

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

List of Abbreviations Used in the PDL/PA List for Point-of-Sale Safety Edits for Individual Agents			
AL – Age Limits	DD – Drug-Drug Interactions	PR – Enrollment in a Physician-Supervised Program Required	
BH – Behavioral Health Authorization Required for Children Younger Than 6 Years Old	DR – Concurrent Prescriptions Must Be Written by Same Prescriber	PU – Prior Use of Other Medication is Required	
BY – Diagnosis Codes Bypass Some Requirements	DS – Maximum Days’ Supply Allowed	QL – Quantity Limits	
CL – More Detailed Clinical Information Required for Authorization	DT – Duration of Therapy Limit	RX – Specific Prescription Requirements	
CU – Concurrent Use with Opioids or Benzodiazepines is Restricted	DX – Diagnosis Code Requirements	TD – Therapeutic Duplication	
	ER – Early Refill NOT Allowed	X – Prescriber Must Have 'X' DEA number	
	MD – Maximum Dose Limits	YQ – Yearly Quantity Limit	
Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
1	ADD/ADHD	Amphetamine Salt Combo ER Capsule (Generic Adderall XR; Authorized Generic Adderall XR®) BH, DX, TD	Amphetamine ER Suspension (Adzenys ER®) BH, DX, TD
	Stimulants and Related Agents		Amphetamine ODT (Adzenys XR ODT®) BH, DX, TD
	• Request Form	Amphetamine Salt Combo Tablet (Generic Adderall®) BH, DX, TD	Amphetamine Salt Combo ER (Adderall XR®) BH, DX, TD
	• Stimulants and Related Agents	Atomoxetine Capsule (Generic; Authorized Generic) BH, DX, TD	Amphetamine Suspension (Dyanavel XR®) BH, DX, TD
	Criteria with Diagnosis Code Chart	Dexmethylphenidate ER Capsule (Focalin XR®) BH, DX, TD	Amphetamine Tablet (Evekeo®) BH, DX, TD
		Dexmethylphenidate Tablet (Generic Focalin®; Authorized Generic Focalin®) BH, DX, TD	Amphetamine/Dextroamphetamine XR Capsule (Mydayis®) BH, DX, TD
		Dextroamphetamine Solution (ProCentra®) BH, DX, TD	Armodafinil Tablet (Generic; Authorized Generic; Nuvigil®) AL, CU, DX, TD
		Dextroamphetamine Tablet (Generic) BH, DX, TD	Atomoxetine Capsule (Strattera®) BH, DX, TD
		Guanfacine ER Tablet (Generic) BH, DX, TD	Clonidine ER Tablet (Generic; Kapvay®) BH, DX, TD
		Lisdexamfetamine Capsule, Chewable Tablet (Vyvanse®) BH, DX, TD	Dexmethylphenidate ER Capsule (Generic Focalin XR®; Authorized Generic Focalin XR®) BH, DX, TD
		Methylphenidate ER Capsule (Aptensio XR®) BH, DX, TD	Dexmethylphenidate Tablet (Focalin®) BH, DX, TD
		Methylphenidate ER Capsule (Generic Metadate CD®; Authorized Generic Metadate CD®) BH, DX, TD	Dextroamphetamine IR Tablet (Zenzedi®) BH, DX, TD
		Methylphenidate ER Capsule (Generic Ritalin LA®) BH, DX, TD	Dextroamphetamine Solution (Generic ProCentra®) BH, DX, TD
		Methylphenidate ER Chewable (QuilliChew ER®) BH, DX, TD	Dextroamphetamine Sulfate Capsule ER (Generic; Dexedrine® Spansule®) BH, DX, TD
		Methylphenidate ER Suspension (Quillivant XR®) BH, DX, TD	Guanfacine ER Tablet (Intuniv®) BH, DX, TD
		Methylphenidate ER Tablet (Generic Concerta®; Authorized Generic Concerta®) BH, DX, TD	Methamphetamine Tablet (Generic; Desoxyn®) BH, DX, TD
		Methylphenidate IR Tablet (Generic) BH, DX, TD	Methylphenidate ER Capsule (Ritalin LA®) BH, DX, TD
		Modafinil Tablet (Generic) AL, CU, DX, TD	Methylphenidate ER Tablet (Concerta®) BH, DX, TD
			Methylphenidate ER Tablet (Generic Metadate ER [20mg]) BH, DX, TD
			Methylphenidate ER Tablet 72mg (Generic) BH, DX, TD
			Methylphenidate IR Chew Tablet (Generic) BH, DX, TD
			Methylphenidate IR Tablet (Ritalin®) BH, DX, TD
			Methylphenidate Patch (Daytrana®) BH, DX, TD
			Methylphenidate Solution (Generic; Authorized Generic; Methylin®) BH, DX, TD
			Methylphenidate XR ODT (Cotempla XR ODT®) BH, DX, TD
			Modafinil Tablet (Provigil®) AL, CU, DX, TD

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
2	ALLERGY	Cetirizine Tablet OTC (Generic) TD	Acrivastin/Pseudoephedrine (Semprex-D®) TD
	Antihistamines – Minimally	Cetirizine Solution OTC/Rx (1mg/ml) (Generic) TD	Cetirizine Chewable Tablet OTC (Generic) TD
	Sedating	Levocetirizine Tablet (Generic) TD	Cetirizine 5mg/5ml Solution OTC (Generic; Zyrtec® Children’s Allergy) TD
	• Request Form	Loratadine Solution OTC; Tablet OTC; ODT OTC (Generic) TD	Cetirizine Tablet OTC; ODT OTC (Zyrtec® Allergy) TD
	• Criteria		Cetirizine-D Tablet OTC (Generic; Zyrtec-D® Allergy & Congestion) TD
			Desloratadine Tablet (Generic; Clarinex®) TD
			Desloratadine ODT (Generic) TD
			Desloratadine Syrup (Clarinex®) TD
			Desloratadine/Pseudoephedrine (Clarinex-D 12-Hour®) TD
			Fexofenadine Suspension, Tablet 60mg, Tablet 180mg OTC (Generic; Allegra Allergy®) TD
			Fexofenadine/Pseudoephedrine 12-hour OTC (Generic; Allegra-D® 12-hour) TD
			Fexofenadine/Pseudoephedrine 24-hour OTC (Allegra-D® 24-hour)
			Levocetirizine Solution (Generic) TD
			Levocetirizine Tablet OTC, Solution OTC (Xyzal® Allergy) TD
			Loratadine Capsule OTC, Chewable Tablet OTC (Generic; Claritin®) TD
			Loratadine-D 12-hour OTC (Generic; Claritin-D 12 Hour®) TD
			Loratadine-D 24-hour OTC (Generic; Claritin-D 24 Hour®) TD
			Loratadine Solution OTC; Tablet OTC; ODT OTC (Claritin®) TD
	Rhinitis Agents, Nasal	Azelastine (Generic Astelin®)	Azelastine (Astepro®)
	• Request Form	Azelastine (Generic Astepro®; Authorized Generic Astepro®)	Azelastine/Fluticasone (Dymista®)
	• Criteria	Fluticasone Propionate Nasal Spray (Generic)	Beclomethasone (Beconase AQ®; Qnasl 40®; Qnasl 80®)
		Ipratropium Bromide Nasal Spray (Generic)	Ciclesonide (Omnaris®; Zetonna®)
			Flunisolide Nasal Spray (Generic)
			Fluticasone Propionate (Xhance®)
			Mometasone (Generic; Authorized Generic; Nasonex®)
			Mometasone Furoate Implant (Sinuva™)
			Olopatadine (Generic; Authorized Generic; Patanase®)
3	ALZHEIMER'S AGENTS	Donepezil ODT (Generic)	Donepezil (Aricept®)
	Cholinesterase Inhibitors	Donepezil Tablet (Generic)	Donepezil 23mg (Generic; Aricept® 23mg)
	• Request Form	Memantine Tablet (Generic; Authorized Generic)	Donepezil/Memantine ER Capsule; Dose Pack (Namzaric®; Namzaric® Titration Pack)
	• Criteria	Rivastigmine Transdermal (Generic)	Galantamine ER Capsule (Generic)
			Galantamine Solution; Tablet (Generic)
			Memantine Capsule ER (Generic; Namenda XR®)
			Memantine Solution (Generic)
			Memantine Tablet (Namenda®)
			Memantine Titration Pack (Authorized Generic)
			Rivastigmine Capsule (Generic)
			Rivastigmine Transdermal (Authorized Generic; Exelon®)

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
4	ANDROGENIC AGENTS Request Form Androgenic Agents Criteria	Testosterone Gel (Authorized Generic; Vogelxo®) CL	Testosterone Gel (Generic; Fortesta®; Testim®) CL
		Testosterone Gel Packet (Authorized Generic; Androgel®) CL	Testosterone Topical Solution (Generic; Authorized Generic; Axiron®) CL
			Testosterone Transdermal Patch (Androderm®) CL
			Testosterone Nasal Gel (Natesto®) CL
			Testosterone Transdermal Gel (Androgel® Packet; Androgel® Pump) CL
ORAL AGENTS			
5	ANTIPSYCHOTIC AGENTS Antipsychotic Agents Request Form Antipsychotics Criteria with Diagnosis Code Chart Nuplazid Criteria	Amitriptyline/Perphenazine (Generic) BH, DX	Aripiprazole ODT, Solution (Generic) BH, DX, MD
		Aripiprazole Tablet (Generic) BH, DX, MD	Aripiprazole Tablet (Abilify®) BH, DX, MD
		Chlorpromazine Tablet (Generic) BH, DX	Asenapine Sublingual Tablet (Saphris®) BH, DX, MD
		Clozapine Tablet (Generic) BH, DX, MD	Brexipiprazole Tablet (Rexulti®) BH, DX, MD
		Fluphenazine Tablet (Generic) BH, DX	Cariprazine Capsule (Vraylar®) BH, DX, MD (plus QL for therapy pack)
		Haloperidol Tablet (Generic) BH, DX	Clozapine ODT (Generic; Authorized Generic; Fazaclo®) BH, DX, MD
		Haloperidol Lactate Concentrate (Generic) BH, DX	Clozapine Suspension (Versacloz®) BH, DX, MD
		Loxapine Capsule (Generic) BH, DX	Clozapine Tablet (Clozaril®) BH, DX, MD
		Olanzapine Tablet, ODT (Generic) BH, DX, MD	Fluphenazine Elixir/Solution (Generic) BH, DX
		Perphenazine Tablet (Generic) BH, DX	Iloperidone Tablet (Fanapt®) BH, DX, MD
		Pimozide Tablet (Generic) BH, DX	Loxapine Inhalation (Adasuve®) BH, DX
		Quetiapine ER Tablet (Generic; Authorized Generic) BH, DX, MD	Lurasidone Tablet (Latuda®) BH, DX, MD
		Quetiapine Tablet (Generic) BH, DX, MD	Olanzapine Tablet, ODT (Zyprexa®; Zyprexa Zydis®) BH, DX, MD
		Risperidone Solution, Tablet (Generic) BH, DX, MD	Olanzapine/Fluoxetine (Generic; Symbyax®) BH, DX, MD
		Thioridazine Tablet (Generic) BH, DX	Paliperidone ER Tablet (Generic; Authorized Generic; Invega®) BH, DX, MD
		Thiothixene Capsule (Generic) BH, DX	Pimavanserin Capsule (Nuplazid®) CL, DX, QL
		Trifluoperazine Tablet (Generic) BH, DX	Pimavanserin Tablet (Nuplazid®) AL, CL, DX, QL (effective 1/9/2019)
		Ziprasidone Capsule (Generic) BH, DX, MD	Pimozide Tablet (Orap®) BH, DX
			Quetiapine Tablet, ER Tablet (Seroquel®, Seroquel XR®) BH, DX, MD
			Risperidone ODT (Generic) BH, DX, MD
	Risperidone Solution, Tablet (Risperdal®) BH, DX, MD		
	Ziprasidone Capsule (Geodon®) BH, DX, MD		
INJECTABLE AGENTS			
	Aripiprazole Lauroxil (Aristada®) AL, BH, DX, MD, PU, QL	Haloperidol Decanoate; Lactate (Haldol®) BH, DX	
	Aripiprazole Lauroxil (Aristada Initio®) AL, DX, MD, QL (effective 1/9/2019)	Olanzapine Solution (Generic; Zyprexa®) BH, DX	
	Aripiprazole Suspension ER (Abilify Maintena®) BH, DX	Olanzapine Suspension (Zyprexa Relprevv®) BH, DX	
	Fluphenazine Decanoate (Generic) BH, DX	Risperidone ER Suspension (Perseris®) AL, DX, MD, QL (effective 1/9/2019)	
	Haloperidol Decanoate (Generic) BH, DX		
	Haloperidol Lactate (Generic) BH, DX		
	Paliperidone (Invega Sustenna®) BH, DX		
	Paliperidone (Invega Trinza®) AL, BH, DX, MD, PU, QL		
	Risperidone ER Suspension (Intramuscular) (Risperdal Consta®) BH, DX		
	Ziprasidone (Geodon®) BH, DX		

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)	
6	ASTHMA/COPD	INHALATION		
	Bronchodilator, Beta-Adrenergic Agents	Albuterol Sulfate Nebulizer 0.63mg/3ml, 1.25mg/3ml, 2.5mg/3ml (Generic)	Albuterol Sulfate MDI (Ventolin HFA®) YQ, BY, TD	
	• Request Form	Albuterol Sulfate Nebulizer Solution 100mg/20ml (Generic)	Albuterol Sulfate Inhalation Powder (ProAir RespiClick®) YQ, BY, TD	
	• Criteria	Albuterol Sulfate Nebulizer Solution 2.5mg/0.5ml (Generic)	Arformoterol Inhalation Solution (Brovana®)	
	• Yearly Quantity Limits (YQ)	Albuterol Sulfate MDI (ProAir HFA®; Proventil HFA®) YQ, BY, TD	Formoterol Inhalation Solution (Perforomist®)	
	• Diagnosis Codes That Bypass YQ (BY)	Salmeterol Xinafoate (Serevent Diskus®)	Indacaterol Inhalation Powder (Arcapta Neohaler®)	
			Levalbuterol Nebulizer Solution; Solution Concentrate (Generic; Xopenex®)	
			Levalbuterol MDI (Authorized Generic; Xopenex HFA®) YQ, BY, TD	
			Olodaterol (Striverdi Respimat®)	
			ORAL	
		Albuterol Sulfate Syrup (Generic)	Albuterol Sulfate ER Tablet (Generic)	
		Terbutaline Sulfate Tablet (Generic)	Albuterol Sulfate Tablet (Generic)	
			Metaproterenol Sulfate Syrup; Tablet (Generic)	
			INHALATION	
		Bronchodilator, Anticholinergics (COPD)	Albuterol Sulfate/Ipratropium (Combivent Respimat®)	Acclidinium Bromide Inhalation Powder (Tudorza Pressair®)
	• Request Form	Albuterol Sulfate/Ipratropium Nebulizer Solution (Generic)	Glycopyrrolate (Seebri Neohaler®)	Glycopyrrolate Inhalation Solution (Lonhala Magnair®)
	• Criteria	Glycopyrrolate/Formoterol Inhalation (Bevespi Aerosphere®)	Ipratropium Inhalation Aerosol MDI (Atrovent HFA®)	Indacaterol/Glycopyrrolate (Utibron Neohaler®)
		Ipratropium Nebulizer Solution (Generic)	Tiotropium Bromide Inhalation Spray (Spiriva Respimat®)	Umeclidinium Inhalation Powder (Incruse Ellipta®)
		Tiotropium Inhalation Powder (Spiriva® Handihaler®)	Tiotropium/Olodaterol (Stiolto Respimat®)	Umeclidinium/Vilanterol Inhalation Powder (Anoro Ellipta®)
				ORAL
	• Request Form	NONE	Roflumilast (Daliresp®) CL	
	• Daliresp Criteria			
			INHALATION	
		Glucocorticoids, Inhalation	Budesonide Respules 0.25mg; 0.5mg; 1mg (Generic)	Beclomethasone HFA; Breath-Actuated HFA (QVAR®, QVAR® RediHaler®)
	• Request Form	Budesonide/Formoterol MDI (Symbicort®)	Budesonide DPI (Pulmicort Flexhaler®)	Budesonide Respules 0.25mg; 0.5mg; 1mg (Pulmicort Respules®)
	• Criteria	Fluticasone MDI (Flovent® HFA)	Ciclesonide MDI (Alvesco®)	Flunisolide MDI (Aerospan®)
		Fluticasone/Salmeterol DPI (Advair Diskus®)	Fluticasone Furoate Inhalation Powder (ArmonAir RespiClick®)	Fluticasone Propionate Inhalation Powder (ArmonAir RespiClick®)
	Mometasone Furoate Inhalation Powder (Asmanex® Twisthaler®)	Fluticasone Propionate Inhalation Powder (Flovent Diskus®)	Fluticasone/Salmeterol MDI (Advair HFA®)	
	Mometasone/Formoterol MDI (Dulera®)	Fluticasone/Salmeterol Inhalation Powder (Authorized Generic; Airduo RespiClick®)	Fluticasone/Vilanterol Inhalation Powder (Breo Ellipta®)	
		Fluticasone/Vilanterol Inhalation Powder (Breo Ellipta®)	Fluticasone/Umeclidinium/Vilanterol Inhalation Powder (Trelegy Ellipta®)	
		Mometasone Furoate MDI (Asmanex HFA®)		

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
	Leukotriene Modifiers	Montelukast Chewable Tablet; Tablet (Generic)	Montelukast Chewable Tablet; Tablet (Singulair®)
	• Request Form		Montelukast Granules (Generic; Singulair®)
	• Criteria		Zafirlukast Tablet (Generic; Accolate®)
			Zileuton ER Tablet (Generic; Zylfo CR®)
			Zileuton Tablet (Zylfo®)
7	DEPRESSION	Bupropion HCl IR (Generic) BH	Bupropion HBr ER (Aplenzin®) BH
	Antidepressants, Other	Bupropion HCl SR (Generic) BH	Bupropion HCl ER (Forfivo XL®; Wellbutrin XL®) BH
	• Request Form	Bupropion HCl XL (Generic) BH	Bupropion HCl SR (Wellbutrin SR®) BH
	• Criteria	Mirtazapine ODT (Generic) BH	Desvenlafaxine ER (Authorized Generic; Khedezla®) BH
		Mirtazapine Tablet (Generic) BH	Desvenlafaxine ER (Generic)
		Trazodone (Generic) BH	Desvenlafaxine Fumarate ER (Generic) BH
		Venlafaxine ER Capsule (Generic) BH	Desvenlafaxine Succinate ER Tablet (Generic; Authorized Generic; Pristiq®) BH
		Venlafaxine IR Tablet (Generic) BH	Isocarboxazid (Marplan®) BH
			Levomilnacipran (Fetzima®) BH
			Mirtazapine Tablet; ODT (Remeron®; Remeron ODT®) BH
			Nefazodone Tablet (Generic) BH
			Phenelzine (Generic; Nardil®) BH
			Selegiline Patch (Emsam®) BH
			Tranlycypromine Sulfate (Generic; Pamate®) BH
			Venlafaxine ER Capsule (Effexor XR®) BH
			Venlafaxine ER Tablet (Generic; Authorized Generic) BH
			Vilazodone (Viibryd®; Viibryd® Dose Pack) BH
			Vortioxetine (Trintellix®) BH
	Selective Serotonin	Citalopram Solution; Tablet (Generic) BH	Citalopram Tablet (Celexa®) BH
	Reuptake Inhibitors (SSRIs)	Escitalopram Tablet (Generic) BH	Escitalopram Solution (Generic) BH
	• Request Form	Fluoxetine Capsule; Solution (Generic) BH	Escitalopram Tablet (Lexapro®) BH
	• Criteria	Fluvoxamine Maleate Tablet (Generic) BH	Fluoxetine 60 mg Tablet (Generic) BH
		Paroxetine Tablet (Generic) BH	Fluoxetine Capsule (Prozac®) BH
		Sertraline Concentrate; Tablet (Generic) BH	Fluoxetine Tablet (Generic; Sarafem®) BH
			Fluoxetine Delayed Release Capsule (Generic) BH
			Fluvoxamine Maleate ER (Generic) BH
			Paroxetine ER Tablet (Generic; Paxil CR®) BH
			Paroxetine HCl Suspension; Tablet (Paxil®) BH
			Paroxetine Mesylate (Generic; Authorized Generic; Brisdelle®); (Pexeva®) BH
			Sertraline Tablet (Zoloft®) BH

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
8	DERMATOLOGY	Clotrimazole Rx Cream; Solution (Generic)	Butenafine (Mentax®)
	Antifungals - Topical	Clotrimazole/Betamethasone Cream (Generic)	Ciclopirox Cream; Gel; Solution; Suspension (Generic)
	• Request Form	Ketoconazole Cream; Shampoo (Generic)	Ciclopirox Shampoo (Generic; Loprox®)
	• Criteria	Nystatin Cream; Ointment; Powder (Generic)	Ciclopirox Solution Kit (Generic)
			Ciclopirox/Skin Cleanser No. 40 (Loprox® Kit)
			Ciclopirox Cream, Suspension (Loprox®)
			Clotrimazole/Betamethasone Lotion (Generic)
			Clotrimazole/Betamethasone Cream (Lotrisone®)
			Econazole Cream (Generic)
			Clotrimazole/Betamethasone/Zinc Oxide Cream (DermacinRx Therazole® Pak)
			Efinaconazole Solution (Jublia®)
			Ketoconazole Foam (Generic; Extina®)
			Ketoconazole (Nizoral® Shampoo)
			Ketoconazole (Xolegel®)
			Luliconazole Cream (Luzu®)
			Miconazole/zinc oxide/white petrolatum (Vusion®)
			Naftifine Cream (Generic; Authorized Generic; Nafin®)
			Naftifine Gel (Nafin®)
			Nystatin/Triamcinolone Cream; Ointment (Generic)
			Oxiconazole Lotion; Cream (Oxistat®)
			Oxiconazole Cream (Generic)
			Salicylic Acid/Benzoic Acid (Bensal HP®)
			Sertaconazole (Ertaczo®)
			Sulconazole Cream; Solution (Exelderm®)
			Tavaborole (Kerydin®)
	Antiparasitic Agents, Topical	Permethrin Cream (Generic)	Benzyl Alcohol (Ulesfia®)
	• Request Form	Ivermectin (Sklice®)	Crotamiton Cream; Lotion (Eurax®)
	• Criteria	Spinosad (Natroba®)	Lindane; Shampoo (Generic)
			Malathion Lotion (Generic; Ovide®)
			Permethrin Cream (Elimite®)
			Spinosad (Generic)
			Crotamiton (Crotan)
	Antipsoriatics, Oral	Acitretin Capsule (Generic; Authorized Generic)	Acitretin Capsule (Soriatane®)
	• Request Form		Methoxsalen Rapid (Generic)
	• Criteria		

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
	High Potency	Betamethasone Dipropionate/Propylene Glycol Cream (Generic)	Amcinonide Cream; Lotion (Generic)
	• Request Form	Betamethasone Valerate Cream; Lotion; Ointment (Generic)	Betamethasone Dipropionate Cream; Gel; Lotion; Ointment (Generic)
	• Criteria	Triamcinolone Acetonide Cream; Lotion; Ointment (Generic)	Betamethasone Dipropionate Spray (Semivo®)
			Betamethasone Dipropionate/Propylene Glycol Lotion (Generic)
			Betamethasone Dipropionate/Propylene Glycol Ointment (Generic; Diprolene®)
			Clobetasol Propionate (Impoyz®)
			Desoximetasone Cream; Gel
			Desoximetasone Ointment; Spray (Generic; Topicort®)
			Diflorasone Diacetate Cream; Ointment (Generic)
			Fluocinonide Cream 0.05%; Cream 0.1%; Gel; Solution; Ointment (Generic)
			Fluocinonide Cream 0.1% (Vanos®)
			Halcinonide Cream; Ointment (Halog®)
			Triamcinolone Acetonide Aerosol (Generic; Kenalog Aerosol®)
			Triamcinolone Acetonide Ointment (Trianex®)
			Triamcinolone Acetonide/Dimethicone Ointment/Cream Kit (Generic)
			Triamcinolone/Emollient Combination No. 86 (Dermasorb TA®)
	Very High Potency	Clobetasol Propionate Cream; Emollient; Gel; Ointment; Solution (Generic)	Clobetasol Propionate Foam (Generic; Olux®)
	• Request Form	Halobetasol Propionate Cream; Ointment (Generic)	Clobetasol Propionate Lotion; Shampoo (Generic; Clobex®)
	• Criteria		Clobetasol Propionate Spray (Generic; Authorized Generic; Clobex®)
			Clobetasol/Skin Cleanser No. 28 (Clodan® Kit)
			Diflorasone Diacetate (Apexicon E®)
			Halobetasol Propionate Lotion (Ultravate®)
			Halobetasol Propionate/Lactic Acid Cream; Ointment (Ultravate® X)
9	DIABETES		
	Alpha-Glucosidase Inhibitors	Acarbose (Generic)	Acarbose (Precose®)
	• Request Form		Miglitol (Generic; Glyset®)
	• Criteria		
	Hypoglycemics, Meglitinides	Nateglinide (Generic)	Nateglinide (Starlix®)
	• Request Form	Repaglinide (Generic)	Repaglinide (Prandin®)
	• Criteria		Repaglinide/Metformin (Generic)
	Hypoglycemics,	Pioglitazone (Generic)	Pioglitazone (Actos®)
	Thiazolidinediones (TZDs)		Pioglitazone/Glimepiride (Authorized Generic; Duetact®)
	• Request Form		Pioglitazone/Metformin (Generic; Actoplus Met®)
	• Criteria		Pioglitazone/Metformin ER (Actoplus Met XR®)
			Rosiglitazone (Avandia®)

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
	Hypoglycemics	Insulin Aspart Pen; Cartridge; Vial (Novolog®)	Insulin Fast Acting Insulin Aspart Vial; Flextouch Pen (Fiasp®)
	Insulins & Related Agents	Insulin Aspart/Insulin Aspart Protamine Pens; Vial (Novolog Mix 70/30®)	Insulin Degludec 100 units/ml; 200 units/ml Pens (Tresiba® Flextouch)
	• Request Form	Insulin Detemir Pens; Vial (Levemir®)	Insulin Degludec/Liraglutide (Xultophy®)
	• Criteria	Human Insulin OTC Pen, Vial (Humulin®)	Insulin Glargine Pen (Basaglar®)
		Human Insulin Regular 500 units/ml Vial (Humulin® R U-500)	Insulin Glargine Pen (Toujeo SoloStar®)
		Insulin Glargine Vial (Lantus®)	Insulin Glargine Pen (Toujeo Max SoloStar®)
		Insulin Glargine Pen (Lantus® Solostar)	Insulin Glargine/Lixisenatide (Soliqua®)
		Insulin Glulisine Pens; Vial (Apidra® Solostar)	Human Insulin Regular 500 units/ml Pens (Humulin® R U-500)
		Insulin Isophane (NPH) Insulin Regular Vial OTC (Humulin 70/30®)	Insulin Isophane (NPH) Insulin Regular Pens (Humulin 70/30®)
		Insulin Lispro Pen; Vial; (Humalog®)	Insulin Lispro 200 units/ml Pen (Humalog®)
		Insulin Lispro Junior Kwikpen (Humalog® Jr. Kwikpen)	Insulin Lispro Pen (Admelog Solostar®)
		Insulin Lispro/Protamine Lispro Pen; Vial (Humalog Mix®)	Insulin Lispro Vial (Admelog®)
			Insulin Isophane (NPH) Insulin Regular Vial OTC (Novolin 70/30®)
			Insulin Lispro Cartridge (Humalog®)
			Insulin Regular Powder Cartridge (Afezza®)
	Hypoglycemics	Exenatide Microspheres Subcutaneous; Pens (Bydureon®)	Alogliptin (Authorized Generic; Nesina®)
	Incretin Mimetics/Enhancers	Exenatide Pens (Byetta®)	Alogliptin/Metformin (Authorized Generic; Kazano®)
	• Request Form	Empagliflozin/Linagliptin Tablet (Glyxambi®) (See SGLT2 Criteria)	Alogliptin/Pioglitazone (Authorized Generic; Oseni®)
	• Incretin Mimetic Enhancers Criteria	Linagliptin/Metformin (Jentadueto®)	Dulaglutide Pen (Trulicity®)
	• SGLT2 Criteria (for Glyxambi)	Linagliptin (Tradjenta®)	Exenatide ER Injection (Bydureon BCise™)
		Liraglutide (Victoza®)	Linagliptin/Metformin (Jentadueto XR®)
		Sitagliptin (Januvia®)	Lixisenatide (Adlyxin®)
		Sitagliptin/Metformin (Janumet®)	Pramlintide Pens (Symlin®)
		Sitagliptin/Metformin ER (Janumet XR®)	Saxagliptin/Metformin ER (Kombiglyze XR®)
			Saxagliptin (Onglyza®)
			Semaglutide Pen (Ozempic®)
	Hypoglycemics	Canagliflozin (Invokana)	Canagliflozin/Metformin (Invokamet®, Invokamet XR®)
	Sodium-Glucose Co-Transporter 2	Dapagliflozin (Farxiga®)	Dapagliflozin/Metformin Tablet (Xigduo XR®)
	(SGLT2) Inhibitors	Empagliflozin (Jardiance®)	Dapagliflozin/Saxagliptin (Qtem®)
	• Request Form		Empagliflozin/Metformin Tablet (Synjardy®, Synjardy XR®)
	• Criteria		Ertugliflozin (Steglatro®)
			Ertugliflozin/Sitagliptin (Steglujan®)
			Ertugliflozin/Metformin (Segluromet®)

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
	Metformins	Glipizide-Metformin	Glyburide/Metformin (Glucovance®)
	• Request Form	Glyburide-Metformin	Metformin (Glucophage®)
	• Criteria	Metformin	Metformin ER (Generic; Fortamet™ ; Glumetza™)
		Metformin ER (Generic for Glucophage XR®)	Metformin Oral Solution (Riomet™)
			Metformin ER (Glucophage XR®)
	Hypoglycemics	Glimepiride (Generic)	Chlorpropamide (Generic)
	Sulfonylureas	Glipizide (Generic)	Glimepiride (Amaryl®)
	• Request Form	Glipizide ER (Generic)	Glipizide (Glucotrol®)
	• Criteria	Glyburide (Generic)	Glipizide ER (Glucotrol XL®)
		Glyburide Micronized (Generic)	Tolazamide (Generic)
10	DIGESTIVE DISORDERS	Aprepitant Capsule (Generic)	Aprepitant Oral Capsule (Emend®)
	Antiemetic/Antivertigo Agents	Meclizine Tablet (Generic)	Aprepitant Oral (Emend Pack®, Generic)
	• Request Form	Metoclopramide Vial; (Generic)	Aprepitant Injectable Emulsion (Cinvanti®)
	• Criteria	Metoclopramide Tablet; Solution (Generic)	Dimenhydrinate Injection (Generic)
	• Approval Criteria for Behavioral Health	Ondansetron Tablet; ODT Tablet; Solution (Generic)	Dolasetron Oral (Anzemet®)
	Use of Prochlorperazine in Children	Ondansetron Vial (Generic)	Doxylamine/Pyridoxine Tablet (Diclegis®, Bonjesta®)
	Under 6 Years Old (BH) (see page 2)	Prochlorperazine Oral (Generic) BH, BY, DX	Dronabinol Oral (Marinol®; Generic)
	• Prochlorperazine Use in Children	Promethazine Amp; Vial (Generic)	Dronabinol Oral Solution (Syndros®)
	Diagnosis Requirements (DX), and	Promethazine Tablet; Syrup (Generic)	Fosaprepitant Dimeglumine Injection (Emend®)
	Diagnosis Codes that Bypass (BY)	Promethazine Rectal 12.5, 25mg (Generic)	Fosnetupitant/Palonosetron (Akynzeo®) (Intraven)
	BH Authorization Requirement for	Scopolamine Transdermal (Transderm-Scop®)	Granisetron Oral; IV (Generic)
	Children Under 6 Years Old		Granisetron ER Injection (Sustol®)
			Granisetron Transdermal (Sancuso®)
			Meclizine OTC (Generic)
			Metoclopramide Tablet (Reglan®)
			Metoclopramide Oral ODT (Generic)
			Metoclopramide Syringe (Generic)
			Nabilone (Cesamet®)
			Netupitant/Palonosetron HCl Capsule (Akynzeo®)
			Ondansetron Amp (Generic; Zofran®)
			Ondansetron Disp Syringe (Generic)
			Ondansetron Tablet; ODT; Solution (Zofran®)
			Ondansetron Oral Film (Zuplenz®)
			Palonosetron Injection (Aloxi®)
			Phosphoric Acid/Dextrose/Fructose Solution OTC
			Prochlorperazine Rectal (Compro®)
			Prochlorperazine Injection (Generic) BH, BY, DX
			Prochlorperazine Rectal (Generic) <i>(continued on next page)</i>

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
	DIGESTIVE DISORDERS		Promethazine Amp, Vial (Phenergan®)
	Antiemetic/Antivertigo Agents		Promethazine Rectal 50 mg (Generic)
	<i>(continued)</i>		Rolapitant Tablet; Injectable Emulsion (Varubi®)
			Scopolamine Transdermal (Generic)
			Trimethobenzamide IM Injection (Tigan®)
			Trimethobenzamide Oral (Generic)
	Bile Acid Salts	Ursodiol Tablet (Generic)	Chenodiol Tablet (Chenodal®)
	• Request Form		Cholic Acid Capsule (Cholbam®)
	• Criteria		Obeticholic Acid Tablet (Ocaliva®)
			Ursodiol 300 mg Capsule (Generic; Actigall®)
			Ursodiol (URSO 250®; URSO Forte®)
	Histamine II Receptor Blockers	Famotidine Tablet (Generic) BY, DT	Cimetidine Solution; Tablet (Generic) BY, DT
	• Request Form	Ranitidine Syrup; Tablet (Generic) BY, DT	Famotidine Suspension (Generic; Pepcid®) BY, DT
	• H2 Antagonists Criteria with Duration of Therapy Limits (DT)		Famotidine Tablet (Pepcid®) BY, DT
	• Diagnosis Codes That Bypass DT (BY)		Nizatidine Capsule; Solution (Generic) BY, DT
			Ranitidine Capsule (Generic) BY, DT
			Ranitidine Tablet (Zantac 25®) BY, DT
	Pancreatic Enzymes	Pancrelipase (Creon®)	Pancrelipase (Pancreaze®)
	• Request Form	Pancrelipase (Zenpep®)	Pancrelipase (Pertzye®)
	• Criteria		Pancrelipase (Viokace®)
	Proton Pump Inhibitors	Omeprazole Rx (Generic) BY, DT	Dexlansoprazole (Dexilant®) BY, DT
	• Request Form	Pantoprazole (Generic) BY, DT	Esomeprazole Capsule (Nexium®; Generic) BY, DT
	• Criteria with Duration of Therapy Limits (DT) And Diagnosis Codes That Bypass DT (BY)	Pantoprazole Suspension (Protonix®) BY, DT	Esomeprazole Kit
			Esomeprazole Suspension (Nexium®) BY, DT
			Esomeprazole Strontium (Generic) BY, DT
			Lansoprazole Capsule (Prevacid®; Generic) BY, DT
			Lansoprazole SoluTab(Prevacid®) BY, DT
			Omeprazole Granules for Suspension (Prilosec®) BY, DT
			Omeprazole/Sodium Bicarbonate Rx (Zegerid®; Generic) BY, DT
			Pantoprazole (Protonix®) BY, DT
			Rabeprazole Sprinkle (Aciphex Sprinkle®) BY, DT
			Rabeprazole Tablet (Aciphex®; Generic) BY, DT

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
	Ulcerative Colitis Agents	Balsalazide (Generic)	Balsalazide Capsule (Colazal®)
	• Request Form	Mesalamine ER (Apriso®)	Balsalazide Tablet (Giazo®)
	• Criteria	Mesalamine Suppository (Canasa®)	Budesonide ER Tablet; Rectal Foam (Uceris®)
		Sulfasalazine (Generic)	Mesalamine DR (Authorized Generic; Asacol HD®)
		Sulfasalazine DR (Generic)	Mesalamine DR Capsule (Delzicol®)
			Mesalamine Rectal; Rectal Kit (Generic; Rowasa®)
			Mesalamine DR Tablet (Lialda®)
			Mesalamine ER Capsule (Pentasa®)
			Olsalazine Capsule (Dipentum®)
			Sulfasalazine Tablet (Azulfidine®)
11	EPINEPHRINE, SELF-INJECTED	Epinephrine 0.3mg (Authorized Generic EpiPen®) QL	Epinephrine 0.3mg (EpiPen®) QL
	• Request Form	Epinephrine 0.15mg (Authorized Generic EpiPen Jr®) QL	Epinephrine 0.15mg (EpiPen Jr®) QL
	• Criteria		Epinephrine 0.15 Mg (Authorized Generic Adrenaclick®) QL
			Epinephrine 0.3 Mg (Authorized Generic Adrenaclick®) QL
12	GROWTH DEFICIENCY	Somatropin Pen (Norditropin® FlexPro) DX	Somatropin Cartridge; Syringe (Genotropin®) DX
	Growth Hormones	Somatropin Pen (Nutropin AQ® NuSpin) DX	Somatropin Cartridge; Vial (Humatrope®) DX
	• Request Form		Somatropin Vial (Serostim®) DX
	• Criteria		Somatropin Cartridge; Vial (Saizen®) DX
			Somatropin Vial (Zomacton®) DX
			Somatropin Vial (Zorbtive®) DX
13	GOUT AGENTS	Allopurinol Tablet (Generic)	Colchicine Capsule (Mitigare®)
	Antihyperuricemics	Colchicine Capsule (Authorized Generic)	Colchicine Tablet (Authorized Generic; Colcrys®)
	• Request Form	Probenecid Tablet (Generic)	Febuxostat Tablet (Uloric®)
	• Criteria	Probenecid/Colchicine Tablet (Generic)	Lesinurad (Zurampic®)
			Lesinurad/Allopurinol (Duzallo®)
			Pegloticase (Krystexxa®) (Intravenous)

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
	Angiotensin Modulators/Calcium	Amlodipine/Benazepril (Generic)	Amlodipine/Benazepril (Lotrel®)
	Channel Blockers Combination	Amlodipine/Valsartan (Generic; Authorized Generic)	Amlodipine/Olmesartan (Azor® Generic, Authorized Generic)
	Products	Amlodipine/Valsartan/HCTZ (Generic; Authorized Generic)	Amlodipine/Olmesartan/HCTZ (Tribenzor®, Generic, -Authorized Generic) PU
	• Request Form		Amlodipine/Perindopril (Prestalia®)
	• Criteria		Amlodipine/Telmisartan (Generic; Twnysta®)
			Amlodipine/Valsartan (Exforge®)
			Amlodipine/Valsartan/HCTZ (Exforge HCT®) PU
			Nebivolol/Valsartan (Byvalson®)
			Trandolapril/Verapamil (Generic;)
	Beta Blockers Agents	Atenolol (Generic)	Acebutolol (Generic)
	• Request Form	Atenolol/Chlorthalidone (Generic)	Atenolol (Tenormin®)
	• Criteria	Bisoprolol/HCTZ (Generic)	Atenolol/Chlorthalidone (Tenoretic®)
		Carvedilol (Generic)	Betaxolol (Generic)
		Labetalol (Generic)	Bisoprolol (Generic; Zebeta®)
		Metoprolol Tartrate (Generic)	Bisoprolol/HCTZ (Ziac®)
		Metoprolol Succinate ER (Generic)	Carvedilol (Coreg®)
		Nebivolol (Bystolic®)	Carvedilol CR (Generic; Coreg CR®)
		Propranolol Tablet; Solution (Generic)	Metoprolol/HCTZ (Generic)
		Propranolol ER (Generic)	Metoprolol Succinate (Kapsargo®)
		Sotalol (Generic)	Metoprolol Succinate/HCTZ (Dutoprol®)
			Metoprolol ER (Toprol XL®)
			Nadolol (Generic; Corgard®)
			Nadolol/Bendroflumethiazide (Generic)
			Penbutolol (Levatol®)
			Pindolol (Generic)
			Propranolol (Hemangeol®)
			Propranolol ER Capsule (Innopran XL®; Inderal XL®)
			Propranolol LA (Inderal LA®)
			Propranolol/HCTZ (Generic)
			Sotalol (Betapace® AF)
			Sotalol Solution (Sotylize®)
			Timolol Maleate (Generic)

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
	Calcium Channel Blockers	Amlodipine Tablet (Generic)	Amlodipine (Norvasc®)
	• Request Form	Diltiazem ER Capsule (Generic)	Diltiazem IR (Cardizem®)
	• Criteria	Diltiazem IR Tablet (Generic)	Diltiazem CD (Cardizem CD®; Tiazac®)
		Nifedipine ER Tablet (Generic)	Diltiazem LA Tablet (Authorized Generic; Cardizem LA®; Matzim LA®)
		Verapamil ER Tablet (Generic)	Felodipine ER (Generic)
		Verapamil IR Tablet (Generic)	Isradipine (Generic)
			Nicardipine (Generic)
			Nifedipine ER (Adalat CC®; Procardia XL®)
			Nifedipine IR Capsule (Generic; Procardia®)
			Nimodipine Capsule (Generic)
			Nimodipine Solution (Nymalize®)
			Nisoldipine ER (Generic)
			Verapamil ER Capsule (Generic)
			Verapamil ER Tablet (Calan®SR)
			Verapamil ER PM (Generic; Verelan PM®)
	SYMPATHOLYTICS	Clonidine Patch (Catpress-TTS ®) BH, BY, DX	Clonidine Tablet (Catapres®) BH, BY, DX
	• Request Form	Clonidine Tablet (Generic) BH, BY, DX	Clonidine Patch (Generic) BH, BY, DX
	• Criteria	Guanfacine Tablet (Generic) BH, BY, DX	Methyldopa/Hydrochlorothiazide Tablet (Generic)
	• Criteria for ADHD Use of Clonidine and Guanfacine in Recipients Under 21 Years of Age	Methyldopa Tablet (Generic)	Methyldopate HCl (Intravenous)
	• Diagnosis Required (DX) Under 21 Y/O, Behavioral Health Under 6 Y/O (BH) & Diagnosis Codes That Bypass BH (BY)		
	VASODILATORS, CORONARY	Isosorbide Dinitrate Tablet (Generic)	Isosorbide Dinitrate Tablet (Isordil®)
	• Request Form	Isosorbide Mononitrate Tablet (Generic)	Isosorbide Dinitrate ER Capsule (Generic; Dilatrate-SR®)
	• Criteria	Isosorbide Mononitrate SR Tablet (Generic)	Isosorbide Dinitrate/Hydralazine Tablet (BiDil®)
		Nitroglycerin Sublingual Tablet (Generic; Authorized Generic)	Nitroglycerin ER Capsule (Generic)
		Nitroglycerin Transdermal Ointment (Nitro-Bid®)	Nitroglycerin Spray (Generic; Nitrolingual®; NitroMist®)
		Nitroglycerin Transdermal Patch (Generic)	Nitroglycerin Transdermal Patch (Nitro-Dur®)
			Nitroglycerin Sublingual Tablet(Nitrostat®)
			Nitroglycerin Sublingual Packet (GoNitro®)
	ANTICOAGULANTS	Aspirin/Dipyridamole ER (Generic; Authorized Generic)	Aspirin/Dipyridamole ER (Aggrenox®)
	Platelet Aggregation Inhibitors	Clopidogrel (Generic)	Aspirin/Omeprazole DR Tablet (Yosprala®)
	• Request Form	Dipyridamole (Generic)	Clopidogrel (Plavix®)
	• Criteria	Ticagrelor (Brilinta®)	Prasugrel (Generic; Authorized Generic; Effient®)
			Ticlopidine (Generic) Discontinued
			Vorapaxar Tablet (Zontivity®)

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
	Anticoagulants	Apixaban Tablet; Dose Pack (Eliquis®)	Dalteparin Syringe (Fragmin®)
	• Request Form	Dabigatran (Pradaxa®)	Edoxaban Tablet (Savaysa®)
	• Criteria	Dalteparin Vial (Fragmin®)	Enoxaparin Vial (Lovenox®, Generic)
		Enoxaparin Syringe (Generic; Authorized Generic)	Enoxaparin Syringe (Lovenox®)
		Enoxaparin Vial (Authorized Generic)	Fondaparinux (Generic; Arixtra®)
		Rivaroxaban (Xarelto®; Xarelto® Starter Pack)	Warfarin (Coumadin®)
		Warfarin (Generic)	
	PULMONARY ARTERIAL	Ambrisentan Tablet (Letairis®) DX	Bosentan Suspension (Tracleer®) DX
	HYPERTENSION (PAH)	Bosentan Tablet (Tracleer®) DX	Iloprost Inhalation Solution (Ventavis®) DX
	• Request Form	Sildenafil Tablet (Generic) DX	Macitentan Tablet (Opsumit®) DX
	• Criteria		Riociguat Tablet (Adempas®) DX
	• Diagnosis Code Required		Selexipag Tablet; Dose Pack (Uptravi®) DX
			Sildenafil Tablet; Oral Suspension (Revatio®) DX
			Tadalafil Tablet (Adcirca®) DX
			Treprostinil Inhalation Solution (Tyvaso®) DX
			Treprostinil ER Tablet (Orenitram ER®) DX
15	HEMATOLOGIC AGENTS	Epoetin Alfa (Procrit®)	Darbepoetin Syringe; Vial (Aranesp®)
	HEMATOPOIETIC AGENTS	Epoetin Alfa-epbx (Retacrit®)	Epoetin alfa (Epogen®)
	Erythropoietins		Methoxy Polyethylene Glycol-Epoetin Beta (Mircera®)
	• Request Form		
	• Criteria		
16	HEMODIALYSIS	Calcium Acetate Capsule (Generic)	Calcium Acetate Tablet (Generic)
	Phosphate Binders	Sevelamer HCl Tablet (RenaGel®)	Calcium Acetate Tablet (Eliphos®)
	• Request Form		Calcium Acetate Solution (Phoslyra®)
	• Criteria		Calcium Carbonate/Magnesium Carbonate/FA (MagneBind 400 Rx®)
			Ferric Citrate Tablet (Auryxia®)
			Lanthanum Carbonate Chew Tablet; Powder Pack (Fosrenol®)
			Sevelamer Carbonate Tablet (Generic; Authorized Generic; Renvela®)
			Sevelamer Carbonate Powder Pack (Generic)
			Sucroferric Oxyhydroxide (Velphoro®)

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
	PITUITARY SUPPRESSIVE	Leuprolide Acetate (Lupron Depot®) DX	Goserelin Acetate (Zoladex®) DX
	AGENTS	Leuprolide Acetate (Lupron Depot Kit®) DX	Histrelin Implant Kit (Supprelin LA®) DX
	• Request Form	Leuprolide Acetate (Lupron Depot-Ped®) DX	Histrelin Kit (Vantas®) DX
	• Criteria	Leuprolide Acetate (Lupron Depot-Ped Kit®) DX	Leuprolide Acetate Sub-q (Generic) DX
	• Diagnosis Code Required		Leuprolide Acetate Sub-Q Kit (Eligard®) DX
			Leuprolide Acetate Suspension and Norethindrone Tablet; Kit (Lupaneta Pack®) DX
			Nafarelin Acetate Nasal Solution (Synarel®) DX
			Triptorelin Pamoate (Trelstar®; Trelstar LA®) DX
			Triptorelin Pamoate Injection Kit (Triptodur®) DX
17	IMMUNOSUPPRESSIVES, ORAL	Azathioprine (Generic)	Azathioprine (Imuran®; Azasan®)
	• Request Form	Cyclosporine Capsule; Modified (Generic)	Cyclosporine Capsule (Generic; Sandimmune®)
	• Criteria	Mycophenolate Mofetil Capsule; Tablet (Generic)	Cyclosporine Softgel Capsule; Modified (Generic; Neoral®)
		Tacrolimus Capsule (Generic)	Cyclosporine Solution (Sandimmune®)
			Cyclosporine Solution; Modified (Generic; Neoral®)
			Everolimus (Zortress®)
			Mycophenolate Mofetil Capsule; Tablet; Suspension (Cellcept®)
			Mycophenolate Mofetil Suspension (Generic)
			Mycophenolate Mycophenolic Acid Tablet (Generic; Myfortic®)
			Sirolimus Solution; Tablet (Rapamune®)
			Sirolimus Tablet (Generic, Authorized Generic)
			Tacrolimus Tablet (Prograf®)
			Tacrolimus ER Tablet (Envarsus® XR)
			Tacrolimus ER Capsule (Astagraf® XL)
18	INFECTIOUS DISORDERS	Amoxicillin/Clavulanate Tablet; Suspension(Generic)	Amoxicillin/Clavulanate Tablet (Augmentin®)
	ANTIBIOTICS	Cefadroxil Capsule (Generic)	Amoxicillin/Clavulanate ER (Generic; Augmentin XR®)
	Cephalosporin and Related	Cefdinir Suspension; Capsule (Generic)	Amoxicillin/Clavulanate Chew Tablet (Generic)
	Antibiotics	Cefixime Capsule; Chew Tablet (Suprax®)	Amoxicillin/Clavulanate Suspension(Augmentin® 125)
	• Request Form	Cefprozil Tablet; Suspension (Generic)	Cefaclor Capsule; Suspension(Generic)
	• Criteria	Cefuroxime Tablet (Generic)	Cefaclor ER 500 mg Tablet (Generic)
		Cephalexin Capsule; Suspension; (Generic)	Cefadroxil Susp; Tablet (Generic)
			Cefixime Suspension (Generic; Suprax®)
			Cephalexin Capsule (Keflex®)
			Cephalexin Tablet (Generic)
			Cefpodoxime Tablet; Suspension (Generic)
			Cefuroxime Axetil Suspension (Ceftin®)

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
	Fluoroquinolones	Ciprofloxacin Tablet (Generic)	Ciprofloxacin Suspension (Generic; Cipro®)
		Levofloxacin Tablet (Generic)	Ciprofloxacin ER Tablet (Generic)
			Delafloxacin (Baxdela®)
			Levofloxacin Solution (Generic)
			Levofloxacin Tablet (Levaquin®)
			Moxifloxacin (Generic; Authorized Generic; Avelox®)
			Ofloxacin (Generic)
	Antibiotics, Gastrointestinal	Metronidazole Tablet (Generic)	Fidaxomicin (Difcid®)
		Neomycin (Generic)	Metronidazole Capsule (Generic; Flagyl®)
		Vancomycin HCl capsule (Generic; Authorized Generic)	Metronidazole Tablet (Flagyl®)
			Nitazoxanide Tablet; Suspension (Alinia®)
			Paromomycin (Generic)
			Rifaximin (Xifaxan®)
			Secnidazole (SoloSec™)
			Tinidazole (Generic; Tindamax®)
			Vancomycin HCl (Vancocin®)
			Vancomycin Solution (Firvanq®)
	Antibiotics, Inhaled	Tobramycin Solution (Bethkis®) DX	Aztreonam Solution (Cayston®) DX
		Tobramycin Solution (Authorized Generic) DX	Tobramycin Solution (Generic; Tobin®) DX
			Tobramycin (Tobi Podhaler®) DX
			Tobramycin Pak (Authorized Generic; Kitabis Pak®) DX
	Lincosamides	Clindamycin Capsule; Solution (Generic)	Clindamycin Capsule (Cleocin®)
			Clindamycin Oral Solution (Cleocin®)
			Clindamycin Phosphate Piggyback Injection (Generic; Cleocin®)
			Clindamycin in 0.9% Sodium Chloride Piggyback
			Clindamycin Phosphate Injection Vial (Generic; Cleocin®)
			Lincomycin HCl (Generic; Lincocin®)
	Oxazolidinones		
		Linezolid Tablet (Generic; Authorized Generic) CL	Linezolid Injection (Generic; Authorized Generic; Zyvox®) CL
		Linezolid Suspension (Generic; Authorized Generic) CL	Linezolid Tablet, Suspension (Zyvox®) CL
			Tedizolid IV; Tablet (Sivextro®) CL
	Streptogramins		Quinupristin/Dalfopristin Vial (Synercid®)

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
	Macrolides - Ketolides	Azithromycin Packet; Suspension; Tablet (Generic)	Azithromycin Packet; Suspension; Tablet (Zithromax®)
	• Request Form	Clarithromycin Tablet (Generic)	Azithromycin ER (Zmax®)
	• Criteria	Erythromycin Ethyl Succinate Suspension(EryPed® 400)	Clarithromycin ER (Generic)
		Erythromycin Base DR Capsule (Generic)	Clarithromycin Suspension (Generic)
			Erythromycin Base Tablet (Generic; PCE®)
			Erythromycin Tablet (Ery-Tab®)
			Erythromycin Ethyl Succinate Tablet (Generic; E.E.S. ® 400)
			Erythromycin Ethyl Succinate Suspension(Authorized Generic; E.E.S. ® 200; EryPed® 200)
			Erythromycin Stearate (Erythrocin®)
	Nitrofurantoin Derivatives	Nitrofurantoin Macrocrystal Capsule (Generic)	Nitrofurantoin Suspension (Generic; Furadantin®)
	• Request Form	Nitrofurantoin Monohydrate Macrocrystals Capsule (Generic)	Nitrofurantoin Macrocrystal Capsule (Macrodantin®)
	• Criteria		Nitrofurantoin Monohydrate Macrocrystals Capsule (Macrobid®)
	Tetracyclines	Doxycycline Hyclate Tablet (Generic)	Demeclocycline (Generic)
	• Request Form	Doxycycline Hyclate Capsule (Generic; Authorized Generic)	Doxycycline Calcium Syrup (Vibramycin®)
	• Criteria	Doxycycline Monohydrate 50mg, 100 mg Capsule (Generic)	Doxycycline Hyclate Tablet DR (Generic; Doryx®)
		Minocycline Capsule (Generic)	Doxycycline Hyclate Capsule (Vibramycin®)
			Doxycycline Hyclate Tablet (TargaDOX®)
			Doxycycline/Skin Cleanser No. 19 (Moridox® Kit)
			Doxycycline Hyclate (Doryx® MPC)
			Doxycycline Monohydrate Capsule 75 mg (Generic)
			Doxycycline Monohydrate 50mg, 100 mg Capsule (Branded Generic)
			Doxycycline Monohydrate Capsule 150 mg (Generic; Adoxa®)
			Doxycycline Monohydrate DR Capsule 40mg (Authorized Generic)
			Doxycycline Monohydrate Suspension (Generic; Vibramycin®)
			Doxycycline Monohydrate Tablet (Generic)
			Doxycycline DR (Oracea®)
			Minocycline ER Tablet (Generic; Solodyn®)
			Minocycline Tablet (Generic)
			Minocycline ER Capsule (Ximino®)
			Tetracycline Capsule
	Vaginal	Clindamycin Vaginal Cream (Generic)	Clindamycin Vaginal Cream (Cleocin®)
	• Request Form	Clindamycin Vaginal Cream (Clindesse®)	Clindamycin Vaginal Ovules (Cleocin®)
	• Criteria	Metronidazole Vaginal Gel (Generic)	Metronidazole Vaginal Gel (MetroGel-Vaginal®; Nuversa®; Vandazole®)

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
	ANTIFUNGALS	Clotrimazole Troches (Generic)	Fluconazole Tablet; Suspension(Diflucan®)
	Antifungals, Oral	Fluconazole Tablet; Suspension(Generic)	Flucytosine (Generic)
	• Request Form	Griseofulvin Suspension (Generic)	Griseofulvin Tablet (Generic)
	• Criteria	Nystatin Tablet; Suspension (Generic)	Griseofulvin Ultramicrosize Tablet (Generic; Gris-Peg®)
		Terbinafine Tablet (Generic)	Isavuconazonium (Cresemba®)
			Itraconazole Capsule (Generic; Sporanox®)
			Itraconazole Tablet (Onmel®)
			Ketoconazole (Generic)
			Miconazole Buccal Tablet (Oravig®)
			Nystatin Powder (Generic)
			Posaconazole Tablet; Suspension(Noxafil®)
			Terbinafine Tablet (Lamisil®)
			Voriconazole Tablet; Suspension(Generic)
	HEPATITIS C AGENTS	Sofosbuvir/Velpatasvir (Epclusa®) Genotypes 1, 2,3, 4, 5, & 6	Daclatasvir Tablet (Daklinza®) AL, CL, DT, DX, ER, QL, TD
	Direct Acting Antiviral Agents	AL, CL, DT, DX, ER, QL, TD	Elbasvir/Grazoprevir (Zepatier®) AL, CL, DT, DX, ER, QL, TD
	• Hepatitis C DAA Criteria, Request Form, Worksheet and Patient Treatment Agreement	Glecaprevir/pibrentasvir (Mavyret®) AL, CL, DX, ER, QL, TD	Ledipasvir/Sofosbuvir Tablet (Harvoni®) AL, CL, DT, DX, ER, QL, TD
		Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi®) CL	Ombitasvir/Paritaprevir/Ritonavir (Technivie®) AL, CL, DT, DX, ER, QL, TD
			Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir (Viekira Pak®) AL, CL, DT, DX, ER, QL, TD
			Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir (Viekira XR®) AL, CL, DX, ER, QL, TD
			Simeprevir Capsule (Olysio®) AL, CL, DT, DX, ER, QL, TD
			Sofosbuvir (Sovaldi®) AL, CL, DT, DX, ER, QL, TD
	HEPATITIS C AGENTS CON*T	Peginterferon alfa 2A Proclick; Syringe; Vial (Pegasys®) DX	Peginterferon alfa 2B Kit (Peg-Intron®) DX
	(Not Direct Acting Antiviral Agents)	Ribavirin Tablet (Generic) DX	Ribavirin Capsule (Generic;) DX
	• Request Form		Ribavirin Tablet (Ribasphere® 400mg, 600mg; Ribasphere Ribapak®; Moderiba® Dose Pack) DX
	• Criteria		Ribavirin Solution (Rebetol®) DX
19	MULTIPLE SCLEROSIS	Fingolimod Capsule (Gilenya®) DX	Alemtuzumab Vial (Lemtrada®) DX
	Multiple Sclerosis Agents	Glatiramer Syringe Kit 20mg (Copaxone®) DX	Daclizumab (Zinbryta®) Discontinued
	(Immunomodulatory Agents)	Interferon beta -1a Pen, Syringe(Avonex®) DX	Dalfampridine Tablet (Ampyra®)
	• Request Form	Interferon beta -1a (Rebif®; Rebif Rebidose Pen Injctr®) DX	Dimethyl Fumarate Capsule (Tecfidera®) DX
	• Criteria	Interferon beta -1b Kit (Betaseron®) DX	Glatiramer Acetate Syringe (Generic for Glatopa®) DX
	• Diagnosis Code Requirement		Glatiramer Syringe 40mg (Generic; Copaxone®) DX
			Interferon beta-1b Kit; Vial (Extavia®) DX
			Ocrelizumab Injection (Ocrevus®) DX
			Peginterferon beta-1a Pen; Syringe; Starter Pack (Plegridy®) DX
			Teriflunomide Tablet (Aubagio®) DX

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)	
20	OPHTHALMIC DISORDERS	Cromolyn Sodium Solution (Generic)	Alcaftadine Solution (Lastacaft®)	
	Allergic Conjunctivitis	Loteprednol Suspension (Alrex®)	Azelastine HCl Solution (Generic)	
		<ul style="list-style-type: none"> Request Form Criteria 	Olopatadine HCl Solution (Generic Patanol®; Authorized Generic Patanol®)	Bepotastine Solution (Bepreve®)
		Olopatadine HCl Solution (Pazeo®)	Emedastine Difumarate Solution (Emadine®)	
			Epinastine Solution (Generic)	
			Lodoxamide Tromethamine Solution (Alomide®)	
			Nedocromil Sodium Solution (Alocril®)	
			Olopatadine HCl Solution (Generic; Authorized Generic; Pataday®)	
			Olopatadine HCl Solution (Patanol®)	
		Glaucoma Agents Intraocular Pressure (IOP) Reducers	Brimonidine 0.15% Solution (Alphagan P® 0.15%)	Apraclonidine Solution (Generic; Iopidine®)
			Brimonidine 0.2% Solution (Generic)	Betaxolol 0.25% Suspension (Betoptic S®)
		<ul style="list-style-type: none"> Request Form Criteria 	Brimonidine/Brinzolamide Suspension (Simbrinza®)	Betaxolol 0.5% Solution (Generic)
			Brimonidine/Timolol Solution (Combigan®)	Bimatoprost Solution (Generic; Lumigan®)
			Carteolol Solution (Generic)	Brimonidine 0.1% Solution (Alphagan P® 0.1%)
			Dorzolamide Solution (Generic)	Brimonidine P 0.15% Solution (Generic)
			Dorzolamide/Timolol Solution (Generic)	Brinzolamide Suspension (Azopt®)
			Latanoprost 2.5ml Solution (Generic)	Dorzolamide Solution (Trusopt®)
			Levobunolol Solution (Generic)	Dorzolamide/Timolol Solution (Cosopt®)
			Netarsudil Mesylate (Rhopressa)	Dorzolamide/Timolol/PF Solution (Generic; Cosopt PF®)
		Pilocarpine HCl Solution (Generic)	Echothiophate Iodide (Phospholine Iodide®)	
		Timolol Maleate Solution: Gel-Forming Solution	Latanoprost Solution (Xalatan®)	
		Travoprost (Travatan Z®)	Latanoprostene Bunod Solution (Vyzulta®)	
			Tafuprost Solution (Zioptan®)	
			Timolol Hemihydrate Solution (Betimol®)	
			Timolol Maleate LA Solution (Generic; Authorized Generic; Istalol®)	
			Timolol Maleate Solution (Timoptic® Ocudose®)	
	Ophthalmics, Antibiotic	Bacitracin/Polymyxin B Sulfate Ointment (Generic)	Azithromycin Solution (AzaSite®)	
	<ul style="list-style-type: none"> Request Form Criteria 	Ciprofloxacin Solution Ophthalmic (Generic)	Bacitracin Ointment (Generic)	
		Erythromycin Base Ointment (Generic)	Besifloxacin Suspension (Besivance®)	
		Gentamicin Sulfate Ointment; Solution (Generic)	Ciprofloxacin Ointment; Solution (Ciloxan®)	
		Moxifloxacin Solution (Moxeza®)	Gatifloxacin Solution (Generic; Zymaxid®)	
		Neomycin/Polymyxin B/Gramicidin Solution (Generic)	Levofloxacin Solution (Generic)	
		Ofloxacin Solution Ophthalmic (Generic)	Moxifloxacin Solution (Generic; Authorized Generic; Vigamox®)	
		Polymyxin B Sulfate/Trimethoprim (Generic)	Natamycin Suspension (Natacyn®)	
		Sulfacetamide Sodium Solution (Generic)	Neomycin/Polymyxin B/Bacitracin Ointment (Generic)	
		Tobramycin Solution (Generic)	Ofloxacin Solution (Ocuflox®)	
			Polymyxin B Sulfate/Trimethoprim Solution (Polytrim®)	
			Sulfacetamide Sodium Ointment (Generic)	
			Sulfacetamide Sodium Solution (Bleph-10®)	
			Tobramycin Solution: Ointment (Tobrex®)	

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
	Ophthalmics, Antibiotic- Steroid	Neomycin/Polymyxin B/Dexamethasone Suspension; Ointment (Generic)	Gentamicin/Prednisolone Ointment; Suspension (Pred-G®)
	Combinations	Sulfacetamide/Prednisolone Solution (Generic)	Neomycin/Bacitracin/Polymyxin B/Hydrocortisone Ointment (Generic)
	• Request Form	Tobramycin/Dexamethasone Ointment; Suspension (Tobradex®)	Neomycin/Polymyxin B/Dexamethasone Suspension; Ointment (Maxitrol®)
	• Criteria		Neomycin/Polymyxin B/Hydrocortisone Suspension (Generic)
			Sulfacetamide/Prednisolone Ointment; Solution (Blephamide S.O.P.®; Blephamide®)
			Tobramycin/Dexamethasone Suspension (Generic; Authorized Generic)
			Tobramycin/Dexamethasone ST (Tobradex ST®)
			Tobramycin/Loteprednol Suspension (Zylet®)
	Ophthalmics, Anti-Inflammatories	Dexamethasone Sodium Phosphate (Generic)	Bromfenac Sodium 0.07% Solution (Prolensa®)
	• Request Form	Diclofenac Sodium Solution (Generic)	Bromfenac Sodium 0.075% Solution (BromSite®)
	• Criteria	Difluprednate Emulsion (Durezol®)	Bromfenac Sodium 0.09% Solution (Generic)
		Fluorometholone 0.1% Suspension (Generic)	Dexamethasone Intraocular Implant (Ozurdex®)
		Flurbiprofen Sodium Solution (Generic)	Dexamethasone Suspension (Maxidex®)
		Ketorolac Tromethamine LS Solution 0.4%; Solution 0.5% (Generic)	Fluocinolone Acetonide Intraocular Implant (Iluvien®; Retisert®)
		Nepafenac 0.3% Suspension (Ilevro®)	Fluorometholone 0.1% Ointment; 0.1% Suspension (FML S.O.P.®; FML®)
		Prednisolone Acetate 1% Suspension (Generic)	Fluorometholone 0.25% Suspension (FML Forte®)
			Fluorometholone Acetate 0.1% Suspension (Flarex®)
			Ketorolac Tromethamine 0.4% Solution; 0.5% Solution (Acular LS®; Acular®)
			Ketorolac Tromethamine PF Solution 0.45% (Acuvail®)
			Loteprednol Suspension; Gel; Ointment (Lotemax®)
			Nepafenac 0.1% Suspension (Nevanac®)
			Prednisolone Acetate 0.12% Solution; 1% Suspension (Pred Mild®; Pred Forte®)
			Prednisolone Sodium Phosphate (Generic)
			Triamcinolone Acetonide Suspension (Triesence®)
21	Ophthalmics, Anti- Inflammatory/ Immunomodulator	Cyclosporine (Restasis®; Restasis® Multidose™)	Lifitegrast (Xiidra®)
	• Request Form		
	• Criteria		

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
22	OPIATE DEPENDENCE	Buprenorphine/Naloxone Film (Suboxone®) AL, DX, MD, QL, TD, X	Buprenorphine/Naloxone Film (Bunavail®) AL, DX, MD, QL, TD, X
	AGENTS	Naloxone Syringe; Vial (Generic) QL	Buprenorphine/Naloxone SL Tablet (Generic; Zubsolv®) AL, DX, MD, QL, TD, X
	• Request Form	Naloxone Nasal Spray (Narcan®) QL	Buprenorphine Sublingual Tablet (Generic) AL, DX, MD, QL, TD, X
	• Criteria, Quantity Limits, Diagnosis Codes, and Concurrent Meds	Naltrexone Tablet (Generic)	Buprenorphine Implant (Probuphine® Implant) AL, DX, MD, QL, TD, X
			Buprenorphine Injection (Sublocade®) AL, DX, MD, QL, TD, X
			Naloxone Injection (Evzio®) QL
			Naltrexone Extended-Release Injectable Suspension (Vivitrol®) AL, DX, MD, QL, TD, X
23	OTIC AGENTS - Otic Antibiotics	Ciprofloxacin Otic (Generic)	Ciprofloxacin Otic (Otiprio®)
	• Request Form	Ciprofloxacin/Dexamethasone (Ciprodex®)	Ciprofloxacin/Fluocinolone Acetonide (Otovel®)
	• Criteria	Neomycin/Polymyxin B/Hydrocortisone Solution; Suspension (Generic)	Ciprofloxacin/Hydrocortisone (Cipro HC Otic®)
			Neomycin/Colistin/Thonzonium/Hydrocortisone (Coly-Mycin S®)
			Ofloxacin Otic (Generic)
	Otic Anti-Infectives and Anesthetics	Acetic Acid (Generic)	
• Request Form	Acetic Acid/Hydrocortisone (Generic)		
• Criteria			
24	OSTEOPOROSIS	Alendronate Tablet (Generic)	Abaloparatide (Tymlos®)
	Bone Resorption Suppression Agents	Calcitonin-Salmon Nasal (Generic)	Alendronate Eff Tablet (Binosto®)
	• Request Form		Alendronate Tablet (Fosamax®)
	• Criteria		Alendronate Solution (Generic)
			Alendronate/Vit D (Fosamax Plus D®)
			Denosumab (Prolia®)
			Etidronate Disodium (Generic)
			Ibandronate Sodium Tablet (Generic; Boniva®)
			Raloxifene (Generic; Evista®)
			Risedronate (Generic; Authorized Generic; Actonel®)
			Risedronate DR (Generic; Authorized Generic; Atelvia®)
			Teriparatide Subcutaneous (Forteo®)

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
25	PAIN MANAGEMENT	Acetaminophen w/Codeine Elixir (Generic) AL, TD	Acetaminophen w/Codeine (Tylenol #3®; Tylenol #4®) AL, QL, TD
	Analgesics, Narcotics Short Acting	Acetaminophen w/Codeine Tablet (Generic) AL, QL, TD	Butalbital/Caff/APAP w/ Codeine (Generic) AL, TD
	• Request Form	Hydrocodone/Acetaminophen Tablet (Generic) QL, TD	Butalbital Compound with Codeine (Generic; Fiorinal w/ Codeine®) AL, TD
	• Criteria, Age Limits, Diagnosis	Hydrocodone/Acetaminophen Solution (Generic) TD	Butorphanol Tartrate Nasal (Generic) TD
	Requirements, Maximum Daily	Hydromorphone Tablet (Generic) QL, TD	Carisoprodol Compound-Codeine (Generic) AL, TD, QL
	Dose, Quantity Limits, and	Morphine, IR Tablet (Generic) QL, TD	Capital w/Codeine AL, QL, TD
	Diagnosis Codes That Bypass	Oxycodone Tablet (Generic) QL, TD	Codeine Tablet (Generic) AL, QL, TD
	MOST Narcotic Quantity Limits	Oxycodone/Acetaminophen Tablet (Generic) QL, TD	Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Generic) TD
	• Quantity Limits, Maximum Morphine	Tramadol (Generic) AL, MD, QL, TD	Fentanyl Buccal (Generic; Fentora®) DX, QL, TD
	Milligram Equivalent (MME),	Tramadol/Acetaminophen (Generic) AL, MD, QL, TD	Fentanyl Nasal Solution (Lazanda®) AL, DX, TD
	and Criteria for Override.		Fentanyl Sublingual (Abstral®) DX, QL, TD
			Fentanyl Sublingual Spray (Subsys®) AL, DX, TD
			Fentanyl Transmucosal Oral Lozenge (Actiq®) DX, QL, TD
			Hydrocodone/Acetaminophen Solution (Lortab®) TD
			Hydrocodone/Acetaminophen Tablet (Lortab®; Norco®) QL, TD
			Hydrocodone/Ibuprofen (Ibudone®; Generic) QL, TD
			Hydromorphone Liquid (Dilaudid®) TD
			Hydromorphone (Dilaudid®) Tablet QL, TD
			Hydromorphone Suppositories; Liquid (Generic) TD
			Levorphanol Tablet (Generic) QL, TD
			Meperidine Solution (Generic) TD
			Meperidine Tablet (Generic) QL, TD
			Morphine Solution (Generic) TD
			Morphine Concentrate Solution (Generic) TD
			Morphine Suppositories (Generic) TD
			Oxycodone/Acetaminophen Solution (Roxicet®) TD
			Oxycodone/Acetaminophen Tablet (Percocet®; Primlev®) QL, TD
			Oxycodone/Aspirin (Generic) QL, TD
			Oxycodone Capsule (Generic) QL, TD
			Oxycodone Solution, Syringe (Generic) TD
			Oxycodone Tablet (Roxicodone®) QL, TD
			Oxycodone HCl Tablet (Oxaydo® Abuse-Deterrent) QL, TD
			Oxycodone Concentrate (Generic) TD
			Oxycodone Tablet (Roxybond)
			Oxycodone/Ibuprofen (Generic) QL, TD
			Oxymorphone IR Tablet (Generic; Opana®) QL, TD
			Pentazocine/Naloxone (Generic) TD
			Tapentadol (Nucynta®) MD, QL, TD
			Tramadol (Ultram®) AL, MD, QL, TD
			Tramadol / Acetaminophen (Ultracet®) AL, MD, QL, TD

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
	Antimigraine Agents, Triptans	Rizatriptan ODT, Tablet (Generic) DX, QL	Almotriptan Tablet (Generic; Authorized Generic; Axert®) DX, QL
	• Request Form	Sumatriptan Nasal (Generic) DX	Eletriptan Tablet (Generic; Authorized Generic; Relpax®) DX, QL
	• Criteria	Sumatriptan Vial (Generic) DX	Frovatriptan (Generic; Frova®) DX, QL
	• Diagnosis Requirement (DX) for Younger than 18 Y/O, Quantity Limits (QL)	Sumatriptan Tablet (Generic) DX, QL	Naratriptan (Generic; Amerge®) DX, QL
		Zolmitriptan ODT, Tablet (Generic) DX, QL	Rizatriptan Tablet (Maxalt®; Maxalt MLT®) DX, QL
			Sumatriptan Auto-Injector (Zembrace SymTouch®) DX
			Sumatriptan Jet-Injector (Sumavel DosePro®) DX
			Sumatriptan Vial; Kit; Nasal (Generic and Branded Generic for Imitrex®) DX
			Sumatriptan Nasal (Onzeta Xsail®) DX, QL
			Sumatriptan Nasal (Imitrex®) DX
			Sumatriptan Tablet DX, QL
			Sumatriptan Kit, Vial (Imitrex®) DX
			Sumatriptan/Naproxen (Generic; Treximet®) DX, QL
			Sumatriptan/Menthol/Camphor (Migranow Kit®) DX
			Zolmitriptan Tablet (Zomig®) DX, QL
			Zolmitriptan ODT (Authorized Generic; Zomig ZMT®) DX, QL
			Zolmitriptan Nasal (Zomig®) DX
	Cytokine and CAM Antagonists	Adalimumab Pen Kit; Syringe Kit (Humira®) CL, DX	Abatacept Injection Clickject; Syringe; Vial (Orencia®) CL
	• Request Form	Secukinumab Pen; Syringe (Cosentyx®) CL	Anakinra Syringe (Kineret®) CL
	• Criteria		Apremilast Tablet (Otezla®) CL
	• Diagnosis Codes for Selected Agents (DX)		Baricitinib Tablet (Olumiant®) CL
			Brodalumab Syringe (Siliq®) CL
			Canakinumab/PF Vial (Ilaris®) CL
			Certolizumab Pegol Kit; Syringe Kit (Cimzia®) CL, DX
			Etanercept Kit; Mini Cartridge; Pen; Syringe (Enbrel®) CL, DX
			Golimumab SQ Pen; SQ Syringe; IV Vial (Simponi®; Simponi Aria®) CL, DX
			Guselkumab Syringe (Tremfya®) CL
			Infliximab Vial (Remicade®) CL, DX
			Infliximab-abda (Renflexis®) CL, DX
			Infliximab-dyyb (Inflectra®) CL, DX
			Ixekizumab Syringe; Autoinjector (Taltz®) CL
			Rilonacept (Arcalyst®) CL
			Sarilumab Pen; Syringe (Kevzara®) CL
			Tildrakizumab-asmn Syringe (Ilumya®) CL
			Tocilizumab Syringe; Vial (Actemra®) CL
			Tofacitinib Tablet, ER Tablet (Xeljanz®; Xeljanz® XR) CL
			Ustekinumab Syringe; Vial (Stelara®) CL, DX
			Vedolizumab (Entyvio®) CL

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)		
27	PROGESTATIONAL AGENTS	Hydroxyprogesterone Caproate MDV; SDV; Auto Injector (Makena®) DX	Hydroxyprogesterone Caproate (Generic by ANI; Generic by Mylan) – NOT indicated for pre-term labor		
		• Request Form		Hydroxyprogesterone Caproate Vial (Generic; Authorized Generic)	
		• Progestational Agents Criteria		Medroxyprogesterone Acetate Tablet (Generic)	Medroxyprogesterone Acetate Injection (Depo-Provera® 400mg/ml)
				Norethindrone Acetate Tablet (Generic)	Medroxyprogesterone Acetate Tablet (Provera®)
				Progesterone Capsule (Generic)	Norethindrone Acetate Tablet (Aygestin®)
					Progesterone Injection (Generic)
					Progesterone, Micronized, Oral (Prometrium®)
					Progesterone, Micronized, Vaginal (Crinone®)
28	SEDATIVE/HYPNOTICS	Temazepam Capsule 15mg; 30mg (Generic) MD	Doxepin Tablet (Silenor®) BH, MD		
		• Request Form	Triazolam Tablet (Generic) MD	Estazolam Tablet (Generic) MD	
		• Criteria	Zolpidem Tablet (Generic) MD	Eszopiclone Tablet (Generic; Lunesta®) MD	
		• Maximum Dose Limits Selected Agents (MD)		Flurazepam Capsule (Generic) MD	
		• Hetlioz Criteria		Ramelteon Tablet (Rozerem®) MD	
		• Criteria for Antidepressant Use (BH) in Children Younger Than 6 Years Old		Suvorexant Tablet (Belsomra®) MD	
				Tasimelteon Capsule (Hetlioz®) CL, MD, TD	
				Temazepam Capsule (Restoril®) MD	
				Temazepam 7.5mg, 22.5mg (Generic) MD	
				Triazolam Tablet (Halcion®) MD	
				Zaleplon Capsule (Generic; Sonata®) MD	
				Zolpidem Tartrate ER Tablet (Generic; Ambien CR®) MD	
				Zolpidem Tartrate Oral Spray (Zolpimist®) MD	
		Zolpidem Tartrate Sublingual (Generic; Edluar®; Intermezzo®) MD			
		Zolpidem Tartrate Tablet (Ambien®) MD			
29	UROLOGY INCONTINENCE Bladder Relaxant Preparations	Fesoterodine Fumarate (Toviaz®)	Darifenacin ER (Generic; Authorized Generic; Enablex® ER)		
		Oxybutynin Syrup; Tablet (Generic)	Flavoxate (Generic)		
		Oxybutynin ER (Generic; Authorized Generic)	Mirabegron ER Tablet (Myrbetriq®)		
		• Request Form	Solifenacin (VESicare®)	Oxybutynin ER (Ditropan XL®)	
		• Criteria		Oxybutynin Gel (Gelnique Gel Pump®; Gelnique Gel MD PMP Transdermal®)	
				Oxybutynin Transdermal (Oxytrol® Rx)	
				Tolterodine (Generic; Detrol®)	
				Tolterodine ER (Generic; Authorized Generic; Detrol LA®)	
				Trospium (Generic)	
				Trospium ER (Generic)	

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
30	SMOKING CESSATION	Bupropion SR Tablet (Generic)	Bupropion ER Tablet (Zyban®)
	PRODUCTS	Nicotine Buccal Gum OTC (Generic) RX, PR	Nicotine Buccal Gum OTC (Nicorette®) RX, PR
	Smoking Cessation	Nicotine Buccal Lozenges OTC (Generic)	Nicotine Buccal Lozenges OTC (Nicorette®)
	• Request Form	Nicotine Patch OTC (Generic) RX, PR	Nicotine Inhaler (Nicotrol Inhaler®)
	• Criteria	Varenicline (Chantix®; Chantix Dose Pack®)	Nicotine Nasal Spray (Nicotrol Nasal Spray®) RX, PR
			Nicotine Patch OTC (Nicoderm CQ®) RX, PR
31	PROSTATE	Alfuzosin (Generic)	Alfuzosin (Uroxatral®)
	Benign Prostatic Hyperplasia Treatment (BPH)	Doxazosin (Generic)	Doxazosin (Cardura®)
	• Request Form	Dutasteride (Generic)	Doxazosin ER (Cardura XL®)
	• Criteria	Finasteride (Generic)	Dutasteride (Avodart®)
		Tamsulosin (Generic)	Dutasteride/Tamsulosin (Generic; Jalyn®)
		Terazosin (Generic)	Silodosin (Rapaflo®)
			Tamsulosin (Flomax®)
32	ANXIOLYTICS	Alprazolam Tablet (Generic) BH, QL	Alprazolam ER Tablet (Generic; Xanax XR®) AL, DX, QL
	• Request Form	Buspirone Tablet (Generic) BH	Alprazolam Intensol Concentrate (Generic) BH
	• Criteria	Lorazepam Tablet (Generic) BH, BY, QL	Alprazolam ODT (Generic) AL, DX
	• Age Limits (AL), Diagnosis Code Requirement (DX), Quantity Limits (QL), And Diagnosis Codes That Bypass Quantity Limits or Behavioral Health Authorization Requirement (BY)		Alprazolam Tablet (Xanax®) BH, QL
			Chlordiazepoxide Capsule (Generic) BH, QL
			Clorazepate Dipotassium Tablet (Generic; Tranxene T-Tab®) BH, BY, QL
			Diazepam Injection Vial; Syringe (Generic) BH
			Diazepam Intensol Concentrate (Generic) BH, BY
			Diazepam Solution (Generic) BH, BY
			Diazepam Tablet (Generic; Valium®) BH, BY, QL
			Lorazepam Intensol Concentrate (Generic) BH, BY
			Lorazepam Tablet (Ativan®) BH, BY, QL
			Meprobamate (Generic)
			Oxazepam (Generic) BH, QL
33	ANTIVIRALS, ORAL	Acyclovir Capsule; Tablet (Generic)	Acyclovir Suspension (Zovirax®)
	• Request Form	Acyclovir Suspension (Generic)	Oseltamivir Capsule (Generic)
	• Criteria	Famciclovir Tablet (Generic)	Oseltamivir Suspension (Tamiflu®)
		Oseltamivir Capsule (Tamiflu®)	Valacyclovir Tablet (Valtrex®)
		Oseltamivir Suspension (Generic)	
		Rimantadine Tablet (Generic)	
		Valacyclovir Tablet (Generic)	
		Zanamivir Inhalation Powder (Relenza® Diskhaler®)	

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
34	GIMOTILITY, CHRONIC • Request Form • Criteria	Linaclotide Capsule (Linzess®)	Alosetron Tablet (Generic; Authorized Generic; Lotronex®)
		Lubiprostone Capsule (Amitiza®)	Eluxadoline Tablet (Viberzi®)
		Naloxegol Tablet (Movantik®)	Methylnaltrexone Syringe; Vial; Tablet (Relistor®)
			Naldemedine (Symproic®)
			Plecanatide (Tulance®)
35	H. PYLORI TREATMENT • Request Form • Criteria	Bismuth/Metronidazole/Tetracycline (Pylera®)	Lansoprazole/Amoxicillin/ Clarithromycin (Prevpac®; Generic; Authorized Generic)
			Omeprazole/Clarithromycin/Amoxicillin (Omeclamox-Pak®)
36	COLONY STIMULATING FACTORS • Request Form • Criteria	Pegfilgrastim-jmdb (Fulphila®)	Filgrastim-aafi (Nivestym®)
		Tbo-Filgrastim (Granix®)	Filgrastim-sndz (Zarxio®)
		Filgrastim Syringe; Vial (Neupogen®)	Pegfilgrastim Kit; Syringe (Neulasta®)
			Sargramostim (Leukine®)
37	GLUCOCORTICOIDS, ORAL • Request Form • Criteria	Budesonide Delayed Release Capsules (Generic for Entocort EC®)	Budesonide Delayed Release Capsules (Entocort EC®)
		Dexamethasone Tablet	Cortisone Acetate Tablet
		Hydrocortisone Tablet	Deflazacort Suspension; Tablet (Emflaza®)
		Methylprednisolone Tablet Dose Pack	Dexamethasone (DexPak®; TaperDex®)
		Prednisolone Sodium Phosphate Oral Solution (Generic) 5mg/5ml; 15mg/5ml; 25mg/5ml	Dexamethasone Elixir; Intensol Concentrate; Solution; Tablet Dose Pack
			Hydrocortisone Tablet (Cortef®)
		Prednisolone Solution	Methylprednisolone Therapy Pack; Tablet (Medrol Dose Pack®; Medrol®)
		Prednisone Tablet	Methylprednisolone 4mg; 8mg; 16mg; 32mg Tablet
			Prednisone Delayed Release Tablet (Rayos®)
			Prednisone Intensol Concentrate; Solution; Tablet Dose Pack
			Prednisolone Solution; Tablet; Tablet Dose Pack (Millipred®; Millipred DP®)
			Prednisolone Sodium Phosphate Solution 10mg/5ml (Generic Millipred®)
			Prednisolone Sodium Phosphate Solution 20mg/5ml (Generic Veripred®)
			Prednisolone Sodium Phosphate ODT (Generic; Authorized Generic; Orapred ODT®)

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
38	HEMOPHILIA TREATMENT • Request Form • Criteria	Antihemophilic Factor VIII, B-Domain-Deleted (Xyntha® Kit)	Antihemophilic Factor VIII (Helixate FS®)
		Antihemophilic Factor VIII, B-Domain-Deleted (Xyntha® Solofuse Syringe Kit®)	Antihemophilic Factor VIII (Kogenate FS®) Antihemophilic Factor VIII (Kovaltry®)
		Antihemophilic Factor VIII, B-Domain-Truncated (Novoeight®)	Antihemophilic Factor VIII, Full-Length PEGylated (Adynovate®)
		Antihemophilic Factor VIII, Full-Length (Advate®)	Antihemophilic Factor VIII, Single-Chain, B-Domain Truncated (Afstyla®)
		Antihemophilic Factor VIII, HEK B-Domain-Deleted (Nuwiq®)	Antihemophilic Factor VIII, Recombinant, Fc Fusion (Eloctate®)
		Antihemophilic Factor VIII, Human (Monoclate-P® Kit)	Antihemophilic Factor VIII, Recombinant, PEGylated-aucl (Jivi®)
		Antihemophilic Factor VIII, Recombinant (Recombinate®)	Antihemophilic Factor VIII, Recombinant Porcine (Obizur®)
		Antihemophilic Factor/VWF (Alphanate®)	Antihemophilic Factor, Human (Hemofil-M®)
		Antihemophilic Factor/VWF (Humate-P® Kit)	Antihemophilic Factor, Human Kit; Vial (Koate DVI®)
		Antihemophilic Factor/VWF (Wilate®)	Anti-Inhibitor Coagulant Complex (Feiba NF®)
		Coagulation Factor VIIa, Recombinant (Novoseven® RT)	Coagulation Factor IX Human (AlphaNine SD®)
		Coagulation Factor IX (Mononine® Kit)	Coagulation Factor IX Human Recombinant (Ixinity®)
		Coagulation Factor IX Human Recombinant (BeneFIX® Kit)	Coagulation Factor IX Human Recombinant, GlycoPEGylated (Rebinyne®)
		Coagulation Factor X (Coagadex®)	Coagulation Factor IX Recombinant (Rixubis®)
		Factor IX Complex (PCC) 3-Factor (Profilnine® SD)	Coagulation Factor IX Recombinant, Albumin Fusion (Idelvion®)
		Factor XIII Concentrate, Human (Corifact® Kit)	Coagulation Factor IX Recombinant, Fc Fusion Protin (Alprolix®)
			Coagulation Factor XIII A-Subunit, Recombinant (Tretten®)
			Emicizumab-kxwh (Hemlibra®)
			Factor IX Complex (PCC) 3-Factor (Bebulin®)
			Von Willebrand Factor, Recombinant (Vonvendi®)
39	ONCOLOGY, ORAL - BREAST • Request Form • Criteria	Anastrozole (Generic)	Abemaciclib (Verzenio®)
		Capecitabine (Xeloda®)	Anastrozole (Arimidex®)
		Cyclophosphamide (Generic)	Capecitabine (Generic)
		Exemestane (Generic)	Exemestane (Aromasin®)
		Letrozole (Generic)	Fulvestrant (Faslodex®)
		Palbociclib (Ibrance®)	Lapatinib Ditosylate (Tykerb®)
		Tamoxifen Citrate (Generic)	Letrozole (Femara®)
			Neratinib Maleate (Nerlynx®)
			Ribociclib Succinate (Kisqali®)
			Ribociclib Succinate/Letrozole (Kisqali/Femara Kit®)
			Toremifene Citrate (Fareston®)

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
40	ONCOLOGY, ORAL - HEMATOLOGIC • Request Form • Criteria • Diagnosis Codes for Selected Agents (DX)	Busulfan (Myleran®)	Acalabrutinib (Calquence®)
		Chlorambucil (Leukeran®)	Bosutinib (Bosulif®)
		Dasatinib (Sprycel®)	Enasidenib Mesylate (Idhifa®)
		Hydroxyurea (Generic)	Hydroxyurea (Hydrea®)
		Ibrutinib Capsule; Tablet (Imbruvica®)	Idelalisib (Zydelig®)
		Imatinib Mesylate (Gleevec®)	Imatinib Mesylate (Generic)
		Lenalidomide (Revlimid®) DX	Ivosidenib (Tibsovo®)
		Melphalan (Generic)	Ixazomib Citrate (Ninlaro®)
		Mercaptopurine (Generic)	Melphalan (Alkeran®)
		Nilotinib HCl (Tasigna®)	Mercaptopurine (Purixan®)
		Procarbazine HCl (Matulane®)	Midostaurin (Rydapt®)
		Ruxolitinib Phosphate (Jakafi®)	Panobinostat Lactate (Farydak®)
		Tretinoin (Generic) PA	Pomalidomide (Pomalyst®) DX
			Ponatinib HCl (Iclusig®)
			Thalidomide (Thalomid®)
			Thioguanine (Tabloid®)
			Venetoclax Tablet; Therapy Pack (Venclexta®; Venclexta Starting Pack®)
	Vorinostat (Zolinza®)		
41	ONCOLOGY, ORAL - LUNG • Request Form • Criteria	Afatinib Dimaleate (Gilotrif®)	Brigatinib (Alunbrig®)
		Alectinib HCl (Alecensa®)	Ceritinib (Zykadia®)
		Crizotinib (Xalkori®)	
		Erlotinib HCl (Tarceva®)	
		Gefitinib (Iressa®)	
		Osimertinib Mesylate (Tagrisso®)	
		Topotecan HCl (Hycamtin®)	
42	ONCOLOGY, ORAL - OTHER • Request Form • Criteria	Lomustine (Gleostine®)	Altretamine (Hexalen®)
		Temozolomide (Generic; Authorized Generic)	Cabozantinib S-Malate (Cometriq®)
		Vandetanib (Caprelsa®)	Niraparib Tosylate (Zejula®)
			Olaparib (Lynparza®)
			Regorafenib (Stivarga®)
			Rucaparib Camsylate (Rubraca®)
			Temozolomide (Temodar®)
			Trifluridine/Tipiracil HCl (Lonsurf®)

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: January 1, 2019

ADDITIONAL AGENTS THAT HAVE POINT-OF-SALE (POS) REQUIREMENT(S)

[Click Here for Behavioral Health Agents Listed Below for Children Younger Than Six \(BH\)](#)

[Click Here For Agents Listed Below with Point-of-Sale Requirements \(POS\)](#)

Acetaminophen POS	Exjade®, Jadenu® (Deferasirox) POS	Nucala® (Mepolizumab) CL
Actimmune® (Interferon Gamma-1b) POS	Exondys 51® (Eteplirsen) CL, DX	Oralair® (Mixed Grass Pollens Allergen Extract) POS
Alferon N® (Interferon Alfa-N3) POS	Fasenra® (Benralizumab) CL	Orkambi® (Lumacaftor/Ivacaftor) CL, DX
Amitriptyline BH	First-Progesterone VGS® (Vaginal Progesterone) POS	Proleukin® (Aldesleukin) POS
Amitriptyline/Chlordiazepoxide BH	Flolan® (Epoprostenol Sodium) POS	Protriptyline BH
Amoxapine BH	Fycompa® (Perampanel) POS	Pulmozyme® (Domase Alfa) POS
Aspirin POS	Grastek® (Timothy Grass Pollen Allergen Extract) POS	Ragwitek® (Short Ragweed Pollen Allergen Extract) POS
Austedo® (Deutetrabenazine) CL	Imipramine BH	Remodulin® (Treprostinil Sodium) INJECTION POS
Beyaz® (Drospirenone/Ethinyl Estradiol/Levomefolate Calcium) POS	Ingrezza® (Valbenazine) CL	Soliris® (Eculizumab) POS
Botox® (OnabotulinumtoxinA) DX, QL	Intron-A® (Interferon Alfa-2B Recomb) POS	Spinraza® (Nusinersen) CL, DX
Carafate® (Sucralfate) POS	Isotretinoin (RX) POS	Sylatron® (Peginterferon alfa-2b) POS
Chlordiazepoxide/Clidinium - BH	Kalydeco® (Ivacaftor) CL, DX	Symdeko® (Tezacaftor/Ivacaftor) CL
Cialis® (Tadalafil) 2.5mg, 5mg POS	Lithium BH	Synagis (Palivizumab) AL, CL, DT, ER, QL
Cinqair® (Reslizumab) CL	Lorazepam Injectable BY	Tazorac® (Tazarotene) POS
Clomipramine BH	Maprotiline BH	Trimipramine BH
Clonazepam Tablet BH, BY, QL	Methadone DX, QL	Tysabri® (Natalizumab) POS
Daraprim® (Pyrimethamine) CL	Mosquito Repellant to Decrease Zika Virus Exposure Risk AL, DX, QL FFS Notice MCO Notice	Veletri® (Epoprostenol) POS
Desipramine BH	Myobloc® (RimabotulinumtoxinB) DX	Xenical® (Orlistat) OL, DX
Doral® (Quazepam) MD	Nexplanon® (Etonogestrel) POS	Xolair® (Omalizumab) CL, DX
Doxepin (10mg-150mg) BH	Nortriptyline BH	Xvrem® (Sodium Oxvbate) CL, TD
Dvsport® (AbobotulinumtoxinA) DX		Xenazine® (Tetrabenazine) CL
Equetro® (Carbamazepine) BH		Xeomin® (IncobotulinumtoxinA) DX, QL