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

NOTES:

* 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.

This list may not include all available formulations listed specifically by name.

CARDIOVASCULAR – ACE INHIBITORS & COMBINATIONS

Preferred

amlodipine/benazepril (generic for Lotrel®)
benazepril (generic for Lotensin®)
benazepril HCT (generic for Lotensin HCT®)
captopril (generic for Capoten®)
captopril-HCTZ (generic for Capozide®)
enalapril (generic for Vasotec®)
enalapril-HCTZ (generic for Vaseretic®)
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 Accyretic®)
ramipril (generic for Altace cap®)
trandolapril (generic for Mavik®)
trandolapril/verapamil (generic for Tarka®)

Non-Preferred

Accupril®*
Accuretic®
Altace®*
Epaned® (non-preferred for adults only)
Lotensin®*/HCT
Lotrel®*
Monopril®/HCT
Prestalia®
Prinivil®*
Qbrelis®
Tarka®
Vaseretic®*
Vasotec®*
Zestoretic®*
Zestril®*

Trial and failure of 3 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – ANGIOTENSIN II RECEPTOR BLOCKERS & COMBINATIONS

Preferred

amlodipine/olmesartan (generic for Azor®)
amlodipine/olmesartan/HCTZ (generic for Tribenzor®)
amlodipine/valsartan (generic for Exforge®)
candesartan (generic for Atacand®)
candesartan/HCTZ (generic for Atacand HCT®)
Diovan®
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®)

Non-Preferred

Atacand®*/HCT
Avalide®*
Avapro®
Azor®
Benicar®*/HCT
Cozaar®*
Diovan HCT®
Edarbi®
Edarbyclor®
Exforge®/HCT
Hyzaar®*
Micardis®/HCT
Prestalia®
Tribenzor®
Twynsta®

Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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CARDIOVASCULAR – CALCIUM CHANNEL BLOCKERS (DHP) & COMBINATIONS

Preferred

afeditab CR® (generic for Adalat CC®)
amlodipine (generic for Norvasc®)
amlodipine/benazepril (generic for Lotrel®)
felodipine (generic for Plendil®)
isradipine (generic for Dynacirc®)
nicardipine (generic for Cardene®)
nifediac CC (generic for Adalat CC®)
nifedical XL (generic for Procardia XL®)
nifedipine IR (generic for Procardia®)
nifedipine SA/ER (generic for Procardia XL®)
nimodipine (generic for Nimotop®)
nisoldipine

Non-Preferred

Adalat CC®*
Exforge®
Exforge HCT®
Lotrel®*
Norvasc®*
Nymalize®
Prestalia®
Procardia®*/XL
Sular®
Tribenzor®
Twynsta®

Trial and failure of 3 Preferred products required prior to Non-Preferred products.

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

Preferred

Cartia XT®
Diltia XT®
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®)

Non-Preferred

Calan®*
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 – BETA-BLOCKERS & COMBINATIONS

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 (generic for Coreg®)
Inderal XL®
labetalol (generic for Normodyne® and Trandate®)
metoprolol (generic for Lopressor®)
metoprolol/HCTZ (generic for Lopressor HCT®)
metoprolol succinate ER/HCTZ (generic for Dutoprol®)
metoprolol succinate (generic for Toprol XL®)
nadolol (generic for Corgard®)
nadolol/bendroflumethiazide (generic for Corzide®)
pindolol (generic for Visken®)
propanolol (generic for Inderal®)
propranolol/HCTZ (generic for Inderide®)
sotalol AF (generic for Betapace AF®)
sotalol (generic for Betapace®)
timolol (generic for Blocadren®)

Non-Preferred

Betapace®*
Betapace AF®*
Bystolic®
Coreg®/CR*
Corgard®
Corzide®*
Dutoprol®
Hemangeol®
Inderal®/LA*
Innopran XL®
Kapspargo Sprinkle®
Levatol®
Lopressor®*
Sorine®
Sotylize®
Tenormin®*
Tenoretic®*
Toprol XL®*
Ziac®*

Trial and failure of 3 Preferred products required prior to Non-Preferred products.

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CARDIOVASCULAR – STATINS & COMBINATIONS

Preferred

fluvastatin/ER (generic for Lescol®/XL)
lovastatin (generic for Mevacor®)
pravastatin (generic for Pravachol®)

Non-Preferred

Altoprev® (formerly Altocor®)
Lescol/XL®*
Mevacor®*
Pravachol®*
Zypitamag*

Trial and failure of 2 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – HIGH POTENCY STATINS & COMBINATIONS

Preferred

amlodipine/atorvastatin (generic for Caduet®)
atorvastatin (generic for Lipitor®)
rosuvastatin (generic for Crestor®)
simvastatin (generic for Zocor®)

Non-Preferred

Caduet®*
Crestor®*
Lipitor®*
Livalo®
Vytorin®*
Zocor®*

Trial and failure of 2 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – CHOLESTEROL ABSORPTION INHIBITORS AND COMBINATIONS

Preferred

ezetimibe (generic for Zetia®)
ezetimibe/simvastatin (generic for Vytorin®)

Non-Preferred

Vytorin®*
Zetia®*

Trial and failure of 2 high potency statins Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – TRIGLYCERIDE LOWERING AGENTS

Preferred

fenofibrate (generic for Antara®, Fenoglide®, Fibricor®,Lofibra®, Lipofen®, Tricor®, Triglide®, Trilipix®)
gemfibrozil (generic for Lopid®)
omega-3 ethyl ester (generic for Lovaza®)

Non-Preferred

Antara®*
Fenoglide®*
Fibricor®*
Lipofen®*
Lovaza®*
Tricor®*
Triglide®*
Trilipix®*
Vascepa®

Trial and failure of 2 high potency statins required prior to Non-Preferred products.

CARDIOVASCULAR – PLATELET INHIBITORS

Preferred

Aggrenox®
aspirin/dipyridamole (generic for Aggrenox®)
Brilinta®
clopidogrel (generic for Plavix®)
dipyridamole (generic for Persantine®)
prasugrel (generic for Effient®)
ticlopidine (generic for Ticlid®)

Non-Preferred

Effient®*
Plavix®*
Yosprala®
Zontivity®

Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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CARDIOVASCULAR – NIACIN DERIVATIVES

Preferred	Non-Preferred
Niaspan®	Niacor® Trial and failure of 1 Preferred product required prior to Non-Preferred products.

CARDIOVASCULAR – ORAL PULMONARY HYPERTENSION AGENTS

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

GASTROINTESTINAL – PROTON PUMP INHIBITORS & COMBINATIONS

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

Preferred**	Non-Preferred**
esomeprazole (generic for Nexium®) lansoprazole/OTC/solutab (generic for Prevacid/OTC/solutab (RX) Nexium suspension omeprazole (generic for Prilosec®) (OTC/RX) omeprazole/sodium bicarbonate / OTC (generic for Zegerid ®/OTC) pantoprazole (generic for Protonix®) Protonix® suspension rabeprazole (generic for AcipHex®) **First 8 weeks do not require prior approval for preferred drugs.**	AcipHex/sprinkles® Dexilant® (formerly known as Kapidex®) Nexium® Prevacid® capsules (RX)/Solutab/Susp Prilosec® (RX) Protonix® Zegerid® Trial and failure of 2 Preferred products required prior to Non-Preferred products.

GASTROINTESTINAL – ANTIEMETICS

Preferred	Non-Preferred
aprepitant/ pack (generic for Emend®/pack) granisetron tab (generic for Kytril®) ondansetron (generic for Zofran®) **Qty limits apply**	Akynzeo® Anzemet® Cinvanti™ Diclegis® Emend®*/pack Sancuso® Sustol® Varubi® Zofran®*/ODT/soln* Zuplenz® Trial and failure of 2 Preferred products required prior to Non-Preferred products.

GASTROINTESTINAL – HEPATITIS C AGENTS

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

Pegylated Interferon Alpha Products

Preferred**	Non-Preferred**
Pegasys® Pegasys® Conv. Pack	PEG-Intron®/Redipen Trial and failure of 1 Preferred product required prior to Non-Preferred products.

Ribavirin Products

Preferred**	Non-Preferred**
Ribavirin	Copegus® Rebetol® RibaPak® Ribasphere® Trial and failure of 1 Preferred product required prior to Non-Preferred products.

Direct Acting Antiviral Products

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

GASTROINTESTINAL – ULCERATIVE COLITIS

Oral

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

Rectal

Canasa supp.® mesalamine enema (generic for Rowasa®) mesalamine kit (generic for Rowasa® kit) mesalamine supp. (generic for Canasa supp.®)	Rowasa®* SFRowasa® Trial and failure of 2 Preferred products required prior to Non-Preferred products.

OSTEOPOROSIS – BISPHOSPHONATES

Preferred	Non-Preferred
alendronate (generic for Fosamax®) etidronate sodium (generic for Didronel®) ibandronate (generic for Boniva®) risedronate (generic for Actonel®)	Actonel®* Atelvia® Binosto® Boniva®* Fosamax®*/D Trial and failure of 2 Preferred product required prior to Non-Preferred products.

OSTEOPOROSIS – NASAL CALCITONINS

Preferred	Non-Preferred
calcitonin salmon (generic for Miacalcin®)	Miacalcin® Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ENDOCRINOLOGY – BIGUANIDES & COMBOS

Preferred

metformin (generic for Riomet®)
metformin (generic for Glucophage®)
metformin ER (generic for Fortamet®)
metformin-glipizide (generic for Metaglip®)
metformin-glyburide (generic for Glucovance®)
metformin XL (generic for Glucophage XL®)

Non-Preferred

ACTOplusmet®/XR
Fortamet®*
Glucophage®*/XR
Glucovance®*
Glumetza®
Riomet®*

Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ENDOCRINOLOGY – MEGLITINIDES

Preferred

nateglinide (generic for Starlix®)
repaglinide (generic for Prandin®)
repaglinide/metformin (generic for PrandiMet®)

Non-Preferred

Prandin®*
Starlix®*

Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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

Preferred

alogliptin (generic for Nesina®)
alogliptin/pioglitazone (generic for Oseni®)
alogliptin/metformin (generic for Kazano®)
Janumet®
Janumet XR®
Januvia®
Jentadueto®
Kombiglyze XR®
Tradjenta®

Non-Preferred

Glyxambi®
Jentadueto XR®
Kazano®*
Nesina®*
Onglyza®
Oseni®*
Qtern®
Steglujan®

Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ENDOCRINOLOGY – ALPHA-GLUCOSIDASE INHIBITORS

Preferred

acarbose (generic for Precose®)
Glyset®
miglitol (generic for Glyset®)

Non-Preferred

Precose®*

Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ENDOCRINOLOGY – 2ND GENERATION SULFONYLUREAS & COMBINATIONS

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®)

Non-Preferred

Amaryl®*
Glucotrol®/XL*
Glucovance®*
Glynase®*
Metaglip®*

Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ENDOCRINOLOGY – SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR AND COMBINATIONS

Preferred

Farxiga®
Invokana®
Jardiance®

Non-Preferred

Glyxambi®
Invokamet®/XR
Segluromet®
Steglatro®
Synjardy®
Xigduo XR®

Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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

Preferred

Bydureon®
Bydureon BCise®
Byetta®
Victoza®

Non-Preferred

Adlyxin®
Ozempic®
Soliqua®
Trulicity®
Xultophy®

Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ENDOCRINOLOGY – THIAZOLIDINEDIONES & COMBINATIONS

Preferred

pioglitazone (generic for Actos®)
pioglitazone/glimepiride (generic for Duetact®)
pioglitazone/metformin (generic for Actoplus Met®)

Non-Preferred

Actos®*
Actoplus Met/XR®*
Avandia®
Avandamet®
Avandaryl®
Duetact®*

Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ENDOCRINOLOGY – INSULINS

Rapid Acting

Preferred

Humalog®
insulin lispro vial/kwikpen (generic for Humalog vial/cartridge/pen®)
Novolog/cartridge/FlexPen®

Non-Preferred

Admelog®
Afrezza**
Apidra/SoloSTAR®
Fiasp®
Humalog cartridge/pen®
Humalog Junior Kwikpen®

Trial and failure of 1 Preferred product required prior to Non-Preferred products.

Short Acting

Preferred

Humulin R®

Non-Preferred

Humulin R 500®/pen
Novolin R®

Trial and failure of 1 Preferred product required prior to Non-Preferred products.

Intermediate Acting

Preferred

Humulin N®

Non-Preferred

Humulin N pen®
Novolin N®

Trial and failure of 1 Preferred product required prior to Non-Preferred products.

Long Acting

Preferred	Non-Preferred
Lantus SoloSTAR® Lantus vial® Levemir FlexTouch® Levemir vial®	Basaglar pen® Toujeo® Tresiba pen® Tresiba vial® Trial and failure of 1 Preferred product required prior to Non-Preferred products.

Premixed Combinations

Preferred	Non-Preferred
Humalog Mix 75/25 vial and Kwikpen® Humalog Mix 50/50vial and Kwikpen® Humulin 70/30 vial® Novolog Mix 70/30® Novolog Mix 70/30 FlexPen®	Humulin 70/30 pen® Novolin 70/30® Trial and failure of 1 Preferred product required prior to Non-Preferred products.

** Indicates when additional Prior Approval is required.

ENDOCRINOLOGY – GROWTH HORMONE

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

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.

ANALGESICS – LONG ACTING OPIOIDS

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

Preferred**	Non-Preferred**
buprenorphine patch (generic for Butrans®) Embeda® fentanyl patch (generic for Duragesic®) hydromorphone ER (generic for Exalgo®) morphine ER (generic for Avinza®, Kadian®) morphine sulfate SA (generic MS Contin®) oramorph SA (generic for MS Contin®) oxymorphone ER (generic for Opana ER®)	Arymo ER® Belbuca® Butrans® Duragesic® Exalgo® Hysingla ER® Kadian® MS Contin® Morphabond ER™ Oxycodone SA Oxycontin®*** Xtampza ER® Zohydro ER® Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANALGESIC – ANTI-INFLAMMATORY – NON-SELECTIVE NSAIDS

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

Preferred**	Non-Preferred**
celecoxib (generic for Celebrex®) meloxicam Tab/Susp (generic for Mobic®)	Celebrex® Mobic Tab/Susp® Vimovo® Vivlodex™ Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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ANALGESICS – TRAMADOL & TRAMADOL LIKE DERIVATIVES

Preferred

tramadol (generic for Ultram®)
tramadol/acetaminophen (generic for Ultracet®)
tramadol ER (generic for Ryzolt ER®, Ultram ER®)

Non-Preferred

ConZip®
Nucynta ER®
Ultracet®*
Ultram®*

Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ANTIBIOTICS – 2ND GENERATION CEPHALOSPORINS

Preferred

cefaclor Susp (generic for Ceclor®)
cefuroxime (generic for Ceftin®)
cefprozil Susp/Tabs (generic for Cefzil Susp/Tabs®)

Non-Preferred

Cefaclor Caps®
Cefaclor ER®

Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIBIOTICS – 3RD GENERATION CEPHALOSPORINS

Preferred

cefdinir cap/susp (generic for Omnicef cap/susp®)
cefditoren (generic for Spectracef®)
cefpodoxime (generic for Vantin®)
Suprax susp®

Non-Preferred

Suprax chew/tab®

Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIBIOTICS – MACROLIDES

Preferred

azithromycin (generic for Zithromax®)
Biaxin susp®***
clarithromycin/ER/susp (generic for Biaxin®/XL/susp)***
E.E.S®
Eryped 200 susp®
erythromycin stearate
erythromycin base cap (generic for Eryc®)
erythromycin base tab (generic for E-Mycin®)
erythromycin ethylsuccinate (generic for E.E.S.®)
erythromycin/sulfisoxazole (generic for Pediazole®)

Non-Preferred

Eryped Chew®
Eryped 400 susp®
Ery-Tab®
Erythrocin®
Zithromax®*

Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIBIOTICS – 2ND GENERATION QUINOLONES

Preferred***

ciprofloxacin/ER (generic for Cipro®/XR)
Cipro susp®
ofloxacin (generic for Floxin®)

Qty limits apply

Non-Preferred***

Cipro®*
Cipro XR®*

Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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ANTIBIOTICS – 3RD GENERATION QUINOLONES

Preferred***

levofloxacin (generic for Levaquin®)
moxifloxacin (generic for Avelox®)

Qty limits apply

Non-Preferred***

Avelox®*
Baxdela™
Factive®
Levaquin®*

Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ANTIBIOTICS – HERPETIC ANTIVIRALS

Preferred

acyclovir (generic for Zovirax®)
famciclovir (generic for Famvir®)
valacyclovir (generic for Valtrex®)

Non-Preferred

Sitavig®
Valtrex®*
Zovirax®/susp*

Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIFUNGALS – ONYCHOMYCOSIS

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

Preferred**

ciclopirox (generic for Penlac®)
itraconazole
oxiconazole (generic for Oxistat®)
terbinafine (generic of Lamisil®)

Non-Preferred**

Jublia®
Kerydin® (tavaborole)
Lamisil®
Luzu®
Onmel®
Oxistat®
Penlac®
Sporanox®

Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIVIRALS – TREATMENT/PROPHYLAXIS OF INFLUENZA

Preferred

amantadine (generic for Symmetrel®)
oseltamivir (generic for Tamiflu®)
Relenza®***
rimantadine (generic for Flumadine®)
Tamiflu®***

Non-Preferred

Flumadine tablet®*
Xofluza™

Trial and failure of 2 Preferred products required prior to Non-Preferred products.

RESPIRATORY – CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Preferred

Atrovent HFA®
Bevespi Aerosphere®
Combivent Respimat®
Ipratropium/Albuterol (generic for DuoNeb®)
Ipratropium Nebulizer
Spiriva HandiHaler®
Stiolto Respimat®

Non-Preferred

Anoro Ellipta®
Daliresp®
Incruse Ellipta®
Lonhala Magnair®
Seebri Neohaler®
Spiriva Respimat®
Tudorza Pressair®
Utibron Neohaler®
Yupelri™

Trial and failure of 2 Preferred product required prior to Non-Preferred products.

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RESPIRATORY – LEUKOTRIENE MODIFIERS

Preferred

montelukast(generic for Singulair®)
zafirlukast (generic for Accolate®)
zileuton ER (generic for Zyflo CR®)

Non-Preferred

Accolate®*
Singulair®*
Zyflo®/CR*
Trial and failure of 2 Preferred products requi
Non-Preferred products.

Recipients' ≤ 10 years of age will be exempt from the PDL in the LTRA category

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

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®
Proventil HFA®

Non-Preferred

ProAir Respiclick®
Proventil®* neb and sol
Ventolin HFA®
Ventolin®* neb and sol
Xopenex®
Xopenex HFA®

Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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

Preferred

Bevespi Aerosphere®
Dulera®
Serevent Diskus®

Non-Preferred

Anoro Ellipta®
Arcapta®
Brovana®
Perforomist®
Striverdi Respimat®
Trelegy Ellipta®

Trial and failure of 1 Preferred product required prior to Non-Preferred products

RESPIRATORY – INHALED CORTICOSTEROIDS

Preferred

Advair Diskus®
Advair HFA®
Asmanex®
budesonide (generic for Pulmicort®)
Flovent Diskus®
Flovent HFA®
fluticasone-salmeterol (generic for Advair Diskus®)
Symbicort®
Wixela Inhub ((generic for Advair Diskus®)

Non-Preferred

Aerospan®
Arnuity Ellipta®
Alvesco®
ArmonAir RespiClick®
Asmanex HFA®
Pulmicort Flexhaler® (No PA required for children ≤ 5 years of age)
Pulmicort® respules
QVAR®

Trial and failure of 3 Preferred products required prior to Non-Preferred products.

RESPIRATORY – INHALED CORTICOSTEROIDS ADRENERGIC & COMBINATIONS

Preferred

Advair Diskus®
Advair HFA®
Dulera®
fluticasone propionate and salmeterol (generic for AirDuo RespiClick)
Symbicort®

Non-Preferred

AirDuo RespiClick®*
Breo Ellipta®

Trial and failure of 3 Preferred products required prior to Non-Preferred products.

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SELF INJECTION EPINEPHRINE***

Preferred	Non-Preferred
epinephrine	Auvi-Q® EpiPen® EpiPen Jr.® Symjepi™

RESPIRATORY – NASAL ANTIHISTAMINES

Preferred	Non-Preferred
Astepro® azelastine (generic for Astelin®/Astepro®) olopatadine (generic for Patanase®) Patanase®	Dymista® Trial and failure of 2 Preferred product required prior to Non-Preferred products

RESPIRATORY – NASAL CORTICOSTEROIDS***

Preferred	Non-Preferred
budesonide (generic for Rhinocort Aqua®) flunisolide (generic for Nasarel®) fluticasone (generic for Flonase®) mometasone (generic for Nasonex®) triamcinolone (generic for Nasacort AQ®) **Qty limits apply**	Beconase AQ® Dymista® Flonase®* Nasacort® Nasonex® Omnaris® Ticanase® Zeonna® Trial and failure of 2 Preferred product required prior to Non-Preferred products

RESPIRATORY – LOW SEDATING ANTIHISTAMINES & COMBINATIONS

Preferred	Non-Preferred
cetirizine Tabs/Syrup/chew (generic for Zyrtec® OTC/chew) desloratadine (generic for Clarinex®) fexofenadine/D levocetirizine (generic for Xyzal®) loratadine (OTC/RX) (generic for Claritin® OTC/RX) loratadine Syrup (OTC/RX) (generic for Claritin Syrup® OTC/RX) loratadine Dis (OTC/RX) (generic for Claritin Dis® OTC/RX)	Allegra®* Allegra D®*/ODT Clarinex®*/Dis Xyzal® Trial and failure of 3 Preferred products 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®)	Betagan®*
carteolol (generic for Ocupress®)	Betimol®*
Combigan®	Betoptic S®
levobunolol (generic for Betagan®)	Istalol®*
metipranolol (generic for OptiPranolol®)	Timoptic®/XE*
timolol (generic for Timoptic®)	
timolol XE (generic for Timoptic XE®)	
	Trial and failure of 5 Preferred products required prior to Non-Preferred products

OPHTHALMIC/GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS

Preferred	Non-Preferred
dorzolamide (generic for Trusopt®)	Azopt®
dorzolamide/timolol/PF (generic for Cosopt®*/PF®	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®)	Lumigan ®*
latanoprost (generic for Xalatan®)	Vyzulta™
Travatan Z®	Xalatan®*/***
travoprost (generic for Travatan®)	Zioptan®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPHTHALMIC/GLAUCOMA – RHO KINASE INHIBITOR

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

Preferred**	Non-Preferred**
Rhopressa™	

OPHTHALMIC/ANTIHISTAMINES – ANTIHISTAMINES

Preferred	Non-Preferred
azelastine (generic for Optivar®)	Alocril®
cromolyn sodium	Alomide®
epinastine (generic for Elestat®)	Alrex®
olopatadine (generic for Patanol®/Pataday®)	Bepreve®
Pataday®	Elestat®*
Pazeo®	Emadine®
	Lastacaft®
	Patanol®*
	Trial and failure of 2 Preferred product required prior to Non-Preferred products

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OPHTHALMIC/ANTIBIOTIC – QUINOLONES

Preferred

ciprofloxacin (generic for Ciloxan®)
levofloxacin (generic for Quixin®)
Moxeza®
moxifloxacin (generic for Vigamox®)
ofloxacin
Vigamox®

Non-Preferred

Azasite®
Besivance®
Ciloxan®*
Ocuflox®
Zymaxid®

Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPHTHALMIC – NONSTEROIDAL ANTIINFLAMMATORY

Preferred

bromfenac (generic for Xibrom®)
diclofenac drops (generic for Voltaren opth drops®)
flurbiprofen (generic for Ocufen®)
Ilevro®
ketorolac 0.5% (generic for Acular®)
ketorolac 0.4% (generic for Acular LS®)

Non-Preferred

Acular®*
Acular LS®*
Acuvail®
BromSite®
Nevanac®
Prolensa®

Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPIATE DEPENDENCE TREATMENT***

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

Preferred

buprenorphine (generic for Subutex®)
buprenorphine/naloxone (generic for Suboxone®)
Suboxone®

Non-Preferred

Bunavail®
Zubsolv®

OTIC/ANTIBIOTIC – QUINOLONES AND COMBINATIONS

Preferred

Ciprodex otic®
ciprofloxacin (generic for Cetraxal)
ofloxacin otic (generic for Floxin otic®)

Non-Preferred

Cetraxal®*
Cipro HC otic®

Trial and failure of 2 Preferred products required prior to Non-Preferred products

BEHAVIORAL HEALTH – ATYPICAL ANTIPSYCHOTICS & COMBOS

Preferred

Abilify Maintena®
aripiprazole/ODT/solution (generic for Abilify®/DiscMelt/oral solution)
clozapine (generic for Clozaril®)
clozapine ODT (generic for Fazaclo®)
Invega Sustenna/Trinza®
olanzapine (generic for Zyprexa®)
olanzapine/fluoxetine (generic for Symbyax®)
paliperidone (generic for Invega®)
quetiapine/ER (generic for Seroquel/XR®)
Risperdal Consta®***
risperidone/M (generic for Risperdal®/MT)
ziprasidone (generic for Geodon®)

Non-Preferred

Abilify®/soln/DiscMelt*
Abilify MyCite®
Adasuve®
Aristada®
Aristada Initio®
Clozaril®*
Fanapt®
Fazaclo®*
Geodon®*/IM
Invega®*
Latuda®
Perseris®
Rexulti®
Risperdal®*
Saphris®
Seroquel®/XR*
Symbyax®*
Versacloz®
Vraylar®
Zyprexa®*/IM/Reprevv/Zydis

Trial and failure of 1 Preferred product required prior to Non-Preferred products

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BEHAVIORAL HEALTH – ALZHEIMER'S AGENTS

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)

Non-Preferred

Aricept®*
Aricept 23mg®*
Namenda®/XR* (not a cholinesterase inhibitor)
Namzaric®
Razadyne®/ER* (formerly Reminyl®)

Trial and failure of 2 Preferred products required prior to Non-Preferred products

BEHAVIORAL HEALTH – NOVEL ANTIDEPRESSANTS

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

Preferred

budeprion SR (generic for Wellbutrin SR®)
budeprion XL (generic for Wellbutrin XL®)
bupropion (generic for Wellbutrin®)
bupropion SA (generic for Wellbutrin SR®)
bupropion XL (generic for Forfivo XL®)
bupropion XL (generic for Wellbutrin XL®)
desvenlafaxine ER (generic for Khedezla®)
duloxetine** (generic for Cymbalta®)(requires additional clinical PA)
mirtazapine (generic for Remeron®)
mirtazapine RapDis (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®)

Non-Preferred

Aplenzin®
Cymbalta®** (requires additional clinical PA)
Emsam®
Effexor XR®*
Fetzima®
Forfivo XL®*
Khedezla®*
Pristiq®
Remeron®*
Remeron Sol-Tabs®*
Trintellix™
Venlafaxine ER®
Viibryd®
Wellbutrin SR®*
Wellbutrin XL®*

Trial and failure of 2 Preferred products required prior to Non-Preferred products

BEHAVIORAL HEALTH – ANXIOLYTICS

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®)

Non-Preferred

Ativan®*
Klonopin®*
Tranxene®*
Xanax®*
Xanax XR®*

Trial and failure of 3 Preferred products required prior to Non-Preferred products

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BEHAVIORAL HEALTH – SEROTONIN REUPTAKE INHIBITORS & COMBOS

Preferred

citalopram (generic for Celexa®)
escitalopram/soln (generic for Lexapro®)
fluoxetine/Weekly (generic for Prozac®/Weekly)
fluvoxamine/ER (generic for Luvox® CR)
olanzapine/fluoxetine (generic for Symbyax®)
paroxetine/ER (generic for Paxil®/Brisdelle®/CR)
selfemra (generic for Sarafem®)
sertraline (generic for Zoloft®)

Recipients aged < 12 exempt from PDL in SSRI category

Non-Preferred

Brisdelle®*
Celexa®*
Lexapro®*
Paxil®/CR*
Pexeva®
Prozac®*
Sarafem®*
Symbyax®*
Zoloft®*

Trial and failure of 2 Preferred products required prior to Non-Preferred products

BEHAVIORAL HEALTH – SEDATIVE HYPNOTICS

Preferred

estazolam (generic for Prosom®)
eszopiclone (generic for Lunesta®)
flurazepam (generic for Dalmane®)
temazepam (generic for Restoril®)
triazolam (generic for Halcion®)
zaleplon (generic for Sonata®)
zolpidem/ER (generic for Ambien®/CR)
zolpidem tartrate (generic for Intermezzo®)

Non-Preferred

Ambien®/CR*
Belsomra®
Doral®
Edluar®
Halcion®*
Intermezzo®*
Lunesta®*
Restoril®*
Rozerem®
Silenor®
Sonata®*
Zolpimist®

Trial and failure of 2 Preferred products required prior to Non-Preferred products

BEHAVIORAL HEALTH – ANTIHYPERKINESIS

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

Preferred**

amphetamine salt combo/XR (generic for Adderall®/XR)
amphetamine sulfate (generic for Evekeo®)
Aptensio XR®
atomoxetine (generic for Strattera®)
clonidine ER (generic for Kapvay®)
dextroamphetamine /ER(generic for Dexedrine®/ER)
dextroamphetamine soln (generic for ProCentra®)
dexmethylphenidate/XR (generic for Focalin/XR®)
Dyanavel XR®
Focalin/ XR®
guanfacine ER (generic for Intuniv®)
methamphetamine (generic for Desoxyn®)
methylphenidate CD (generic for Metadate CD®)
methylphenidate chewable (generic for Methylin® chew)
methylphenidate ER (generic for Concerta®/Ritalin LA®)
methylphenidate soln (generic for Methylin® soln)
Methylin® chew/soln
methylphenidate/SR (generic for Ritalin/ SR®)
Quillichew ER®
Quillivant XR®
Vyvanse®

Non-Preferred**

Adderall®
Adderall XR®
Adzenys XR-ODT®
Concerta®
Cotempla XR-ODT®
Daytrana®
Desoxyn®
Dexedrine ER®
Evekeo®
Intuniv®
Kapvay®
Metadate ER®
Mydayis®
ProCentra®
Relexxii®
Ritalin®
Ritalin LA®
Strattera®
Zenzedi®

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

Trial and failure of 2 Preferred products required prior to Non-Preferred products

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CENTRAL NERVOUS SYSTEM – TRIPTANS

Preferred***

Qty limits apply

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®)

Non-Preferred***

Amerge®*
Axert®*
Frova®*
Imitrex®*
Maxalt tablet/MLT®*
Migranow®
ONZETRA™ Xsail™
Relpax®*
Sumavel®
Treximet®*
Zembrace SymTouch®
Zomig®*

Trial and failure of 2 Preferred products required prior to Non-Preferred products

CENTRAL NERVOUS SYSTEM – CALCITONIN GENE-RELATED PEPTIDE INHIBITORS

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

Preferred**/***

Qty limits apply

Emgality™

Non-Preferred**/***

Aimovig™
Ajovy™

Trial and failure of 1 Preferred products required prior to Non-Preferred products

CENTRAL NERVOUS SYSTEM – MULTIPLE SCLEROSIS

Disease Modifying Therapy

Preferred

Avonex®***
Betaseron®
Copaxone®***
Gilenya®
Glatopa®
glatiramer (generic for Copaxone®)
Rebif®***
Tecfidera®

Non-Preferred

Aubagio®
Extavia®
Lemtrada®
Ocrevus®
Plegridy®

Trial and failure of 3 Preferred products required prior to Non-Preferred products

Other

Preferred

dalfampridine ER (generic for Ampyra®)

Non-Preferred

Ampyra®

Trial and failure of 1 Preferred product required prior to Non-Preferred products

GENITOURINARY/RENAL – URINARY ANTISPASMODICS

Preferred

darifenacin ER (generic for Enablex®)
oxybutynin /ER (generic for Ditropan®/XL)
tolterodine/ER (generic for Detrol®/LA)
trospium ER (generic for Sanctura XR®)
Toviaz®
Vesicare®

Non-Preferred

Detrol/LA®*
Ditropan XL®*
Enablex®*
Gelnique®
Myrbetriq®
Oxytrol®

Trial and failure of 3 Preferred products required prior to Non-Preferred products

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GENITOURINARY/RENAL – ELECTROLYTE DEPLETERS

Preferred

calcium acetate (generic for PhosLo®)
lanthanum (generic for Fosrenol®)
Renagel®
sevelamer (generic for Renvela®)
sevelamer HCL (generic for Renagel®)

Non-Preferred

Auryxia®
Eliphos®
Fosrenol®*
Magnebind 400®
Phoslyra®
Renvela®*
Velphoro®

Trial and failure of 1 Preferred product required prior to Non-Preferred products

GENITOURINARY/RENAL – ALPHA BLOCKERS FOR BENIGN PROSTATIC HYPERPLASIA

Preferred

alfuzosin (generic for Uroxatral®)
dutasteride/tamsulosin (generic for Jalyn®)silodosin (generic for Rapaflo®)
tamsulosin (generic for Flomax®)

Non-Preferred

Flomax®*
Jalyn®
Rapaflo®
Uroxatral®*

Trial and failure of 2 Preferred products required prior to Non-Preferred products

GENITOURINARY/RENAL – ANDROGEN HORMONE INHIBITORS

Preferred

dutasteride (generic for Avodart®)
finasteride (generic for Proscar®)

Non-Preferred

Avodart®*
Proscar®*
Trial and failure of 1 Preferred product required prior to Non-Preferred products

HEMATOLOGIC – HEMATOPOIETIC AGENTS

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

Preferred**

Epogen®***
Retacrit®***

Qty limits apply

Non-Preferred**

Aranesp®***
Procrit®***

HEMATOLOGIC – ANTICOAGULANTS

Preferred

Eliquis®
enoxaparin (generic for Lovenox®)
fondaparinux (generic for Arixtra®)
Fragmin®
Pradaxa®
warfarin (generic for Coumadin®)
Xarelto®

Non-Preferred

Arixtra®*
Coumadin®*
Jantoven®
Lovenox®*
Savaysa®
Xarelto dose pack®

Trial and failure of 2 Preferred product required prior to Non-Preferred products

TOPICAL – ANTIPARASITICS

Preferred

lindane
malathion
Natroba®
permethrin® (OTC/RX)
Sklice®
spinosad (generic for Natroba®)

Non-Preferred

Crotan®
Eurax®
Ovide®
Ulesfia®

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

High Potency

Preferred	Non-Preferred	
amcinonide		Sernivo®
betamethasone dipropionate (augmented generic for Diprolene AF)	Dermasorb TA®	Silalite Pak®
betamethasone valerate	Diprolene®	Topicort®*
desoximetasone (generic for Topicort®)	Halog®	Trianex®
diflorasone diacetate	Kenalog aerosol®	Vanos®
fluocinonide/E		
triamcinolone		
	Trial and failure of 2 Preferred products required prior to Non-Preferred products	

Medium Potency

Preferred	Non-Preferred	
betamethasone valerate foam (generic for Luziq®)	Cloderm®*	Locoid®*
clocortolone (generic for Cloderm®)	Cordran tape®*	Pandel®
fluocinolone acetate (generic for Synalar®)	Cutivate Lotion®	Synalar®*
flurandrenolide (generic for Cordran®)	Dermatop®	
fluticasone propionate	Elocon®	
hydrocortisone butyrate/valerate		
hydrodortisone butyrate lotion (generic for Locoid®)		
mometasone		
prednicarbate		
	Trial and failure of 2 Preferred products required prior to Non-Preferred products	

Low Potency

Preferred	Non-Preferred	
alclometasone dipropionate	Aqua Glycolic HC®	Desowen®
desonide	Capex Shampoo®	Tridesilon®
fluocinolone (generic for Derma Smoothe®)	Derma-Smoothe FS®	Texacort®
hydrocortisone acetate (OTC/RX) cr/oint	Desonate®	Verdeso®
	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®)	Calcitrene®	Sorilux®
calcipotriene cream/solution/oint. (generic for Dovonex®)	Dovonex®*	Taclonex®*
calcitriol (generic for Vectical®)	Enstilar®	Vectical®*
	Sernivo® spray	
	Trial and failure of 2 Preferred product required prior to Non-Preferred products	

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TOPICAL – TOPICAL COMBINATION BENZOYL PEROXIDE & CLINDAMYCIN PRODUCTS

Preferred

BenzaClin®
clindamycin/benzoyl peroxide (generic for BenzaClin®)
clindamycin/benzoyl peroxide (generic for Duac®)

Non-Preferred

Acanya®
Duac CS®
Onexton®

Trial and failure of 1 Preferred product required prior to Non-Preferred products

TOPICAL – ATOPIC DERMATITIS

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

Preferred**

Elidel®
pimecrolimus (generic for Elidel®)
tacrolimus (generic for Protopic®)

Non-Preferred**

Dupixent®
Eucrisa®
Protopic®

TOPICAL – TOPICAL RETINOIDS

Preferred

adapalene (generic for Differin®, Plixda™)
adapalene/bezoyl peroxide (generic for Epiduo®)
clindamycin/tretinoin (generic for Veltin®)
Differin®
Retin-A cream/gel®
tretinoin (generic for Atralin®, Avita®, Retin-A®/Micro)

Non-Preferred

Altreno™
Atralin®*
Avita®*
Epiduo®*/Forte®
Fabior®
Plixda™
Retin A Micro®*
Retin A Micro Pump®
Tazorac®
Veltin®
Ziana®

Trial and failure of 2 Preferred products required prior to Non-Preferred products

TOPICAL – TOPICAL ANTIVIRALS

Preferred

acyclovir (generic for Zovirax oint/cream®)
Denavir®
Zovirax oint®

Non-Preferred

Xerese®
Zovirax cream®*

Trial and failure of 2 Preferred products required prior to Non-Preferred products

TOPICAL – TOPICAL ANTIBIOTICS

Preferred

Bactroban ®cream
mupirocin oint/cream (generic for Bactroban® oint/cream

Non-Preferred

Altabax®
Bactroban® nasal/oint
Centany®

Trial and failure of 2 Preferred products required prior to Non-Preferred products

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IMMUNOLOGIC – SYSTEMIC IMMUNOMODULATORS

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

Preferred**

Enbrel®
Humira®

Non-Preferred**

Actemra®/Actpen
Arava®
Arcalyst®
Cimzia®
Cosentyx®
Entyvio®
Ilaris®
Ilumya ™
Inflectra®
Kevzara®
Kineret®
Olumiant®
Orencia®
Otezla®
Remicade®
Renflexis®
Siliq®
Simponi/Aria®
Stelara®
Taltz®
Tremfya®
Xeljanz®/XR

Trial and failure of 1 or more Preferred products based on diagnosis required prior to Non-Preferred products

ANTIPARKINSON'S AGENTS – DOPAMINE RECEPTOR AGONISTS

Preferred

pramipexole/ER (generic for Mirapex®/ER)
ropinirole/ER (generic for Requip®/XL)

Non-Preferred

Mirapex*/ER®
Neupro®
Requip*/XL®/dose pack

ANTICONVULSANTS – CARBAMAZEPINE DERIVATIVES

Preferred

carbamazepine chew/susp/tab/XR (generic for Tegretol®/XR)
carbamazepine ER (generic for Carbatrol®)
Epitol®
oxcarbazepine susp (generic for Trileptal® Susp)
oxcarbazepine tab (generic for Trileptal®)

Non-Preferred

Carbatrol®*
Oxtellar ER®
Tegretol/chew/susp/tab/XR®*
Trileptal® Susp/tab*

Trial and failure of 1 Preferred product required prior to Non-Preferred products

ANTICONVULSANTS – FIRST GENERATION

Preferred

Celontin®
Depakote Sprinkle®
Dilantin Chew tab®
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®)

Non-Preferred

Depakene cap/syrup®*
Depakote®*
Depakote ER®*
Dilantin cap/susp®*
Felbatol®*
Phenytek®*
Zarontin cap/syrup®*

Trial and failure of 2 Preferred products required prior to Non-Preferred products

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ANTICONVULSANTS – RECTAL

Preferred	Non-Preferred
Diastat® diazepam (generic for Diastat®)	

ANTICONVULSANTS – SECOND GENERATION

Preferred	Non-Preferred
clobazam (generic for Onfi®) gabapentin (generic for Neurontin®) Gabitril® lamotrigine/ODT/XR (generic for Lamictal®/ODT/XR) levetiracetam/ER(generic for Keppra/XR®) pregabalin (generic for Lyrica®) (requires additional clinical PA) tiagabine (generic for Gabitril®) topiramate (generic for Topamax®) topiramate ER (generic for Qudexy XR®) vigabatrin (generic for Sabril®) zonisamide (generic for Zonegran®)	Aptiom® Banzel® Briviact® Fycompa® Keppra tab/sol®* Keppra XR®* Lamictal tab®* Lamictal ODT®* Lamictal XR®* Lyrica® (requires additional clinical PA)/CR Neurontin®* Onfi® Potiga® Qudexy XR®* Sabril® Spritam® Topamax®* Topiramate ER® Trokendi XR® Vimpat® Zonegran®* Trial and failure of 2 Preferred products required prior to Non-Preferred products

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®) methocarbamol with aspirin (generic for Robaxisal®) orphenadrine citrate (generic for Norflex®) orphenadrine compound (generic for Norgesic Forte®) tizanidine (generic for Zanaflex®)	Amrix®* Dantrium®* Fexmid® Lorzone® Trial and failure of 3 Preferred products required prior to Non-Preferred products	Robaxin®* Skelaxin®* Soma®** Zanaflex®*

MISCELLANEOUS – SMOKING CESSATION

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

MISCELLANEOUS – TOPICAL ANDROGENIC AGENTS

Preferred

AndroGel®
testosterone (generic for AndroGel®, Fortesta® Testim®, Vogelxo®)

Non-Preferred

Androderm®
Axiron®
Fortesta®*
Testim®*
Vogelxo®*

Trial and failure of 1 Preferred product required prior to Non-Preferred products