



2019 Clinically Preferred Drug List

2nd Quarter Edition

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Overview

The **Clinically Preferred Drug List** or “PDL” is a continually updated list of prescription medications that represents the current clinical judgement of our clinical team, providers and experts in the diagnosis and treatment of different diseases. It contains clinical prescribing information that assists health care professionals when prescribing the highest quality affordable drugs to patients. The PDL represents the efforts of our clinical team to a method to evaluate the various drug products available. *Note that not all drugs that are available are listed in this document ... just those that are the most commonly dispensed by general practitioners and specialists. There are thousands of generic drugs for effective products that are readily available not listed in this book.* The PDL shows both generic and brand names for reference and convenience. Some plan sponsors, HMOs or Health Plans, Unions or Employers may be provided with the option of imposing further restrictions or choose not to reimburse some products listed in the PDL.

Additionally, as drug prices increase, new specialty drugs are released, and brand drugs lose patent, limiting drug selection to preferred products (generics, brands, as well as specialty) has become more critical. Our clinicians work to manage a balanced formulary, offering the best clinical products based on (1) safety, (2) efficacy, (3) availability, (4) lowest potential for abuse, (5) limited side effects, (6) viable clinical alternatives, (7) patient educational needs & availability, and finally (8) cost. While a very high percentage of plan designs follow this formulary, some small percentage may make plan design modifications and/or apply their own clinical management parameters.

Coverage Limitation

The PDL does not provide information regarding specific coverage, limitations or exclusions, member out-of-pocket costs (known as “member contributions” or more commonly “copays”) that may be assigned at plan level. The PDL applies to out-patient drugs provided to members, and *does not* apply to medications used in the in-patient setting (with the exception of some physician administered office products). All applicable dosage forms and strengths of a particular drug are included in the PDL under the specific entry unless otherwise noted and listed separately.

Compounded Drugs

Our Pharmacy & Therapeutics Committee (“P&T Committee”) has recommended against the coverage of compounded products. This decision was based on our research that compounds are not currently FDA approved as indicated for therapeutic use. Compounds have not passed the standards of clinical safety nor clinical efficacy that the FDA has set for authorization to be used in human diseases. Furthermore, due to ongoing reports concerning compounded pharmacy products causing harm for their intended patients, the P&T Committee has decided to take a prudent position against approval of compounding products to keep the safety and best interests of our members as its highest priority. If you have any questions, please contact your account executive.

While the P&T Committee does not recommend the use or coverage of compounds, we maintain that every patient has the right to order, and pharmacies have the right to dispense, compounded drugs at their own risk and expense. Please note that some plan benefits may opt to include them on a limited basis.

Drug Placement Determination

New agents are constantly being developed and approved by the FDA for the treatment of the different disease states. Due to vast availability of medication therapies and treatments, a reasonable process of drug selection and drug usage has been developed. The goal of the PDL is to enhance the physicians’ and pharmacists’ abilities to provide optimal cost-effective drug therapies to patients.

The development, maintenance, and improvement of the PDL are evolutionary processes that require the constant attention of our P&T Committee. As stated above, the PDL is a continually reviewed and revised list of drug products that mirrors the prevailing clinical opinion of the P&T Committee. Unfortunately, this dynamic process does not allow this document to be completely accurate in official print at all times. Updates are provided as necessary through newsletters and updates made readily available on the Internet for members, physicians, pharmacists and plan sponsors.

New agents being considered for formulary inclusion will be reviewed for their safety, efficacy, FDA-approved indications, contraindications, side effects, pharmacokinetic profile, patient compliance potential, drug cost and effects on other indirect health costs. A thorough medical literature review will place an emphasis on the following characteristics:

- Safety and Effectiveness of Product
- Potential for Patient Clinical or Utilization Abuse
- Comparison Studies with Similar Products if available
- Therapeutic Outcomes and Economic Data

Agents that are given a "priority" review by the FDA will be reviewed for possible inclusion into the formulary in as little as 7 days if necessary. New drugs will have their characteristics compared to other similar agents within a therapeutic class when available. New drugs that are added to an existing therapeutic class may result in the deletion of other drug(s) within the particular therapeutic class as clinical applications warrant. This process ensures the selection of the most clinically useful and cost-effective agents within a specific therapeutic class.

Preferred Brand Products

Brand drugs (listed in bold) that are added to the PDL in the "Preferred Brand" column include those that offer a clinical and/or cost advantage over other existing comparable brand drugs (listed under "Non-Preferred Brands") without sacrificing safety or effectiveness. Drugs will not be placed in either column if there currently is insufficient clinical evidence of its appropriate clinical effectiveness.

Brand drugs, whose generic form is also listed in the "Generic Drugs" column, should be considered as Non-Preferred brands as there have readily available generic equivalents. Brand drugs listed in the "Generic Drugs" column that have a caret (^) are considered Preferred Brands with preferred brand copays. Brand drugs listed in the "Generic Drugs" column that have a hash or pound sign (#) are brand drugs with generic copays.

Brand drugs that may vary from formulary to formulary are notated with an asterisk (*). Brand drugs that have ^{RECOMMEND} next to their name may not have any tier limitations in place, although they are subject to the copay tier assigned.

Brand drugs that are crossed out (i.e. ~~Drug Name~~) are no longer marketed but are available generically.

Exclusions & Grandfathering: Patients on continuous therapy of a Non-Preferred brand that may be excluded or is in a higher formulary tier may continue to take these drugs at the Preferred Brand copay until therapy is discontinued (called "grandfathering"). Restart of such brand drugs may require restart of therapy and may be charged the higher Non-Preferred Brand copay.

Generic Substitution

Whenever available, lower cost generic drugs approved by the FDA should be used regardless of the brand name indicated. Generic drugs provide the patients with a more cost effective, chemically and therapeutically equivalent option that can reduce the patient's out of pocket cost. Generic drugs will be listed in the "Generic Drugs" column, or in parenthesis next the brand drug name in the "Preferred Brands" or "Non-Preferred Brands" columns. The brand drugs listed under the "Generic Drugs" column are for reference only, do not have a generic copay, and do not guarantee coverage. This statement is not meant to preclude or override any state statutes that may exist (e.g., Non-Substitutable Drugs). Inclusion of a brand drug for generic substitution is subject to the following:

- An FDA Rating of "A" for generic equivalency as well as thorough review by the P&T Committee for efficacy and safety
- A narrow therapeutic index that makes it not subject to substitution due to complex pharmacokinetics, dosage forms, etc.

Single & Dual Source Generics

Upon patent expiration, brand drugs become available from one or more generic manufacturers. If the brand drug becomes available from only one generic manufacturer – typically for an exclusivity period or when other competing generics are removed from the market – the generic drug is called a "*Single Source Generic*" or SSG. If a brand drug becomes available from two (2) manufacturers, the generic drugs are called "*Dual Source Generics*" or DSG; if a brand drug is available from many generic manufacturers, it is then called a "*Multi-Source Brand*" or

MSB, while the generic drugs are called “Multi-Source Generics” or MSG.

While a generic drug is a SSG or DSG, its price may only be slightly cheaper than the original equivalent brand drug. During this time, at the clinical team’s recommendation, the SSG or DSG may be priced according to one of the following algorithms:

- GENERIC discount with a GENERIC copay
- GENERIC discount with a BRAND copay
- BRAND discount with a GENERIC copay
- BRAND discount with a BRAND copay
- NDC blocked so that the member must buy the BRAND at the full cash price (100% copay) with our discounts being applied

Prior Authorizations, Step Edits & Quantity Limits

Prior Authorization: Some brand drugs may require approval called “prior authorization” before the prescription can be dispensed. If a drug requires prior authorization, it may be noted in this PDL with either a P/A or P/A Req’d. Note that your plan may also restrict specific drugs and require a Prior Authorization that may not be shown on this PDL.

When a Prior Authorization is required, one or more of the following criteria must be fulfilled before the Prior Authorization will be issued:

1. Patient must have failed an appropriate trial of generics or other clinically Preferred Brand drugs (“step edit” – see below).
2. Use of a Preferred Brand drug(s) may cause documented underlying conditions or side effects, which would be detrimental to the patient’s health.
3. The treatment algorithm for that disease state is being followed according to the generally accepted published guidelines or the protocol in the FDA approved package insert.
4. A more cost effective, clinically equivalent agent is available as the Preferred Brand Drug.

Step Edits: Many drugs on the PDL may have specific step edits or quantity limits. A “step edit” is the process where another drug may be required to be used first before the prescribed drug is covered. Such drugs requiring use of another drug before it can be dispensed will be indicated in this PDL with an ^{S/E} or an ^{S/E-2}.

Quantity Limits: Our clinical team strongly recommends that some method of utilization compliance, including quantity limits, be placed on many drugs. Many products may have quantity limits implemented in your plan benefit design that are consistent with their FDA approved package insert or appropriate clinical guidance to control utilization. They are not specifically marked in this PDL.

More information on specialty drug restrictions are detailed at the end of this PDL.

100% Copay vs. Excluded Drugs

Our P&T Committee and clinicians believe that drug exclusions limit the choice of physicians and patients in treating specific conditions. Some drugs are manufactured simply for patient convenience at a much higher price than available equivalent generic drugs, or have other brand drug options available at a much lower net cost. To maintain a complete patient profile of drugs, managed clients should *not* exclude the drugs indicated with 100% Copay but instead cover them at the 100% copay to the patient, with strong encouragement that the patient use manufacturer copay cards to reduce the patient’s out of pocket costs. If a patient is already on one of the drugs listed with a star(*), therapy should be continued at the non-preferred copay.

The list includes but is not limited to:

Auvi-Q	Evzio	Segluromet*
Cambia*	Fortamet ER	Steglatro*
Carospir	Glumetza	Steglujan*
Consensi	Millipred Pak	Taperdex
Cycloset	Noxafil	Tivorbex
Duexis	Pexeva	Vimovo
Durlaza	Prexxartan	Vivlodex
Dyloject	Qbreliis	Yosprela
Edecrin	Riomet	Zorvolex
Epaned	Sitavig	

Non-Listed Drugs & Drug Categories

Drug categories that are not specifically listed in the book are generally categories of lower utilization where generic products are readily available (i.e. cough & cold) and shall be driven by plan design if covered. A specific brand drug may be “preferred”, “non-preferred” or “non-formulary” depending on the class.

Additionally, if a specific drug is not listed in the PDL, the drug is categorized under a general statement (such as that of HIV products on page 9), is covered under a medical benefit due to the location of administration, or is in a therapeutic class generally not seen in managed care. Oral products (other than oral oncology agents) that are not listed should be considered as having a Non-Preferred brand copay.

Formulary Modifications & Changes

Changes may be made to this PDL at any time based on availability or market conditions. Drugs approved by the FDA are added as Non-Preferred Brands with the same restrictions as other Non-Preferred Brands in the same clinical equivalent drug class until they are reviewed by the P&T Committee unless the clinical team determines that the product is a “line extension”. Drugs that are NOT listed in this book when the competitors *are* should be considered as excluded, not covered, or non-preferred agents.

Biosimilars

A biosimilar drug is a biological (specialty product that is almost an identical copy of an original product that is manufactured by a different company. Biosimilars are officially approved versions of original brand “innovator” products and can be manufactured when the original brand drug’s patent expires. The FDA acknowledges a biosimilar drug as a

biological (specialty) product that is highly similar to and has no clinically meaningful differences from an existing FDA-approved reference product with the following definitions:

- “Highly Similar” means that a manufacturer developing a proposed biosimilar demonstrates that its product is highly similar to the original brand drug product by extensively analyzing (i.e., characterizing) the structure and function of both the reference product and the proposed biosimilar.
- “No Clinically Meaningful Differences” means that the manufacturer must demonstrate that its proposed biosimilar product has no clinically meaningful differences from the original brand drug in terms of safety, purity, and potency (safety and effectiveness).

Major Changes to the PDL

The following changes to the PDL have been implemented or can be expected on the date shown:

Drug	Disease State	Date	Change
Motegrity	CIC	04/15/2019	Moved to Tier 2
Wixela Inhub	Asthma/COPD	04/15/2019	Added to Tier 1
Ajovy	Migraines	05/01/2019	Moved to Tier 2
Aimovig	Migraines	05/01/2019	Double Step Added
Emgality	Migraines	05/01/2019	Double Step Added
Glatopa	M/S	07/01/2019	Moving to Tier 2

Antibiotics

ANTIBIOTICS

GENERIC DRUGS	PREFERRED BRANDS	NON- PREFERRED BRANDS
<p>Penicillins & Cephalosporins</p> <p><i>Multiple Generics available for Prescribing</i></p> <p>W1</p>		<p>Cedax (Ceftibuten) Spectracef (Cefditoren Pivoxil) Suprax (Cefixime) ^{S/E}</p>
<p>Tetracyclines</p> <p>Doxycycline (various) / Doryx, Vibramycin Minocycline / Minocin, Dynacin, Solodyn[^]</p> <p><i>Multiple Generics available for Prescribing</i></p> <p>W1</p>		<p>Acticlate (Doxycycline Hyclate) Oracea (Doxycycline Monohydrate)</p>
<p>Macrolides, Clindamycins & Ketolides</p> <p><i>Multiple Generics available for Prescribing</i></p> <p>W9</p>		<p>Ketek (Telithromycin)</p>
<p>Sulfonamides, Sulfones & Nitrofurantoin</p> <p><i>Multiple Generics available for Prescribing</i></p> <p>W2</p>		<p>Furadantin Liquid (Nitrofurantoin)</p>
<p>Quinolones</p> <p>Ciprofloxacin / Cipro, Cipro XR Levofloxacin / Levaquin Moxifloxacin / Avelox Ofloxacin / Floxin</p> <p>W1</p>		<p>Factive (Gemifloxacin) Noroxin (Norfloxacin)</p>
<p>Miscellaneous Antibiotics</p> <p>Vancomycin / Vancocin Linezolid / Zyvox</p> <p>W1</p>	<p>Dificid['] (Fidaxomycin)</p>	<p>FirVanq (Vancomycin)</p>

Antivirals

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>General Antivirals</p> <p><u>Antivirals/Herpes/Shingles/Chicken Pox:</u> Acyclovir / Zovirax Amantadine / Symmetrel Famciclovir / Famvir Ganciclovir / Cytovene Valacyclovir / Valtrex Valganciclovir / Valcyte</p> <p>W5</p> <p><u>Flu Treatment/Flu Prevention:</u> Oseltamivir / Tamiflu Rimantadine / Flumadine</p> <p>W5</p>	<p><u>Antivirals/Herpes/Shingles/Chicken Pox:</u></p> <p><u>Flu Treatment/Flu Prevention:</u></p>	<p><u>Antivirals/Herpes/Shingles/Chicken Pox:</u> Sitavig (Acyclovir) ^{100% Copay} Prevymis (Letermovir) ^{P/A Req'd}</p> <p><u>Flu Treatment/Flu Prevention:</u> Relenza (Zanamivir) Xofluza (Baloxavir Marboxil)</p>
<p>HIV Antiviral Agents</p> <p><i>Multiple Generics available for Prescribing</i></p> <p>W5</p>	<p>All <u>Other Single Source Brand</u> HIV Antiviral Agents</p>	<p>All <u>Multi-Source Brand</u> HIV Antiviral Agents</p>
<p>HIV Pre-Exposure Prophylaxis Agents</p> <p>Tenofovir/Emtricitabine / Truvada ^{S/E/P/A REQ'D}</p> <p>W5</p>		

Anti-Infectives

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Anaerobic Anti-Infectives Metronidazole / Flagyl Paromomycin Sulfate / Humatin Tinidazole / Tindamax W4		
Antiparasitics W4	Alinia (Nitazoxanide)	
Antimalarials & Antiprotozoals Atovaquone/Proguanil / Malarone Hydroxychloroquine / Plaquenil Mefloquine / Lariam Quinine Sulfate / Qualaquin W4		Arakoda (Tafenoquine) Daraprim (Pyrimethamine) ^{100% Copay}
Anthelmintic Agents Ivermectin / Stromectol W4		Albenza (Albendazole) Biltricide (Praziquantel) Emverm (Mebendazole)

Antiemetics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Antiemetics (Assorted Use) Aprepitant / Emend Dronabinol / Marinol Granisetron / Kytril Meclizine / Antivert, Vertin Ondansetron / Zofran, Zofran ODT Prochlorperazine / Compazine Promethazine HCL / Phenergan, Promethegan Supp. Trimethobenzamide / Tigan H6	Bonjesta ER ¹ (Doxylamine Succinate/Vitamin B6) Diclegis ² (Doxylamine/Pyridoxine) Transderm-Scop Patch (Scopolamine)	Akynzeo (Netupitant/Palonosetron) ^{P/A REQ'D} Anzemet (Dolasetron) Cesamet (Nabilone) Sancuso Patch (Granisetron) ^{P/A REQ'D} Sustol Injectable (Ganisetron) ^{P/A REQ'D} Syndros Oral Solution (Dronabinol) ^{P/A REQ'D} Varubi (Rolapitant) Zuplenz Film (Ondansetron)

Neurologic: Parkinsons & Migraine Agents

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Anti-Parkinsons Agents</p> <p>Amantadine / Symmetrel Benzotropine / Cogentin Bromocriptine / Parlodel Carbidopa/Levodopa / Sinemet/CR, Parcopa Carbidopa/Levodopa/Entacapone / Stalevo Entacapone / Comtan Pramipexole / Mirapex, Mirapex ER Rasagiline / Azilect Ropinirole / Requip Tolcapone / Tasmar</p> <p>H6</p> <p><u>Parkinsons Motion/Dyskinesia Agents:</u></p> <p>H6</p> <p><u>Psychosis Agents:</u></p> <p>H8</p>	<p><u>Parkinsons Motion/Dyskinesia Agents:</u></p> <p>Gocovri¹ (Amantadine) Xadago¹ (Safinamide)</p> <p><u>Psychosis Agents:</u></p>	<p>Apokyn Injectable (Apomorphine) Banzel (Rufinamide) Duopa Susp. IV (Carbidopa/Levodopa) ^{P/A REQ'D} Imbrija (Levodopa) Neupro Patch (Rotigotine) Osmolex ER (Amantadine) Peganone (Ethotoin) Requip XL (Ropinirole) Rytary ER (Carbidopa/Levodopa ER) ^{S/E} Zelapar ODT (Selegiline)</p> <p><u>Parkinsons Motion/Dyskinesia Agents:</u></p> <p><u>Psychosis Agents:</u></p> <p>Nuplazid (Pimavanserin) ^{P/A REQ'D}</p>
<p>Anti-Migraine Agents</p> <p><u>Triptans:</u></p> <p>Naratriptan / Amerge Rizatriptan / Maxalt, Maxalt MLT Sumatriptan Tablets & Injectibles / Imitrex Sumatriptan / Naproxen Sodium) Treximet Zomitriptan / Zomig, Zomig ZMT</p> <p>H3</p> <p><u>CGRP:</u></p> <p>H3</p> <p><u>Other Agents:</u></p> <p>Ergotamine/Caffeine / Cafergot Dihydroergotamine/ DHE 45, Migranal Nasal</p> <p>H3</p>	<p><u>Triptans:</u></p> <p><u>CGRP:</u></p> <p>Ajovy¹ (Fremanezumab) ^{Clinical P/A REQ'D}</p> <p><u>Other Agents:</u></p>	<p><u>Triptans:</u></p> <p>Alsuma Injection (Sumatriptan) Axert (Almotriptan) Frova (Frovatriptan) Imitrex Spray (Sumatriptan) Onzetra Xsail (Sumatriptan Nasal) Relpax (Eletriptan) Sumavel DosePro Inject (Sumatriptan) Zembrace SymTouch (Sumatriptan) ^{P/A REQ'D} Zomig Nasal Spray only (Zomitriptan)</p> <p><u>CGRP:</u></p> <p>Aimovig (Erenumab) ^{NDC Block} Emgality (Galcanezumab) ^{NDC Block}</p> <p><u>Other Agents:</u></p> <p>Botox (OnabotulinumtoxinA) ^{Medical/Specialty} Cambia Powder (Diclofenac Pot) ^{100% Copay} Ergomar (Ergotamine) GammaCore Device – VNS</p>

Neurologic: Alzheimers, Anticonvulsants & Antiepileptics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Alzheimer's Agents</p> <p>Donepezil / Aricept/ODT Galantamine / Razadyne/ER Memantine /Namenda/XR Pyridostigmine / Mestinon Razadyne / Reminyl, Reminyl ER Rivastigmine / Exelon Capsules/Patches</p> <p>H1/J1</p>		<p>Namzaric (Memantine/Donepezil) ^{S/E}</p>
<p>Anticonvulsants & Anti-Epileptics</p> <p><u>Anti-Convulsants</u></p> <p>Carbamazepine / Carbatrol, Tegretol Clonazepam / Klonopin Divalproex Sodium / Depakote/ER/Sprinkles Gabapentin / Neurontin Lamotrigine / Lamictal, Lamictal XR, Lamictal ODT Oxcarbazepine / Trileptal Topiramate / Topamax, Qudexy XR Valproic Acid / Depakene</p> <p><i>(Many other Generic Products are Available)</i></p> <p><u>Anti-Epileptic Agents</u></p> <p>Levetiracetam / Keppra, Keppra XR Phenytoin / Dilantin Phenytoin Sodium / Phenytek</p> <p>H2/H4</p>	<p><u>Anti-Convulsants</u></p> <p><u>Anti-Epileptic Agents</u></p> <p>Dilantin 30mg ONLY (Phenytoin) Spritam' (Levetiracetam) ^{S/E}</p>	<p><u>Anti-Convulsants</u></p> <p>Aptiom (Eslicarbazepine) ^{P/A REQ'D} Celontin (Methsuximide) Diacomit (Stiripentol) ^{S/E [Dravet]} Diastat Acu-Dial Gel (Diazepam) Equetro (Carbamazepine) Fycompa (Perampanel) Lyrica/CR (Pregabalin) Oxtellar XR (Oxcarbazepine) Potiga (Ezogabine) Sabril (Vigabatrin) Stavzor (Valproic Acid) ^{P/A REQ'D} Trokendi XR (Topiramate) Vimpat (Lucosamide) ^{P/A REQ'D}</p> <p><u>Anti-Epileptic Agents</u></p> <p>Briviact (Brivaracetam) ^{S/E} Elepsia XR (Levetiracetam) ^{P/A REQ'D}</p>
<p>Fibromyalgia, Neuropathic & PHN** Agents</p> <p>Duloxetine / Cymbalta Gabapentin / Neurontin</p> <p>H4/H7</p>		<p>Gralise (Gabapentin) Lyrica CR (Pregabalin)** Savella (Milnacipran) ZTLido (Lidocaine Patch)**</p>
<p>Restless Leg Syndrome (RLS) Agents</p> <p>Pramipexole / Mirapex Ropinirole / Requip</p> <p>H6</p>		<p>Horizant (Gabapentin Enacarbil) Neupro Patch (Rotigotine)</p>

** - Post-Herpetic Neuralgia Pain (PHN)

Blood Modifiers

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Anticoagulants /Anti-10A/Thrombin Inhibitors</p> <p>Warfarin Sodium / Coumadin Heparin Sodium</p> <p>M9</p>	<p>Eliquis' (Apixaban) Pradaxa' (Dabigatran Etexilate) Xarelto 2.5mg, 15mg, 20mg' (Rivaroxaban) & Xarelto Starter Pak – all'</p>	<p>Savaysa (Edoxaban Tosylate)</p>
<p>Heparin-Related Agents / DVT</p> <p>M9</p>	<p>Eliquis' (Apixaban) Pradaxa' (Dabigatran Etexilate) Xarelto 10mg' (Rivaroxaban)</p>	<p>Bevyxxa (Betrixaban) Savaysa (Edoxaban Tosylate)</p>
<p>Platelet Aggregation Inhibitors / ACS</p> <p>Anagralide / Agrylin Cilostazol / Plata Clopidogrel / Plavix Dipyridamole / Persantine Dipyridamole & Aspirin / Aggrenox Pentoxifylline / Trenta</p> <p>M9 / N1</p>	<p>Brilinta' (Ticagrelor)</p>	<p>Durlaza ER (Aspirin) ^{100% Copay} Effient (Prasugrel)</p>
<p>Other Products</p> <p>Aminocaproic Acid / Amicar Tranexamic Acid / Lestyda</p> <p>M9</p>		<p>Zontivity (Vorapaxar)</p>

Cardiovascular: ACE, ARBs & Diuretics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>ACE Inhibitors with/without Diuretics</p> <p>Benazepril / Lotensin (Lotensin HCT) Captopril / Capoten (Capozide) Enalapril / Vasotec (Vaseretic) Fosinopril / Monopril (Monopril HCT) Lisinopril / Prinivil (Prinzide), Zestril (Zestoretic) Moexipril / Univase (Uniretic) Quinapril / Accupril (Accuretic) Perindopril Erbumine / Aceon Ramipril / Altace Trandolapril / Mavik</p> <p>A4</p>		<p>Epaned Solution (Enalapril) ^{100% Copay} Qbrelis Solution (Lisinopril) ^{100% Copay}</p>
<p>ACE Inhibitor / CCB Combination</p> <p>Benazepril/Amlodipine / Lotrel (all other strengths) Trandolapril/Verapamil / Tarka</p> <p>A4</p>		<p>Prestalia (Amlodipine / Perindopril) ^{S/E}</p>
<p>ARBs without & with Diuretics</p> <p>Candesartan, Candesartan HCTZ / Atacand, Atacand HCT Irbesartan, Irbesartan HCTZ / Avapro, Avalide Losartan, Losartan HCT / Cozaar, Hyzaar Olmesartan/HCT / Benicar, Benicar HCT Telmisartan, HCTZ / Micardis, Micardis HCT Valsartan, Valsartan HCTZ / Diovan, Diovan HCT</p> <p>A4</p>	<p>Edarbi', Edarbyclor' (Azilsartan/Chlorthalidone)</p>	<p>Prexxartan Solution (Valsartan) ^{100% Copay}</p>
<p>ARB Combinations</p> <p>Olmesartan/Amlodipine/HCT / Azor, Tribenzor Telmisartan/Amlodipine / Twynsta Valsartan/Amlodipine/HCT / Exforge/HCT</p> <p>A4</p>	<p>Byvalson' (Valsartan/Nebivolol)</p>	
<p>Naprilysin Inhibitors</p> <p>A4</p>	<p>Entresto' (Naprilysin/Valsartan)</p>	
<p>Diuretics</p> <p>Chlorothiazide / Diuril Chlorthalidone / Hygroton Furosemide / Lasix Spironolactone/HCTZ / Aldactone, Aldactazide Triamterene / HCTZ / Dyazide, Maxzide (Various other Generics)</p> <p>R1</p>		<p>Carospir Solution (Spironolactone) ^{100% Copay} Dyrenium (Triamterene) Edecrin (Ethacrynic Acid) ^{100% Copay}</p>

Cardiovascular: Anti-Arrhythmia & Vasodilators

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Renin Inhibitors & Combinations^{##} <small>A4</small>	Tektura/HCT[†] (Aliskiren Hemifumarate/HCT)	
Antiarrhythmics / Anti-Ischemic Amiodarone / Pacerone Disopyramide / Norpace/ Norpace CR 150mg Dofetilide / Tikosyn Propafenone / Rythmol, Rythmol SR <small>A2</small>		Multaq (Dronedarone) Norpace CR 100mg (Disopyramide) Ranexa ER (Ranolazine)
Cardiac Glycosides Digoxin / Lanoxin <small>A1</small>		
Vasodilators, Coronary, Nitrates Isosorbide Dinitrate / Isordil, Sorbitrate Isosorbide Mononitrate / Imdur-ER <u>Nitroglycerins</u> Nitroglycerin (Patch) / Nitro-Dur, Minitran Nitroglycerin Mist / NitroMist Spray, Nitrolingual Spray <small>A7</small>	<u>Nitroglycerins</u> Nitrostat (Nitroglycerin Oral)	<u>Nitroglycerins</u> Gonitro (Nitroglycerin Sublingual) Nitro-BID Ointment (Nitroglycerin)
Vasodilators, Sympatholytics Clonidine / Catapres, Catapres TTS Patch Guanfacine / Tenex Hydralazine / Apresoline Methyldopa / Aldomet Methyldopa/HCTZ / Aldoril <small>A4</small>		Clorpres (Clonidine/Chlorthalidone)
Other Agents <small>A4</small>		Corlanor (Ivabradine) Northera (Droxidopa) Vecamyl (Mecamylamine)

^{##} Note special warnings on use of Aliskiren containing products in treatment of diabetics

Cholesterol: Statins, Fibrates & Others

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Statins& Statin/CCB Combinations</p> <p>Atorvastatin / Lipitor Atorvastatin/Amlodipine / Caduet Ezetimibe/Simvastatin / Vytorin Fluvastatin / Lescol, Lescol XL Lovastatin / Altoprev, Mevacor Pravastatin / Pravachol Rosuvastatin / Crestor Simvastatin / Zocor</p> <p>M4</p>	<p>Zypitamag[†] (Pitavastatin) ^{S/E}</p>	<p>Livalo (Pitavastatin)</p>
<p>Bile Acid Sequestrants/Liver Agents</p> <p><u>BAS</u> Cholestyramine / Questran Colesevelam / Welchol Colestipol / Colestid</p> <p>M4</p> <p><u>Liver Agents</u> Ursodiol / Actigall, Urso/Urso Forte</p> <p>D7</p>	<p><u>BAS</u></p> <p><u>Liver Agents</u></p>	<p><u>BAS</u></p> <p><u>Liver Agents</u></p>
<p>Fibrates & Other Agents</p> <p>Gemfibrozil / Lopid Fenofibric Acid –Choline / Fibricor, TriLipix Fenofibrate, micronized / Antara, Fenoglide Fenofibrate, nanocrystalized / Tricor, TriGlide</p> <p><u>Others</u> Ezetimibe / Zetia Omega-3 Acid Ethyl Esters / Lovaza Slo Niacin / Niacin, Niaspan ER</p> <p>M4</p>	<p>Lipofen[†] (Fenofibrate, micronized)</p> <p><u>Others</u> Vascepa[†] (Ethyl Esters of EPA)</p>	<p><u>Others</u> Niacor (Niacin)</p>

Pancreatic Agents

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Pancreatic Agents</p> <p>D8</p>	<p>Creon[†] (Lipase/Protease/Amylase) Zenpep[†] (Lipase/Protease/Amylase)</p>	<p>Pancreaze (Lipase/Protease/Amylase) Pertyze, Viokase (Lipase/Protease/Amylase)</p>

Urological: Gout, PH / K Modifiers & Depleters

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Gout Agents</p> <p><u>Orals</u> Allopurinol / Zyloprim Probenecid / Benemid, Col-Bemenid</p> <p><u>Topicals</u></p> <p>C7</p>	<p><u>Orals</u> Uloric' (Febuxostat) Colcrys' (Colchicine)</p> <p><u>Topicals</u> ColciGel' (Colchicine Gel)</p>	<p><u>Orals</u> Duzallo (Lesinurad+Allopurinol) Mitigare (Colchicine) Zurampic (Lesinurad)</p> <p><u>Topicals</u></p>
<p>Urinary Ph Modifiers</p> <p>Potassium Citrate + Citric Acid / Citra-K Potassium Citrate / Urocit-K Potassium Acid Phosphate / K-Phos Original</p> <p>R1</p>		<p>K-Phos MF, N° 2 (Sod. Phos/Pot. Phos) Renacidin (Mag Carb/Citric Acid/Lact)</p>
<p>Potassium & Electrolytes</p> <p>Potassium Bicarbonate / Effer-K Potassium Bicarb+Potassium Citrate / K-Lyte Potassium Gluconate / Kaon Potassium Chloride / KTab ER# Potassium Phosphate / K-Phos</p> <p>C1/R1</p>		<p>Klor-Con (Potassium Chloride) Micro-K (Potassium Chloride)</p>
<p>Phosphorus/Calcium/Electrolyte Depleters</p> <p>Calcium Acetate / PhosLo, Eliphos^{HP} Sevelamer Carbonate / Renvela^{HP} Sodium Polystyrene Sulfonate / Kayexalate^{HK}</p> <p>C1</p>	<p>Fosrenol' (Lanthanum Carbonate)^{HP} Lokelma' (Sodium Zirconium Cyclosilicate)^{HK} Phoslyra' (Calcium Acetate Oral Solution)^{HC} Velphoro' (Sucroferric Oxyhydroxide)^{HP}</p>	<p>Kionex (Sodium Polystyrene Sulfonate)^{HK} Renagel (Sevelamer Hydrochloride)^{HP} Veltassa Oral Susp (Patiromer)^{HK}</p>

HC - Hypercalcemia

HK - Hyperkalemia

HP - Hyperphosphatemia

Osteoporosis

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Osteoporosis Agents / Paget's Disease		
<u>Bisphosphonates</u> Alendronate / Fosamax Ibandronate / Boniva 150mg Tablets Risedronate / Actonel, Atelvia	<u>Bisphosphonates</u>	<u>Bisphosphonates</u> Binosto Effervescent Tabs (Alendronate) Fosamax Plus D (Alendronate w/ Vit D)
<u>Other</u> Raloxifene / Evista Calcitonin / Miacalcin Nasal Spray		<u>Other</u>

Anti-Inflammatory & Pain

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Anti-Inflammatory Agents (NSAID)		
Diclofenac/Misoprostol / Arthrotec Diclofenac Potassium / Cataflam Diclofenac Sodium / Voltaren XR Etodolac / Lodine/XL Fenoprofen / Nalfon Flurbiprofen / Ansaid Ibuprofen / Motrin Indomethacin / Indocin Ketoprofen / Orudis, Oruvail Ketorolac / Toradol Meclufenamate / Meclomen Mefenamic Acid / Penstel Meloxicam/ Mobic Nabumetone / Relafen Naproxen / Naprosyn/EC, Anaprox DS, Naprelan Oxaprozin / Daypro Piroxicam / Feldene Sulindac / Clinoril Tolmetin / Tolectin-DS	Sprix Spray' (Ketorolac Tromethamine)	Duexis (Ibuprofen/Famotidine) ^{100% Copay} Dyloject (Diclofenac Sodium) ^{100% Copay} Tivorbex (Indomethacin) ^{100% Copay} Vimovo (Naproxen/Esomeprazole IR) ^{100% Copay} Vivlodex (Meloxicam) ^{100% Copay} Yosprala (Aspirin/Omeprazole) ^{100% Copay} Zipsor (Diclofenac Potassium) ^{P/A REQ'D} Zorvolex (Diclofenac) ^{100% Copay}

CNS: Anxiety, Sedatives, ADD/ADHD & Narcolepsy

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Anti-Anxiety Agents (Benzodiazepines) <i>All Generics in this Class are Preferred</i> H6		All Brands in this Class are Non-Preferred
Sedatives/Sleeping Aids Eszopiclone / Lunesta ^{S/E} Flurazepam / Dalmane Quazepam / Doral Temazepam / Restoril Triazolam / Halcion Zaleplon / Sonata ^{S/E} Zolpidem / Ambien ^{S/E} , Ambien CR ^{S/E} , Intermezzo H2/H8	Belsomra [†] (Suvoxerant) Silenor [†] (Doxepin)	Edluar Sublingual (Zolpidem) ^{S/E} Hetlioz (Tasimelteon) ^{P/A REQ'D} Rozerem (Ramelteon) ^{S/E} Zolpimist Nasal Spray (Zolpidem) ^{P/A REQ'D}
Sedatives/Hypnotics (Barbiturate/CNS) Phenobarbital H2		Butisol (Butabarbital) Seconal (Secobarbital)
ADD & ADHD Agents Atomoxetine / Strattera Amphetamine/D-Amphetamine / Adderall Clonidine HCL / Kapvay D-Amphetamine / Dexedrine Dexmethylphenidate / Focalin , *Focalin XR Guanfacine / Intuniv Methylphenidate / Concerta , *Concerta ER Methylphenidate / Desoxyn Methylphenidate / Ritalin/LA/SR Methylphenidate / *Metadate CD , *Metadate ER J5/H7/H2	Adderall XR [†] (Amphetamine/D-Amphet) Daytrana Patch [†] (Methylphenidate) Mydayis [†] (Amphetamine Salts) Vyvanse [†] (Lisdexamfetamine Dimesylate)	Adzenys XR-ODT (Amphetamine) ^{S/E} Adzenys ER Liquid (Amphetamine) ^{S/E} Amphetamine/D-Amphetamine [SSG] ^{NDC BLOCK} *Aptensio XR (Methylphenidate) ^{S/E} *Cotempla XR-ODT (Methylphenidate) ^{S/E} Evekeo (Amphetamine Sulfate) ^{S/E} Dyanavel XR Susp (Amphetamine) ^{S/E} Methylin Solution (Methylphenidate) ^{S/E} *QuilliChew ER (Methylphenidate) ^{S/E} *Quillivant XR Susp (Methylphenidate) ^{S/E} *Relexxii ER (Methylphenidate) ^{S/E}
Excessive Sleepiness / Narcolepsy Armodafinil / Nuvigil Modafinil / Provigil H8		

* Long-acting Methylphenidate derivatives for ADD/ADHD that require failure of Vyvanse prior to approval

CNS: Anti-Depressants & PBA

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Serotonin Specific Reuptake Inhibitors (SSRI)</p> <p>Citalopram / Celexa Escitalopram / Lexapro Fluoxetine / Prozac, Sarafem Fluvoxamine / Luvex/CR Paroxetine / Paxil/CR Sertraline / Zoloft</p> <p>H2</p>	<p>Trintellix' (Vortioxetine) ^{S/E} Viibryd' (Vilazodone) ^{S/E}</p>	<p>Pexeva (Paroxetine Mesylate) ^{100% Copay}</p>
<p>Serotonin Norepinephrine Reuptake Inhibitors</p> <p>Duloxetine / Cymbalta Desvenlafaxine / Pristiq, Khedezla ER Venlafaxine / Effexor XR</p> <p>H7</p>	<p>Fetzima' (Levomilnacipran) ^{S/E}</p>	
<p>Other SSRI Combinations</p> <p>Olanzapine/Fluoxetine / Symbyax</p> <p>H7</p>		
<p>Monoamine Oxidase Inhibitors (MAOIs)</p> <p>Phenelzine Sulfate / Nardil Tranylcypromine Sulfate / Parnate</p> <p>H7/H2</p>		<p>Emsam Patches (Selegiline) Marplan (Isocarboxazid)</p>
<p>Antidepressants, Others</p> <p>Amitriptyline / Elavil Bupropion / Wellbutrin SR/XL Buspirone / Buspar Clomipramine / Anafranil Desipramine / Norpramin Imipramine / Tofranil/PM Mirtazapine / Remeron, Remeron Soltab Nortriptyline / Aventyl, Pamelor Trazadone / Desyre! (Over 20 other 'generic only' agents exist)</p> <p>H2/H7</p>	<p>Forfivo XL' 450mg Only (Bupropion HCL)</p>	<p>Aplenzin ER (Bupropion Hydrobromide) Olepto ER (Trazadone) ^{S/E}</p>
<p>Pseudobulbar Affect (PBA) Agents</p> <p>H8</p>	<p>Nuedexta' (Dextromethorphan/Quinidine)</p>	

CNS: Anti-Psychotics & Bi-Polar

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Antipsychotic Agents Chlorpromazine / Thorazine Fluphenazine / Prolixin Haloperidol / Haldol Loxapine / Loxitane Perphenazine / Trilafon Trifluoperazine / Stelazine Thioridazine / Mellaril Thiothixene / Navane		ORAP (Pimozide)
H7 Atypical Antipsychotic Agents Aripiprazole / Abilify ^{B,S} Clozapine / Clozaril, Fazaclo ^{B,S} Olanzapine / Zyprexa, Zyprexa ZYDIS ^{B,S} Quetiapine / Seroquel IR ^{B,S} , Seroquel XR ^{B,S} Risperidone / Risperdal ^{B,S} Ziprasidone / Geodon ^{B,S}	Saphris ['] (Asenapine) ^{B,S} Vraylar ['] (Cariprazine) ^{B,S}	Abilify MyCite w/ Sensor (Aripiprazole) ^{B,S, P/A REQ'D} Fanapt (Iloperidone) ^{2 S/E, B,S} Invega ER (Paliperidone) ^{2 S/E, B,S} Latuda (Lurasidone) ^{B,S S/E} Rexulti (Brexipiprazole) ^{2 S/E, M,S} Versacloz Susp (Clozapine)
H2 Bipolar Disorders (Anti-mania Agents) Lithium Carbonate / Lithobid Valproic Acid / Stavzer		Equetro (Carbamazepine)

^B - Bi-polar indication

^S - Schizophrenia indication

^M - Manic Depressive Disorder indication

Parathyroid Agents

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Parathyroid Agents Calcitriol ² / Rocaltrol Doxercaliferol ² / Hectorol Ergocalciferol Drops ² / Drisol Paricalcitol ² / Zemplar		Natpara ¹ (Parathyroid Hormone) ^{P/A REQ'D} Rayaldee ² (Calcifediol) ^{P/A REQ'D} Sensipar ² (Cinacalcet)

¹ – Hypothyroidism, ² – Hyperthyroidism

Gastrointestinal: Ulcer, GERD & IBS

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Anti-Ulcer /GERD Agents</p> <p><u>H2 Antagonists</u> Generic Drugs Only!!</p> <p><u>PPIs**</u> Esomeprazole / Nexium Lansoprazole / Prevacid Omeprazole / Prilosec Omeprazole w/ Sodium Bicarb / Zegerid ^{100% Copay} Pantoprazole / Protonix Rabeprazole / Aciphex</p> <p><u>Others</u> Metoclopramide / Reglan Sucralfate / Carafate</p> <p>D4/J9/Z2</p>	<p><u>H2 Antagonists</u></p> <p><u>PPIs</u> Dexilant' (Dexlansoprazole)</p> <p><u>Others</u> Enteragam Powder Pak' (Immune Globulin)</p>	<p><u>H2 Antagonists</u></p> <p><u>PPIs</u> Protonix Oral Suspension (Pantoprazole)</p> <p><u>Others</u> Metozolv ODT (Metoclopramide)</p>
<p>Bowel & Colon Agents</p> <p><u>Inflammatory Bowel Disease/Ulcerative Colitis</u> Mesalamine / Asacol/HD, Rowasa Balsalazide Disodium / Colazal</p> <p>D6/Q3</p>	<p><u>Irritable Bowel Syndrome (IBS-C, OIC, CIC)</u> Apriso' (Mesalamine) Lialda' (Mesalamine)</p>	<p><u>Irritable Bowel Syndrome (IBS-C, OIC, CIC)</u> Delzicol' (Mesalamine) Dipentum (Olsalazine) ^{S/E} Mesalamine [<i>Generics for Lialda</i>] Pentasa (Mesalamine) ^{S/E}</p>
<p><u>Irritable Bowel Syndrome (IBS-C, OIC, CIC)</u></p> <p><u>Irritable Bowel Syndrome (IBS-D)</u></p> <p>D6</p>	<p><u>Irritable Bowel Syndrome (IBS-C, OIC, CIC)</u> Amitiza' (Lubiprostone) ^{IBS-C, OIC, CIC} Linzess' (Linaclotide) ^{IBS-C} Motegrity' (Prucalopride) ^{CIC}</p> <p><u>Irritable Bowel Syndrome (IBS-D)</u> Viberzi' (Eluxadoline) ^{IBS-D} Xifaxan 550' (Rifaximin) ^{IBS-D}</p>	<p><u>Irritable Bowel Syndrome (IBS-C, OIC, CIC)</u> Movantik (Naloxegol) ^{OIC - S/E} Relistor Tablets (Methylnaltrexone) ^{OIC - P/A Req'd} Symproic' (Naldemedine) ^{OIC} Trulance' (Plecanatide) ^{CIC}</p> <p><u>Irritable Bowel Syndrome (IBS-D)</u> Lotronex (Alosetron) ^{IBS-D}</p>
<p><u>Other:</u> Budesonide / Entocort EC Diphenoxylate/Atropine / Lomotil Glycopyrrolate / Glycate Loperamide / Imodium (OTC)</p> <p>D6/J2</p>	<p><u>Other:</u> Canasa Suppositories' (Mesalamine)</p>	<p><u>Other:</u> Aemcolo (Rifamycin) ^{P/A Req'd} Cuvposa (Glycopyrrolate) Entereg (Alvimopan) Motofen (Difenoxin/Atropine Sulfate) Relistor Injectable (Methylnaltrexone) ^{P/A Req'd} Uceris Foam & Tablets' (Budesonide)</p>

Gastrointestinal: Laxatives & Colon Preps

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Laxatives</p> <p>Lactulose / Granulose</p> <p>D6</p>		<p>Kristalose' (Lactulose)</p>
<p>Colon Prep Agents</p> <p>Peg 3350/NA Sulfate, Bicarbonate CL/KCL / Colyte, Gavilyte, Golytely Sodium Chloride / Nulytely</p> <p>D6</p>	<p>Moviprep' (Peg 3350 Solution) Osmoprep' (Sodium Phosphate Tablets) Plenvu' (Peg 3350/NA Ascorbate/NA Sulfate++) Suprep' (Sodium, Potassium, & Magnesium Sulfate)</p>	<p>Clenpiq Pre-Mix (Sod Picosulf, Mag Ox, Citric Acid) Gialax (PEG 3350/Sod Chlor/Pot Citrate Solution) Halflytely (Sodium Phosphate Solution) Prepopik (Sod Picosulf, Mag Ox, Citric Acid)</p>
<p>H. Pylori Agents</p> <p><u>H-Pylori Agents</u> Lansoprazole/Amox/Clarithromycin / PrevPac</p> <p>D4</p>	<p><u>H-Pylori Agents</u> Pylera' (Bismuth/Metronid/Tetracycline) Omeclamox' (Omeprazole/Amox/Clarithromycin)</p>	<p><u>H-Pylori Agents</u></p>

Hormone Therapy: O/Cs & Estrogens

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Contraceptives</p> <p><u>Orals</u> All Oral Contraceptives flagged as Generic Levonorgestrel / Plan-B⁺</p> <p><u>Others</u> Nuvaring[']</p> <p>G8</p>	<p><u>Orals</u> Beyaz['], Yaz['] Natazia['], Safyral[']</p> <p><u>Others</u></p>	<p><u>Orals</u> All Oral Contraceptives flagged as Brand</p> <p><u>Others</u> All Other formulations flagged as Brand</p>
<p>Estrogens / Estrogen Combinations</p> <p><u>Orals – Single</u> Estradiol / Estrace Estropipate / Ogen, Ortho-Est ME-Test/Estrogen/Ester / Covaryx/HS</p> <p>G1</p> <p><u>Orals – Combination Products</u></p> <p>G1</p> <p><u>Patches/Gels</u> Estradiol / Climara Patch Estradiol / Vivelle/DOT Patch</p> <p>G1</p> <p><u>Vaginal (All Forms)</u> Estradiol / Estrace Cream Estradiol / Vagifem</p> <p>Q4</p>	<p><u>Orals – Single</u></p> <p><u>Orals – Combination Products</u></p> <p><u>Patches/Gels/Pumps</u> Climara Pro Patch['] (Estradiol/Levonorgestrel) Divigel['] (Estradiol Gel) Minivelle Patch['] (Lo-Dose Estradiol) Xulane Patch (Norelgestromin/Estradiol)</p> <p><u>Vaginal (All Forms)</u> Osphena['] (Ospemifene)</p>	<p><u>Orals – Single</u> Cenestin (Conjugated Estrogen) Menest (Esterified Estrogen) Premarin (Conjugated Estrogen)</p> <p><u>Orals – Combination Products</u> Activella, FemHRT, Mimvey (Estradiol/Noreth) Angeliq (Estradiol/Drospirenone) Annovera (Estradiol/Segesterone) Bijuva (Estradiol/Progesterone) Duavee (Conj Estrogens/Bazedoxifene) ^{100% Copay} Prefest (Estradiol/Norgestimate) Prempro, Premphase (Conj. Estrog/Medroxyprog)</p> <p><u>Patches/Gels/Pumps</u> Alora Patch (Estradiol) Combipatch (Estradiol/Norethindrone) Elestrin Gel, Estrogel (Estradiol) ^{S/E New Starts} Evamist Spray (Estradiol) ^{S/E New Starts} Menostar Patch (Estrogen)</p> <p><u>Vaginal (All Forms)</u> Estring, Femring Ring (Estradiol) ^{S/E New Starts} Imvexxy (Estradiol) ^{S/E New Starts} Premarin Cream (Conj. Estrogen) ^{S/E New Starts}</p>

IMPORTANT NOTE - Contraceptive coverage varies by Plan, but most Plans cover generic Oral Contraceptives

Hormone Therapy: Androgenics, Progesterones & Fertility

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Other Hormonal & Non-Hormonal Agents</p> <p>Clomiphene Citrate / Clomid, Serophene Hydroxyprogesterone Capoate Injections / Makena</p> <p>G1/G8</p>	<p>Addyi[†] (Flibanserin) Brisdelle[†] (Paroxetine Mesylate) Orilissa[†] (Elagolix)</p>	<p>Ella (Ulipristal Acetate) IntraRosa Vaginal Insert (Prasterone)^{S/E New}</p>
<p>Progestational Agents</p> <p>Medroxyprogesterone / Provera Norethindone Acetate / Aygestin Progesterone, Micronized / Prometrium</p> <p>G2</p>	<p>Crinone[†] (Progesterone, Micronized)</p>	<p>Depo-Provera (Medroxyprogesterone) Endometrin Supp (Progesterone, Micron.) First-Progesterone MC (Progesterone)</p>
<p>Androgenic Agents</p> <p>Oxandrolone / Oxandrin Prasterone / DHEA Testosterone / Androgel Gel Testosterone Cypionate / Depo-Testosterone Testosterone Enanthate / Delatestryl Injectible^{S/E}</p> <p>F1</p>		<p>Anadrol-50 (Oxymetholone) Androderm (Testosterone Patch, Gel) Axiron Pump (Testosterone) Fortesta (Testosterone Gel) Methitest (Methyltestosterone) Natesto Nasal Gel (Testosterone) Striant (Testosterone) Testim (Testosterone) Testopel (Testosterone) Testred (Methyltestosterone) Vogelxo (Testosterone Gel) Xyosted (Testosterone Enanthate)</p>

Prenatal Vitamins, Iron Deficiency

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Prenatal Vitamins <i>All Generic Agents are Covered in Tier 1</i>		<i>All Brand Agents are Non-Preferred</i>
C6		
Iron Deficiency Agents <i>All Generic Agents are Covered in Tier 1</i>		<i>All Brand Agents are Non-Preferred</i>
C3		

Metabolic: Thyroid Replacements

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Anti-Thyroid & Thyroid Replacements <u>Thyronine (Free T3)</u> Liothyronine / Cytomel <u>Thyroxine (Free T4)</u> Levothyroxine / Eurthyrox, Levo-T, Levothroid, Levoxyl, Synthroid, Unithroid <u>Mixed Thyronine/ Thyroxine</u> <u>Other</u> Propylthiouracil / Propylthiouracil Methimazole / Tapazole Thyroid, pork / Armour Thyroid	<u>Thyronine (Free T3)</u> <u>Thyroxine (Free T4)</u> <u>Mixed Thyronine/ Thyroxine</u> <u>Other</u>	<u>Thyronine (Free T3)</u> <u>Thyroxine (Free T4)</u> Tirosint (Levothyroxine) <u>Mixed Thyronine/ Thyroxine</u> Nature-Throid (Thyroid, pork) Thyrolar (Liotrix, pork) Westhroid, WP-Thyroid (Thyroid, pork) <u>Other</u> NP-Thyroid (Thyroid, pork)
Glucocorticoids / Mineralocorticoids Budesonide / Entocort EC Methylprednisone / Medrol Prednisone / Deltasone Prednisolone / Prednisolone, Prelone Syrup, Pediapred <i>Multiple Generics available for Prescribing</i>		Celestone (Betamethasone) Dexpak (Dexamethasone) Millipred/Pak (Prednisone ER) 100% Copay Rayos (Prednisone ER) 100% Copay Taperdex (Prednisone ER) 100% Copay
P3		
P5		

Diabetes: Insulins & Injectibles

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Insulins</p> <p><u>Synthetic Insulin</u> <u>Short-Acting</u> ^(Bolus)</p> <p><u>Long-Acting</u> ^(Basal)</p> <p><u>Mixed Insulin</u></p> <p><u>Human Insulin</u> <u>Injectible</u> <u>Inhaled</u></p> <p>C4</p>	<p><u>Synthetic Insulin</u> <u>Short-Acting</u> ^(Bolus) Fiasp[†] (Insulin Aspart) Novolog[†] (Insulin Aspart) Apidra[†] (Insulin Glulisine)</p> <p><u>Long-Acting</u> ^(Basal) Lantus[†] (Insulin Glargine) Levemir[†] (Insulin Detemir) Toujeo[†]/Toujeo Max Solostar[†] (Insulin Glargine) Tresiba[†] (Insulin Degludec)</p> <p><u>Mixed Insulin</u> Novolog Mix[†] (Insulin Aspart)</p> <p><u>Human Insulin</u> <u>Injectible</u> Novolin[†] (Insulins, Assorted)</p> <p><u>Inhaled</u></p>	<p><u>Synthetic Insulin</u> <u>Short-Acting</u> ^(Bolus) Humalog (Insulin Lispro) ^{S/E} Admelog (Insulin Lispro) ^{S/E}</p> <p><u>Long-Acting</u> ^(Basal) Basaglar (Insulin Glargine) ^{P/A REQ'D}</p> <p><u>Mixed Insulin</u> Humalog Mix (Insulin Lispro)</p> <p><u>Human Insulin</u> <u>Injectible</u> Humulin (Insulins, Assorted)</p> <p><u>Inhaled</u> Afrezza (Insulin Regular, Human)</p>
<p>Injectible Anti-Diabetics</p> <p><u>GLP-1</u></p> <p><u>GLP-1 / Insulin Combinations</u></p> <p><u>Other Injectibles</u></p> <p>C4</p>	<p><u>GLP-1</u> Bydureon[†]/Bydureon BCise (Exenatide) Byetta[†] (Exenatide) Ozempic[†] (Semaglutide) Victoza[†] (Liraglutide)</p> <p><u>GLP-1 / Insulin Combinations</u> Soliqua[†] (Insulin Glargine & Lixisenatide) Xultophy[†] (Insulin Degludec & Liraglutide)</p> <p><u>Other Injectibles</u> SymlinPen[†] (Pramlintide Acetate)</p>	<p><u>GLP-1</u> Adlyxin (Lixisenatide) Trulicity (Dulaglutide)</p> <p><u>GLP-1 / Insulin Combinations</u></p> <p><u>Other Injectibles</u></p>
<p>Hyperglycemic Agents</p> <p>M4</p>	<p>GlucaGen Kit[†] (Glucagon) ^{Novo Nordisk Only}</p>	<p>Glucagon Emergency Kit (Glucagon) Proglycem Oral Suspension (Diazoxide)</p>

Diabetes: Oral Antidiabetics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Oral Anti-Diabetics</p> <p><u>Orals</u> Glyburide / Diabeta, Glyrase, Micronase Metformin ER / Fortamet ER ^{S/E 100% Copay} Metformin ER / Glumetza ^{S/E-100% Copay} Metformin / Glucophage/XR (Over 30 other generic agents exist)</p> <p>C4</p>	<p><u>Orals</u></p>	<p><u>Orals</u> Cycloset (Bromocriptine) ^{100% Copay} Riomet (Metformin) ^{100% Copay}</p>
<p><u>Thiazolidinediones (TZDs) & Combinations</u> Pioglitazone Family/ Actos, Duetact, ActoPlusMet/XR</p> <p>C4</p>	<p><u>Thiazolidinediones (TZDs)</u></p>	<p><u>Thiazolidinediones (TZDs)</u> Avandia Avandamet Avandaryl</p>
<p><u>DPP-4 / DPP-4 Combos</u> Alogliptin / Nesina Alogliptin/Metformin / Kazano Alogliptin/Pioglitazone / Oseni</p> <p>C4</p>	<p><u>DPP-4 / DPP-4 Combos</u> ^{S/E Through Metformin} Janumet/XR[†] (Sitagliptin/Metformin) Januvia[†] (Sitagliptin*) Jentaduo[†] (Linagliptin/Metformin) Kombiglyze XR[†] (Saxagliptin/Metformin) Onglyza[†] (Saxagliptin) Tradjenta[†] (Linagliptin)</p>	<p><u>DPP-4 / DPP-4 Combos</u> ^{S/E Through Metformin}</p>
<p><u>SGLT-2 Inhibitors</u></p> <p><u>SGLT-2 / DPP-4 Combinations</u></p> <p>C4</p>	<p><u>SGLT-2 Inhibitors</u> ^{S/E Through Metformin} Farxiga[†] (Dapagliflozin) Invokana[†] (Canagliflozin) Invokamet/XR[†] (Canagliflozin/Metformin) Jardiance[†] (Empagliflozin) Synjardy[†] (Empagliflozin/Metformin) Xigduo[†] (Dapagliflozin/Metformin)</p> <p><u>SGLT-2 / DPP-4 Combinations</u> ^{S/E Through Metformin} Glyxambi[†] (Empagliflozin/Linagliptin) Qtern[†] (Dapagliflozin/Saxagliptin)</p>	<p><u>SGLT-2 Inhibitors</u> ^{S/E Through Metformin} Steglatro (Ertugliflozin) ^{100% Copay} Segluromet (Ertugliflozin/Metformin) ^{100% Copay}</p> <p><u>SGLT-2 / DPP-4 Combinations</u> ^{S/E Through Metformin} Steglujan (Ertugliflozin/Sitagliptin) ^{100% Copay}</p>

Diabetes: Diabetic Supplies & Pumps

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Diabetic Supplies <u>Meters</u> Store Brand <u>Strips</u> Store Brand <u>Lancets Devices & Lancets</u> Store Brand <u>Syringes & Supplies</u> Store Brand M4/X2/Y2/Y9	<u>Meters</u> Accu-Chek Compact Plus' TRUE Metrix' Accu-Chek Aviva Care' Accu-Chek Nano' Accu-Chek Guide <u>Strips</u> Accu-Chek Aviva Plus' TRUE Metrix' Accu-Chek Compact' TRUE Track' Accu-Chek Guide Accu-Chek Smartview <u>Lancets Devices & Lancets</u> Accu-Chek Fastclix', Multiclix', Softclix' Accu-Chek SoftTouch Lancets' <u>Syringes & Supplies</u> Novofine & NovoTwist Pen Needles TechLITE Pen Needles	<u>Meters</u> <i>Other Brands of Meters are either NOT Covered OR may incur a 100% copay depending on plan design.</i> <u>Strips</u> <i>Other Brands of Strips are either NOT Covered OR may incur a 100% copay depending on plan design.</i> <u>Lancets Devices & Lancets</u> Autoject, Autolet Lancets, B-D Lancets Monoject, Terumo Lancets Unifine Lancets <u>Syringes & Supplies</u> Syringes & Pen Needles by: B-D, Clickfine, Monoject, Terumo UltiCare, Unifine, all other brand products
Continuous Glucose Monitoring Devices Y9	Dexcom Transmitter, Receiver & Sensors' Freestyle Libre Reader & Sensors'	
Insulin Pumps & Supplies Y9	Minimed 50X, Paradigm & Guardian OmniPod System & Pods V-Go Disposable Units	

Weight Loss

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Anorexia Agents Benzphetamine HCL / Didrex Phendimetrazine / Bontril-PDM Phentermine HCL / Adipex-P J8	Contrave' (Bupropion/Naloxone) ^{P/A} Approp Use Saxenda Injection' (Liraglutide) ^{P/A} Approp Use	Belviq/XR (Lorcaserin) ^{P/A} Lomaira (Phentermine) ^{P/A} Qsymia (Phentermine/Topiramate) ^{P/A}

Respiratory: Allergy & Asthma

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Oral Allergy Agents</p> <p>w7</p>	<p>Grastek', Ragwitek', Odactra'</p>	<p>{All Other Oral Allergy Immunotherapy}</p>
<p>Allergy Medications</p> <p><u>Non/Low Sedating Antihistamines</u> Multiple Generics & OTCs available for Prescribing</p> <p>z2</p> <p><u>Intranasal Corticosteroids</u> Flunisolide / Nasarel Fluticasone / Flonase, Flonase Sensimist (OTC) Triamcinolone Acetate / Nasacort Allergy 24 HR (OTC)</p> <p><u>Other Allergy Agents (Sprays)</u> Azelastine / Astepro</p> <p>q7</p>	<p><u>Non/Low Sedating Antihistamines</u></p> <p><u>Intranasal Corticosteroids</u> Nasonex' (Mometasone) QNASL' (Beclomethasone Dipropionate)</p> <p><u>Other Allergy Agents (Sprays)</u> Dymista' (Azelastine/Fluticasone)</p>	<p><u>Non/Low Sedating Antihistamines</u> Semprex-D (Pseudoephedrine/Acrivis)</p> <p><u>Intranasal Corticosteroids</u> Beconase AQ (Beclomethasone Dipropionate) Omnaris, Zetonna (Ciclesonide)</p> <p><u>Other Allergy Agents (Sprays)</u> Patanase (Olopatadine) Ticalast (Azelastine/Fluticasone)</p>
<p>Asthma Agents</p> <p><u>Short Acting Beta Agonists (SABA)</u> Albuterol Sulfate Levalbuterol / Xopenex Terbutaline</p> <p><u>Inhaled Corticosteroids (ICS)</u></p> <p><u>ICS / LABA Combination Agents</u> Fluticasone/Salmeterol / Wixela Inhub</p> <p><u>Long Acting Muscarinic Agonists (LAMA)</u></p> <p><u>Other Agents</u> Budesonide / Pulmicort Respules for Inhalation</p> <p>B6</p>	<p><u>Short Acting Beta Agonists (SABA)</u> ProAir HFA/RespiClick' (Albuterol) Proventil/HFA' (Albuterol) Ventolin/HFA' (Albuterol)</p> <p><u>Inhaled Corticosteroids (ICS)</u> Arnuity' (Fluticasone Furoate) Asmanex' (Mometasone Furoate) Flovent' (Fluticasone) Qvar/Qvar RediHaler' (Beclomethasone)</p> <p><u>ICS / LABA Combination Agents</u> Advair' (Fluticasone/Salmeterol) Breo' (Fluticasone/Vilanterol) Symbicort' (Budesonide/Formoterol)</p> <p><u>Long Acting Muscarinic Agonists (LAMA)</u></p> <p><u>Other Agents</u></p>	<p><u>Short Acting Beta Agonists (SABA)</u></p> <p><u>Inhaled Corticosteroids (ICS)</u> Aerospan' (Flunisolide) Alvesco (Ciclesonide) Pulmicort Flexhaler' (Budesonide')</p> <p><u>ICS/LABA Combination Agents</u> AirDuo (Fluticasone/Salmeterol ^{AC}) ArmonAir (Fluticasone/Salmeterol) Dulera (Mometasone/Formoterol) ^{100% Copay}</p> <p><u>Long Acting Muscarinic Agonists (LAMA)</u> Spiriva 1.25mcg' (Tiotropium)</p> <p><u>Other Agents</u></p>

Respiratory: Allergy, COPD & Polyps

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Leukotriene Inhibitors Montelukast / Singulair Zafirlukast / Accolate Zileuton / Zyflo/CR Z4		
COPD Agents <u>Beta Agonists / Muscarinic Agonists, Short Acting</u> Albuterol/Ipratropium [SABA] <u>Long Acting Beta Agonists (LABA)</u> <u>Long Acting Muscarinic Agonists (LAMA)</u> <u>LABA / LAMA Combination Agents</u> <u>ICS / LABA Combination Agents</u> Fluticasone/Salmeterol / Wixela Inhub <u>ICS / LABA / LAMA Combination Agents</u> B6	<u>Beta Agonists / Muscarinic Agonists</u> Combivent' (Albuterol/Ipratropium) [SABA/SAMA] <u>Long Acting Beta Agonists (LABA)</u> Arcapta' (Indacaterol Powder) Serevent' (Salmeterol) Striverdi' (Olodaterol) <u>Long Acting Muscarinic Agonists (LAMA)</u> Incruse' (Umeclidinium) Spiriva 2.5mcg', Spiriva Handihaler (Tiotropium) <u>LABA / LAMA Combination Agents</u> Anoro' (Umeclidinium/Vilanterol) Stiolto' (Tiotropium/Olodaterol) <u>ICS / LABA Combination Agents</u> Advair' (Fluticasone/Salmeterol) Breo' (Fluticasone/Vilanterol) Symbicort' (Budesonide/Formoterol) <u>ICS / LABA / LAMA Combination Agents</u> Trelegy' (Umeclidinium/Vilanterol/Fluticasone)	<u>Beta Agonist / Muscarinic Agonists</u> Atrovent HFA (Ipratropium) [SAMA] <u>Long Acting Beta Agonists (LABA)</u> Brovana (Arformoterol Tartrate) Foradil (Formoterol) Perforomist (Formoterol Fumarate) <u>Long Acting Muscarinic Agonists (LAMA)</u> Lonhala Magnair (Glycopyrrolate) Seebri (Glycopyrronium Bromide) Tudorza (Aclidinium Bromide) Yupelri Inhalation (Revefenacin) <u>LABA / LAMA Combination Agents</u> Utibron (Indacaterol/Glycopyrronium) Bevespi (Fomoterol/Glycopyrronium) <u>ICS / LABA Combination Agents</u> <u>ICS / LABA / LAMA Combination Agents</u>
<u>Other Agents</u> Z2	<u>Other Agents</u> Daliresp' (Roflumilast)	<u>Other Agents</u>
Nasal Polyps Q7	XHance' (Fluticasone Propionate)	

Dermatology: Acne, Rosacea, Psoriasis

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><u>Acne – Topicals (Acne/Seborrhea/Dermatitis)</u> Clindamycin / Cleocin-T Soln, Evoclin Foam Erythromycin+Ethanol / Erygel 2% Fluticasone Propionate / Cutivate Lotion Sulfacetamide / Ovace, Plexion Sulfacetamide+Urea / Rosula Pads & Wash Tretinoin / Retin-A/Micro, Avita, Atralin Various</p> <p><u>Acne – Oral Antibiotics</u> Doxycycline Hyclate / Acticlate, Doryx, Soloxide Doxycycline Monohydrate / Avidoxy, Oracea Minocycline / Minocin, Solodyn[^] W1C</p> <p><u>Acne – Topical Antibiotics</u> Adapalene / Differin Benzoyl Peroxide+a/b / Benzaclin Pump Dapsone / Aczone 5.0% Tretinoin+ Clindamycin / Veltin L5H</p> <p><u>Rosacea</u> Metronidazole / MetroGel, Metro lotion, MetroCream</p> <p>L5G</p> <p><u>Eczema (Immuno Topicals)</u> Tacrolimus / Protopic Q5K</p> <p><u>Psoriasis – Orals</u> Acitretin / Soriatane L1A</p> <p><u>Psoriasis – Topicals</u> Calcipotriene / Dovonex Cream, Sorilux Calcipotriene/Betamethesone / Taclonex Cream (only) Calcitriol / Vectical^{S/E} Tazarotene / Tazorac Cream (only) L5F</p>	<p><u>Acne – Topicals (Acne/Seborrhea/Dermatitis)</u></p> <p><u>Acne – Oral Antibiotics</u> Absorica[^] (Isotretinoin)</p> <p><u>Acne – Topical Antibiotics</u> Acanya[^] (Benzoyl Peroxide+Clindamycin) Aczone 7.5% Pump[^] (Dapsone) Ziana[^] (Tretinoin+Clindamycin)</p> <p><u>Rosacea</u> Finacea[^] (Azelaic Acid) Rhofade[^] (Oxymetazoline)</p> <p><u>Eczema (Immuno Topicals)</u></p> <p><u>Psoriasis – Orals</u> Oxsoralen[^] (Methoxsalen)</p> <p><u>Psoriasis – Topicals</u> Enstilar Foam[^] (Calcipotriene/Betameth) Taclonex Suspension[^] Calcipotriene/Betameth) Tazorac Gel[^] only (Tazarotene)</p>	<p><u>Acne – Topicals (Acne/Seborrhea/Dermatitis)</u> Altreno Lotion (Tretinoin) ^{P/A Req'd} Avar (Sulfacetamide/sulfur) Eucrisa (Crisaborole)</p> <p><u>Acne – Oral Antibiotics</u> Doryx (Doxycycline Hyclate) Seysara (Sarecycline) Minolira ER, Ximino (Minocycline)</p> <p><u>Acne – Topical Antibiotics</u> Benzaclin, Duac (Benzoyl Peroxide+Clindamycin) Epiduo Forte, Plixda (Adapalene+BP) Onexton (Benzoyl Peroxide+Clindamycin)</p> <p><u>Rosacea</u> Azelex (Azelaic Acid) Noritrate (Metronidazole) Mirvaso (Brimonidine Tartrate) Rosadan (Metronidazole) Soolantra Cream (Ivermectin)</p> <p><u>Eczema (Immuno Topicals)</u> Elidel (Pimecrolimus)</p> <p><u>Psoriasis – Orals</u> 8-MOP (Methoxsalen)</p> <p><u>Psoriasis – Topicals</u> Bryhali (Halobetasol Prop) ^{Clinical P/A Req'd} Clobex, Impoyz, Olux (Clobetasol) ^{S/E} Duobrii (Halobetasol Prop / Tazarotene) ^{Clinical P/A Req'd} Fabior Foam (Tazarotene) ^{S/E} Sernivo Spray (Betamethasone Diprop) ^{S/E} Vanos Cream[^] (Fluocinonide) ^{S/E} Ultravate 0.05% Lotion (Halobetasol Prop)</p>

Dermatology: Keratolytics, Scabies, Anesthetics/Analgesics & Hyperhydrosis

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Antifungals</p> <p><u>Orals</u> Clotrimazole / Lotrimin, Mycelex Fluconazole / Diflucan Itraconazole / Sporanox Voriconazole / Vfend</p> <p><u>Topicals</u> Ciclopirox / Loprox, Penlac Econazole Nitrate / Spectazole Halcinonide / Halog Cream^A Halobetasol Propionate / Ultravate Cream Ketoconazole / Nizoral, Extina Naftifine / Naftin Cream, Gel 1% Nystatin / Mycostatin, Mycolog II Terbinafine / Lamisil Solution</p> <p>Q5/L9</p>	<p><u>Orals</u> Lamisil Granules only (Terbinafine)</p> <p><u>Topicals</u> Jublia¹ (Efinaconazole) Ertaczo¹ (Sertaconazole) Locoid Lipocream¹ (Hydrocortisone) Luzu¹ (Luliconazole) Naftin Gel 2%¹ (Naftifine)</p>	<p><u>Orals</u> Ancobon (Flucytosine) Cresemba (Isamuconazonium) Noxafil (Posaconazole) ^{100% Copay} Oravig Buccal (Miconazole) Oxistat (Oxiconazole) Sporanox Oral Solution (Itraconazole) Tolsyra (Itraconazole)</p> <p><u>Topicals</u> Exelderm (Sulconazole) Keydin Solution (Tavaborole) Vusion (Miconazole/Zinc Oxide) Xolegel (Ketoconazole)</p>
<p>Keratolytic Agents</p> <p><u>Moisture Agents</u> Diclofenac Sodium / Solaraze ^{S/E} Fluorouracil / Efudex ^{S/E}</p> <p>L5F/Q5P/T0A</p> <p><u>Immunomodulators</u> Imiquimod / Aldara ^{S/E}</p> <p>Z2G</p>	<p><u>Moisture Agents</u> Picato Gel¹ (Ingenol Mebutate)</p> <p><u>Immunomodulators</u></p>	<p><u>Moisture Agents</u> Carac (Fluorouracil) Fluoroplex ^{S/E}, Tolak Cream ^{S/E} (Fluorouracil) Panretin (Alitretinoin) Targretin (Bexarotene)</p> <p><u>Immunomodulators</u> Zyclara (Imiquimod)</p>
<p>Scabies & Pediculosis Agents</p> <p>Malathion Permethrin 5% / Elimite Cream/Liquid Spinosad / Natroba Suspension</p> <p>Q5N</p>		<p>Eurax Cream/Lotion (Crotamiton) Ovide Lotion (Malathion) Sklice (Ivermectin) ^{S/E} Ulesfia Lotion (Benzil Alcohol)</p>

IMPORTANT NOTE – For Topical Steroids, use Generics as First Line therapy for all products. All Single Source Brand Products are considered Non-Preferred Brands

Dermatology: Topicals & Others

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Topical Local Anesthetics & Analgesics Diclofenac Sodium / Pennsaid 1.5% only , Voltaren Gel Lidocaine Patches / Lidoderm Q5E/Q5H		Analpram-HC (HC Acetate/Pramoxine) Cetacaine (Tetracaine/Benzocaine) Epifoam (HC Acetate/Pramoxine HCL) Flector (Diclofenac Epolamine) LidoRx Pump (Lidocaine HCL) Novacort (HC Acetate/Pramoxine) Pennsaid 2% (Diclofenac Sodium) Pramosone (HC Acetate/Pramoxine) Proctofoam-HC (HC Acetate/Pramoxine) SpeedGel Rx Pump (Homeopathic) Zingo (Lidocaine HCL monohydrate)
Hyperhidrosis L8C	Qbrexza [*] (Glycopyrronium)	
Other Topical Products Acyclovir / Zovirax Ointment Only Mupirocin / Bactroban 2% Ointment & Cream Q5V/Q5W	Zovirax 5% Cream Only [*] (Acyclovir)	Altabax (Retapamulin) Qutenza Patches (Capsaicin) Rectiv (Nitroglycerin)

Vaginal Agents

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Vaginal Antibiotics Metronidazole / Metrogel-Vaginal, Vandozole Gel Clindamycin / Cleocin Cream		AVC Cream (Sulfanilamide) Cleocin Supp (Clindamycin Phosphate) Clindesse (Clindamycin Phosphate) Nuversa Gel (Metronidazole)
Vaginal Antifungals Miconazole / Monistat-7 Nystatin Vaginal tabs Terconazole / Terazol		Femstat (Butoconazole) Gynazole (Butoconazole) Solosec (Secnidazole)

Ophthalmics: Anti-Infectives, Antihistamines, Dry Eye Agents & Anti-Inflammatories

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Ophthalmic Anti-Infectives</p> <p>Ciprofloxacin / Ciloxan Gentamycin / Gentak Ofloxacin / Ocuflox Polymyxin/Trimethoprim / Polytrim Prednisolone/Sulfacetamide / Blephamide Sulfacetamide 10% / Bleph-10 Tobramycin / Tobrex Trifluridine / Viroptic</p> <p>Q21N/Q6S-V-W</p>	<p>Azasisite¹ (Azithromycin) Moxeza¹ (Moxifloxacin) Vigamox¹ (Moxifloxacin) Zymaxid¹ (Gatifloxacin)</p>	<p>Besivance (Besifloxacin) Blephamide/SOP (Na Sulfacet/Prednisolone) Natacyn (Natamycin) Zirgan Gel (Ganciclovir)</p>
<p>Ophthalmic Antihistamines</p> <p>Cetirizine / Zerviate ^{100% Copay} Epinastine / Elestat Ketotifen / Zaditor OTC, Alaway Olopatadine / Patanol ^{S/E}</p> <p>Q6R</p>	<p>Pazeo¹ (Olopatadine)</p>	<p>Bepreve (Bepotastine) Emadine (Emedastine) Lastacaft (Alcaftadine) Pataday (Olopatadine)</p>
<p>Ophthalmic Immunomodulators (Dry Eye)</p> <p>Q2C</p>	<p>Restasis¹ (Cyclosporine)</p>	<p>Cequa (Cyclosporine) ^{S/E} Xiidra (Lifitegrast) ^{S/E}</p>
<p>Ophthalmic Mast Cell Stabilizers</p> <p>Q6U</p>		<p>Alocril (Nedocromil Sodium) Alomide (Lodoxamide)</p>
<p>Ophthalmic Anti-Inflammatory Agents</p> <p>Diclofenac Sodium / Voltaren Fluorometholone / FML Forte Ketorolac / Acular, Acular-LS Prednisolone Acetate / Pred Forte</p> <p>Q6P</p>	<p>Alrex¹ (Loteprednol) Bromsite¹ (Bromfenac Sodium) Ilevro¹ (Nepafenac) Lotemax Gel/Oint/Susp¹ (Loteprednol) Prolensa¹ (Bromfenac Sodium)</p>	<p>Acular PF, Acuvail (Ketorolac) Durezol (Difluprednate) Flarex (Fluorometholone) FML Forte, FML-SOP (Fluorometholone) Inveltys (Loteprednol Etabonate) Maxidex (Dexamethasone) Nevanac (Nepafenac) Pred Mild (Prednisolone Acetate)</p>

Ophthalmics: Glaucoma, Mydriatics & Others

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Ophthalmics for Glaucoma</p> <p><u>Miotics</u> Betaxolol / Betopic Brimonidine / Alphagan Dorzolamine / Trusopt Levobunolol / Betagan Metipranolol / Optipranolol Pilocarpine / Isopto Carpine Timolol / Timoptic/XE Timolol/Dorzolam / Cosopt</p> <p><u>Prostaglandins</u> Latanoprost / Xalatan</p> <p>Q6G</p>	<p><u>Miotics</u> Alphagan P' (Brimonidine) BetimoI' (Timolol) Combigan' (Brimonidine/Timolol) Cosopt-PF' (Timolol/Dorzolam) Simbrinza' (Brimonidine/Brinzolamide)</p> <p><u>Prostaglandins</u> Lumigan' (Bimatoprost) Zioptan' (TafIuprost)</p>	<p><u>Miotics</u> Azopt (Brinzolamide) Betopic-S (Betaxolol) Ipidine (Apraclonidine) Istalol (Timolol Maleate) Miochol-E (Acetylcholine Chloride) Rhopressa (Netarsudil)</p> <p><u>Prostaglandins</u> Rescula (Unoprostone Isopropyl) Travatan Z (Travoprost) Vyzulta (Latanoprostene Bunod) Xelphos (Latanoprost-PF Emulsion)</p>
<p>Ophthalmic Mydriatics (Pupils)</p> <p>Atropine / Isopto Atropine Cyclopentolate / Cyclogyl Tropicamide / Mydracyl</p> <p>Q6J</p>		<p>Cyclomydril (Phenylephrine/Cyclopent) Paremyd (Hydroxyamphetamine/Tropicamide)</p>
<p>Ophthalmic Antibiotic-Corticoid Agents</p> <p>Neomycin/Polymyxin/Dexamethasone / Maxitrol Tobramycin/Dexamethasone / Tobradex</p> <p>Q6I</p>		<p>Pred-G (Gentamicin/Prednisolone) Zylet (Tobramycin/Loteprednisolone)</p>
<p>Other Ophthalmic Agents</p> <p>Q2</p>		<p>Cystaran (Cysteamine) ^{P/A Req'd} Eylea (Aflibercept) ^{P/A Req'd} Jetrea (Ocriplasmin) ^{P/A Req'd} Lumify (Brimonidine Tartrate) ^{P/A Req'd} Oxervate (Cenegermin) ^{P/A Req'd}</p>

Ear Agents

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Ear Agents</p> <p>Ciprofloxacin / Cetraxal Solution Fluocinolone Acetonide / Dermotic</p> <p>Q8</p>	<p>CiproDex' (Ciprofloxacin/Dexamethasone)</p>	<p>Cipro HC (Ciprofloxacin/HC) Coly-Mycin S (Neomycin/Colist Sulf) Cortane-B (HC/Pramoxine/Chlorox) Otovel (Ciprofloxacin/Fluocinolone)</p>

Miscellaneous: Dependence & Withdrawal, Dental, Saliva, & Rescue Agents

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Dependence & Withdrawal Symptom Agents</p> <p><u>Alcohol Dependence Agents</u> Disulfiram / Antabuse C0D</p> <p><u>Opioid Dependence Agents</u> Buprenorphine/Naloxone Tablets ^{S/E} / Suboxone Tablets ^{S/E} H3W</p> <p><u>Withdrawal Symptom Agents</u> H33</p> <p><u>Smoking Cessation</u> Bupropion/ Zyban, Wellbutrin H7/J3</p>	<p><u>Alcohol Dependence Agents</u></p> <p><u>Opioid Dependence Agents</u> Suboxone SL Film['] (Buprenorphine/NLX) Zubsolv SL['] (Buprenorphine/Naloxone)</p> <p><u>Withdrawal Symptom Agents</u> Lucemyra['] (Lofexidine)</p> <p><u>Smoking Cessation</u> Bupropion/ Zyban, Wellbutrin</p>	<p><u>Alcohol Dependence Agents</u> Vivitrol Injectable (Naltrexone) ^{P/A REQ'D}</p> <p><u>Opioid Dependence Agents</u> Bunavail Buccal (Buprenorphine/NLX) ^{S/E} Cassipa Film (Buprenorphine/NLX) ^{S/E} Sublocade (Buprenorphine SR Inj.) ^{P/A REQ'D}</p> <p><u>Withdrawal Symptom Agents</u></p> <p><u>Smoking Cessation</u> Chantix (Varenicline Tartrate) Nicotrol NS (Nicotine)</p>
<p>Dental Preparations</p> <p>Chlorhexidine / Peridex D1/D2</p>		<p>Gel-Kam (Stannous Fluoride) Fluorabon (Sodium Fluoride) Flura-Drops (Sodium Fluoride) Prevident (Sodium Fluoride) Periomed (Stannous Fluoride)</p>
<p>Parasympathetic (Saliva) Agents</p> <p>Bethanechol / Urecholine Cevimeline / Evoxac Pilocarpine / Salagen J1A</p>		
<p>Rescue Agents</p> <p><u>Anaphylaxis Agents</u> Epinephrine Pen / Adrenacllick ^{S/E} Epinephrine (Epipen AG) J5F</p> <p><u>Opioid Receptor Blockers</u> H3T</p>	<p><u>Anaphylaxis Agents</u> Epipen['], Epipen Jr['] (Epinephrine)</p> <p><u>Opioid Receptor Blockers</u> Narcan Nasal Spray (Naloxone)</p>	<p><u>Anaphylaxis Agents</u> Auvi-Q (Epinephrine) ^{100% Copay} Symjepi (Epinephrine) ^{S/E}</p> <p><u>Opioid Receptor Blockers</u> Evzio Injector (Naloxone) ^{100% Copay}</p>

Specialty Drug Formulary List

Specialty Drug Products

Specialty drugs are prescription medications that require special handling, administration or monitoring. These drugs typically treat complex and chronic conditions, including cancer, multiple sclerosis, various types of hepatitis, chronic kidney failure, organ transplants, rheumatoid arthritis and other diseases. Specialty drugs might be covered through either medical or prescription drug insurance. Under which benefit a specialty drug is covered usually depends on where the patient receives the drug. If the patient takes the drug orally or self-injects the drug at home, it is more likely to be covered through their prescription drug benefit, while if the patient receives the drug at a doctor's office or an outpatient clinic, it's more likely to be covered through the medical benefit.

Prescriptions for specialty drugs can be filled at a retail pharmacy, but not many pharmacies will dispense specialty drugs or provide the extra clinical and educational services required to properly manage specialty patients due to inventory costs. Additionally, some drug manufacturers limit the distribution of specialty drugs, making their drugs available only through designated, pre-certified specialty pharmacies. For more information about limited distribution drugs, please contact your clinical Account Manager.

Specialty Programs & Limits

Some specialty drugs below are noted with letters or symbols next to them. The letters and symbols refer to the requirements of the pharmacy benefit programs and are provided to help check which drugs may have a clinical program or limitations in place. The benefit plan determines how these medications may be covered.

- P/A or P/A Req'd** Prior Authorization – Physician is required to provide additional information to determine coverage.
- P/A for Diagnosis** Prior Authorization may be required for clinical diagnosis
- C-P/A** Prior Authorization may be required for clinical confirmation
- S/E** Step Therapy – Trial of another drug is required before this drug is covered.
- RECOMMENDED** Product is preferred over other drugs listed in the assigned tier – step edit may or may not apply
- 100%** 100% Copay may apply. Lower-cost or better clinical options are available.

Specialty Drug Product Qualifications

The P&T Committee, using current medical literature, has developed a “specialty” pharmacy product formulary comprised of Specialty Drug Products. To be considered a “Specialty Drug”, a drug should fall into at least six (6) of the following categories although still subject to assignment by the P&T Committee.

1. A drug that treats specific, mainly chronic, and often rare conditions; or is considered an orphan drug
2. A drug whose usage is initiated with a specialist
3. A drug typically not administered orally or topically
4. A drug that requires special handling
5. A drug whose use involves unique distribution channels, such as limited distribution management and specialized paperwork (REMS)
6. A drug that requires administration in a healthcare setting with oversight of a healthcare professional
7. A drug that is costs more than a specific set amount per month
8. A drug whose usage requires high degrees of patient management, increased supervision, counseling, and/or education
9. A drug whose use often may result in patients requiring reimbursement assistance to maintain regimen

The current specialty pharmacy product listing is available from your Account Manager.

Specialty: Hep C & Multiple Sclerosis

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Hepatitis Treatment Agents</p> <p><u>Hepatitis B Agents</u> Peginterferon Alfa-2B / Peg-Intron</p> <p><small>HEPB</small> <u>Hepatitis C Agents – Interferons</u> Ribavirin / Ribasphere</p> <p><small>HEPC</small> <u>Hepatitis C Agents – Other Inhibitors</u></p>	<p><u>Hepatitis B Agents</u></p> <p><u>Hepatitis C Agents – Interferons</u></p> <p><u>Hepatitis C Agents – Other Inhibitors</u> Mavyret¹ (Glecaprevir/Pibrentasir) ^{P/A for Diagnosis}</p>	<p><u>Hepatitis B Agents</u> Baraclude (Entecavir) Epivir HBV (Lamivudine) Hepsera (Adefovir Dipivoxil) Pegasys (Peginterferon Alfa-2A) Tyzeka (Telbivudine) Vemlidy (Tenofovir Alafenamide)</p> <p><u>Hepatitis C Agents – Interferons</u> Copegus (Ribavirin) Infergen (Interferon Alfacon-1)</p> <p><u>Hepatitis C Agents – Other Inhibitors</u> Daklinza (Daclatasvir) ^{P/A REQ'D} Eplusa (Sofosbuvir/Velpatasvir) ^{P/A REQ'D} Harvoni (Sofosbuvir/Ledipasvir) ^{P/A REQ'D} Olysio (Simeprevir) ^{P/A REQ'D} Sovaldi (Sofosbuvir) ^{P/A REQ'D} Viekira/XR (4 Product Combo Pak) ^{P/A REQ'D} Technivie (Ombitasvir/Paritaprevir/Ritonavir) ^{P/A Req} Vosevi (Sofosbuvir/Velpatasvir/Voxilaprevir) ^{P/A} Zepatier (Elbasvir/Grazoprevir) ^{P/A REQ'D}</p>
<p>Multiple Sclerosis (MS) Agents</p> <p><u>Injectibles</u> Glatiramer Acetate (Glatopa)</p> <p><small>MS_I</small> <u>Orals</u></p> <p><small>MS_O</small> <u>Infused</u></p> <p><small>MS_F</small> <u>Ambulatory</u> Dalfampridine / Ampyra ^{P/A REQ'D}</p> <p><small>MS_A</small></p>	<p><u>Injectibles</u> Copaxone¹ (Glatiramer Acetate)</p> <p><u>Orals</u> Gilenya¹ (Fingolimod)</p> <p><u>Infused</u></p> <p><u>Ambulatory</u></p>	<p><u>Injectibles</u> Avonex (Interferon β -1A) ^{S/E} Betaseron (Interferon β 1B) ^{S/E} Extavia (Interferon β -1B) ^{S/E} Plegridy (Interferon β -1A) ^{2-S/E (Inj & Oral)} Rebif (Interferon β -1A/Albumin) ^{2-S/E (Inj & Oral)}</p> <p><u>Orals</u> Aubagio (Teriflunomide) ^{S/E} Tecfidera (Dimethyl Fumerate) ^{2-S/E (Inj & Oral)}</p> <p><u>Infused</u> Lemtrada Infusion (Alemtuzumab) ^{S/E} Ocrevus (Ocrelizumab) ^{S/E} Tysabri Infusion (Natalizumab) ^{2-S/E (Inj & Oral)}</p> <p><u>Ambulatory</u></p>

Specialty: Rheumatoid Arthritis, Plaque Psoriasis & Atopic Dermatitis

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Rheumatoid Arthritis Agents</p> <p><u>Self-Injectible Biologics</u></p> <p><u>Office Administered Biologics</u> {None}</p> <p><small>RA_I</small> <u>Methotrexates & Orals</u> Lefunomide / Arava Methotrexate / Trexall</p> <p><small>RA_O</small></p>	<p><u>Self-Injectible Biologics</u> Humira' (Adalimumab)</p> <p><u>Office Administered Biologics</u> {None}</p> <p><u>Methotrexates & Orals</u> Rasuvo' (Methotrexate)</p>	<p><u>Self-Injectible Biologics</u> Cimzia (Certolizumab, Peg) ^{S/E, P/A REQ'D} Enbrel (Etanercept) ^{S/E, P/A REQ'D} Erelzi (Etanercept-szss) ^{S/E, P/A REQ'D} Kineret (Anakinra) ^{S/E, P/A REQ'D}</p> <p><u>Office Administered Biologics</u> Actemra (Tocilizumab) ^{S/E, P/A REQ'D} Cimzia (Certolizumab) ^{S/E, P/A REQ'D} Inflectra ((Infliximab) ^{S/E, P/A REQ'D} Orencia (Abatacept) ^{RECOMMENDED} Remicade (Infliximab) ^{S/E, P/A REQ'D}</p> <p><u>Methotrexates & Orals</u> Otrexup, Rheumatrex (Methotrexate) Xeljanz/XR (Tofacitinib) ^{P/A REQ'D}</p> <p>Kevzara (Sarilumab) ^{S/E, P/A REQ'D} Olumiant (Baricitinib) ^{S/E, P/A REQ'D} Orencia (Abatacept) ^{RECOMMENDED} Simponi (Golimumab) ^{S/E, P/A REQ'D}</p> <p>Renflexis (Infliximab-abda) ^{S/E, P/A REQ'D} Rituxan (Rituximab) ^{S/E, P/A REQ'D} Rituxan Hycela (Rituximab) ^{S/E, P/A REQ'D} Simponi Aria (Golimumab) ^{S/E, P/A REQ'D}</p>
<p>Psoriatic & Plaque Arthritis Agents</p> <p><u>TNF Agents</u></p> <p><small>PS_T</small> <u>Interleukin Agents</u></p> <p><small>PS_I</small> <u>Orals</u></p> <p><small>PS_</small> <u>Office Administered Biologics</u> {None}</p> <p><small>O</small></p>	<p><u>TNF Agents</u> Humira' (Adalimumab)</p> <p><u>Interleukin Agents</u></p> <p><u>Orals</u></p> <p><u>Office Administered Biologics</u> {None}</p>	<p><u>TNF Agents</u> Enbrel (Etanercept) ^{S/E, P/A REQ'D} Erelzi (Etanercept-szss) ^{S/E, P/A REQ'D} Simponi (Golimumab) ^{S/E, P/A REQ'D}</p> <p><u>Interleukin Agents</u> Cosentyx (Secukinumab) ^{S/E, P/A REQ'D} Ilumya (Tildrakizumab-asmn) ^{S/E, P/A REQ'D} Stelara (Ustekinumab) ^{S/E, P/A REQ'D}</p> <p><u>Orals</u> Otezla' (Apremilast) ^{RECOMMENDED}</p> <p><u>Office Administered Biologics</u> Simponi Aria (Golimumab) ^{S/E, P/A REQ'D}</p> <p>Siliq (Brodalumab) ^{P/A REQ'D} Taltz (Ixekizumab) ^{S/E, P/A REQ'D} Tremfya (Guselkumab) ^{S/E, P/A REQ'D}</p>
<p>Atopic Dermatitis</p> <p><small>HAE</small></p>		<p>Dupixent (Dupilumab) ^{P/A REQ'D}</p>

Specialty: Ulcerative Colitis & Crohns, Osteoarthritis, Human Growth & Anti-Psychotics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Ulcerative Colitis & Crohns Agents</p> <p><u>Self-Injectible Biologics</u></p> <p><u>Office Administered Biologics</u> {None}</p> <p><small>UC_I</small> <u>Other</u></p> <p><small>UC_O</small></p>	<p><u>Self-Injectible Biologics</u> Humira' (Adalimumab)</p> <p><u>Office Administered Biologics</u> {None}</p> <p><u>Other</u></p>	<p><u>Self-Injectible Biologics</u> Cimzia (Certolizumab) [C] ^{S/E, P/A REQ} Enbrel (Etanercept) [UC] ^{S/E, P/A REQ'D}</p> <p>Erelzi (Etanercept-szss) [UC] ^{S/E, P/A REQ} Simponi (Golimumab) [U] ^{S/E, P/A REQ'D}</p> <p><u>Office Administered Biologics</u> Cimzia (Certolizumab) [C] ^{S/E, P/A REQ'D} Entyvio (Vedolizumab) [UC] ^{S/E, P/A REQ'D} Remicade (Infliximab) [UC] ^{S/E, P/A REQ'D}</p> <p>Renflexis (Infliximab-abda) [UC] ^{S/E} Simponi Aria (Golimumab) [U] ^{S/E} Tysabri (Natalizumab) [C] ^{S/E}</p> <p><u>Other</u> Uceris / Uceris Foam (Budesonide)</p>
<p>Osteoarthritis Agents</p> <p>Move-Free Ultra Vitamins (Hyaluronic Acid)</p> <p><small>OA_O</small></p>		<p>Euflexxa, Hyalgan, Orthovisc (Hyaluronate Sodium) ^{P/A REQ'D} Supartz (Hyaluronate Sodium) ^{P/A REQ'D} Synvisc/Synvisc-ONE (Hylan) ^{P/A REQ'D}</p>
<p>Cholesterol Management</p> <p><u>PCSK9s</u></p> <p><u>Other Agents</u></p> <p><small>PCSK9</small></p>	<p><u>PCSK9s</u> Praluent Inject.* (Alirocumab) ^{C-P/A}</p> <p><u>Other Agents</u></p>	<p><u>PCSK9s</u> Repatha Inject. (Evolocumab) ^{C-P/A with S/E}</p> <p><u>Other Agents</u> Juxtapid (Lomitapide) ^{P/A REQ'D} Kynamro SQ (Mipomersen) ^{P/A REQ'D}</p>
<p>Human Growth Hormones (HGH)</p> <p><small>HGH</small></p>	<p>Norditropin' (Somatropin) ^{P/A Dosing} Omnitrope' (Somatropin) ^{P/A Dosing}</p>	<p>All Other Somatropin Agents ^{P/A REQ'D}</p>
<p>Injectable Antipsychotic Agents</p> <p><small>ATYP</small></p>		<p>Abilify Maintena (Aripiprazole) ^{B,S} Aristada Initio Injection (Aripiprazole Lauroxil) ^{B,S} Geodon for Injection (Ziprasidone) ^{B,S} Invega Trinza (Paliperidone) ^{B,S} Perseris Inject. Suspension (Risperidone) ^{B,S} Risperdal M/Consta (Risperidone) ^{B,S} Zyprexa Relprevv (Olanzapine Pamoate) ^{B,S}</p>

^B - Bi-polar indication

^S - Schizophrenia indication

^M - Manic Depressive Disorder indication

Specialty: Cardiovascular, Respiratory & Immunosuppressants

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Cardiovascular Agents</p> <p><u>Pulmonary Anti-HTN (PAH), Endothelin</u> Ambrisentan / Letairis ^{P/A REQ'D} Bosentan / Tracleer ^{P/A REQ'D}</p> <p><small>PAHE</small> <u>Pulmonary Anti-HTN (PAH), Prostacycline</u> Treprostinil / Remodulin ^{P/A REQ'D}</p> <p><small>PAHP</small> <u>Hereditary Angioedema (HAE)</u></p> <p><small>PAHP</small> <u>Other Cardiovascular Agents</u> Sildenafil / Revatio ^{PA REQ'D} Tadalafil / Adcirca ^{P/A REQ'D}</p> <p><small>RS2P</small></p>	<p><u>Pulmonary Anti-HTN, Endothelin</u></p> <p><u>Pulmonary Anti-HTN, Prostacycline</u></p> <p><u>Hereditary Angioedema (HAE)</u></p> <p><u>Other Cardiovascular Agents</u></p>	<p><u>Pulmonary Anti-HTN, Endothelin</u> Opsumit (Macitentan) ^{P/A REQ'D}</p> <p><u>Pulmonary Anti-HTN, Prostacycline</u> Flolan (Epoprostenol) ^{P/A REQ'D} Orenitram (Treprostinil) ^{P/A} Tyvaso (Treprostinil) ^{P/A REQ'D}</p> <p>Uptravi (Selexipag) ^{P/A REQ'D} Velentri (Epoprostenol) ^{P/A REQ'D} Ventavis (Iloprost) ^{P/A REQ'D}</p> <p><u>Hereditary Angioedema (HAE)</u> Berinert, Cinryze (C1 Esterase Inhibitor) ^{P/A REQ'D} Firazyr (Icatibant Injection) ^{P/A REQ'D} Haegarda, Ruconest (C1 Esterase Inhibitor) ^{P/A REQ'D}</p> <p><u>Other Cardiovascular Agents</u> Adempas (Riociguat) ^{P/A REQ'D}</p>
<p>Extreme Respiratory</p> <p><small>RESP</small></p>		<p>Cinqair (Reslizumab IV) ^{P/A REQ'D} Fasenra (Benralizumab) ^{P/A REQ'D}</p> <p>Nucala (Mepolizumab SQ) ^{P/A REQ'D} Xolair (Omalizumab) ^{P/A REQ'D}</p>
<p>Immunosuppressants</p> <p><u>Organ Transplant Agents</u> Mycophenolate Mofetil / Cellcept Mycophenolate Sodium / Myfortic Tacrolimus / Prograf, Hecoria</p> <p><u>Blood Cell Proliferation Agents</u> Short Acting:</p> <p>Long Acting:</p> <p><u>Lupus Agents</u></p>	<p><u>Organ Transplant Agents</u> Rapamune (Sirolimus) ^{P/A REQ'D} Zortress (Everolimus) ^{P/A REQ'D}</p> <p><u>Blood Cell Proliferation Agents</u> Short Acting: Zarxio (Filgrastim-sndz) ^{P/A for Clinical}</p> <p>Long Acting:</p> <p><u>Lupus Agents</u></p>	<p><u>Organ Transplant Agents</u> Astagraf XL (Tacrolimus) ^{P/A REQ'D} Envarsus XR (Tacrolimus) ^{P/A REQ'D}</p> <p><u>Blood Cell Proliferation Agents</u> Short Acting: Granix (tbo-Filgrastim) ^{P/A REQ'D} Neupogen (Filgrastim) ^{P/A REQ'D} Nivestym (Filgrastim-aafi) ^{P/A REQ'D}</p> <p>Long Acting: Fulphilia (Pegfilgrastim-jmdb) Leukine (Sargramostim) ^{P/A REQ'D} Neulasta (Pegfilgrastim) ^{P/A REQ'D} Udenyca (Pegfilgrastim-cloqv) ^{P/A REQ'D}</p> <p><u>Lupus Agents</u> Benlysta (Belimumab) ^{P/A REQ'D}</p>

Specialty: Heparin & Hematopoietic, Osteoporosis, Narcolepsy, Infertility & Others

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Heparin-Related Agents Enoxaparin / Lovenox Injection Fondaparinux / Arixtra Injection <small>DVT</small>		Fragmin Injection (Dalteparin)
Hematopoietic Agents <small>HPOI</small>		Aranesp (Darbepoetin) Epogen (Epoetin-alfa) Procrit (Epoetin-alfa) Retacrit (Epoetin-alfa-epbx)
Osteoporosis Agents <small>HPOI</small>		Boniva Injectable (Ibandronate) Forteo (Teriparatide) Prolia (Denosumab) Reclast (Zoledronic Acid) Tymlos Injectable (Abaloparatide) Zometa Injectable (Zoledronic Acid)
Cataplexy / Narcolepsy Agents <small>NARC</small>		Xyrem Solution (Sodium Oxybate)
Infertility Agents <small>INFS</small>		Bravelle (Urofollitropin) ^{P/A REQ'D} Cetrotide (Cetrorelix Acetate) ^{P/A REQ'D} Follistim AQ (Follitropin Beta) ^{P/A REQ'D} Gonal-F, Gonal-F RFF (Follitropin Alfa) ^{P/A} Novarel (Chorionic Gonadotropin, Human) ^{P/A} Ovidrel (Choriogonadotropin Alfa) ^{P/A REQ'D}
Intrauterine Devices <small>IUDS</small>		Kyleena, Liletta (Levonorgesterol) Mirena, Skyla (Levonorgesterol)
Other Agents <small>H4</small>		Epidiolex (Cannabidiol) ^{S/E [Dravet Only]}

Miscellaneous Notes

Miscellaneous Notes: Non-Listed Injectibles, Infusion & Oral Products

Injectibles: There are therapeutic categories that contain injectable specialty drugs that are not listed in this formulary listing (PDL). If you have any questions as to the tier preference of a specific non-listed injectable specialty drug, please contact your account manager for more information. Injectibles that require medical administration or medical/nursing support that not shown in this PDL.

Infusion: There are infused drugs administered at home or at a facility by a healthcare professional that require medical/nursing support. If one of those drugs is not listed, those medications should be processed through medical benefits.

Other Oral Products: Oral products (other than oral oncology and HIV agents) that are not listed in this PDL should be considered having a Non-Preferred Brand copay.

Single Source Brand Oral Oncology and Immunosuppressant Agents: Unless noted, Single Source Brand oral agents generally have a preferred brand copay applied, while Multi-Source Brand agents have a non-preferred copay applied. Multi-Source Generic Oral Oncology and Immunosuppressant agents generally have a generic copay applied.