta (telmisartan-amlodipine)*</p> <p>*PA Required</p>

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Drug Class	Preferred Drugs	Nonpreferred Drugs
Cardiovascular Agents – Antihypertensives : Angiotensin Modulators – Angiotensin II Receptor Blockers	Generic: irbesartan losartan olmesartan valsartan Brand:	Generic: candesartan eprosartan telmisartan Brand: Atacand (candesartan)* Avapro (irbesartan)* Benicar (olmesartan)* Cozaar (losartan)* Diovan (valsartan)* Edarbi (azilsartan) Micardis (telmisartan)* *PA Required
Cardiovascular Agents – Antihypertensives : Angiotensin Modulators – Direct Renin Inhibitor Combinations	Generic: Brand:	Generic: Brand: Tekturna HCT (aliskiren-HCTZ)* *PA Required
Cardiovascular Agents – Antihypertensives : Angiotensin Modulators – Direct Renin Inhibitor	Generic: Brand:	Generic: Brand: Tekturna (aliskiren)* *PA Required
Cardiovascular Agents – Antihypertensives : Angiotensin Modulators – Neprilysin Inhib (ARNI) - Angiotensin II Receptor Combinations	Generic: Brand: Entresto (sacubitril-valsartan)* *PA Required	Generic: Brand:

Prescription Drug Program

Drug Class	Preferred Drugs	Nonpreferred Drugs
Cardiovascular Agents – MISC: Pulmonary Hypertension – Endothelin Receptor Antagonist	Generic: Brand: Letaris (ambrisentan)* Tracleer (bosentan)* *PA Required	Generic: Brand: Opsumit (macitentan)* *PA Required
Cardiovascular Agents – MISC: Pulmonary Hypertension – PDEI	Generic: sildenafil* Brand: Adcirca (tadalafil)* *PA Required	Generic: Brand: Revatio (sildenafil)* *PA Required
Cardiovascular Agents – MISC: Pulmonary Hypertension – Prostacyclin Receptor Agonists	Generic: Brand: Uptravi (selexipag)* *PA Required	Generic: Brand:
Cardiovascular Agents – MISC: Pulmonary Hypertension – Prostaglandin Vasodilators	Generic: Brand: Tyvaso (treprostinil)* Ventavis (iloprost)* *PA Required	Generic: Brand: Orenitram (treprostinil)* *PA Required
Cardiovascular Agents – MISC: Pulmonary Hypertension – SGC Stimulator	Generic: Brand: Adempas (riociguat)* *PA Required	Generic: Brand:

Drug Class	Preferred Drugs	Nonpreferred Drugs
Cytokine and CAM Antagonists	<p>Generic:</p> <p>Brand: Enbrel/ Sureclick (<i>etanercept</i>)* Humira/ Pen/ Pediatric (<i>adalimumab</i>)*</p> <p>*PA Required</p>	<p>Generic:</p> <p>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>)* Orencia (<i>abatacept</i>)* Orencia Clickject (<i>abatacept</i>)* Otezla (<i>apremilast</i>)* Remicade (<i>infliximab</i>)* Renflexis (<i>infliximab-abda</i>)* Siliq (<i>brodalumab</i>)** Simponi (<i>golimumab</i>)* Simponi Aria (<i>golimumab</i>)* Stelara (<i>ustekinumab</i>)* Stelara IV solution (<i>ustekinumab</i>)** Taltz (<i>ixekizumab</i>)** Tremfya (<i>guselkumab</i>)** Xeljanz (<i>tofacitinib citrate</i>)* Xeljanz XR (<i>tofacitinib citrate</i>)**</p> <p>*PA Required **PA Required and not subject to DAW-1 override</p>
Dermatologics : Immunosuppressive Agents - Topical	<p>Generic:</p> <p>Brand: Elidel (<i>pimecrolimus</i>)*</p> <p>*PA Required</p>	<p>Generic: tacrolimus*</p> <p>Brand: Protopic (<i>tacrolimus</i>)*</p> <p>*PA Required</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
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>)
Endocrine and Metabolic Agents: Androgens - Testosterone	Generic: testosterone cypionate testosterone enanthate testosterone gel* testosterone pump (Activis)* Brand: Androderm (testosterone)* *PA Required	Generic: methyltestosterone* testosterone inj/ pump/ topical soln* Brand: Androgel/ Pump (testosterone)* Android (methyltestosterone)* Aveed (testosterone)* Axiron (testosterone)* Depo-Testosterone (testosterone cypionate)* Fortesta (testosterone)* Methitest (methyltestosterone)* Natesto (testosterone)* Striant (testosterone)* Testim (testosterone)* Testopel (testosterone)* Testred (methyltestosterone)* Vogelxo/ Pump (testosterone)* *PA Required

Drug Class	Preferred Drugs	Nonpreferred Drugs
<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>
<p>Endocrine and Metabolic Agents: Progesterones</p>	<p>Generic: medroxyprogesterone megestrol norethindrone progesterone</p> <p>Brand: Makena inj (hydroxyprogesterone)*</p> <p>*PA Required</p>	<p>Generic:</p> <p>Brand: Aygestin (norethindrone)* Crinone (progesterone)* Intrarosa (prasterone)* Makena auto-injector (hydroxyprogesterone)* Megace ES (megestrol)* Prometrium (progesterone)* Provera (medroxyprogesterone)*</p> <p>*PA Required</p>

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>Gastrointestinal Agents – MISC : Inflammatory Bowel Agents</p>	<p>Generic: balsalazide mesalamine sulfasalazine</p> <p>Brand: Apriso (mesalamine) Canasa (mesalamine) Delzicol (mesalamine) Lialda (mesalamine) Pentasa (mesalamine)</p>	<p>Generic: mesalamine DR</p> <p>Brand: Azulfidine/ En-tabs (sulfasalazine)* Asacol HD (mesalamine) Colazal (balsalazide)* Dipentum (olsalazine) Giazol (balsalazide) Rowasa (mesalamine)* Sfrowasa (mesalamine)</p> <p>*PA Required</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
Gastrointestinal Agents – MISC : Irritable Bowel Syndrome (IBS) Agents / GI Motility	<p>Generic: dicyclomine glycopyrrolate hyoscyamine / ER/ ODT</p> <p>Brand: Amitiza (lubiprostone)* Ed-Spaz (hyoscyamine) Linzess (linaclotide)* Nulev (hyoscyamine) Oscimin/ SR (hyoscyamine)</p> <p>*PA Required</p>	<p>Generic: alosetron* belladonna-opium chlordiazepoxide-clidinium</p> <p>Brand: Anaspaz (hyoscyamine) Bentyl (dicyclomine)* Cuvposa (glycopyrrolate) Entereg (alvimopan)* Levsin soln (hyoscyamine) Levsin tabs/ SL(hyoscyamine)* Librax (chlordiazepoxide-clidinium)* Lotronex (alosetron)* Movantik (naloxegol)* Relistor (methylnaltrexone)* Robinul/ forte (glycopyrrolate)* Symproic (naldemedine)* Trulance (plecanatide)* Viberzi (eluxadoline)*</p> <p>*PA Required</p>
Gastrointestinal Agents – MISC : Phosphate Binder Agents	<p>Generic: calcium acetate</p> <p>Brand: Calphron (calcium acetate) Phoslyra (calcium acetate) Renagel (sevelamer)* Renvela (sevelamer)*</p> <p>*PA Required</p>	<p>Generic: lanthanum carbonate* sevelamer carbonate*</p> <p>Brand: Auryxia (ferric citrate)* Eliphos (calcium acetate)* Fosrenol (lanthanum carbonate)* Velphoro (sucroferric)*</p> <p>*PA Required</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
Hematological Agents – MISC : Platelet Aggregation Inhibitors	Generic: anagrelide aspirin-dipyridamole cilostazol clopidogrel dipyridamole Brand: Brilinta (<i>ticagrelor</i>)	Generic: prasugrel Brand: Aggrenox (<i>aspirin-dipyridamole ER</i>)* Agrylin (<i>anagrelide</i>)* Durlaza (<i>aspirin ER</i>) Effient (<i>prasugrel HCl</i>)* Kengreal (<i>cangrelor tetrasodium</i>) Plavix (<i>clopidogrel bisulfate</i>)* Yosprala (<i>aspirin-omeprazole</i>) Zontivity (<i>vorapaxar sulfite</i>)
Histamine-2 Receptor Antagonist (H2RA)	Generic: ranitidine Brand:	Generic: cimetidine famotidine nizatidine Brand: Pepcid (<i>famotidine</i>) Pepcid Complete (<i>famotidine – calcium carbonate – magnesium hydroxide</i>) Tagamet HB (<i>cimetidine</i>) Zantac (<i>ranitidine</i>)

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>

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>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>

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Drug Class	Preferred Drugs	Nonpreferred Drugs
<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: <i>Allegra (fexofenadine)</i> <i>Astepro (azelastine HCl nasal spray)</i> <i>Clarinox (desloratadine)</i> <i>Claritin (loratadine)</i> <i>Patanase (olopatadine nasal spray)</i> <i>Xyzal (levocetirizine)</i> <i>Zyrtec (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>Ophthalmic Agents : Glaucoma Agents</p>	<p>Generic: brimonidine brimonidine-timolol dorzolamide dorzolamide-timolol latanoprost levobunolol timolol</p> <p>Brand: Alphagan P (brimonidine) Azopt (brinzolamide) Combigan (brimonidine) Simbrinza (brinzolamide-brimonidine) Timoptic-XE (timolol) Travatan Z (travoprost)</p>	<p>Generic: apraclonidine betaxolol brimatoprost cartelol mitipranolol pilocarpine</p> <p>Brand: Betagan (levobunolol)* Betoptic-S (betaxolol) Cosopt (dorzolamide-timolol)* Cosopt PF (dorzolamide-timolol) Iopidine (apraclonidine)* Isopto Carpine (pilocarpine)* Istalol (timolol)* Lumigan (brimatoprost) Miochol-E (acetylcholine) Miostat (carbachol) Phospholine Iodide (echothiophate) Timoptic (timolol)* Timoptic Ocudose (timolol) Trusopt (dorzolamide)* Vyzulta (latanoprostene) Xalatan (latanoprost)* Zioptan (tafluprost)</p> <p>*PA required</p>
<p>Ophthalmic Agents : Nonsteroidal Anti-inflammatory Agents</p>	<p>Generic: diclofenac flurbiprofen ketolorac</p> <p>Brand: Ilevro (nepafenac)</p>	<p>Generic: bromfenac</p> <p>Brand: Acular/ LS (ketolorac)* Acuvail (ketolorac) Bromsite (bromfenac) Nevanac (nepafenac) Prolensa (bromfenac)</p> <p>*PA required</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Ophthalmic Agents : Ophthalmic Antibiotics</p>	<p>Generic: ciprofloxin erythromycin gentamicin ofloxacin polymyxin B-trimethoprim tobraycin</p> <p>Brand: Moxeza (moxifloxacin) Vigamox (moxifloxacin)</p>	<p>Generic: bacitracin bacitracin-polymyxin gatifloxacin levofloxacin moxifloxacin neomycin-bacitracin-polymyxin neomycin-polymyxin-gramicidin</p> <p>Brand: Azasite (azithromycin) Besivance (besifloxacin) Ciloxan ointment (ciprofloxin) Ciloxan solution (ciprofloxin)* Gentak (gentamicin) Neo-polycin (neomycin-bacitracin-polymyxin) Neosporin (neomycin-polymyxin-gramicidin)* Ocuflax (ofloxacin)* Polycin (polymyxin B-trimethoprim) Polytrim (polymyxin B-trimethoprim) Tobrex ointment (tobraycin) Tobrex solution (tobraycin)* Zymaxid (gatifloxacin)*</p> <p>*PA required</p>
<p>Ophthalmic Agents : Ophthalmic Antibiotics - Sulfonamides</p>	<p>Generic: sulfacetamide sodium</p> <p>Brand:</p>	<p>Generic:</p> <p>Brand: Bleph-10 (sulfacetamide sodium)*</p> <p>*PA required</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
Ophthalmic Agents : Ophthalmic Sterioids - Topical	Generic: dexamethasone sodium phosphate fluorometholone prednisolone acetate Brand: Durezol (difluprednate)	Generic: prednisolone sodium phosphate Brand: Alrex (loteprednol) Flarex (fluorometholone) FML/ Forte (fluorometholone) FML Liquifilm (fluorometholone)* Lotemax (loteprednol) Maxidex (dexamethasone) Omnipred (prednisolone)* Pred Forte (prednisolone)* Pred Mild (prednisolone) *PA required
Ophthalmic Agents : Otic Anti-infectives	Generic: neomycin-polymyxin-hydrocortisone ofloxacin Brand: Cipro HC (ciprofloxacin- hydrocortisone) Ciprodex (ciprofloxacin- dexamethasone)	Generic: ciprofloxin Brand: Coly-Mycin S (neomycin- colistin-HC-thonzonium) Floxin Otic (ofloxacin)* Otiprio (ciprofloxin) Otovel (ciprofloxacin- fluocinolone) *PA required
Psychotherapeutic and Nuerological Agents – MISC : ADHD / Anti- Narcolepsy – Non- Stimulants	Generic: atomoxetine HCl clonidine /ER guanfacine /ER Brand:	Generic: Brand: Intuniv (<i>guanfacine</i>)* Kapvay (<i>clonidine</i>)* Strattera (<i>atomoxetine HCl</i>)* *PA required

Prescription Drug Program

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Psychotherapeutic and Neurological Agents – MISC : ADHD / Anti-Narcolepsy – Stimulants - Amphetamines</p>	<p>Generic: amphetamine-dextroamphetamine/ XR dextroamphetamine/ ER</p> <p>Brand: Vyvanse (<i>lisdexamfetamine dimesylate</i>)</p>	<p>Generic: methamphetamine*</p> <p>Brand: Adderall/ XR (<i>amphetamine-dextroamphetamine</i>)* Adzenys ER/ XR-ODT (<i>amphetamine</i>)** Desoxyn (<i>methamphetamine</i>)* Dexedrine tabs (<i>dextroamphetamine</i>) Dexedrine XR (<i>dextroamphetamine</i>)* Dyanavel XR (<i>amphetamine</i>) Evekeo (<i>amphetamine</i>) Mydayis (<i>amphetamine-dextroamphetamine</i>)** ProCentra (<i>dextroamphetamine</i>)*** Zenzedi (<i>dexamphetamine</i>)**</p> <p>*PA required **Not subject to DAW-1 override ***Not subject to DAW-1 override and PA required</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Psychotherapeutic and Neurological Agents – MISC : ADHD / Anti-Narcolepsy – Stimulants - Methylphenidates</p>	<p>Generic: dexmethylphenidate dexmethylphenidate XR methylphenidate methylphenidate CD/ER/LA methylphenidate solution</p> <p>Brand: Aptensio XR (<i>methylphenidate</i>) Methylin (<i>methylphenidate HCl</i>) Metadate ER (<i>methylphenidate HCl</i>) Quillichew ER (<i>methylphenidate HCl</i>) Quillivant XR (<i>methylphenidate HCl</i>)</p>	<p>Generic: methylphenidate ER 72 mg</p> <p>Brand: Concerta (<i>methylphenidate HCl</i>)* Cotempla XR-ODT (methylphenidate extended release)** Daytrana (<i>methylphenidate HCl</i>)* Focalin/ XR (<i>dexmethylphenidate</i>)* Metadate CD (<i>methylphenidate HCl</i>)* Ritalin (<i>methylphenidate HCl</i>)* Ritalin LA (<i>methylphenidate HCl</i>)*</p> <p>*PA required ***Not subject to DAW-1 override and PA required</p>
<p>Psychotherapeutic and Neurological Agents – MISC : ADHD / Anti-Narcolepsy – Stimulants - MISC</p>	<p>Generic: armodafinil* modafinil*</p> <p>Brand:</p> <p>*PA required</p>	<p>Generic:</p> <p>Brand: Nuvigil (armodafinil)* Provigil (modafinil)*</p> <p>*PA required</p>
<p>Psychotherapeutic and Neurological Agents – MISC : 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: Ampyra (<i>dalfampridine</i>)* 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>*PA required **EA required</p>

Drug Class	Preferred Drugs	Nonpreferred Drugs
<p>Psychotherapeutic and Neurological Agents – MISC : Smoking Deterrents- Nicotine Replacement Products</p>	<p>Generic: nicotine gum/ transdermal patch</p> <p>Brand:</p>	<p>Generic:</p> <p>Brand: Nicotrol Inhaler/ NS (<i>nicotine</i>)*</p> <p>*PA required</p>
<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>

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>*EA required **Not subject to DAW-1 override. ***Not subject to DAW-1 override, and PA required.</p>	<p>Generic: citalopram HBR solution desvenlafaxine ER duloxetine escitalopram solution fluoxetine HCl tablet fluvoxamine ER nefazodone paroxetine ER sertraline HCl solution venlafaxine ER tablets</p> <p>Brand: Aplenzin (<i>bupropion hydrobromide ER</i>) 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>*EA required **Not subject to DAW-1 override. ***Not subject to DAW-1 override, and PA required.</p>

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: 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</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>