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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Insulin- Short Acting and Intermediate Acting	
Preferred	Non-Preferred, Prior Authorization Required
Admelog® (insulin lispro) Solostar, Vial Humalog® (insulin lispro) cartridges Humulin® (insulin regular) Insulin Products Insulin lispro (Non-branded product) Junior pen Insulin lispro 75-25 Mix (Non-branded product) pen Insulin lispro (Non-branded product) pen Insulin lispro (Non-branded product) vial	Afrezza® (insulin regular inhalation) Apidra® Vial, Solostar® Fiasp® Vial, Flextouch® Humalog® (insulin lispro) Junior Kwikpen BRAND only Humalog® (insulin lispro) 75-25 Mix Pen BRAND only Humalog® Kwikpen (Brand only) pen Humalog® (Brand only) vial Lyumjev™ (insulin lispro) Novolog® Insulin Products Novolin® Insulin Products
Leukotriene Modifiers	
Preferred	Non-Preferred, Prior Authorization Required
Singulair® (montelukast Sodium) tabs	Accolate® (zafirlukast) tabs Singulair® (montelukast Sodium) packs Zyflo® (zileuton) tabs Zyflo CR™ (zileuton) tabs
Lice Treatments	
Preferred	Non-Preferred, Prior Authorization Required
Natroba® (spinosad) Sklice® (ivermectin)	Ovide® (malathion)
Meglitinides	
Preferred	Non-Preferred, Prior Authorization Required
Prandin® (repaglinide)	Starlix® (nateglinide)
Methotrexate Products	
Preferred	Non-Preferred, Prior Authorization Required
Rasuvo® (methotrexate) inj. Methotrexate 2.5 mg tabs	Otrexup® (methotrexate) tabs Reditrex™ (methotrexate) inj. Trexall® (methotrexate) inj. Xatmep® (methotrexate) oral solution
Migraine- Acute Treatment- Non-Triptans	
Preferred	Non-Preferred, Prior Authorization Required
Nurtec™ ODT (rimegepant) Reyvow® (lasmiditan) Ubrelvy® (ubrogepant)	

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Migraine- Acute Treatment-Triptans	
Preferred	Non-Preferred, Prior Authorization Required
Amerge® (naratriptan) Imitrex® (sumatriptan) tabs Maxalt® (rizatriptan) Maxalt-MLT® (rizatriptan) Relpax® (eletriptan) Zomig® (zolmitriptan) nasal solution	Alsuma® (sumatriptan) + Axert® (almotriptan) Frova® (frovatriptan) Imitrex® (sumatriptan) cartridges, nasal spray, pens, vials Onzetra Xsail® (sumatriptan) Sumavel DosePro® (sumatriptan) Tosymra (Sumatriptan) nasal spray Zecuity® (sumatriptan) + Zembrace Symtouch® (sumatriptan) Zomig® (zolmitriptan) tabs Zomig-ZMT® (zolmitriptan)

Migraine- Prophylaxis Treatment- Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists	
Preferred	Non-Preferred, Prior Authorization Required
Aimovig™(erenumab-aooe) Ajovy®(fremanezumab-vfrm)	Emgality®(galcanezumab-gnlm) Vyepiti™ (eptinezumab)

Muscle Relaxants – Skeletal	
Preferred	Non-Preferred, Prior Authorization Required
Flexeril® (cyclobenzaprine) + Robaxin® (methocarbamol) Robaxin-750® (methocarbamol)	Amrix® (cyclobenzaprine ER) Fexmid® 7.5mg (cyclobenzaprine) Lorzone® (chlorzoxazone) Metaxall® (metaxalone) Norflex® (orphenadrine) + Norgesic® (orphenadrine/aspirin/caffeine) Norgesic® Forte (orphenadrine/aspirin/caffeine) Parafon Forte DSC® (chlorzoxazone) + Skelaxin® (metaxalone) Soma® (carisoprodol)

Muscle Relaxants – Spasticity	
Preferred	Non-Preferred, Prior Authorization Required
Lioresal® (baclofen) Zanaflex® (tizanidine) tabs	Dantrium® (dantrolene) Zanaflex® (tizanidine)* caps

Non-Steroidal Anti-Inflammatory Drugs – Topical	
Preferred	Non-Preferred, Prior Authorization Required
Flector® (diclofenac epolamine) patch Voltaren® (diclofenac) gel	Licart™ (diclofenac epolamine) Pennsaid® (diclofenac) Sprix® (ketorolac tromethamine) nasal spray



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Non-Steroidal Anti-Inflammatory Drugs – Oral unless noted otherwise	
Preferred	Non-Preferred, Prior Authorization Required
Advil® (ibuprofen)	Anaprox® (naproxen)
Aleve® (naproxen)	Anaprox DS® (naproxen)
Ansaid® (flurbiprofen) +	Arthrotec® (diclofenac/misoprostol)
Cataflam® (diclofenac potassium) +	Cambia® (diclofenac)
Clinoril® (sulindac) +	Daypro® (oxaprozin)
Indocin® (indomethacin)	Dolobid® (diflunisal) +
Mobic® (meloxicam)	Feldene® (piroxicam)
Motrin® (ibuprofen)	Indocin® SR (indomethacin)
Motrin-IB® (ibuprofen)	Lodine® (etodolac)
Naprosyn® (naproxen)	Lodine® XL (etodolac) +
Naprosyn-EC® (naproxen)	Meclomen® (meclofenamate) +
Relafen® (nabumetone) +	Nalfon® (fenoprofen)
Toradol®(ketorolac) (limited to a 5 day supply) inj.	Naprelan® (naproxen)
Toradol®(ketorolac) (limited to a 5 day supply) + tabs	Naprelan® CR Dosepak (naproxen)
Voltaren®(diclofenac sodium oral) +	Orudis® (ketoprofen) +
Voltaren® XR (diclofenac sodium oral) +	Orudis® KT (ketoprofen) +
	Oruvail® (ketoprofen) +
	Ponstel® (mefenamic acid) +
	Qmiiz ODT™ (Meloxicam) tabs
	Tivorbex® (indomethacin)
	Tolectin 600® (tolmetin) +
	Tolectin DS® (tolmetin)
	Vimovo®(naproxen/esomeprazole)
	Vivlodex® (Meloxicam)
	Zipsor® (diclofenac)
	Zorvolex® (diclofenac)



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Opioids - Short-Acting	
Preferred	Non-Preferred-Prior Authorization Required
Codeine sulfate (all generics)	Abstral® (fentanyl)
Dilaudid® (hydromorphone HCl)	Actiq® (fentanyl)
Fioricet® with Codeine 50/325/40/30 mg (butalbital/acetaminophen/caffeine/codeine)	Combunox™ (oxycodone/ibuprofen) +
Hycet® (hydrocodone bitartrate/acetaminophen) +	Demerol® (meperidine HCl)
Levorphanol (all generics)	Fentora® (fentanyl)
Lorcet® (hydrocodone bitartrate/acetaminophen)	Fioricet® with Codeine 50/300/40/30 (butalbital/acetaminophen/caffeine/acetaminophen)
Lortab® (hydrocodone bitartrate/acetaminophen)	Fiorinal® with Codeine (butalbital/aspirin/caffeine/codeine)
Morphine sulfate (all generics) *	Lazanda™ (fentanyl)
Norco® (hydrocodone bitartrate/acetaminophen)	Lorcet HD® (hydrocodone bitartrate/acetaminophen)
Oxycodone HCl (all generics) *	Lorcet Plus® (hydrocodone bitartrate/acetaminophen)
Percocet® (oxycodone HCl/acetaminophen)	Nucynta™ (tapentadol)
Percodan® (oxycodone HCl/aspirin) +	Opana® (oxymorphone HCl)
Roxicet™ (oxycodone HCl/acetaminophen) +	Oxaydo® (oxycodone HCl)
Talwin® NX (pentazocine/naloxone) +	Primlev™ (oxycodone HCl/acetaminophen)
Tylenol® No. 2 (codeine phosphate/acetaminophen)	Qdolo™ (tramadol) solution
Tylenol® No. 3 (codeine phosphate/acetaminophen)	Roxybond™ (oxycodone)
Tylenol® No. 4 (codeine phosphate/acetaminophen)	Subsys® (fentanyl)
Ultracet® (tramadol/acetaminophen)	Vicodin HP® (hydrocodone bitartrate/acetaminophen)
Ultram® (tramadol)	Xodol® (hydrocodone bitartrate/acetaminophen)
Vicodin® (hydrocodone bitartrate/acetaminophen)	
Vicodin ES® (hydrocodone bitartrate/acetaminophen)	

Opioids - Long-Acting	
Preferred	Non-Preferred-Prior Authorization Required
Embeda® (morphine/naltrexone)*	Arymo™ ER (morphine sulfate ER)
Hysingla® ER (hydrocodone ER)	Avinza® (morphine sulfate ER) +
MS Contin® (morphine sulfate ER)	Belbuca® (buprenorphine)
OxyContin® (oxycodone SR)	Butrans® (buprenorphine)
Ultram® ER (tramadol ER) +	ConZip® (tramadol)
	Duragesic® (fentanyl)
	Exalgo® (hydromorphone HCl ER)
	Kadian® (morphine sulfate ER)
	MorphaBond ER® (morphine sulfate ER)
	Nucynta® ER (tapentadol)
	Opana® ER (oxymorphone)
	Ryzolt® (tramadol ER) +
	Xtampza® ER (oxycodone ER)
	Zohydro® ER (hydrocodone ER)

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Pancreatic Enzyme Replacements

Preferred	Non-Preferred, Prior Authorization Required
Creon® (pancrelipase)* Pancreaze® (pancrelipase)* Zenpep® (pancrelipase)*	Pertzye® (pancrelipase) Viokace® (pancrelipase)

PCSK-9 Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Praluent® (alirocumab) Repatha® (evolocumab)	

Phosphate Binder Agents

Preferred	Non-Preferred, Prior Authorization Required
Auryxia® (ferric citrate) Eliphos® (calcium acetate) + Phoslo® (calcium acetate) + Renvela® (sevelamer carbonate) tabs	Fosrenol® (lanthanum carbonate) Phoslyra® (calcium acetate oral solution) Renagel® (sevelamer HCl) tabs Renvela® (sevelamer carbonate) powder packs Velphoro® (sucroferric oxyhydroxide)

Platelet Aggregation Inhibitors - Secondary Cardiac Prevention

Preferred	Non-Preferred, Prior Authorization Required
Brilinta® (ticagrelor)* Effient® (prasugrel)* Plavix® (clopidogrel)	Zontivity® (vorapaxar)

Platelet Aggregation Inhibitors – Stroke

Preferred	Non-Preferred, Prior Authorization Required
Plavix® (clopidogrel)	Aggrenox® (aspirin-dipyridamole ER)

Proton Pump Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Prilosec® (omeprazole)* Protonix® (pantoprazole) Generic Esomeprazole Magnesium* DR caps Generic Esomeprazole Strontium* DR caps Generic Lansoprazole* DR caps	AcipHex® (rabeprazole) AcipHex® (rabeprazole) Sprinkles™ Dexilant® (dexlansoprazole)* Dexilant® SoluTab (dexlansoprazole) Nexium® (esomeprazole) Nexium® (esomeprazole) suspension Prevacid® (lansoprazole) Prevacid (lansoprazole) SoluTab® Prilosec® (omeprazole) packs Protonix® (pantoprazole) packs Zegerid® (omeprazole/sodium bicarbonate) caps Zegerid® (omeprazole/sodium bicarbonate) packs



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Pulmonary Arterial Hypertension Agents	
Preferred	Non-Preferred, Prior Authorization Required
Adcirca® (tadalafil) Adempas® (riociguat) Letairis® (ambrisentan) Orenitram® (treprostinil) Revatio® (sildenafil) Tracleer® (bosentan)	Opsumit® (macitentan) Remodulin® (treprostinil) Tyvaso®, Tyvaso® Refill, Tyvaso® Starter (treprostinil) Uptravi® (selexipag) tabs, IV Ventavis® (iloprost)

Rosacea Agents - Topical	
Preferred	Non-Preferred, Prior Authorization Required
Metrocream® (metronidazole) Metrogel® (metronidazole)	Azelex® (azelaic acid) Finacea® (azelaic acid) MetroLotion® (metronidazole) Mirvaso® (brimonidine) Noritate® (metronidazole) Rhofade® (oxymetazoline) Rosadan® (metronidazole) Soolantra® (ivermectin) Zilxi™ (minocycline)

SGLT2 (sodium-glucose co-transporter 2) Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Farxiga® (dapagliflozin) Invokana® (canagliflozin) Jardiance® (empagliflozin)	Steglatro™ (ertugliflozin)

SGLT2 Inhibitors/Biguanide Combination Agents	
Preferred	Non-Preferred, Prior Authorization Required
Invokamet® (canagliflozin/metformin) Invokamet® XR (canagliflozin/metformin ER) Synjardy® (empagliflozin/metformin) Synjardy® XR (empagliflozin/metformin ER) Xigduo XR® (dapagliflozin/metformin ER)	Segluromet™ (ertugliflozin/metformin)

SGLT2 Inhibitor/DPP-4 Inhibitor Combination Agents	
Preferred	Non-Preferred, Prior Authorization Required
Glyxambi® (empagliflozin/linagliptin) Qtern® (dapagliflozin/saxagliptin)	Steglujan™ (ertugliflozin/sitagliptin)

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SGLT2 Inhibitor/DPP-4 Inhibitor/Biguanide Agents	
Preferred	Non-Preferred, Prior Authorization Required
Trijardy® XR (empagliflozin/linagliptin/metformin)	

Sleep Agents - Non-Scheduled	
Preferred	Non-Preferred, Prior Authorization Required
Rozerem® (ramelteon)	Hetlioz® (tasimelteon)
	Silenor® (doxepin)

Sleep Agents – Scheduled - Non-Benzodiazepine	
Preferred	Non-Preferred, Prior Authorization Required
Ambien® (zolpidem) Generics Zolpidem Lunesta® (eszopiclone) Sonata® (zaleplon)	Ambien® CR (zolpidem CR) Belsomra® (suvorexant) Dayvigo™ (lemborexant) Edluar® (zolpidem) Intermezzo® (zolpidem) Zolpimist® (zolpidem)

Statins	
Preferred	Non-Preferred, Prior Authorization Required
Crestor® (rosuvastatin) Lipitor® (atorvastatin) Mevacor® (lovastatin) + Pravachol® (pravastatin) Zocor® (simvastatin)	Altoprev® (lovastatin) Lescol® (fluvastatin) + Lescol® XL (fluvastatin) Livalo® (pitavastatin) Zypitamag™ (pitavastatin)

Statin Combination	
Preferred	Non-Preferred
Caduet® (amlodipine/atorvastatin) Vytorin® (ezetimibe/simvastatin)	

Sulfonylureas – 2 nd Generation	
Preferred	Non-Preferred, Prior Authorization Required
Amaryl® (glimepiride) DiaBeta® (glyburide) + Glucotrol® (glipizide) Glucotrol XL® (glipizide XL) Glucovance® (glyburide/metformin) Glynase (micronized glyburide) PresTab® Micronase® (glyburide) +	Metaglip® (glipizide/metformin) +



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Thiazolidinediones	
Preferred	Non-Preferred, Prior Authorization Required
Actos® (pioglitazone) ACTOplus Met® (pioglitazone/metformin)	ACTOplus Met® XR (pioglitazone/metformin)+ Avandia® (rosiglitazone) Duetact® (pioglitazone/glimepiride)

Thrombopoietin Receptor Agonists	
Preferred	Non-Preferred, Prior Authorization Required
Nplate® (romiplostim) Promacta® (eltrombopag) Promacta®(eltrombopag) powder packs	

Xanthine Oxidase Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Zyloprim® (allopurinol)	Uloric® (febuxostat)