New Hampshire Department of Health and Human Services Fee-for-Service Medicaid Preferred Drug List (PDL)

Effective Date: September 1, 2022

TABLE OF CONTENTS

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

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ANALGESICS – LONG-ACTING OPIOIDS***

PREFERRED**	NON-PREFERRED**
• buprenorphine buccal (generic for Belbuca®) • buprenorphine patch (generic for Butrans®) • Butrans® • fentanyl patch (generic for Duragesic®) • hydrocodone bitartrate ER (generic for Hysingla®) • hydrocodone bitartrate ER (generic for Zohydro ER®) • hydromorphone ER (generic for Exalgo®) • morphine ER (generic for Avinza®, Kadian®, MS Contin®) • oxycodone ER (generic for Oxycontin®) • oxymorphone ER (generic for Opana ER®)	• Belbuca® • Hysingla ER® • MS Contin® • Oxycontin®*** • Xtampza ER® • Zohydro ER®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANALGESICS – ANTI-INFLAMMATORY – NON-SELECTIVE NSAIDS

PREFERRED**	NON-PREFERRED**
• celecoxib (generic for Celebrex®) • meloxicam cap (generic for Vivlodex®) • meloxicam tab (generic for Mobic®) • naproxen/esomeprazole tab (generic for Vimovo®)	• Celebrex® • Mobic Tab • Vimovo® • Vivlodex®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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ANALGESICS – TRAMADOL AND TRAMADOL-LIKE DERIVATIVES

PREFERRED	NON-PREFERRED
• tramadol (generic for Ultram®) • tramadol/acetaminophen (generic for Ultracet®) • tramadol ER (generic for ConZip®, Ryzolt ER®, Ultram ER®)** • tramadol solution (generic for Qdolo™)	• ConZip® • Nucynta® • Nucynta ER®** • Ultracet®* • Ultram®*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ANTIBIOTICS – SECOND GENERATION CEPHALOSPORINS

PREFERRED	NON-PREFERRED
• cefaclor caps, ER tabs, susp (generic for Ceclor®) • cefprozil susp/tabs (generic for Cefzil Susp/Tabs®) • cefuroxime (generic for Ceftin®)	

ANTIBIOTICS – THIRD GENERATION CEPHALOSPORINS

PREFERRED	NON-PREFERRED
• cefdinir cap/susp (generic for Omnicef cap/susp®) • cefixime cap/susp (generic for Suprax®) • cefpodoxime tabs, susp (generic for Vantin®)	• Suprax cap*/chew® • Suprax susp®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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ANTIBIOTICS – MACROLIDES

PREFERRED	NON-PREFERRED
• azithromycin (generic for Zithromax®)*** • clarithromycin/ER/susp (generic for Biaxin®/XL/susp)*** • E.E.S.® • EryPed 200 susp® • erythromycin base cap • erythromycin base tab (generic for E-Mycin®) • erythromycin ethylsuccinate (generic for E.E.S.®)	• EryPed 400 susp® • Ery-Tab® • Erythrocin® • Zithromax®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIBIOTICS – SECOND GENERATION QUINOLONES

PREFERRED***	NON-PREFERRED***
• ciprofloxacin (generic for Cipro®) • Cipro susp® • ofloxacin (generic for Floxin®)	• Cipro®*
Qty limits apply	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIBIOTICS – THIRD GENERATION QUINOLONES

PREFERRED***	NON-PREFERRED***
• levofloxacin (generic for Levaquin®) • moxifloxacin (generic for Avelox®)	• Baxdela®
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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ANTIBIOTICS – HERPETIC ANTIVIRALS

PREFERRED	NON-PREFERRED
• acyclovir (generic for Zovirax®) • famciclovir (generic for Famvir®) • valacyclovir (generic for Valtrex®)	• Sitavig® • Valtrex®* • Zovirax® susp*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIBIOTICS – INHALED

PREFERRED	NON-PREFERRED
• Bethkis® • Kitabis® Pak • Tobi Podhaler® • tobramycin (generic for Bethkis®) • tobramycin pak/ solution (generic for Kitabis®, Tobi®)	• Arikayce® • Cayston® • Tobi®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIBIOTICS – VAGINAL

PREFERRED	NON-PREFERRED
• clindamycin • Clindesse® • metronidazole • Nuvessa™	• Cleocin® Cream*/Ovules • Metrogel®* • Vandazole®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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ANTICONVULSANTS – CARBAMAZEPINE DERIVATIVES

PREFERRED	NON-PREFERRED
• carbamazepine chew/susp/tab/XR (generic for Tegretol®/XR) • carbamazepine ER (generic for Carbatrol®) • Carbatrol® • Epitol® • oxcarbazepine susp (generic for Trileptal® Susp) • oxcarbazepine tab (generic for Trileptal®) • Tegretol XR® • Trileptal® suspension	• Equetro® • Oxtellar XR® • Tegretol susp/tab* • Trileptal® tab*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

ANTICONVULSANTS – FIRST GENERATION

PREFERRED	NON-PREFERRED
• Celontin® • Depakote Sprinkle® • Dilantin Infatab ® • divalproex/ER/sprinkle (generic for Depakote®/ER/Sprinkle) • ethosuximide cap/syrup (generic for Zarontin®) • felbamate (generic for Felbatol®) • phenytoin cap/susp/chew (generic for Dilantin®/cap/susp/chew) • phenytoin (generic for Phenytek®) • primidone (generic for Mysoline®) • valproic acid cap/syrup (generic for Depakene®)	• Depakote®* • Depakote ER®* • Dilantin cap/susp®* • Felbatol®* • Mysoline®* • Phenytek®* • Zarontin cap/syrup®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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ANTICONVULSANTS – OTHER

NASAL

PREFERRED	NON-PREFERRED
• Nayzilam® • Valtoco®	

RECTAL

PREFERRED	NON-PREFERRED
• Diastat®/AcuDial™ • diazepam (generic for Diastat®)	

ANTICONVULSANTS – SECOND GENERATION

PREFERRED	NON-PREFERRED
• clobazam (generic for Onfi®) • Epidiolex® • gabapentin (generic for Neurontin®) • Gabitril® • lacosamide (generic for Vimpat®) • lamotrigine/ODT/XR (generic for Lamictal®/ODT/XR) • levetiracetam/ER (generic for Keppra/XR®) • pregabalin (generic for Lyrica®) (requires additional clinical PA) • rufinamide susp/tab (generic for Banzel®) • Sabril® • tiagabine (generic for Gabitril®) • Topamax® sprinkle • topiramate (generic for Topamax®) • topiramate ER (generic for Qudexy XR®) • vigabatrin (generic for Sabril®) • zonisamide (generic for Zonegran®)	• Aptiom® • Banzel®* • Briviact® • Diacomit® • Elepsia™ XR • Fintepla® • Fycompa® • Keppra tab/sol®* • Keppra XR®* • Lamictal tab®* • Lamictal ODT®* • Lamictal XR®* • Lyrica® (requires additional clinical PA) • Neurontin®* • Onfi®* • Qudexy XR®* • Spritam® • Sympazan® • Topamax®* • Trokendi XR® • Vimpat®* • Xcopri®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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ANTIFUNGALS

PREFERRED**	NON-PREFERRED**
• ciclopirox solution (generic for Penlac®) • itraconazole • luliconazole (generic for Luzu®) • oxiconazole (generic for Oxistat®) • tavaborole (generic for Kerydin®) • terbinafine (generic of Lamisil®)	• Jublia® • Kerydin® (tavaborole) • Luzu® • Oxistat® • Sporanox®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIPARKINSON'S AGENTS – DOPAMINE RECEPTOR AGONISTS

PREFERRED	NON-PREFERRED
• pramipexole/ER (generic for Mirapex®/ER) • ropinirole/ER (generic for Requip®/XL)	• Inbrija™ • Kynmobi™ • Mirapex*ER®* • Neupro®
	Trial and failure of 1 Preferred products based on diagnosis required prior to Non-Preferred products

ANTIVIRALS – TREATMENT/PROPHYLAXIS OF INFLUENZA

PREFERRED	NON-PREFERRED
• amantadine (generic for Symmetrel®) • oseltamivir (generic for Tamiflu®) • rimantadine (generic for Flumadine®)	• Flumadine tablet®* • Relenza®*** • Tamiflu®*** • Xofluza™
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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BEHAVIORAL HEALTH – ATYPICAL ANTIPSYCHOTICS AND COMBOS

PREFERRED	NON-PREFERRED
• Abilify Maintena® • aripiprazole/ODT/solution (generic for Abilify®/Discmelt/oral solution) • Aristada® • Aristada Initio® • asenapine (generic for Saphris ®) • clozapine (generic for Clozaril®) • clozapine ODT (generic for Fazaclo®) • Invega Sustenna/Trinza®/Hafyera® • Latuda® • olanzapine/ODT/IM (generic for Zyprexa®) • olanzapine/fluoxetine (generic for Symbyax®) • paliperidone (generic for Invega®) • quetiapine/ER (generic for Seroquel/XR®) • Risperdal Consta®*** • risperidone/ODT (generic for Risperdal®/MT) • ziprasidone/IM (generic for Geodon®)	• Abilify®* • Abilify MyCite® • Caplyta® • Clozaril®* • Fanapt® • Geodon®/IM* • Invega®* • Lybalvi™ • Perseris® • Rexulti® • Risperdal®* • Saphris®* • Secuado® Transdermal System • Seroquel®/XR* • Symbyax®* • Versacloz® • Vraylar® • Zyprexa®*/IM/Relprevv/Zydis
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

BEHAVIORAL HEALTH – ALZHEIMER'S AGENTS

PREFERRED	NON-PREFERRED
• donepezil/ODT/23 mg (generic for Aricept®/ODT/23 mg) • Exelon® patch • galantamine/ER (generic for Razadyne®) • memantine tab/dose pack/soln (generic for Namenda® tab/dose pack/soln) • memantine ER (generic for Namenda XR®) • rivastigmine capsule/patch (generic for Exelon® capsule/patch)	• Aricept®* • Aricept 23mg®* • Namenda®/XR* (not a cholinesterase inhibitor) • Namzaric® • Razadyne® ER*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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BEHAVIORAL HEALTH – NOVEL ANTIDEPRESSANTS

PREFERRED	NON-PREFERRED
• bupropion (generic for Wellbutrin®) • bupropion SR (generic for Wellbutrin SR®) • bupropion XL (generic for Forfivo XL®) • bupropion XL (generic for Wellbutrin XL®) • desvenlafaxine ER (generic for Pristiq®) • duloxetine** (generic for Cymbalta®, Irenka™) (requires additional clinical PA) • mirtazapine (generic for Remeron®) • mirtazapine ODT (generic for Remeron Sol-Tabs®) • nefazodone (generic for Serzone®) • trazodone (generic for Desyrel®) • venlafaxine (generic for Effexor®) • venlafaxine ER (generic for Effexor XR®/Venlafaxine XR®)	• Aplenzin® • Cymbalta®** (requires additional clinical PA) • Drizalma® Sprinkle** (requires additional clinical PA) • Effexor XR®* • Emsam® • Fetzima® • Forfivo XL®* • Pristiq®* • Remeron®* • Remeron Sol-Tabs®* • Spravato® • Trintellix® • Viibryd® • Wellbutrin SR®* • Wellbutrin XL®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

BEHAVIORAL HEALTH – ANXIOLYTICS

PREFERRED	NON-PREFERRED
• alprazolam/XR (generic for Xanax®/XR) • buspirone (generic for Buspar®) • chlordiazepoxide (generic for Librium®) • clonazepam (generic for Klonopin®) • clorazepate (generic for Tranxene®) • diazepam (generic for Valium®) • lorazepam (generic for Ativan®) • oxazepam (generic for Serax®)	• Ativan®* • Loreev XR® • Klonopin®* • Tranxene®* • Xanax®* • Xanax XR®*
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

BEHAVIORAL HEALTH – SEROTONIN REUPTAKE INHIBITORS AND COMBOS

Note: Recipients < 12 years of age exempt from PDL in SSRI category.

PREFERRED	NON-PREFERRED
• citalopram (generic for Celexa®)	• Brisdelle®*

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• escitalopram/soln (generic for Lexapro®) • fluoxetine/Weekly (generic for Prozac®/Weekly/Sarafem®) • fluvoxamine/ER (generic for Luvox® CR) • olanzapine/fluoxetine (generic for Symbyax®) • paroxetine/ER (generic for Paxil®/Brisdelle®/CR) • sertraline (generic for Zoloft®)	• Celexa®* • Lexapro tab®* • Paxil®/CR* • Pexeva® • Prozac®* • Symbyax®* • Zoloft®*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

BEHAVIORAL HEALTH – SEDATIVE HYPNOTICS

PREFERRED	NON-PREFERRED
• doxepin (generic for Silenor®) • estazolam (generic for Prosom®) • eszopiclone (generic for Lunesta®) • flurazepam (generic for Dalmane®) • ramelteon (generic for Rozerem®) • temazepam (generic for Restoril®) • triazolam (generic for Halcion®) • zaleplon (generic for Sonata®) • zolpidem/ER (generic for Ambien®/CR) • zolpidem SL (generic for Intermezzo®)	• Ambien®/CR* • Belsomra® • Dayvigo® • Edluar® • Halcion®* • Lunesta®* • Restoril®* • Rozerem®* • Silenor®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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BEHAVIORAL HEALTH – ANTIHYPERKINESIS***

****Criteria for approval**: < 21 years of age exempt from prior approval for preferred drugs.

PREFERRED**	NON-PREFERRED**
• Adderall® (generic) • Adderall XR® • amphetamine salt combo/XR (generic for Adderall®/XR) • amphetamine sulfate (generic for Evekeo®) • amphetamine suspension (generic for Adzenys® ER susp) • atomoxetine (generic for Strattera®) • clonidine ER (generic for Kapvay®) • Concerta® • dexmethylphenidate/XR (generic for Focalin/XR®) • dextroamphetamine /ER (generic for Dexedrine®/ER) • dextroamphetamine soln (generic for ProCentra®) • Focalin XR® • guanfacine ER (generic for Intuniv®) • methamphetamine (generic for Desoxyn®) • Methylin® soln • methylphenidate CD (generic for Metadate CD®) • methylphenidate chewable (generic for Methylin® chew) • methylphenidate ER (generic for Aptensio XR®) • methylphenidate ER (generic for Concerta®/Ritalin LA®) • methylphenidate soln (generic for Methylin® soln) • methylphenidate/SR (generic for Ritalin/ SR®) • Relexxii® • Vyvanse®	• Adhansia XR™ • Adzenys XR-ODT® • Adzenys® ER susp • Aptensio XR® • Azstarys™ • Cotempla XR-ODT® • Daytrana® • Desoxyn® • Dexedrine ER® • Dyanavel XR® • Evekeo®/ODT • Focalin® • Intuniv® • Jornay PM® • Mydayis® • ProCentra® • Qelbree™ • QuilliChew ER® • Quillivant XR® • Ritalin® • Ritalin LA® • Strattera® • Zenzedi®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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CARDIOVASCULAR – ACE INHIBITORS AND COMBINATIONS

PREFERRED	NON-PREFERRED
• amlodipine/benazepril (generic for Lotrel®) • benazepril (generic for Lotensin®) • benazepril/HCTZ (generic for Lotensin HCT®) • captopril (generic for Capoten®) • captopril/HCTZ (generic for Capozide®) • enalapril (generic for Vasotec®) • enalapril solution (generic for Epaned®) • enalapril/HCTZ (generic for Vaseretic®) • fosinopril • fosinopril/HCTZ • lisinopril (generic for Prinivil® and Zestril®) • lisinopril/HCTZ (generic for Prinzide® and Zestoretic®) • moexipril • perindopril (generic for Aceon®) • quinapril (generic for Accupril®) • quinapril/HCTZ (generic for Accuretic®) • ramipril (generic for Altace®) • trandolapril (generic for Mavik®) • trandolapril/verapamil (generic for Tarka®)	• Accupril®* • Accuretic®* • Altace®* • Epaned®* (non-preferred for adults only) • Lotensin®*/HCT • Lotrel®* • Qbrelis® • Vaseretic®* • Vasotec®* • Zestoretic®* • Zestril®*
	Trial and failure of 3 Preferred products required prior to Non-Preferred products.

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CARDIOVASCULAR – ANGIOTENSIN II RECEPTOR BLOCKERS AND COMBINATIONS

PREFERRED	NON-PREFERRED
• amlodipine/olmesartan (generic for Azor®) • amlodipine/olmesartan/HCTZ (generic for Tribenzor®) • amlodipine/valsartan (generic for Exforge®) • amlodipine/valsartan/HCTZ • candesartan (generic for Atacand®) • candesartan/HCTZ (generic for Atacand HCT®) • Entresto® • eprosartan (generic for Teveten®) • irbesartan (generic for Avapro®) • irbesartan/HCTZ (generic for Avalide®) • losartan (generic for Cozaar®) • losartan/HCTZ (generic for Hyzaar®) • olmesartan (generic for Benicar®) • olmesartan/HCTZ (generic for Benicar HCT®) • telmisartan (generic for Micardis®) • telmisartan/amlodipine (generic for Twynsta) • telmisartan /HCTZ (generic for Micardis HCT®) • valsartan (generic for Diovan®) • valsartan/HCTZ (generic for Diovan HCT®)	• Atacand®*/HCT • Avalide®* • Avapro®* • Azor®* • Benicar®*/HCT* • Cozaar®* • Diovan® • Diovan HCT®* • Edarbi® • Edarbyclor® • Exforge®/HCT* • Hyzaar®* • Micardis®/HCT* • Tribenzor®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – ANTIANGINAL AND ANTI-ISCHEMIC

PREFERRED	NON-PREFERRED
• ranolazine ER	• Ranexa®*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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CARDIOVASCULAR – BETA-BLOCKERS AND COMBINATION

PREFERRED	NON-PREFERRED
• acebutolol (generic for Sectral®) • atenolol (generic for Tenormin®) • atenolol/chlorthalidone (generic for Tenoretic®) • betaxolol (generic for Kerlone®) • bisoprolol (generic for Zebeta®) • bisoprolol /HCTZ (generic for Ziac®) • carvedilol/ER (generic for Coreg®/CR) • labetalol (generic for Normodyne® and Trandate®) • metoprolol (generic for Lopressor®) • metoprolol/HCTZ (generic for Lopressor HCT®) • metoprolol succinate (generic for Toprol XL®) • nadolol (generic for Corgard®) • nebivolol (generic for Bystolic®) • pindolol (generic for Visken®) • propranolol (generic for Inderal®) • propranolol ER (generic for Inderal LA®) • sotalol (generic for Betapace®) • sotalol AF (generic for Betapace AF®) • Sorine® • timolol (generic for Blocadren®)	• Betapace®* • Betapace AF®* • Bystolic®* • Coreg®/CR* • Corgard®* • Hemangeol® • Inderal LA®* • Inderal XL®* • InnoPran XL® • Kapspargo Sprinkle® • Lopressor®* • Sotylize® • Tenoretic®* • Tenormin®* • Toprol XL®* • Ziac®*
	Trial and failure of 3 Preferred products required prior to Non-Preferred products.

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CARDIOVASCULAR – CALCIUM CHANNEL BLOCKERS (DHP)

PREFERRED	NON-PREFERRED
• amlodipine (generic for Norvasc®) • felodipine ER (generic for Plendil®) • isradipine (generic for DynaCirc®) • nicardipine (generic for Cardene®) • nifedipine IR (generic for Procardia®) • nifedipine ER (generic for Procardia XL®) • nimodipine (generic for Nimotop®) • nisoldipine	• Adalat CC®* • Katerzia® • Norvasc®* • Nymalize® • Procardia XL® • Sular®
	Trial and failure of 3 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – CALCIUM CHANNEL BLOCKERS (NON-DHP) AND COMBINATIONS

PREFERRED	NON-PREFERRED
• diltiazem ER (generic for Cardizem CD®) • diltiazem HCL (generic for Cardizem®) • diltiazem SR (generic for Cardizem SR®) • diltiazem XR (generic for Dilacor XR®) • Taztia XT® • verapamil (generic for Calan®, Isoptin® and Verelan®) • verapamil ER (generic for Calan SR® and Isoptin SR®) • verapamil ER PM (generic for Verelan PM®)	• Calan SR®* • Cardizem®* • Cardizem CD®* • Cardizem LA® • Tarka® • Tiazac® • Verelan®/PM*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – CHOLESTEROL ABSORPTION INHIBITORS AND COMBINATIONS

PREFERRED	NON-PREFERRED
• ezetimibe (generic for Zetia®) • ezetimibe/simvastatin (generic for Vytorin®)	• Vytorin®* • Zetia®*
	Trial and failure of 2 high potency statins Preferred products required prior to Non-Preferred products.

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CARDIOVASCULAR – STATINS AND COMBINATIONS

PREFERRED	NON-PREFERRED
• fluvastatin/ER (generic for Lescol®/XL) • lovastatin (generic for Mevacor®) • pravastatin (generic for Pravachol®)	• Altoprev® • Lescol XL®* • Zypitamag*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – HIGH POTENCY STATINS AND COMBINATIONS

PREFERRED	NON-PREFERRED
• amlodipine/atorvastatin (generic for Caduet®) • atorvastatin (generic for Lipitor®) • ezetimibe/simvastatin (generic for Vytorin®) • rosuvastatin (generic for Crestor®) • simvastatin (generic for Zocor®)	• Caduet®* • Crestor®* • Ezallor Sprinkle® • Lipitor®* • Livalo® • Vytorin®* • Zocor®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – TRIGLYCERIDE LOWERING AGENTS

PREFERRED	NON-PREFERRED
• fenofibrate (generic for Antara®, Fenoglide®, Lofibra®, Lipofen®, Tricor®, Triglide®) • fenofibric acid (generic for Fibricor®, Trilipix®) • gemfibrozil (generic for Lopid®) • icosapent ethyl (generic for Vascepa®) • omega-3 ethyl ester (generic for Lovaza®)	• Antara®* • Fenoglide®* • Lipofen®* • Lopid®* • Lovaza®* • Tricor®* • Trilipix®* • Vascepa®*
	Trial and failure of 2 high potency statins required prior to Non-Preferred products.

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CARDIOVASCULAR – PLATELET INHIBITORS

PREFERRED	NON-PREFERRED
• aspirin/dipyridamole (generic for Aggrenox®) • Brilinta® • clopidogrel (generic for Plavix®) • dipyridamole (generic for Persantine®) • prasugrel (generic for Effient®)	• Effient®* • Plavix®* • Zontivity®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – NIACIN DERIVATIVES

PREFERRED	NON-PREFERRED
• niacin ER • Niaspan®	

CARDIOVASCULAR – ORAL PULMONARY HYPERTENSION AGENTS

PREFERRED	NON-PREFERRED
• ambrisentan (generic for Letairis®) • bosentan (generic for Tracleer®) • sildenafil (generic for Revatio®)** • tadalafil (generic for Adcirca®)**	• Adcirca®** • Adempas® • Letairis®* • Opsumit® • Orenitram® ER • Revatio®** • Tracleer®* • Uptravi®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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CENTRAL NERVOUS SYSTEM – TRIPTANS

PREFERRED***	NON-PREFERRED***
• almotriptan (generic for Axert®) • eletriptan (generic for Relpax®) • frovatriptan (generic for Frova®) • naratriptan (generic for Amerge®) • rizatriptan/ODT (generic for Maxalt®/MLT) • sumatriptan (generic for Imitrex®) • sumatriptan/naproxen (generic for Treximet®) • zolmitriptan (generic for Zomig®)	• Amerge®* • Frova®* • Imitrex®* • Maxalt tablet/MLT®* • ONZETRA® Xsail® • Relpax®* • Reyvow® • Tosymra® • Treximet®* • Zembrace SymTouch® • Zomig®*
Qty limits apply	Trial and failure of 2 Preferred products required prior to Non-Preferred products

CENTRAL NERVOUS SYSTEM – CALCITONIN GENE-RELATED PEPTIDE INHIBITORS – MIGRAINE AND CLUSTER HEADACHE PREVENTION

PREFERRED**/***	NON-PREFERRED**/***
• Ajovy® • Emgality® 120 mg	• Aimovig® • Emgality® 100 mg • Qulipta™ • Vyepti®
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products

CENTRAL NERVOUS SYSTEM – CALCITONIN GENE-RELATED PEPTIDE INHIBITORS – MIGRAINE AND CLUSTER HEADACHE TREATMENT

PREFERRED**/***	NON-PREFERRED**/***
• Ubrelvy®	• Nurtec™ ODT
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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CENTRAL NERVOUS SYSTEM – MULTIPLE SCLEROSIS

DISEASE MODIFYING THERAPY

PREFERRED	NON-PREFERRED
• Avonex®*** • Betaseron®*** • Copaxone®*** • dimethyl fumarate DR (generic for Tecfidera®)*** • Glatopa®*** • glatiramer (generic for Copaxone®)*** • Kesimpta®	• Aubagio®*** • Bafiertam™*** • Extavia®*** • Gilenya®*** • Lemtrada® • Mavenclad® • Mayzent®*** • Ocrevus® • Plegridy/IM®*** • Ponvory®*** • Rebif®*** • Tecfidera®*** • Tysabri® • Vumerity®*** • Zeposia®***
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

OTHER

PREFERRED***	NON-PREFERRED***
• dalfampridine ER (generic for Ampyra®)	• Ampyra®*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

CENTRAL NERVOUS SYSTEM – MOVEMENT DISORDERS

PREFERRED**	NON-PREFERRED**
• Austedo® • Ingrezza® • tetrabenazine (generic for Xenazine®)	• Xenazine®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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ENDOCRINOLOGY – ALPHA-GLUCOSIDASE INHIBITORS

PREFERRED	NON-PREFERRED
• acarbose (generic for Precose®) • miglitol (generic for Glyset®)	• Precose®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ENDOCRINOLOGY – BIGUANIDES AND COMBOS

PREFERRED	NON-PREFERRED
• alogliptin/metformin (generic for Kazano®) • Invokamet® • Janumet® • Janumet XR® • Kazano®* • metformin (generic for Riomet®) • metformin (generic for Glucophage®) • metformin ER (generic for Glumetza®) • metformin ER (generic for Fortamet®) • metformin/glipizide (generic for Metaglip®) • metformin/glyburide (generic for Glucovance®) • metformin XL (generic for Glucophage XR®) • pioglitazone/metformin (generic for Actoplus Met®) • repaglinide/metformin (generic for PrandiMet®) • Synjardy® • Xigduo XR®	• Actoplus met®* • Fortamet®* • Glumetza®* • Invokamet XR® • Riomet®*/ER Susp • Segluromet® • Synjardy XR® • Trijardy XR®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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ENDOCRINOLOGY – DIPEPTIDYL PEPTIDASE-4 (DPP4) INHIBITORS AND COMBINATIONS

PREFERRED	NON-PREFERRED
• alogliptin (generic for Nesina®) • alogliptin/pioglitazone (generic for Oseni®) • alogliptin/metformin (generic for Kazano®) • Glyxambi® • Janumet® • Janumet XR® • Januvia® • Jentadueto® • Kazano®* • Kombiglyze XR® • Nesina® • Onglyza® • Oseni® • Tradjenta®	• Jentadueto XR® • Qtern® • Steglujan® • Trijardy XR®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ENDOCRINOLOGY – GLUCAGON AGENTS

PREFERRED	NON-PREFERRED
• Baqsimi® Nasal Powder • diazoxide suspension • Glucagon emergency kit (human recombinant injection, Eli Lilly) • glucagon injection • Proglycem® suspension (oral) • Zegalogue®	• Glucagon Emergency Kit (Fresenius Kabi) • Gvoke ® HypoPen, PFS
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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ENDOCRINOLOGY – GLUCAGON-LIKE PEPTIDE-1 (GLP-1) AGONISTS AND COMBINATIONS

PREFERRED	NON-PREFERRED
• Byetta® • Trulicity® • Victoza®	• Adlyxin® • Bydureon BCise® • Ozempic® • Rybelsus® • Soliqua® • Symlin® Pens** • Xultophy®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ENDOCRINOLOGY – GROWTH HORMONE

PREFERRED**	NON-PREFERRED**
• Genotropin® • Norditropin®	• Humatrope® • Nutropin AQ® • Omnitrope® • Saizen® • Serostim® • Zomacton® • Zorbtive®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ENDOCRINOLOGY – PITUITARY SUPPRESSIVE AGENTS - LHRH

PREFERRED	NON-PREFERRED
• Camcevi™ • Eligard® • Fensolvi® • leuprolide acetate • Lupron Depot® • Synarel® • Trelstar® • Vantas®	• Supprelin® LA Kit • Triptodur™
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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ENDOCRINOLOGY – INSULINS

RAPID ACTING

PREFERRED	NON-PREFERRED
• Humalog® vial • Humalog cartridge • Humalog Junior KwikPen® (100 units/mL) • Humalog KwikPen® (100 units/mL) • insulin aspart vial/cartridge/pen (generic for Novolog®) • insulin lispro vial/kwikpen (generic for Humalog vial/cartridge/pen®) • Novolog vial/cartridge/FlexPen®	• Admelog® • Afrezza** • Apidra vial/SoloSTAR® • Fiasp® FlexTouch/vial/Penfill • Humalog KwikPen® (200 units/mL) • Lyumjev™
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

SHORT ACTING

PREFERRED	NON-PREFERRED
• Humulin R® • Humulin R 500 KwikPen®/pen/vial	• Novolin R®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

INTERMEDIATE ACTING

PREFERRED	NON-PREFERRED
• Humulin N®	• Humulin N KwikPen® • Novolin N®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

LONG ACTING

PREFERRED	NON-PREFERRED
• insulin glargine • insulin glargine-yfgn • Lantus SoloSTAR® • Lantus® vial • Levemir FlexTouch® • Levemir vial®	• Basaglar KwikPen® • Semglee™ • Toujeo Solostar/Max Solostar® • Tresiba FlexTouch® pen • Tresiba vial®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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ENDOCRINOLOGY – INSULINS *(CONTINUED)*

PREMIXED COMBINATIONS

PREFERRED	NON-PREFERRED
• Humalog Mix 75/25 vial and KwikPen® • Humalog Mix 50/50 vial and KwikPen® • Humulin 70/30 KwikPen® • Humulin 70/30 vial® • insulin aspart protamine vial/pen (generic for Novolog® Mix 70/30) • insulin lispro protamine vial/pen (generic for Humalog Mix® 75/25) • Novolog Mix 70/30® • Novolog Mix 70/30 FlexPen®	• Novolin 70/30®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ENDOCRINOLOGY – MEGLITINIDES

PREFERRED	NON-PREFERRED
• nateglinide (generic for Starlix®) • repaglinide (generic for Prandin®) • repaglinide/metformin (generic for PrandiMet®)	

ENDOCRINOLOGY – POTASSIUM BINDERS

PREFERRED	NON-PREFERRED
• Lokelma® • sodium polystyrene sulfonate	• Veltassa®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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ENDOCRINOLOGY – SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR AND COMBINATIONS

PREFERRED	NON-PREFERRED
• Farxiga® • Glyxambi® • Invokamet® • Invokana® • Jardiance® • Synjardy® • Xigduo XR®	• Invokamet XR® • Qtern® • Segluromet® • Steglatro® • Steglujan® • Synjardy XR® • Trijardy XR®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ENDOCRINOLOGY – THIAZOLIDINEDIONES AND COMBINATIONS

PREFERRED	NON-PREFERRED
• alogliptin/pioglitazone (generic for Oseni®) • Oseni®* • pioglitazone (generic for Actos®) • pioglitazone/glimepiride (generic for Duetact®) • pioglitazone/metformin (generic for Actoplus Met®)	• Actos®* • Actoplus Met ®* • Duetact®*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ENDOCRINOLOGY – 2ND GENERATION SULFONYLUREAS AND COMBINATIONS

PREFERRED	NON-PREFERRED
• glimepiride (generic for Amaryl®) • glipizide/ metformin (generic for Metaglip®) • glipizide (generic for Glucotrol®) • glipizide ER (generic for Glucotrol XL®) • glyburide (generic for Micronase®, DiaBeta®) • glyburide/metformin (generic for Glucovance®) • glyburide micronized (generic for Glynase®) • pioglitazone/glimepiride (generic for Duetact®)	• Amaryl®* • Duetact®* • Glucotrol XL®* • Glynase®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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ENDOCRINOLOGY – WEIGHT MANAGEMENT**

PREFERRED	NON-PREFERRED
• Contrave® • Qsymia® • Saxenda® • Wegovy™	• Imcivree™ • Xenical®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

GASTROINTESTINAL – ANTIEMETICS***

PREFERRED	NON-PREFERRED
• aprepitant/ pack (generic for Emend®/pack) • doxylamine succ/pyridoxine HCL (generic for Diclegis®) • granisetron tab (generic for Kytril®) • ondansetron (generic for Zofran®)	• Akynzeo® • Anzemet® • Bonjesta® • Cinvanti® • Diclegis®* • Emend®*/pack • Sancuso® • Sustol®
Qty limits apply	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

GASTROINTESTINAL – BOWEL DISORDERS/GI MOTILITY, CHRONIC

PREFERRED**	NON-PREFERRED**
• alosetron • Amitiza® • Linzess® • Lotronex® • lubiprostone (generic for Amitiza®) • Movantik®	• Motegrity® • Relistor® • Symproic® • Trulance® • Viberzi®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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GASTROINTESTINAL – HEPATITIS C AGENTS

PEGYLATED INTERFERON ALPHA PRODUCTS

PREFERRED**	NON-PREFERRED**
• Pegasys® syringe/vial	

RIBAVIRIN PRODUCTS

PREFERRED**	NON-PREFERRED**
• Ribavirin	

DIRECT ACTING ANTIVIRAL PRODUCTS

PREFERRED**	NON-PREFERRED**
• ledipasvir-sofosbuvir (generic for Harvoni®) • Mavyret™ • sofosbuvir/velpatasvir (generic for Epclusa®) • Vosevi®	• Epclusa® • Harvoni® • Harvoni® Pellet Pack • Sovaldi® • Sovaldi® Pellet Pack • Viekira Pak® • Zepatier®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

GASTROINTESTINAL – PROTON PUMP INHIBITORS AND COMBINATIONS***

PREFERRED	NON-PREFERRED
• dexlansoprazole (generic for Dexilant®) • esomeprazole (generic for Nexium®) (RX) • lansoprazole/solutab (generic for Prevacid/SoluTab) (RX) • Nexium suspension • omeprazole (generic for Prilosec®) (RX) • omeprazole/sodium bicarbonate (generic for Zegerid®) • pantoprazole tab/susp (generic for Protonix®) • Protonix® suspension • rabeprazole (generic for AcipHex®)	• AcipHex® • Dexilant® • Nexium® (RX) • Prevacid® capsules (RX)/SoluTab • Prilosec® suspension (RX) • Protonix® • Zegerid®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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GASTROINTESTINAL – ULCERATIVE COLITIS

ORAL

PREFERRED	NON-PREFERRED
• Apriso® • balsalazide (generic for Colazal®) • budesonide ER (generic for Uceris®) • Lialda® • mesalamine (generic for Asacol HD®, Lialda®, Pentasa®) • mesalamine DR (generic for Delzicol®) • mesalamine ER (generic for Apriso®) • Pentasa® • sulfasalazine (generic for Azulfidine®)	• Asacol HD® • Azulfidine®* • Colazal®* • Delzicol®* • Dipentum® • Uceris®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

RECTAL

PREFERRED	NON-PREFERRED
• mesalamine enema (generic for Rowasa®) • mesalamine kit (generic for Rowasa® kit) • mesalamine supp. (generic for Canasa supp.®)	• Rowasa®* • SfRowasa® • Uceris® Rectal Foam
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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GENITOURINARY/RENAL – ALPHA BLOCKERS FOR BENIGN PROSTATIC HYPERPLASIA

PREFERRED	NON-PREFERRED
• alfuzosin (generic for Uroxatral®) • dutasteride/tamsulosin (generic for Jalyn®) • silodosin (generic for Rapaflo®) • tamsulosin (generic for Flomax®)	• Flomax®* • Jalyn®* • Rapaflo®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

GENITOURINARY/RENAL – ANDROGEN HORMONE INHIBITORS

PREFERRED	NON-PREFERRED
• dutasteride (generic for Avodart®) • finasteride (generic for Proscar®)	• Avodart®* • Proscar®*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

GENITOURINARY/RENAL – ELECTROLYTE DEPLETERS

PREFERRED	NON-PREFERRED
• calcium acetate (generic for PhosLo®) • lanthanum (generic for Fosrenol®) • Renagel® • Renvela® • sevelamer (generic for Renvela®) • sevelamer HCL (generic for Renagel®)	• Auryxia® • Fosrenol®* • MagneBind 400® • Phoslyra® • Renvela Powder Pack® • Velphoro®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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GENITOURINARY/RENAL – URINARY ANTISPASMODICS

PREFERRED	NON-PREFERRED
• darifenacin ER (generic for Enablex®) • flavoxate • oxybutynin /ER (generic for Ditropan®/XL) • solifenacin succinate (generic for Vesicare®) • tolterodine/ER (generic for Detrol®/LA) • Toviaz® • trospium /ER (generic for Sanctura /XR®)	• Detrol/LA®* • Ditropan XL®* • Gelnique® • Gemtesa® • Myrbetriq® • Myrbetriq® granules • Oxytrol® • Vesicare®/LS*
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

HEMATOLOGIC – ANTICOAGULANTS

PREFERRED	NON-PREFERRED
• Eliquis® • enoxaparin (generic for Lovenox®) • fondaparinux (generic for Arixtra®) • Pradaxa® • warfarin (generic for Coumadin®) • Xarelto® • Xarelto dose pack® • Xarelto® suspension	• Arixtra®* • Fragmin® • Lovenox®* • Savaysa®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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HEMATOLOGIC – COLONY STIMULATING FACTORS

PREFERRED	NON-PREFERRED
• Neupogen® syringe • Nyvepria®	• Fulphila®*** • Granix®*** • Leukine®*** • Neulasta® • Neulasta Onpro® • Neupogen® vial • Nivestym® • Udenyca® • Zarxio® • Ziextenzo®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

HEMATOLOGIC – HEMATOPOIETIC AGENTS

PREFERRED**	NON-PREFERRED**
• Epogen®*** • Retacrit®***	• Aranesp®*** • Mircera®*** • Procrit®*** • Reblozyl®
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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HIV/AIDS – ORAL PRODUCTS

PREFERRED		NON-PREFERRED
• abacavir • abacavir/lamivudine • abacavir/lamivudine/zidovudine • Aptivus® • atazanavir • Atripla® • Biktarvy® • Cimduo® • Combivir® • Complera® • Delstrigo™ • Descovy® • didanosine • Dovato® • Edurant® • efavirenz • efavirenz-emtricitabine-tenofovir disoproxil fumarate (generic for Atripla®) • efavirenz-lamivudine-tenofovir disoproxil fumarate (generic for Symfi®) • efavirenz-lamivudine-tenofovir disoproxil fumarate (generic for Symfi® lo) • emtricitabine (generic for Emtriva®) • emtricitabine-tenofovir disoproxil fumarate (generic for Truvada®) • Emtriva® • Epivir® • Epzicom® • etravirine (generic for Intelence®) • Evotaz® • fosamprenavir • Genvoya® • Intelence® • Invirase® • Isentress® • Isentress® hd • Juluca® • Kaletra® • lamivudine • lamivudine-zidovudine • Lexiva®	• lopinavir/ritonavir • maraviroc (generic for Selzentry®) • nevirapine ER • nevirapine • Norvir® • Odefsey® • Pifeltro™ • Prezcobix® • Prezista® • Retrovir® • Reyataz® • ritonavir • Rukobia® • Selzentry® solution • stavudine • Stribild® • Sustiva® • Symfi® • Symfi lo® • Symtuza® • Temixys™ • tenofovir disoproxil fumarate • Tivicay®/PD Susp • Triumeq®/PD Susp • Trizivir® • Truvada® • Tybost® • Viracept® • Viramune® • Viramune® XR • Viread® • Vocabria® • Ziagen® • zidovudine	• Selzentry® tablet

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IMMUNOLOGIC – SYSTEMIC IMMUNOMODULATORS

PREFERRED**	NON-PREFERRED**
• Cosentyx® • Enbrel® • Humira® • infliximab (generic for Remicade®) • Xeljanz®	• Actemra®/ACTPen • Arcalyst® • Avsola® • Cimzia® • Entyvio® • Ilaris® • Ilumya™ • Inflectra® • Kevzara® • Kineret® • Olumiant® • Orencia® • Otezla® • Remicade® • Renflexis® • Rinvoq® • Siliq® • Simponi/Aria® • Skyrizi™ • Stelara® • Taltz® • Tremfya® • Xeljanz® solution • Xeljanz XR®
	Trial and failure of 1 or more Preferred products based on diagnosis required prior to Non-Preferred products

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MISCELLANEOUS – PANCREATIC ENZYMES

PREFERRED	NON-PREFERRED
• Creon® • Zenpep®	• Pancreaze® • Pertzye® • Viokace®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

MISCELLANEOUS – SKELETAL MUSCLE RELAXANTS

PREFERRED	NON-PREFERRED
• baclofen • carisoprodol/compound (generic for Soma®/ compound)** • chlorzoxazone (generic for Parafon Forte®) • cyclobenzaprine (generic for Flexeril®) • cyclobenzaprine ER (generic for Amrix®) • dantrolene sodium (generic for Dantrium®) • metaxalone (generic for Skelaxin®) • methocarbamol (generic for Robaxin®) • orphenadrine citrate (generic for Norflex®) • tizanidine (generic for Zanaflex®)	• Amrix®* • Dantrium®* • Fexmid® • Lorzone® • Norgesic Forte® • Skelaxin®* • Soma®** • Zanaflex®*
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

MISCELLANEOUS – SMOKING CESSATION

PREFERRED	NON-PREFERRED
• bupropion SR (generic for Zyban®) • Chantix® • nicotine gum/lozenges/patch • varenicline (generic for Chantix®)	• Nicotrol inhalation/NS®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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MISCELLANEOUS – TOPICAL ANDROGENIC AGENTS

PREFERRED	NON-PREFERRED
• testosterone (generic for AndroGel®, Fortesta® Testim®, Vogelxo®)	• Androderm® • AndroGel®* • Fortesta®* • Testim®* • Vogelxo®*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

OPHTHALMIC/GLAUCOMA – ALPHA 2 ADRENERGIC AGENTS

PREFERRED	NON-PREFERRED
• Alphagan P® • apraclonidine (generic for Iopidine®) • brimonidine/P (generic for Alphagan®/P) • Simbrinza®	• Iopidine®*
	Trial and failure of all Preferred products required prior to Non-Preferred products

OPHTHALMIC/GLAUCOMA – BETA BLOCKER AGENTS

PREFERRED	NON-PREFERRED
• betaxolol (generic for Betoptic®) • brimonidine/timolol (generic for Combigan®) • carteolol (generic for Ocupress®) • Combigan® • dorzolamide/timolol/PF (generic for Cosopt®*/PF®) • levobunolol (generic for Betagan®) • timolol (generic for Timoptic®) • timolol (generic for Timoptic® Ocudose) • timolol XE (generic for Timoptic XE®)	• Betimol® • Betoptic S® • Cosopt®*/PF® • Istalol®* • Timoptic®/XE* • Timoptic® Ocudose
	Trial and failure of 5 Preferred products required prior to Non-Preferred products

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

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OPHTHALMIC/GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS

PREFERRED	NON-PREFERRED
• brinzolamide (generic for Azopt®) • dorzolamide/PF (generic for Trusopt®) • dorzolamide/timolol/PF (generic for Cosopt®*/PF®) • Simbrinza®	• Azopt® • Cosopt®*/PF® • Trusopt®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPHTHALMIC/GLAUCOMA – PROSTAGLANDIN AGONISTS

PREFERRED	NON-PREFERRED
• bimatoprost (generic for Lumigan®) • latanoprost/PF (generic for Xalatan®) • travoprost (generic for Travatan®) • Travatan Z®	• Lumigan ®* • Vyzulta™ • Xalatan®*/*** • Xelpros™ • Zioptan®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPHTHALMIC/GLAUCOMA – RHO KINASE INHIBITOR***

PREFERRED**	NON-PREFERRED**
• Rhopressa™ • Rocklatan™	

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OPHTHALMIC/ANTIHISTAMINES – ANTIHISTAMINES

PREFERRED	NON-PREFERRED
• azelastine (generic for Optivar®) • bepotastine (generic for Bepreve®) • cromolyn sodium • epinastine (generic for Elestat®) • olopatadine (generic for Patanol®/Pataday®)	• Alocril® • Alomide® • Alrex® • Bepreve® • Zerviate®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPHTHALMIC/ANTIBIOTIC – QUINOLONES

PREFERRED	NON-PREFERRED
• ciprofloxacin (generic for Ciloxan®) • gatifloxacin (generic for Zymaxid®) • levofloxacin (generic for Quixin®) • moxifloxacin (generic for Moxeza®) • moxifloxacin (generic for Vigamox®) • ofloxacin	• Besivance® • Ciloxan®* • Moxeza®* • Ocuflox® • Vigamox®* • Zymaxid®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPHTHALMIC – NONSTEROIDAL ANTIINFLAMMATORY

PREFERRED	NON-PREFERRED
• bromfenac (generic for Xibrom®) • diclofenac drops (generic for Voltaren opth drops®) • flurbiprofen (generic for Ocufen®) • ketorolac 0.5% (generic for Acular®) • ketorolac 0.4% (generic for Acular LS®)	• Acular®* • Acular LS®* • Acuvail® • BromSite® • Ilevro® • Nevanac® • Prolensa®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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OPHTHALMIC – ANTIINFLAMMATORY/IMMUNOMODULATORS

PREFERRED	NON-PREFERRED
• cyclosporine (generic for Restasis®) • Restasis® • Restasis Multi-dose® • Xiidra®	• Cequa™ • Eysuvis™
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPIATE DEPENDENCE TREATMENT**

BUPRENORPHINE – CONTAINING ORAL

PREFERRED	NON-PREFERRED
• buprenorphine (generic for Subutex®)** • buprenorphine/naloxone (generic for Suboxone®)	• Suboxone® • Zubsolv®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

BUPRENORPHINE – CONTAINING INJECTABLE

PREFERRED	NON-PREFERRED
• Sublocade™	

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OSTEOPOROSIS – BISPHOSPHONATES

PREFERRED	NON-PREFERRED
• alendronate (generic for Fosamax®) • ibandronate (generic for Boniva®) • risedronate (generic for Actonel®) • risedronate DR (generic for Atelvia®)	• Actonel®* • Atelvia®* • Boniva®* • Fosamax®*/D
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

OSTEOPOROSIS – NASAL CALCITONINS

PREFERRED	NON-PREFERRED
• calcitonin salmon (generic for Miacalcin®)	

OTIC/ANTIBIOTIC – QUINOLONES AND COMBINATIONS

PREFERRED	NON-PREFERRED
• Ciprodex otic® • ciprofloxacin (generic for Cetraxal) • ciprofloxacin/dexamethasone (generic for Ciprodex otic®) • ciprofloxacin/fluocinolone (generic for Otovel®) • ofloxacin otic (generic for Floxin otic®)	• Cipro HC otic® • Otovel®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

PROGESTATIONAL AGENTS TO PREVENT PRETERM BIRTH

PREFERRED	NON-PREFERRED
• hydroxyprogesterone caproate (im/sdv)	• Makena® auto injector (sq)
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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RESPIRATORY – CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

PREFERRED***	NON-PREFERRED***
• Anoro Ellipta® • Atrovent HFA® • Bevespi Aerosphere® • Combivent Respimat® • ipratropium/albuterol (generic for DuoNeb®) • ipratropium nebulizer • Spiriva HandiHaler® • Spiriva Respimat® • Stiolto Respimat®	• Daliresp® • Duaklir® Pressair • Incruse Ellipta® • Lonhala Magnair® • Tudorza Pressair® • Yupelri™
Qty limits apply	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

RESPIRATORY – LEUKOTRIENE MODIFIERS

Note: Recipients ≤ 10 years of age will be exempt from the PDL in the LTRA category.

PREFERRED	NON-PREFERRED
• montelukast (generic for Singulair®) • zafirlukast (generic for Accolate®) • zileuton ER (generic for Zyflo CR®)	• Accolate®* • Singulair®* • Zyflo®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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RESPIRATORY – SHORT ACTING BETA ADRENERGICS AND COMBINATIONS – INHALERS/NEBS

PREFERRED***	NON-PREFERRED***
• albuterol sulfate HFA (generic for ProAir HFA®, Proventil HFA®, Ventolin HFA®) • albuterol neb (generic for Proventil®/Ventolin® neb) • albuterol/ipratropium (generic for DuoNeb®) • levalbuterol (generic for Xopenex®) • ProAir HFA®	• ProAir Digihaler® • ProAir RespiClick® • Proventil HFA® • Ventolin HFA®* • Xopenex® • Xopenex HFA®*
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

RESPIRATORY – LONG ACTING BETA ADRENERGICS AND COMBINATIONS – INHALERS/NEBS

PREFERRED***	NON-PREFERRED***
• Anoro Ellipta® • arformoterol (generic for Brovana®) • Bevespi Aerosphere® • Dulera® • formoterol (generic for Perforomist®) • Serevent Diskus®	• Brovana® • Perforomist® • Striverdi Respimat® • Trelegy Ellipta®
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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RESPIRATORY – INHALED CORTICOSTEROIDS

PREFERRED***	NON-PREFERRED***
• Asmanex® • budesonide (generic for Pulmicort®) • Flovent Diskus® • Flovent HFA® • fluticasone (generic for Flovent HFA®)	• Alvesco® • Arnuity Ellipta® • Asmanex HFA® • Pulmicort Flexhaler® • Pulmicort® respules • QVAR® RediHaler
Qty limits apply	Trial and failure of 3 Preferred products required prior to Non-Preferred products.

RESPIRATORY – INHALED CORTICOSTEROIDS ADRENERGIC AND COMBINATIONS

PREFERRED	NON-PREFERRED
• Advair Diskus® • Advair HFA® • budesonide/formoterol fumarate (generic for Symbicort®) • Dulera® • fluticasone/salmeterol (generic for Advair Diskus®) • fluticasone/salmeterol (generic for AirDuo RespiClick®) • fluticasone/vilanterol (generic for Breo Ellipta®) • Symbicort® • Wixela Inhub (generic for Advair Diskus®)	• AirDuo RespiClick®* • ArmonAir® Digihaler • Breo Ellipta®* • Breztri Aerosphere™ • Trelegy Ellipta®
Qty limits apply	Trial and failure of 3 Preferred products required prior to Non-Preferred products.

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RESPIRATORY – NASAL ANTIHISTAMINES AND COMBINATIONS

PREFERRED	NON-PREFERRED
• azelastine (generic for Astelin®/Astepro®) • azelastine/fluticasone (generic for Dymista®) • olopatadine (generic for Patanase®)	• Dymista® • Patanase®* • Xhance™
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

RESPIRATORY – NASAL CORTICOSTEROIDS AND COMBINATIONS***

PREFERRED	NON-PREFERRED
• azelastine/fluticasone (generic for Dymista®) • flunisolide (generic for Nasarel®) • fluticasone (generic for Flonase®) • mometasone (generic for Nasonex®)	• Beconase AQ® • Dymista® • Omnaris® • Qnasl® • Zetonna™
Qty limits apply	Trial and failure of 2 Preferred products required prior to Non-Preferred products

RESPIRATORY – LOW SEDATING ANTIHISTAMINES

PREFERRED	NON-PREFERRED
• cetirizine tabs/syrup/chew (generic for Zyrtec® OTC/chew) • desloratadine/ODT (generic for Clarinex®) • fexofenadine (OTC) • levocetirizine tab/solution (generic for Xyzal® OTC) • loratadine (OTC) (generic for Claritin® OTC) • loratadine syrup (OTC) (generic for Claritin Syrup® OTC) • loratadine Dis (OTC) (generic for Claritin Dis® OTC)	• Clarinex®*
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

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RESPIRATORY – IDIOPATHIC PULMONARY FIBROSIS

PREFERRED	NON-PREFERRED
• Ofev® • pirfenidone (generic for Esbriet®)	• Esbriet®*
	Trial and failure of 1 Preferred product required prior to Non-Preferred product

RESPIRATORY – ASTHMA IMMUNOMODULATORS**

PREFERRED	NON-PREFERRED
• Fasenra® • Xolair®	• Cinqair® • Nucala®
	Trial and failure of 1 Preferred product required prior to Non-Preferred product

SELF INJECTION EPINEPHRINE***

PREFERRED	NON-PREFERRED
• epinephrine (generic for Adrenaclick®, EpiPen®, EpiPen Jr.®) • EpiPen® • EpiPen Jr.®	• Symjepi™
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products

TOPICAL – ANTIPARASITICS

PREFERRED	NON-PREFERRED
• lindane • malathion • Natroba® • permethrin (OTC/RX) • spinosad (generic for Natroba®)	• Crotan® • Eurax® • Ovide® • Sklice®*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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TOPICAL – STEROIDS

VERY HIGH POTENCY

PREFERRED	NON-PREFERRED
• clobetasol foam (generic for Olux-E® foam) • clobetasol cream/soln/gel/oint (generic for Temovate® cream/soln/gel/oint) • clobetasol ltn./shamp./spr. (generic for Clobex® ltn./shamp./spr.) • halobetasol propionate (generic for Halac®, Ultravate®, Halonate®) • halobetasol propionate foam (generic for Lexette®)	• ApexiCon E® • Bryhali® • Clobex®* • Lexette® • Olux/E®* • Temovate®* • Tovet Kit® • Ultravate®*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

HIGH POTENCY

PREFERRED	NON-PREFERRED
• amcinonide • betamethasone dipropionate (augmented generic for Diprolene AF) • betamethasone valerate • desoximetasone (generic for Topicort®) • diflorasone diacetate • fluocinonide/E • halcinonide (generic for Halog®) • triamcinolone • triamcinolone/dimethicone	• Diprolene® • Halog®* • Kenalog aerosol® • Topicort®* • Trianex® • Vanos®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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TOPICAL – STEROIDS *(CONTINUED)*

MEDIUM POTENCY

PREFERRED	NON-PREFERRED
• Beser™ • betamethasone valerate foam (generic for Luxiq®) • clocortolone (generic for Cloderm®) • fluocinolone acetate (generic for Synalar®) • flurandrenolide (generic for Cordran®) • fluticasone propionate • hydrocortisone butyrate/valerate • hydrocortisone butyrate lotion (generic for Locoid®) • mometasone • prednicarbate	• Beser Kit™ • Cloderm®* • Cutivate® Cream/Lotion • Locoid®* • Luxiq® • Pandel® • Synalar®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

LOW POTENCY

PREFERRED	NON-PREFERRED
• alclometasone dipropionate • desonide • fluocinolone (generic for Derma Smoothe®) • hydrocortisone acetate (OTC/RX) cr/lotion/oint	• Aqua Glycolic HC® • Capex Shampoo® • Derma-Smoothe FS® • Texacort®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

TOPICAL – TOPICAL AGENTS FOR PSORIASIS

PREFERRED	NON-PREFERRED
• betamethasone/calcipotriene (generic for Taclonex®) • calcipotriene cream/ solution/oint. (generic for Dovonex®) • calcitriol (generic for Vectical®)	• Dovonex®* • Duobrii® • Enstilar® • Sorilux® • Taclonex®* • Vectical®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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TOPICAL – TOPICAL COMBINATION BENZOYL PEROXIDE AND CLINDAMYCIN PRODUCTS

PREFERRED	NON-PREFERRED
• BenzaClin® • clindamycin/benzoyl peroxide (generic for BenzaClin®, Duac®, Acanya®)	• Acanya®* • Onexton®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

TOPICAL – ATOPIC DERMATITIS

PREFERRED**	NON-PREFERRED**
• Elidel® • Eucrisa® • pimecrolimus (generic for Elidel®) • Protopic® • tacrolimus (generic for Protopic®)	• Dupixent® • Opzelura®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

TOPICAL – TOPICAL RETINOIDS

PREFERRED	NON-PREFERRED
• adapalene (generic for Differin®, Plixda®) • adapalene/benzoyl peroxide (generic for Epiduo®, Epiduo® Forte) • clindamycin/tretinoin (generic for Veltin®) • Differin® • Retin-A cream/gel® • tazarotene cream (generic for Tazorac®) • tazarotene foam (generic for Fabior®) • tretinoin (generic for Atralin®, Avita®, Retin-A®/Micro)	• Aklief® • Altreno® • Arazlo® • Atralin®* • Avita®* • Epiduo Forte® • Fabior® • Retin A Micro®* • Retin A Micro Pump® • Tretin-X®/Combo Pack • Ziana®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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TOPICAL – TOPICAL ANTIVIRALS

PREFERRED	NON-PREFERRED
• acyclovir (generic for Zovirax oint/cream®) • Denavir® • Zovirax cream® • Zovirax oint®	• Xerese®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

TOPICAL – TOPICAL ANTIBIOTICS

PREFERRED	NON-PREFERRED
• mupirocin oint/cream (generic for Bactroban® oint/cream)	• Centany®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

UTERINE DISORDER TREATMENTS

PREFERRED	NON-PREFERRED
• Myfembree® • Oriahnn® • Orilissa®	