

TennCare Preferred Drug List (PDL)

Effective April 15, 2019

PA – Prior Authorization required, subject to specific PA criteria; QL – Quantity Limit (PA & NP agents require a PA before dispensing);

B – Budgetary Reduction edit for utilization control (Standard NP PA criteria does not apply); ID – Class PA for patients with Intellectual or Developmental Disability

Please note the following:

- **All agents must be prescribed by a provider with a Tennessee Medicaid Provider ID**
- **Approval of NP agents requires trial and failure, contraindication, or intolerance of 2 preferred agents, unless otherwise indicated**
- With the exception of the “Branded Drugs Classified as Generics” list, TennCare is a mandatory generic program in accordance with state law (TCA 53-10-205). Approval of a branded product when a generic is available **requires** documentation of a serious adverse reaction from the generic via a FDA MedWatch form **OR** contraindication to an inactive ingredient in the AB-rated generic equivalent. Therapeutic Failure of an AB-rated generic equivalent may be considered for approval of branded products in the following high-risk medication classes: Anticonvulsants, Atypical Antipsychotics, HIV antivirals, Immunosuppressants, and Oncology Agents.
- Unless otherwise noted, all agents listed on the PDL are referencing legend drugs which are prescription-required agents. Coverage of Over-the Counter (OTC) Products is listed at: https://tenncare.magellanhealth.com/static/docs/Program_Information/TennCare_Covered_OTC_Products.pdf

Preferred Drugs	Non-Preferred Drugs
I. Analgesics	
<u>Agents for Opiate Detoxification</u>	
naltrexone ^{PA}	Lucremyra ^{PA, QL} ReVia ^{PA}
<u>Buprenorphine and Buprenorphine/Naloxone</u>	
<i>TennCare Medication Assisted Therapy (MAT) Providers Network only:</i>	
Bunavail ^{PA, QL}	buprenorphine/naloxone tablets ^{PA, QL} buprenorphine ^{PA, QL} Zubsolv ^{PA, QL}
	Suboxone ^{PA, QL} film ^{PA, QL}
<i>All other TennCare Providers:</i>	
Bunavail ^{PA, QL}	buprenorphine ^{PA, QL} Suboxone ^{PA, QL} film ^{PA, QL}
	buprenorphine/naloxone tablets ^{PA, QL} Zubsolv ^{PA, QL}
<u>COX-II Inhibitors^{PA}</u>	
celecoxib (50, 100, & 200 mg) ^{QL}	Celebrex ^{QL} celecoxib 400 mg ^{PA, QL}
<u>Transmucosal Fentanyl Products</u>	
N/A	Abstral ^{PA, QL} Fentora ^{PA, QL}
	Actiq ^{PA, QL} Lazanda ^{PA, QL}
	fentanyl lozenge ^{PA, QL} Subsys ^{PA, QL}
<u>Naloxone Products</u>	
Narcan ^{PA, QL} nasal spray ^{PA, QL}	n/a
<u>Narcotics Agonist/Antagonists</u>	
nalbuphine ^{PA, QL}	butorphanol NS ^{PA, QL} pentazocine/naloxone ^{PA, QL}
	pentazocine/APAP ^{PA, QL}

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
I. Analgesics			
Narcotics, Long Acting Narcotics			
Embeda ^{® PA, QL}		Arymo ER ^{® PA, QL}	Morphabond ^{® ER PA, QL}
fentanyl patch (excluding 37.5mcg/hr, 62.5mcg/hr, and 87.5mcg/hr) ^{PA, QL}		Avinza ^{® PA, QL}	morphine sulfate ER caps ^{PA, QL}
Nucynta ^{® ER PA, QL}		Belbuca ^{® PA, QL}	morphine sulfate SA ^{PA, QL}
		buprenorphine patch ^{PA, QL}	morphine sulfate SR 24hr (generic for Avinza [®]) ^{PA, QL}
		Butrans ^{® PA, QL}	MS Contin ^{® PA, QL}
		ConZip ^{® PA, QL}	Opana ER ^{® PA, QL}
		Dolophine ^{® PA, QL}	OxyContin ^{® PA, QL}
		Duragesic ^{® PA, QL}	oxymorphone ER ^{PA, QL}
		Exalgo ^{® PA, QL}	oxycodone ER ^{PA, QL}
		fentanyl patch (37.5mcg/hr, 62.5mcg/hr, and 87.5mcg/hr) ^{PA, QL}	tramadol ER ^{PA, QL}
		hydromorphone ER ^{PA, QL}	tramadol ER 24 hr ^{PA, QL}
		Hysingla ^{® ER PA, QL}	tramadol ER ^{PA, QL} (generic for Conzip [®])
		Kadian ^{® PA (≥100 mg), QL}	Ultram ER ^{® PA, QL}
		methadone ^{PA, QL}	Xtampza ER ^{® PA, QL}
		Methadose ^{® PA, QL}	Zohydro ER ^{® PA, QL}
Short-Acting Narcotics^{QL}			
codeine/APAP ^{PA (< 19 years old), QL}	morphine IR ^{QL} (excluding suppositories)	Apadaz ^{® QL}	Opana ^{® PA, QL}
Endocet ^{® QL}	oxycodone tabs ^{QL}	butalbital/APAP/caff/codeine ^{PA, QL}	Oxaydo ^{® PA, QL}
hydrocodone/APAP ^{QL} (excluding generic for Xodol [®])	oxycodone/APAP ^{QL}	butalbital/ASA/caff/codeine ^{PA, QL}	oxycodone caps ^{PA, QL}
hydrocodone/ibuprofen ^{QL}	tramadol ^{QL}	Capital with Codeine ^{® PA, QL}	oxycodone oral concentrate ^{PA}
hydromorphone ^{QL} (excluding suppositories)		codeine ^{PA, QL}	oxycodone/ASA ^{PA, QL}
		Demerol ^{® PA, QL}	oxycodone/IBU ^{PA, QL}
		dihydrocodeine/APAP/caffeine ^{PA, QL}	oxymorphone ^{PA, QL}
		dihydrocodeine/ASA/caffeine ^{PA, QL}	Percocet ^{® PA, QL}
		Dilaudid ^{® PA, QL}	Primlev ^{® PA, QL}
		Fioricet ^{® with Codeine PA, QL}	Reprexain ^{® PA, QL}
		Fiorinal ^{® with Codeine PA, QL}	Roxicet ^{® PA, QL}
		Hycet ^{® PA, QL}	Roxicodone ^{® PA, QL}
		hydrocodone/APAP 5/300 ^{PA, QL}	Roxybond ^{® QL}
		hydrocodone/APAP 10/300 ^{PA, QL}	Synalgos ^{®-DC PA, QL}
		hydromorphone suppositories ^{PA}	tramadol/APAP ^{PA, QL}
		Ibudone ^{® PA, QL}	Tylenol ^{® with Codeine PA, QL}
		levorphanol ^{PA, QL}	Ultracet ^{® PA, QL}
		Lorcet ^{® PA, QL}	Ultram ^{® PA, QL}
		Lortab ^{® PA, QL}	Vicodin ^{® PA, QL}
		meperidine ^{PA, QL}	Vicodin HP ^{PA, QL}
		morphine sulfate soln 20 mg/ml ^{PA}	Vicoprofen ^{® PA, QL}
		morphine suppositories ^{PA, QL}	Xartemis ^{™ XR PA, QL}
		Norco ^{® PA, QL}	Xodol ^{® PA, QL}
		Nucynta ^{® PA, QL}	Zamicet ^{® PA, QL}

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
I. Analgesics			
<u>NSAID/Anti-Ulcer Agents</u>			
N/A		Arthrotec ^{® PA, QL}	Duexis ^{® PA, QL}
		diclofenac/misoprostol ^{PA, QL}	Vimovo ^{® PA, QL}
<u>Salicylates and Non-Narcotic Combination Agents</u>			
choline mag trisalicylate ^{QL}	salsalate ^{QL}	diflunisal ^{QL}	Rhinoflex 650 ^{® QL}
<u>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</u>			
diclofenac 1% gel (generic for Voltaren ^{® gel}) ^{QL}	indomethacin	Anaprox [®]	Nalfon [®]
diclofenac potassium	ketorolac ^{QL}	Anaprox DS [®]	Naprelan [®]
diclofenac sodium	meloxicam tablets	Cambia [®]	naproxen tabs and suspension
diclofenac sodium ER	nabumetone	Cataflam [®]	naproxen sodium ER
ibuprofen	sulindac	Clinoril [®]	Naprosyn [®]
		Daypro [®]	Naproxen ^{® CR}
		diclofenac sodium 1.5% ^{PA}	Pennsaid ^{® PA}
		EC-Naprosyn [®]	piroxicam
		etodolac	Ponstel [®]
		etodolac ER	oxaprozin
		Feldene [®]	Sprix ^{® PA, QL}
		fenoprofen	Tivorbex ^{® PA}
		Flector ^{® PA, QL}	tolmetin
		flurbiprofen	Toradol ^{® QL}
		indomethacin ER	Vivlodex ^{® PA, QL}
		ketoprofen	Voltaren [®]
		ketoprofen ER	Voltaren ^{® gel QL}
		meclofenamate	Voltaren-XR [®]
		mefenamic acid	VOPAC MDS Kit ^{PA}
		meloxicam suspension	Zipsor [®]
		Mobic [®]	Zorvolex ^{® PA}
		Motrin [®]	
Preferred Drugs		Non-Preferred Drugs	
II. ANTI-INFECTIVES			
<u>Antibiotics: Cephalosporins First Generation</u>			
cefadroxil capsules	cephalexin capsules	cefadroxil tablets	Daxbia [®]
cefadroxil suspension	cephalexin suspension	cephalexin tablets	Keflex [®]
<u>Antibiotics: Cephalosporins Second Generation</u>			
cefaclor capsules	cefuroxime tabs ^{PA}	cefaclor suspension	Ceftin ^{® suspension PA}
cefprozil		cefaclor ER	Ceftin ^{® tabs}
<u>Antibiotics: Cephalosporins Third Generation</u>			
cefdinir	Suprax [®]	Cedax [®]	cefpodoxime tablets
		cefditoren	ceftibuten
		cefixime suspension	Spectracef [®]
		cefpodoxime suspension ^{PA}	
<u>Antibiotics: Ketolides</u>			
N/A		Ketek ^{® PA}	

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
II. ANTI-INFECTIVES			
Antibiotics: Macrolides			
azithromycin QL	erythromycin/sulfisoxazole	Biaxin [®]	erythromycin base tablets
azithromycin suspension PA		Biaxin XL [®] QL	erythromycin brand products
clarithromycin		clarithromycin ER/XL ^{QL}	Zithromax [®] QL
erythromycin generic products (excluding erythromycin base tabs)		Difcid [®] PA, QL	Zmax [®] QL
Antibiotics: Methenamine and Combo			
all generic combinations of methenamine, phenylsalicylate, hyoscyamine, atropine, etc.	methenamine mandelate methenamine hippurate	all brand combinations of methenamine, phenyl salicylate, hyoscyamine, atropine, etc.	Hiprex [®] Uroqid Acid #2 [®]
Antibiotics: Miscellaneous Agents for UTI			
N/A		Monurol [®] QL, PA	
Antibiotics: Non-Absorbable Rifamycin			
N/A		Xifaxan [®] PA, QL	
Antibiotics: Oral Aminoglycosides			
neomycin	Neo-Fradin [®]	N/A	
Antibiotics: Oral Anti-Tuberculosis			
ethambutol	pyrazinamide	cycloserine	Rifadin [®]
isoniazid	rifabutin ^{PA}	Isonarif [®] PA	Rifamate [®] PA
Mycobutin [®] PA	rifampin	Myambutol [®]	Rifater [®] PA
		Paser [®]	Seromycin [®] Pulvules
		Priftin [®]	Trecator [®]
Antibiotics: Oral Glycopeptides			
N/A		Firvanq [®] PA, QL	vancomycin caps ^{PA}
Antibiotics: Oral Lincosamines			
clindamycin caps	clindamycin pediatric solution ^{PA}	Cleocin [®]	Cleocin [®] Pediatric granules ^{PA}
Antibiotics: Oral Nitrofurans			
nitrofurantoin capsules	nitrofurantoin suspension ^{PA}	Furadantin [®] PA	Macrochantin [®]
		Macrobid [®]	
Antibiotics: Oxazolidinones			
N/A		linezolid suspension ^{QL}	Sivextro [®] PA, QL
		linezolid tabs ^{PA, QL}	Zyvox [®] PA, QL
Antibiotics: Penicillins			
amoxicillin	dicloxacillin	all brand penicillins	amoxicillin ER
amoxicillin/clavulanate	penicillin	amoxicillin/clavulanic acid XR	
Antibiotics: Quinolones			
ciprofloxacin	levofloxacin tabs	Avelox [®] PA	ciprofloxacin ER ^{QL}
		Avelox ABC Pack [®] PA	Levaquin [®] tabs
		Baxdela [®] PA, QL	Levaquin [®] solution ^{PA}
		Cipro [®] tablets	levofloxacin solution ^{PA}
		Cipro [®] suspension ^{PA}	moxifloxacin ^{PA}
		ciprofloxacin suspension ^{PA}	ofloxacin

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
II. ANTI-INFECTIVES			
Antibiotics: Tetracyclines			
doxycycline hyclate 50 and 100mg ^{QL}		<i>Adoxa</i> ^{QL}	<i>minocycline ER</i> ^{PA, QL}
doxycycline monohydrate 50 and 100 mg caps ^{QL}		<i>demeclocycline</i> ^{PA}	<i>minocycline capsules and tablets</i>
minocycline capsules		<i>Doryx</i> ^{QL}	<i>Morgidox</i> ^{QL}
tetracycline		<i>doxycycline hyclate DR particles tabs</i> ^{QL}	<i>Ocudox</i> ^{Kit}
		<i>doxycycline hyclate 20mg</i> ^{PA, QL}	<i>Oracea</i> ^{QL}
		<i>doxycycline monohydrate 75 mg and 150 mg caps</i> ^{QL}	<i>Periostat</i> ^{PA, QL}
		<i>doxycycline monohydrate powder for suspension</i> ^{PA}	<i>Solodyn</i> ^{PA, QL}
		<i>doxycycline monohydrate tabs</i> ^{QL}	<i>Vibramycin</i> ^{QL}
		<i>Dynacin</i> [®]	<i>Ximino</i> ^{ER} ^{QL}
Antibiotics: Sulfonamides, Folate Antagonist			
sulfadiazine ^{PA}	trimethoprim (TMP) TMP/sulfamethoxazole	<i>Bactrim</i> [®]	<i>Primisol</i> [®]
Sulfatrim [®]		<i>Bactrim DS</i> [®]	<i>Sepra DS</i> [®]
Antifungals: Oral			
clotrimazole troches	griseofulvin suspension	<i>Ancobon</i> ^{PA}	<i>ketoconazole</i> ^{PA}
fluconazole suspension ^{PA}	nystatin	<i>Cresemba</i> ^{PA}	<i>Lamisil</i> ^{PA, QL}
fluconazole tablets ^{QL}	terbinafine ^{PA, QL}	<i>Diflucan</i> ^{suspension} ^{PA}	<i>Noxafil</i> ^{PA}
griseofulvin ultramicrosize		<i>Diflucan</i> ^{tablets} ^{QL}	<i>Onmel</i> ^{PA, QL}
		<i>flucytosine</i> ^{PA}	<i>Oravig</i> ^{PA}
		<i>Grifulvin V</i> [®]	<i>Sporanox</i> ^{PA, QL}
		<i>griseofulvin microsize</i>	<i>Vfend</i> ^{PA}
		<i>Gris-Peg</i> [®]	<i>voriconazole</i> ^{PA}
		<i>itraconazole</i> ^{PA, QL}	
Antifungals: Vaginal			
miconazole-3 kit	terconazole	<i>AVC</i> ^{cream}	<i>miconazole-3 vaginal supp</i>
nystatin		<i>Gynazole-1</i> [®]	<i>Terazol</i> [®]
Anti-Infectives: Amebicides			
paromomycin		N/A	
Anti-Infectives: Antimalarials			
atovaquone/proguanil	mefloquine	<i>Aralen</i> [®]	<i>Malarone</i> [®]
chloroquine	primaquine	<i>Coartem</i> [®]	<i>Quaalquin</i> [®]
dapsone	quinine sulfate	<i>Daraprim</i> [®]	
Anti-Infectives: Anthelmintics			
Albenza ^{PA}	praziquantel	<i>albendazole</i> ^{PA}	<i>Emverm</i> ^{PA}
ivermectin	pyrantel pamoate (OTC)	<i>Biltricide</i> [®]	<i>Stromectol</i> [®]
Anti-Infectives: Miscellaneous Antiprotozoal Agents			
metronidazole tabs		<i>atovaquone</i> ^{PA}	<i>Impavido</i> ^{PA, QL}
		<i>Flagyl</i> [®]	<i>Mepron</i> ^{PA}
		<i>Flagyl</i> ^{ER}	<i>metronidazole caps</i>
Anti-Infectives: Oral Nitroimidazoles			
metronidazole tabs		<i>benznidazole</i> ^{PA, QL}	<i>Solosec</i> ^{PA, QL}
		<i>Flagyl</i> [®]	<i>Tindamax</i> [®]
		<i>Flagyl</i> ^{ER}	<i>Tinidazole</i>
		<i>metronidazole caps</i>	

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
II. ANTI-INFECTIVES			
Anti-Infectives: Vaginal Antibiotics			
Cleocin [®] suppositories	metronidazole 0.75% gel	Cleocin [®] cream	MetroGel [®] Vaginal
Clindesse [®] vaginal cream	Vandazole [®]	clindamycin phos 2% cream	Nuessa [®]
Antivirals: Cytomegalovirus Agents			
Valcyte [®] solution	valganciclovir tabs	Prevymis [®] PA Valcyte [®] tabs	valganciclovir solution
Antivirals: Hepatitis B			
Baraclude [®] solution	Epivir-HBV [®] solution QL	adefovir PA	Hepsera [®] PA
entecavir	lamivudine-HBV QL	Baraclude [®] tablets Epivir-HBV [®] tablets QL	Tyzeka [®] PA Vemlidy [®] PA, QL
Antivirals: Hepatitis C Pegylated Interferons			
Pegasys [®] ProClick PA>24 weeks, QL	Pegasys Conv. Pack [®] PA>24 weeks, QL	PEG-Intron [®] QL	PEG-Intron Redipen [®] QL
Pegasys [®] syringes PA>24 weeks, QL	Pegasys [®] vials PA>24 weeks, QL		
Antivirals: Hepatitis C Antivirals			
Epclusa [®] PA, QL	Mavyret [®] PA, QL	Daklinza [®] PA, QL Harvoni [®] PA, QL Sovaldi [®] PA, QL Technivie [®] PA, QL	Viekira [®] PA, QL Viekira XR [®] PA, QL Vosevi [®] PA, QL Zepatier [®] PA, QL
Antivirals: Hepatitis C Ribavirins			
Ribasphere [®] 200 mg tablets	ribavirin tablets	Copegus [®] Moderiba [®] dose pack Rebetol [®] capsules Rebetol [®] solution PA	ribavirin capsules Ribapak [®] Ribasphere [®] 200mg capsules Ribasphere [®] 400 and 600 mg tablets
Antivirals: Herpes			
acyclovir caps, suspension, and tabs		acyclovir suspension	Valtrex [®] QL
famciclovir QL		Famvir [®] QL	Zovirax [®] caps, suspension, and tabs
valacyclovir QL		Sitavig [®] buccal tabs QL	
Antivirals: HIV CCR5 Antagonists			
Selzentry [®] tablets PA, QL		Selzentry [®] solution PA	
Antivirals: Cytochrome P450 Inhibitors			
N/A		Tybost [®]	
Antivirals: HIV Fusion Inhibitors			
Fuzeon [®] PA, QL		N/A	
Antivirals: HIV Integrase Inhibitors			
Isentress [®] PA, QL	Vitekta [®] PA, QL	Isentress [®] HD PA	
Tivicay [®] PA, QL		Juluca [®] PA, QL	
Antivirals: HIV NNRTIs			
Edurant [®]	nevirapine QL	nevirapine ER QL	Viramune [®] QL
efavirenz QL	Pifeltro [®] QL	Rescriptor [®] QL	Viramune [®] XR QL
Intelence [®] PA, QL	Sustiva [®] QL		
Antivirals: HIV NRTIs			
abacavir tablets and solution QL	stavudine QL	Epivir [®] tablets QL	Videx [®] capsules QL
didanosine capsules QL	tenofovir QL	lamivudine solution QL	Viread [®] QL
Emtriva [®] QL	Videx [®] solution QL	Retrovir [®] QL	Zerit [®] QL
Epivir [®] solution QL	Ziagen [®] QL		
lamivudine tablets QL	zidovudine QL		

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
II. ANTI-INFECTIVES			
<u>Antivirals: HIV NRTI Combos</u>			
abacavir/lamivudine ^{QL}	Genvoya ^{QL}	Cimduo ^{QL}	
abacavir/lamivudine/ zidovudine ^{PA, QL}	lamivudine/zidovudine ^{QL}	Epzicom ^{QL}	
Atripla ^{QL}	Odefsey ^{QL}	Symfi ^{QL}	
Biktarvy ^{PA, QL}	Stribild ^{QL}	Symfi ^{Lo} ^{QL}	
Combivir ^{QL}	Symtuza ^{PA, QL}		
Complera ^{QL}	Triumeq ^{QL}		
Delstrigo ^{QL}	Trizivir ^{PA, QL}		
Descovy ^{QL}	Truvada ^{QL}		
<u>Antivirals: HIV Protease Inhibitors</u>			
Aptivus ^{PA, QL}	lopinavir/ritonavir ^{QL}	Crixivan ^{QL}	
atazanavir capsules ^{QL}	Norvir ^{QL} (excluding powder pack)	Norvir ^{powder pack} ^{PA, QL}	
Evotaz ^{QL}	Prezcobix ^{QL}	Reyataz ^{caps} ^{QL}	
fosamprenavir ^{QL}	Prezista ^{QL}	ritonavir ^{QL}	
Invirase ^{QL}	Reyataz ^{powder} ^{QL}		
Kaletra ^{QL}	Viracept ^{QL}		
Lexiva ^{QL}			
<u>Antivirals: Influenza</u>			
oseltamivir ^{QL}	Relenza ^{QL}	Tamiflu ^{QL}	Xofluza ^{PA, QL}

Preferred Drugs		Non-Preferred Drugs	
III. CARDIOVASCULAR			
<u>Alpha/Beta Blockers</u>			
labetalol	carvedilol ^{QL}	carvedilol ER ^{QL}	Coreg CR ^{QL}
		Coreg ^{QL}	
<u>Alpha-Blockers</u>			
doxazosin	prazosin	Cardura [®]	Minipress [®]
terazosin			
<u>ACE Inhibitors</u>			
benazepril	lisinopril	Accupril [®]	perindopril ^{QL}
enalapril	ramipril ^{QL}	Aceon ^{QL}	Prinivil [®]
		Altace ^{QL}	Quinapril
		captopril ^{PA}	trandolapril ^{QL}
		Epaned ^{PA}	Qbrelis ^{solution} ^{PA}
		fosinopril	Vasotec [®]
		Lotensin [®]	Zestril [®]
		moexipril ^{QL}	
<u>ACEI + Calcium Channel Blocker Combo</u>			
benazepril/amlodipine ^{QL}		Lotrel ^{QL}	Tarka ^{PA, QL}
		Prestalia ^{PA, QL}	trandolapril/verapamil ^{PA, QL}
<u>ACEI + Diuretic Combination</u>			
enalapril/HCTZ	lisinopril/HCTZ	Accuretic [®]	moexipril/HCTZ
		benazepril/HCTZ ^{PA}	quinapril/HCTZ
		captopril/HCTZ	Vaseretic [®]
		fosinopril/HCTZ	Zestoretic [®]
		Lotensin HCT [®]	

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
III. CARDIOVASCULAR			
Angiotensin II Receptor Blockers			
irbesartan ^{QL}		Atacand ^{QL}	Edarbi ^{QL}
losartan ^{QL}		Avapro ^{QL}	eprosartan ^{QL}
valsartan ^{QL}		Benicar ^{QL}	Micardis ^{QL}
		Cozaar ^{QL}	olmesartan ^{QL}
		candesartan ^{QL}	telmisartan ^{QL}
		Diovan ^{QL}	
Angiotensin II Receptor Blockers + Calcium Channel Blocker^{QL}			
amlodipine /valsartan ^{QL}		amlodipine/olmesartan ^{QL}	Exforge HCT ^{PA, QL}
amlodipine/valsartan/HCTZ ^{PA, QL}		amlodipine/olmesartan/HCTZ ^{PA, QL}	telmisartan/amlodipine ^{QL}
		Azor ^{QL}	Tribenzor ^{PA, QL}
		Exforge ^{QL}	Twynsta ^{QL}
Angiotensin II Receptor Blockers + Diuretic			
irbesartan/HCTZ ^{QL}		Atacand HCT ^{QL}	Edarbyclor ^{QL}
losartan/HCTZ ^{QL}		Avalide ^{QL}	Hyzaar ^{QL}
valsartan/ HCTZ ^{QL}		Benicar HCT ^{QL}	Micardis HCT ^{QL}
		candesartan/HCTZ ^{QL}	olmesartan/HCTZ ^{QL}
		Diovan HCT ^{QL}	telmisartan/ HCTZ ^{QL}
Angiotensin II Receptor Blockers + Neprilysin Inhibitor^{PA, QL}			
		Entresto ^{PA, QL}	
Anti-Anginal Agents: Miscellaneous			
N/A		Corlanor ^{PA, QL}	Ranexa ^{PA, QL}
Anti-Anginal Agents: Nitrates			
Isochron [®]	nitroglycerin (excluding spray)	amyl nitrite	isosorbide dinitrate, sublingual
isosorbide dinitrate (excluding 10 mg tabs and SL tabs)	Nitrolingual [®]	Dilatrate-SR [®]	Nitro-Bid [®]
isosorbide mononitrate	Nitrostat [®]	GoNitro [®] powder ^{PA}	Nitro-Dur [®]
Minitran [®]		Isordil [®]	nitroglycerin spray
		Isosorbide dinitrate 10 mg tabs	NitroMist [®]
Anti-Arrhythmics, Oral			
amiodarone	quinidine sulfate	Betapace [®]	propafenone ER
disopyramide	sotalol	Betapace AF [®]	Rythmol [®]
dofetilide ^{QL}	sotalol AF	Cordarone [®]	Rythmol SR [®]
flecainide		Multaq ^{®PA}	Sorine [®]
mexiletine		Norpace [®]	Tambocor [®]
propafenone		Norpace CR [®]	Tikosyn ^{®QL}
quinidine gluconate		Pacerone [®]	
Anti-Hypertensives, Miscellaneous			
Catapres-TTS ^{QL}	hydralazine	Catapres [®]	reserpine
clonidine	methyldopa	clonidine weekly TD patch ^{QL}	Tenex [®]
guanfacine	methyldopa/HCTZ	minoxidil ^{PA}	VecamyI ^{®PA, QL}

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
III. CARDIOVASCULAR			
Beta Blockers and Combinations			
atenolol	nadolol	acebutolol	Levatol ^{QL}
metoprolol succinate ^{QL}	propranolol	Betapace [®]	Lopressor [®]
metoprolol tartrate (excluding 37.5 and 75 mg)	sotalol	betaxolol	metoprolol tartrate 37.5 & 75 mg
		bisoprolol fumarate ^{PA}	pindolol
		Bystolic [®]	propranolol ER
		Byvalson ^{® PA, QL}	Sectral [®]
		Corgard [®]	Sorine [®]
		Hemangeol ^{® PA}	Sotylize ^{® PA}
		Inderal LA [®]	Tenormin [®]
		Inderal XL [®]	timolol maleate
		InnoPran XL ^{® QL}	Toprol XL ^{® PA, QL}
		Kaspargo ^{® Sprinkle^{® PA, QL}}	Zebeta [®]
Beta Blockers + Diuretic			
atenolol/chlorthalidone	propranolol HCT	Corzide [®]	nadolol/bendroflumethiazide
bisoprolol HCT		Dutoprol ^{® PA, QL}	Tenoretic [®]
metoprolol HCT		Lopressor HCT [®]	Ziac [®]
Calcium Channel Blockers (DHP)			
amlodipine ^{QL}		Adalat CC ^{® QL}	Norvasc ^{® QL}
felodipine ER		isradipine ^{QL}	Nymalize ^{® PA, QL}
nicardipine		nifedipine IR	Procardia [®]
nifedipine ER/SA/XL ^{QL}		nimodipine ^{PA}	Procardia XL ^{® QL}
		nisoldipine ^{QL}	Sular ^{® QL}
Calcium Channel Blockers (Non-DHP)			
diltiazem ER/SR/XR		Calan [®]	diltiazem ER (generic for Cardizem LA) ^{QL}
diltiazem IR		Calan SR ^{® QL}	Tiazac [®]
verapamil		Cardizem [®]	verapamil ER PM
verapamil ER ^{QL}		Cardizem CD [®]	Verelan [®]
		Cardizem LA ^{® QL}	Verelan PM [®]
Cardiac Glycosides			
digoxin		Lanoxin [®]	
Direct Renin Inhibitors^{PA}			
N/A		Tekturna ^{® PA, QL}	Tekturna HCT ^{® PA, QL}
Diuretics: Carbonic Anhydrase			
acetazolamide	methazolamide	Diamox ^{® Sequels}	Keveyis ^{® PA, QL}
Diuretics: Combination Diuretics			
amiloride/HCTZ	triamterene/HCTZ	Aldactazide [®]	Maxzide [®]
spironolactone/HCTZ		Dyazide [®]	
Diuretics: Loop			
bumetanide	furosemide	Demadex [®]	Lasix [®]
Edecrin [®]	torseamide	ethacrynic acid	
Diuretics: Potassium Sparing			
amiloride	spironolactone	Aldactone [®]	eplerenone ^{PA}
		Carospir ^{® PA, QL}	Inspra ^{® PA}

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
III. CARDIOVASCULAR			
Diuretics: Thiazide and Related Diuretics			
chlorothiazide	indapamide	Diuril®	Microzide®
chlorthalidone	metolazone	Dyrenium®	Thalitone®
hydrochlorothiazide		methyclothiazide	Zaroxolyn®
Hemostatics, Oral			
Amicar®	tranexamic acid ^{PA, QL}	N/A	
Lysteda® ^{PA, QL}			
Intermittent Claudication			
cilostazol	pentoxifylline	Pletal®	
Lipotropics: Bile Acid Sequestrants			
cholestyramine	Prevalite®	Colestid®	Questran®
cholestyramine light	WelChol® tablets	colesevelam packets ^{PA}	Questran Light®
colestipol		colesevelam tablets	WelChol® packets ^{PA}
Lipotropics: Cholesterol Absorption Inhibitors			
N/A		ezetimibe ^{PA, QL}	Zetia® ^{PA, QL}
Lipotropics: Fibric Acid Derivatives			
fenofibrate (48 mg & 145 mg) ^{PA}	gemfibrozil	Antara® ^{PA}	Lofibra® ^{PA}
fenofibric acid ^{PA}		fenofibrate (all other strengths) ^{PA}	Lopid®
		Fenoglide® ^{PA}	TriCor® ^{PA}
		Fibricor® ^{PA}	Triglide® ^{PA}
		Lipofen® ^{PA}	TriLipix® ^{PA}
Lipotropics: Miscellaneous			
Kynamro® ^{PA, QL}		Juxtapid® ^{PA, QL}	
Lipotropics: Niacin Derivatives^{PA}			
niacin ER ^{PA}		Niacor® ^{PA}	Niaspan® ^{PA}
Lipotropics: Omega-3 Fatty Acids^{PA}			
N/A		Lovaza® ^{PA}	Vascepa® ^{PA}
		omega-3 acid ethyl esters ^{PA}	
Lipotropics: PCSK-9 Inhibitors			
		Praluent® ^{PA, QL}	Repatha® ^{PA, QL}
Lipotropics: Standard Potency Statins^{QL}			
lovastatin ^{QL}	simvastatin (5 mg, 10 mg, 20 mg, 40 mg) ^{QL}	Altoprev® ^{QL}	Livalo® ^{QL}
pravastatin ^{QL}		fluvastatin ^{QL}	Mevacor® ^{QL}
		fluvastatin ER ^{QL}	Pravachol® ^{QL}
		Lescol® ^{QL}	Zocor® (5 mg, 10 mg, 20 mg, 40 mg) ^{QL}
		Lescol XL® ^{QL}	Zypitamag® ^{QL}
Lipotropics: High Potency Statins^{QL}			
atorvastatin ^{QL}	simvastatin 80 mg ^{PA, QL}	Crestor® ^{QL}	Zocor® 80 mg ^{PA, QL}
rosuvastatin ^{QL}		Lipitor® ^{QL}	
Lipotropics: Combination Antihyperlipidemics^{QL}			
N/A		Advicor® ^{PA QL}	Simcor® ^{QL}
		ezetimibe/simvastatin ^{PA, QL}	Vytorin® ^{PA, QL}
		Liptruzet ^{PA}	
Lipotropics: Statin + CCB Combination			
N/A		amlodipine/atorvastatin ^{PA, QL}	Caduet® ^{PA, QL}

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
III. CARDIOVASCULAR			
<u>Injectable Anticoagulants</u>			
enoxaparin ^{QL}	Fragmin [®]	Arixtra ^{® QL}	
fondaparinux ^{QL}	heparin	Lovenox ^{® QL}	
<u>Oral Anticoagulants</u>			
Coumadin [®]	warfarin	Eliquis ^{® PA, QL}	Savaysa ^{® PA, QL}
Jantoven [®]	Xarelto ^{® PA, QL}	Pradaxa ^{® PA, QL}	
<u>Oral Thrombopoietin Agonists</u>			
N/A		Doptelet ^{® PA, QL}	Promacta ^{® PA, QL}
		Mulpleta ^{® PA, QL}	Tavalisse ^{® PA, QL}
<u>Peripheral Vasodilators</u>			
ergoloid mesylates			
<u>Pheochromocytoma Agents</u>			
N/A		Demser ^{® PA}	phenoxybenzamine ^{PA, QL}
		dibenzylamine ^{PA, QL}	
<u>Platelet Inhibitors</u>			
Aggrenox [®]	clopidogrel 75 mg	Agrylin [®]	Plavix [®]
anagrelide	dipyridamole	aspirin/dipyridamole	Pletal [®]
Brilinta ^{® PA, QL}	ticlopidine	clopidogrel 300 mg	prasugrel ^{PA}
cilostazol		Durlaza ^{® PA, QL}	Yosprala ^{® PA, QL}
		Effient ^{® PA}	Zontivity ^{® PA, QL}
		Persantine [®]	
<u>Pulmonary Arterial Hypertension Agents^{PA, QL}</u>			
Adcirca ^{® PA, QL}	Tracleer ^{® PA, QL}	Adempas ^{® PA, QL}	Revatio ^{® suspension PA, QL}
Letairis ^{® PA, QL}	Tyvaso ^{® PA, QL}	Opsumit ^{® PA, QL}	tadalafil ^{PA, QL}
sildenafil ^{PA, QL}	Ventavis ^{® PA, QL}	Orenitram ^{® ER PA, QL}	Uptravi ^{® PA, QL}
		Revatio ^{® PA, QL}	
<u>Pulmonary Fibrosis Agents</u>			
N/A		Esbriet ^{® PA, QL}	Ofev ^{® PA, QL}
<u>Vasopressors</u>			
midodrine		Northera ^{® PA, QL}	
<u>Vasopressor Receptor Antagonists</u>			
N/A		Jynarque ^{® PA, QL}	Samsca ^{® PA}
<u>Vasodilator/Nitrate Combinations</u>			
N/A		BiDil ^{® PA}	

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
IV. CENTRAL NERVOUS SYSTEM			
Agents for Neuropathic Pain			
duloxetine ^{QL}		Cymbalta ^{® QL}	lidocaine patch ^{PA, QL}
gabapentin capsules ^{QL}		duloxetine caps (generic for Irenka) ^{PA, QL}	Lidoderm ^{® PA}
		gabapentin solution ^{PA, QL}	Lyrica ^{® PA}
		gabapentin tablets ^{PA, QL}	Lyrica ^{® CR} ^{PA, QL}
		Gralise ^{® PA, QL}	Neurontin ^{® QL}
		Horizant ^{® PA, QL}	Neurontin ^{® solution} ^{PA, QL}
Alzheimer's: Cholinesterase Inhibitors			
donepezil ^{QL} (excluding 23 mg)	Exelon ^{® patch} ^{QL}	Aricept ^{® ODT} ^{PA, QL}	galantamine ER ^{QL}
donepezil ODT ^{PA, QL}	galantamine tablets	Aricept ^{® QL}	Razadyne [®]
		Aricept ^{® 23 mg tablet} ^{PA, QL}	Razadyne ER ^{® QL}
		donepezil 23 mg ^{PA, QL}	rivastigmine
		Exelon [®]	rivastigmine patch ^{QL}
		galantamine solution	
Alzheimer's: NMDA Receptor Antagonists			
memantine tablets ^{PA, QL}		memantine ER ^{PA, QL}	Namenda XR ^{® PA, QL}
		memantine solution ^{PA, QL}	Namzaric ^{® PA, QL}
		Namenda ^{® PA, QL}	
Antiparkinson's Agents: Anticholinergics			
benztropine	trihexphenidyl	N/A	
Antiparkinson's Agents: Decarboxylase Inhibitors			
carbidopa		Lodosyn [®]	
Antiparkinson's Agents: Dopamine Precursors/Decarboxylase Inhibitors			
carbidopa/levodopa	carbidopa/levodopa ER/SR	Rytary [®]	Sinemet ^{® CR}
		Sinemet [®]	
Antiparkinson's Agents: COMT Inhibitors and Combos			
carbidopa/levodopa/entacapone	Stalevo [®]	Comtan [®]	tolcapone
entacapone		Tasmar [®]	
Antiparkinson's Agents: Miscellaneous			
amantadine capsules		amantadine tablets	Osmolex ^{® ER} ^{PA, QL}
		Gocovri ^{® PA, QL}	
Antidepressants: SSRIs^{ID}			
citalopram ^{QL}	fluoxetine solution	Brisdelle ^{® PA}	paroxetine CR ^{QL}
escitalopram tabs ^{QL}	fluvoxamine ^{QL}	Celexa ^{® QL}	Paxil ^{® QL}
escitalopram solution	paroxetine ^{QL}	fluoxetine tablets ^{QL}	Paxil CR ^{® QL}
fluoxetine capsules ^{QL}	sertraline ^{QL}	fluoxetine (PMDD) ^{QL}	Pexeva ^{® QL}
		fluoxetine weekly ^{PA, QL}	Prozac ^{® QL}
		fluvoxamine ER ^{QL}	Prozac Weekly ^{® PA, QL}
		Lexapro ^{® solution}	Sarafem ^{® QL}
		Lexapro ^{® tablets} ^{QL}	Viibryd ^{® QL}
		Luvox CR ^{® QL}	Zoloft ^{® QL}
		paroxetine 7.5 mg ^{PA}	
Antidepressants: SSRI/SRMs^{ID}			
N/A		Trintellix ^{® PA, QL}	

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
IV. CENTRAL NERVOUS SYSTEM			
Antidepressants: SNRIs ^{ID}			
duloxetine ^{QL}		Cymbalta ^{® QL}	Fetzima ^{® PA, QL}
venlafaxine ^{QL}		duloxetine caps (generic for Irenka [®]) <i>PA, QL</i>	Khedezla ^{® PA, QL}
venlafaxine ER caps ^{QL}		desvenlafaxine ^{PA, QL}	Pristiq ^{® PA, QL}
		desvenlafaxine ER ^{PA, QL}	Savella ^{® PA, QL}
		desvenlafaxine fumarate ER ^{PA, QL}	venlafaxine ER tabs ^{PA, QL}
		Effexor XR ^{® PA, QL}	
Antidepressants: New Generation ^{ID}			
bupreprion SR	mirtazapine	Aplenzin [®]	Remeron SolTab ^{® PA}
bupreprion XL ^{QL}	mirtazapine rapidis ^{PA}	bupropion XL (generic Forfivo XL [®])	trazodone 300 mg
bupropion IR/SR	trazodone (excluding 300 mg)	Forfivo XL [®]	Wellbutrin [®]
bupropion XL (excluding generic Forfivo XL [®]) ^{QL}		nefazodone	Wellbutrin SR [®]
		Oleptro ^{® QL}	Wellbutrin XL ^{® QL}
		Remeron [®]	
Antidepressants: Tricyclics ^{ID}			
amitriptyline		amoxapine	Pamelor [®]
doxepin		Anafranil ^{® PA}	protriptyline
imipramine		clomipramine ^{PA}	Surmontil [®]
nortriptyline		desipramine	Tofranil [®]
		imipramine pamoate	Tofranil-PM [®]
		maprotiline	Vivactil [®]
		Norpramin [®]	
Antidepressants: MAOIs ^{PA, QL, ID}			
phenelzine ^{PA, QL}		Emsam ^{® PA, QL}	Parnate ^{® PA, QL}
		Marplan ^{® PA, QL}	tranylcypromine ^{PA, QL}
		Nardil ^{® PA, QL}	
Antipsychotics: Typical ^{ID}			
chlorpromazine	pimozide	molindone	
fluphenazine	thioridazine	Orap [®]	
haloperidol	thiothixene		
loxapine	trifluoperazine		
perphenazine			

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
IV. CENTRAL NERVOUS SYSTEM			
<u>Antipsychotics: Atypical PA, ID</u>			
aripiprazole ODT, solution, & tablets ^{PA, QL}	risperidone ^{PA, QL}	Abilify [®] solution & tablets ^{PA, QL}	paliperidone ^{PA, QL}
clozapine ^{PA, QL}	risperidone ODT ^{PA, QL}	Abilify Maintena ^{PA, QL}	Perseris [®] ER ^{PA, QL}
Latuda [®] PA, QL	Saphris [®] PA, QL	Aristada [®] PA, QL	Rexulti [®] PA, QL
olanzapine ^{PA, QL}	ziprasidone ^{PA, QL}	Aristada [®] Initio [®] PA, QL	Risperdal [®] PA, QL
olanzapine ODT ^{PA, QL}		Clozaril [®] PA, QL	Risperdal Consta [®] PA, QL
quetiapine ^{PA, QL}		clozapine ODT ^{PA, QL}	Risperdal M-tab [®] PA, QL
quetiapine ER ^{PA, QL}		Fanapt [®] PA, QL	Seroquel [®] PA, QL
		FazaClo ODT [®] PA, QL	Seroquel [®] XR ^{PA, QL}
		Geodon [®] PA, QL	Versacloz [®] suspension ^{PA}
		Invega [®] PA, QL	Vraylar [®] PA, QL
		Invega [®] Sustenna [®] PA, QL	Zyprexa [®] PA, QL
		Invega [®] Trinza [®] PA, QL	Zyprexa Zydys [®] PA, QL
		Nuplazid [®] PA, QL	
<u>Atypical Antipsychotic and SSRI Combinations PA, ID</u>			
N/A		fluoxetine/olanzapine ^{PA, QL}	Symbyax [®] PA, QL
<u>Anti-Migraine: Anti-CGRP Monoclonal Antibodies</u>			
N/A		Aimovig [®] PA, QL	
<u>Anti-Migraine: Combination Agents</u>			
butalbital/APAP ^{QL}	Cafergot [®] QL	butalbital/ASA/caff ^{PA, QL}	isomethept/caffeine/APAP ^{QL}
butalbital/APAP/caff ^{QL}		butalbital/APAP/caff/codeine ^{QL}	isometheptene/dichloralphenazone /APAP ^{QL}
		butalbital/ASA/caff/codeine ^{QL}	Migergot [®] QL
		Fioricet [®] with codeine ^{QL}	Vanatol LQ [®] QL
		Fiorinal [®] with codeine ^{QL}	
<u>Anti-Migraine: 5-HT1 Receptor Agonists QL</u>			
Relpax [®] QL	sumatriptan tabs ^{QL}	Alsuma [®] QL	Migranow Kit [®] PA, QL
rizatriptan ^{QL}	sumatriptan vials ^{QL}	almotriptan ^{QL}	naratriptan ^{QL}
rizatriptan ODT ^{QL}	Zomig [®] nasal spray ^{QL}	Amerge [®] QL	Onzetra Xsail [®] PA, QL
		Axert [®] QL	sumatriptan kits ^{PA, QL}
		eletriptan ^{QL}	sumatriptan/naproxen ^{QL}
		Frova [®] QL	sumatriptan nasal ^{QL}
		frovatriptan ^{QL}	Sumavel [®] DosePro [®] PA, QL
		Imitrex [®] Injectable ^{QL}	Treximet [®] QL
		Imitrex [®] Kit ^{PA, QL}	Zecuity [®] PA, QL
		Imitrex Nasal [®] QL	Zembrace [®] Symtouch [®] PA, QL
		Imitrex [®] tablets ^{QL}	Zomig [®] QL
		Maxalt [®] QL	Zomig ZMT [®] QL
		Maxalt MLT [®] QL	zolmitriptan ^{QL}
<u>Anti-Migraine: Ergotamine Derivatives</u>			
N/A		Ergomar [®] PA, QL	Migranal [®] PA, QL
		dihydroergotamine nasal spray ^{PA, QL}	

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs	Non-Preferred Drugs
-----------------	---------------------

IV. CENTRAL NERVOUS SYSTEM

Antihyperkinesia: Stimulants ^{PA ≥ 21 years old}

amphetamine salt ER comb ^{PA ≥ 21, QL}	Methylin [®] tabs ^{PA ≥ 21}	Adderall [®] ^{PA ≥ 21, QL}	Focalin [®] ^{PA ≥ 21}
amphetamine salt IR combo ^{PA ≥ 21, QL}	methylphenidate ^{PA ≥ 21}	Adderall XR [®] ^{PA ≥ 21, QL}	Metadate CD [®] ^{PA ≥ 21, QL}
Aptensio [®] XR ^{PA ≥ 21, QL}	methylphenidate ER (excluding generic for Ritalin LA [®]) ^{PA ≥ 21, QL}	Adzenys [®] ER solution ^{QL}	methamphetamine ^{PA ≥ 21, QL}
dexmethylphenidate ^{PA ≥ 21}	methylphenidate SA OSM ^{PA ≥ 21, QL}	Adzenys [®] XR ODT ^{PA ≥ 21, QL}	Methylin [®] soln and chewable ^{PA ≥ 21}
dextroamphetamine ^{PA ≥ 21, QL}	ProCentra [®] ^{PA ≥ 21, QL}	amphetamine ^{PA ≥ 21, QL}	methylphenidate CR ^{PA ≥ 21, QL}
Focalin XR [®] ^{PA ≥ 21, QL}	Quillichew ER [®] ^{PA ≥ 21, QL}	Concerta [®] ^{PA ≥ 21, QL}	methylphenidate ER (generic for Ritalin LA [®]) ^{PA ≥ 21, QL}
Metadate ER [®] ^{PA ≥ 21, QL}	Quillivant XR [®] ^{PA ≥ 21, QL}	Cotempla XR [®] ODT ^{PA ≥ 21, QL}	methylphenidate soln & chewables (generic for Methylin [®]) ^{PA ≥ 21}
Methylin ER [®] ^{PA ≥ 21, QL}	Vyvanse [®] capsules ^{PA ≥ 21, QL}	Daytrana [®] ^{PA ≥ 21, QL}	methylphenidate SR 24 hr ^{PA ≥ 21, QL}
		Desoxyn [®] ^{PA ≥ 21, QL}	Mydayis [®] ER ^{PA ≥ 21, QL}
		Dexedrine Spansule [®] ^{PA ≥ 21, QL}	Ritalin [®] ^{PA ≥ 21}
		dexmethylphenidate XR ^{PA ≥ 21, QL}	Ritalin LA [®] ^{PA ≥ 21, QL}
		dextroamphetamine soln ^{PA ≥ 21, QL}	Vyvanse [®] chewables ^{PA ≥ 21, QL}
		Dyanavel [®] XR ^{PA ≥ 21, QL}	Zenzedi [®] ^{PA ≥ 21, QL}
		Evekeo [®] ^{PA ≥ 21, QL}	

Max cumulative amphetamine dose: Patients ≥ 21: 60 mg/day; Patients ≤ 20: 80 mg/day

Antihyperkinesia: Non-Stimulants

atomoxetine ^{QL}	guanfacine	clonidine ER ^{PA, QL, B}	Strattera [®] ^{QL}
clonidine	guanfacine ER ^{QL}	Intuniv [®] ^{PA, QL}	

Agents for Narcolepsy

modafinil ^{PA, QL}		armodafinil ^{PA, QL}	Provigil [®] ^{PA, QL}
		Nuvigil [®] ^{PA, QL}	Xyrem [®] ^{PA, QL}

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
IV. CENTRAL NERVOUS SYSTEM			
Anticonvulsants			
Aptiom [®] PA	levetiracetam	Banzei [®] PA	Lamictal [®] XR
carbamazepine (generic for Carbatrol [®])	levetiracetam ER	Briviact [®] tablets and solution PA	lamotrigine ER
carbamazepine ER	oxcarbazepine	carbamazepine tabs and suspension (generic for Tegretol [®])	lamotrigine ODT PA
clobazam tablets PA	phenobarbital PA	Carbatrol [®]	Lyrica [®] PA
diazepam rectal gel PA, QL	phenobarbital elixir PA (< 1 year, PA not required)	Celentin [®]	Mysoline [®]
Dilantin Kapseal [®] 30 mg	Phenytek [®]	clobazam suspension PA	Neurontin [®] QL
Dilantin [®] Infatabs [®]	phenytoin	clonazepam tabs and ODT PA, QL	Neurontin [®] solution PA, QL
divalproex	primidone	Depakene [®]	Onfi [®] PA
divalproex extended release	topiramate	Depakote [®]	Oxtellar XR [®]
divalproex DR sprinkles	Tegretol [®] (excluding chewables)	Depakote [®] ER	Peganone [®]
Equetro [®]	valproic acid	Depakote [®] Sprinkles	Potiga [®] PA
ethosuximide	Vimpat [®] PA	Dilantin-125 [®]	Qudexy [®] XR PA, QL
gabapentin capsules QL	zonisamide	Dilantin Kapseal [®] 100 mg	Sabril [®] PA
lamotrigine tablets and chewable tablets		Diastat [®] PA, QL	Spritam [®] PA, QL
		Epitol [®]	Stavzor [®]
		felbamate PA	Tegretol [®] chewables
		Felbatol [®] PA	Tegretol-XR [®]
		Fycompa [®] PA, QL	tiagabine
		gabapentin tablets and solution PA, QL	Topamax [®]
		Gabitril [®]	topiramate ER PA, QL
		Keppra [®]	Trileptal [®]
		Keppra [®] XR	Trokendi XR [®] PA, QL
		Klonopin [®] PA, QL	vigabatrin PA
		Lamictal [®] tabs and chewable tabs	Zarontin [®]
		Lamictal [®] ODT PA	
Agents for RLS (Restless Leg Syndrome)			
pramipexole QL	ropinirole	Horizant [®] PA, QL	Neupro [®] PA
		Mirapex [®] QL	Requip [®]
Amyotrophic Lateral Sclerosis (ALS)			
Rilutek [®]		riluzole	
Anti-Anxiety Agents ID			
alprazolam PA, QL	diazepam PA, QL	alprazolam ER PA, QL	oxazepam PA, QL
buspirone (excluding 30 mg)	lorazepam PA, QL	alprazolam ODT PA, QL	Niravam [®] PA, QL
chlordiazepoxide PA, QL		Ativan [®] PA, QL	Tranxene-T [®] PA, QL
clorazepate PA, QL		Buspar [®]	Valium [®] PA, QL
		buspirone 30 mg	Xanax [®] PA, QL
		meprobamate	Xanax [®] XR PA, QL
Cholinergic Muscle Stimulants			
Mestinon [®] syrup	pyridostigmine 60 mg tab	Mytelase [®]	Prostigmin [®]
Mestinon [®] 180mg ER tab		Mestinon [®] 60 mg tab	

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
IV. CENTRAL NERVOUS SYSTEM			
<u>Dopamine Agonists</u>			
pramipexole ^{QL}	ropinirole	bromocriptine	Parlodel [®]
		Cycloset [®]	Requip [®]
		Mirapex ^{® QL}	Requip ^{® XL}
		Mirapex ^{® ER QL}	pramipexole ER ^{QL}
		Neupro ^{® PA}	ropinirole ER
<u>MAOI-Bs</u>			
selegiline	N/A	Azilect [®]	Xadago ^{® PA, QL}
		Eldepryl [®]	Zelapar ^{® PA}
		rasagiline	
<u>Miscellaneous CNS Agents</u>			
N/A		Nuedexta ^{® PA, QL}	
<u>Mood Stabilizers</u>			
lamotrigine tabs	lithium carbonate SA	carbamazepine tabs and suspension	Lamictal ^{® XR}
lamotrigine chewable tabs	lithium citrate	Depakote [®]	lamotrigine ER
levetiracetam	oxcarbazepine	Depakene [®]	Stavzor [®]
lithium carbonate	valproic acid	Keppra [®]	Tegretol [®]
		Lamictal ^{® tabs}	Trileptal [®]
		Lamictal ^{® chewable tabs}	Lithobid [®]
		Lamictal ^{® ODT^{PA}}	
<u>Sedative Hypnotic Agents^{QL, ID}</u>			
eszopiclone ^{QL}	zaleplon ^{QL}	Ambien ^{® QL}	Lunesta ^{® QL}
Rozerem ^{® QL}	zolpidem ^{QL}	Ambien CR ^{® QL}	Restoril ^{® PA, QL}
		Belsomra ^{® QL}	Silenor ^{® PA, QL}
		Eduar ^{® PA, QL}	Sonata ^{® QL}
		estazolam ^{PA, QL}	temazepam ^{PA, QL}
		flurazepam ^{PA, QL}	triazolam ^{PA, QL}
		Halcion ^{® PA, QL}	zolpidem ER ^{QL}
		Hetlioz ^{® PA, QL}	zolpidem tartrate SL ^{QL}
		Intermezzo ^{® QL}	Zolpimist ^{® PA, QL}
<u>Skeletal Muscle Relaxants</u>			
baclofen	methocarbamol	Amrix ^{® PA, QL}	orphenadrine
chlorzoxazone	orphenadrine/ASA/caffeine	carisoprodol ^{PA, QL}	Parafon Forte [®]
cyclobenzaprine	tizanidine tablets	carisoprodol/ASA ^{PA, QL}	Robaxin [®]
dantrolene		carisoprodol/ASA/codeine ^{PA}	Skelaxin [®]
		cyclobenzaprine 7.5mg	Soma ^{® PA, QL}
		Flexeril [®]	tizanidine capsules
		Lorzone [®]	Zanaflex [®]
		metaxalone	

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
V. DERMATOLOGICS			
<u>Topical Antipruritics/Antihistamines</u>			
N/A		<i>doxepin cream</i> ^{PA, QL}	<i>Zonalon</i> ^{PA, QL}
		<i>Prudoxin</i> ^{PA, QL}	
<u>Topical Antivirals</u>			
acyclovir 5% ointment ^{QL}		<i>acyclovir cream</i> ^{QL}	<i>Zovirax</i> ^{cream} ^{QL}
Denavir ^{cream} ^{QL}		<i>Xerese</i> ^{PA}	<i>Zovirax</i> ^{ointment} ^{QL}
<u>Topical Agents for Burns</u>			
silver sulfadiazine	SSD [®]	<i>mefanide</i>	<i>Sulfamylon</i> [®]
Thermazene [®]		<i>Silvadene</i> [®]	
<u>Antiseborrheic Agents</u>			
selenium sulfide 2.5% lotion		<i>Ovace</i> [®]	<i>selenium sulfide/pyrithione zinc in urea</i>
		<i>Ovace</i> ^{® Plus}	<i>sodium sulfacetamide 10% shampoo</i>
		<i>Rosula</i> ^{® NS Pads}	<i>sulfacetamide sodium/urea pads</i>
		<i>Seb-Prev</i> [®]	<i>sulfacetamide sodium 10% wash</i>
		<i>selenium sulfide shampoo</i>	<i>TL Triseb</i> [®]
<u>Topical Antibiotic Agents for Skin and Soft Tissue Infections</u>			
gentamicin	mupirocin ointment ^{QL}	<i>Altabax</i> [®]	<i>Centany</i> ^{® QL}
		<i>Bactroban</i> ^{cream}	<i>mupirocin cream</i>
		<i>Bactroban</i> ^{ointment} ^{QL}	
<u>Topical Antibiotic Agents for Acne (Covered for recipients < 21 years old only)</u>			
Azelex ^{20% cream}		<i>Aczone</i> [®]	
benzoyl peroxide (2.5%, 5%, 10% excluding cleanser, gel, microspheres, and towelettes)		<i>benzoyl peroxide (cleanser, gel, microspheres, towelettes, and all strengths not listed as preferred)</i>	
clindamycin phosphate (excluding foam, lotion, and 75 mL bottle of gel)		<i>benzoyl peroxide kits and other dermatological kits</i> ^{PA}	
erythromycin (excluding swab & gels)		<i>clindamycin phosphate foam, lotion, clindamycin/benzoyl peroxide gel and gel (75 mL bottle)</i>	
sodium sulfacetamide (excluding suspension)		<i>Dapsone</i> ^{5% gel}	<i>erythromycin/benzoyl peroxide</i>
		<i>erythromycin swab & gel</i>	<i>sodium sulfacetamide/sulfur</i>
		<i>sulfacetamide suspension</i>	
		<i>All branded single agent and combination products of: benzoyl peroxide, clindamycin, erythromycin, and sodium sulfacetamide</i>	
<u>Topical Agents for Rosacea (Covered for recipients < 21 years old only)</u>			
Finacea ^{15% gel}	metronidazole gel 1% ^{QL}	<i>azelaic acid 15% gel</i>	<i>MetroLotion</i> ^{QL}
metronidazole 0.75% cream ^{QL}		<i>Finacea</i> ^{15% foam}	<i>Mirvaso</i> [®]
metronidazole 0.75% gel ^{QL}		<i>Finacea</i> ^{Plus gel} ^{PA}	<i>Noritate</i> ^{1% cream}
metronidazole 0.75% lotion ^{QL}		<i>MetroCream</i> ^{QL}	<i>Rhofade</i> ^{PA, QL}
		<i>MetroGel</i> ^{1% QL}	<i>Rosadan</i> ^{Kit}
		<i>MetroGel</i> ^{1% Kit}	<i>Soolantra</i> ^{QL}

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
V. DERMATOLOGICS			
Topical Antifungal Agents			
ciclopirox	ketoconazole (shampoo and cream)	Bensal HP [®]	luliconazole ^{PA}
ciclopirox solution 8% ^{PA}	nystatin ^{QL}	Ciclodan [®] Kit ^{PA}	Luzu [®] PA
clotrimazole 1% cream & soln (OTC)		ciclopirox nail kit ^{PA}	Loprox [®]
		clotrimazole 1% cream & soln (Rx)	Lotrisone [®]
		clotrimazole/betamethasone	Mentax [®]
		CNL 8 Nail Kit [®] PA	miconazole/zinc/petrolatum ^{PA}
		econazole	Naftin [®]
		Ertaczo [®]	Nizoral [®]
		Exelderm [®]	nystatin/triamcinolone
		Extina [®]	oxiconazole
		Jublia [®] PA	Oxistat [®]
		Ketocon Kit ^{PA}	Pediaderm [®] AF
		ketoconazole foam	Pediprox-4 [®] Nail ^{PA}
		Ketodan [®] Kit ^{PA}	Penlac [®] PA
		Kerydin [®]	Vusion [®] PA
		Lamisil [®]	
Topical Antipsoriatics^{PA}			
calcipotriene cream ^{PA}	Tazorac [®] 0.5% gel and cream ^{PA}	calcipotriene ointment ^{PA}	Enstilar [®] PA
calcipotriene scalp solution ^{PA}	Vectical [®] PA	calcitriol ointment ^{PA}	Sorilux [®] PA
tazarotene 1% cream ^{PA}		calcipotriene/betamethasone ^{PA}	Taclonex [®] PA
		Dovonex [®] PA	Tazorac [®] 1% cream ^{PA}
		Dovonex [®] scalp solution ^{PA}	
Antipsoriatics, Oral^{PA}			
N/A		methoxsalen capsules ^{PA}	Oxsoralen-Ultra [®] PA
Genital Wart Agents			
imiquimod	podofilox	Aldara [®]	Veregen [®]
		Condylox [®]	Zyclara [®]
Emollients			
ammonium lactate	lactic acid	Lac-Hydrin [®]	
LacLotion [®]	lactic acid with vitamin E		
Retinoids, Oral			
N/A		acitretin ^{PA, QL}	Myorisan [®] PA
		Absorica [®] PA	Sotret [®] PA
		Amnesteem [®] PA	Soriatane [®] QL
		Claravis [®] PA	Zenatane [®] PA
Retinoids, Topical^{PA}			
Differin [®] PA		adapalene ^{PA}	Plixda [®] PA
tazarotene 1% cream ^{PA}		adapalene/benzoyl peroxide ^{PA}	Retin-A [®] PA
Tazorac [®] 0.5% gel and cream ^{PA}		Altreno [®] PA	Retin-A Micro [®] PA
tretinoin ^{PA}		Atralin [®] PA	Tazorac [®] 1% cream ^{PA}
		clindamycin/tretinoin ^{PA}	tretinoin gel ^{PA}
		Epiduo [®] PA	tretinoin microsphere gel ^{PA}
		Epiduo [®] Forte ^{PA}	Veltin [®] PA
		Fabior [®] PA	Ziana [®] PA
Pediculocides/Scabicides^{QL}			
Natroba [®] QL	Sklice [®] QL	Crotan [®] PA, QL	malathion ^{QL}
permethrin ^{QL}		Elimite [®] QL	Ovide [®] QL
		Eurax [®] PA, QL	spinosad ^{QL}
		lindane ^{PA, QL}	Ulesfia [®] QL

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
V. DERMATOLOGICS			
<u>PDE-4 Inhibitors, Topical</u>			
N/A		Eucrisa ^{® PA, QL}	
<u>Keratolytic Agents</u>			
all generic urea products ^{PA}	all generic salicylic acid products	All brand urea products	All brand salicylic acid products
<u>Enzyme Preps and Wound Healing</u>			
Regranex ^{® PA}	Santyl [®]	N/A	
<u>Topical Anesthetics</u>			
lidocaine (excluding lotion) ^{QL}	lidocaine viscous	All brand lidocaine products	lidocaine/hydrocortisone/aloe
lidocaine/hydrocortisone	lidocaine/prilocaine ^{QL}	EMLA ^{® QL}	Lidoderm ^{® PA}
		hydrocortisone/pramoxine	Novacort ^{® gel}
		lidocaine patch ^{PA}	Pliaglis [®]
		lidocaine lotion	Pramsone ^{® 2.5%–1% lotion}
		lidocaine/tetracaine	
<u>Topical Antineoplastics</u>			
Carac [®]	Panretin [®]	Efudex [®]	Tolak ^{® PA}
diclofenac 3% gel ^{PA}	Targretin [®]	fluorouracil 5% cream	Valchlor ^{® PA}
Fluoroplex [®]		Picato [®]	Zyclara [®]
fluorouracil		Solaraze ^{® PA}	
<u>Topical Steroids: Least Potent</u>			
hydrocortisone 1% cream and ointment (Rx & OTC)		Ala-Scalp ^{® 2% lotion}	
hydrocortisone 2.5% cream, lotion, and ointment		Alcortin ^{® A}	
		Aqua Glycolic HC ^{® Kit}	
		hydrocortisone acetate-aloe vera 2% gel	
		Micort ^{® HC 2.5% cream}	
		Pediaderm HC ^{® 2% Kit}	
		Texacort ^{® 2.5% solution}	
		U-cort ^{® 1% cream}	
<u>Topical Steroids: Mild</u>			
acclomethasone 0.05% cream and ointment		Derma-Smoother/FS ^{® Oil}	
betamethasone valerate 0.1% lotion		Desonate ^{® 0.05% gel}	
		desonide 0.05% cream and ointment	
		fluocinolone acetonide 0.01% cream, oil and solution	
		Synalar ^{® 0.01% solution}	
		Verdeso ^{® 0.05% foam}	
<u>Topical Steroids: Lower Mid-Strength</u>			
betamethasone dipropionate 0.05% lotion		Capex ^{® shampoo}	
betamethasone valerate 0.1% cream		clocortolone 0.1% cream and pump	
fluticasone propionate 0.05% cream		Cloderm ^{® 0.1% cream}	
		Cutivate ^{® 0.05% cream and lotion}	
		Derma-Top ^{® 0.1% cream and ointment}	
		desonide 0.05% lotion	
		Desowen ^{® 0.05% lotion}	
		Diprolene ^{® 0.05% lotion}	
		fluocinolone acetonide 0.01% shampoo	
		fluocinolone acetonide 0.025% cream	
		fluticasone propionate 0.05% lotion	
		hydrocortisone butyrate 0.1% cream, lotion, ointment, and solution	
		hydrocortisone valerate 0.2% cream	
		Pandel ^{® 0.1% cream}	
		prednicarbate 0.1% cream and ointment	

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs	Non-Preferred Drugs
V. DERMATOLOGICS	
Topical Steroids: Mid-Strength	
mometasone furoate 0.1% cream and solution (lotion)	<i>Elocon® 0.1% cream and lotion</i>
triamcinolone acetonide 0.1% cream	<i>fluocinolone acetonide 0.025% ointment</i>
	<i>flurandrenolide 0.5% lotion</i>
	<i>flurandrenolide 0.5% ointment</i>
	<i>hydrocortisone valerate 0.2% ointment</i>
	<i>Kenalog® aerosol spray</i>
	<i>Pediaderm TA® Kit</i>
	<i>triamcinolone spray</i>
Topical Steroids: Upper Mid-Strength	
betamethasone valerate 0.1% ointment	<i>amcinonide 0.1% cream and lotion</i>
fluticasone propionate 0.005% ointment	<i>betamethasone dipropionate 0.05% cream</i>
triamcinolone acetonide 0.025% cream, lotion and ointment	<i>betamethasone valerate 0.12% foam</i>
triamcinolone acetonide 0.1% lotion and ointment	<i>desoximetasone 0.05% cream</i>
triamcinolone acetonide 0.5% cream and ointment	<i>Diprolene AF® 0.05% cream</i>
	<i>Ellzia Pak</i>
	<i>fluocinonide 0.05% emulsified base cream</i>
	<i>Luxiq® 0.12% foam</i>
	<i>Sernivo®</i>
	<i>Trianex® 0.05% ointment</i>
Topical Steroids: Potent	
betamethasone dipropionate, augmented 0.05% cream	<i>amcinonide 0.1% ointment</i>
fluocinonide 0.05% solution	<i>Apexicon E® 0.05% cream</i>
mometasone furoate 0.1% ointment	<i>betamethasone dipropionate, augmented 0.05% lotion</i>
	<i>betamethasone dipropionate 0.05% ointment</i>
	<i>desoximetasone 0.05% gel and ointment</i>
	<i>desoximetasone 0.25% cream, ointment, spray</i>
	<i>diflorasone diacetate 0.05% cream and ointment</i>
	<i>Elocon® 0.1% ointment</i>
	<i>fluocinonide 0.05% cream, gel, and ointment</i>
	<i>Halog® 0.1% ointment and cream</i>
	<i>Topicort® 0.05% gel and ointment</i>
	<i>Topicort® 0.25% cream and ointment</i>

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs	Non-Preferred Drugs
V. DERMATOLOGICS	
<u>Topical Steroids: Super Potent</u>	
clobetasol propionate 0.05% cream, gel, ointment ^{QL} , and solution ^{QL}	Bryhali ^{® PA, QL}
clobetasol propionate emollient base 0.05% cream	betamethasone dipropionate, augmented 0.05% gel, and ointment
Ultravate [®] 0.05% lotion	clobetasol propionate 0.05% foam, lotion, shampoo, and spray
	clobetasol propionate emollient base 0.05% foam
	Clobex [®] 0.05% lotion and shampoo
	Clobex [®] 0.05% spray
	Clodan [®]
	Clodan [®] Kit ^{PA}
	Cordran [®] tape
	Diprolene [®] 0.05% ointment
	fluocinonide 0.1% cream
	halobetasol propionate 0.05% cream, foam, and ointment
	Lexette ^{® PA, QL}
	Olux [®] 0.05% aerosol
	Olux-E [®] 0.05% aerosol
	Temovate [®] 0.05% cream and ointment ^{QL}
	Temovate E [®] 0.05% cream
	Ultravate [®] 0.05% cream and ointment
	Vanos [®] 0.1% cream

Preferred Drugs	Non-Preferred Drugs
VI. DIABETIC SUPPLIES	
<u>Diabetic Supplies: Blood Glucose Meters (OTC)^{QL}</u>	
Abbott Diabetes Care Products ^{QL} (Covered Meters Include: Freestyle Insulin Meter, FreeStyle Lite Meter, FreeStyle Freedom Lite Meter, Precision Xtra Meter)	AgaMatrix Products ^{PA, QL} LifeScan Products ^{PA, QL} Bayer Healthcare Products ^{PA, QL} Roche Diagnostics Products ^{PA, QL} Home Diagnostics Products ^{PA, QL}
<u>Diabetic Supplies: Blood Glucose Test Strips (OTC)</u>	
Abbott Test Strips ^{QL} (Covered Strips Include: Precision Xtra Test Strips, FreeStyle Test Strips, FreeStyle Lite Test Strips, Freestyle Insulin Test Strips)	AgaMatrix Products ^{PA, QL} LifeScan Products ^{PA, QL} Bayer Healthcare Products ^{PA, QL} Roche Diagnostics Products ^{PA, QL} Home Diagnostics Products ^{PA, QL}

Preferred Drugs	Non-Preferred Drugs
VII. ENDOCRINE AND METABOLIC AGENTS	
<u>Agents for Gout</u>	
allopurinol probenecid	Colcrys ^{® PA} Uloric ^{® PA}
colchicine capsules (generic Mitigare [®]) ^{PA}	probenecid/colchicine Duzallo ^{® PA, QL} Zurampic ^{® PA, QL}
colchicine tablets ^{PA}	Mitigare ^{® PA} Zylprim [®]
<u>Anabolic Steroids^{PA}</u>	
N/A	Anadrol-50 ^{® PA} Oxandrin ^{® PA}
	oxandrolone ^{PA}

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs	Non-Preferred Drugs	
VII. ENDOCRINE AND METABOLIC AGENTS		
Androgens		
AndroGel® 1% and 1.62% packets ^{PA}	Androderm® ^{PA}	Striant® ^{PA}
AndroGel® pump ^{PA}	Android® ^{PA}	Testim® ^{PA}
Danazol	Androxy® ^{PA}	testosterone cypionate ^{PA, QL}
Depo-testosterone® ^{PA, QL} (200 mg/mL 1 mL vial)	Axiron® ^{PA}	testosterone enanthate ^{PA, QL}
	Delatestryl® ^{PA, QL}	testosterone gel (generic AndroGel®, Fortesta®, Testim®, Vogelxo®) ^{PA}
	Depo-testosterone® ^{PA, QL} (excluding 200 mg/mL 1 mL vial)	testosterone solution (generic Axiron®) ^{PA, QL}
	Fortesta® ^{PA}	Testred® ^{PA}
	Methitest® ^{PA}	Vogelxo® ^{PA}
	methylestosterone ^{PA}	Xyosted® ^{PA, QL}
	Natesto® nasal gel ^{PA}	
Antidiuretic/Vasopressor Agents		
desmopressin tabs	DDAVP	Noctiva® ^{PA, QL}
	desmopressin nasal spray	Stimate® ^{PA}
Bone: Bisphosphonates		
alendronate ^{QL}	Actonel® ^{QL}	etidronate ^{QL}
alendronate solution ^{QL}	Atelvia® ^{QL}	Fosamax® ^{QL}
ibandronate ^{QL}	Binosto® ^{QL}	Fosamax Plus D® ^{QL}
	Boniva® ^{QL}	risedronate ^{QL}
	Didronel®	Skelid® ^{QL}
Bone: Calcitonin^{PA, QL}		
calcitonin nasal spray ^{PA, QL}	Fortical® ^{PA, QL}	Miacalcin® nasal spray ^{PA, QL}
	Miacalcin® injection ^{PA, QL}	
Bone: SERMs		
raloxifene ^{QL}	Evista® ^{QL}	
Bone: Parathyroid Hormone		
N/A	Forteo® ^{PA, QL}	Tymlos® ^{PA, QL}
	Natpara® ^{PA, QL}	
Contraceptives, Non-Oral		
DEPO PROVERA CONTRACEPTIVE® ^{QL} Nuvaring® ^{QL}	N/A	
Depo SubQ Provera® ^{QL} Xulane®		
medroxyprogesterone acetate inj. ^{QL}		

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs		
VII. ENDOCRINE AND METABOLIC AGENTS				
<u>Contraceptives, Oral^{QL}</u>				
Aftera [®] <u>OTC</u> ^{QL}	Kelnor 1/35 [®] ^{QL}	Ortho-Novum [®] ^{QL}	Ashlyna [®] ^{QL}	Quasense [®] ^{QL}
Altavera [®] ^{QL}	Kimidess [®] ^{QL}	Ortho Tri-Cyclen [®] ^{QL}	Balziva [®] ^{QL}	Seasonale [®] ^{QL}
Alyacen [®] ^{QL}	Kurvelo [®] ^{QL}	Ortho Tri-Cyclen Lo [®] ^{QL}	Generess FE [®] ^{QL}	Seasonique [®] ^{QL}
Amethia Lo [®] ^{QL}	Larin 24 [®] ^{QL}	Ovcon-50 [®] ^{QL}	Jolessa [®] ^{QL}	Tilia FE [®] ^{QL}
Amethyst [®] ^{QL}	Layolis FE [®] ^{QL}	Philith [®] ^{QL}	Kariva [®] ^{QL}	Tri-Legest FE [®] ^{QL}
Apri [®] ^{QL}	Leena [®] ^{QL}	Plan B [®] One-Step <u>OTC</u> ^{QL}	Ogestrel [®] ^{QL}	Zenchant [®] ^{QL}
Aranelle [®] ^{QL}	Lessina [®] ^{QL}	Portia [®]		
Aviane [®] ^{QL}	levonorgestrel [®] ^{QL}	Previfem [®] ^{QL}		
Balcoltra [®] ^{QL}	levonorgestrel/ ethinyl estradiol [®] ^{QL}	Quartette [®] ^{QL}		
Bekyree [®] ^{QL}	Levora [®] ^{QL}	Rajani [®] ^{QL}		
Beyaz [®] ^{QL}	Lillow [®] ^{QL}	Reclipsen [®] ^{QL}		
Blisovi FE [®] ^{QL}	Lo/Ovral [®] ^{QL}	Rivelsa [®] ^{QL}		
Blisovi 24 FE [®] ^{QL}	Loestrin [®] ^{QL}	Safyral [®] ^{QL}		
Brevicon [®] ^{QL}	Loestrin 24 FE [®] ^{QL}	Setlakin [®] ^{QL}		
Camila [®] ^{QL}	Lomedia 24 FE [®]	Sharobel [®] ^{QL}		
Cesia [®] ^{QL}	Lo Loestrin FE [®] ^{QL}	Solia [®] ^{QL}		
Cryelle [®] ^{QL}	Low-Ogestrel [®] ^{QL}	Sprintec [®] ^{QL}		
Cyclessa [®] ^{QL}	Lutera [®] ^{QL}	Sronyx [®] ^{QL}		
Cyred [®] ^{QL}	Lyza [®] ^{QL}	Take Action [®] <u>OTC</u> ^{QL}		
Deblitane [®] ^{QL}	Melodetta 24 Fe [®] ^{QL}	Tarina-FE [®] ^{QL}		
Desogen [®] ^{QL}	Mibelas FE 24 [®] ^{QL}	Taytulla [®] ^{QL}		
drosperinone/ ethinyl estradiol [®] ^{QL}	Microgestin [®] ^{QL}	Tri-Estarylla [®] ^{QL}		
Econtra [®] <u>EZ</u> <u>OTC</u> ^{QL}	Microgestin FE [®] ^{QL}	Tri-Femynor [®] ^{QL}		
Elinest [®] ^{QL}	Minastrin 24 FE [®] ^{QL}	Tri-Lo-Estarylla [®] ^{QL}		
Ella [®] ^{QL}	Mircette [®] ^{QL}	Tri-Lo-Marzia [®] ^{QL}		
Enpresse [®] ^{QL}	Modicon [®] ^{QL}	Tri-Linyah [®] ^{QL}		
Errin [®] ^{QL}	Mononessa [®] ^{QL}	Tri-Norinyl [®] ^{QL}		
estradiol [®] ^{QL}	MyWay [®] <u>OTC</u> ^{QL}	Tri-Previfem [®] ^{QL}		
Estrostep FE [®] ^{QL}	Myzilra [®] ^{QL}	Tri-Sprintec [®] ^{QL}		
ethynodiol/ ethinyl estradiol [®] ^{QL}	Necon [®] ^{QL}	Trinessa [®] ^{QL}		
Fall Back Solo [®] <u>OTC</u> ^{QL}	Natazia [®] ^{QL}	Trinessa-Lo [®] ^{QL}		
Fayosim [®] ^{QL}	Next Choice [®] <u>OTC</u> ^{QL}	Trivora [®] ^{QL}		
Femcon FE [®] ^{QL}	Nikki [®] ^{QL}	Tri-Vylibra [®] ^{QL}		
Gildagia [®] ^{QL}	Nor-QD [®] ^{QL}	Tydemy [®] ^{QL}		
Gildess [®] ^{QL}	Nora-BE [®] ^{QL}	Velivet [®] ^{QL}		
Gildess 24 FE [®] ^{QL}	Nordette [®] ^{QL}	Vesturna [®] ^{QL}		
Heather [®] ^{QL}	Norlyda [®] ^{QL}	Vienva [®] ^{QL}		
Isibloom [®] ^{QL}	norethindrone/ ethinyl estradiol - FE [®] ^{QL}	Vylibra [®] ^{QL}		
Jolivette [®] ^{QL}	Norinyl [®] ^{QL}	Wymza FE [®] ^{QL}		
Juleber [®] ^{QL}	Nortrel [®] ^{QL}	Yasmin [®] ^{QL}		
Junel [®] ^{QL}	Opcicon One Step [®] <u>OTC</u> ^{QL}	YAZ [®] ^{QL}		
Junel FE [®] ^{QL}	Ortho-Cept [®] ^{QL}	Zeosa [®] ^{QL}		
Junel FE 24 [®] ^{QL}	Ortho-Cyclen [®] ^{QL}	Zovia [®] ^{QL}		
Kaitlib-FE [®] ^{QL}	Ortho Micronor [®] ^{QL}			

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
VII. ENDOCRINE AND METABOLIC AGENTS			
Diabetes: Alpha-Glucosidase Inhibitors			
acarbose ^{PA}	Glyset ^{PA}	miglitol ^{PA}	Precose ^{PA}
Diabetes: Amylin Analogs			
N/A		Symlin ^{PA}	
Diabetes: Biguanides^{QL}			
metformin ^{QL}		Fortamet ^{QL}	Glumetza ^{QL}
metformin ER ^{QL}		Glucophage ^{QL}	metformin ER osmotic ^{QL}
		Glucophage XR ^{QL}	Riomet ^{PA, QL}
Diabetes: DPP-4 Inhibitors and Combinations^{PA, QL}			
Januvia ^{PA, QL}	Kombiglyze XR ^{PA, QL}	alogliptin ^{PA, QL}	Kazano ^{PA, QL}
Janumet ^{PA, QL}	Onglyza ^{PA, QL}	alogliptin/metformin ^{PA, QL}	Nesina ^{PA, QL}
Janumet XR ^{PA, QL}		alogliptin/pioglitazone ^{PA, QL}	Oseni ^{PA, QL}
		Jentadueto ^{PA, QL}	Qtern ^{PA, QL}
		Jentadueto XR ^{PA, QL}	Tradjenta ^{PA, QL}
GLP-2 Analogs			
N/A		Gattex ^{PA}	
Diabetes: Incretin Mimetics & Combinations^{PA, QL}			
Bydureon Pen & vials ^{PA, QL}	Victoza ^{PA, QL}	Adlyxin ^{PA, QL}	Tanzeum ^{PA, QL}
Byetta ^{PA, QL}		Bydureon BCise ^{PA, QL}	Trulicity ^{PA, QL}
		Ozempic ^{PA, QL}	Xultophy ^{PA, QL}
		Soliqua ^{PA, QL}	
Diabetes: Insulins			
Humalog KwikPen ^{PA ≥ 21}	Humulin N vial (OTC)	Admelog Solostar ^{PA}	Novolin 70/30 (OTC)
Humalog Mix 50/50 KwikPen ^{PA ≥ 21}	Humulin R vial (OTC)	Admelog vial	Novolin N (OTC)
Humalog Mix 75/25 KwikPen ^{PA ≥ 21}	Humulin R U-500 vial	Afrezza ^{PA, QL}	Novolin R (OTC)
Humalog Mix 50/50 vial	Lantus Solostar [®]	Apidra Solostar [®]	Novolog FlexPen ^{PA}
Humalog Mix 75/25 vial	Lantus vial	Apidra vial	Novolog Mix 70/30 FlexPen ^{PA}
Humalog vial	Levemir FlexTouch [®]	Basaglar KwikPen ^{PA}	Novolog Mix 70/30 vial
Humulin 70/30 KwikPen ^{PA ≥ 21}	Levemir vial	Fiasp ^{PA}	Novolog Penfill [®]
Humulin N KwikPen ^{PA ≥ 21}		Fiasp FlexTouch ^{PA}	Novolog vial
Humulin 70/30 vial (OTC)		Humalog Jr KwikPen ^{PA}	Toujeo Max Solostar ^{PA}
		Humalog U-200 KwikPen ^{PA}	Toujeo Solostar ^{PA}
		Humulin R U-500 KwikPen ^{PA}	Tresiba FlexTouch ^{PA}
Diabetes: Meglitinides and Combination^{QL}			
nateglinide ^{PA, QL}		Prandin ^{PA, QL}	repaglinide/metformin ^{PA, QL}
repaglinide ^{PA, QL}		Prandimet ^{PA, QL}	Starlix ^{PA, QL}
Diabetes: Sulfonylureas and Combination			
glimepiride ^{PA, QL}	glyburide micronized ^{PA}	Amaryl ^{PA, QL}	Glucovance [®]
glipizide ^{PA}	glyburide/metformin	chlorpropamide ^{PA}	Glynase PresTab ^{PA}
glipizide ER/XL ^{PA}		Diabeta ^{PA}	Metaglip [®]
glipizide/metformin		Glucotrol ^{PA}	tolazamide ^{PA}
glyburide ^{PA}		Glucotrol XL ^{PA}	tolbutamide ^{PA}
Diabetes: SGLT2 Inhibitors and Combinations^{PA, QL}			
Jardiance ^{PA, QL}		Farxiga ^{PA, QL}	Steglatro ^{PA, Q}
		Glyxambi ^{PA, QL}	Steglujan ^{PA, QL}
		Invokamet ^{PA, QL}	Synjardy ^{PA, QL}
		Invokamet XR ^{PA, QL}	Synjardy XR ^{PA, QL}
		Invokana ^{PA, QL}	Xigduo XR ^{PA, QL}
		Segluromet ^{PA, QL}	

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
VII. ENDOCRINE AND METABOLIC AGENTS			
Diabetes: Thiazolidinedione ^{PA, QL}			
pioglitazone ^{PA, QL}		Actos ^{® PA, QL}	Avandia ^{® PA, QL}
Diabetes: Thiazolidinedione Combinations ^{PA, QL}			
pioglitazone/metformin ^{PA, QL}		ACTOplus Met ^{® PA, QL}	Avandaryl ^{® PA, QL}
		ACTOplus Met ^{® XR PA, QL}	DuetAct ^{® PA, QL}
		Avandamet ^{® PA, QL}	pioglitazone-glimepiride ^{PA, QL}
Disease Modifying Anti-Rheumatic Drugs			
hydroxychloroquine	Ridaura [®]	Arava [®]	Plaquenil [®]
leflunomide	sulfasalazine ^{QL}	Azulfidine ^{® QL}	Rasuvo ^{® PA}
methotrexate	sulfasalazine EC ^{QL}	Azulfidine EN ^{® QL}	Rheumatrex [®]
		Cuprimine [®]	Trexall [®]
		Depen [®]	Xatmep ^{® PA}
		Otrexup ^{® PA}	
Note: Injectable agents for the treatment of RA are located under Immunomodulators			
Anti-Rheumatic: Kinase Inhibitors			
N/A		Olumiant ^{® PA, QL}	
		Xeljanz ^{® PA, QL}	Xeljanz ^{® XR PA, QL}
Glucocorticoids, Oral			
dexamethasone	prednisolone tab	Cortef [®]	Millipred [®]
hydrocortisone	prednisone	cortisone	Orapred ^{® ODT PA}
methylprednisolone		dexamethasone intensol	prednisolone ODT ^{PA}
prednisolone solution (5mg/5mL, 15 mg/5mL)		Dexpak [®]	prednisolone solution (all other strengths)
		Emflaza ^{® PA}	Rayos [®]
		Medrol [®]	Taperdex [®]
Growth Hormone Agents ^{PA}			
Genotropin ^{® PA}		Humatrope ^{® PA}	Saizen ^{® PA}
		Norditropin ^{® PA}	Serostim ^{® PA}
		Nutropin ^{® PA}	Tev-Tropin ^{® PA}
		Nutropin AQ ^{® PA}	Zomacton ^{® PA}
		Omnitrope ^{® PA}	Zorbtive ^{® PA}
Hematopoietic Agents ^{PA}			
Epogen ^{® PA}	Retacrit ^{® PA}	Aranesp ^{® PA}	
Procrit ^{® PA}			
Hormones: Adrenocorticotropic			
N/A		H.P. Acthar ^{® PA, QL}	
Hormones: Anti-Thyroid			
methimazole	propylthiouracil	Tapazole [®]	
Hormones: LHRH			
leuprolide ^{PA}	Synarel [®]	N/A	
Hormones: Oral Estrogens			
estradiol	Premarin [®]	Estrace [®]	Menest [®]
Hormones: Oral Estrogen/Progestins			
estradiol/norethindrone	PreFest [®]	Activella [®]	
FemHRT [®] Low Dose	PremPhase ^{® QL}	Angeliq [®]	
Mimvey [®]	PremPro ^{® QL}	FemHRT [®] 1/5	
Lopreeza [®]		Jinteli [®]	

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
VII. ENDOCRINE AND METABOLIC AGENTS			
<u>Hormones: Oral Progestins</u>			
medroxyprogesterone	norethindrone acetate ^{PA}	Aygestin ^{® PA}	megestrol acetate 625mg/5ml suspension ^{QL}
megestrol acetate 40mg/ml suspension ^{QL}	progesterone	Megace ^{® QL}	Prometrium [®]
megestrol acetate tabs		Megace ES ^{® PA, QL}	Provera [®]
<u>Hormones: Thyroid</u>			
Cytomel [®]	Levoxyl [®]	Armour Thyroid [®]	
Levo-T [®]	liothyronine	Thyroid [®]	
Levothroid [®]	Synthroid [®]	Thyrolar [®]	
levothyroxine	Unithroid [®]	Tirosint [®]	
<u>Hormones: Transdermal Estrogens</u>			
Alora ^{® QL}		Climara ^{® QL}	Evamist [®]
estradiol transdermal biweekly patch ^{QL}		Divigel [®]	Menostar ^{® QL}
estradiol transdermal weekly patch ^{QL}		Elestrin [®]	Minivelle ^{® QL}
		Estrasorb [®]	Vivelle-Dot ^{® QL}
<u>Hormones: Transdermal Estrogen/Progestins ^{QL}</u>			
Combipatch ^{® QL}		Climara Pro ^{® QL}	
<u>Hormones: Vaginal Estrogens</u>			
Estring [®]	Vagifem [®]	Estrace [®]	Femring [®]
Premarin Vaginal Cream ^{® QL}		estradiol vaginal cream and tab	Yuvafem [®]
<u>Hyperparathyroid Agents</u>			
Sensipar ^{® PA}		cinacalcet ^{PA}	Royaldee ^{® PA, QL}
		doxercalciferol capsules ^{PA, QL}	Zemplar ^{® capsules PA, QL}
		paricalcitol capsules ^{PA, QL}	
<u>Insulin-Like Growth Factor-1 ^{PA}</u>			
Increlex ^{® PA}		N/A	
<u>Mineralocorticoids, Oral</u>			
fludrocortisone		N/A	
<u>Progesterone Receptor Antagonists</u>			
N/A		Korlym ^{® PA}	
<u>SERM/Estrogen Combinations</u>			
N/A		Duavee ^{® PA}	
<u>Somatostatic Agents</u>			
octreotide ^{PA}		Sandostatin ^{® PA}	Somavert [®]
		Signifor ^{® PA, QL}	Xermelo ^{® PA, QL}
		Somatuline Depot [®]	
Preferred Drugs		Non-Preferred Drugs	
VIII. GASTROINTESTINAL			
<u>5-ASA Derivatives, Oral ^{QL}</u>			
Apriso ^{® QL}	Sulfazine ^{® QL}	Asacol HD ^{® QL}	Giazo ^{® QL}
Asacol ^{® QL}		Azulfidine ^{® QL}	Lialda ^{® QL}
Delzicol ^{® QL}		Azulfidine EN ^{® QL}	mesalamine ^{QL}
sulfasalazine ^{QL}		balsalazide ^{QL}	mesalamine HD ^{QL}
sulfasalazine EC ^{QL}		Colazal ^{® QL}	Pentasa ^{® QL}
Sulfazine EC ^{® QL}		Dipentum ^{® QL}	

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
VIII. GASTROINTESTINAL			
5-ASA Derivatives, Rectal			
Canasa [®]	mesalamine enema	mesalamine kit	Rowasa [®]
		mesalamine suppository	Rowasa [®] kit
Agents for Irritable Bowel Syndrome (IBS)^{PA, QL}			
Amitiza ^{® QL}	Lotronex ^{® QL}	alosetron ^{PA, QL}	Viberzi ^{® PA, QL}
		Linzess ^{® PA, QL}	
Agents for Chronic Constipation			
Amitiza ^{® QL}		Linzess ^{® PA, QL}	Symproic ^{® PA, QL}
		Movantik ^{® PA, QL}	Trulance ^{® PA, QL}
Antidiarrheals			
diphenoxylate with atropine	Lonox [®]	Lomotil [®]	opium tincture
Lofene [®]	loperamide	Motofen [®]	paregoric
		Fulyzaq ^{® PA}	
Anti-Emetics: A-9-THC Derivatives^{PA}			
N/A		Cesamet ^{® PA}	Marinol ^{® PA}
		dronabinol ^{PA}	Syndros ^{® PA}
Anti-Emetics: Anticholinergics			
meclizine	trimethobenzamide	Antivert [®]	scopolamine patches ^{PA, QL}
prochlorperazine	Transderm Scōp ^{® PA, QL}	Compro [®]	Tigan [®]
promethazine ^{PA}		Phenergan ^{® PA}	
Anti-Emetics: 5-HT3 Antagonists^{PA}			
ondansetron tabs and ODT ^{PA, QL}		Anzemet ^{® PA, QL}	Zofran ODT ^{® PA, QL}
		granisetron ^{PA, QL}	Zofran ^{® Solution PA}
		Kytril ^{® PA, QL}	Zofran ^{® PA, QL}
		ondansetron oral soln ^{PA}	Zuplenz ^{® PA, QL}
		Sancuso ^{® PA, QL}	
Anti-Emetics: NK-1 Antagonists^{PA}			
N/A		aprepitant ^{PA, QL}	Emend ^{® PA, QL}
		Akynzeo ^{® PA, QL}	Varubi ^{® PA, QL}
Anti-Emetics: Miscellaneous			
Diclegis ^{® PA, QL}		Bonjesta ^{® PA, QL}	
Antispasmodics/Anticholinergics			
dicyclomine	Symax Fastabs [®]	Anaspaz [®]	methscopolamine
glycopyrrolate	Symax-SL [®]	Bentyl [®]	Pamine [®]
hyoscyamine		Cantil [®]	Pamine Forte [®]
Hyosyne [®]		chlordiazepoxide/clidinium	Robinul [®]
NuLev [®]		Cuvposa ^{® PA}	Robinul Forte [®]
propantheline		Levsin [®]	Sal-Tropine [®]
		Librax [®]	
Combination Products for <i>H. pylori</i>^{PA}			
lansoprazole/amoxicillin/ clarithromycin ^{PA, QL}	Pylera ^{® PA, QL}	Omeclamox ^{® PA, QL}	Prevpac ^{® PA, QL}
Gallstone Solubilizing Agents			
ursodiol ^{QL}		Actigall ^{® QL}	Ocaliva ^{® PA, QL}
		Chenodal [®]	Urso ^{® QL}
		Cholbam ^{® PA}	Urso Forte ^{® QL}

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
VIII. GASTROINTESTINAL			
H2 Receptor Antagonists			
cimetidine	ranitidine syrup	<i>Axid</i> [®]	<i>ranitidine capsules</i>
famotidine		<i>nizatidine</i>	<i>Zantac</i> [®]
ranitidine tablets		<i>Pepcid</i> [®]	
Laxatives			
CoLyte [®] with flavor packs	MoviPrep [®]	<i>Clenpiq</i> [®]	<i>PEG 3350 powder packs</i>
Constulose [®]	OsmoPrep [®]	<i>Entereg</i> [®]	<i>PEG 3350 solution</i>
Enulose [®]	PEG 3350 powder (Rx & OTC)	<i>GaviLYTE-H</i> [®] / <i>bisacodyl</i>	<i>Plenvu</i> [®] powder packs
Generlac [®]	PEG 3350 electrolyte solution (Rx & OTC)	<i>GoLYTELY</i> [®]	<i>Prepopik</i> [®]
lactulose		<i>HalfLyte</i> [®]	<i>Suclear</i> [®]
		<i>Kristalose</i> [®]	<i>Suprep</i> [®]
		<i>NuLYTELY</i> [®]	<i>Trilyte</i> [®]
		<i>PEG 3350 with flavor packs</i>	<i>Visicol</i> [®]
Miscellaneous Agents for Inflammatory Bowel Disease			
budesonide capsules ^{PA}		<i>budesonide DR tablets</i> ^{PA, QL}	<i>Uceris</i> [®] ^{PA, QL}
		<i>Entocort</i> [®] <i>EC</i> ^{PA}	
Motility Agents			
metoclopramide ^{QL}		<i>metoclopramide ODT</i> ^{PA, QL}	<i>Reglan</i> [®] ^{QL}
		<i>Metozolv</i> [®] <i>ODT</i> ^{PA, QL}	
Mucosal Protectants			
misoprostol	sucralfate tablets	<i>Carafate</i> [®]	<i>sucralfate suspension</i> ^{PA}
		<i>Cytotec</i> [®]	
Pancreatic Enzymes			
Creon [®] (all strengths)	ZenPep [®]	<i>Pancrease</i> [®]	<i>Ultresa</i> [®]
		<i>Pertzye</i> [®]	<i>Viokace</i> [®]
Proton Pump Inhibitors			
pantoprazole ^{QL}		<i>Aciphex</i> [®] ^{QL}	omeprazole/sodium bicarbonate ^{QL}
Protonix [®] suspension		<i>Aciphex</i> [®] <i>sprinkles</i> ^{PA}	<i>Prevacid</i> [®] ^{QL}
omeprazole ^{QL}		<i>Dexilant</i> [®] ^{QL}	<i>Prevacid</i> [®] <i>SoluTab</i> [®] ^{PA, QL}
		<i>esomeprazole</i> ^{QL}	<i>Prilosec</i> [®] ^{QL}
		<i>lansoprazole</i> ^{QL}	<i>Protonix</i> [®] ^{QL}
		<i>lansoprazole ODT</i> ^{PA, QL}	<i>rabeprazole</i> ^{QL}
		<i>Nexium</i> [®] ^{QL}	<i>Zegerid</i> [®] ^{QL}
Saliva Stimulating Agents			
pilocarpine ^{PA, QL}		<i>cevimeline</i> ^{PA, QL}	<i>Salagen</i> [®] ^{PA, QL}
		<i>Evoxac</i> [®] ^{PA, QL}	

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
IX. IMMUNOLOGIC AGENTS			
<u>Anti-inflammatory: PDE-4 Inhibitors</u>			
N/A		Otezla ^{® PA, QL}	
<u>Anti-inflammatory: Systemic IL-4 Antagonists</u>			
N/A		Dupixent ^{® PA, QL}	
<u>Immunomodulators^{PA, QL}</u>			
Cosentyx ^{® PA, QL}	Enbrel ^{® Mini Cartridge^{® PA, QL}}	Actemra ^{® PA, QL}	Siliq ^{® PA, QL}
Enbrel ^{® PA, QL}	Humira ^{® PA, QL}	Cimzia ^{® PA, QL}	Simponi ^{® PA, QL}
		Kevzara ^{® Pen^{PA, QL}}	Stelara ^{® PA, QL (applies to syringes only)}
		Kevzara ^{® syringe^{PA, QL}}	Taltz ^{® PA, QL}
		Kineret ^{® PA, QL}	Tremfya ^{® PA, QL}
		Orencia ^{® PA, QL}	
<u>Immunosuppressants</u>			
azathioprine	Gengraf [®]	Astagraf XL ^{® PA}	mycophenolate mofetil suspension
Cellcept ^{® suspension}	mycophenolate mofetil	Azasan ^{® PA}	mycophenolic acid ^{PA}
cyclosporine microemulsion	tacrolimus	Cellcept ^{® (excluding suspension)^{PA}}	Neoral ^{® PA}
	Sandimmune ^{® capsules}	cyclosporine capsules	Prograf ^{® PA}
		Envarsus ^{® XR^{PA, QL}}	Rapamune ^{® PA}
		Hecoria ^{® PA}	Sandimmune ^{® oral solution}
		Imuran ^{® PA}	sirolimus ^{PA}
		Myfortic ^{® PA}	Zortress ^{® PA}
<u>Multiple Sclerosis Agents^{QL}</u>			
Avonex ^{® QL}	Copaxone ^{® 20 mg/mL^{QL}}	Copaxone ^{® 40 mg/mL^{PA, QL}}	Glatopa ^{® QL}
Avonex Administration Pack ^{® QL}	Rebif ^{® QL}	Extavia ^{® QL}	Plegridy ^{® PA, QL}
Betaseron ^{® QL}		glatiramer 20 mg/ml ^{QL}	Zinbryta ^{® QL}
		glatiramer 40 mg/ml ^{PA, QL}	
<u>Multiple Sclerosis Agents: Potassium Channel Blockers</u>			
dalfampridine ER ^{QL}		Ampyra ^{® QL}	
<u>Multiple Sclerosis Agents: Oral Disease Modifying Agents</u>			
Aubagio ^{® PA}	Gilenya ^{® PA, QL}	Tecfidera ^{® PA, QL}	
<u>Topical Immunomodulators^{PA}</u>			
Elidel ^{® PA}		pimecrolimus ^{PA}	tacrolimus ointment ^{PA}
		Protopic ^{® PA}	
Preferred Drugs		Non-Preferred Drugs	
X. MISCELLANEOUS			
<u>Gaucher's Disease Agents</u>			
Zavesca [®]		Cerdelga ^{® QL}	miglustat
<u>Hereditary Angioedema (HAE) Agents</u>			
Firazyr ^{® PA}	Kalbitor ^{® PA}	N/A	
<u>Hereditary Tyrosinemia Agents</u>			
Orfadin [®]		Orfadin ^{® suspension^{PA}}	
<u>Oral Iron Chelators^{PA}</u>			
N/A		Exjade ^{® PA}	Jadenu ^{® PA}
		Ferriprox ^{® PA}	

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs			Non-Preferred Drugs	
XI. ONCOLOGY AGENTS				
abiraterone	Idhifa [®]	Rydapt [®]	Afinitor Disperz ^{® PA}	Imbruvica [®] tablets
Afinitor [®]	Imbruvica [®] capsules	Rubraca ^{® QL}	Alkeran [®]	imitanib
Alecensa [®]	Inlyta [®]	Soltamox [®]	Arimidex [®]	Nilandron [®]
Alunbrig [®]	Iressa [®]	Sprycel [®]	Aromasin [®]	Purinethol [®]
anastrozole	Jakafi ^{® QL}	Stivarga [®]	Calquence ^{® PA, QL}	Purixan ^{® PA}
bicalutamide	Kisqali ^{® PA, QL}	Sutent [®]	capicitabine	Temodar [®]
Bosulif [®]	Kisqali/Femara ^{® PA, QL}	Tabloid [®]	Casodex [®]	Tibsovo ^{® PA, QL}
Braftovi ^{® PA, QL}	Lenvima [®]	Tafinlar [®]	Erleada ^{® PA, QL}	toremifene
Cabometyx [®]	letrozole	Tagrisso [®]	Femara [®]	Yonsa ^{® PA}
Caprelsa [®]	leucovorin	tamoxifen	Gleostine ^{® (excluding 5mg)}	Zytiga [®]
Cometriq [®]	Leukeran [®]	Tarceva [®]	Hydrea [®]	
Cotellic [®]	leuprolide ^{PA}	Targretin [®]		
cyclophosphamide	Lonsurf ^{® QL}	Tasigna [®]		
Droxia [®]	Lynparza ^{® QL}	temozolamide		
Eligard ^{® PA}	Lysodren [®]	Thalomid [®]		
Emcyt [®]	Matulane [®]	tretinoin		
Erivedge [®]	melphalan	Tykerb [®]		
etoposide	Mekinist [®]	Venclexta ^{® QL (See "Note" below)}		
exemestane	Mektovi ^{® PA, QL}	Verzenio [®]		
Fareston [®]	mercaptopurine	Votrient [®]		
Farydak [®]	Mesnex [®]	Xalkori [®]		
flutamide	methotrexate	Xeloda [®]		
Gilotrif [®]	Myleran [®]	Xtandi [®]		
Gleevec [®]	Nerlynx [®]	Zelboraf [®]		
Gleostine ^{® 5mg QL}	Nexavar [®]	Zolinza [®]		
Hexalen [®]	nilutamide	Zydelig [®]		
Hycamtin [®]	Ninlaro [®]	Zykadia [®]		
hydroxyurea	Odomzo [®]	Zejula ^{® QL}		
Ibrance [®]	Pomalyst [®]			
Iclusig [®]	Revlimid [®]			

Effective March 1, 2014, the **initial** fill of oncology products will be limited to a 14 days' supply. If the initial 14 days' supply is tolerated, the member is eligible to receive the remainder of the first months' supply without additional co-pay by the pharmacy submitting a Submission Clarification Code (NCPDP D.0 field # 42Ø-DK) of 2. After the initial month, members may continue to receive up to a 31 days' supply of oncology products per fill.

Note: For Ramp-Up Phase Dosing of Venclexta[®], please dispense a 7-day supply of 10 mg tablets (for 20 mg dose), followed by a 7- day supply of 50 mg tablets.

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
XII. OPHTHALMICS			
Ophthalmic Antibiotic/Steroid Combinations			
neomycin/BAC/poly B/HC	TobraDex [®] suspension	Blephamide [®]	TobraDex [®] ointment
neomycin/poly B/dexameth		Maxitrol [®]	TobraDex [®] ST suspension
sulfacetamide/prednisolone		neomycin/poly B/HC	tobramycin/dexamethasone suspension
Pred-G [®]		Poly-Pred [®]	Zylet [®] PA
Ophthalmic Antibiotics			
bacitracin/poly B	ofloxacin	AzaSite [®]	moxifloxacin
ciprofloxacin ^{QL}	polymyxin B/TMP	bacitracin	Neosporin [®]
erythromycin	Romycin [®]	Besivance [®]	Ocuflox [®]
Gentak [®]	sulfacetamide sodium drops	Bleph-10 [®]	Polysporin [®]
gentamicin ^{QL}	tobramycin	Ciloxan [®] QL	Polytrim [®]
Moxeza [®]	Tobrex [®] ointment	Garamycin [®]	sulfacetamide ointment
neomycin/bac/poly B	Vigamox [®]	gatifloxacin 0.5% solution	Tobrex [®] solution
neomycin/poly B/gramicidin		levofloxacin 0.5% solution	Zymaxid [®]
Ophthalmic Antifungals			
N/A		Natacyn [®] PA	
Ophthalmic Antivirals			
trifluridine		Viroptic [®]	Zirgan [®] PA > 5yr old
Ophthalmic Antihistamines^{QL}			
Bepreve [®] QL		azelastine ^{QL}	Lastacaft [®] QL
ketotifen OTC ^{QL}		Elestat [®] QL	olopatadine drops ^{QL}
Pataday [®] QL		Emadine [®] QL	Patanol [®] QL
Pazeo [®] QL		epinastine ^{QL}	
Ophthalmic Alpha-2 Agonists			
apraclonidine	Alphagan P [®]	brimonidine tartrate 0.15%	lopidine [®]
brimonidine tartrate 0.2%			
Ophthalmic Beta Blockers			
carteolol	timolol maleate	Betagan [®]	metipranolol
		betaxolol	OptiPranolol [®]
		Betimol [®]	timolol gel solution
		Betoptic-S [®]	Timoptic [®]
		Istalol [®]	Timoptic Oculdose [®]
		levobunolol	Timoptic-XE [®]
Ophthalmic Carbonic Anhydrase Inhibitors^{QL}			
Azopt [®] QL	dorzolamide/timolol ^{QL}	Cosopt [®] QL	Trusopt [®] QL
dorzolamide ^{QL}		Cosopt PF [®] QL	
Ophthalmic Decongestants			
phenylephrine		Neo-Synephrine [®]	
Ophthalmic Mast Cell Stabilizers			
cromolyn sodium		Alamast [®]	Alomide [®]
		Alocril [®]	
Mydriatics and Mydriatic Combos			
atropine		AK-Pentolate [®]	Isopto [®] Homatropine
Atropine Care [®]		Cyclogyl [®]	Isopto Hyoscine [®]
cyclopentolate		Cyclomydril [®]	Mydriacyl [®]
tropicamide		Isopto Atropine [®]	Paremyd [®]

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
XII. OPHTHALMICS			
<u>Ophthalmic NSAIDs^{PA}</u>			
diclofenac ^{PA}		Acular ^{PA}	Ilevro ^{PA}
flurbiprofen ^{PA}		Acular LS ^{PA}	Nevanac ^{PA}
ketorolac ^{PA}		Acuvail ^{PA}	Prolensa ^{PA}
		Bromday ^{PA}	Ocufen ^{PA}
		bromfenac ^{PA}	Voltaren ^{PA}
		Bromsite ^{PA}	
<u>Ophthalmic Prostaglandin Agonists^{QL}</u>			
latanoprost ^{QL}		bimatoprost 0.03% ^{QL}	Vyzulta ^{PA,QL}
Lumigan ^{0.01% QL}		Rescula ^{QL}	Xalatan ^{QL}
		Travatan Z ^{QL}	Zioptan ^{QL}
		Travoprost ^{QL}	
<u>Ophthalmic Steroids</u>			
Alrex [®]	prednisolone acetate	dexamethasone	Lotemax [®] Ointment
Durezol [®]		Flarex [®]	Maxidex [®]
fluorometholone		FML Forte [®]	prednisolone sodium phosphate
FML [®] ointment		FML Liquifilm [®]	Pred Forte [®]
Pred Mild [®]		Lotemax [®] Gel	Vexol [®]
<u>Glaucoma Direct Acting Miotics</u>			
pilocarpine		Isopto [®] Carpine	Pilopine HS [®]
		phospholine iodide	
<u>Glaucoma Combinations</u>			
Combigan ^{® PA}	Simbrinza ^{® PA}	N/A	
<u>Glaucoma, Miscellaneous</u>			
N/A		Rhopressa ^{® PA, QL}	
<u>Ophthalmic Immunomodulators^{PA, QL}</u>			
Restasis ^{® PA, QL}	Restasis [®] multidose ^{PA}	Cequa ^{® PA, QL}	Xiidra ^{® PA, QL}
<u>Ophthalmic Vasoconstrictors</u>			
AK-Dilate [®] 2.5%, 10%	phenylephrine 2.5%, 10%	Albalon [®]	
Neofrin [®] 2.5%, 10%		Mydrin [®]	
<u>Ophthalmic Lubricants and Artificial Tears</u>			
N/A		Lacrisert ^{® PA}	
<u>Miscellaneous Ophthalmics</u>			
N/A		Cystaran ^{® PA}	
Preferred Drugs		Non-Preferred Drugs	
XIII. OTICS			
<u>Otic Quinolones</u>			
CiproDex ^{® QL}	ciprofloxacin otic	Cipro HC ^{® QL}	ofloxacin otic ^{QL}
<u>Otic Steroid/Antibiotic Combinations</u>			
HC/neomycin/polymyxin B		Cortisporin [®] Otic	Coly-Mycin [®] S
		Cortisporin [®] -TC Otic	Otovel [®]
<u>Miscellaneous Otics</u>			
acetic acid	acetic acid/HC ^{QL}	DermOtic [®] oil	fluocinolone acetone oil
acetic acid/aluminum			

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
XIV. RENAL AND GENITOURINARY			
<u>Alpha Blockers for BPH</u>			
alfuzosin ^{QL}	tamsulosin ^{QL}	Cardura [®]	Rapaflo [®]
doxazosin	terazosin	Cardura XL ^{® QL}	silodosin
prazosin		Flomax ^{® QL}	Uroxatral ^{® QL}
		Minipress [®]	
<u>Androgen Hormone Inhibitors</u>			
dutasteride ^{QL}	finasteride ^{QL}	Avodart ^{® QL}	Proscar ^{® QL}
<u>Combination Agents for BPH</u>			
N/A		dutasteride/tamsulosin ^{PA, QL}	Jalyn ^{® PA, QL}
<u>Phosphorus Depleters</u>			
calcium acetate capsules		Auryxia [®]	Phoslyra [®]
Renvela [®] tablets ^{QL}		calcium acetate tablets	Renagel [®]
		Eliphos [®]	Renvela [®] powder for suspension ^{PA, QL}
		Fosrenol [®]	sevelamer carbonate powder packets ^{PA, QL}
		Fosrenol [®] powder pack ^{PA}	sevelamer carbonate tablets ^{QL}
		lanthanum carbonate	sevelamer HCl tablets
		PhosLo [®]	Velphoro ^{® PA}
<u>Urinary Tract Antispasmodics</u>			
oxybutynin	Toviaz ^{® QL}	darifenacin ^{QL}	Myrbetriq ^{® QL}
	VESIcare ^{® QL}	Detrol ^{® QL}	oxybutynin ER ^{QL}
		Ditropan XL ^{® QL}	Oxytrol ^{® QL}
		Detrol LA ^{® QL}	tolterodine ^{QL}
		Enablex ^{® QL}	tolterodine ER ^{QL}
		flavoxate ^{QL}	trospium ^{QL}
		Gelnique ^{® QL}	trospium XR ^{QL}
<u>Urinary Alkalinizing Agents</u>			
potassium citrate ER	potassium citrate/citric acid	Cytra-K [®] crystals packet	Urocit-K [®]
		Ora-Cit [®]	
<u>Urinary Acidifying Agents</u>			
K-Phos Original [®]	K-Phos #2 [®]	Renacidin ^{® PA}	
<u>Urinary Analgesics</u>			
phenazopyridine (Rx & OTC)		Phenazo [®]	Pyridium [®]
<u>Urinary Interstitial Cystitis Agents</u>			
Elmiron [®]	RIMSO-50 [®]	N/A	

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
XV. RESPIRATORY			
<u>Anaphylaxis Therapy Agents</u>			
epinephrine ^{QL}		Epipen ^{® QL}	
epinephrine auto injector ^{QL}		Epipen, Jr. ^{® QL}	
<u>Antiallergens, Oral</u>			
N/A		Grastek ^{® PA, QL}	Ragwitek ^{® PA, QL}
		Oralair ^{® PA, QL}	
<u>Anticholinergics, Inhaled^{QL}</u>			
albuterol/ipratropium ^{QL}	ipratropium solution ^{QL}	Anoro Ellipta ^{® PA, QL}	Spiriva Respimat ^{® QL}
Atrovent ^{® HFA QL}	Spiriva ^{® QL}	Combivent Respimat ^{® QL}	Stiolto Respimat ^{® PA, QL}
Bevespi Aerosphere ^{® PA, QL}		Incruse Ellipta ^{® QL}	Trelegy Ellipta ^{® PA, QL}
		Lonhala Magnair ^{® PA, QL}	Tudorza ^{® QL}
		Seebri Neohaler ^{® PA, QL}	Utibron Neohaler ^{® PA, QL}
<u>Anticholinergics, Nasal^{QL}</u>			
ipratropium 0.3%, 0.6% ^{QL}		N/A	
<u>Antihistamines, First Generation (Covered for recipients < 21 years old only)</u>			
Bromspiro [®]	hydroxyzine	all formulations of brompheniramine tannate	
carbinoxamine maleate	LoHist-12 [®]	all formulations of chlorpheniramine tannate	
chlorpheniramine maleate	promethazine	all formulations of diphenhydramine tannate	
clemastine		Aldex AN [®]	J-Tan PD
cyproheptadine hydrochloride		dexchlorpheniramine	Palgic [®]
diphenhydramine HCl		Doxytex [®]	Vazol [®]
Dytuss [®] syrup		Karbinal ^{® ER}	Vistaril [®]
<u>Antihistamines, Non-Sedating (Covered for recipients < 21 years old only)</u>			
cetirizine chewable (OTC) ^{PA, QL}		Allegra ^{® (OTC) QL}	cetirizine 5mg/5ml solution (OTC)
cetirizine 1mg/1ml solution (OTC)		Allegra-D 12 Hr ^{® (OTC) QL}	desloratadine ^{QL}
cetirizine syrup (OTC)		Allegra-D 24 Hr ^{® (OTC) QL}	desloratadine ODT ^{PA, QL}
cetirizine tabs (OTC) ^{QL}		Allegra ODT ^{® PA, QL}	fexofenadine (OTC) ^{QL}
cetirizine/PSE (OTC) ^{QL}		Claritin ^{® (OTC) QL}	fexofenadine/PSE (OTC) ^{QL}
levocetirizine tablets ^{QL}		Claritin ^{® chewable (OTC) PA, QL}	levocetirizine solution ^{QL}
loratadine (OTC) ^{QL}		Claritin-D 12 Hr ^{® QL}	Semprex ^{®-D QL}
loratadine RDT (OTC) ^{PA, QL}		Claritin-D 24 Hr ^{® QL}	Xyza ^{® QL}
loratadine/PSE (OTC) ^{QL}		Claritin RediTabs ^{® PA, QL}	Zyrtec ^{® (OTC) QL}
		Clarinet ^{® QL}	Zyrtec ^{® chewable PA, QL}
		Clarinet RediTabs ^{® PA, QL}	Zyrtec ^{® ODT PA, QL}
		Clarinet-D 12 Hr ^{® QL}	Zyrtec-D ^{® (OTC) QL}
		Clarinet-D 24 Hr ^{® QL}	
<u>Antihistamines, Nasal^{QL}</u>			
azelastine ^{QL}		Astebro ^{® PA, QL}	Patanase ^{® QL}
olopatadine ^{QL}		Dymista ^{® PA, QL}	
<u>Beta Agonists: Combination Products^{PA, QL}</u>			
Advair Diskus ^{® PA, QL}	Symbicort ^{® PA, QL}	Advair HFA ^{® PA, QL}	fluticasone/salmeterol ^{PA, QL}
Dulera ^{® PA, QL}		Airduo Respiclick ^{® PA, QL}	Wixela ^{® PA, QL}
		Breo Ellipta ^{® PA, QL}	
<u>Beta Agonists: Long Acting MDI^{PA, QL}</u>			
Serevent Diskus ^{® PA, QL}		Arcapta ^{® QL}	Striverdi ^{® Respimat QL}

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
XV. RESPIRATORY			
<u>Beta Agonists: Nebulizer</u>			
albuterol inhalation solution ^{QL}		AccuNeb ^{® QL}	Perforomist ^{® PA, QL}
		Brovana ^{® PA, QL}	Xopenex ^{® PA, QL}
		levalbuterol ^{PA, QL}	
<u>Beta Agonists: Short Acting MDI^{QL}</u>			
Proventil ^{® HFA^{QL}}		albuterol HFA ^{PA, QL}	ProAir Respiclick ^{® PA, QL}
		levalbuterol HFA ^{PA, QL}	Ventolin ^{® HFA^{PA, QL}}
		Maxair Autohaler ^{® QL}	Xopenex ^{® HFA^{PA, QL}}
		ProAir ^{® HFA^{PA, QL}}	
<u>Beta Agonist: Oral</u>			
albuterol syrup	terbutaline	albuterol tabs	VoSpire ER [®]
albuterol ER		metaproterenol	
<u>Cystic Fibrosis Agents</u>			
Bethkis ^{® PA, QL}	Pulmozyme ^{® PA, QL}	Cayston ^{® PA, QL}	tobramycin nebulizer ^{PA}
Kitabis ^{® PA}	tobramycin vial ^{PA} (excluding 1.2g vials)	TOBI ^{® Podhaler[®] and inhalation solution^{PA, QL}}	tobramycin solution 300mg/5mL ^{PA, QL}
<u>Cystic Fibrosis Agents: CFTR Potentiators</u>			
N/A		Kalydeco ^{® PA, QL}	Symdeko ^{® PA, QL}
		Orkambi ^{® PA, QL}	
<u>Expectorants</u>			
SSKI		N/A	
<u>Leukotriene Receptor Antagonists^{QL}</u>			
montelukast tabs and chewables ^{QL}		Accolate ^{® QL}	zafirlukast ^{QL}
		montelukast granules ^{PA, QL}	zileuton CR ^{QL}
		Singulair ^{® tabs and chewables^{PA, QL}}	Zyflo ^{® QL}
		Singulair ^{® granules^{PA, QL}}	Zyflo CR ^{® QL}
<u>Mast Cell Stabilizers</u>			
cromolyn ^{QL}		N/A	
<u>Mucolytics</u>			
acetylcysteine		Cetylev [®]	
<u>Non-Narcotic Antitussives^{PA}</u>			
benzonatate ^{PA, QL}		Tessalon ^{® PA}	Zonatuss ^{® PA}
		Tessalon Perles ^{® PA, QL}	
<u>Steroids, Orally Inhaled^{QL}</u>			
Asmanex Twisthaler ^{® QL}		Aerospan ^{® QL}	budesonide respules ^{QL}
Flovent HFA ^{® QL}		Alvesco ^{® QL}	Flovent Diskus ^{® QL}
		Armonair ^{® QL}	Pulmicort Flexhaler ^{® QL}
		Arnuity Ellipta ^{® QL}	Pulmicort Respules ^{® PA, QL}
		Asmanex HFA ^{® QL}	QVAR ^{® Redihaler^{® QL}}

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs
XV. RESPIRATORY		
<u>Steroids, Intranasal^{QL}</u>		
budesonide nasal (OTC) ^{QL}		Beconase AQ ^{QL} Omnaris ^{QL}
fluticasone propionate ^{QL}		budesonide nasal (Rx only) ^{QL} Qnasi ^{QL}
Nasacort [®] (OTC) ^{QL}		Flonase [®] ^{QL} Rhinocort Aqua [®] ^{QL}
		flunisolide ^{QL} triamcinolone acetonide ^{QL}
		mometasone furoate ^{QL} Veramyst [®] ^{QL}
		Nasacort [®] AQ ^{QL} Xhance [®] ^{PA, QL}
		Nasonex [®] ^{QL} Zetonna [®] ^{QL}
Xanthine Derivatives		
aminophylline	Elixophyllin [®]	N/A
	Theo-24 [®]	
<u>Phosphodiesterase 4 Inhibitor</u>		
N/A		Daliresp [®] ^{PA}
Vasoconstrictors, Intranasal		
Adrenalin [®]	Tyzine [®]	N/A
Preferred Drugs		Non-Preferred Drugs
XVI. SMOKING CESSATION AGENTS		
<u>Smoking Cessation Agents^{QL} (OTC)</u>		
bupropion SR ^{QL}	nicotine polacrilex lozenge ^{QL}	Nicotrol [®] inhaler ^{QL}
Chantix [®] ^{QL}	nicotine transdermal patch ^{QL}	Nicotrol [®] nasal spray ^{QL}
nicotine polacrilex gum ^{QL}		Zyban [®] ^{QL}
Preferred Drugs		Non-Preferred Drugs
XVII. VITAMINS AND ELECTROLYTES		
<u>Cystine Depleting Agent</u>		
Cystagon [®]		Procysbi [®] ^{PA}
Fluoride Products		
Denta 5000 [®] Plus cream	SF 1.1% gel	
Dentagel [®] 1.1% gel	SF 5000 Plus cream	
<u>Folic Acid Preparations</u>		
folic acid		Deplin [®] ^{PA} l-methylfolate ^{PA}
		Falessa [®] ^{PA} Q-Tabs [®] ^{PA}
Kidney Stone Agents		
Lithostat [®]	Thiola [®]	N/A
Multivitamins with Iron (Covered for recipients < 21 years old only)		
Generic prescription products		All brand prescription products
Select OTC products (see OTC list for NDCs)		
<u>Potassium Depletors</u>		
Kalexate	sodium polystyrene sulfonate	Kayexalate [®] SPS [®]
Kionex [®]		Lokelma [®] ^{PA, QL} Veltassa [®] ^{QL}

* Note that agents not listed on PDL may be considered non-preferred

Preferred Drugs		Non-Preferred Drugs	
XVII. VITAMINS AND ELECTROLYTES			
Potassium Supplements			
Effer-K [®]	K-Effervescent [®]	Epiklor [®]	Micro K [®]
Kaon-CL [®]	K-Vescent [®]	K-tabs [®]	potassium chloride caps
Klor-Con [®]	potassium bicarbonate	Klor-Con [®] powder	
Klor-Con/EF [®]	potassium chloride tabs and solution		
Klor-Con M [®]	potassium chloride, microencapsulated		
Prenatal Vitamins			
generic prescription products (various manufacturers)		All brand prescription products (various manufacturers)	
Select OTC products (see OTC list for NDCs)			
Renal Vitamins			
generic prescription products (various manufacturers)		All brand prescription products (various manufacturers)	
Select OTC products (see OTC list for NDCs)			
Vitamin D/Vitamin D Analogs			
calcitriol	Vitamin D	Drisdol [®]	Rocaltrol [®]
Vitamin K Products			
Mephyton ^{® QL}		N/A	
Zinc Supplements			
zinc sulfate	Zincate [®]	Galzin ^{® PA}	

* Note that agents not listed on PDL may be considered non-preferred