

MARYLAND PREFERRED DRUG LIST

Effective Date 1/1/14

Only drugs that are part of the listed therapeutic categories are affected by the PDL. Therapeutic categories not listed here are not part of the PDL and will continue to be covered as they always have for Maryland Medicaid patients.

Note: Brand names listed in parentheses are only listed as a reference. For most multi-source products, the generic product(s) are usually preferred and branded innovator product(s) are non-preferred. If a generic product is non-preferred, the corresponding brand product is also non-preferred except where specifically noted as “**(generic only)**”. PDL products that are new to market require prior authorization until they are reviewed.

ANALGESICS

Drug Class	Preferred	Requires Prior Authorization
Analgesics, Narcotics (Long Acting)	fentanyl patch (Duragesic) methadone (Dolophine) morphine sulfate SR (MS Contin) Kadian (Brand only)	<i>morphine sulfate ER (Kadian) (generic only)</i> <i>oxymorphone ER (Opana ER)</i> <i>tramadol ER (Ultram ER, Ryzolt)</i> <i>Avinza</i> <i>Butrans</i> <i>Conzip</i> <i>Exalgo</i> <i>Nucynta ER</i> <i>Oxycontin</i>
Analgesics, Narcotics (Short Acting) *Clinical Criteria applies to fentanyl buccal tablets (Fentora), fentanyl buccal lozenges (Actiq, generic), Abstral (fentanyl sublingual tablets) and Onsolis (fentanyl buccal film). To view criteria, please refer to http://www.mdrxprograms.com/docs/medicaid/MD_FENTANYAL%20BUCCAL%20Rev%20Feb08.pdf.	apap w/codeine (Tylenol w/Codeine) butalbital/apap/codeine/caffeine butalbital/aspirin/codeine/caffeine codeine tablets dihydrocodeine/aspirin/caff (Synalgos DC) hydrocodone/apap (Vicodin) hydrocodone/ibuprofen (Vicoprofen) hydromorphone tablets (Dilaudid) morphine sulfate tablets oxycodone oxycodone/apap (Percocet) oxycodone/aspirin (Percodan) pentazocine/apap (Talacen) pentazocine/naloxone (Talwin NX) tramadol (Ultram) tramadol/apap (Ultracet)	<i>butorphanol nasal spray</i> <i>carisoprodol/codeine/asa</i> <i>codeine solution</i> <i>dihydrocodeine/apap/caffeine</i> <i>fentanyl transmucosal and buccal (Actiq and Fentora)*</i> <i>hydromorphone suppositories and solution</i> <i>levorphanol</i> <i>meperidine (Demerol)</i> <i>morphine suppositories</i> <i>oxycodone/ibuprofen (Combunox)</i> <i>oxymorphone (Opana)</i> <i>Abstral*</i> <i>Ibudone</i> <i>Nucynta</i> <i>Onsolis *</i> <i>Oxecta</i> <i>Primlev</i> <i>Rybix ODT</i> <i>Subsys</i> <i>Zamicet</i> <i>Zolvit</i>
Anti-Hyperuricemics	allopurinol (Zyloprim) probenecid probenecid/colchicine	<i>Colcrys</i> <i>Uloric</i>

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Anti-Migraine Agents	sumatriptan (Imitrex) Relpax	<i>naratriptan (Amerge)</i> <i>rizatriptan, rizatriptan ODT (Maxalt, Maxalt MLT)</i> <i>zolmitriptan, zolmitriptan ODT (Zomig, Zomig ZMT)</i> <i>Axert</i> <i>Cambia</i> <i>Frova</i> <i>Sumavel Dosepro</i> <i>Treximet</i> <i>Zomig Nasal</i>
Neuropathic Pain *Clinical criteria apply to Cymbalta. To view criteria, please refer to http://mmcp.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx.	capsaicin OTC gabapentin capsules (Neurontin) Cymbalta* (Brand only) Lidoderm (Brand only) Lyrica capsules	<i>duloxetine (Cymbalta) (generic only)</i> <i>gabapentin tablets and solution (Neurontin)</i> <i>lidocaine patch (generic only)</i> <i>Gralise</i> <i>Horizant</i> <i>Lyrica solution</i> <i>Qutenza</i> <i>Savella</i> <i>Zostrix OTC</i>
Nonsteroidal Anti-Inflammatories/COX II Inhibitors (NSAIDS, Cyclooxygenase Inhibitors – Type II)	diclofenac, diclofenac XL (Cataflam, Voltaren XR) diflunisal (Dolobid) etodolac, etodolac XL (Lodine, Lodine XL) fenoprofen flurbiprofen (Ansaid) ibuprofen Rx and OTC (Motrin) indomethacin, indomethacin SR (Indocin, Indocin SR) ketoprofen (Orudis, Oruvail) ketorolac (Toradol) meclofenamate (Meclomen) meloxicam tablets (Mobic) nabumetone (Relafen) naproxen Rx and OTC (Aleve, Naprosyn) oxaprozin (Daypro) piroxicam (Feldene) sulindac (Clinoril) Voltaren gel	<i>diclofenac/misoprostol (Arthrotec)</i> <i>mefenamic acid (Ponstel)</i> <i>tolmetin, tolmetin DS (Tolectin, Tolectin DS)</i> <i>Celebrex</i> <i>Duexis</i> <i>Flector</i> <i>Indocin suppositories and suspension</i> <i>Mobic suspension</i> <i>Pennsaid</i> <i>Sprix Nasal</i> <i>Vimovo</i> <i>Zipsor</i>
Skeletal Muscle Relaxants	baclofen (Lioresal) carisoprodol 350mg (Soma) chlorzoxazone (Parafon) cyclobenzaprine (Flexeril) dantrolene (Dantrium) methocarbamol (Robaxin) orphenadrine (Norflex) tizanidine tablets (Zanaflex)	<i>carisoprodol 250mg (Soma)</i> <i>carisoprodol compound (Soma Compound)</i> <i>metaxalone (Skelaxin)</i> <i>orphenadrine compound (Norflex Forte)</i> <i>tizanidine capsules (Zanaflex)</i> <i>Amrix</i> <i>Fexmid</i> <i>Lorzone</i>

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ANTI-INFECTIVES

Drug Class	Preferred	Requires Prior Authorization
Antibiotics, GI	metronidazole tablets (Flagyl) neomycin Alinia Vancocin (Brand Only)	metronidazole capsules (Flagyl capsules) tinidazole (Tindamax) vancomycin capsules (Vancocin) (generic only) Difcid Flagyl ER Xifaxan
Antibiotics, Inhaled	Tobi nebulas (Brand Only)	tobramycin nebulas (Tobi) (generic only) Cayston Tobi Podhaler
Antibiotics, Vaginal	clindamycin (Clindamax) metronidazole vaginal (Metro-Gel) (Brand and generic) Cleocin ovules	Cleocin cream Vandazole
Antifungals, Oral (Antifungal Agents, Antifungal Antibiotics)	fluconazole (Diflucan) griseofulvin ultra tablets (Gris Peg) ketoconazole (Nizoral) nystatin terbinafine (Lamisil)	clotrimazole troche (Mycelex) flucytosine (Ancobon) griseofulvin tablets and suspension (Fulvicin, GriFulvin V) itraconazole (Sporanox) voriconazole (Vfend) Lamisil granules Noxafil suspension Onmel Terbinex
Antifungals, Topical (Topical Antifungals)	clotrimazole Rx and OTC clotrimazole/betamethasone (Lotrisone) econazole (Spectazole) ketoconazole cream and shampoo (Nizoral) miconazole OTC nystatin nystatin/triamcinolone (Mycolog) terbinafine OTC tolnaftate OTC tolnaftate aero powder	butenafine OTC (Mentax) ciclopirox (Loprox, Loprox Shampoo, Penlac) ketoconazole foam Bensal HP CNL-8 Ertaczo Exelderm Extina Oxistat Pediaderm AF Pediprox-4 Vusion
Antiparasitics, Topical	permethrin Rx and OTC (Elimite, Acticin) piperonyl/pyrethrins OTC piperonyl/pyrethrins/permethrin OTC Eurax cream	lindane malathion (Ovide) spinosad (Natroba) Eurax lotion Sklice Ulesfia
Antivirals, Oral (Antivirals, General)	acyclovir (Zovirax) amantadine (Symmetrel) rimantadine (Flumadine) valacyclovir (Valtrex)	famciclovir (Famvir) Relenza Tamiflu

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Antivirals, Topical	acyclovir ointment (Zovirax Ointment) Abreva OTC Denavir	<i>Xerese</i> <i>Zovirax Cream</i>
Cephalosporin and Related Agents (Cephalosporins, Second and Third Generation, Penicillins)	amoxicillin/clavulanate (Augmentin, Augmentin ES) cefaclor, cefaclor ER (Ceclor, Ceclor CD) cefadroxil (Duricef) cefdinir (Omnicef) cefprozil (Cefzil) cefuroxime (Ceftin) cephalexin (Keflex) Suprax tablets, capsules and suspension	<i>amoxicillin/clav ER (Augmentin XR)</i> <i>cefditoren (Spectracef)</i> <i>cefprozime (Vantin)</i> <i>ceftibuten (Cedax)</i> <i>Ceftin tablets and suspension</i> <i>Suprax chewables</i>
Fluoroquinolones (Quinolones)	ciprofloxacin (Cipro) levofloxacin (Levaquin)	<i>ciprofloxacin ER (Cipro XR)</i> <i>ofloxacin (Floxin)</i> <i>Avelox</i> <i>Cipro suspension</i> <i>Factive</i> <i>Noroxin</i>
Hepatitis C Agents (Hepatitis C Treatment Agents, Immunomodulators)	ribavirin (Copegus, Rebetol) Incivek Pegasys Pegasys Proclick Peg-Intron Peg-Intron Redipen Vicitrelis	<i>Infergen</i> <i>Rebetol solution</i> <i>Ribapak</i> <i>Ribasphere</i>
Macrolides/Ketolides	azithromycin (Zithromax) erythromycin base E.E.S. Ery-Tab EryPed Erythrocin	<i>clarithromycin (Biaxin)</i> <i>clarithromycin ER (Biaxin XL)</i> <i>Ketek</i> <i>PCE</i> <i>Zmax</i>
Tetracyclines	doxycycline hyclate (Vibramycin) doxycycline monohydrate (Monodox) minocycline (Minocin) tetracycline (Sumycin)	<i>demeclocycline (Declomycin)</i> <i>doxycycline hyclate DR (Doryx)</i> <i>doxycycline monohydrate solution (Vibramycin)</i> <i>minocycline ER</i> <i>Adoxa</i> <i>Morgidox</i> <i>Oracea</i> <i>Solodyn</i>
Topical Antibiotics	bacitracin OTC bacitracin/polymyxin OTC gentamicin mupirocin ointment (Bactroban Ointment) triple antibiotic OTC	<i>mupirocin cream (Bactroban Cream)</i> <i>Altanax</i> <i>Centany</i>

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CARDIOVASCULAR

Drug Class	Preferred	Requires Prior Authorization
Angiotensin Modulator Combinations	amlodipine/benazepril (Lotrel) Azor/Tribenzor Exforge/Exforge HCT	<i>Tarka</i> <i>Tekamlo/Amturnide</i> <i>Twynsta</i>
Angiotensin Modulators	benazepril, benazepril HCTZ (Lotensin, Lotensin HCT) captopril, captopril HCTZ (Capoten, Capozide) enalapril, enalapril HCTZ (Vasotec, Vaseretic) fosinopril, fosinopril HCTZ (Monopril, Monopril HCT) irbesartan, irbesartan HCTZ (Avapro, Avalide) lisinopril, lisinopril HCTZ (Prinivil, Zestril, Prinzide, Zestoretic) losartan, losartan HCTZ (Cozaar, Hyzaar) quinapril, quinapril HCTZ (Accupril, Accuretic) ramipril (Altace) valsartan HCTZ (Diovan HCT) Diovan	<i>candesartan, candesartan HCTZ (Atacand, Atacand HCT)</i> <i>eprosartan (Teveten)</i> <i>moexipril, moexipril HCTZ (Univasc, Uniretic)</i> <i>perindopril (Aceon)</i> <i>trandolapril (Mavik)</i> <i>Benicar, Benicar HCT</i> <i>Edarbi, Edarbyclor</i> <i>Micardis, Micardis HCT</i> <i>Tekturna/Tekturna HCT</i> <i>Teveten HCT</i>
Anticoagulants	warfarin (Coumadin) Fragmin Lovenox (Brand only)	<i>enoxaparin (generic only)</i> <i>fondaparinux (Arixtra)</i> <i>Eliquis</i> <i>Pradaxa</i> <i>Xarelto</i>
Antihypertensives, Sympatholytics	clonidine oral (Catapres) guanfacine (Tenex) methyldopa (Aldomet) methyldopa/HCTZ (Aldoril) Catapres-TTS (Brand only)	<i>clonidine transdermal (generic only)</i> <i>reserpine</i> <i>Clorpres</i>
Beta Blockers (Alpha/Beta-Adrenergic Blocking Agents, Beta-Adrenergic Blocking Agents)	atenolol (Tenormin), atenolol/chlorthalidone (Tenoretic) bisoprolol/HCTZ (Ziac) carvedilol (Coreg) labetalol (Normodyne, Trandate) metoprolol tartrate (Lopressor) nadolol (Corgard) pindolol (Visken) propranolol (Inderal), propranolol/HCTZ (Inderide) propranolol LA (Inderal LA) sotalol, sotalol AF (Betapace, Betapace AF) Toprol XL (Brand only)	<i>acebutolol (Sectral)</i> <i>betaxolol (Kerlone)</i> <i>bisoprolol (Zebeta)</i> <i>metoprolol/HCTZ (Lopressor HCT)</i> <i>metoprolol succinate XL (Toprol XL) (generic only)</i> <i>nadolol/bendroflumethiazide (Corzide)</i> <i>timolol (Blocadren)</i> <i>Bystolic</i> <i>Coreg CR</i> <i>Dutoprol</i> <i>Innopran XL</i> <i>Levatol</i>
Calcium Channel Blocking Agents	amlodipine (Norvasc) diltiazem (Cardizem) nicardipine (Cardene) nifedipine SR (Adalat CC, Procardia XL) verapamil (Calan) verapamil ER tablets (Calan SR, Verelan) Cardizem LA (Brand only)	<i>diltiazem ER capsules (Cardizem CD, Tiazac)</i> <i>felodipine (Plendil)</i> <i>isradipine (Dynacirc)</i> <i>nifedipine (Adalat, Procardia)</i> <i>nimodipine (Nimotop)</i> <i>nisoldipine (Sular)</i> <i>verapamil ER capsules (Verelan PM)</i> <i>Dynacirc CR</i> <i>Matzim LA (generic only)</i> <i>Nymalize</i>

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Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)	cholestyramine (Questran, Light) fenofibric acid (Trilipix) niacin ER (Niaspan ER) gemfibrozil (Lopid) Niacor Tricor (Brand only)	<i>colestipol (Colestid)</i> <i>fenofibrate (Antara, Lofibra)</i> <i>fenofibrate nanocrystals (Tricor) (Generic only)</i> <i>fenofibric acid (Fibricor)</i> <i>Lipofen</i> <i>Lovaza</i> <i>Triglide</i> <i>Welchol</i> <i>Zetia</i>
Lipotropics, Statins (Lipotropics)	atorvastatin (Lipitor) fluvastatin (Lescol) lovastatin (Mevacor) pravastatin (Pravachol) simvastatin (Zocor) Lescol XL Simcor	<i>amlodipine/atorvastatin (Caduet)</i> <i>Advicor</i> <i>Altoprev</i> <i>Crestor</i> <i>Liptruzet</i> <i>Livalo</i> <i>Vytorin</i>
Platelet Aggregation Inhibitors	clopidogrel (Plavix) dipyridamole (Persantine) ticlopidine (Ticlid) Aggrenox	<i>Brilinta</i> <i>Effient</i>
Pulmonary Arterial Hypertension, Oral and Inhaled Agents	sildenafil* (Revatio) Adcirca* Letairis Tracleer Ventavis	<i>Tyvaso</i>

*Clinical Criteria applies to Adcirca and Revatio. To view criteria, please refer to <http://mmcp.dhmh.maryland.gov/pap/docs/PAH-Drugs-PA-form.pdf>.

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CENTRAL NERVOUS SYSTEM

The Mental Health Carve Out link is located at: http://www.mdmahealthchoicex.com/healthchoice_docs/mmmh_form.pdf

Drug Class	Preferred	Requires Prior Authorization
Anticonvulsants	carbamazepine (Tegretol) clonazepam (Klonopin) divalproex (Depakote, Depakote ER) lamotrigine (Lamictal) levetiracetam (Keppra) oxcarbazepine tablets (Trileptal) phenobarbital phenytoin (Dilantin, Dilantin Infatabs) primidone (Mysoline) topiramate (Topamax) valproic acid (Depakene) zonisamide (Zonegran) Carbatrol (Brand only) Celontin Depakote sprinkles (Brand only) Diastat rectal (Brand only) Gabitril (Brand only) Peganone Tegretol Suspension (Brand only) Trileptal Suspension (Brand only)	carbamazepine ER caps (Carbatrol) (generic only) carbamazepine suspension (Tegretol) (generic only) carbamazepine XR (Tegretol XR) clonazepam ODT (Klonopin ODT) diazepam rectal (Diastat) (generic only) divalproex sprinkles (Depakote sprinkles) (generic only) ethosuximide (Zarontin) felbamate (Felbatol) lamotrigine ER (Lamictal XR) levetiracetam ER (Keppra XR) oxcarbazepine suspension (Trileptal Suspension) (generic only) tiagabine (Gabitril) (generic only) topiramate sprinkles (Topamax Sprinkles) Banzel Equetro Lamictal ODT Onfi Phenytek Potiga Sabril Stavzor Trokendi XR Vimpat
Antidepressants, Other (Alpha-2 Receptor Antagonist) Antidepressants, Serotonin-2 Antagonist/Reuptake Inhibitors, Serotonin-Norepinephrine Reuptake-Inhib, Norepinephrine and Dopamine Reuptake Inhib)	bupropion, bupropion SR, bupropion XL (Wellbutrin, Wellbutrin SR, Wellbutrin XL) mirtazapine, mirtazapine soltab (Remeron, Remeron Soltab) phenelzine (Nardil) trazodone (Desyrel) venlafaxine (Effexor) venlafaxine ER capsules (Effexor XR) Marplan Parnate (Brand only)	nefazodone (Serzone) tranylcypromine (generic only) venlafaxine ER tablets Aplenzin Emsam Forfivo XL Oleptro ER Pristiq Viibryd
Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	citalopram (Celexa) escitalopram (Lexapro) fluoxetine (all strengths except 60mg) (Prozac, Sarafem) fluvoxamine (Luvox) paroxetine (Paxil) sertraline (Zoloft)	fluoxetine 60mg fluoxetine weekly (Prozac weekly) fluvoxamine ER (Luvox CR) paroxetine CR (Paxil CR) Brisdelle Paxil suspension Pexeva

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Drug Class	Preferred	Requires Prior Authorization
<p>Antipsychotics**</p> <p>** Additional clinical edits may apply to the Tier 2 products. An adequate trial of a Tier 1 preferred drug is required prior to use of any Tier 2 product. To view criteria, please refer to http://mmcp.dhmf.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx.</p> <p>**All antipsychotics for patients 17 years of age and under must be approved through the peer review process through the University of Maryland. To view criteria, please refer to http://mmcp.dhmf.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx.</p>	<p>1st Tier</p> <p>chlorpromazine (Thorazine) clozapine (Clozaril) fluphenazine (Prolixin) fluphenazine decanoate inj (Prolixin Inj.) haloperidol (Haldol) haloperidol decanoate inj (Haldol IM) perphenazine (Trilafon) perphenazine/amitriptyline (Triavil) quetiapine (Seroquel) risperidone (Risperdal) thioridazine (Mellaril) thiothixene (Navane) trifluoperazine (Stelazine) ziprasidone (Geodon) Abilify (Age 17 and younger) Abilify Maintena Geodon IM Invega Sustenna Orap Risperdal Consta</p> <p>2nd Tier</p> <p>olanzapine IM (Zyprexa IM) olanzapine ODT (Zyprexa Zydis) olanzapine (Zyprexa) Abilify (Age 18 or older) Latuda</p>	<p><i>clozapine ODT (Fazaclon)</i> <i>olanzapine/fluoxetine (Symbyax)</i> <i>Abilify IM</i> <i>Fanapt</i> <i>Invega</i> <i>Saphris</i> <i>Seroquel XR</i> <i>Zyprexa Relprevv</i></p>
<p>Sedative Hypnotics</p> <p>* Step therapy for Lunesta may allow it to process without a prior authorization. Please see specific STEP criteria located at: http://mmcp.dhmf.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx.</p>	<p>chloral hydrate flurazepam (Dalmane) temazepam 15mg, 30mg (Restoril) triazolam (Halcion) zaleplon (Sonata) zolpidem (Ambien)</p>	<p><i>estazolam (ProSom)</i> <i>temazepam 7.5mg, 22.5mg (Restoril)</i> <i>zolpidem ER (Ambien CR)</i> <i>Doral</i> <i>Edluar</i> <i>Intermezzo</i> <i>Lunesta*</i> <i>Rozerem</i> <i>Silenor</i> <i>Somnote</i> <i>Zolpimist</i></p>

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Stimulants and Related Agents (Tx for Attention Deficit Hyperact (ADHD)/Narcolepsy; Adrenergics, Aromatic, Non-Catecholamine) ** For recipients 6–17 years old, Kapvay and Intuniv is part of the mental health formulary and billed fee-for-service. For individuals not in this age range, Intuniv and Kapvay continue to be part of the MCO pharmacy benefit. *** To view criteria for Strattera, please refer to http://mmcp.dhmm.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx .	1st Tier amphetamine salt combo (Adderall) dextroamphetamine tablets methylphenidate tablets (Ritalin) methylphenidate ER tablets (Ritalin SR) methylphenidate CR tablets (Concerta) Adderall XR (Brand only) Daytrana Dexedrine ER (Brand Only) Focalin (Brand Only) Focalin XR (Brand Only) Intuniv** Metadate CD (Brand Only) Methylin liquid (Brand Only) Quillivant XR Ritalin LA (Brand Only) Vyvanse 2nd Tier Strattera *** (for ages 17 and under)	<i>amphetamine salt combo ER (Adderall XR) (generic only)</i> <i>clonidine ER (Kapvay)**</i> <i>dexmethylphenidate (Focalin) (generic only)</i> <i>dexmethylphenidate XR (Focalin XR) (generic only)</i> <i>dextroamphetamine ER capsules (Dexedrine ER) (generic only)</i> <i>dextroamphetamine solution (Procentra)</i> <i>methamphetamine (Desoxyn)</i> <i>methylphenidate CD capsules (Metadate CD) (generic only)</i> <i>methylphenidate ER capsules (Ritalin LA) (generic only)</i> <i>methylphenidate liquid (Methylin) (generic only)</i> <i>modafinil (Provigil)</i> <i>Methylin chewable</i> <i>Nuvigil</i>

ENDOCRINE

Drug Class	Preferred	Requires Prior Authorization
Androgenic Agents	Androgel Testim	<i>Androderm</i> <i>Axiron</i> <i>Fortesta</i>
Bone Resorption Suppression and Related Agents (Bone Resorption Inhibitors, Bone Formation Stim. Agents – Parathyroid Hormone)	alendronate (Fosamax) calcitonin salmon nasal (Miacalcin) Fortical	<i>alendronate solution (Fosamax Solution)</i> <i>etidronate (Didronel)</i> <i>ibandronate (Boniva)</i> <i>Actonel</i> <i>Atelvia</i> <i>Binosto</i> <i>Evista</i> <i>Forteo</i> <i>Fosamax Plus D</i> <i>Prolia</i>
Hypoglycemics, Incretin Mimetics and Enhancers	Byetta Januvia Janumet, Janumet XR Juvisync Jentadueto Symlin Tradjenta	<i>Bydureon</i> <i>Kazano</i> <i>Kombiglyze XR</i> <i>Nesina</i> <i>Onglyza</i> <i>Oseni</i> <i>Victoza</i>

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Hypoglycemics, Insulins and Related Agents	Humalog Humalog Mix Humulin Lantus Levemir Novolin NovoLog NovoLog Mix	<i>Apidra</i>
Hypoglycemics, Meglitinides (Hypoglycemics, Insulin Release Stimulant Type)	nateglinide (Starlix) repaglinide (Prandin)	<i>Prandimet</i>
Hypoglycemics, TZDs (Hypoglycemics, Insulin-Response Enhancers)	pioglitazone (Actos) pioglitazone/glimepiride (Duetact)	<i>pioglitazone/metformin (ActoPlusMet)</i> <i>ActoPlusMet XR</i> <i>Avandia, Avandamet, Avandaryl</i>

GASTROINTESTINAL

Drug Class	Preferred	Requires Prior Authorization
Antiemetic/Antivertigo Agents	dimenhydrinate Rx and OTC meclizine Rx and OTC (Bonine, Antivert) metoclopramide (Reglan) ondansetron (Zofran, Zofran ODT) prochlorperazine (Compazine, Compro) promethazine (Phenergan) Emend capsules Marinol (Brand only) TransDerm-Scop	<i>dronabinol (generic only)</i> <i>granisetron (Kytril)</i> <i>trimethobenzamide (Tigan)</i> <i>Aloxi</i> <i>Anzemet</i> <i>Cesamet</i> <i>Diclegis</i> <i>Emend IV</i> <i>Metozolv ODT</i> <i>Sancuso</i>
Bile Salts	ursodiol capsule (Actigall)	<i>ursodiol tablet (URSO Forte)</i> <i>Chenodal</i>
Pancreatic Enzymes	pancrelipase Creon Zenpep	<i>Pancreaze</i> <i>Pertzye</i> <i>Ultresa</i> <i>Viokace</i>
Phosphate Binders and Related Agents	Calphron OTC calcium acetate (PhosLo)	<i>Eliphos</i> <i>Fosrenol</i> <i>Magnebind 400 RX</i> <i>Phoslyra</i> <i>Renagel</i> <i>Renvela</i>
Proton Pump Inhibitors (Gastric Acid Secretion Reducers)	lansoprazole Rx and OTC (Prevacid) omeprazole (Prilosec) pantoprazole (Protonix) Prevacid Solutab Protonix suspension	<i>omeprazole/sodium bicarb (Zegerid OTC)</i> <i>rabeprazole (Aciphex)</i> <i>Dexilant</i> <i>Nexium</i> <i>Prilosec suspension</i>

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GASTROINTESTINAL

Drug Class	Preferred	Requires Prior Authorization
Ulcerative Colitis Agents	balsalazide (Colazal) sulfasalazine, sulfasalazine DR (Azulfidine, Azulfidine DR) Asacol Canasa Delzicol	<i>mesalamine enemas (Rowasa)</i> <i>Apriso</i> <i>Asacol HD</i> <i>Dipentum</i> <i>Giazo</i> <i>Lialda</i> <i>Pentasa</i> <i>Rowasa, sfRowasa</i>

IMMUNOLOGICS

Drug Class	Preferred	Requires Prior Authorization
Immunosuppressives, Oral	azathioprine (Imuran) cyclosporine modified (Gengraf, Neoral) mycophenolate mofetil (Cellcept) tacrolimus (Prograf) Rapamune Sandimmune (Brand only)	<i>cyclosporine (generic only)</i> <i>Azasan</i> <i>Myfortic</i> <i>Zortress</i>

INJECTABLES

Drug Class	Preferred	Requires Prior Authorization
Colony Stimulating Factors	Neupogen	<i>Leukine</i> <i>Neulasta</i>
Cytokine and CAM Antagonists (Anti-Inflammatory, Pyrimidine Synthesis Inhibitor, Anti-Inflammatory, Tumor Necrosis Factor Inhibitor, Anti-Flam, Interleukin-1 Receptor Antagonist, Drugs to Tx Chronic Inflamm Disease of Colon, Antimetabolites)	Enbrel Humira	<i>Actemra</i> <i>Cimzia</i> <i>Kineret</i> <i>Orencia</i> <i>Remicade</i> <i>Simponi</i> <i>Stelara</i> <i>Xeljanz</i>
Erythropoietins (Hematinics, Other)	Aranesp Procrit	<i>Epogen</i>
Growth Hormones (CLINICAL PA REQUIRED)	Genotropin Norditropin Nutropin/Nutropin AQ	<i>Humatrope</i> <i>Omnitrope</i> <i>Saizen</i> <i>Serostim</i> <i>Tev-Tropin</i>

NEUROLOGICS

Drug Class	Preferred	Requires Prior Authorization
Alzheimer's Agents	donepezil/donepezil ODT (all strengths except 23mg) (Aricept/Aricept ODT) rivastigmine capsules (Exelon) Exelon patch Namenda	<i>donepezil 23mg (Aricept)</i> <i>galantamine (Razadyne ER)</i> <i>Exelon solution</i> <i>Namenda XR</i>

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NEUROLOGICS

Drug Class	Preferred	Requires Prior Authorization
Anti-Parkinson's Agents	benztropine (Cogentin) levodopa/carbidopa IR, levodopa/carbidopa ER (Sinemet, Sinemet CR) levodopa/carbidopa/entacapone (Stalevo) pramipexole (Mirapex) ropinirole (Requip) selegiline tablets (Eldepryl) trihexyphenidyl (Artane)	<i>bromocriptine (Parlodel)</i> <i>entacapone (Comtan)</i> <i>levodopa/carbidopa ODT (Parcopa)</i> <i>ropinirole ER (Requip XL)</i> <i>selegiline capsules (Eldepryl)</i> <i>Azilect</i> <i>Mirapex ER</i> <i>Neupro</i> <i>Tasmar</i> <i>Zelapar</i>
Multiple Sclerosis Agents (Agents to Treat Multiple Sclerosis)	Avonex Betaseron Copaxone Rebif	<i>Ampyra</i> <i>Aubagio</i> <i>Extavia</i> <i>Gilenya</i> <i>Tecfidera</i>

OPHTHALMIC

Drug Class	Preferred	Requires Prior Authorization
Ophthalmics, Allergic Conjunctivitis (Eye Antiinflammatory Agents, Eye Antihistamines, Ophthalmic Mast Cell Stabilizers)	cromolyn (Crolom) ketotifen OTC (Zaditor OTC) Alrex Pataday	<i>azelastine (Optivar)</i> <i>epinastine (Elestat)</i> <i>Alocril</i> <i>Alomide</i> <i>Bepreve</i> <i>Emadine</i> <i>Lastacaft</i> <i>Patanol</i>
Ophthalmics, Antibiotics	bacitracin/polymixin ciprofloxacin solution (Ciloxan) erythromycin gentamicin drops (Garamycin) neomycin/polymixin/gramicidin (Neosporin) ofloxacin (Ocuflox) polymyxin/trimethoprim (Polytrim) sulfacetamide solution (Bleph-10) tobramycin (Tobrex Drops) triple antibiotic Ciloxan Ointment Moxeza Tobrex Ointment Vigamox	<i>bacitracin</i> <i>gatifloxacin (Zymaxid)</i> <i>levofloxacin (Quixin)</i> <i>sulfacetamide ointment</i> <i>AzaSite</i> <i>Besivance</i> <i>Natacyn</i>
Ophthalmics, Antibiotic/Steroid Combinations	neomycin/bacitracin/polymyxin/HC neomycin/poly/dexamethasone (Maxitrol) sulfacetamide/prednisolone Blephamide Pred-G Tobradex suspension (Brand Only) Tobradex ointment	<i>neomycin/polymyxin/HC</i> <i>tobramycin/dexamethasone suspension (generic only)</i> <i>Tobradex ST</i> <i>Zylet</i>

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OPHTHALMIC

Drug Class	Preferred	Requires Prior Authorization
Ophthalmics, Glaucoma Agents	betaxolol brimonidine (Alphagan P 0.1%) carteolol (Ocupress) dorzolamide (Trusopt) dorzolamide/timolol (Cosopt) latanoprost (Xalatan) levobunolol (Betagan) metipranolol (OptiPranolol) (Brand and generic) pilocarpine (Pilocar) timolol (Timoptic, Timoptic XE) Alphagan P 0.15% (Brand only) Azopt Betimol Betoptic S Istalol Simbrinza Travatan Z	<i>apraclonidine (Iopidine)</i> <i>brimonidine tartrate 0.15% (Alphagan P) (generic only)</i> <i>travoprost</i> <i>Combigan</i> <i>Cosopt PF</i> <i>Lumigan</i> <i>Rescula</i> <i>Zioptan</i>
Ophthalmics, Anti-Inflammatories	dexamethasone (Decadron) diclofenac (Voltaren) fluorometholone (FML) flurbiprofen (Ocufen) ketorolac (Acular) ketorolac LS (Acular LS) prednisolone acetate (Omnipred) prednisolone sodium (Pred Forte) Durezol Flarex FML Forte FML SOP Lotemax Drops Maxidex Pred Mild	<i>bromfenac (Xibrom)</i> <i>Acuvail</i> <i>Bromday</i> <i>Ilevro</i> <i>Lotemax ointment and gel</i> <i>Nevanac</i> <i>Ozurdex</i> <i>Prolensa</i> <i>Retisert</i> <i>Triesence</i> <i>Vexol</i>

OTIC

Drug Class	Preferred	Requires Prior Authorization
Otic Antibiotics	neomycin/polymyxin/HC solution (Cortisporin) ofloxacin otic (Floxin Otic) Ciprodex	<i>Cipro HC</i> <i>Coly-Mycin S</i>

RESPIRATORY

Drug Class	Preferred	Requires Prior Authorization
Antihistamines, Minimally Sedating (Antihistamines)	cetirizine, cetirizine-D Rx and OTC (Zyrtec, Zyrtec D) fexofenadine OTC (Allegra) levocetirizine tablets (Xyzal) loratadine, loratadine-D Rx and OTC (Claritin, Claritin D)	<i>desloratadine (Clarinex, Clarinex-D, Clarinex RDT)</i> <i>fexofenadine (Allegra)</i> <i>fexofenadine D 12 hr, 24 hr (Allegra D)</i> <i>levocetirizine solution (Xyzal)</i> <i>Semprex-D</i>

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RESPIRATORY

Drug Class	Preferred	Requires Prior Authorization
Beta₂-Agonist Bronchodilators (Beta-Adrenergic Agents)	albuterol neb 0.083% and 5mg/ml albuterol syrup and tablet (Proventil, Ventolin) terbutaline (Brethine) Foradil ProAir HFA Proventil HFA	<i>albuterol ER (Vospire ER)</i> <i>albuterol neb 0.63mg/3ml and 1.25mg/3ml (Accuneb)</i> <i>levalbuterol (Xopenex)</i> <i>metaproterenol (Alupent)</i> <i>Arcapta</i> <i>Brovana</i> <i>Maxair</i> <i>Perforomist</i> <i>Serevent</i> <i>Ventolin HFA</i> <i>Xopenex HFA</i>
COPD Agents	ipratropium neb (Atrovent) ipratropium neb/albuterol (DuoNeb) Atrovent HFA Combivent Respimat Spiriva	<i>Daliresp</i> <i>Tudorza</i>
Glucocorticoids, Inhaled (Beta-Adrenergics and Glucocorticoids Combination, Glucocorticoids) <small>* Pulmicort Respules are available without prior authorization for children who are 1 to 8 years of age.</small>	Advair Diskus, Advair HFA Asmanex Dulera Flovent Diskus, Flovent HFA Pulmicort Flexhaler Pulmicort Respules 0.25mg and 0.5mg (Brand only)* QVAR Symbicort	<i>budesonide respules (generic) (All ages)</i> <i>Alvesco</i> <i>Pulmicort 1mg Respules</i>
Intranasal Rhinitis Agents (Nasal Anti-Inflammatory Steroids)	fluticasone nasal (Flonase) ipratropium (Atrovent Nasal) Astelin (Brand only) Astepro Nasonex Patanase	<i>azelastine nasal (Astelin) (generic only)</i> <i>flunisolide (Nasarel, Nasalide)</i> <i>triamcinolone nasal (Nasacort AQ)</i> <i>Beconase AQ</i> <i>Dymista</i> <i>Omnaris</i> <i>QNasal</i> <i>Rhinocort Aqua</i> <i>Veramyst</i> <i>Zetonna</i>
Leukotriene Modifiers	montelukast chewables and tablets (Singulair) zafirlukast (Accolate)	<i>montelukast granules (Singulair Granules)</i> <i>Zyflo, Zyflo CR</i>

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TOPICAL DERMATOLOGICS

Drug Class	Preferred	Requires Prior Authorization
Acne Agents, Topical	benzoyl peroxide cleanser benzoyl peroxide gel clindamycin (all forms except the foam) erythromycin panoxyl-8 OTC tretinoin tretinoin micro (Retin-A Micro) (all forms except the pump) Azelex Desquam-X OTC Differin (Brand only)	<i>adapalene (generic only)</i> <i>benzoyl peroxide OTC (all forms, strengths)</i> <i>benzoyl peroxide kit</i> <i>benzoyl peroxide towelette</i> <i>bp-10-1</i> <i>cerisa</i> <i>clindamycin foam</i> <i>clindamycin-benzoyl peroxide</i> <i>erythromycin-benzoyl peroxide</i> <i>sulfacetamide</i> <i>sulfacetamide/sulfur</i> <i>sulfacetamide/sulfur/urea</i> <i>tretinoin micro pump (Retin-A Micro)</i> Acanya Aczone Akne-Mycin Atralin Avar (all forms, strengths) Avita BenzaClin Benzamycin Benzefoam (all forms, strengths) Cleocin T (all forms, strengths) Clindacin Pac Kit Clindagel Duac Epiduo Evoclin Inova (all forms, strengths) Klaron Levoclen (all forms, strengths) Ovace (all forms, strengths) Pacnex (all forms, strengths) Panoxyl-4 OTC Plexicon Prascion RA SE BPO Cleanser SSS 10-4 SSS 10-5 foam Sumadan(all forms, strengths) Sumaxin (all forms, strengths) Tazorac (all forms, strengths) Veltin Ziana
Atopic Dermatitis	Elidel	Protopic

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UROLOGIC

Drug Class	Preferred	Requires Prior Authorization
Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)	alfuzosin (Uroxatral) doxazosin (Cardura) finasteride (Proscar) tamsulosin (Flomax) terazosin (Hytrin)	<i>Avodart</i> <i>Cardura XL</i> <i>Jalyn</i> <i>Rapaflo</i>
Bladder Relaxant Preparations (Urinary Tract Antispasmodic/Antiincontinence Agent)	oxybutynin, oxybutynin ER (Ditropan, Ditropan XL) Toviaz	<i>flavoxate</i> <i>tolterodine (Detrol)</i> <i>tropium, tropium ER (Sanctura, Sanctura XR)</i> <i>Detrol LA</i> <i>Enablex</i> <i>Gelnique</i> <i>Myrbetriq</i> <i>Oxytrol</i> <i>Vesicare</i>