



# 2017 Pharmacy Benefits



Pennsylvania's Children's  
Health Insurance Program

**We Cover All Kids.**

*Commonwealth of Pennsylvania*

*UPMC for Kids™*

A Product of UPMC Health Plan

## Nondiscrimination notice

**UPMC for Kids** complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. **UPMC for Kids** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**UPMC for Kids** provides to people with disabilities to communicate effectively with us free aids and services, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

**UPMC for Kids** provides to people whose primary language is not English free language services, such as:

- Qualified interpreters.
- Information written in other languages.

If you need these services, contact **UPMC for Kids** at **1-800-650-8762**.

If you believe that **UPMC for Kids** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Bureau of Equal Opportunity  
Room 223, Health and Welfare Building  
PO Box 2675  
Harrisburg, PA 17105-2675  
Phone: 717-787-1127; TTY: 1-800-654-5484; Fax: 717-772-4366  
Email: RA-PWBEOAO@pa.gov

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Bureau of Equal Opportunity is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201  
1-800-368-1019, 1-800-537-7697 (TTY)

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).



**UPMC for Kids**<sup>™</sup>  
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## Translation services

**ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call: 1-800-650-8762 (TTY: 1-800-361-2629).

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-650-8762 (TTY: 1-800-361-2629)**.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-650-8762 (телетайп: 1-800-361-2629)**.

**注意：**如果您使用繁體中文，您可以免費獲得語言援助服務。請致電**1-800-650-8762 (TTY : 1-800-361-2629)**。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-650-8762 (TTY: 1-800-361-2629)**.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. (رقم هاتف الصم والبكم: 1-800-361-2629).

**ध्यान दिनुहोस्:** तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् **1-800-650-8762 (टिटिवाइ: 1-800-361-2629)** ।

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-650-8762 (TTY: 1-800-361-2629)** 번으로 전화해 주십시오.

**ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បរើអ្នក។ ចូរ ទូរស័ព្ទ **1-800-650-8762 (TTY: 1-800-361-2629)**។

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-650-8762 (ATS: 1-800-361-2629)**.

**បរយ័ត្ន:** បរើសិនជានិយាយ ភាសាខ្មែរ, បរសេវាជំនួយខននកកា បោយមិនគិតល្អល គឺអាមាសំរាប់បរើអ្នក។ ចូរ ទូរស័ព្ទ **1-800-650-8762 (TTY: 1-800-361-2629)** ។

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-650-8762 (TTY: 1-800-361-2629)**.

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-650-8762 (TTY: 1-800-361-2629)**.

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে।

ফোন করুন **1-800-650-8762 (TTY: 1-800-361-2629)**।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-800-650-8762 (TTY: 1-800-361-2629)**.

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-650-8762 (TTY: 1-800-361-2629)**.

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# Prescription Drug Program

The UPMC *for Kids*<sup>™</sup> formulary is a list of Food and Drug Administration (FDA) approved medications that the UPMC Health Plan Pharmacy and Therapeutics (P&T) Committee has developed.

The P&T Committee makes decisions about which medications to include in the UPMC *for Kids* Pharmacy Benefit program. The Committee, made up of physicians and pharmacists from communities throughout the UPMC Health Plan service area, decides which medications to cover based on a drug's safety, effectiveness, and cost.

The P&T Committee's job is to make sure that the UPMC *for Kids* Pharmacy Benefit program provides children with high-quality, cost-effective prescription medications. The P&T Committee reviews and updates the UPMC *for Kids* Pharmacy Benefit program regularly during the year. You can find information about these updates in the UPMC *for Kids* member newsletters and pharmacy mailings and on the UPMC *for Kids* website, [www.upmchealthplan.com/forkids](http://www.upmchealthplan.com/forkids).

Medications on the formulary (drug list) are covered (paid for) by UPMC *for Kids*. In this booklet is a list of covered prescription medications and a list of covered over-the-counter medications. These lists include the most commonly used drugs and do not include every medication your child's doctor might prescribe. **UPMC *for Kids* may cover other drugs besides the drugs listed in this Pharmacy Benefits brochure.** The drugs on the formulary were selected because they are safe, work well, and cost less than other drugs that have the same level of effectiveness.

The amount of medication your child may receive through the UPMC *for Kids* pharmacy program is based on the type of medication ordered. Specialty medications, controlled substances, and medications filled at a retail pharmacy are limited to a 30-day supply. Medications, except specialty medications and controlled substances, received through the mail-order program are limited to a 90-day supply. Prescription refills will be allowed for a maximum period of one year from the date the original medication was prescribed.

For maximum coverage, your child's doctor should prescribe medications from the formulary (preferred medication). A non-formulary (non-preferred) medication is one that is not on the list of medications covered by UPMC *for Kids*. To have a prescription for a non-formulary (non-preferred) medicine covered, your child's doctor must contact our Health Care Concierge team toll-free at 1-800-650-8762 to ask for a medical exception. The doctor should call our Health Care Concierge team before you go to the pharmacy.

Your child can get covered over-the-counter medications when the doctor writes a prescription for them. Please refer to the UPMC *for Kids* over-the-counter formulary for a list of covered products.

If you have questions about the formulary, its use, or specific medications, call our Health Care Concierge team toll-free at 1-800-650-8762. TTY users should call 1-800-361-2629.

# Generic Medications

UPMC *for Kids* requires that generic medications be used when available. Generic drugs have the same active ingredients as their brand-name versions and are just as safe and effective. Doctors are encouraged to prescribe generic medications whenever clinically appropriate. If your child's doctor prescribes a drug by brand name, Pennsylvania law permits the pharmacist to give you a generic version of that drug. If the doctor thinks your child needs the brand-name version of the drug, the doctor must call our Health Care Concierge team to request a medical exception. UPMC *for Kids* allows the brand-name drug at the generic cost-sharing rate if the provider establishes that the brand-name drug is medically necessary.

## Step Therapy

Step therapy is a process that encourages the use of medications preferred by UPMC *for Kids* as the first course of treatment. If the preferred medication is not clinically effective or if the member suffers side effects, another medication may be approved as the second course of treatment.

Medications that require step therapy are designated with an **ST** symbol following the drug name on the formulary.

## Prior Authorization Drugs

Certain drugs require prior authorization, which means that the doctor must consult with UPMC *for Kids* before prescribing them for your child for the first time. These may be newer drugs on which UPMC *for Kids* wants to track usage, drugs not used as a standard first option in treating a medical condition, or drugs with potential side effects that UPMC *for Kids* wants to monitor for patient safety. The UPMC Health Plan Pharmacy Services Department must authorize the use of these drugs before UPMC *for Kids* will begin to cover them.

Medications that require a prior authorization are designated with a **PA** symbol following the drug name on the formulary.

## Once-Daily Medications

The FDA has approved some drugs to be taken once daily in a larger dose instead of several times a day in smaller doses. For these drugs, UPMC *for Kids* covers only one larger dose per day. Here is an example: The doctor writes a prescription for your child to take two 10-milligram (mg) doses of medicine each day, one in the morning and one in the evening. If the medication also comes in 20 mg strength, the pharmacist will substitute one 20 mg dose per day instead of two 10 mg doses per day for medications that are labeled to be taken once a day. If a medical reason prevents your child from taking medications once daily in the larger dose, the doctor should call our Health Care Concierge team at 1-800-650-8762 to request a medical exception.

## Quantity Limits

The UPMC *for You* Pharmacy and Therapeutics Committee has established quantity limits on certain drugs to encourage the appropriate use of these drugs.

Quantity limits are designated with a **QL** symbol following the drug name on the formulary. Quantity limits are drug-specific and limit the amount of certain drugs that can be dispensed in a specified period of time. These limits are based on the Food and Drug Administration's recommended dosing, clinical literature, and manufacturer's instructions.

## Medications Not Covered

Medications considered standard benefit exclusions by the Pennsylvania Children's Health Insurance Program (CHIP) will not be covered. This includes Drug Efficacy Study Implementation (DESI) drugs, experimental drugs, weight-loss medications, infertility agents, and drugs used for cosmetic purposes. Other medications not covered are anabolic steroids, biologicals, blood or blood plasma, drugs labeled for investigational use, drugs used for hair growth, impotency drugs, and urine strips. There is no coverage for lost, stolen, or destroyed medications and for prescriptions that are over-refilled or dispensed after one year from the date the prescription was written. More information on medication exclusions is provided in the UPMC *for Kids* exclusions list. You can call our Health Care Concierge team at 1-800-650-8762 for a copy or view it online by visiting [www.upmchealthplan.com/forkids](http://www.upmchealthplan.com/forkids) and choosing log in/register.

## Participating Pharmacies

The UPMC *for Kids* network includes many participating pharmacies across the UPMC *for Kids* service area that can fill your child's prescription. You can call our Health Care Concierge team at 1-800-650-8762 for help finding a participating pharmacy close to you.

## Copayments

A copayment may be required for each medication. Copayments apply to covered prescriptions and over-the-counter medications. The amount of copayment that a member must pay for each prescription is determined by the CHIP program in which the child is enrolled.

If a medication is ordered through the mail-order program, a 90-day supply is provided and the member will only have to pay two copayments instead of three. Please see the section on mail order for more information.



The copayments for each of the CHIP coverage levels are listed below:

|                         | <i>Free CHIP</i> | <i>Low-cost CHIP</i>   | <i>Full-cost CHIP</i>  |
|-------------------------|------------------|------------------------|------------------------|
| <b>Retail pharmacy:</b> |                  |                        |                        |
| Generic drug            | \$0              | \$6 for 30-day supply  | \$10 for 30-day supply |
| Brand-name drug         | \$0              | \$9 for 30-day supply  | \$18 for 30-day supply |
| <b>Mail order:</b>      |                  |                        |                        |
| Generic drug            | \$0              | \$12 for 90-day supply | \$20 for 90-day supply |
| Brand-name drug         | \$0              | \$18 for 90-day supply | \$36 for 90-day supply |

The UPMC *for Kids* member identification (ID) card will have copayment information printed on the front. Members are responsible for copayments when the prescription is picked up at the pharmacy or when ordering a medication through the mail-order program.

## Injectable Drugs

The UPMC *for Kids* pharmacy program covers prescriptions for specialty drugs and injectable medications through a preferred specialty vendor. Specialty medications are often used to treat complex clinical conditions and usually require close management by a physician because of their potential side effects and the need for frequent dosage adjustments. These medications are noted on the formulary. Please call our Health Care Concierge team at 1-800-650-8762 to request additional information.

## Mail Order

UPMC *for Kids* members can take advantage of the mail-order program for medications that are taken on a routine basis. These are usually medications that treat a chronic or ongoing condition. Instead of a 30-day supply of the medication, the member receives a 90-day supply. If the member is responsible for copayments, as noted in the previous section, the member will only have to pay two copayments instead of three. Specialty medications, controlled substances, and over-the-counter medications cannot be ordered through the mail-order program. UPMC *for Kids* uses the Express Scripts (ESI) company for the mail-order program.

### Tips on using mail order

For a first-time prescription or a new medication, UPMC *for Kids* recommends that your child try a 30-day supply of the medication from a retail pharmacy before requesting a 90-day supply through the mail-order program. This gives your child's doctor a chance to see if the medication is the right dose and that it does not cause any side effects. This requirement will help you avoid unnecessary copayments if your child's doctor needs to change the medication.

To use the mail-order program, ask your child's doctor to write a prescription for a 90-day supply of each of the routine medications that your child takes. If your child's prescription is a new medication, or if your child must start the medication immediately, remember to have your doctor write two prescriptions:

- One for the initial 30-day supply that you can take to a participating retail pharmacy so your child can start to take the medication and to see if it works for him or her.
- A second one for the longer 90-day ongoing supply of the medication. You will send this prescription to ESI to begin the mail-order program.

You can request a mail-order form by calling our Health Care Concierge team at 1-800-650-8762. TTY users should call 1-800-361-2629.

On the mail-order form, fill out the patient information section for each new prescription you send. You must send the original paper prescription from your doctor with the form. New prescription slips must list your child's full name, date of birth, and address as well as the doctor's name and phone number.

## **Refills**

To avoid running out of a mail-order prescription, reorder a medication while your child still has enough medication for several weeks. It may take a few weeks to process and deliver the medication refill. Once you have a prescription sent to ESI, you can order refills through the mail or over the phone. You can reach the ESI customer service center by calling 1-877-787-6279. ESI representatives are available seven days a week to help you. TTY users can call ESI at 1-800-899-2114.

## **Mail-Order Copayments**

When you mail a request for a new prescription or a refill, if your child's CHIP coverage requires a copayment for prescription drugs, you must include your copayment in the mail-order envelope. You may pay by check, money order, or credit card (American Express, Discover, MasterCard, or Visa). Do not send cash. If you are ordering your child's refills by phone, you must pay by credit card.

## **Pharmacy Benefit Questions**

If you have questions about your child's pharmacy benefit, please call our Health Care Concierge team at 1-800-650-8762 Monday through Friday from 7 a.m. to 7 p.m. and Saturday from 8 a.m. to 3 p.m. TTY users should call 1-800-361-2629.

# Drug Formulary List

## ACNE AGENTS, ORAL (TETRACYCLINES)

| Preferred Agents                                      | Non-Preferred Agents                         |
|---|--|
| doxycycline hyclate capsules, tablets                 | Acticlate                                    |
| doxycycline monohydrate capsules, tablets, suspension | Adoxa  |
| minocycline   | demeclocycline                               |
| tetracycline  | Doryx, Doryx MPC                             |
|   | doxycycline hyclate tablets, delayed release |
|   | Minocin                                      |
|   | minocycline tablet, extended release         |
|   | Monodox                                      |
|   | Morgidox                                     |
|   | Oracea                                       |
|   | Solodyn ER                                   |
|   | Vibramycin                                   |

## ACNE AGENTS, TOPICAL

| Preferred Agents  | Non-Preferred Agents |
|---|----------------------|
| benzoyl peroxide 2.5%, 3%, 3.5%, 4%, 4.25%, 5%, 5.75%, 6%, 7%, 7.5%, 8%, 9%, 10% topical cleanser | Acanya               |
| benzoyl peroxide 2.5%, 3.5%, 4%, 5%, 5.5%, 8%, 10% lotion   | Aczone               |
| benzoyl peroxide 4.5%-10%, 6.5%-10%, 8.5%-10% topical cleanser                                    | adapalene            |
| clindamycin 1% topical solution, gel, lotion, foam  | Atralin              |

|   |  |
|---|--|
| clindamycin phosphate 1% topical swab               | Avita cream, gel                         |
| erythromycin 1.5%, 2% topical solution              | Azelex topical cream                     |
| erythromycin gel, swabs                             | Benzaclin Gel Pump                       |
| erythromycin-benzoyl peroxide 3%-5% topical gel     | Benzaclin topical gel                    |
| sulfacetamide sodium 10% topical cleanser           | BenzePro foam                            |
| sulfacetamide sodium-sulfur 10%-5% topical cleanser | Cleocin T gel, solution, swab, lotion    |
| tretinoin topical cream, gel <sup>AR</sup>          | Clindacin                                |
|   | clindamycin-benzoyl peroxide topical gel |
|   | Differin topical gel, lotion, cream      |
|   | Epiduo topical gel                       |
|   | Evoclin topical foam                     |
|   | Fabior topical foam                      |
|   | Klaron topical suspension                |
|   | Neuac                                    |
|   | Onexton                                  |
|   | Retin-A cream, micro, micro pump         |
|   | Retin-A gel                              |
|   | Sumadan                                  |
|   | Tazorac                                  |
|   | tretinoin microspheres                   |
| Veltin  |  |
| Ziana   |  |

### ALCOHOL DETERRENTS

| Preferred Agents       | Non-Preferred Agents |
|------------------------|----------------------|
| acamprosate            | Antabuse             |
| disulfiram             | Campral              |
| Vivitrol <sup>PA</sup> |                      |

## ALKALINIZING AGENTS

| Preferred Agents                                   | Non-Preferred Agents |
|--|----------------------|
| citric acid/potassium citrate                      | K-Phos               |
| potassium citrate ER                               | Urocit-K             |
| potassium/sodium citrate/citric acid oral solution | Uroquid-acid         |
| sodium citrate-citric acid                         |                      |

## ALZHEIMER'S AGENTS

| Preferred Agents                   | Non-Preferred Agents           |
|------------------------------------|--------------------------------|
| donepezil <sup>PA</sup>            | Aricept                        |
| galantamine ER <sup>PA</sup>       | Exelon                         |
| galantamine <sup>PA</sup>          | Namenda XR <sup>QL</sup>       |
| memantine <sup>PA</sup>            | Namzaric <sup>QL</sup>         |
| rivastigmine capsule <sup>PA</sup> | Razadyne<br>rivastigmine patch |

## ANALGESICS

| Preferred Agents                              | Non-Preferred Agents |
|---|----------------------|
| acetaminophen and combinations <sup>OTC</sup> |                      |
| aspirin and combinations <sup>OTC</sup>       |                      |
| ibuprofen and combinations <sup>OTC</sup>     |                      |
| naproxen <sup>OTC</sup>                       |                      |

## ANALGESICS, NARCOTIC - LONG ACTING

| Preferred Agents  | Non-Preferred Agents                                      |
|---|---|
| fentanyl patch 12, 25, 50, 75,100 mcg/hr <sup>QL,AR</sup> | fentanyl 37.5, 62.5, 87.5 mcg/hour patch <sup>QL,AR</sup> |
| methadone <sup>QL,AR</sup>                                | Avinza <sup>QL,AR</sup>                                   |
| morphine ER tablet <sup>QL,AR</sup>                       | Belbuca <sup>QL,AR</sup>                                  |

|                                 |                                      |
|---------------------------------|--------------------------------------|
| oxymorphone ER <sup>QL,AR</sup> | Butrans Patch <sup>QL,AR</sup>       |
|                                 | Duragesic <sup>QL,AR</sup>           |
|                                 | Embeda <sup>QL,AR</sup>              |
|                                 | Kadian <sup>QL,AR</sup>              |
|                                 | morphine ER capsule <sup>QL,AR</sup> |
|                                 | MS Contin <sup>QL,AR</sup>           |
|                                 | Opana ER <sup>QL,AR</sup>            |
|                                 | Oxycodone ER <sup>QL,AR</sup>        |
|                                 | Oxycontin <sup>QL,AR</sup>           |

### ANALGESICS, NARCOTIC - SHORT ACTING

| Preferred Agents   | Non-Preferred Agents                             |
|--|--|
| Abstral <sup>PA,QL,AR</sup>  | Actiq <sup>QL,AR</sup>                           |
| acetaminophen/Codeine solution & tablet <sup>QL,AR</sup>           | Bupap <sup>QL</sup>                              |
| butalbital/Acetaminophen/Caffeine/Codeine <sup>QL,AR</sup>         | Capital with Codeine suspension <sup>QL,AR</sup> |
| butalbital/Acetaminophen/Caffeine <sup>QL</sup>                    | Conzip <sup>QL,AR</sup>                          |
| butalbital/Acetaminophen <sup>QL</sup>                             | Demerol <sup>QL,AR</sup>                         |
| butalbital/Aspirin/Caffeine <sup>QL</sup>                          | dihydrocodeine/aspirin/caffeine <sup>QL,AR</sup> |
| carisoprodol/Aspirin/Codeine <sup>QL,AR</sup>                      | Dilaudid <sup>QL,AR</sup>                        |
| codeine <sup>QL,AR</sup>   | Esgic <sup>QL</sup>                              |
| Endocet <sup>QL,AR</sup>   | Exalgo ER <sup>QL,AR</sup>                       |
| Endodan <sup>QL,AR</sup>   | Fioricet/Codeine <sup>QL,AR</sup>                |
| fentanyl lozenge <sup>PA,QL,AR</sup>                               | Fiorinal/Codeine <sup>QL,AR</sup>                |
| Fentora <sup>PA,QL,AR</sup>  | Hycet <sup>QL,AR</sup>                           |
| hydrocodone/Acetaminophen 5mg/325mg, 10 mg/325 mg <sup>QL,AR</sup> | hydromorphone ER <sup>QL,AR</sup>                |
| hydrocodone/Ibuprofen <sup>QL,AR</sup>                             | hydromorphone Liquid <sup>QL,AR</sup>            |
| hydromorphone Tablets, Suppositories <sup>QL,AR</sup>              | Ibudone <sup>QL,AR</sup>                         |
| levorphanol <sup>QL,AR</sup>                                       | Lorcet Plus <sup>QL,AR</sup>                     |
| meperidine <sup>QL,AR</sup>  | Norco <sup>QL,AR</sup>                           |
| morphine solution, suppository, tablet <sup>QL,AR</sup>            | Nucynta <sup>QL,AR</sup>                         |

|  |  |
|--|--|
| oxycodone/Acetaminophen<br>2.5 mg/325 mg, 5mg/325 mg,<br>7.5 mg/325 mg, 10mg/325 mg <sup>QL,AR</sup> | Opana <sup>QL,AR</sup>   |
| oxycodone/Aspirin <sup>QL,AR</sup>   | Oxaydo <sup>QL,AR</sup>  |
| oxycodone/Ibuprofen <sup>QL,AR</sup>   | oxycodone/acetaminophen<br>2.5 mg/300 mg, 5 mg/300 mg,<br>7.5 mg/300 mg, 10 mg/300 mg <sup>QL,AR</sup> |
| oxycodone <sup>QL,AR</sup>   | Percocet <sup>QL,AR</sup>  |
| oxymorphone <sup>QL,AR</sup>   | Primlev <sup>QL,AR</sup>   |
| pentazocine/naloxone <sup>QL,AR</sup>  | Reprexain <sup>QL,AR</sup>   |
| Roxicet <sup>QL,AR</sup>   | Roxicodone <sup>QL,AR</sup>  |
| tramadol/Acetaminophen <sup>QL,AR</sup>  | Subsys <sup>QL,AR</sup>  |
| tramadol <sup>QL,AR</sup>  | tramadol ER <sup>QL,AR</sup>   |
| Lazanda <sup>PA, QL,AR</sup>   | Tylenol with Codeine <sup>QL,AR</sup>  |
|  | Ultracet <sup>QL,AR</sup>  |
|  | Ultram & Ultram ER <sup>QL,AR</sup>  |
|  | Vicodin, Vicodin ES, Vicodin HP <sup>QL,AR</sup>   |
|  | Vicoprofen <sup>QL,AR</sup>  |
|  | Xartemis XR <sup>QL,AR</sup>   |
|  | Xylon <sup>QL,AR</sup>   |

## ANDROGENIC AGENTS

| Preferred Agents                          | Non-Preferred Agents        |
|---|-----------------------------|
| Delatestryl <sup>PA</sup>                 | AndroGel                    |
| danazol                                   | Anadrol-50                  |
| Depo-Testosterone 100 mg/mL <sup>PA</sup> | Androderm                   |
| Methitest <sup>PA</sup>                   | Android                     |
| Striant <sup>PA</sup>                     | Aveed                       |
| testosterone Cypionate <sup>PA</sup>      | Axiron                      |
| testosterone Enanthate <sup>PA</sup>      | Depo-Testosterone 200 mg/mL |
| testosterone Gel <sup>PA</sup>            | Fortesta                    |
|   | Oxandrolone                 |
|   | Testim                      |
|   | Testred                     |
|   | Vogelxo                     |

## ANGIOTENSIN MODULATORS

| Preferred Agents              | Non-Preferred Agents          |
|-------------------------------|-------------------------------|
| benazepril, benazepril HCTZ   | Accupril                      |
| captopril, captopril HCTZ     | Altace                        |
| enalapril, enalapril HCTZ     | Atacand, Atacand HCT          |
| fosinopril, fosinopril HCTZ   | Avapro, Avalide               |
| irbesartan, irbesartan HCTZ   | Benicar, Benicar HCTQL        |
| lisinopril, lisinopril HCTZ   | candesartan, candesartan HCTZ |
| losartan, losartan HCTZ       | Cozaar, Hyzaar                |
| moexipril, moexipril HCTZ     | Diovan, Diovan HCT            |
| perindopril                   | Edarbi, Edarbyclor            |
| quinapril                     | Epaned                        |
| ramipril                      | Eprosartan                    |
| telmisartan, telmisartan HCTZ | Lotensin, Lotensin HCT        |
| trandolapril                  | Mavik                         |
| valsartan, valsartan HCTZ     | Micardis, Micardis HCT        |
|                               | olmesartan, olmesartan HCT    |
|                               | Prinivil                      |
|                               | Qbrelis                       |
|                               | Tekturna, Tekturna HCT        |
|                               | Teveten, Teveten HCT          |
|                               | Univasc                       |
|                               | Vasotec, Vaseretic            |
|                               | Zestril                       |

## ANGIOTENSIN MODULATOR COMBINATIONS

| Preferred Agents          | Non-Preferred Agents                            |
|---------------------------|---|
| amlodipine/benazepril     | amlodipine/valsartan, amlodipine/valsartan HCTZ |
| Entresto <sup>PA,QL</sup> | Amturnide                                       |



|                        |                        |
|------------------------|------------------------|
| telmisartan/amlodipine | Azor                   |
|                        | Byvalson               |
|                        | Exforge, Exforge HCT   |
|                        | Lotrel                 |
|                        | Tarka                  |
|                        | Tekamlo                |
|                        | trandolapril/verapamil |
|                        | Tribenzor              |
|                        | Twynsta                |

### ANTI-ALLERGENS

| Preferred Agents   | Non-Preferred Agents |
|--|----------------------|
| Grastek (Timothy grass pollen allergen extract) <sup>PA</sup>  | Oralair              |
| Ragwitek (Short Ragweed pollen allergen extract) <sup>PA</sup> |                      |

### ANTIBIOTICS, GI

| Preferred Agents         | Non-Preferred Agents |
|--------------------------|----------------------|
| Alinia suspension        | Flagy, Flagyl ER     |
| Dificid <sup>ST,QL</sup> | Tindamax             |
| metronidazole            | Vancocin             |
| neomycin                 |                      |
| paromomycin              |                      |
| vancomycin HCl           |                      |
| Xifaxan <sup>PA,QL</sup> |                      |

### ANTIBIOTICS, INHALED

| Preferred Agents            | Non-Preferred Agents      |
|-----------------------------|---------------------------|
| Bethkis <sup>QL</sup>       | Kitabis Pak <sup>QL</sup> |
| Cayston <sup>QL</sup>       |                           |
| Tobi Podhaler <sup>QL</sup> |                           |
| tobramycin solution         |                           |

## ANTIBIOTICS, TOPICAL

| Preferred Agents                 | Non-Preferred Agents |
|----------------------------------|----------------------|
| bacitracin                       | Altabax              |
| bacitracin/polymyxin             | Bactroban cream      |
| Cortisporin                      | Bactroban ointment   |
| gentamicin sulfate               | Centany              |
| metronidazole 0.75% gel, lotion  | Finacea              |
| mupirocin ointment               | Metrocream           |
| triple antibiotic <sup>OTC</sup> | Metrogel             |
|                                  | Metro lotion         |
|                                  | metronidazole 1% gel |
|                                  | Mirvaso              |
|                                  | mupirocin cream      |
|                                  | Neo-Synalar          |
|                                  | Noritrate            |
|                                  | Rosadan              |
|                                  | Soolantra            |

## ANTIBIOTICS, VAGINAL

| Preferred Agents            | Non-Preferred Agents  |
|-----------------------------|-----------------------|
| Cleocin vaginal suppository | Cleocin vaginal cream |
| clindamycin vaginal cream   | MetroGel vaginal      |
| Clindesse vaginal cream     | Nuessa vaginal gel    |
| metronidazole vaginal gel   |                       |
| Vandazole vaginal gel       |                       |

## ANTICOAGULANTS

| Preferred Agents                  | Non-Preferred Agents           |
|-----------------------------------|--------------------------------|
| Eliquis <sup>QL</sup>             | Arixtra <sup>QL</sup>          |
| enoxaparin syringe <sup>QL</sup>  | Coumadin                       |
| enoxaparin solution <sup>QL</sup> | Lovenox syringe <sup>QL</sup>  |
| fondaparinux <sup>QL</sup>        | Lovenox solution <sup>QL</sup> |
| Fragmin <sup>QL</sup>             | Pradaxa <sup>QL</sup>          |
| Warfarin                          | Savaysa <sup>QL</sup>          |
| Xarelto <sup>QL</sup>             |                                |
| Xarelto dose pack <sup>QL</sup>   |                                |

## ANTICONSULSANTS

| Preferred Agents                                      | Non-Preferred Agents   |
|---|--|
| Aptiom <sup>PA,QL</sup>                               | Carbatrol  |
| Banzel tablet, suspension <sup>PA</sup>               | Celontin   |
| carbamazepine tablet, chewable tablet, suspension     | Depakene   |
| carbamazepine ER capsule, tablet                      | Depakote tablet  |
| clonazepam disintegrating tablet <sup>ST</sup>        | Depakote ER tablet   |
| clonazepam tablet                                     | Depakote sprinkle  |
| Diastat rectal  | Dilantin 30 mg capsules                                      |
| diazepam rectal                                       | Dilantin 100 mg capsules, infatabs, suspension               |
| divalproex tablet                                     | Equetro  |
| divalproex ER tablet                                  | Felbatol   |
| divalproex sprinkle                                   | Gabitril 2 mg, 4 mg tablet                                   |
| epitol  | Keppra   |
| ethosuximide capsule, oral solution                   | Keppra XR <sup>QL</sup>                                      |
| felbamate   | Klonopin   |
| Fycompa <sup>PA,QL</sup>                              | Lamictal tablet, chewable dispersible tablet <sup>QL</sup>   |
| gabapentin capsule, tablet, oral solution             | Lamictal ODT <sup>QL</sup>                                   |
| Gabitril 12 mg, 16 mg, 20 mg tablet                   | Lamictal XR <sup>QL</sup>                                    |
| Gralise <sup>PA,QL</sup>                              | lamotrigine 25 mg, 50 mg disintegrating tablet <sup>QL</sup> |
| Horizant <sup>PA,QL</sup>                             | lamotrigine 200 mg disintegrating tablet                     |
| lamotrigine tablet                                    | lamotrigine disintegrating pack <sup>QL</sup>                |
| lamotrigine chewable dispersible tablet <sup>QL</sup> | lamotrigine dose pack  |
| levetiracetam   | lamotrigine ER <sup>QL</sup>                                 |
| levetiracetam ER                                      | Mysoline   |
| Lyrica <sup>PA,QL</sup>                               | Neurontin  |
| Onfi tablet, suspension <sup>PA,QL</sup>              | Oxtellar XR  |
| oxcarbazepine tablet, suspension                      | Phenytek   |
| Peganone <sup>PA</sup>                                | Qudexy XR <sup>QL</sup>                                      |
| phenobarbital   | Tegretol XR  |
| phenytoin   | Tegretol tablet, suspension                                  |
| Potiga <sup>PA,QL</sup>                               | Topamax sprinkle capsule <sup>QL</sup>                       |
| primidone   | Topamax tablet   |

|   |                        |
|---|------------------------|
| Sabril <sup>PA,QL</sup>                   | topiramate ER          |
| tiagabine                                 | Trileptal tablet       |
| topiramate tablet                         | Trileptal suspension   |
| topiramate sprinkle capsule <sup>QL</sup> | Trokendi XR            |
| valproic acid                             | Vimpat                 |
| zonisamide                                | Zarontin capsule       |
|   | Zarontin oral solution |
|   | Zonegran               |

## ANTIDEPRESSANTS, OTHER

| Preferred Agents                             | Non-Preferred Agents                     |
|--|--|
| amitriptyline                                | Aplenzin                                 |
| amoxapine                                    | Anafranil                                |
| bupropion HCl                                | Brintellix <sup>QL</sup>                 |
| bupropion HCl XL                             | clomipramine                             |
| bupropion HCl SR                             | Cymbalta <sup>QL</sup>                   |
| doxepin                                      | desvenlafaxine ER <sup>QL</sup>          |
| duloxetine 20 mg, 30 mg, 60 mg <sup>QL</sup> | desvenlafaxine fumarate ER <sup>QL</sup> |
| imipramine                                   | duloxetine 40 mg <sup>QL</sup>           |
| Marplan                                      | Effexor XR <sup>QL</sup>                 |
| mirtazapine                                  | Fetzima <sup>QL</sup>                    |
| notriptyline                                 | Irenka <sup>QL</sup>                     |
| phenelzine                                   | Khedeza <sup>QL</sup>                    |
| protriptyline                                | Nardil                                   |
| tranylcypromine                              | Oleptro ER <sup>QL</sup>                 |
| trazodone                                    | Pamelor                                  |
| venlafaxine ER capsules <sup>QL</sup>        | Parnate                                  |

|                     |                                      |
|---------------------|--------------------------------------|
| venlafaxine tablets | Pristiq <sup>QL</sup>                |
|                     | Remeron                              |
|                     | Surmontil                            |
|                     | Tofranil                             |
|                     | Tofranil-PM                          |
|                     | venlafaxine ER tablets <sup>QL</sup> |
|                     | Viibryd dose pack <sup>QL</sup>      |
|                     | Viibryd tablets <sup>QL</sup>        |
|                     | Wellbutrin                           |
|                     | Wellbutrin SR                        |
|                     | Wellbutrin XL <sup>QL</sup>          |

### ANTIDEPRESSANTS, SSRIS

| Preferred Agents                            | Non-Preferred Agents                          |
|---|---|
| citalopram solution                         | Brisdelle                                     |
| citalopram tablet <sup>QL</sup>             | Celexa <sup>QL</sup>                          |
| escitalopram solution, tablet <sup>QL</sup> | fluoxetine capsule DR                         |
| fluoxetine capsule, solution                | fluoxetine tablet                             |
| fluvoxamine                                 | fluvoxamine ER                                |
| paroxetine tablet                           | Lexapro <sup>QL</sup>                         |
| sertraline tablet, oral concentrate         | Luvox CR                                      |
|   | paroxetine ER <sup>QL</sup>                   |
|   | Paxil tablet, Paxil CR, Paxil oral suspension |
|   | Pexeva <sup>QL</sup>                          |
|   | Prozac capsule                                |
|   | Prozac weekly capsule DR <sup>QL</sup>        |
|   | Sarafem                                       |
|   | Zoloft  |

### ANTIDIARRHEAL

| Preferred Agents       | Non-Preferred Agents |
|------------------------|----------------------|
| bismuth subsalicylate  | Lomotil              |
| diphenoxylate/atropine | Opium tincture       |
| loperamide             |                      |

## ANTIEMETICS/ANTIVERTIGO AGENTS

| Preferred Agents  | Non-Preferred Agents                 |
|---|--------------------------------------|
| Akynzeo   | Aloxi intravenous                    |
| Compro rectal suppository   | Antivert                             |
| dronabinol  | Anzemet intravenous                  |
| Emend intravenous <sup>QL</sup>                                   | Anzemet tablet <sup>QL</sup>         |
| Emend capsules, suspension <sup>QL</sup>                          | Cesamet                              |
| granisetron intravenous   | Diclegis <sup>QL</sup>               |
| granisetron tablet <sup>ST,QL</sup>                               | dimenhydrinate intravenous           |
| meclizine Rx, meclizine <sup>OTC</sup>                            | granisetron (PF) intravenous         |
| metoclopramide tablet, syringe, oral solution, injection solution | Marinol                              |
| ondansetron (PF) injection solution, injection syringe            | metoclopramide disintegrating tablet |
| ondansetron disintegrating tablet <sup>QL</sup>                   | Metozolv ODT                         |
| ondansetron intravenous solution, oral solution                   | Phenergan injection solution         |
| ondansetron tablet <sup>QL</sup>                                  | Reglan                               |
| prochlorperazine  | Sancuso transdermal <sup>QL</sup>    |
| promethazine  | Tigan                                |
| Transderm-Scop transdermal patch                                  | Zofran ODT <sup>QL</sup>             |
| trimethobenzamide capsule, intramuscular                          | Zofran oral solution                 |
|   | Zofran tablet <sup>QL</sup>          |
|   | Zuplenz                              |

## ANTIFUNGALS, ORAL

| Preferred Agents              | Non-Preferred Agents         |
|-------------------------------|------------------------------|
| clotrimazole troche           | Diflucan                     |
| fluconazole <sup>QL</sup>     | Grifulvin V                  |
| fluconazole oral suspension   | Gris-PEG                     |
| griseofulvin microsize tablet | Lamisil oral granules        |
| griseofulvin oral suspension  | Lamisil tablet <sup>QL</sup> |
| itraconazole <sup>PA</sup>    | Oravig <sup>QL</sup>         |

|                                       |   |
|---------------------------------------|---|
| ketoconazole                          | Sporanox Pulsepak capsule <sup>PA, QL</sup> |
| Noxafil oral suspension <sup>PA</sup> | Sporanox oral solution                      |
| Noxafil tablet DR <sup>PA, QL</sup>   | Vfend <sup>QL</sup>                         |
| nystatin                              |   |
| Onmel <sup>PA, QL</sup>               |   |
| terbinafine <sup>QL</sup>             |   |
| voriconazole <sup>QL</sup>            |   |

## ANTIFUNGALS, TOPICAL

| Preferred Agents                                    | Non-Preferred Agents            |
|---|---------------------------------|
| Bensal HP   | Alevazol <sup>OTC</sup>         |
| Ciclodan topical cream                              | Ciclodan topical solution, kit  |
| ciclopirox topical cream, gel, suspension, solution | ciclopirox shampoo              |
| clotrimazole <sup>OTC</sup>                         | CNL 8                           |
| clotrimazole-betamethasone cream, lotion            | Ecoza                           |
| econazole   | Ertaczo                         |
| ketoconazole cream, shampoo                         | Exelderm                        |
| miconazole <sup>OTC</sup>                           | Extina                          |
| Nyamyc  | Jublia                          |
| nystatin  | Kerydin                         |
| nystatin-triamcinolone                              | ketoconazole foam               |
| Nystop  | Lamisil AT cream, AT gel, spray |
| terbinafine <sup>OTC</sup>                          | Loprox                          |
| tolnaftate <sup>OTC</sup>                           | Lotrisone                       |
|   | Luzu                            |
|   | Mentax                          |
|   | Naftin                          |
|   | Nizoral shampoo                 |
|   | Oxistat lotion                  |
|   | Oxistat cream                   |
|   | Pediaderm AF                    |
|   | PediPak                         |
|   | Penlac                          |
|   | Xolegel                         |
|   | Vusion                          |

## ANTIHISTAMINES, MINIMALLY SEDATING

| Preferred Agents  | Non-Preferred Agents                |
|---|-------------------------------------|
| cetirizine <sup>OTC</sup> , cetirizine-D <sup>OTC</sup> | Allerga-D                           |
| fexofenadine <sup>OTC</sup>                             | Clarinex                            |
| levocetirizine  | Clarinex-D                          |
| loratadine <sup>OTC</sup> , loratadine-D <sup>OTC</sup> | Claritin-D                          |
|   | desloratadine                       |
|   | desloratadine disintegrating tablet |
|   | fexofenadine-pseudoephedrine        |
|   | Zyrtec                              |
|   | Zyrtec-D                            |
|   | cetirizine Rx                       |
|   | loratadine Rx                       |
| Xyzal   |                                     |

## ANTIHYPERTENSIVES, SYMPATHOLYTIC

| Preferred Agents                    | Non-Preferred Agents           |
|-------------------------------------|--------------------------------|
| clonidine tablet, transdermal patch | Catapres-TTS                   |
| guanfacine                          | clonidine tablet ER            |
| methyldopa                          | Clorpres                       |
| methyldopa-hydrochlorothiazide      | Intuniv ER <sup>QL</sup>       |
| reserpine                           | Kapvac tablet ER <sup>QL</sup> |
| guanfacine ER <sup>QL</sup>         | Tenex                          |

## ANTIHYPERTENSIVES, SYMPATHOLYTIC

| Preferred Agents                | Non-Preferred Agents  |
|---------------------------------|-----------------------|
| allopurinol tablet, intravenous | Aloprim               |
| colchicine                      | probenecid-colchicine |
| Colcrys                         | Uloric <sup>QL</sup>  |
| Krystexxa <sup>PA,QL</sup>      | Zyloprim              |
| probenecid                      |                       |
| Zurampic <sup>PA,QL</sup>       |                       |



## ANTI-INFECTIVES, MISCELLANEOUS

| Preferred Agents           | Non-Preferred Agents   |
|----------------------------|------------------------|
| Dapsone tablets            | Mepron oral suspension |
| atovaquone oral suspension |                        |

## ANTIMALARIALS

| Preferred Agents   | Non-Preferred Agents |
|--------------------|----------------------|
| chloroquine        | Coartem              |
| hydroxychloroquine | Malarone             |
|                    | mefloquine           |
|                    | Plaquenil            |
|                    | Primaquine           |
|                    | Qualaquin            |
|                    | Quinine              |

## ANTIMANIC AGENTS

| Preferred Agents                             | Non-Preferred Agents |
|--|----------------------|
| lithium carbonate capsule, ER tablet, tablet | Lithobid             |
| lithium citrate oral solution                |                      |

## ANTIMIGRAINE AGENTS, OTHER

| Preferred Agents                                  | Non-Preferred Agents         |
|---|------------------------------|
| dihydroergotamine injection solution, nasal spray | Cafergot                     |
| Migranal nasal spray                              | Cambia <sup>QL</sup>         |
| Nodolor   | D.H.E. 45 injection solution |

## ANTIMIGRAINE AGENTS, TRIPTANS

| Preferred Agents             | Non-Preferred Agents |
|------------------------------|----------------------|
| naratriptan <sup>QL</sup>    | Alsuma <sup>QL</sup> |
| rizatriptin <sup>QL,ST</sup> | Amerge <sup>QL</sup> |

|  |   |
|--|---|
| sumatriptan tablet, cartridge, pen injector, solution, nasal spray <sup>QL</sup> | Axert <sup>QL</sup>   |
|  | Frova <sup>QL</sup>   |
|  | Imitrex tablet, nasal spray, solution, kit, pen <sup>QL</sup> |
|  | Maxalt-MLT <sup>QL</sup>                                      |
|  | Maxalt tablet <sup>QL</sup>                                   |
|  | Relpax <sup>QL</sup>  |
|  | Sumavel <sup>QL</sup>   |
|  | Treximet <sup>QL</sup>  |
|  | Zecuity patch   |
|  | zolmitriptan tablet <sup>QL</sup>                             |
|  | zolmitriptan diintegrating tablet <sup>QL</sup>               |
|  | Zomig nasal spray <sup>QL</sup>                               |
|  | Zomig tablet <sup>QL</sup>                                    |
| Zomig ZMT disintegrating tablet <sup>QL</sup>                                    |   |

## ANTINEOPLASTICS, MISCELLANEOUS

| Preferred Agents                              | Non-Preferred Agents    |
|---|-------------------------|
| methotrexate tablet, injection solution       | Trexall tablet          |
| Alkeran                                       | Purixan oral suspension |
| Ceenu   | Rheumatrex              |
| cyclophosphamide                              | Hydrea                  |
| Depo-Provera 400 mg/mL intramuscular solution |                         |
| Emcyt   |                         |
| Gleostine <sup>PA</sup>                       |                         |
| hydroxyurea                                   |                         |
| Intron-A                                      |                         |
| Leukeran                                      |                         |
| Lysodren                                      |                         |
| Matulane                                      |                         |
| megestrol acetate                             |                         |
| mercaptopurine                                |                         |
| Otrexup <sup>PA,QL</sup>                      |                         |
| Rasuvo <sup>PA,QL</sup>                       |                         |
| Sylatron                                      |                         |

|                       |  |
|-----------------------|--|
| Tabloid <sup>PA</sup> |  |
| thioguanine           |  |

### ANTIPARASITICS, TOPICAL

| Preferred Agents                  | Non-Preferred Agents |
|-----------------------------------|----------------------|
| Eurax lotion, topical cream       | Elimite              |
| malathion                         | Lindane              |
| permethrin                        | Natroba              |
| permethrin <sup>OTC</sup>         | Ovide                |
| piperonyl butoxide <sup>OTC</sup> | Sklice               |
| Ulesfia                           | spinosad             |

### ANTIPARKINSON'S AGENTS

| Preferred Agents                          | Non-Preferred Agents  |
|---|---|
| amantadine capsule, tablet, oral solution | Azilect   |
| benztropine                               | benztropine injection solution  |
| bromocriptine                             | Comtan  |
| carbidopa                                 | Cycloset  |
| carbidopa-levodopa tablet                 | Duopa   |
| carbidopa-levodopa disintegrating tablet  | Mirapex   |
| entacapone                                | Mirapex ER  |
| Lodosyn                                   | Neupro  |
| pramipexole                               | Parlodel  |
| ropinirole                                | pramipexole ER  |
| selegiline                                | Requip  |
| trihexyphenidyl                           | Requip XL<br>ropinirole ER<br>Rytary<br>Sinemet<br>Stalevo<br>Tasmar<br>Zelapar disintegrating tablet |

### ANTIPSORIATICS, ORAL

| Preferred Agents          | Non-Preferred Agents          |
|---------------------------|-------------------------------|
| 8-Mop <sup>PA</sup>       | Oxsoralen Ultra <sup>PA</sup> |
| acitretin <sup>ST</sup>   | Soriatane                     |
| methoxsalen <sup>PA</sup> |                               |

## ANTIPSORIATICS, TOPICAL

| Preferred Agents                        | Non-Preferred Agents          |
|---|-------------------------------|
| calcipotriene cream, ointment, solution | Dovonex cream                 |
| calcipotriene-betamethasone ointment    | Sorilux foam                  |
| calcitrene ointment                     | Taclonex ointment, suspension |
|   | Vectical <sup>QL</sup>        |

## ANTIPSYCHOTICS

| Preferred Agents  | Non-Preferred Agents                                      |
|---|---|
| Abilify Maintena <sup>QL,AR</sup>   | Abilify intramuscular solution <sup>PA</sup>              |
| aripiprazole tablet, disintegrating tablet, oral solution <sup>PA,QL,AR</sup> | Abilify tablet <sup>QL,AR</sup>                           |
| Aristada <sup>QL,AR</sup>   | Adasuve   |
| chlorpromazine <sup>AR</sup>  | Clozaril <sup>AR</sup>                                    |
| clozapine disintegrating tablet <sup>ST,QL,AR</sup>                           | FazaClo <sup>QL,AR</sup>                                  |
| clozapine tablet <sup>AR</sup>  | Geodon capsule <sup>QL,AR</sup>                           |
| Fanapt <sup>PA,QL,AR</sup>  | Invega tablet ER <sup>QL,AR</sup>                         |
| fluphenazine decanoate injection <sup>AR</sup>                                | Latuda <sup>QL,AR</sup>                                   |
| fluphenazine <sup>AR</sup>  | Orap <sup>AR</sup>  |
| Geodon intramuscular <sup>AR</sup>  | paliperidone ER <sup>QL,AR</sup>                          |
| Haldol decanoate injection <sup>AR</sup>                                      | quetiapine XR <sup>QL,AR</sup>                            |
| Haldol injection <sup>AR</sup>  | Rexulti <sup>QL,AR</sup>                                  |
| haloperidol decanoate intramuscular <sup>AR</sup>                             | Risperdal M-TAB disintegrating tablet <sup>QL,AR</sup>    |
| haloperidol lactate injection <sup>AR</sup>                                   | Risperdal tablet, oral solution <sup>QL,AR</sup>          |
| haloperidol tablet <sup>AR</sup>  | Saphris (black cherry) sublingual tablet <sup>QL,AR</sup> |
| Invega Sustenna intramuscular <sup>QL,AR</sup>                                | Saphris sublingual tablet <sup>QL,AR</sup>                |
| Invega Trinza intramuscular <sup>QL,AR</sup>                                  | Seroquel XR <sup>QL,AR</sup>                              |
| loxapine <sup>AR</sup>  | Seroquel <sup>QL,AR</sup>                                 |
| Nuplazid <sup>PA,AR</sup>   | Symbyax <sup>QL,AR</sup>                                  |
| olanzapine intramuscular <sup>AR</sup>  | Versacloz <sup>QL,AR</sup>                                |
| olanzapine tablet, disintegrating tablet <sup>QL,AR</sup>                     | Vraylar <sup>QL,AR</sup>                                  |
| olanzapine-fluoxetine <sup>ST,QL,AR</sup>                                     | Zyprexa Relprevv intramuscular <sup>QL,AR</sup>           |
| perphenazine-amitriptyline <sup>AR</sup>                                      | Zyprexa Zydis <sup>QL,AR</sup>                            |
| perphenazine <sup>AR</sup>  | Zyprexa <sup>QL,AR</sup>                                  |

|   |  |
|---|--|
| quetiapine <sup>QL,AR</sup>   |  |
| Risperdal Consta intramuscular <sup>QL,AR</sup>                           |  |
| risperidone tablet, disintegrating tablet, oral solution <sup>QL,AR</sup> |  |
| thioridazine <sup>AR</sup>  |  |
| thiothixene <sup>AR</sup>   |  |
| trifluoperazine <sup>AR</sup>   |  |
| ziprasidone <sup>QL,AR</sup>  |  |

### ANTIRHEMATIC AGENTS

| Preferred Agents | Non-Preferred Agents |
|------------------|----------------------|
| leflunomide      | Arava                |

### ANTITHYROID AGENTS

| Preferred Agents | Non-Preferred Agents |
|------------------|----------------------|
| methimazole      | Tapazole             |
| propylthiouracil |                      |

### ANTITUBERCULOSIS AGENTS

| Preferred Agents              | Non-Preferred Agents         |
|-------------------------------|------------------------------|
| ethambutol                    | Rifadin capsule, IV solution |
| isoniazid                     | Rifamate capsule             |
| mycobutin                     |                              |
| pyrazinamide                  |                              |
| rifabutin capsule             |                              |
| rifampin capsule, IV solution |                              |
| Sirturo <sup>PA</sup>         |                              |

### ANXIOLYTICS

| Preferred Agents                               | Non-Preferred Agents |
|--|----------------------|
| alprazolam intensol                            | Ativan               |
| alprazolam tablet                              | Tranxene T-Tab       |
| alprazolam ER tablet                           | Valium               |
| alprazolam disintegrating tablet <sup>ST</sup> | Xanax tablet         |

|   |                 |
|---|-----------------|
| buspirone   | Xanax XR tablet |
| chlordiazepoxide  |                 |
| clorazepate   |                 |
| diazepam injection syringe, oral concentrate, tablet                      |                 |
| lorazepam injection syringe, injection solution, oral concentrate, tablet |                 |
| meprobamate   |                 |
| oxazepam  |                 |

### ANTIVIRALS, INJECTION

| Preferred Agents         | Non-Preferred Agents |
|--------------------------|----------------------|
| Synagis <sup>PA,QL</sup> |                      |

### ANTIVIRALS, ORAL

| Preferred Agents                               | Non-Preferred Agents  |
|--|-----------------------|
| acyclovir capsule, tablet, oral suspension     | Famvir <sup>QL</sup>  |
| famciclovir <sup>QL</sup>                      | Flumadine             |
| rimantadine                                    | Sitavig buccal tablet |
| Relenza Diskhaler <sup>QL</sup>                | Valtrex <sup>QL</sup> |
| Tamiflu capsule, oral suspension <sup>QL</sup> | Zovirax               |
| valacyclovir <sup>QL</sup>                     |                       |

### ANTIVIRALS, TOPICAL

| Preferred Agents   | Non-Preferred Agents |
|--------------------|----------------------|
| acyclovir ointment | Abreva               |
| Denavir            | LidoVir ointment     |
| Zovirax cream      | Xerese cream         |
|                    | Zovirax ointment     |

### ANTIVIRALS, OPHTHALMOGIC

| Preferred Agents | Non-Preferred Agents |
|------------------|----------------------|
| trifluridine     | Viroptic             |

## BETA-BLOCKERS

| Preferred Agents  | Non-Preferred Agents           |
|---|--------------------------------|
| acebutolol  | Betapace                       |
| atenolol  | Betapace AF                    |
| atenolol-chlorthalidone                                 | Betoptic S                     |
| betaxolol eye drops, tablet                             | Bystolic                       |
| bisoprolol fumarate                                     | Byvalson                       |
| bisoprolol-hydrochlorothiazide                          | Coreg                          |
| carvedilol  | Coreg CR                       |
| labetalol   | Corgard                        |
| metoprolol intravenous solution, intravenous syringe    | Corzide                        |
| metoprolol succinate ER                                 | Dutoprol                       |
| metoprolol tartrate                                     | Hemangeol                      |
| metoprolol-hydrochlorothiazide                          | Inderal LA                     |
| nadolol   | Inderal XL                     |
| nadolol-bendroflumethiazide                             | InnoPran XL                    |
| pindolol  | Levatol                        |
| propranolol intravenous solution, oral solution, tablet | Lopressor HCT                  |
| propranolol-hydrochlorothiazide                         | Lopressor intravenous solution |
| propranolol ER  | metoprolol succinate/HCTZ ER   |
| sorine  | Sectral                        |
| sotalol   | Sotylize                       |
| sotalol AF  | Tenoretic                      |
|   | Tenormin                       |
|   | Toprol XL                      |
|   | Trandate                       |
|   | Zebeta                         |
|   | Ziac                           |

## BILE SALTS

| Preferred Agents         | Non-Preferred Agents |
|--------------------------|----------------------|
| ursodiol capsule, tablet | Actigall             |
|                          | Chenodal             |
|                          | URSO 250             |
|                          | URSO Forte           |

## BLADDER RELAXANT PREPARATIONS

| Preferred Agents | Non-Preferred Agents    |
|------------------|-------------------------|
| flavoxate        | Detrol                  |
| oxybutynin       | Detrol LA               |
| oxybutynin ER    | Ditropan XL             |
| tolterodine      | Enablex                 |
| tolterodine ER   | Gelnique                |
| tropium          | Myrbetriq <sup>QL</sup> |
| tropium ER       | Oxytrol                 |
|                  | Toviaz                  |
|                  | Vesicare                |

## BLOOD MODIFIER AGENTS

| Preferred Agents          | Non-Preferred Agents |
|---------------------------|----------------------|
| Promacta <sup>PA,QL</sup> |                      |

## BONE RESORPTION SUPPRESSION AND RELATED AGENTS

| Preferred Agents   | Non-Preferred Agents                           |
|--|--|
| alendronate oral solution, tablet                                  | Actonel <sup>QL</sup>                          |
| calcitonin (salmon) nasal spray                                    | Atelvia <sup>QL</sup>                          |
| etidronate disodium  | Binosto  |
| Forteo subcutaneous <sup>PA,QL</sup>                               | Boniva intravenous <sup>QL</sup>               |
| fortical nasal spray   | Boniva tablet <sup>QL</sup>                    |
| ibandronate tablet <sup>QL</sup>                                   | Evista   |
| pamidronate  | Fosamax  |
| Prolia <sup>PA,QL</sup>  | Fosamax Plus D <sup>QL</sup>                   |
| rалoxifene   | ibandronate intravenous syringe <sup>QL</sup>  |
| Xgeva subcutaneous <sup>PA,QL</sup>                                | ibandronate intravenous solution <sup>QL</sup> |
| zoledronic acid intravenous  | Miacalcin nasal spray, injection solution      |
| zoledronic acid in mannitol 5% and water intravenous <sup>QL</sup> | Reclast intravenous <sup>QL</sup>              |
|  | risedronate <sup>QL</sup>                      |
|  | Zometa intravenous                             |



## BOTULINUM TOXINS

| Preferred Agents         | Non-Preferred Agents |
|--------------------------|----------------------|
| Botox <sup>PA,QL</sup>   | Botox Cosmetic       |
| Dysport <sup>PA,QL</sup> |                      |
| Myobloc <sup>PA,QL</sup> |                      |
| Xeomin <sup>PA,QL</sup>  |                      |

## BPH TREATMENT

| Preferred Agents | Non-Preferred Agents     |
|------------------|--------------------------|
| alfuzosin        | Avodart                  |
| doxazosin        | Cardura XL <sup>QL</sup> |
| finasteride      | Cardura                  |
| tamsulosin       | Cialis                   |
| terazosin        | Flomax                   |
|                  | Jalyn                    |
|                  | Propecia                 |
|                  | Proscar                  |
|                  | Rapaflo                  |
|                  | Uroxatral                |

## BRONCHODILATORS, BETA AGONIST

| Preferred Agents                                     | Non-Preferred Agents              |
|--|-----------------------------------|
| albuterol sulfate tablet                             | Arcapta Neohaler                  |
| albuterol sulfate ER tablet                          | Brovana                           |
| albuterol sulfate solution for nebulization          | Foradil Aerolizer                 |
| albuterol sulfate syrup                              | Perforomist                       |
| levalbuterol solution for nebulization <sup>ST</sup> | ProAir HFA <sup>QL</sup>          |
| metaproterenol syrup, tablet                         | ProAir RespiClick                 |
| Serevent Diskus                                      | Proventil HFA <sup>QL</sup>       |
| terbutaline subcutaneous solution, tablet            | Striverdi Respimat                |
| Ventolin HFA <sup>QL</sup>                           | Vospire ER tablet                 |
|  | Xopenex solution for nebulization |
|  | Xopenex HFA <sup>QL</sup>         |

## CALCIUM CHANNEL BLOCKERS

| Preferred Agents             | Non-Preferred Agents                            |
|------------------------------|---|
| Afeditab CR                  | Adalat CC                                       |
| amlodipine                   | amlodipine-atorvastatin                         |
| amlodipine-benazepril        | amlodipine-valsartan                            |
| Cardene intravenous solution | amlodipine-valsartan-hydrochlorothiazide        |
| Cardizem CD 180 mg capsule   | Azor  |
| Cartia XT                    | Caduet  |
| diltiazem                    | Calan   |
| diltiazem CD                 | Calan SR  |
| diltiazem ER                 | Cardene SR capsule                              |
| DILT-XR                      | Cardizem  |
| felodipine ER                | Cardizem CD 120 mg, 300 mg, 360 mg capsule      |
| isradipine                   | Cardizem LA                                     |
| Matzim LA                    | Exforge   |
| nicardipine capsule          | Exforge HCT                                     |
| Nifedical XL                 | Lotrel  |
| nifedipine                   | nicardipine sodium chloride intravenous syringe |
| nifedipine ER                | Norvasc   |
| nimodipine                   | Nymalize  |
| nisoldipine ER               | Procardia                                       |
| Taztia XT                    | Procardia XL                                    |
| verapamil                    | Sular   |
| verapamil ER                 | Tiazac  |
|                              | Verelan   |

## CARBONIC ANHYDRASE INHIBITORS

| Preferred Agents | Non-Preferred Agents |
|------------------|----------------------|
| acetazolamide    | Diamox               |
| acetazolamide ER | Neptazane            |
| methazolamide    |                      |

## CARDIOVASCULAR AGENTS

| Preferred Agents          | Non-Preferred Agents |
|---------------------------|----------------------|
| amiodarone                | Cordarone            |
| Corlanor <sup>PA,QL</sup> | Ianoxin              |
| digoxin                   | Norpace              |
| disopyramide              | Norpace CR           |
| dofetilide                | Tikosyn              |
| flecainide                |                      |
| hydralazine               |                      |
| mexiletine                |                      |
| minoxidil                 |                      |
| Multaq                    |                      |
| Pacerone                  |                      |
| Propafenone               |                      |
| quinidine gluconate CR    |                      |
| quinidine sulfate         |                      |
| quinidine sulfate ER      |                      |

## CEPHALOSPORINS AND RELATED ANTIBIOTICS

| Preferred Agents                                    | Non-Preferred Agents                                 |
|---|--|
| Amoclan   | Augmentin  |
| amoxicillin-clavulanate                             | Augmentin XR   |
| amoxicillin-clavulanate XR                          | Cedax  |
| cefaclor capsule, oral suspension                   | ceftibuten   |
| cefaclor ER   | Ceftin tablet  |
| cefadroxil capsule, oral suspension, tablet         | cephalexin 750 mg capsule                            |
| cefdinir capsule, oral suspension                   | Keflex   |
| cefuroxime  | Suprax capsule, oral suspension                      |
| Ceftin oral suspension                              | Suprax chewable tablet                               |
| cephalexin 250 mg, 500 mg capsule                   | Zinacef intravenous solution, solution for injection |
| cephalexin 250 mg, 500 mg tablet                    |  |
| cephalexin 125 mg/5 mL, 250 mg/5 mL oral suspension |  |
| cefepodoxime  |  |
| cefprozil oral suspension, tablet                   |  |
| Zinacef in sterile water intravenous piggyback      |  |

## COLONY STIMULATING FACTORS

| Preferred Agents   | Non-Preferred Agents                         |
|--|--|
| Granix subcutaneous syringe <sup>PA</sup>                    | Neulasta with wearable subcutaneous injector |
| Leukine solution for injection                               |  |
| Neulasta injection syringe <sup>PA</sup>                     |  |
| Neupogen injection solution, injection syringe <sup>PA</sup> |  |

## CONTRACEPTIVES, ORAL

| Preferred Agents                                | Non-Preferred Agents |
|---|----------------------|
| Altavera  | Aygestin             |
| Alyacen 1/35 monophasic                         | Beyaz                |
| Alyacen 7/7/7 triphasic                         | Brevicon             |
| Amethia   | Cyclessa             |
| Amethia Lo                                      | Ella                 |
| Amethyst  | Eurostep FE          |
| Apri  | Generess FE          |
| Aranelle  | Femcon Fe chewable   |
| Ashlyna   | Layolis Fe           |
| Aubra   | Lo Loestrin Fe       |
| Aviane  | Loestrin 1/20        |
| Azurette  | Loestrin Fe 1.5/30   |
| Balziva   | Loestrin Fe 1/20     |
| Brielllyn                                       | Lomedia 24 FE        |
| Camila  | Loseasonique         |
| Camrese   | Minastrin 24 FE      |
| Camrese Lo                                      | Mircette             |
| Caziant   | Modicon              |
| Chateal   | Natazia              |
| Cryselle  | Norinyl 1/35         |
| Cyclafem 1/35                                   | Norinyl 1/50         |
| Desogen   | Nor-QD               |
| Desogestrel/ethinyl estradiol                   | Ortho Tri-Cyclen Lo  |
| Desogestrel/ethinyl estradiol/ethinyl estradiol | Ortho-Cept           |
| Drospidone-Ethinyl Estradiol                    | Ortho-Cyclen         |

|  |                  |
|--|------------------|
| Elinest  | Ortho Tri-Cyclen |
| Emoquette  | Ovcon-35         |
| Enpresse   | Prefest          |
| Enskyce  | Provera          |
| Errin  | Quartette        |
| Estarylla  | Safyral          |
| Estradiol  | Seasonique       |
| Estrace  | Tri-Norinyl      |
| Falmina  | Yasmin           |
| Gianvi   | Yaz              |
| Gildagia   |                  |
| Gildess  |                  |
| Gildess 24 FE  |                  |
| Gildess FE-28 1/20                                       |                  |
| Gildess Fe-28 1.5/30                                     |                  |
| Heather  |                  |
| Introvale  |                  |
| Jencycla   |                  |
| Jolessa  |                  |
| Jolivette  |                  |
| Junel 1.5/30   |                  |
| Junel FE 1.5/30  |                  |
| Junel FE 1/20  |                  |
| Junel FE 24  |                  |
| Kariva   |                  |
| Kimidess   |                  |
| Kurvelo  |                  |
| Larin 1.5/30   |                  |
| Larin 1/20   |                  |
| Larin 24 FE  |                  |
| Larin FE   |                  |
| Leena  |                  |
| Lessina  |                  |
| Levonest   |                  |
| Levonorgestrel   |                  |
| Levonorgestrel/ethinyl estradiol-28<br>0.1/20 monophasic |                  |

|   |  |
|---|--|
| Levonorgestrel/ethinyl estradiol-28<br>0.15/30 monophasic             |  |
| Levonorgestrel/ethinyl estradiol-91<br>0.15/30 extended cycle         |  |
| Levonorgestrel/ethinyl estradiol-91<br>0.15/30 + EE 10 extended-cycle |  |
| Levora  |  |
| Loryna  |  |
| Low-Ogestrel  |  |
| Lutera  |  |
| Lyza  |  |
| Marlissa  |  |
| Microgestin 1/20  |  |
| Microgestin FE 1/20   |  |
| Necon 7/7/7 triphasic   |  |
| Nikki   |  |
| Nora-Be   |  |
| Norethindrone/ethinyl estradiol-21 1/20                               |  |
| Norethindrone-28 0.35   |  |
| Northethindrone Acetate-Ethinyl<br>Estradiol                          |  |
| Nortrel 0.5/35  |  |
| Nortrel 1/35  |  |
| Nortrel 7/7/7   |  |
| Norylroc  |  |
| Next Choice One Dose  |  |
| Ocella  |  |
| Ogestrel  |  |
| Orsythia  |  |
| Philith   |  |
| Pimtrea   |  |
| Plan B One-Step   |  |
| Pirmella 7/7/7 triphasic  |  |
| Portia  |  |
| Previfem  |  |
| Quasense  |  |
| Reclipsen   |  |

|                      |  |
|----------------------|--|
| Sharobel             |  |
| Sprintec             |  |
| Sronyx               |  |
| Syeda                |  |
| Tarina FE 1/20       |  |
| Tilia FE             |  |
| Tri-Estarylla        |  |
| Tri-Legest FE        |  |
| TriNessa             |  |
| Tri-Previfem         |  |
| Tri-Sprintec         |  |
| Trivora              |  |
| Velivet              |  |
| Vestura              |  |
| Viorele              |  |
| Vyfemla              |  |
| Wera                 |  |
| Wymzya FE chewable   |  |
| Zarah                |  |
| Zenchant             |  |
| Zenchant FE chewable |  |
| Zeosa                |  |
| Zeosa FE chewable    |  |
| Zovia 1/35           |  |
| Zovia 1/50           |  |

### **CONTRACEPTIVES, OTHER**

| Preferred Agents                           | Non-Preferred Agents             |
|--|----------------------------------|
|  | Depo-Provera suspension, syringe |
| Medroxyprogesterone Acetate syringe & vial | Mirena                           |
| Nuvaring                                   | Ortho Evra                       |
| Xulane                                     | Skyla                            |

## COPD AGENTS

| Preferred Agents                    | Non-Preferred Agents |
|-------------------------------------|----------------------|
| Anoro Ellipta                       | Atrovent HFA         |
| Combivent Respimat                  | Seebri               |
| Daliresp <sup>PA</sup>              | Spiriva Handihaler   |
| Incruse Ellipta                     | Tudorza              |
| ipratropium solution for inhalation | Utibron              |
| ipratropium-albuterol               |                      |
| Spiriva Respimat                    |                      |
| Stiolto                             |                      |

## COUGH AND COLD

| Preferred Agents                           | Non-Preferred Agents                |
|--|-------------------------------------|
| Chlorpheniramine/hydrocodone ER suspension | Codeine/Guaifenesin liquid          |
| Guaifenesin tablet                         | Flowtuss Solution                   |
| Hydrocodone/homatropine tablet & syrup     | M-Clear WC                          |
| Hydromet syrup                             | Pro-Clear AC                        |
| Ilophen C-NR                               | Tessalon Perles                     |
| Virtussin AC                               | TussiCaps                           |
| benzonatate                                | Tussionex Pennkinetic ER suspension |
| promethazine DM                            | Tuzistra XR                         |
| promethazine/codeine                       |                                     |
| promethazine VC                            |                                     |

## CYSTIC FIBROSIS AGENTS

| Preferred Agents          | Non-Preferred Agents |
|---------------------------|----------------------|
| Kalydeco <sup>PA,QL</sup> |                      |
| Orkambi <sup>PA,QL</sup>  |                      |

## CYTOKINE AND CAM ANTAGONISTS

| Preferred Agents          | Non-Preferred Agents |
|---------------------------|----------------------|
| Actemra <sup>PA,QL</sup>  |                      |
| Arcalyst <sup>PA,QL</sup> |                      |
| Cimzia <sup>PA,QL</sup>   |                      |
| Enbrel <sup>PA,QL</sup>   |                      |



|  |  |
|--|--|
| Entyvio <sup>PA</sup>                  |  |
| Humira <sup>PA,QL</sup>                |  |
| Ilaris <sup>PA,QL</sup>                |  |
| Kineret <sup>PA,QL</sup>               |  |
| Orencia <sup>PA,QL</sup>               |  |
| Otezla <sup>PA,QL</sup>                |  |
| Remicade <sup>PA</sup>                 |  |
| Simponi, Simponi Aria <sup>PA,QL</sup> |  |
| Stelara <sup>PA,QL</sup>               |  |
| Taltz <sup>PA,QL</sup>                 |  |
| Xeljanz, Xeljanz XR <sup>PA,QL</sup>   |  |

### DIABETIC METERS

| Preferred Agents  | Non-Preferred Agents |
|---|----------------------|
| LifeScan (One Touch Ultra 2, One Touch Ultra System, One Touch Ultra Mini, One Touch Verio, One Touch Verio Sync, OneTouch Verio Flex Meter ) | Abbott               |
|   | Agamatrix            |
|   | Arkray               |
|   | Bayer                |
|   | Becton Dickinson     |
|   | CCS Medical          |
|   | Diabetic Supply      |
|   | Dispense Express     |
|   | Home Diagnostics     |
|   | Solartek             |
|   | Roche                |
|   | TrueTrack            |

## DIABETIC STRIPS

| Preferred Agents   | Non-Preferred Agents |
|--|----------------------|
| LifeScan (One Touch Ultra Test Strips, One Touch Verio Test Strips, One Touch Test Strips) <sup>QL</sup> | Abbott               |
|  | Agamatrix            |
|  | Arkray               |
|  | Bayer                |
|  | Becton Dickinson     |
|  | CCS Medical          |
|  | Diabetic Supply      |
|  | Dispense Express     |
|  | Home Diagnostics     |
|  | Solartek             |
|  | Roche                |
|  | TrueTrack            |

## DIURETICS

| Preferred Agents    | Non-Preferred Agents |
|---------------------|----------------------|
| chlorothiazide      | Microzide            |
| chlorthalidone      | Zaroxolyn            |
| Diuril              |                      |
| hydrochlorothiazide |                      |
| indapamide          |                      |
| metalozone          |                      |
| methylclothiazide   |                      |

## EMOLLIENTS

| Preferred Agents       | Non-Preferred Agents     |
|------------------------|--------------------------|
| ammonium lactate cream | Cerave PM                |
|                        | Eletone                  |
|                        | Emollient combo 35 cream |
|                        | Emulsion SB              |

## ENZYME REPLACEMENT

| Preferred Agents       | Non-Preferred Agents |
|------------------------|----------------------|
| Cerezyme <sup>PA</sup> |                      |
| Elelyso <sup>PA</sup>  |                      |

|                          |  |
|--------------------------|--|
| Lumizyme <sup>PA</sup>   |  |
| Myozyme <sup>PA</sup>    |  |
| Vpriv <sup>PA</sup>      |  |
| Aldurazyme <sup>PA</sup> |  |
| Elaprase <sup>PA</sup>   |  |
| Naglazyme <sup>PA</sup>  |  |
| Vimizim <sup>PA</sup>    |  |
| Zavesca <sup>PA</sup>    |  |

### EPINEPHRINE, SELF-INJECTED

| Preferred Agents                    | Non-Preferred Agents |
|-------------------------------------|----------------------|
| Epinephrine injection <sup>QL</sup> | Auvi-Q <sup>QL</sup> |
| EpiPen <sup>QL</sup>                |                      |
| EpiPen Jr <sup>QL</sup>             |                      |

### ERYTHROPOIESIS STIMULATING PROTEINS

| Preferred Agents      | Non-Preferred Agents |
|-----------------------|----------------------|
| Aranesp <sup>PA</sup> |                      |
| Epogen <sup>PA</sup>  |                      |
| Procrit <sup>PA</sup> |                      |

### FLUORIDE

| Preferred Agents                      | Non-Preferred Agents           |
|---------------------------------------|--------------------------------|
| Denta 5000 Plus                       | PreviDent 5000                 |
| Dentagel                              | Flura-Drops                    |
| Fluor-a-day chewable, oral drops      | PreviDent 0.2% dental solution |
| Fluoritab                             |                                |
| SF 5000 Plus                          |                                |
| Sodium Fluoride 0.02% dental solution |                                |
| Sodium Fluoride 0.05% dental solution |                                |
| Sodium Fluoride oral drops            |                                |

### FLUOROQUINOLONES, ORAL

| Preferred Agents | Non-Preferred Agents |
|------------------|----------------------|
| Ciprofloxacin    | Avelox               |
| Levofloxacin     | Cipro                |
| Moxifloxacin     | Levaquin             |

## GI MOTILITY, CHRONIC

| Preferred Agents                               | Non-Preferred Agents |
|--|----------------------|
| Movantik <sup>PA,QL</sup>                      | Amitiza              |
| Relistor tablet and injection <sup>PA,QL</sup> | Linzess              |
| alosetron <sup>PA,QL</sup>                     | Lotronex             |
| Viberzi <sup>PA,QL</sup>                       |                      |

## GI, MISCELLANEOUS

| Preferred Agents  | Non-Preferred Agents          |
|---|-------------------------------|
| aluminum hydroxide  | Bentyl                        |
| antacid   | Colace, Docusoft, Peri-colace |
| bisacodyl   | Colyte                        |
| calcium carbonate   | Dulcolax                      |
| dicyclomine   | Fleets                        |
| docusate  | Gavilyte                      |
| hyoscyamine 0.125 mg, Oscimin 0.125 mg, Oscimin SR 0.375 mg, Symax 0.125 mg | Glycolax                      |
| lactulose   | Golytely                      |
| laxative enemas   | Levsin                        |
| magnesium hydroxide   | Metamucil, Fiberall           |
| magnesium oxide   | Milk of Magnesia              |
| Nulytely with flavor packets  | Miralax                       |
| peg-3350-electrolytes   | Moviprep                      |
| polyethylene glycol 3350  | Prepopik                      |
| psyllium  | Senokot, Ex-lax               |
| senna   | Suprep                        |
| sodium bicarbonate  |                               |
| Trilyte with flavor packets   |                               |

## GLUCOCORTICOIDS, INHALED

| Preferred Agents                       | Non-Preferred Agents |
|--|----------------------|
| Advair / Advair HFA                    | Aerospan             |
| Asmanex                                | Alvesco              |
| Budesonide suspension for nebulization | Dulera               |
| Breo Ellipta                           | Pulmicort            |
| Flovent/ Flovent HFA                   | Qvar                 |
|  | Symbicort            |

## GLUCOCORTICOIDS, ORAL

| Preferred Agents                                    | Non-Preferred Agents                |
|---|-------------------------------------|
| Budesonide DR & ER 3 mg capsule                     | Entocort EC                         |
| Budesonide EC                                       | Cortef                              |
| Deltasone   | Cortisone                           |
| Dexamethasone Elixir, Intensol, Tablets, & Solution | Medrol                              |
| DexPak  | Millipred                           |
| Flo-Pred  | Orapred ODT                         |
| hydrocortisone                                      | Pediapred                           |
| Methylprednisolone Tablets                          | Prednisolone Disintegrating Tablets |
| Prednisolone Solution & Tablets                     | Rayos                               |
| Prednisone Intensol, Tablets, & Solution            | Veripred 20                         |

## GROWTH FACTORS

| Preferred Agents       | Non-Preferred Agents |
|------------------------|----------------------|
| Increlex <sup>PA</sup> |                      |

## GROWTH HORMONES

| Preferred Agents          | Non-Preferred Agents |
|---------------------------|----------------------|
| Norditropin <sup>PA</sup> | Genotropin           |
| Serostim <sup>PA</sup>    | Humatrope            |
| Zorbtive <sup>PA</sup>    | Nutropin AQ          |
|                           | Omnitrope            |
|                           | Saizen               |
|                           | Tev-Tropin           |

## H. PYLORI TREATMENT

| Preferred Agents | Non-Preferred Agents                    |
|------------------|---|
| Lansoprazole     | Lansoprazole-Amoxicillin-Clarithromycin |
| Amoxicillin      | Omeclamox-Pak                           |
| Clarithromycin   | Prevpac                                 |
|                  | Pylera                                  |

## HORMONE REPLACEMENT THERAPY

| Preferred Agents                          | Non-Preferred Agents       |
|---|----------------------------|
| estradiol tablet, weekly transdermal path | Activella                  |
| estradiol/norethindrone acetate           | Alora                      |
| Estring                                   | Climara                    |
| Femring                                   | Climara Pro                |
| Jevantique Lo                             | Combipatch                 |
| Mimvey                                    | Divigel                    |
| Mimvey Lo                                 | Elestrin                   |
| Premarin tablet, cream                    | Enjuvia                    |
| Premphase                                 | Estrace                    |
|   | estradiol semiweekly patch |
|   | Estrogel                   |
|   | Lopreeza                   |
|   | Menest                     |
|   | Minivelle                  |
|   | Prefest                    |
|   | Vivelle-Dot                |

## HEAVY METAL CHELATORS

| Preferred Agents      | Non-Preferred Agents |
|-----------------------|----------------------|
| Jadenu <sup>PA</sup>  | Ferriprox            |
| Exjade <sup>PA</sup>  |                      |
| deferoxamine          |                      |
| Galzin <sup>PA</sup>  |                      |
| Syprine <sup>PA</sup> |                      |

## HEREDITARY ANGIOEDEMA TREATMENTS

| Preferred Agents         | Non-Preferred Agents |
|--------------------------|----------------------|
| Berinert <sup>PA</sup>   |                      |
| Cinryze <sup>PA,QL</sup> |                      |
| Firazyr <sup>PA,QL</sup> |                      |
| Kalbitor <sup>PA</sup>   |                      |
| Ruconest <sup>PA</sup>   |                      |

## HEPATITIS B AGENTS

| Preferred Agents                             | Non-Preferred Agents       |
|--|----------------------------|
| Baraclude Solution <sup>PA</sup>             | Adefovir Dipivoxil         |
| Epivir HBV tablet and solution <sup>PA</sup> | Baraclude tablet           |
| Entecavir <sup>PA</sup>                      | Epivir tablet and solution |
| Lamivudine <sup>PA</sup>                     | Hepsera                    |
| Tyzeka <sup>PA</sup>                         |                            |

## HEPATITIS C AGENTS

| Preferred Agents                          | Non-Preferred Agents   |
|---|------------------------|
| Daklinza <sup>PA,QL</sup>                 | Copegus <sup>QL</sup>  |
| Epclusa <sup>PA,QL</sup>                  | Pegasys <sup>QL</sup>  |
| Harvoni <sup>PA,QL</sup>                  | Rebetrol <sup>QL</sup> |
| Olysio <sup>PA,QL</sup>                   |                        |
| Moderiba <sup>QL</sup>                    |                        |
| Ribasphere Capsule & Tablet <sup>QL</sup> |                        |
| Ribavirin Capsule & Tablet <sup>QL</sup>  |                        |
| Sovaldi <sup>PA,QL</sup>                  |                        |
| Viekira XR <sup>PA,QL</sup>               |                        |
| Viekira <sup>PA,QL</sup>                  |                        |
| Zepatier <sup>PA,QL</sup>                 |                        |

## HISTAMINE II RECEPTOR BLOCKERS

| Preferred Agents                          | Non-Preferred Agents        |
|---|-----------------------------|
| Cimetidine (Rx and OTC)                   | Pepcid Solution             |
| Famotidine Piggyback and Vial (injection) | Pepcid Tablets (RX and OTC) |
| Famotidine Suspension                     | Zantac (RX and OTC)         |
| Famotidine Tablets (Rx and OTC)           | Ranitidine Capsules         |
| Nizatidine                                |                             |
| Ranitidine Injection                      |                             |
| Ranitidine Syrup                          |                             |
| Ranitidine Tablets (RX and OTC)           |                             |

## HIV/AIDS

| Preferred Agents  | Non-Preferred Agents     |
|---|--------------------------|
| abacavir-lamivudine-zidovudine <sup>QL</sup>                        | Combivir                 |
| abacavir <sup>QL</sup>  | Epivir                   |
| Aptivus <sup>QL</sup>   | Retrovir capsule, syrup  |
| Atripla <sup>QL</sup>   | Trizivir                 |
| Complera <sup>QL</sup>  | Videx EC capsule         |
| Crixivan <sup>QL</sup>  | Viramune oral suspension |
| Descovy <sup>QL</sup>   | Viramune tablet          |
| didanosine <sup>QL</sup>  | Zerit                    |
| Dutrebis <sup>QL</sup>  | Ziagen                   |
| Edurant <sup>QL</sup>   |                          |
| Emtriva <sup>QL</sup>   |                          |
| Epivir HBV <sup>QL</sup>  |                          |
| Epzicom   |                          |
| Evotaz <sup>QL</sup>  |                          |
| Fuzeon <sup>QL</sup>  |                          |
| Genvoya <sup>QL</sup>   |                          |
| Intelence <sup>QL</sup>   |                          |
| Invirase <sup>QL</sup>  |                          |
| Isentress chewable tablet, tablet, oral powder packet <sup>QL</sup> |                          |
| Kaletra <sup>QL</sup>   |                          |
| lamivudine oral solution, tablet <sup>QL</sup>                      |                          |
| lamivudine-zidovudine <sup>QL</sup>                                 |                          |
| Lexiva <sup>QL</sup>  |                          |
| nevirapine ER <sup>QL</sup>   |                          |
| nevirapine oral suspension, tablet <sup>QL</sup>                    |                          |
| Norvir <sup>QL</sup>  |                          |
| Prezcobix <sup>QL</sup>   |                          |
| Prezista <sup>QL</sup>  |                          |
| Rescriptor <sup>QL</sup>  |                          |
| Retrovir intravenous solution <sup>QL</sup>                         |                          |
| Reyataz capsule <sup>QL</sup>                                       |                          |
| Reyataz oral powder packet <sup>QL</sup>                            |                          |
| Selzentry <sup>QL</sup>   |                          |



|  |  |
|--|--|
| stavudine capsule, oral solution <sup>QL</sup>     |  |
| Stribild <sup>QL</sup>                             |  |
| Sustiva <sup>QL</sup>                              |  |
| Tivicay <sup>QL</sup>                              |  |
| Triumeq <sup>QL</sup>                              |  |
| Truvada <sup>QL</sup>                              |  |
| Tybost <sup>QL</sup>                               |  |
| Videx 4 gram Pediatric oral solution <sup>QL</sup> |  |
| Viracept <sup>QL</sup>                             |  |
| Viramune XR <sup>QL</sup>                          |  |
| Viread <sup>QL</sup>                               |  |
| Vitekta <sup>QL</sup>                              |  |
| zidovudine <sup>QL</sup>                           |  |

### HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS

| Preferred Agents | Non-Preferred Agents |
|------------------|----------------------|
| Acarbose         | Glyset<br>Precose    |

### HYPOGLYCEMICS, INCRETIN MIMETICS/ ENHANCERS

| Preferred Agents                      | Non-Preferred Agents        |
|---------------------------------------|-----------------------------|
| Alogliptin <sup>QL</sup>              | Adlyxin <sup>QL</sup>       |
| Alogliptin-Metformin <sup>QL</sup>    | Bydureon <sup>QL</sup>      |
| Alogliptin-Pioglitazone <sup>QL</sup> | Bydureon Pens <sup>QL</sup> |
| Glyxambi <sup>QL</sup>                | Byetta Pens <sup>QL</sup>   |
| Janumet <sup>QL</sup>                 | Kazano <sup>QL</sup>        |
| Janumet XR <sup>QL</sup>              | Kombiglyze XR <sup>QL</sup> |
| Januvia <sup>ST,QL</sup>              | Nesina <sup>QL</sup>        |
| Jentaducto, Jenducto XR <sup>QL</sup> | Onglyza <sup>QL</sup>       |
| Symlin Pens <sup>ST,QL</sup>          | Oseni <sup>QL</sup>         |
| Trulicity <sup>QL</sup>               | Tanzeum <sup>QL</sup>       |
| Victoza <sup>QL</sup>                 | Tradjenta <sup>QL</sup>     |
| Synjardy, Synjardy XR <sup>QL</sup>   |                             |

## HYPOGLYCEMICS, INSULIN

| Preferred Agents                               | Non-Preferred Agents                         |
|--|--|
| Afrezza <sup>PA</sup>                          | Levemir (vials and Flex Touch) <sup>QL</sup> |
| Basaglar <sup>QL</sup>                         | Apidra <sup>QL</sup>                         |
| Humalog (vials and KwikPens) <sup>QL</sup>     |  |
| Humalog Mix (vials and KwikPens) <sup>QL</sup> |  |
| Humulin (vials and KwikPens) <sup>QL</sup>     |  |
| Lantus (vials and Solostar) <sup>QL</sup>      |  |
| Novolin <sup>QL</sup>                          |  |
| Novolog (vials and FlexPens) <sup>QL</sup>     |  |
| Tresiba <sup>QL</sup>                          |  |
| Toujeo <sup>QL</sup>                           |  |

## HYPOGLYCEMICS, MEGLITINIDES

| Preferred Agents          | Non-Preferred Agents    |
|---------------------------|-------------------------|
| Repaglinide <sup>QL</sup> | Prandimet <sup>QL</sup> |
| Nateglinide <sup>QL</sup> | Prandin <sup>QL</sup>   |
|                           | Starlix <sup>QL</sup>   |

## HYPOGLYCEMICS, METFORMINS

| Preferred Agents                                   | Non-Preferred Agents   |
|--|--|
| Alogliptin-Metformin <sup>QL</sup>                 | Fortamet <sup>QL</sup>   |
| Glipizide-Metformin <sup>QL</sup>                  | Glucophage, Glucophage XR <sup>QL</sup>                            |
| Glyburide-Metformin <sup>QL</sup>                  | Glucovance <sup>QL</sup>   |
| Pioglitazone-Metformin <sup>QL</sup>               | Glumetza <sup>QL</sup>   |
| Metformin <sup>QL</sup>                            | Metformin ER (generic Fortamet and generic Glumetza) <sup>QL</sup> |
| Metformin ER (generic Glucophage XR) <sup>QL</sup> |  |
| Riomet <sup>QL</sup>                               |  |

## HYPOGLYCEMICS, SGLT2 INHIBITORS

| Preferred Agents                      | Non-Preferred Agents    |
|---------------------------------------|-------------------------|
| Invokana <sup>QL</sup>                | Farxiga <sup>QL</sup>   |
| Invokamet, Invokamet XR <sup>QL</sup> | Xigduo XR <sup>QL</sup> |
| Jardiance <sup>QL</sup>               |                         |

## HYPOGLYCEMICS, SULFONYLUREAS

| Preferred Agents                       | Non-Preferred Agents                  |
|--|---------------------------------------|
| Chlorpropamide <sup>QL</sup>           | Amaryl <sup>QL</sup>                  |
| Glimepiride <sup>QL</sup>              | Diabeta <sup>QL</sup>                 |
| Glimepiride-Pioglitazone <sup>QL</sup> | Glucotrol, Glucotrol XL <sup>QL</sup> |
| Glipizide, Glipizide ER <sup>QL</sup>  |                                       |
| Glyburide <sup>QL</sup>                |                                       |
| Glyburide Micronized <sup>QL</sup>     |                                       |
| Tolazamide <sup>QL</sup>               |                                       |
| Tolbutamide <sup>QL</sup>              |                                       |

## HYPOGLYCEMICS, TZDS

| Preferred Agents                       | Non-Preferred Agents          |
|--|-------------------------------|
| Avandia <sup>ST,QL</sup>               | Actos <sup>QL</sup>           |
| Avandamet <sup>ST,QL</sup>             | Actoplus Met <sup>QL</sup>    |
| Avandaryl <sup>ST,QL</sup>             | Actoplus Met XR <sup>QL</sup> |
| Pioglitazone <sup>QL</sup>             | Duetact <sup>QL</sup>         |
| Pioglitazone-Alogliptin <sup>QL</sup>  |                               |
| Pioglitazone-Glimepiride <sup>QL</sup> |                               |
| Pioglitazone-Metformin <sup>QL</sup>   |                               |

## IDIOPATHIC PULMONARY FIBROSIS AGENTS

| Preferred Agents         | Non-Preferred Agents |
|--------------------------|----------------------|
| Esbriet <sup>PA,QL</sup> |                      |
| Ofev <sup>PA,QL</sup>    |                      |

## IMMUNOLOGICAL AGENTS

| Preferred Agents      | Non-Preferred Agents |
|-----------------------|----------------------|
| Nulojix <sup>PA</sup> |                      |

## IMMUNOMODULATORS, ATOPIC DERMATITIS

| Preferred Agents  | Non-Preferred Agents |
|---|----------------------|
| Elidel <sup>PA</sup>  | Protopic             |
| tacrolimus 0.03% and 0.1% topical ointment <sup>PA,QL</sup> |                      |

## IMMUNOMODULATORS, TOPICAL

| Preferred Agents | Non-Preferred Agents |
|------------------|----------------------|
| Imiquimod        | Aldara               |
|                  | Zyclara              |

## IMMUNOSUPPRESSIVE, ORAL

| Preferred Agents                          | Non-Preferred Agents |
|---|----------------------|
| azathioprine                              | Astagraf XL          |
| cyclosporine                              | Azasan               |
| mycophenolate                             | CellCept             |
| Rapamune solution <sup>PA</sup>           | Imuran               |
| sirolimus <sup>PA</sup>                   | Neoral               |
| tacrolimus capsule                        | Prograf              |
| tacrolimus topical ointment <sup>PA</sup> | Protopic             |
| Zortress <sup>PA</sup>                    | Rapamune tablet      |
|   | Sandimmune           |

## INTRANASAL RHINITIS AGENTS

| Preferred Agents                 | Non-Preferred Agents   |
|----------------------------------|------------------------|
| azelastine nasal spray           | Astepro                |
| flunisolide nasal spray          | Atrovent nasal spray   |
| fluticasone nasal spray          | Beconase AQ            |
| ipratropium                      | budesonide nasal spray |
| Rhinocort Allergy <sup>OTC</sup> | Dymista                |
|                                  | Flonase                |
|                                  | Nasonex                |
|                                  | olopatadine            |
|                                  | Omnaris                |
|                                  | QNASL                  |
|                                  | Patanase               |
|                                  | Rhinocort Aqua         |
|                                  | triamcinolone          |
|                                  | Veramyst               |
|                                  | Zetonna                |

## IRON, ORAL

| Preferred Agents                      | Non-Preferred Agents      |
|---------------------------------------|---------------------------|
| Corvita 150                           | Active FE                 |
| DIALYVITE                             | Bifera Rx                 |
| FE 90 Plus                            | Corvite 150               |
| FE C Plus                             | Corvite FE                |
| Ferocon                               | Duofer                    |
| Ferrex 150 Forte                      | Feriva capsule ER, tablet |
| Ferrex 28                             | FeRiva FA                 |
| Focalgin DSS                          | Ferosul                   |
| Folivane-F                            | Ferralet 90               |
| Folivane-Plus                         | FerraPlus 90              |
| Hematogen Forte                       | Ferrex 150 Forte Plus     |
| Hematron-HF                           | Ferrimin 150              |
| iron asp-C-B12-calcium-sa-stomach     | Ferro-time                |
| iron aspgly&pscplx                    | Folitab                   |
| iron fum & aspgly-vitC-B12-FA-Ca-succ | Fusion Plus               |
| Multigen                              | Fusion Sprinkles          |
| Multigen Folic                        | iFerex 150 Forte          |
| Multigen Plus                         | Integra F                 |
| Myferon 150 Forte                     | Integra Plus              |
| NatalVirt 90 DHA                      | Irospan 24/6              |
| NatalVirt CA                          | Hematogen                 |
| NATALVIRT FLT                         | Hematogen FA              |
| Nephron FA                            | Hemax                     |
| Poly-Iron 150 Forte                   | HemeTab                   |
| Proferrin-Forte                       | Hemocyte-F                |
| Siderol                               | Hemocyte-Plus             |
| Tandem Plus                           | HM Slow Release Iron      |
| Taron Forte                           | Icar-C Plus               |
| TL Icon                               | Integra F                 |
| TL-Hem                                | Integra Plus              |
| Tricon                                | Irospan                   |
|                                       | Maxaron Forte             |
|                                       | MaxFe                     |
|                                       | NovaFerrum oral solution  |

|  |             |
|--|-------------|
|  | Purevit     |
|  | SE-Tan Plus |
|  | Vitafol     |

## IRON, PARENTERAL

| Preferred Agents | Non-Preferred Agents                       |
|------------------|--|
| Dexferrum        | Feraheme                                   |
| Ferrlecit        | Injectafer                                 |
| Infed            | Sodium ferric gluconate complex in sucrose |
| Venofer          |  |

## LEUKOTRIENE MODIFIERS

| Preferred Agents                               | Non-Preferred Agents           |
|--|--------------------------------|
| Montelukast Tabs, Chew, Granules <sup>QL</sup> | Accolate                       |
| Zafirlukast                                    | Singulair Tabs, Chew, Granules |
|  | Zyflo, Zyflo CR                |

## LIPOTROPICS, OTHER

| Preferred Agents                              | Non-Preferred Agents              |
|---|-----------------------------------|
| cholestyramine                                | Antara                            |
| colestipol oral granules, oral packet, tablet | Colestid                          |
| fenofibrate 54 mg, 160 mg tablet              | fenofibrate 40 mg, 120 mg tablet  |
| fenofibrate micronized                        | fenofibrate 50 mg, 150 mg capsule |
| fenofibrate nanocrystallized                  | Fenoglide                         |
| gemfibrozil                                   | Fibracor                          |
| Juxtapid <sup>PA,QL</sup>                     | Lipofen                           |
| Kynamro <sup>PA,QL</sup>                      | Lofibra                           |
| Praluent <sup>PA,QL</sup>                     | Lopid                             |
| Prevalite                                     | Lovaza                            |
| Repatha <sup>PA,QL</sup>                      | niacin ER                         |
| Zetia   | Niacor                            |

|            |                           |
|------------|---------------------------|
| niacin OTC | Niaspan                   |
|            | omega-3 acid ethyl esters |
|            | Questran                  |
|            | Questran Lite             |
|            | Tricor                    |
|            | Triglide                  |
|            | Trilipix                  |
|            | Vascepa                   |
|            | WelChol                   |

### LIPOTROPICS, STATINS

| Preferred Agents           | Non-Preferred Agents    |
|----------------------------|-------------------------|
| atorvastatin               | Advicor                 |
| rosuvastatin <sup>PA</sup> | Altoprev                |
| lovastatin                 | Amlodipine-Atorvastatin |
| pravastatin                | Caduet                  |
| simvastatin                | Crestor                 |
|                            | Fluvastatin             |
|                            | Lescol, Lescol XL       |
|                            | Lipitor                 |
|                            | Liptruzet               |
|                            | Livalo                  |
|                            | Pravachol               |
|                            | Simcor                  |
|                            | Vytorin                 |
|                            | Zocor                   |

### MACROLIDES/KETOLIDES

| Preferred Agents  | Non-Preferred Agents       |
|---|----------------------------|
| azithromycin intravenous solution, oral packet, oral suspension | Biaxin                     |
| azithromycin tablet   | E.E.S. 400 mg tablet       |
| clarithromycin ER   | EryPed 200 oral suspension |
| clarithromycin oral suspension                                  | EryPed 400 oral suspension |
| clarithromycin tablet   | Ketek <sup>QL</sup>        |
| E.E.S. Granules 200 mg/5 mL oral suspension                     | PCE                        |

|   |  |
|---|--|
| Ery-Tab                                       | Zithromax oral packet, oral suspension                       |
| Erythrocin                                    | Zithromax intravenous solution, TRI-PAK, Z-Pak <sup>QL</sup> |
| erythromycin capsule DR, tablet, eye ointment | Zmax <sup>QL</sup>   |
| erythromycin ethylsuccinate tablet            |  |
| erythromycin with ethanol                     |  |

### MISCELLANEOUS INJECTABLE, SPECIALTY AND BIOTECH MEDICATIONS

| Preferred Agents           | Non-Preferred Agents |
|----------------------------|----------------------|
| Jadenu <sup>PA</sup>       |                      |
| Orfadin <sup>PA</sup>      |                      |
| Strensiq <sup>PA</sup>     |                      |
| Xuriden <sup>PA, QL</sup>  |                      |
| Veltassa <sup>PA, QL</sup> |                      |

### MYDRIATICS

| Preferred Agents | Non-Preferred Agents |
|------------------|----------------------|
| atropine         |                      |
| cyclopentolate   |                      |

### MUCOLYTIC AGENTS

| Preferred Agents        | Non-Preferred Agents |
|-------------------------|----------------------|
| acetylcysteine          |                      |
| Pulmozyme <sup>QL</sup> |                      |

### MULTIPLE SCLEROSIS AGENTS

| Preferred Agents            | Non-Preferred Agents    |
|-----------------------------|-------------------------|
| Ampyra <sup>PA, QL</sup>    | Betaseron <sup>QL</sup> |
| Aubagio <sup>PA, QL</sup>   | Extavia <sup>QL</sup>   |
| Avonex <sup>QL</sup>        | Plegridy <sup>QL</sup>  |
| Copaxone <sup>QL</sup>      | Rebif <sup>QL</sup>     |
| Gilenya <sup>PA, QL</sup>   |                         |
| Tecfidera <sup>PA, QL</sup> |                         |
| Lemtrada <sup>PA</sup>      |                         |
| Tysabri <sup>PA</sup>       |                         |



## NEUROPATHIC PAIN

| Preferred Agents                             | Non-Preferred Agents                 |
|--|--------------------------------------|
| gabapentin capsule, solution & tablet        | Cymbalta <sup>QL</sup>               |
| Gralise <sup>PA, QL</sup>                    | Lidoderm <sup>QL</sup>               |
| Horizant <sup>PA, QL</sup>                   | Neurontin capsule, solution & tablet |
| Lyrica capsule & solution <sup>PA, QL</sup>  | Irenka <sup>QL</sup>                 |
| duloxetine 20 mg, 30 mg, 60 mg <sup>QL</sup> | duloxetine 40 mg <sup>QL</sup>       |
| lidocaine patch <sup>PA, QL</sup>            |                                      |
| Qutenza <sup>PA, QL</sup>                    |                                      |
| Savella <sup>PA, QL</sup>                    |                                      |

## NITROFURAN DERIVATIVES

| Preferred Agents                                     | Non-Preferred Agents           |
|--|--------------------------------|
| nitrofurantoin macrocrystal capsules                 | Furadantin oral suspension     |
| nitrofurantoin monohydrate/<br>macrocrystals capsule | Macrobid                       |
|  | Macrochantin capsules          |
|  | nitrofurantoin oral suspension |

## NSAIDS

| Preferred Agents                          | Non-Preferred Agents                  |
|---|---------------------------------------|
| celecoxib <sup>ST, QL</sup>               | Advil                                 |
| diclofenac ER                             | Anaprox, Anaprox DS                   |
| diclofenac potassium                      | Arthrotec                             |
| diclofenac sodium tablet, delayed release | Cambia <sup>QL</sup>                  |
| diflunisal                                | Cataflam                              |
| etodolac                                  | Celebrex <sup>QL</sup>                |
| etodolac ER                               | Daypro                                |
| fenoprofen tablet                         | DermacinRx Lexitral                   |
| flurbiprofen                              | DermaSilkRx DicloPak                  |
| ibuprofen Rx                              | diclofenac topical drops, topical gel |
| ibuprofen <sup>OTC</sup>                  | diclofenac-misoprostol                |
| ibuprofen-oxycodone <sup>QL</sup>         | Duexis                                |
| indomethacin                              | Dyloject intravenous solution         |
| indomethacin ER                           | EC-Naprosyn                           |
| ketoprofen                                | Feldene                               |
| ketoprofen ER                             | fenoprofen capsule                    |

|  |  |
|--|--|
| ketorolac eye drops, injection cartridge, injection solution, intramuscular solution | Flector transdermal 12 hour patch <sup>QL</sup>    |
| ketorolac tablet <sup>QL</sup>   | Indocin oral suspension                            |
| meclofenamate  | Indocin rectal suppository                         |
| meloxicam oral suspension  | ketorolac injection syringe, intramuscular syringe |
| meloxicam tablet   | mefenamic acid                                     |
| nabumetone   | Mobic suspension                                   |
| nabumetone   | Mobic tablet                                       |
| naproxen Rx  | Naprelan   |
| naproxen <sup>OTC</sup>  | NaproPak   |
| oxaprozin  | Naprosyn   |
| piroxicam  | naproxen sodium ER                                 |
| sulindac   | NeoProfen (PF)                                     |
| tolmetin   | Ocufen   |
| diclofenac topical gel <sup>QL</sup>   | Pennsaid topical drops                             |
|  | Pennsaid topical soln                              |
|  | Ponstel  |
|  | Solaraze   |
|  | Sprix <sup>QL</sup>                                |
|  | Tivorbex   |
|  | Vimovo   |
|  | Voltaren-XR  |
|  | Zipsor   |
|  | Zorvolex   |

## ONCOLOGY AGENTS, BREAST CANCER

| Preferred Agents | Non-Preferred Agents |
|------------------|----------------------|
| anastrozole      | Arimidex             |
| exemestane       | Aromasin             |
| letrozole        | Fareston             |
| tamoxifen        | Femara               |
|                  | Soltamox             |

## ONCOLOGY AGENTS, ORAL

| Preferred Agents                               | Non-Preferred Agents |
|--|----------------------|
| Afinitor Disperz <sup>PA,QL</sup>              | Casodex              |
| Afinitor <sup>PA,QL</sup>                      | Gleevac              |
| Alecensa <sup>PA,QL</sup>                      | Iclusig              |
| bicalutamide                                   | Temodar              |
| Bosulif <sup>PA,QL</sup>                       | Xeloda               |
| Cabometyx <sup>PA,QL</sup>                     |                      |
| capecitabine <sup>PA</sup>                     |                      |
| Caprelsa <sup>PA,QL</sup>                      |                      |
| Cometriq <sup>PA,QL</sup>                      |                      |
| Cotellic <sup>PA,QL</sup>                      |                      |
| Erivedge <sup>PA,QL</sup>                      |                      |
| Gilotrif <sup>PA</sup>                         |                      |
| Imatinib <sup>PA</sup>                         |                      |
| Imbruvica <sup>PA,QL</sup>                     |                      |
| Inlyta <sup>PA,QL</sup>                        |                      |
| Iressa <sup>PA,QL</sup>                        |                      |
| Jakafi <sup>PA</sup>                           |                      |
| Lenvima <sup>PA,QL</sup>                       |                      |
| Lonsurf <sup>PA</sup>                          |                      |
| Mekinist <sup>PA,QL</sup>                      |                      |
| Nexavar <sup>PA,QL</sup>                       |                      |
| Ninlaro <sup>PA,QL</sup>                       |                      |
| Odomzo <sup>PA,QL</sup>                        |                      |
| Sprycel <sup>PA</sup>                          |                      |
| Stivarga <sup>PA</sup>                         |                      |
| Sutent <sup>PA,QL</sup>                        |                      |
| Tafinlar <sup>PA,QL</sup>                      |                      |
| Tagrisso <sup>PA,QL</sup>                      |                      |
| Tarceva 100 mg, 150 mg tablet <sup>PA,QL</sup> |                      |
| Tarceva 25 mg tablet <sup>PA</sup>             |                      |
| Tasigna <sup>PA,QL</sup>                       |                      |
| temozolomide <sup>PA</sup>                     |                      |
| Tykerb <sup>PA,QL</sup>                        |                      |
| Venclexta <sup>PA,QL</sup>                     |                      |
| Votrient <sup>PA,QL</sup>                      |                      |

|                           |  |
|---------------------------|--|
| Xalkori <sup>PA</sup>     |  |
| Xtandi <sup>PA,QL</sup>   |  |
| Zelboraf <sup>PA,QL</sup> |  |
| Zolinza <sup>PA,QL</sup>  |  |
| Zydelig <sup>PA,QL</sup>  |  |
| Zykadia <sup>PA,QL</sup>  |  |
| Zytiga <sup>PA,QL</sup>   |  |

## OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS

| Preferred Agents         | Non-Preferred Agents   |
|--------------------------|------------------------|
| Alomide                  | Alocril                |
| azelastine               | Alrex                  |
| cromolyn                 | Bepreve                |
| epinastine               | Elestat                |
| ketotifen <sup>OTC</sup> | Emadine                |
|                          | Lastacaft              |
|                          | Optivar                |
|                          | Pataday                |
|                          | Patanol                |
|                          | Zaditor <sup>OTC</sup> |

## OPHTHALMIC ANTIBIOTICS

| Preferred Agents                 | Non-Preferred Agents |
|----------------------------------|----------------------|
| bacitracin                       | Azasite              |
| bacitracin-polymyxin             | Besivance            |
| Ciloxan eye ointment             | Ciloxan eye drops    |
| ciprofloxacin eye drops          | Garamycin            |
| erythromycin                     | Ilotycin             |
| gatifloxacin                     | Moxeza               |
| gentamicin                       | Ocuflox              |
| Gentak                           | Polytrim             |
| levofloxacin                     | Tobrex eye drops     |
| Natacyn                          | Vigamox              |
| neomycin-polymyxin-gramicidin    | Zymaxid              |
| neomycin-bacitracin-polymyxin    |                      |
| ofloxacin                        |                      |
| polymyxin B sulfate-trimethoprim |                      |

|                     |  |
|---------------------|--|
| sulfacetamide       |  |
| tobramycin          |  |
| Tobrex eye ointment |  |

### OPHTHALMICS, ANTIBIOTIC-STEROID COMBINATIONS

| Preferred Agents                 | Non-Preferred Agents              |
|----------------------------------|-----------------------------------|
| Blephamide                       | Maxitrol                          |
| neomycin-polymyxin-dexamethasone | TobraDex eye drops, suspension    |
| neomycin-bacitracin-poly-HC      | TobraDex ST eye drops, suspension |
| neomycin-bacitracin-polymyxin    | Zylet                             |
| Pred-G eye ointment              |                                   |
| Pred-G eye drops, suspension     |                                   |
| sulfacetamide-prednisolone       |                                   |
| TobraDex eye ointment            |                                   |
| tobramycin-dexamethasone         |                                   |

### OPHTHALMICS, GLAUCOMA AGENTS

| Preferred Agents    | Non-Preferred Agents |
|---------------------|----------------------|
| Alphagan P 0.15%    | Alphagan P 0.1%      |
| apraclonidine       | Azopt                |
| betaxolol           | Betagan              |
| brimonidine         | Betoptic S           |
| carteolol           | brimonidine P        |
| dorzolamide         | Combigan             |
| dorzolamide-timolol | Cosopt, Cosopt PF    |
| latanoprost         | lopidine             |
| levobunolol         | Istalol              |
| metipranolol        | Lumigan              |
| pilocarpine         | Rescula              |
| timolol maleate     | Simbrinza            |
|                     | Timoptic             |
|                     | Timoptic-XE          |
|                     | Travatan Z           |
|                     | travoprost           |
|                     | Trusopt              |
|                     | Xalatan              |
|                     | Zioptan              |

## OPHTHALMICS, ANTIINFLAMMATORIES

| Preferred Agents                | Non-Preferred Agents          |
|---------------------------------|-------------------------------|
| artificial tears <sup>OTC</sup> | Acular                        |
| bromfenac                       | Acular LS                     |
| dexamethasone                   | Acuvail                       |
| diclofenac                      | Durezol                       |
| flurbiprofen                    | Flarex                        |
| FML Forte                       | fluorometholone               |
| ketorolac                       | FML Liquifilm                 |
| Maxidex                         | FML S.O.P.                    |
| Pred Mild                       | Ilevro                        |
| prednisolone acetate            | Lacrisert                     |
| prednisolone sodium phosphate   | Lotemax eye drops, suspension |
|                                 | Lotemax eye gel drops         |
|                                 | Lotemax eye ointment          |
|                                 | Nevanac                       |
|                                 | Ocufen                        |
|                                 | Pred Forte                    |
|                                 | Prolensa                      |
|                                 | Triesence                     |
|                                 | Vexol                         |

## OPHTHALMICS, MISCELLANEOUS

| Preferred Agents       | Non-Preferred Agents   |
|------------------------|------------------------|
| Eylea <sup>PA</sup>    | Restasis <sup>QL</sup> |
| Jetrea <sup>PA</sup>   | Xiidra <sup>QL</sup>   |
| Lucentis <sup>PA</sup> |                        |

## OTIC ANTI-INFECTIVES & ANESTHETICS

| Preferred Agents             | Non-Preferred Agents    |
|------------------------------|-------------------------|
| acetic acid                  | acetic acid HC          |
| acetic acid-aluminum acetate | Otic Care (antipyrine)  |
| antipyrine-benzocaine        | Otic Care (polycosanol) |
| Aurogard                     | Otozin<br>Pinnacaine    |

## OTIC ANTIBIOTIC PREPARATIONS

| Preferred Agents             | Non-Preferred Agents |
|------------------------------|----------------------|
| Ciprodex                     | Cipro HC             |
| ciprofloxacin ear drops      | Coly-Mycin S         |
| Cortisporin-TC               | Cortisporin          |
| neomycin-polymyxin-hydrocort |                      |
| ofloxacin                    |                      |

## OPIATE DEPENDENCE TREATMENTS

| Preferred Agents                                     | Non-Preferred Agents            |
|--|---------------------------------|
| buprenorphine HCl sublingual tablet <sup>PA,QL</sup> | Bunavail <sup>QL</sup>          |
| buprenorphine <sup>PA,QL</sup>                       | buprenorphine injection syringe |
| Evzio <sup>PA,QL</sup>                               |                                 |
| naloxone   |                                 |
| naltrexone   |                                 |
| Narcan nasal spray                                   |                                 |
| Probuphine <sup>PA,QL</sup>                          |                                 |
| Suboxone sublingual film <sup>PA,QL</sup>            |                                 |
| Vivitrol <sup>PA</sup>                               |                                 |
| Zubsolv <sup>PA,QL</sup>                             |                                 |

## PAH AGENTS, ORAL

| Preferred Agents            | Non-Preferred Agents |
|-----------------------------|----------------------|
| Adcirca <sup>PA,QL</sup>    | Revatio              |
| Adempas <sup>PA,QL</sup>    |                      |
| Letairis <sup>PA,QL</sup>   |                      |
| Opsumit <sup>PA,QL</sup>    |                      |
| Orenitram <sup>PA</sup>     |                      |
| sildenafil <sup>PA,QL</sup> |                      |
| Tracleer <sup>PA,QL</sup>   |                      |
| Ventavis <sup>PA</sup>      |                      |
| Uptravi <sup>PA,QL</sup>    |                      |
| Tyvaso <sup>PA</sup>        |                      |

## PANCREATIC ENZYMES

| Preferred Agents | Non-Preferred Agents |
|------------------|----------------------|
| Creon            | Pancrelipase         |
|                  | Pancreaze            |
|                  | Pertzye              |
|                  | Ultresa              |
|                  | Viokace              |
|                  | Zenpep               |

## PENICILLINS

| Preferred Agents                                      | Non-Preferred Agents                         |
|---|--|
| amoxicillin capsule, chewable tablet, oral suspension | amoxicillin ER Tablet, Extended Release 24Hr |
| ampicillin capsule, oral suspension, IV solution      | Pfizerpen G                                  |
| dicloxacillin capsule                                 |  |
| nafcillin injection solution                          |  |
| oxacillin injection solution                          |  |
| penicillin G injection solution                       |  |
| penicillin V potassium tablet, oral solution          |  |
| piperacillin/tazobactam IV solution                   |  |
| Timentin IV solution                                  |  |
| Zosyn IV piggyback                                    |  |

## PHOSPHATE BINDERS

| Preferred Agents    | Non-Preferred Agents |
|---------------------|----------------------|
| Auryxia             | Fosrenol             |
| calcium acetate     | Phos Lo              |
| Eliphos             | Phoslyra             |
| Renagel             | Velphoro             |
| Renvela             |                      |
| sevelamer carbonate |                      |



## PITUITARY SUPPRESSIVE AGENTS, LHRH

| Preferred Agents  | Non-Preferred Agents |
|---|----------------------|
| Eligard subcutaneous syringe <sup>PA,QL</sup>   |                      |
| leuprolide subcutaneous kit <sup>PA,QL</sup>  |                      |
| Lupaneta Pack <sup>PA,QL</sup>  |                      |
| Lupron Depot (3 month) 11.25 mg intramuscular syringe kit <sup>PA,QL</sup>            |                      |
| Lupron Depot (4 month) 30 mg intramuscular syringe kit <sup>PA,QL</sup>               |                      |
| Lupron Depot 3.75 mg intramuscular syringe kit <sup>PA,QL</sup>                       |                      |
| Lupron Depot 11.25 mg, 30 mg intramuscular kit <sup>PA,QL</sup>                       |                      |
| Lupron Depot-Ped (3 month) 11.25 mg, 30 mg intramuscular syringe kit <sup>PA,QL</sup> |                      |
| Lupron Depot (3 month) 22.5 mg intramuscular syringe kit <sup>PA</sup>                |                      |
| Lupron Depot-Ped 7.5 mg, 15 mg intramuscular kit <sup>PA</sup>                        |                      |
| Supprelin LA implant kit <sup>PA,QL</sup>   |                      |
| Synarel <sup>PA,QL</sup>  |                      |
| Trelstar intramuscular syringe <sup>PA,QL</sup>                                       |                      |
| Trelstar Depot <sup>PA,QL</sup>   |                      |
| Trelstar LA <sup>PA,QL</sup>  |                      |
| Vantas implant kit <sup>PA,QL</sup>   |                      |
| Zoladex <sup>PA,QL</sup>  |                      |

## PLATELET AGGREGATION INHIBITORS

| Preferred Agents           | Non-Preferred Agents   |
|----------------------------|------------------------|
| clopidogrel                | Aggrenox               |
| dipyridamole               | Brilinta <sup>QL</sup> |
| Effient <sup>QL</sup>      | Persantine             |
| ticlodipine                | Plavix                 |
| Zontivity <sup>PA,QL</sup> |                        |

## POTASSIUM AGENTS

| Preferred Agents         | Non-Preferred Agents |
|--------------------------|----------------------|
| Keveyis <sup>PA,QL</sup> |                      |
| Klor-con                 |                      |
| K-tab                    |                      |
| Potassium chloride       |                      |
|                          |                      |

## PRENATAL VITAMINS CHEWABLE

| Preferred Agents            | Non-Preferred Agents |
|-----------------------------|----------------------|
| Completenate Chewable       | Prenate Chewable     |
| Se-Natal 19 (with docusate) |                      |
| Se-Natal 19 Chewable Tab    |                      |

## PRENATAL VITAMINS

| Preferred Agents             | Non-Preferred Agents |
|------------------------------|----------------------|
| NatalVirt CA                 | Active OB            |
| PNV 29-1 tablet              | CitraNatal           |
| PNV-Ferrous Fumarate-Docu-FA | CitraNatal Assure    |
| Prenaplus                    | CitraNatal B-Calm    |
| Prenatabs                    | CitraNatal Harmony   |
| Prenatabs FA, Prenatabs Rx   | CitraNatal Rx        |
| Prenatal-U                   | Concept OB           |
| PrePLUS                      | Focalgin-B           |
| Select-OB                    | Marnatal-F           |
| Se-Natal 19                  | Natelle One          |
| Taron-BC                     | Nestabs ABC          |
| TL-Select                    | Nexa Plus            |
| Trinatal                     | Prefera-OB           |
| Trinate                      | Provida OB Capsule   |
| Triveen-PRX RNF              | PureFe OB Plus       |
| Virt-PN                      | TL Folate            |
| Virt-PN Plus                 | TriCare              |
| Virt-Vite GT                 | Vitafol Ultra        |
| Vitafol-OB                   | Vitafol-One          |
| VP-Heme OB                   | Vol-Plus             |

|                |           |
|----------------|-----------|
| Zatean-PN      | Zatean-CH |
| Zatean-PN Plus |           |

### PRENATAL VITAMINS WITH DHA

| Preferred Agents    | Non-Preferred Agents     |
|---------------------|--------------------------|
| Bal-Care DHA        | CitraNatal 90 DHA        |
| C-Nate DHA cap      | CitraNatal DHA           |
| Complete Natal DHA  | Concept DHA              |
| Extra-Virt Plus DHA | Nestabs DHA              |
| Focalgin 90 DHA     | OB Complete + DHA        |
| Folivane-PRx DHA NF | Paire OB Plus DHA        |
| Hemenatal OB+DHA    | Prefera-OB Plus DHA      |
| Natalvirt 90 DHA    | Provida DHA              |
| PNV OB+DHA          | Select-OB + DHA          |
| PNV-DHA             | Taron-Prex Prenatal DHA  |
| PreFol-DHA          | TriCare Prenatal DHA ONE |
| ReInate DHA         | Vitafof-OB+DHA           |
| Taron-C DHA         | VP-PNV-DHA               |
| TL-Care DHA         |                          |
| Triveen-Duo DHA     |                          |
| Vena-Bal DHA        |                          |
| Virt-PN DHA         |                          |
| VP-Heme OB+DHA      |                          |
| Zatean-PN DHA       |                          |

### PROGESTATIONAL AGENTS

| Preferred Agents                | Non-Preferred Agents                        |
|---------------------------------|---|
| Depo-Provera solution 400 mg/mL | Aygestin                                    |
| Makena <sup>PA</sup>            | Crinone                                     |
| medroxyprogesterone             | Depo-Provera solution, suspension 150 mg/mL |
| norethindrone acetate           | Depo-Provera syringe 400 mg/mL              |
| progesterone micronized capsule | progesterone (intramuscular)                |
|                                 | Prometrium                                  |
|                                 | Provera                                     |

## PROTON PUMP INHIBITORS

| Preferred Agents                           | Non-Preferred Agents                                 |
|--|--|
| lansoprazole capsule, tablet <sup>QL</sup> | Aciphex <sup>QL</sup>                                |
| omeprazole capsule, tablet <sup>QL</sup>   | Dexilant <sup>QL</sup>                               |
| pantoprazole tablet <sup>QL</sup>          | esomeprazole <sup>QL</sup>                           |
|  | Nexium capsule, intravenous solution <sup>QL</sup>   |
|  | Nexium packet granules <sup>QL</sup>                 |
|  | Nexium 24HR 22.3 mg capsule <sup>QL</sup>            |
|  | omeprazole-sodium bicarbonate <sup>QL</sup>          |
|  | pantoprazole intravenous solution <sup>QL</sup>      |
|  | Prevacid capsule <sup>QL</sup>                       |
|  | Prevacid 24Hr capsule <sup>QL</sup>                  |
|  | Prevacid SoluTab disintegrating tablet <sup>QL</sup> |
|  | Prilosec capsule, oral solution <sup>QL</sup>        |
|  | Prilosec <sup>OTC, QL</sup>                          |
|  | Protonix tablet, intravenous solution <sup>QL</sup>  |
|  | Protonix packet granules <sup>QL</sup>               |
|  | rabeprazole <sup>QL</sup>                            |
| Zegerid capsule, oral packet <sup>QL</sup> |  |

## PULMONARY AGENTS

| Preferred Agents         | Non-Preferred Agents |
|--------------------------|----------------------|
| Nucala <sup>PA, QL</sup> |                      |
| Xolair <sup>PA</sup>     |                      |

## RENAL/UROLOGIC AGENTS

| Preferred Agents           | Non-Preferred Agents |
|----------------------------|----------------------|
| Cystagon <sup>PA</sup>     |                      |
| Procysbi <sup>PA, QL</sup> |                      |

## SALICYLATES

| Preferred Agents | Non-Preferred Agents |
|------------------|----------------------|
| aspirin          | Durlaza              |
| aspirin EC       |                      |
| salsalate        |                      |

## SEDATIVE HYPNOTICS

| Preferred Agents                          | Non-Preferred Agents              |
|---|-----------------------------------|
| estazolam                                 | Ambien <sup>QL</sup>              |
| flurazepam                                | Ambien CR <sup>QL</sup>           |
| Hetlioz <sup>PA,QL</sup>                  | Doral                             |
| temazepam 15 mg, 30 mg capsule            | Edluar                            |
| triazolam                                 | eszopiclone <sup>QL</sup>         |
| zaleplon <sup>QL</sup>                    | Halcion                           |
| zolpidem 5 mg, 10 mg tablet <sup>QL</sup> | Intermezzo <sup>QL</sup>          |
|   | Lunesta <sup>QL</sup>             |
|   | Restoril                          |
|   | Rozerem                           |
|   | Silenor                           |
|   | Sonata                            |
|   | temazepam 7.5 mg, 22.5 mg capsule |
|   | zolpidem ER                       |
|   | Zolpimist <sup>QL</sup>           |

## SKELETAL MUSCLE RELAXANTS

| Preferred Agents                         | Non-Preferred Agents                     |
|--|--|
| baclofen                                 | Amrix                                    |
| carisoprodol 350 mg tablet <sup>QL</sup> | carisoprodol 250 mg tablet <sup>QL</sup> |
| carisoprodol-ASA-codeine tablet          | cyclobenzaprine 7.5 mg tablet            |
| carisoprodol-aspirin tablet              | cyclobenzaprine ER                       |
| chlorzoxazone                            | Dantrium capsule                         |
| cyclobenzaprine 5 mg, 10 mg tablet       | Fexmid                                   |
| dantrolene                               | Lorzone                                  |
| Dantrium intravenous solution            | metaxalone                               |
| methocarbamol tablet                     | methocarbamol injection solution         |
| orphenadrine                             | Parafon Forte DSC                        |
| tizanidine tablet                        | Robaxin                                  |
| pyridostigmine ER <sup>PA,QL</sup>       | Skelaxin                                 |
| pyridostigmine                           | Soma                                     |
|  | tizanidine capsule                       |
|  | Zanaflex                                 |

## SMOKING CESSATION AGENTS

| Preferred Agents   | Non-Preferred Agents                        |
|--|---|
| Nicorelief gum <sup>QL</sup>                                       | Chantix <sup>QL</sup>                       |
| Nicorette buccal lozenge <sup>QL</sup>                             | Nicoderm CQ <sup>QL</sup>                   |
| nicotine buccal lozenge, gum, transdermal patch <sup>OTC, QL</sup> | Nicorette gum <sup>QL</sup>                 |
| NTS <sup>QL</sup>  | Zyban <sup>QL</sup>                         |
| Quit gum <sup>QL</sup>   | Nicotrol nasal spray, inhaler <sup>QL</sup> |
| buproban <sup>QL</sup>   |   |

## STEROIDS, TOPICAL - LOW POTENCY

| Preferred Agents              | Non-Preferred Agents            |
|-------------------------------|---------------------------------|
| alclometasone                 | Capex                           |
| desonide                      | Derma-Smoothe/FS                |
| fluocinolone topical body oil | Desonate                        |
| hydrocortisone <sup>OTC</sup> | hydrocortisone-aloe vera lotion |
| hydrocortisone lotion         | Pediaderm HC                    |
|                               | Pediaderm TA                    |
|                               | Texacort                        |
|                               | Verdeso                         |

## STEROIDS, TOPICAL - MEDIUM POTENCY

| Preferred Agents                                  | Non-Preferred Agents        |
|---|-----------------------------|
| fluocinolone                                      | betamethasone valerate foam |
| fluticasone cream, ointment                       | clocortolone cream          |
| hydrocortisone butyrate cream, ointment, solution | Cloderm                     |
| hydrocortisone valerate cream, ointment           | Cordran tape                |
| mometasone cream, ointment, solution              | Cutivate cream, lotion      |
| prednicarbate                                     | Dermatop cream, ointment    |
|   | Elocon                      |
|   | fluticasone lotion          |
|   | Luxiq                       |
|   | Pandel                      |

## STERIODS, TOPICAL - HIGH POTENCY

| Preferred Agents                                | Non-Preferred Agents    |
|---|-------------------------|
| amcinonide cream, lotion, ointment              | desoximetasone ointment |
| betamethasone dipropionate cream, lotion        | Halog                   |
| betamethasone valerate cream, ointment, lotion  | Kenalog aerosol         |
| desoximetasone cream, gel                       | Topicort                |
| diflorasone cream, ointment                     | Trianex ointment        |
| fluocinonide cream, gel, ointment, solution     | Vanos                   |
| fluocinonide-emollient                          |                         |
| Fluocinonide E                                  |                         |
| triamcinolone acetonide cream, lotion, ointment |                         |

## STERIODS, TOPICAL - VERY HIGH POTENCY

| Preferred Agents                          | Non-Preferred Agents                    |
|---|---|
| clobetasol cream, gel, ointment, solution | ApexiCon E                              |
| clobetasol-emollient                      | clobetasol foam, lotion, shampoo, spray |
| halobetasol propionate cream, ointment    | Clobex                                  |
|   | Clodan kit                              |
|   | Olux                                    |
|   | Olux-E <sup>QL</sup>                    |
|   | Ultravate                               |

## STIMULANTS AND RELATED AGENTS

| Preferred Agents                             | Non-Preferred Agents                          |
|--|---|
| Adderall XR <sup>PA,QL</sup>                 | Adderall <sup>QL</sup>                        |
| amphetamine salt combo <sup>PA,QL</sup>      | Adzenys XR-ODT <sup>QL</sup>                  |
|  | Aptensio XR <sup>QL</sup>                     |
| armodafinil <sup>PA,QL</sup>                 | Concerta <sup>QL</sup>                        |
| dexmethylphenidate <sup>PA,QL</sup>          | Daytrana <sup>QL</sup>                        |
| dextroamphetamine ER tablet <sup>PA,QL</sup> | Desoxyn <sup>QL</sup>                         |
| dextroamphetamine tablet <sup>PA,QL</sup>    | Dexedrine 10 mg tablet <sup>QL</sup>          |
| guanfacine ER <sup>QL</sup>                  | Dexedrine 5 mg tablet                         |
| Methylin oral solution <sup>PA,QL</sup>      | dexmethylphenidate ER <sup>QL</sup>           |
| methylphenidate ER tablet <sup>PA,QL</sup>   | dextroamphetamine oral solution <sup>QL</sup> |

|  |   |
|--|---|
| methylphenidate LA capsule <sup>PA,QL</sup>    | Focalin XR <sup>QL</sup>                            |
| methylphenidate oral solution <sup>PA,QL</sup> | Focalin <sup>QL</sup>                               |
| methylphenidate tablet <sup>PA,QL</sup>        | Intuniv <sup>QL</sup>                               |
| modafinil <sup>PA,QL</sup>                     | Kapvay <sup>QL</sup>                                |
| Strattera <sup>QL</sup>                        | Metadate CD <sup>QL</sup>                           |
| Vyvanse <sup>PA,QL</sup>                       | methamphetamine <sup>QL</sup>                       |
|  | Methylin chewable tablet <sup>QL</sup>              |
|  | methylphenidate chewable tablet <sup>QL</sup>       |
|  | methylphenidate ER multiphase capsule <sup>QL</sup> |
|  | Nuvigil <sup>PA,QL</sup>                            |
|  | ProCentra <sup>QL</sup>                             |
|  | Provigil <sup>QL</sup>                              |
|  | Quillichew <sup>QL</sup>                            |
|  | Quillivant XR <sup>QL</sup>                         |
|  | Ritalin LA <sup>QL</sup>                            |
|  | Ritalin <sup>QL</sup>                               |
| Zenzedi <sup>QL</sup>                          |   |

## THALIDOMIDE AND DERIVATIVES

| Preferred Agents          | Non-Preferred Agents |
|---------------------------|----------------------|
| Pomalyst <sup>PA,QL</sup> |                      |
| Revlimid <sup>PA,QL</sup> |                      |
| Thalomid <sup>PA,QL</sup> |                      |

## THYROID HORMONES

| Preferred Agents                   | Non-Preferred Agents |
|------------------------------------|----------------------|
| Armour Thyroid                     | Cytomel              |
| levothyroxine intravenous solution | Synthroid            |
| levothyroxine tablet               | Tirosint             |
| Levoxyl tablet                     | WP Thyroid           |
| liothyronine intravenous solution  |                      |
| liothyronine tablet                |                      |
| Nature-Throid                      |                      |
| NP Thyroid                         |                      |
| Thyrolar                           |                      |



|           |  |
|-----------|--|
| Unithroid |  |
| Westhroid |  |

### TOPICAL DERMATOLOGIC AGENTS, MISCELLANEOUS

| Preferred Agents              | Non-Preferred Agents |
|-------------------------------|----------------------|
| Santyl ointment <sup>PA</sup> | Fluoroplex           |
| Regranex gel <sup>PA,QL</sup> | Carac                |
| fluorouracil cream            |                      |

### ULCERATIVE COLITIS AGENTS

| Preferred Agents     | Non-Preferred Agents |
|----------------------|----------------------|
| Apriso               | Azulfidine           |
| Asacol HD            | Azulfidine DR        |
| balsalazide          | Colazal              |
| Canasa               | Dipentum             |
| Delzicol             | Giazo                |
| sulfasalazine        | Lialda               |
| sulfasalazine DR     | mesalamine rectal    |
| Sulfazine            | mesalamine ER        |
| Sulfazine EC         | Pentasa              |
| Uceris <sup>PA</sup> | Rowasa               |

### VASODILATORS, CORONARY

| Preferred Agents               | Non-Preferred Agents        |
|--------------------------------|-----------------------------|
| Dilatrate-SR                   | BiDil                       |
| isosorbide mononitrate         | Isordil                     |
| isosorbide mononitrate ER      | isosorbide dinitrate        |
| Nitro-Bid transdermal ointment | isosorbide dinitrate ER     |
| nitroglycerin transdermal      | Minitran transdermal        |
| Nitrostat                      | Nitro-Dur transdermal patch |
|                                | nitroglycerin translingual  |
|                                | nitroglycerin ER            |
|                                | Nitrolingual spray          |
|                                | Nitromist                   |

## VITAMINS

| Preferred Agents                                 | Non-Preferred Agents |
|--|----------------------|
| vitamins (such as A, B-complex, B1, B2, C, D, E) |                      |
| calcium and combinations                         |                      |
| cyanocobalamin                                   |                      |
| electrolyte solution                             |                      |
| folic acid                                       |                      |
| iron   |                      |
| mephyton   |                      |
| multivitamins                                    |                      |
| thiamine   |                      |
|  |                      |

AR = Age Restriction, Clinical Prior Authorization Required

PA = Clinical Prior Authorization Required

QL = Quantity Limit Applies

ST=Step Therapy

OTC=Over-the-counter medication

Non-preferred medications require prior authorization

# UPMC for Kids Over-the-Counter Formulary

Below is a list of the most common over-the-counter medications for UPMC for Kids members. This list can be used to determine the generic name for common brands.

| Category          | Generic                               | Brand Name Example                      |
|-------------------|---------------------------------------|---|
| Acne              | benzoyl peroxide                      | Panoxyl                                 |
| Analgesics        | acetaminophen and combinations        | Tylenol, Feverall, Q-Pap, Little Fevers |
|                   | aspirin and combinations              | Bayer, Ecotrin                          |
|                   | ibuprofen and combinations            | Advil, Motrin                           |
|                   | naproxen                              | Aleve                                   |
| Anesthetics       | benzocaine                            | Orajel, Anbesol                         |
|                   | dibucaine                             | Nupercainal                             |
| Antacids          | aluminum hydroxide                    | Alternagel, Alu-cap, Alu-tab            |
|                   | aluminum/magnesium                    | Mylanta, Maalox Advanced, Gaviscon      |
|                   | calcium carbonate                     | Tums, Maalox                            |
|                   | calcium carbonate/magnesium hydroxide | Mylanta Supreme, Rolaid                 |
|                   | cimetidine                            | Tagamet                                 |
|                   | famotidine                            | Pepcid                                  |
|                   | ranitidine                            | Zantac                                  |
|                   | nizatidine                            | Axid                                    |
|                   | omeprazole OTC                        | Prilosec OTC                            |
|                   | lansoprazole                          | Prevacid 24 hour                        |
| Antibacterials    | bacitracin                            |   |
|                   | triple antibiotic                     | Neosporin                               |
|                   | providone-iodine                      | Betadine                                |
| Antidiarrheals    | bismuth subsalicylate                 | Kaopectate, Pepto-Bismol                |
|                   | loperamide                            | Imodium A-D                             |
| Antiflatulents    | simethicone                           | Gas-X, Phazyme, Mylicon                 |
| Antihistamines    | chlorpheniramine                      | Chlor-trimetron, Aller-chlor            |
|                   | diphenhydramine                       | Benadryl                                |
|                   | loratadine                            | Claritin, Alavert                       |
|                   | cetirizine                            | Zyrtec                                  |
|                   | fexofenadine                          | Allegra                                 |
|                   | ketotifen                             | Zaditor                                 |
| Anti-inflammatory | hydrocortisone                        | Cortaid, Cortizone-10                   |
| Antinauseants     | bismuth subsalicylate                 | Kaopectate, Pepto-Bismol                |
|                   | dimenhydrinate                        | Dramamine, Draminate                    |
|                   | meclizine                             | Dramamine Less Drowsy, Bonine           |
|                   | sugar/orthophosphoric acid            | Emetrol                                 |

# UPMC for Kids Over-the-Counter Formulary

| Category                                | Generic                      | Brand Name Example  |
|---|------------------------------|---|
| Cholesterol Agents                      | niacin                       | Slo-Niacin  |
| Cough/Cold Preparations                 | guaifenesin                  | Mucinex   |
|   | guaifenesin/dextromethorphan | Robitussin DM, Mucinex-D  |
| Decongestants                           | pseudoephedrine              | Sudafed   |
|   | phenylephrine                | Sudafed-PE  |
| Decongestant/Antihistamine Combinations | loratadine/pseudoephedrine   | Claritin-D, Alavert-D   |
|   | cetirizine/pseudoephedrine   | Zyrtec-D  |
| Dermatologic Baths                      | colloidal oatmeal            | Aveeno  |
| Diabetes                                | blood glucose monitors       | Lifescan monitors: One Touch Ultra 2, One Touch Ultra System, One Touch Ultra Mini, One Touch Verio, One Touch Verio Sync, One Touch Verio Flex |
|   | test strips                  | Lifescan test strips: One Touch Test Strips, One Touch Ultra Test Strips, One Touch Verio Test Strips   |
|   | lancets                      | One Touch Ultrasoft Lancets, One Touch Delica Lancets   |
|   | glucose tablets              |   |
|   | insulin                      | Humulin R, Humulin N, Humulin 70/30   |
|   | insulin syringes             | BD Syringes   |
|   | alcohol swabs                | BD Alcohol Swabs  |
| Fungicides                              | clotrimazole                 | Lotrimin AF   |
|   | miconazole                   | Micatin, Zeasorb-AF   |
|   | tolnaftate                   | Tinactin, Ting  |
|   | terbinafine                  | Lamisil-AT  |
|   | salicylic acid               | Duofilm, Compound W   |
| Laxatives/Stool Softeners               | magnesium hydroxide          | Milk of Magnesia  |
|   | bisacodyl                    | Dulcolax  |
|   | docusate and combinations    | Colace, DocuSoft, Peri-colace   |
|   | laxative enemas              | Fleets  |
|   | psyllium                     | Metamucil, Fiberall   |
|   | polyethylene glycol          | Miralax, Dulcolax Balance   |
|   | senna                        | Senokot, Ex-lax   |
| Nasal Preparations                      | oxymetazoline                | Afrin, Neo-Synephrine 12 hour   |
|   | saline                       | Ocean Nasal Spray, Ayr, Simply Saline   |
|   | phenylephrine                | Neo-Synephrine, Vick's Sinex  |
|   | triamcinolone                | Nasacort  |

# UPMC for Kids Over-the-Counter Formulary

| Category                 | Generic   | Brand Name Example                 |
|--------------------------|---|------------------------------------|
| Obstetrics/Gynecology    | clotrimazole                                      | Gyne-Lotrimin-3, Gyne Lotrimin-7   |
|                          | miconazole  | Monistat                           |
|                          | tioconazole                                       | Vagistat-1                         |
|                          | condoms, male                                     | Trojan, Durex                      |
|                          | condoms, female                                   | FC                                 |
|                          | contraceptive devices                             | Today Sponge, Cervical Caps        |
| Ophthalmic Preparations  | cellulose derivatives                             | Refresh, GenTeal, Systane          |
|                          | polyvinyl alcohol                                 | Hypotears                          |
|                          | sodium chloride                                   | Muro-128                           |
| Rectal Preparations      | hydrocortisone                                    | Preparation H, Anusol              |
|                          | zinc oxide  | Desitin, Balmex                    |
| Scabicides/Pediculicides | permethrin  | Nix, Rid Spray                     |
|                          | piperonyl butoxide                                | Pronto, Rid Shampoo                |
| Smoking Cessation Aids   | nicotine gum                                      | Nicorette                          |
|                          | nicotine lozenge                                  | Commit                             |
|                          | nicotine patch                                    | Nicoderm CQ                        |
| Vitamins/Minerals        | vitamins (ie B-complex, cyanocobalamin, thiamine) |                                    |
|                          | calcium and combinations                          | Oscal, Oscal-D, Caltrate, Citracal |
|                          | folic acid  |                                    |
|                          | iron supplements                                  | Fer-in-sol, Feosol, Slow FE        |
|                          | multivitamins                                     | Centrum, One-A-Day, Poly-Vi-Sol    |
|                          | prenatal vitamins                                 | Prenavite, Stuartnatal             |
|                          | electrolyte solution                              | Pedialyte                          |
| Wet Dressing             | aluminum/calcium acetate                          | Domeboro                           |

# UPMC for Kids Brand/Generic Reference Guide

Below is a list of the most commonly prescribed medications for UPMC for Kids members. This list can be used to determine the generic name for common brands.

| Brand     | Generic                       |
|-----------|-------------------------------|
| Accolate  | zafirlukast                   |
| Accupril  | quinapril                     |
| Accuretic | quinapril/HCTZ                |
| Accutane  | claravis, amnesteem           |
| Actiq     | fentanyl citrate              |
| Actonel   | risedronate                   |
| Actos     | pioglitazone                  |
| Adderall  | amphetamine salt combo        |
| Aldactone | spironolactone                |
| Allegra   | fexofenadine                  |
| Altace    | ramipril                      |
| Amaryl    | glimepiride                   |
| Ambien    | zolpidem tartrate             |
| Amerge    | naratriptan                   |
| Amoxil    | amoxicillin                   |
| Antara    | fenofibrate                   |
| Antivert  | meclizine                     |
| Arava     | leflunomide                   |
| Aricept   | donepezil                     |
| Arixtra   | fondaparinux                  |
| Aromasin  | exemestane                    |
| Astelin   | azelastine                    |
| Atacand   | candesartan                   |
| Atarax    | hydroxyzine                   |
| Ativan    | lorazepam                     |
| Augmentin | amoxicillin/clavulanate       |
| Aurax     | antipyrine-benzocaine otic    |
| Axert     | almotriptan                   |
| Bactrim   | sulfamethoxazole/trimethoprim |
| Bactroban | mupirocin                     |
| Benadryl  | diphenhydramine               |
| Bentyl    | dicyclomine                   |
| Betapace  | sotalol                       |
| Biaxin    | clarithromycin                |

# UPMC for Kids Brand/Generic Reference Guide

| Brand                   | Generic                               |
|-------------------------|---------------------------------------|
| Boniva                  | ibandronate                           |
| Buphenyl                | sodium phenylbutyrate                 |
| Calan                   | verapamil                             |
| Campral                 | acamprosate calcium                   |
| Capoten                 | captopril                             |
| Carafate                | sucralfate                            |
| Cardizem                | diltiazem                             |
| Cardura                 | doxazosin                             |
| Casodex                 | bicalutamide                          |
| Catapres                | clonidine                             |
| Catapres                | clonidine                             |
| Ceftin                  | cefuroxime                            |
| Celexa                  | citalopram                            |
| Cellcept                | mycophenolate mofetil                 |
| Cipro                   | ciprofloxacin                         |
| Claritin OTC            | loratadine                            |
| Claritin-D              | loratadine/pseudoephedrine            |
| Cleocin                 | clindamycin phosphate                 |
| Clinoril                | sulindac                              |
| Clozaril                | clozapine                             |
| Colestid                | colestipol                            |
| Compazine               | prochlorperazine                      |
| Concerta                | methylphenidate ER                    |
| Condylox                | podofilox                             |
| Cordarone               | amiodarone                            |
| Coreg                   | carvedilol                            |
| Cosopt                  | dorzolamide/timolol                   |
| Coumadin                | warfarin                              |
| Cozaar                  | losartan                              |
| Cymbalta                | duloxetine                            |
| Deltasone               | prednisone                            |
| Depakote DR/Depakote ER | divalproex sodium                     |
| Depo-Provera            | medroxyprogesterone acetate injection |
| Desyrel                 | trazodone                             |
| Detrol                  | tolterodine                           |
| Detrol LA               | tolterodine ER                        |

# UPMC for Kids Brand/Generic Reference Guide

| Brand            | Generic                    |
|------------------|----------------------------|
| Dexedrine        | dextroamphetamine sulfate  |
| Diabeta          | glyburide                  |
| Diflucan         | fluconazole                |
| Diovan           | valsartan                  |
| Diovan HCT       | valsartan/HCTZ             |
| Diprolene        | betamethasone dipropionate |
| Ditropan         | oxybutynin                 |
| Ditropan XL      | oxybutynin ER              |
| Duetact          | glimepiride/pioglitazone   |
| Duragesic        | fentanyl patch             |
| Duricef          | cefadroxil                 |
| Effexor          | venlafaxine                |
| Effexor XR       | venlafaxine ER             |
| Elavil           | amitriptyline              |
| Elocon           | mometasone furoate         |
| Epivir           | lamivudine                 |
| Epivir HBV       | lamivudine HBV             |
| Ery-tab          | erythromycin               |
| Eskalith         | lithium carbonate          |
| Evista           | raloxifene                 |
| Felbatol         | felbamate                  |
| Feldene          | piroxicam                  |
| Femara           | letrozole                  |
| Flagyl           | metronidazole              |
| Flexeril         | cyclobenzaprine            |
| Flomax           | tamsulosin                 |
| Flonase          | fluticasone propionate     |
| Focalin          | dexmethylphenidate         |
| Focalin XR       | dexmethylphenidate ER      |
| Fortamet         | metformin                  |
| Fosamax          | alendronate                |
| Fosamax Solution | alendronate solution       |
| Geodon           | ziprasidone                |
| Glucophage       | metformin                  |
| Glucotrol        | glipizide                  |
| Glucovance       | glyburide/Metformin        |



# UPMC for Kids Brand/Generic Reference Guide

| Brand          | Generic                      |
|----------------|------------------------------|
| Halcion        | triazolam                    |
| Haldol         | haloperidol                  |
| Hytone         | hydrocortisone               |
| Hytrin         | terazosin                    |
| Hyzaar         | losartan/HCTZ                |
| Imdur          | isosorbide mononitrate       |
| Imitrex        | sumatriptan                  |
| Imuran         | azathioprine                 |
| Inderal        | propranolol                  |
| Indocin        | indomethacin                 |
| Kadian ER      | morphine sulfate ER          |
| Keflex         | cephalexin                   |
| Kenalog        | triamcinolone acetonide      |
| Keppra         | levetiracetam                |
| Klonopin       | clonazepam                   |
| Lamictal       | lamotrigine                  |
| Lamictal XR    | lamotrigine extended release |
| Lamisil        | terbinafine                  |
| Lamisil        | terbinafine                  |
| Lanoxin        | digoxin                      |
| Lasix          | furosemide                   |
| Levaquin       | levofloxacin                 |
| Levsin         | hyoscyamine                  |
| Lexapro        | escitalopram                 |
| Lidoderm       | lidocaine patch              |
| Lipitor        | atorvastatin                 |
| Lodine         | etodolac                     |
| Lofibra        | fenofibrate                  |
| Lomotil        | diphenoxylate/atropine       |
| Lomotil        | diphenoxylate/Atropine       |
| Lopid          | gemfibrozil                  |
| Loprox, Penlac | ciclopirox                   |
| Loseasonique   | amethia lo, camrese lo       |
| Lotensin       | benazepril                   |
| Lotensin HCT   | benazepril/HCTZ              |
| Lotrel         | amlodipine/benazepril        |

# UPMC for Kids Brand/Generic Reference Guide

| Brand            | Generic                      |
|------------------|------------------------------|
| Lotronex         | alosetron                    |
| Lovenox          | enoxaparin                   |
| Luvox            | fluvoxamine                  |
| Luxiq            | betamethasone valerate       |
| Lysteda          | tranexamic acid              |
| Macrochantin     | nitrofurantoin macrocrystals |
| Maxalt           | rizatriptan                  |
| Maxalt MLT       | rizatriptan ODT              |
| Metadate CD      | methylphenidate ER           |
| Metrogel         | metronidazole topical        |
| Mevacor          | lovastatin                   |
| Minipress        | prazosin                     |
| Minocin          | minocycline                  |
| Mirapex          | pramipexole                  |
| Mobic            | meloxicam                    |
| Motrin           | ibuprofen                    |
| MS Contin        | morphine sulfate ER          |
| Naprosyn         | naproxen                     |
| Neurontin        | gabapentin                   |
| Nexium           | esomeprazole                 |
| Nicoderm         | nicotine patch               |
| Nicorette        | nicotine gum                 |
| Nizoral          | ketoconazole                 |
| Nolvadex         | tamoxifen                    |
| Norvasc          | amlodipine besylate          |
| Omnicef          | cefdinir                     |
| Opana            | oxymorphone                  |
| Opana ER         | oxymorphone                  |
| Ortho Tri-Cyclen | tri-sprintec, trinessa       |
| Ortho-Cept       | apri, emoquette              |
| Ortho-Cyclen     | sprintec, mononessa          |
| Oxy IR           | oxycodone                    |
| Pamelor          | nortriptyline                |
| Paxil            | paroxetine                   |
| Pepcid           | famotidine                   |
| Percocet         | oxycodone/acetaminophen      |

# UPMC for Kids Brand/Generic Reference Guide

| Brand                   | Generic                 |
|-------------------------|-------------------------|
| Peridex                 | chlorhexidine gluconate |
| Peridex, Periogard      | chlorhexidine           |
| Plaquenil               | hydroxychloroquine      |
| Plavix                  | clopidogrel             |
| Prandin                 | repaglinide             |
| Pravachol               | pravastatin             |
| Precose                 | acarbose                |
| Prevacid                | lansoprazole            |
| Prevident               | sodium fluoride gel     |
| Prilosec OTC            | omeprazole OTC          |
| Principen               | ampicillin              |
| Prinivil                | lisinopril              |
| Prinzide                | lisinopril/HCTZ         |
| Procardia               | nifedipine              |
| Prograf                 | tacrolimus              |
| Prometrium              | progesterone            |
| Proscar                 | finasteride             |
| Protonix                | pantoprazole            |
| Provigil                | modafinil               |
| Prozac                  | fluoxetine              |
| Pulmicort Respules      | budesonide respules     |
| Questran/Questran Light | cholestyramine          |
| Reclast                 | zoledronic acid         |
| Reglan                  | metoclopramide          |
| Remeron                 | mirtazapine             |
| Requip                  | ropinirole              |
| Restoril                | temazepam               |
| Retin-A                 | tretinoin               |
| Retin-A Micro           | tretinoin               |
| Risperdal               | risperidone             |
| Ritalin                 | methylphenidate         |
| Ritutek                 | riluzole                |
| Seasonale               | jolessa                 |
| Seroquel                | quetiapine              |
| Sinemet                 | carbidopa/levodopa      |
| Singulair               | montelukast             |

# UPMC for Kids Brand/Generic Reference Guide

| Brand      | Generic                       |
|------------|-------------------------------|
| Soma       | carisoprodol                  |
| Sonata     | zaleplon                      |
| Sporanox   | itraconazole                  |
| Stalevo    | carbidopa/levodopa/entacapone |
| Sulfamylon | mafenide acetate              |
| Sumycin    | tetracycline                  |
| Surmontil  | trimipramine maleate          |
| Symbyax    | olanzapine-fluoxetine         |
| Synthroid  | levothyroxine                 |
| Tagamet    | cimetidine                    |
| Tegretol   | carbamazepine                 |
| Tegretol   | carbamazepine                 |
| Temodar    | temozolomide                  |
| Tenex      | guanfacine                    |
| Tenoretic  | atenolol/chlorthalidone       |
| Tenormin   | atenolol                      |
| TOBI       | tobramycin                    |
| Topamax    | topiramate                    |
| Trexall    | methotrexate                  |
| Trusopt    | dorzolamide                   |
| Tylenol #3 | acetaminophen/codeine         |
| Ultram     | tramadol                      |
| Valium     | diazepam                      |
| Valtrex    | valacyclovir                  |
| Vancocin   | vancomycin                    |
| Vaseretic  | enalapril/HCTZ                |
| Vasotec    | enalapril                     |
| Veetids    | penicillin V potassium        |
| Vfend      | voriconazole                  |
| Vibramycin | doxycycline                   |
| Vicodin    | hydrocodone/acetaminophen     |
| Vicoprofen | hydrocodone/bupropfen         |
| Viramune   | nevirapine                    |
| Voltaren   | diclofenac                    |
| Wellbutrin | bupropion                     |

# UPMC for Kids Brand/Generic Reference Guide

| Brand     | Generic         |
|-----------|-----------------|
| Xalatan   | latanoprost     |
| Xanax     | alprazolam      |
| Xeloda    | capecitabine    |
| Zantac    | ranitidine      |
| Zithromax | azithromycin    |
| Zocor     | simvastatin     |
| Zofran    | ondansetron     |
| Zoloft    | sertraline      |
| Zometa    | zoledronic acid |
| Zomig     | zolmitriptan    |
| Zovirax   | acyclovir       |
| Zyloprim  | allopurinol     |
| Zyprexa   | olanzapine      |
| Zyvox     | linezolid       |





This managed care plan may not cover all your health care expenses.  
Read all UPMC *for Kids* materials carefully to determine which health care services are covered. UPMC *for Kids* Health Care Concierge team:  
1-800-650-8762. TTY Services: 1-800-361-2629.



UPMC *for Kids*

UPMC HEALTH PLAN

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