



New Hampshire Department of Health and Human Services AIDS Drug Assistance Program (ADAP) Preferred Drug List (PDL)

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* 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.

ANALGESICS – LONG-ACTING OPIOIDS***

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> • buprenorphine patch (generic for Butrans) • Butrans • fentanyl patch (generic for Duragesic) • hydrocodone bitartrate ER (generic for Hysingla) • hydrocodone bitartrate ER (generic for Zohydro ER) • hydromorphone ER (generic for Exalgo) • morphine ER (generic for Avinza, Kadian, MS Contin) • oxycodone ER (generic for Oxycontin) • oxymorphone ER (generic for Opana ER) • Xtampza ER 	<ul style="list-style-type: none"> • Belbuca • Hysingla ER • MS Contin • Oxycontin
	<p>Trial and failure of 2 Preferred products required prior to Non-Preferred products.</p>

ANALGESICS – ANTI-INFLAMMATORY – NON-SELECTIVE NSAIDS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • celecoxib (generic for Celebrex) • meloxicam cap (generic for Vivlodex) • meloxicam tab (generic for Mobic) • naproxen/esomeprazole tab (generic for Vimovo) 	<ul style="list-style-type: none"> • Celebrex* • Vimovo*
	<p>Trial and failure of 2 Preferred products required prior to Non-Preferred products.</p>

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ANALGESICS – TRAMADOL AND TRAMADOL-LIKE DERIVATIVES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • tramadol (generic for Ultram) • tramadol/acetaminophen (generic for Ultracet) • tramadol ER (generic for ConZip, Ryzolt ER, Ultram ER)** • tramadol solution (generic for Qdolo) 	<ul style="list-style-type: none"> • ConZip** • Nucynta • Nucynta ER** • Qdolo
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ANTIBIOTICS – SECOND GENERATION CEPHALOSPORINS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • cefaclor caps, ER tabs, susp. (generic for Ceclor) • cefprozil susp/tabs (generic for Cefzil Susp/Tabs) • cefuroxime (generic for Ceftin) 	

ANTIBIOTICS – THIRD GENERATION CEPHALOSPORINS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • cefdinir caps/susp. (generic for Omnicef cap/susp) • cefixime caps/susp. (generic for Suprax) • cefpodoxime tabs, susp. (generic for Vantin) 	

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*** Indicates when quantity limits apply.

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ANTIBIOTICS – MACROLIDES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • azithromycin (generic for Zithromax)*** • clarithromycin/ER/susp (generic for Biaxin/XL/susp)*** • E.E.S. • EryPed 200 susp • erythromycin base cap • erythromycin base tab (generic for E-Mycin) • erythromycin ethylsuccinate (generic for E.E.S.) 	<ul style="list-style-type: none"> • EryPed 400 susp • Ery-Tab • Erythrocin • Zithromax*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIBIOTICS – SECOND GENERATION QUINOLONES

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> • ciprofloxacin (generic for Cipro) • Cipro susp • ofloxacin (generic for Floxin) 	<ul style="list-style-type: none"> • Cipro*
Qty limits apply	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIBIOTICS – THIRD GENERATION QUINOLONES

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> • levofloxacin (generic for Levaquin) • moxifloxacin (generic for Avelox) 	<ul style="list-style-type: none"> • Baxdela
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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ANTIBIOTICS – HERPETIC ANTIVIRALS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> acyclovir (generic for Zovirax) famciclovir (generic for Famvir) valacyclovir (generic for Valtrex) 	<ul style="list-style-type: none"> Sitavig Valtrex*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIBIOTICS – INHALED

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Bethkis Kitabis Pak Tobi Podhaler tobramycin (generic for Bethkis) tobramycin pak/ solution (generic for Kitabis, Tobi) 	<ul style="list-style-type: none"> Arikayce Cayston Tobi*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIBIOTICS – VAGINAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> clindamycin Clindesse metronidazole Nuessa 	<ul style="list-style-type: none"> Cleocin Cream*/Ovules Vandazole Xaciato
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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ANTICONVULSANTS – CARBAMAZEPINE DERIVATIVES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • carbamazepine chew/susp/tab/XR (generic for Tegretol/XR) • carbamazepine ER (generic for Carbatrol) • Carbatrol • Epitol • oxcarbazepine susp (generic for Trileptal Susp) • oxcarbazepine tab (generic for Trileptal) • Tegretol XR • Trileptal suspension 	<ul style="list-style-type: none"> • Equetro • Oxtellar XR • Tegretol susp/tab* • Trileptal tab*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

ANTICONVULSANTS – FIRST GENERATION

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Celontin • Depakote Sprinkle • Dilantin Infatab • divalproex/ER/sprinkle (generic for Depakote/ER/Sprinkle) • ethosuximide cap/syrup (generic for Zarontin) • felbamate (generic for Felbatol) • methsuximide (generic for Celontin) • 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) 	<ul style="list-style-type: none"> • Depakote* • Depakote ER* • Dilantin cap/susp* • Felbatol* • Mysoline* • Phenytek* • Zarontin cap/syrup*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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ANTICONVULSANTS – OTHER

NASAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none">NayzilamValtoco	

RECTAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none">Diastat/AcuDialdiazepam (generic for Diastat)	

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ANTICONVULSANTS – SECOND GENERATION

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • clobazam (generic for Onfi) • Epidiolex • gabapentin (generic for Neurontin) • Gabitril • lacosamide (generic for Vimpat) • lamotrigine/ODT/XR (generic for Lamictal/ODT/XR) • levetiracetam/ER (generic for Keppra/XR) • pregabalin (generic for Lyrica) • rufinamide susp/tab (generic for Banzel) • Sabril • tiagabine (generic for Gabitril) • Topamax sprinkle • topiramate (generic for Topamax) • topiramate ER (generic for Qudexy XR) • topiramate ER (generic for Trokendi XR) • vigabatrin (generic for Sabril) • zonisamide (generic for Zonegran) 	<ul style="list-style-type: none"> • Aptiom • Banzel* • Briviact • Diacomit • Elepsia XR • Eprontia • Fintepla • Fycompa • Keppra tab/sol* • Keppra XR* • Lamictal tab* • Lamictal ODT* • Lamictal XR* • Lyrica (requires additional clinical PA) • Motpoly XR • Neurontin* • Onfi* • Qudexy XR* • Spritam • Sympazan • Topamax* • Trokendi XR* • Vimpat* • Xcopri • Zonisade • Ztalmy
	<p>Trial and failure of 2 Preferred products required prior to Non-Preferred products</p>

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ANTIFUNGALS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> ciclopirox solution (generic for Penlac) itraconazole luliconazole (generic for Luzu) oxiconazole (generic for Oxistat) tavaborole (generic for Kerydin) terbinafine (generic of Lamisil) 	<ul style="list-style-type: none"> Jublia Luzu Oxistat Sporanox
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIPARKINSON'S AGENTS – DOPAMINE RECEPTOR AGONISTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> pramipexole/ER (generic for Mirapex/ER) ropinirole/ER (generic for Requip/XL) 	<ul style="list-style-type: none"> Inbrija Kynmobi Mirapex*ER* Neupro
	Trial and failure of 1 Preferred products based on diagnosis required prior to Non-Preferred products

ANTIVIRALS – TREATMENT/PROPHYLAXIS OF INFLUENZA

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> amantadine (generic for Symmetrel) oseltamivir (generic for Tamiflu) rimantadine (generic for Flumadine) 	<ul style="list-style-type: none"> Flumadine tablet* • Relenza*** • Tamiflu*** • Xofluza***
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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ATOPIC DERMATITIS TREATMENTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> • Adbry • Dupixent • Elidel • Eucrisa • pimecrolimus (generic for Elidel) • tacrolimus (generic for Protopic) 	<ul style="list-style-type: none"> • Opzelura
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

BEHAVIORAL HEALTH – ATYPICAL ANTIPSYCHOTICS AND COMBOS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Abilify Asimtufii • Abilify Maintena • aripiprazole/ODT/solution (generic for Abilify/Discmelt/oral solution) • Aristada • Aristada Initio • asenapine (generic for Saphris) • clozapine (generic for Clozaril) • clozapine ODT (generic for Fazaclo) • Invega Sustenna/Trinza/Hafyera • lurasidone (generic for Latuda) • olanzapine/ODT/IM (generic for Zyprexa) • olanzapine/fluoxetine (generic for Symbyax) • paliperidone (generic for Invega) • Perseris • quetiapine/ER (generic for Seroquel/XR) • Risperdal Consta*** • risperidone/ODT (generic for Risperdal/MT) • risperidone IM • Uzedy • Vraylar • ziprasidone/IM (generic for Geodon) 	<ul style="list-style-type: none"> • Abilify* • Abilify MyCite • Caplyta • Clozaril* • Fanapt • Geodon/IM* • Invega* • Latuda* • Lybalvi • Rexulti • Risperdal* • Rykindo • Saphris* • Secuado Transdermal System • Seroquel/XR* • Symbyax* • Versacloz • Zyprexa*/IM/Relprevv/Zydis
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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BEHAVIORAL HEALTH – ALZHEIMER’S AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> Adlarity Aricept* Aricept 23 mg* Namenda XR* (not a cholinesterase inhibitor) Namzaric
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

BEHAVIORAL HEALTH – NOVEL ANTIDEPRESSANTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> bupropion (generic for Wellbutrin) bupropion SR (generic for Wellbutrin SR) bupropion XL (generic for Forfivo XL) bupropion XL (generic for Wellbutrin XL) desvenlafaxine ER (generic for Pristiq) duloxetine (generic for Cymbalta, Irenka) mirtazapine (generic for Remeron) mirtazapine ODT (generic for Remeron Sol-Tabs) nefazodone (generic for Serzone) trazodone (generic for Desyrel) venlafaxine (generic for Effexor) venlafaxine ER (generic for Effexor XR/Venlafaxine XR) vilazodone (generic for Viibryd) 	<ul style="list-style-type: none"> Aplenzin Auvelity Cymbalta Drizalma Sprinkle Effexor XR* Emsam Fetzima Forfivo XL* Pristiq* Remeron* Remeron Sol-Tabs* Spravato** (requires additional clinical PA) Trintellix Venlafaxine Besylate ER Viibryd* Wellbutrin SR* Wellbutrin XL* Zurzuvae
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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BEHAVIORAL HEALTH – ANXIOLYTICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> alprazolam/XR (generic for Xanax/XR) bupirone (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) 	<ul style="list-style-type: none"> Ativan* Loreev XR Klonopin* Xanax* Xanax XR*
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

BEHAVIORAL HEALTH – SEROTONIN REUPTAKE INHIBITORS AND COMBOS

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

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> citalopram (generic for Celexa) escitalopram/soln (generic for Lexapro) fluoxetine/Weekly (generic for Prozac/Weekly/Sarafem) fluvoxamine/ER (generic for Luvox CR) paroxetine/ER (generic for Paxil/Brisdelle/CR) sertraline (generic for Zoloft) sertraline capsule 	<ul style="list-style-type: none"> Celexa* Lexapro tab* Paxil/CR* Prozac* Zoloft*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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BEHAVIORAL HEALTH – SEDATIVE HYPNOTICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none">• doxepin (generic for Silenor)• estazolam (generic for ProSom)• eszopiclone (generic for Lunesta)• flurazepam (generic for Dalmane)• ramelteon (generic for Rozerem)• temazepam (generic for Restoril)• triazolam (generic for Halcion)• zaleplon (generic for Sonata)• zolpidem capsule• zolpidem/ER (generic for Ambien/CR)• zolpidem SL (generic for Intermezzo)	<ul style="list-style-type: none">• Ambien/CR*• Belsomra• Dayvigo• Doral• Edluar• Halcion*• Igalmi• Lunesta*• Quviviq• Restoril*• Rozerem*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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*** Indicates when quantity limits apply.

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

BEHAVIORAL HEALTH – ANTIHYPERKINESIS***

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

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> • Adderall (generic) • amphetamine salt combo/XR (generic for Adderall/XR) • amphetamine sulfate (generic for Evekeo) • atomoxetine (generic for Strattera) • clonidine ER (generic for Kapvay) • Concerta • dexamethylphenidate/XR (generic for Focalin/XR) • dextroamphetamine /ER (generic for Dexedrine/ER) • dextroamphetamine soln. (generic for ProCentra) • guanfacine ER (generic for Intuniv) • lisdexamfetamine (generic for Vyvanse) • methamphetamine (generic for Desoxyn) • Methylin soln. • methylphenidate CD (generic for Metadate CD) • methylphenidate chewable (generic for Methylin chew) • methylphenidate ER (generic for Aptensio XR) • methylphenidate ER (generic for Concerta/Ritalin LA) • methylphenidate patch (generic for Daytrana) • methylphenidate soln. (generic for Methylin soln.) • methylphenidate/SR (generic for Ritalin/ SR) • Relexxii • Vyvanse 	<ul style="list-style-type: none"> • Adderall XR • Adzenys XR-ODT • Aptensio XR • Azstarys • Cotempla XR-ODT • Daytrana • Dexedrine ER • Dyanavel XR • Evekeo/ODT • Focalin • Focalin XR • Intuniv • Jornay PM • Mydayis • ProCentra • Qelbree • QuilliChew ER • Quillivant XR • Ritalin • Ritalin LA • Strattera • Xelstrym • Zenedi
	<p>Trial and failure of 2 Preferred products required prior to Non-Preferred products</p>

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*** Indicates when quantity limits apply.

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CARDIOVASCULAR – ACE INHIBITORS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • amlodipine/benazepril (generic for Lotrel) • benazepril (generic for Lotensin) • benazepril/HCTZ (generic for Lotensin HCT) • captopril (generic for Capoten) • captopril/HCTZ (generic for Capozide) • enalapril (generic for Vasotec) • enalapril solution (generic for Epaned) • enalapril/HCTZ (generic for Vaseretic) • fosinopril • fosinopril/HCTZ • lisinopril (generic for Prinivil and Zestril) • lisinopril/HCTZ (generic for Prinzide and Zestoretic) • moexipril • perindopril (generic for Aceon) • quinapril (generic for Accupril) • quinapril/HCTZ (generic for Accuretic) • ramipril (generic for Altace) • trandolapril (generic for Mavik) • trandolapril/verapamil (generic for Tarka) 	<ul style="list-style-type: none"> • Accupril* • Accuretic* • Altace* • Epaned* (non-preferred for adults only) • Lotensin*/HCT • Lotrel* • Qbrelis • Vaseretic* • Vasotec* • Zestoretic* • Zestril*
	<p>Trial and failure of 3 Preferred products required prior to Non-Preferred products.</p>

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CARDIOVASCULAR – ANGIOTENSIN II RECEPTOR BLOCKERS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • amlodipine/olmesartan (generic for Azor) • amlodipine/olmesartan/HCTZ (generic for Tribenzor) • amlodipine/valsartan (generic for Exforge) • amlodipine/valsartan/HCTZ (generic for Tribenzor) • candesartan (generic for Atacand) • candesartan/HCTZ (generic for Atacand HCT) • Entresto • eprosartan (generic for Teveten) • irbesartan (generic for Avapro) • irbesartan/HCTZ (generic for Avalide) • losartan (generic for Cozaar) • losartan/HCTZ (generic for Hyzaar) • olmesartan (generic for Benicar) • olmesartan/HCTZ (generic for Benicar HCT) • telmisartan (generic for Micardis) • telmisartan/amlodipine (generic for Twynsta) • telmisartan /HCTZ (generic for Micardis HCT) • valsartan (generic for Diovan) • valsartan solution • valsartan/HCTZ (generic for Diovan HCT) 	<ul style="list-style-type: none"> • Atacand*/HCT • Avalide* • Avapro* • Azor* • Benicar*/HCT* • Cozaar* • Diovan • Diovan HCT* • Edarbi • Edarbyclor • Exforge/HCT* • Hyzaar* • Micardis/HCT* • Tribenzor*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – ANTIANGINAL AND ANTI-ISCHEMIC

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • ranolazine ER 	<ul style="list-style-type: none"> • Aspruzyo Sprinkle •
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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CARDIOVASCULAR – BETA-BLOCKERS AND COMBINATION

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • acebutolol (generic for Sectral) • atenolol (generic for Tenormin) • atenolol/chlorthalidone (generic for Tenoretic) • betaxolol (generic for Kerlone) • bisoprolol (generic for Zebeta) • bisoprolol /HCTZ (generic for Ziac) • carvedilol/ER (generic for Coreg/CR) • Hemangeol • labetalol (generic for Normodyne and Trandate) • metoprolol (generic for Lopressor) • metoprolol/HCTZ (generic for Lopressor HCT) • metoprolol succinate (generic for Toprol XL) • nadolol (generic for Corgard) • nebivolol (generic for Bystolic) • pindolol (generic for Visken) • propranolol (generic for Inderal) • propranolol ER (generic for Inderal LA) • propranolol/HCTZ • sotalol (generic for Betapace) • sotalol AF (generic for Betapace AF) • Sorine • timolol (generic for Blocadren) 	<ul style="list-style-type: none"> • Betapace* • Betapace AF* • Bystolic* • Coreg/CR* • Corgard* • Inderal LA* • Inderal XL* • InnoPran XL • Kapspargo Sprinkle • Lopressor* • Sotylize • Tenoretic* • Tenormin* • Toprol XL* • Ziac*
	<p>Trial and failure of 3 Preferred products required prior to Non-Preferred products.</p>

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CARDIOVASCULAR – CALCIUM CHANNEL BLOCKERS (DHP)

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> amlodipine (generic for Norvasc) felodipine ER (generic for Plendil) isradipine (generic for DynaCirc) levamlodipine (generic for Conjupri) nicardipine (generic for Cardene) nifedipine IR (generic for Procardia) nifedipine ER (generic for Procardia XL) nimodipine (generic for Nimotop) nisoldipine 	<ul style="list-style-type: none"> Katerzia Norliqva Norvasc* Nymalize Procardia XL* Sular
	Trial and failure of 3 Preferred products required prior to Non-Preferred products.

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

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> Cardizem* Cardizem CD* Cardizem LA Tiazac Verelan PM*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – CHOLESTEROL ABSORPTION INHIBITORS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> ezetimibe (generic for Zetia) ezetimibe/simvastatin (generic for Vytorin) 	<ul style="list-style-type: none"> Vytorin* Zetia*
	Trial and failure of 2 high potency statins Preferred products required prior to Non-Preferred products.

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CARDIOVASCULAR – STATINS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> fluvastatin/ER (generic for Lescol/XL) lovastatin (generic for Mevacor) pravastatin (generic for Pravachol) 	<ul style="list-style-type: none"> Altoprev Lescol XL* Zypitamag*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – HIGH POTENCY STATINS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> amlodipine/atorvastatin (generic for Caduet) atorvastatin (generic for Lipitor) ezetimibe/simvastatin (generic for Vytorin) pitavastatin (generic for Livalo) rosuvastatin (generic for Crestor) simvastatin (generic for Zocor) 	<ul style="list-style-type: none"> Atorvaliq Caduet* Ezallor Sprinkle Flolipid Lipitor* Livalo Vytorin* Zocor*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – TRIGLYCERIDE LOWERING AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> fenofibrate (generic for Antara, Fenoglide, Lofibra, Lipofen, Tricor, Triglide) fenofibric acid (generic for Fibracor, Trilipix) gemfibrozil (generic for Lopid) icosapent ethyl (generic for Vascepa) omega-3 ethyl ester (generic for Lovaza) 	<ul style="list-style-type: none"> Fenoglide* Fibracor Lipofen* Lopid* Lovaza* Tricor* Trilipix* Vascepa*
	Trial and failure of 2 high potency statins required prior to Non-Preferred products.

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CARDIOVASCULAR – PLATELET INHIBITORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> aspirin/dipyridamole (generic for Aggrenox) Brilinta clopidogrel (generic for Plavix) dipyridamole (generic for Persantine) prasugrel (generic for Effient) 	<ul style="list-style-type: none"> Effient* Plavix*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – NIACIN DERIVATIVES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> niacin ER 	

CARDIOVASCULAR – ORAL PULMONARY HYPERTENSION AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> ambrisentan (generic for Letairis) bosentan (generic for Tracleer) sildenafil (generic for Revatio)** tadalafil (generic for Adcirca)** 	<ul style="list-style-type: none"> Adcirca** Adempas Letairis* Liqrev Opsumit Orenitram ER Revatio** Tadliq** Tracleer* Uptravi
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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CENTRAL NERVOUS SYSTEM – TRIPTANS

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • Frova* • Imitrex* • Maxalt tablet/MLT* • Relpax* • Reyvow • Tosymra • Zembrace SymTouch • Zomig*
Qty. limits apply	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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

PREFERRED**/**	NON-PREFERRED**/**
<ul style="list-style-type: none"> • Ajovy • Emgality 120 mg • Qulipta 	<ul style="list-style-type: none"> • Aimovig • Emgality 100 mg • Vyepi • Zavzpret
Qty. limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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

PREFERRED**/**	NON-PREFERRED**/**
<ul style="list-style-type: none"> • Nurtec ODT • Ubrelvy 	<ul style="list-style-type: none"> •
Qty. limits apply	

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CENTRAL NERVOUS SYSTEM – MULTIPLE SCLEROSIS

DISEASE MODIFYING THERAPY

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> • Avonex • Betaseron • Copaxone • dimethyl fumarate DR (generic for Tecfidera) • fingolimod (generic for Gilenya) • Glatopa • glatiramer (generic for Copaxone) • Kesimpta • teriflunomide (generic for Aubagio) 	<ul style="list-style-type: none"> • Aubagio* • Bafiertam • Briumvi • Gilenya* • Lemtrada • Mavenclad • Mayzent • Ocrevus • Plegridy/IM • Ponvory • Rebif • Tascenso ODT • Tecfidera* • Tysabri • Vumerity • Zeposia
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

OTHER

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> • dalfampridine ER (generic for Ampyra) 	<ul style="list-style-type: none"> • Ampyra*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

CENTRAL NERVOUS SYSTEM – MOVEMENT DISORDERS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> • Austedo • Austedo XR • Ingrezza • tetrabenazine (generic for Xenazine) 	<ul style="list-style-type: none"> • Xenazine
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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DUCHENNE MUSCULAR DYSTROPHY TREATMENTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> • Amondys 45 • Elevidys • Exondys 51 • Viltepso • Vyondys 53 	

ENDOCRINOLOGY – ALPHA-GLUCOSIDASE INHIBITORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • acarbose (generic for Precose) • miglitol (generic for Glyset) 	<ul style="list-style-type: none"> • Precose*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ENDOCRINOLOGY – BIGUANIDES AND COMBOS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • metformin (generic for Riomet) • metformin (generic for Glucophage) • metformin ER (generic for Glumetza) • metformin ER (generic for Fortamet) • metformin/glipizide (generic for Metaglip) • metformin/glyburide (generic for Glucovance) • metformin XL (generic for Glucophage XR) 	<ul style="list-style-type: none"> • Glumetza* • Riomet*/ER Susp
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • alogliptin (generic for Nesina) • alogliptin/pioglitazone (generic for Oseni) • alogliptin/metformin (generic for Kazano) • Glyxambi • Janumet • Janumet XR • Januvia • Jentadueto • Kazano* • Kombiglyze XR • Nesina • Onglyza • Oseni • saxagliptin (generic for Onglyza) • saxagliptin/metformin (generic for Kombiglyze XR) • sitagliptin (generic for Zituvio) • Tradjenta 	<ul style="list-style-type: none"> • Jentadueto XR • Qtern • Steglujan • Trijardy XR • Zituvio
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ENDOCRINOLOGY – GLUCAGON AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Baqsimi Nasal Powder • diazoxide suspension • Glucagon emergency kit (human recombinant injection, Eli Lilly) • glucagon injection • Proglycem suspension (oral) • Zegalogue 	<ul style="list-style-type: none"> • Glucagon Emergency Kit (Fresenius Kabi) • Gvoke HypoPen, PFS
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none">• Byetta• Ozempic• Trulicity• Victoza	<ul style="list-style-type: none">• Bydureon BCise• Mounjaro• Rybelsus• Soliqua• Symlin Pens• Xultophy
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ENDOCRINOLOGY – PITUITARY SUPPRESSIVE AGENTS - LHRH

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none">• Camcevi• Eligard• Fensolvi• leuprolide acetate• Lupron Depot• Synarel• Trelstar	<ul style="list-style-type: none">• Supprelin LA Kit• Triptodur
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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ENDOCRINOLOGY – INSULINS

RAPID ACTING

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Humalog vial Humalog cartridge Humalog Junior KwikPen (100 units/mL) Humalog KwikPen (100 units/mL) Humalog Tempo Pen insulin aspart vial/cartridge/pen (generic for Novolog) insulin lispro vial/kwikpen (generic for Humalog vial/cartridge/pen) Novolog vial/cartridge/FlexPen 	<ul style="list-style-type: none"> Admelog Afrezza Apidra vial/SoloSTAR Fiasp FlexTouch/vial/Penfill Humalog KwikPen (200 units/mL) Lyumjev Lyumjev Tempo Pen
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

SHORT ACTING

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Humulin R Humulin R 500 KwikPen/pen/vial 	<ul style="list-style-type: none"> Novolin R
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

INTERMEDIATE ACTING

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Humulin N 	<ul style="list-style-type: none"> Humulin N KwikPen Novolin N
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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LONG ACTING

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> insulin degludec (generic for Tresiba) insulin glargine insulin glargine-yfgn Lantus SoloSTAR Lantus vial Levemir FlexTouch Levemir vial 	<ul style="list-style-type: none"> Basaglar KwikPen Basaglar Tempo Pen Rezvoglar Kwikpen Semglee Toujeo Solostar/Max Solostar Tresiba FlexTouch pen Tresiba vial
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

PREMIXED COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Humalog Mix 75/25 vial and KwikPen Humalog Mix 50/50 vial and KwikPen Humulin 70/30 KwikPen Humulin 70/30 vial insulin aspart protamine vial/pen (generic for Novolog Mix 70/30) insulin lispro protamine vial/pen (generic for Humalog Mix 75/25) Novolog Mix 70/30 Novolog Mix 70/30 FlexPen 	<ul style="list-style-type: none"> Novolin 70/30
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ENDOCRINOLOGY – MEGLITINIDES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> nateglinide (generic for Starlix) repaglinide (generic for Prandin) 	

ENDOCRINOLOGY – POTASSIUM BINDERS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Lokelma sodium polystyrene sulfonate 	<ul style="list-style-type: none"> Veltassa

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	Trial and failure of 2 Preferred products required prior to Non-Preferred products.
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ENDOCRINOLOGY – SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> dapagliflozin (generic for Farxiga) dapagliflozin/metformin ER (generic for Xigduo XR) Farxiga Glyxambi Jardiance Synjardy Xigduo XR 	<ul style="list-style-type: none"> Inpefa Invokamet Invokana Invokamet XR Segluromet Steglatro Steglujan Synjardy XR Trijardy XR
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ENDOCRINOLOGY – THIAZOLIDINEDIONES AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> pioglitazone (generic for Actos) pioglitazone/glimepiride (generic for Duetact) pioglitazone/metformin (generic for Actoplus Met) 	<ul style="list-style-type: none"> Actos* Actoplus Met * Duetact*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ENDOCRINOLOGY – SECOND GENERATION SULFONYLUREAS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> glimepiride (generic for Amaryl) glipizide (generic for Glucotrol) glipizide ER (generic for Glucotrol XL) glyburide (generic for Micronase, DiaBeta) glyburide micronized (generic for Glynase) 	<ul style="list-style-type: none"> Glucotrol XL* Glynase*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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ENDOCRINOLOGY – WEIGHT MANAGEMENT

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> • orlistat (generic for Xenical) • Saxenda • Wegovy 	<ul style="list-style-type: none"> • Imcivree • Xenical • Zepbound
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

GASTROINTESTINAL – ANTIEMETICS***

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • aprepitant/ pack (generic for Emend/pack) • Bonjesta • doxylamine succ/pyridoxine HCL (generic for Diclegis) • granisetron tab (generic for Kytril) • ondansetron (generic for Zofran) 	<ul style="list-style-type: none"> • Akynzeo • Anzemet • Aponvie • Cinvanti • Diclegis* • Emend*/pack • Sancuso • Sustol
Qty. limits apply	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

GASTROINTESTINAL – BOWEL DISORDERS/GI MOTILITY, CHRONIC

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> • alosetron • Amitiza • Linzess • lubiprostone (generic for Amitiza) • Movantik • Trulance 	<ul style="list-style-type: none"> • Ibsrela • Lotronex • Motegrity • Relistor • Symproic • Viberzi
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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GASTROINTESTINAL – HEPATITIS C AGENTS

PEGYLATED INTERFERON ALPHA PRODUCTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> Pegasys syringe/vial 	

RIBAVIRIN PRODUCTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> Ribavirin 	

DIRECT ACTING ANTIVIRAL PRODUCTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> ledipasvir-sofosbuvir (generic for Harvoni) Mavyret sofosbuvir/velpatasvir (generic for Epclusa) 	<ul style="list-style-type: none"> Epclusa Harvoni Harvoni Pellet Pack Sovaldi Sovaldi Pellet Pack Vosevi Zepatier
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

GASTROINTESTINAL – PROTON PUMP INHIBITORS AND COMBINATIONS***

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Dexilant dexlansoprazole (generic for Dexilant) esomeprazole (generic for Nexium) (RX) lansoprazole/solutab (generic for Prevacid/SoluTab) (RX) Nexium suspension omeprazole (generic for Prilosec) (RX) omeprazole/sodium bicarbonate (generic for Zegerid) pantoprazole tab/susp (generic for Protonix) Protonix suspension rabeprazole (generic for AcipHex) 	<ul style="list-style-type: none"> AcipHex* Konvomep Nexium (RX)* Prevacid capsules (RX)/SoluTab* Prilosec suspension (RX) Protonix* Zegerid*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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*** Indicates when quantity limits apply.

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GASTROINTESTINAL – ULCERATIVE COLITIS

ORAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Apriso • balsalazide (generic for Colazal) • budesonide ER (generic for Uceris) • Lialda • mesalamine (generic for Asacol HD, Lialda, Pentasa) • mesalamine DR (generic for Delzicol) • mesalamine ER (generic for Apriso) • Pentasa • sulfasalazine (generic for Azulfidine) 	<ul style="list-style-type: none"> • Azulfidine* • Colazal* • Delzicol* • Dipentum • Uceris*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

RECTAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • budesonide (generic for Uceris) • Canasa • mesalamine enema (generic for Rowasa) • mesalamine kit (generic for Rowasa kit) • mesalamine supp. (generic for Canasa supp.) 	<ul style="list-style-type: none"> • Rowasa* • SfRowasa • Uceris Rectal Foam*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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GENITOURINARY/RENAL – ALPHA BLOCKERS FOR BENIGN PROSTATIC HYPERPLASIA

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> alfuzosin (generic for Uroxatral) dutasteride/tamsulosin (generic for Jalyn) silodosin (generic for Rapaflo) tamsulosin (generic for Flomax) 	<ul style="list-style-type: none"> Entadfi Flomax* Rapaflo*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

GENITOURINARY/RENAL – ANDROGEN HORMONE INHIBITORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> dutasteride (generic for Avodart) finasteride (generic for Proscar) 	<ul style="list-style-type: none"> Avodart* Proscar*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

GENITOURINARY/RENAL – ELECTROLYTE DEPLETERS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> calcium acetate (generic for PhosLo) lanthanum (generic for Fosrenol) sevelamer (generic for Renvela) sevelamer HCL (generic for Renagel) 	<ul style="list-style-type: none"> Auryxia Fosrenol* MagneBind 400 Phoslyra Renvela Renvela Powder Pack Velphoro Xphozah
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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GENITOURINARY/RENAL – URINARY ANTISPASMODICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> darifenacin ER (generic for Enablex) fesoterodine (generic for Toviaz) flavoxate mirabegron ER (generic for Myrbetriq) Myrbetriq oxybutynin /ER (generic for Ditropan/XL) solifenacin (generic for Vesicare) tolterodine/ER (generic for Detrol/LA) tropium /ER (generic for Sanctura /XR) 	<ul style="list-style-type: none"> Detrol/LA* Ditropan XL* Gelnique Gemtesa Myrbetriq granules Oxytrol Toviaz Vesicare/LS*
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

HEMATOLOGIC – ANTICOAGULANTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> dabigatran (generic for Pradaxa) Eliquis enoxaparin (generic for Lovenox) fondaparinux (generic for Arixtra) Pradaxa warfarin (generic for Coumadin) Xarelto Xarelto dose pack Xarelto suspension 	<ul style="list-style-type: none"> Arixtra* Fragmin* Lovenox* Savaysa
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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*** Indicates when quantity limits apply.

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HEMATOLOGIC – COLONY STIMULATING FACTORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Neupogen syringe/vial • Nyvepria 	<ul style="list-style-type: none"> • Fulphila*** • Fylnetra • Granix*** • Leukine*** • Neulasta • Neulasta Onpro • Nivestym • Releuko • Rolvedon • Stimufend • Udenyca • Zarxio • Ziextenzo
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

HEMATOLOGIC – HEMATOPOIETIC AGENTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> • Aranesp*** • Retacrit*** 	<ul style="list-style-type: none"> • Epogen*** • Mircera*** • Procrit*** • Reblozyl
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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*** Indicates when quantity limits apply.

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HIV/AIDS – ORAL PRODUCTS

PREFERRED		NON-PREFERRED
<ul style="list-style-type: none"> • abacavir • abacavir/lamivudine • Aptivus • atazanavir • Atripla • Biktarvy • Cimduo • Combivir • Complera • darunavir • Delstrigo • Descovy • didanosine • Dovato • Edurant • efavirenz • efavirenz/emtricitabine/tenofovir disoproxil fumarate (generic for Atripla) • efavirenz/lamivudine/tenofovir disoproxil fumarate (generic for Symfi) • efavirenz/lamivudine/tenofovir disoproxil fumarate (generic for Symfi lo) • emtricitabine (generic for Emtriva) • emtricitabine/tenofovir disoproxil fumarate (generic for Truvada) • Emtriva • Epivir • Epzicom • etravirine (generic for Intelence) • Evotaz • fosamprenavir • Genvoya • Intelence • Isentress • Isentress HD • Juluca • Kaletra 	<ul style="list-style-type: none"> • lopinavir/ritonavir • maraviroc (generic for Selzentry) • nevirapine ER • nevirapine • Norvir • Odefsey • Pifeltro • Prezcobix • Prezista • Retrovir • Reyataz • ritonavir • Rukobia • Selzentry solution • stavudine • Stribild • Sunlenca tablet • Symfi • Symfi lo • Symtuza • tenofovir disoproxil fumarate • Tivicay/PD Susp • Triumeq/PD Susp • Trizivir • Truvada • Tybost • Viracept • Viread • Vocabria • Ziagen • zidovudine 	<ul style="list-style-type: none"> • Selzentry tablet*

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*** Indicates when quantity limits apply.

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PREFERRED		NON-PREFERRED
<ul style="list-style-type: none">• lamivudine• lamivudine/zidovudine• Lexiva		

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*** Indicates when quantity limits apply.

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IMMUNOLOGIC – SYSTEMIC IMMUNOMODULATORS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> • adalimumab-aacf • adalimumab-aaty • adalimumab-adaz • adalimumab-adbm • adalimumab-fjkg • adalimumab-ryvk • Enbrel • Humira • infliximab (generic for Remicade) • Otezla • Rinvoq • Taltz • Xeljanz 	<ul style="list-style-type: none"> • Abrilada • Actemra/ACTPen • Amjevita • Arcalyst • Avsola • Bimzelx • Cibirgo • Cimzia • Cosentyx • Cyltezo • Entyvio • Hadlima • Hulio • Hyrimoz • Idacio • Ilaris • Ilumya • Inflectra • Kevzara • Kineret • Litfulo • Olumiant • Omvoh • Orencia • Remicade • Renflexis • Siliq • Simponi/Aria • Skyrizi • Sotyktu • Spevigo • Stelara • Tremfya • Velsipity • Xeljanz solution • Xeljanz XR • Yuflyma • Yusimry

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*** Indicates when quantity limits apply.

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

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

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

*** Indicates when quantity limits apply.

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MISCELLANEOUS – PANCREATIC ENZYMES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Creon • Zenpep 	<ul style="list-style-type: none"> • Pertzye • Viokace
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

MISCELLANEOUS – SKELETAL MUSCLE RELAXANTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • baclofen • carisoprodol/compound (generic for Soma/compound)** • chlorzoxazone (generic for Parafon Forte) • cyclobenzaprine (generic for Flexeril) • cyclobenzaprine ER (generic for Amrix) • dantrolene sodium (generic for Dantrium) • metaxalone (generic for Skelaxin) • methocarbamol (generic for Robaxin) • orphenadrine citrate/compound (generic for Norflex) • tizanidine (generic for Zanaflex) 	<ul style="list-style-type: none"> • Amrix* • Dantrium* • Fexmid • Fleqsuvy • Lorzone • Lyvispah • Norgesic • Norgesic Forte • Soma** • Zanaflex*
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

MISCELLANEOUS – SMOKING CESSATION

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • bupropion SR (generic for Zyban) • Chantix • nicotine gum/lozenges/patch • varenicline (generic for Chantix) 	<ul style="list-style-type: none"> • Nicotrol inhalation/NS
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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MISCELLANEOUS – TOPICAL ANDROGENIC AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> testosterone (generic for AndroGel, Axiron, Fortesta Testim, Vogelxo) 	<ul style="list-style-type: none"> Androderm AndroGel* Fortesta* Testim* Vogelxo*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

OPHTHALMIC/GLAUCOMA – ALPHA 2 ADRENERGIC AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Alphagan P apraclonidine (generic for Iopidine) brimonidine/P (generic for Alphagan/P) Simbrinza 	<ul style="list-style-type: none"> Iopidine*
	Trial and failure of all Preferred products required prior to Non-Preferred products

OPHTHALMIC/GLAUCOMA – BETA BLOCKER AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> betaxolol (generic for Betoptic) brimonidine/timolol (generic for Combigan) carteolol (generic for Ocupress) Combigan dorzolamide/timolol/PF (generic for Cosopt*/PF) levobunolol (generic for Betagan) timolol (generic for Istalol, Timoptic) timolol (generic for Timoptic OcuDose) timolol XE (generic for Timoptic XE) 	<ul style="list-style-type: none"> Betimol Betoptic S Cosopt*/PF Istalol* Timoptic/XE* Timoptic OcuDose*
	Trial and failure of 5 Preferred products required prior to Non-Preferred products

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*** Indicates when quantity limits apply.

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OPHTHALMIC/GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • brinzolamide (generic for Azopt) • dorzolamide/PF (generic for Trusopt) • dorzolamide/timolol/PF (generic for Cosopt*/PF) • Simbrinza 	<ul style="list-style-type: none"> • Azopt* • Cosopt*/PF
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPHTHALMIC/GLAUCOMA – PROSTAGLANDIN AGONISTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • bimatoprost (generic for Lumigan) • latanoprost/PF (generic for Xalatan) • tafluprost (generic for Zioptan) • Travatan Z • travoprost (generic for Travatan) 	<ul style="list-style-type: none"> • Iyuzeh • Lumigan * • Vyzulta • Xalatan*/*** • Xelpros • Zioptan*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPHTHALMIC/GLAUCOMA – RHO KINASE INHIBITOR***

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> • Rhopressa • Rocklatan 	

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OPHTHALMIC/ANTIHISTAMINES – ANTIHISTAMINES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • azelastine (generic for Optivar) • bepotastine (generic for Bepreve) • cromolyn sodium • epinastine (generic for Elestat) • loteprednol (generic for Alrex) • olopatadine (generic for Patanol/Pataday) 	<ul style="list-style-type: none"> • Alocril • Alomide • Alrex • Bepreve* • Zerviate
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPHTHALMIC/ANTIBIOTIC – QUINOLONES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • ciprofloxacin (generic for Ciloxan) • gatifloxacin (generic for Zymaxid) • moxifloxacin (generic for Moxeza) • moxifloxacin (generic for Vigamox) • ofloxacin 	<ul style="list-style-type: none"> • Besivance • Ciloxan* • Ocuflax • Vigamox* •
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPHTHALMIC – NONSTEROIDAL ANTIINFLAMMATORY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • bromfenac (generic for Xibrom) • diclofenac drops (generic for Voltaren oph drops) • flurbiprofen (generic for Ocufen) • ketorolac 0.5% (generic for Acular) • ketorolac 0.4% (generic for Acular LS) 	<ul style="list-style-type: none"> • Acular* • Acular LS* • Acuvail • BromSite • Ilevro • Nevanac • Prolensa
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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OPHTHALMIC – ANTIINFLAMMATORY/IMMUNOMODULATORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • cyclosporine (generic for Restasis) • Restasis • Restasis Multi-dose • Xiidra 	<ul style="list-style-type: none"> • Cequa • Eysuvis • Miebo • Verkazia • Vevye
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPIATE DEPENDENCE TREATMENT**

BUPRENORPHINE – CONTAINING ORAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • buprenorphine (generic for Subutex)** • buprenorphine/naloxone (generic for Suboxone) • Zubsolv 	<ul style="list-style-type: none"> • Suboxone
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

BUPRENORPHINE – CONTAINING INJECTABLE

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Brixadi • Sublocade 	

OPIOID REVERSAL AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Kloxxado spray • naloxone spray • naloxone vial • Narcan spray • Narcan spray OTC • Opvee spray • Rextovy • Zimhi 	

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OSTEOPOROSIS – BISPHOSPHONATES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> alendronate (generic for Fosamax) ibandronate (generic for Boniva) risedronate (generic for Actonel) risedronate DR (generic for Atelvia) 	<ul style="list-style-type: none"> Actonel* Atelvia* Boniva* Fosamax*/D
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

OSTEOPOROSIS – NASAL CALCITONINS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> calcitonin salmon (generic for Miacalcin) 	

OTIC/ANTIBIOTIC – QUINOLONES AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Ciprodex otic ciprofloxacin (generic for Cetraxal) ciprofloxacin/dexamethasone (generic for Ciprodex otic) ciprofloxacin/fluocinolone (generic for Otovel) ofloxacin otic (generic for Floxin otic) 	<ul style="list-style-type: none"> Cipro HC otic
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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RESPIRATORY – CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> • Anoro Ellipta • Atrovent HFA • Combivent Respimat • Incruse Ellipta • ipratropium/albuterol (generic for DuoNeb) • ipratropium nebulizer • roflumilast (generic for Daliresp) • Spiriva HandiHaler • Spiriva Respimat • Stiolto Respimat • tiotropium (generic for Spiriva) • Tudorza Pressair • 	<ul style="list-style-type: none"> • Bevespi Aerosphere • Daliresp* • Duaklir Pressair • Yupelri
Qty limits apply	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

RESPIRATORY – LEUKOTRIENE MODIFIERS

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

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • montelukast (generic for Singulair) • zafirlukast (generic for Accolate) • zileuton ER (generic for Zyflo CR) 	<ul style="list-style-type: none"> • Accolate* • Singulair* • Zyflo
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> 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 RespiClick Ventolin HFA* Xopenex HFA* 	<ul style="list-style-type: none"> Airsupra HFA ProAir Digihaler
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> arformoterol (generic for Brovana) Dulera formoterol (generic for Perforomist) Serevent Diskus 	<ul style="list-style-type: none"> Brovana* Perforomist* Striverdi Respimat Trelegy Ellipta
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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*** Indicates when quantity limits apply.

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RESPIRATORY – INHALED CORTICOSTEROIDS

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> • Alvesco • Arnuity Ellipta • Asmanex • budesonide (generic for Pulmicort) • Flovent Diskus • Flovent HFA • fluticasone (generic for Flovent Diskus and HFA) • QVAR RediHaler 	<ul style="list-style-type: none"> • Asmanex HFA • Pulmicort Flexhaler • Pulmicort respules*
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

RESPIRATORY – INHALED CORTICOSTEROIDS ADRENERGIC AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Advair Diskus • Advair HFA • AirDuo RespiClick* • Breo Ellipta • budesonide/formoterol fumarate (generic for Symbicort) • Dulera • fluticasone/salmeterol (generic for Advair Diskus) • fluticasone/salmeterol (generic for AirDuo RespiClick) • fluticasone/salmeterol HFA (generic for Advair HFA) • fluticasone/vilanterol (generic for Breo Ellipta) • Symbicort • Wixela Inhub (generic for Advair Diskus) 	<ul style="list-style-type: none"> • AirDuo Digihaler • ArmonAir Digihaler • Breztri Aerosphere • Trelegy Ellipta
Qty limits apply	Trial and failure of 3 Preferred products required prior to Non-Preferred products.

* Indicates a generic is available without PA.

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

*** Indicates when quantity limits apply.

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

RESPIRATORY – NASAL ANTIHISTAMINES AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • azelastine (generic for Astelin/Astepro) • azelastine/fluticasone (generic for Dymista) • olopatadine (generic for Patanase) 	<ul style="list-style-type: none"> • Dymista* • Patanase* • Ryaltris • Xhance
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

RESPIRATORY – NASAL CORTICOSTEROIDS AND COMBINATIONS***

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • azelastine/fluticasone (generic for Dymista) • flunisolide (generic for Nasarel) • fluticasone (generic for Flonase) • mometasone (generic for Nasonex) 	<ul style="list-style-type: none"> • Beconase AQ • Dymista* • Omnaris • Qnasl • Ryaltris • Zetonna
Qty limits apply	Trial and failure of 2 Preferred products required prior to Non-Preferred products

RESPIRATORY – LOW SEDATING ANTIHISTAMINES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • cetirizine tabs/syrup/chew (generic for Zyrtec OTC/chew) • desloratadine/ODT (generic for Clarinex) • fexofenadine (OTC) • levocetirizine tab/solution (generic for Xyzal OTC) • loratadine (OTC) (generic for Claritin OTC) • loratadine syrup (OTC) (generic for Claritin Syrup OTC) • loratadine Dis (OTC) (generic for Claritin Dis OTC) 	<ul style="list-style-type: none"> • Clarinex*
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

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RESPIRATORY – IDIOPATHIC PULMONARY FIBROSIS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Ofev • pirfenidone (generic for Esbriet) 	<ul style="list-style-type: none"> • Esbriet*
	Trial and failure of 1 Preferred product required prior to Non-Preferred product

RESPIRATORY – ASTHMA IMMUNOMODULATORS**

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Fasenra • Nucala • Xolair 	<ul style="list-style-type: none"> • Cinqair • Tezspire
	Trial and failure of 1 Preferred product required prior to Non-Preferred product

SELF-INJECTION EPINEPHRINE***

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • epinephrine (generic for Adrenaclick, EpiPen, EpiPen Jr.) • EpiPen • EpiPen Jr. 	<ul style="list-style-type: none"> • Auvi-Q • Symjepi
Qty. limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products

TOPICAL – ANTIPARASITICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • lindane • malathion • Natroba • permethrin (OTC/RX) • spinosad (generic for Natroba) 	<ul style="list-style-type: none"> • Crotan • Eurax • Ovide • Sklice
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

* Indicates a generic is available without PA.

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

*** Indicates when quantity limits apply.

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

TOPICAL – STEROIDS

VERY HIGH POTENCY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> clobetasol foam (generic for Olux-E foam) clobetasol cream/soln/gel/oint (generic for Temovate cream/soln/gel/oint) clobetasol ltn./shamp./spr. (generic for Clobex ltn./shamp./spr.) halobetasol propionate (generic for Halac, Ultravate, Halonate) halobetasol propionate foam (generic for Lexette) 	<ul style="list-style-type: none"> ApexiCon E Bryhali Impeklo lotion Lexette Olux* Temovate* Tovet Kit Ultravate*
	Trial and failure of 2 Preferred product required prior to Non-Preferred products

HIGH POTENCY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> amcinonide cream betamethasone dipropionate (augmented generic for Diprolene AF) betamethasone valerate desoximetasone (generic for Topicort) diflorasone diacetate fluocinonide/E halcinonide (generic for Halog) triamcinolone 	<ul style="list-style-type: none"> Diprolene* Halog* Kenalog aerosol Topicort* Vanos
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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MEDIUM POTENCY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Beser betamethasone valerate foam (generic for Luxiq) clocortolone (generic for Cloderm) fluocinolone acetonide (generic for Synalar) flurandrenolide (generic for Cordran) fluticasone propionate hydrocortisone butyrate/valerate hydrocortisone butyrate lotion (generic for Locoid) mometasone prednicarbate 	<ul style="list-style-type: none"> Beser Kit Cloderm Locoid* Pandel Synalar*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

LOW POTENCY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> alclometasone dipropionate desonide fluocinolone (generic for Derma Smoothe) hydrocortisone acetate (OTC/RX) cr./lotion/ointment 	<ul style="list-style-type: none"> Derma-Smoothe FS* Hydroxym gel Texacort
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

TOPICAL – TOPICAL AGENTS FOR PSORIASIS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> betamethasone/calcipotriene (generic for Taclonex) calcipotriene cream/ solution/oint. (generic for Dovonex) calcitriol (generic for Vectical) 	<ul style="list-style-type: none"> Duobrii Enstilar Sorilux Taclonex* Vtama Zoryve
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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TOPICAL – TOPICAL COMBINATION BENZOYL PEROXIDE AND CLINDAMYCIN PRODUCTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> clindamycin/benzoyl peroxide (generic for BenzaClin, Duac, Acanya) 	<ul style="list-style-type: none"> Acanya* Onexton
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

TOPICAL – TOPICAL RETINOIDS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> adapalene (generic for Differin, Plixda) adapalene/benzoyl peroxide (generic for Epiduo, Epiduo Forte) clindamycin/tretinoin (generic for Veltin) Retin-A cream/gel tazarotene cream, gel (generic for Tazorac) tazarotene foam (generic for Fabior) tretinoin (generic for Atralin, Avita, Retin-A/Micro) 	<ul style="list-style-type: none"> Altreno Arazlo Atralin* Fabior Retin A Micro* Retin A Micro Pump* Ziana
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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TOPICAL – TOPICAL ANTIVIRALS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • acyclovir (generic for Zovirax oint/cream) • Denavir • penciclovir (generic for Denavir) • Zovirax cream • Zovirax oint 	<ul style="list-style-type: none"> • Xerese
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

TOPICAL – TOPICAL ANTIBIOTICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • mupirocin oint/cream (generic for Bactroban oint/cream) 	<ul style="list-style-type: none"> • Centany
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

UREA CYCLE DISORDERS, ORAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Buphenyl powder • Buphenyl tablet • Carbaglu • carglumic acid • Pheburane • Ravicti • sodium phenylbutyrate powder • sodium phenylbutyrate tablet 	<ul style="list-style-type: none"> • Olpruva
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

UTERINE DISORDER TREATMENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Myfembree • Oriahnn • Orilissa 	