

Minnesota Fee-for-Service Medicaid

Preferred Drug List

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Anti-Infectives/Antibiotics

Macrolides – Adults

Preferred

Azithromycin
clarithromycin/ER
erythromycin
ery/ sulfisoxazole

Non-preferred

[Biaxin/Biaxin XL PA](#)
Erythrocin stearate
Ketek
PCE
[Zithromax/Zmax PA](#)

Macrolides – Pediatrics

Preferred

azithromycin suspension
clarithromycin suspension
erythromycin ethylsuccinate
erythromycin estolate

Non-preferred

[Biaxin suspension PA](#)
EryPed
[Zithromax suspension PA](#)

Otic quinolones

Preferred

Ciprodex
ofloxacin

Non-preferred

[Cetraxal PA](#)
[Cipro HC PA](#)
[Floxin Otic PA](#)

Respiratory quinolones

Preferred

levofloxacin

Non-preferred

[Factive PA](#)
[Levaquin PA](#)
[Avelox PA](#)

Topical Antibiotic

Preferred

Altabax (retapamulin)
mupirocin ointment 2%

Non-preferred

[Bactroban 2% Cream/Ointment/Nasal PA](#)
[Centany /AT \(mupirocin ointment\) 2% PA](#)

2nd Generation cephalosporins

Preferred

cefaclor*
cefuroxime*
cefprozil*

Non-preferred

[Ceclor \(cefaclor\) PA](#)
[Ceclor ER \(cefaclor\) PA](#)
Ceftin (cefuroxime)
[Cefzil \(cefprozil\)](#)
Raniclor (cefaclor)

*Available as tablets and suspension

3rd Generation cephalosporins

Preferred

Cedax* (ceftibutin)
cefdinir
Suprax tablet and capsule
Suprax suspension

Non-preferred

cefpodoxime
[Omnicef \(cefdinir\) PA](#)
Spectracef (cefditoren)
[Vantin* \(cefpodoxime\) PA](#)

*Available as tablets and suspension

*Available as tablets and suspension

Anti-Infectives/Antifungals

Oral Onychomycosis

Preferred
terbinafine

Non-preferred
[itraconazole PA](#)
[Lamisil/ Lamisil Granules PA](#)
[Sporanox PA](#)

Anti-Infectives/Antivirals

Hepatitis B – oral

Preferred
Baraclude tablet and solution
Epivir HBV tablet and solution
Hepsera
Tyzeka

Non-preferred

Hepatitis C – Pegylated interferons

Preferred
Pegasys (Proclick)

Non-preferred
Peg Intron

Hepatitis C – Ribavirins

Preferred
ribavirin

Non-preferred
[Copegus PA](#)
[Moderiba PA](#)
[Rebetol PA](#)
[Ribapak PA](#)
[Ribasphere PA](#)

Hepatitis C – Protease/Polymerase Inhibitors and Direct Acting Antivirals

Preferred – Genotype 1
[Zepatier PA](#)

Non-preferred – Genotype 1
[Viekira Pak/Viekira XR PA](#)
[Harvoni PA](#)
[Epclusa PA](#)
[Sovaldi PA](#)
[Olysio \(in combination with Sovaldi\) PA](#)
[Daklinza \(in combination with Sovaldi\) PA](#)

Hepatitis C – Protease/Polymerase Inhibitors and Direct Acting Antivirals

Preferred – Genotype 2

[Epclusa PA](#)

Preferred – Genotype 3

[Epclusa PA](#)

Preferred – Genotype 4

[Zepatier PA](#)

Preferred – Genotype 5

[Harvoni PA – Genotype 5 ONLY](#)

Preferred – Genotype 6

[Harvoni PA – Genotype 6 ONLY](#)

Non-preferred – Genotype 2

[Sovaldi PA](#)

Non-preferred – Genotype 3

[Sovaldi PA](#)

[Daklinza \(in combination with Sovaldi\) PA](#)

Non-preferred – Genotype 4

[Technivie PA](#)

[Harvoni PA](#)

[Epclusa PA](#)

[Sovaldi PA](#)

Non-preferred – Genotype 5

[Epclusa PA](#)

Non-preferred – Genotype 6

[Epclusa PA](#)

Herpes antivirals

Preferred

acyclovir

valacyclovir

Non-preferred

famciclovir

[Famvir PA](#)

[Sitavig PA](#)

[Valtrex PA](#)

[Zovirax PA](#)

Topical antivirals

Preferred

acyclovir ointment

Denavir

Zovirax ointment

Non-preferred

[Xerese PA](#)

[Zovirax cream PA](#)

Cardiovascular/Coagulation Therapy

Anticoagulants

Preferred

Aggrenox

clopidogrel

dipyridamole

Non-preferred

[aspirin/dipyridamole PA](#)

[Brilinta PA](#)

Effient

[Eliquis PA](#)

[Persantine PA](#)

[Plavix PA](#)

[Pradaxa PA](#)

[Savaysa PA](#)

[Xarelto \(15/20 mg\) PA](#)

[Zontivity PA](#)

Low Molecular Weight Heparins (LMWH)/ Injectable Direct Thrombin Inhibitors

Preferred

Fragmin
enoxaparin

Non-preferred

[Iprivask PA](#)
[Lovenox PA](#)

Cardiovascular/High Blood Pressure

ACE – Inhibitors

Preferred

benazepril
captopril
enalapril
fosinopril
lisinopril
moexipril
perindopril
quinapril
ramipril

Non-preferred

[Accupril PA](#)
Aceon
[Altace PA](#)
[Lotensin PA](#)
[Mavik PA](#)
[Prinivil PA](#)
[Univasc PA](#)
[Vasotec PA](#)
[Zestril PA](#)

ACE inhibitor – diuretic combinations

Preferred

benazepril/HCTZ
captopril/HCTZ
enalapril/HCTZ
fosinopril/HCTZ
lisinopril/HCTZ
quinapril/HCTZ

Non-preferred

[Accuretic PA](#)
[Capozide PA](#)
[Lotensin HCT PA](#)
[Monopril HCT PA](#)
[Prinizide PA](#)
[Uniretic PA](#)
[Vaseretic PA](#)
[Zestoretic PA](#)

Angiotensin receptor blockers (ARBs)

Preferred

losartan
valsartan

Non-preferred

[Atacand PA](#)
[Avapro PA](#)
[Benicar PA](#)
[Cozaar PA](#)
Diovan
[Edarbi PA](#)
[irbesartan PA](#)
[Micardis PA](#)
[Teveten PA](#)

ARB – diuretic combinations

Preferred

losartan-HCTZ
valsartan HCT

Non-preferred

[Atacand HCT PA](#)
[Avalide PA](#)
[Benicar HCT PA](#)
Diovan HCT
[Edarbyclor PA](#)
[Hyzaar PA](#)
[irbesartan HCT PA](#)
[Micardis HCT PA](#)
[Teveten HCT PA](#)

ACE I/ARB/DRI – CCB combinations

Preferred

amlodipine/benazepril
Exforge
Exforge HCT
Tekamlo (aliskiren/amlodipine)

Non-preferred

[Azor PA](#)
[Lexxel PA](#)
[Lotrel PA](#)
[Tarka \(trandolapril-verapamil\) PA](#)
trandolapril-verapamil
[Twynsta PA](#)

Beta Blockers – Oral

Preferred

acebutolol HCL
atenolol
bisoprolol fumarate
carvedilol – generic
labetalol HCL
metoprolol tartrate
nadolol
pindolol
prpranolol HCL solution and tablet
sotalol
sotalol AF
timolol maleate tablet

Non-preferred

[Betapace/Betapace AF PA](#)
[Bystolic PA](#)
[Coreg/Coreg CR PA](#)
[Inderal/Inderal LA PA](#)
Innopran XL
Levatol
[Lopressor PA](#)
metoprolol succinate
Sorine
[Toprol XL PA](#)

Dihydropyridine calcium channel blockers

Preferred

amlodipine
Dynacirc CR
felodipine
isradipine
nicardipine
Nifediac CC
Nifedical XL
nifedipine ER/SA

Non-preferred

Afeditab CR
[Adalat/Adalat CC PA](#)
[Cardene/Cardene SR PA](#)
[Nimotop \(Nimodipine\) PA](#)
nislodipine
[Norvasc PA](#)
[Plendil PA](#)
[Procardia/Procardia XL PA](#)
[Sular PA](#)

Non-dihydropyridine calcium channel blockers

Preferred

Cartia XT
Dilt – XR
Diltia XT
diltiazem
diltiazem XR
Diltzac ER
Taztia XT
verapamil

Non-preferred

[Calan/Calan SR PA](#)
[Cardizem CD PA](#)
[Cardizem LA PA](#)
[Cardizem SR PA](#)
Covera HS
[Dilacor XR PA](#)
[Isoptin PA](#)
Tiamate
[Tiazac PA](#)
[Verelan/Verelan PM PA](#)

Direct renin inhibitor (DRI)

Preferred

Tekturna
Tekturna/HCTZ

Non-preferred

Combination Vasodilators

Preferred

Bidil

Non-preferred

Cardiovascular/High Cholesterol

Bile acid sequestrants

Preferred

cholestyramine/light
colestipol

Non-preferred

Prevalite
Colestid
Questran/Questran light
Welchol

Fenofibrates	
Preferred Tricor Trilipix	Non-preferred Antara PA fenofibrate PA Fenoglide PA Lipofen PA Lofibra PA Triglide PA
Niacin derivatives	
Preferred Niaspan Simcor	Non-preferred Niacor PA
Statins – High Potency	
Preferred atorvastatin simvastatin	Non-Preferred Crestor Lipitor PA Livalo PA Zocor PA
Statins – Low Potency	
Preferred Lescol, Lescol XL lovastatin pravastatin	Non-preferred Mevacor PA Pravachol PA
Other Lipotropics	
Preferred Vytorin Zetia	Non-preferred amlodipine/atorvastatin Caduet ezetimibe PA Lovaza PA Vascepa PA
Cardiovascular/Other	
Other/Chronic Angina	
Preferred Ranexa	Non-preferred

Central Nervous System/Depression

Selective serotonin reuptake inhibitors (SSRIs)

Preferred

citalopram
escitalopram
fluoxetine
paroxetine
sertraline

Non-preferred

[Celexa PA](#)
Fluoxetine DR (weekly)
[Lexapro PA](#)
paroxetine suspension
[Paxil/Paxil CR PA](#)
[Pexeva PA](#)
[Prozac PA](#)
[Prozac Weekly PA](#)
[Sarafem PA](#)
[Viibryd PA](#)
[Zoloft PA](#)

New generation antidepressants

Preferred

bupropion IR, SA, XL
fluvoxamine
mirtazapine
nefazodone
trazodone
venlafaxine extend release capsules

Non-preferred

[Aplenzin \(bupropion HBr\) PA](#)
[Brintellix PA](#)
Cymbalta
[Desyrel PA](#)
duloxetine
[Effexor, Effexor XR PA](#)
[Fetzima PA](#)
[Khedezla PA](#)
[Luvox CR PA](#)
[Oleptro ER PA](#)
[Pristiq PA](#)
[Remeron/Soltabs PA, DX](#)
[Rexulti PA](#)
[venlafaxine extended release tablets PA](#)
[Wellbutrin/SR/XL PA](#)

Antidepressants for Fibromyalgia

Preferred

Savella

Non-preferred

Cymbalta
duloxetine

Central Nervous System/Migraine

Migraine

Preferred

Relpax
sumatriptan tablets
rizatriptan ODT
rizatriptan tablets

*Quantities > 18/mo. for oral or nasal dosage forms
and quantities > 4/mo for injectables require PA

Non-preferred

[Amerge and naratriptan PA](#)
Axert
Frova
Imitrex Nasal
[Imitrex tablets PA](#)
Maxalt/Maxalt MLT
[rizatriptan rapid tabs](#)
sumatriptan nasal
[Treximet PA](#)
Zomig/Zomig ZMT
zolmitriptan ODT

Central Nervous System/Pain and Movement Disorders

Post Herpetic Neuralgia

Preferred

gabapentin immediate release capsules
amitriptyline
capsaicin 0.075% cream
nortriptyline
venlafaxine

Non-preferred

Cymbalta
[gabapentin immediate release tablets PA](#)
[Gralise PA](#)
[Horizant PA](#)
[Lidoderm/lidocaine 5% Patch PA](#)
[Lyrica PA](#)
[Qutenza PA](#)

Restless Legs Syndrome

Preferred

carbidopa/levodopa
gabapentin immediate release capsules
pramipexole
ropinirole

Non-preferred

[gabapentin immediate release tablets PA](#)
[Horizant PA](#)
[Mirapex/Mirapex ER PA](#)
[Requip/Requip XL PA](#)
[ropinirole ER PA](#)
[Sinemet PA](#)

Central Nervous System/Multiple Sclerosis

Multiple Sclerosis

Preferred

Avonex
Betaseron
Copaxone 20mg
[Gilenya PA](#)
Rebif

Non-preferred

[Ampyra PA](#)
[Aubagio PA](#)
Extavia
[Lemtrada PA](#)
[Plegridy/Plegridy Pen PA](#)
[Tecfidera PA](#)
[Tysabri PA](#)
[Copaxone 40mg PA](#)
[Zinbryta PA](#)

Central Nervous System/Insomnia

Sedative Hypnotics

Preferred

zaleplon
zolpidem

Non-preferred

[Ambien \(zolpidem\) PA](#)
[Ambien CR PA](#)
[Belsomra PA](#)
[Edluar \(zolpidem sublingual\) PA](#)
[Intermezzo PA](#)
[Lunesta PA](#)
Rozerem
[Sonata PA](#)
[zolpidem CR PA](#)
[Zolpimist \(zolpidem\) PA](#)

Central Nervous System/Seizure Disorders

Carbamazepine derivatives

Preferred

carbamazepine chew tab
carbamazepine oral suspension
carbamazepine
Epilex
oxcarbazepine
Tegretol XR

Non-preferred

[Aptiom PA](#)
carbamazepine extended-release
Carbatrol
[Tegretol chew tab PA](#)
[Tegretol oral suspension PA](#)
[Tegretol tablet PA](#)
[Trileptal oral suspension PA](#)
[Trileptal tablet PA](#)

First Generation Anticonvulsants

Preferred

Celontin
Diastat
Divalproex sodium/ER
ethosuximide
felbamate tablets
Peganone
Phenytek
phenytoin sodium
primidone
valproic acid

Non-preferred

Depakene
[Depakote PA](#)
[Depakote ER PA](#)
[Depakote sprinkle PA](#)
[diazepam rectal generic PA](#)
[Dilantin PA](#)
[Felbatol PA](#)
[Mysoline tablet PA](#)
[Stavzor PA](#)
[Zarontin PA](#)

Second Generation Anticonvulsants

Preferred

Gabapentin immediate release capsules
Gabitril
lamotrigine tablets and dispersible tablet
levetiracetam
levetiracetam ER
topiramate
zonisamide

Non-preferred

[Banzel PA](#)
[Briviact PA](#)
[Fycompa PA](#)
[gabapentin immediate release tablets PA](#)
[Keppra PA](#)
[Keppra XR PA](#)
[Lamictal ODT PA](#)
[Lamictal tablets and dispersible tablet PA](#)
[Lamictal XR PA](#)
[Lyrica PA](#)
[Neurontin PA](#)
[Potiga PA](#)
[Qudexy XR PA](#)
[Sabril PA](#)
[Topamax PA](#)
Topiragen (topiramate)
[Trokendi XR PA](#)
[Vimpat PA](#)
[Zonegran PA](#)

Central Nervous System/Stimulants

Amphetamines

Preferred

Adderall XR [DX](#)
dextroamphetamine IR & ER [DX](#)
mixed amphetamine salts IR [DX](#)
Vyvanse [DX](#)

Non-preferred

[Adderall IR \(brand\) PA, DX](#)
[Evekeo PA, DX](#)
[Dexedrine PA, DX](#)
[mixed amphetamine salts XR PA, DX](#)
[Procentra PA, DX](#)

Methylphenidate drugs

Preferred

dexmethylphenidate IR
methylphenidate ER 18, 27, 36, and 54mg [DX](#)
methylphenidate IR and ER 5mg, 10mg, and 20mg [DX](#)
Focalin XR [DX](#)
Metadate CD/Metadate ER [DX](#)
Ritalin LA [DX](#)

Non-preferred

[Concerta PA](#), [DX](#)
Daytrana, [DX](#)
Focalin IR [PA](#) [DX](#)
[methylphenidate CD](#) [DX](#)
[methylphenidate LA](#) [PA](#), [DX](#)
[Ritalin](#), [Ritalin-SR](#) [PA](#), [DX](#)

Central Nervous System/Other

Atypical antipsychotics

Preferred

Aripiprazole
[Abilify Rapid Tab](#) [DX](#)
clozapine
clozapine ODT
Fanapt
Invega Sustenna
Invega Trinza
Latuda
olanzapine
quetiapine
risperidone
Risperdal Consta
Saphris
[Seroquel XR](#) [RR](#)
ziprasidone

Non-preferred

[Abilify](#) [RR](#)
[Abilify Maintena](#) [PA](#)
[Aristada](#) [PA](#)
[Fazaclo](#) [PA](#)
[Geodon](#) [PA](#)
[Invega](#) [PA](#)
olanzapine ODT
[quetiapine ER](#) [PA](#)
[Rexulti](#) [PA](#)
[Risperdal](#) [PA](#)
[Risperdal-M](#) [PA](#), [DX](#)
[Seroquel](#) [PA](#)
[Zyprexa](#) [PA](#)
[Zyprexa Zydys](#) [PA](#), [DX](#)
[Zyprexa Relprevv](#) [PA](#)
[Vraylar](#) [PA](#)

Cholinesterase inhibitors

Preferred

donepezil /ODT
Exelon Patch
rivastigmine

Non-preferred

[Aricept/ODT](#) [PA](#)
[Exelon](#) [PA](#)
galantamine
[Razadyne/Razadyne ER](#) [PA](#)

Dopamine receptor agonists

Preferred

pramipexole
ropinirole

Non-preferred

[Mirapex/Mirapex ER](#) [PA](#)
[Requip/Requip XL](#) [PA](#)
[ropinirole ER](#) [PA](#)

NMDA Receptor Antagonist

Preferred

memantine IR

Non-preferred

[Namenda PA](#)

[Namenda XR PA](#)

Dermatology/Acne

Benzoyl Peroxide

Preferred

10% Cleanser

Product examples

Desquam-X

benzoyl peroxide

Ethexderm

Benzac W Wash

Benzac AC

5% Gel

Product examples

benzoyl peroxide

Benzac AC

Non-preferred

benzoyl peroxide/aloe vera

benzoyl peroxide/sulfur

benzoyl peroxide microspheres

benzoyl peroxide/urea

benzoyl peroxide&skin cleansr

benzoyl peroxide/blemish cnclr

benzoyl peroxide/hyaluront sod

Benzoyl Peroxide – Clindamycin Combinations

Preferred

[Benzaclin 25, 35,or 50 gm PA](#)

[Benzaclin Gel/Pump PA](#)

Non-preferred

[Acanya PA](#)

[clindamycin-benzoyl peroxide \(50 gm gel\) PA](#)

[Duac PA](#)

[Neuac PA](#)

Topical Retinoids

Preferred

Differin (Gel, Cream, Lotion)

Tretinoin/tretinoin microspheres

Non-preferred

[adapalene gel and cream PA](#)

[Atralin PA](#)

[Avita PA](#)

[EpiDuo PA](#)

[Retin-A PA](#)

[Retin-A Micro/Micro pump PA](#)

[Tazorac PA](#)

[Veltin \(clinda/tretinoin\) PA](#)

[Ziana \(clinda/tretinoin\) PA](#)

Dermatology/Atopic Dermatitis

Topical Immunomodulators

Preferred

Elidel

Protopic

Non-preferred

tacrolimus 0.03% ointment

Diabetes/Insulin

Insulins

Preferred

Lantus
Levemir
Novolin 70/30
Novolin N
Novolin R
Novolog
Novolog FlexPen
Novolog Mix 70/30
Novolog Mix 70/30 FlexPen
Relion 70/30
Relion N
Relion R

Non-preferred

[Afrezza PA](#)
[Apidra PA](#)
[Humalog PA](#)
[Humalog 50/50 PA](#)
[Humalog Mix 75/25 PA](#)
[Humulin 70/30 PA](#)
[Humulin 70/30 Kwikpen PA](#)
[Humulin N PA](#)[Humulin N Kwikpen PA](#)
[Humulin R PA](#)
[Toujeo PA](#)
[Tresiba PA](#)

Diabetes/Non-Insulin

Alpha-glucosidase inhibitors

Preferred

acarbose
Glyset

Non-preferred

[Precose PA](#)

DPP-4 Inhibitors

Preferred

Januvia and Janumet
Onglyza and Kombiglyze
Tadjenta and Jentadueto

Non-preferred

[Kazano PA](#)
[Nesina PA](#)
[Oseni PA](#)

Incretin mimetics and Synthetic amylin

Preferred

Byetta
Symlin/Symlin Pen

Non-preferred

[Bydureon PA](#)
[Tanzeum PA](#)
[Trulicity PA](#)
[Victoza PA](#)

Meglitinides

Preferred

nateglinide
Prandin
Starlix (nateglinide)

Non-preferred

Prandimet

Sulfonylurea agents

Preferred

glimepiride
glipizide – extended release
glipizide – immediate release
glyburide – immediate release

Non-preferred

[Amaryl PA](#)
[Diabeta PA](#)
[Glucotrol XL PA](#)
[Glucotrol PA](#)
[Glynase PA](#)
[Glynase PresTab PA](#)
[Micronase PA](#)

Thiazolidinediones (TZDs)

Preferred

pioglitazone

Non-preferred

[Actos PA](#)
[Avandia PA](#)

TZD combination products

Preferred

ActoPlusMet
Avandamet
DuetAct

Non-preferred

Actoplusmet XR
Avandaryl

Diabetic Testing Supplies

Blood Glucose Monitors

Preferred

Accu-Chek Aviva Plus
Accu-Chek Nano SmartView
Contour Contour NextContour Next EZContour
Next USB
Contour USB

Non-preferred

[Non-preferred Meters](#)

Blood Glucose Test Strips

Preferred

Accu-Chek Aviva Plus Test Strips
Accu-Chek Smartview Test Strips
Breeze 2 Disc Test Strips
Contour Test Strips
Contour Next Test Strips

Non-preferred

[Non-preferred Test Strips](#)

Endocrine/Androgenic agents

Androgenic agents

Preferred

[Androderm PA](#)

[Androgel PA](#)

Non-preferred

[Axiron PA](#)

[Fortesta PA](#)

[Striant PA](#)

[Testim PA](#)

[Testopel PA](#)

[testosterone gel pump PA](#)

[Vogelxo PA](#)

Endocrine/Growth Hormone

Growth Hormone

Preferred

[Norditropin PA](#)

[Nutropin/Nutropin AQ PA](#)

Non-preferred

[Genotropin PA](#)

[Humatrope PA](#)

[Omnitrope PA](#)

[Saizen PA](#)

[Serostim PA](#)

[Tevtropin PA](#)

[Zorbtive PA](#)

Endocrine/Progestin

Progestins for cachexia

Preferred

Megace ES suspension

megestrol acetate tablets

Non-preferred

[Megace tablets PA](#)

Eye Conditions/Anti-Allergy

Ophthalmic antihistamines

Preferred

Alaway OTC (ketotifen 0.03%)

ketotifen 0.03% OTC

Patanol (olopatadine 0.1%)

Pataday (olopatadine 0.2%)

Pazeo (olopatadine 0.7%)

Non-preferred

[azelastine 0.05% PA](#)

[Bepreve PA](#)

[Elestat \(epinastine\) PA](#)

[epinastine 0.05% PA](#)

[Emadine PA](#)

[Lastacaft \(alcaftadine\) PA](#)

[olopatadine 0.1%PA](#)

[Optivar \(azelastine 0.05%\) PA](#)

[Zaditor OTC \(ketotifen PA\)](#)

Ophthalmic mast cell stabilizers

Preferred

Alamast
Alocril
cromolyn sodium

Non-preferred

Alomide

Eye Conditions/Antibiotics

Ophthalmic quinolones

Preferred

ciprofloxacin
ofloxacin
Vigamox

Non-preferred

[Besivance PA](#)
[Ciloxan PA](#)
[Iquix PA](#)
[Moxeza PA](#)
[Ocuflox ophthalmic PA](#)
[Zymar PA](#)
[Zymaxid PA](#)

Eye Conditions/Glaucoma

Alpha-2 adrenergic agents

Preferred

Alphagan P
brimonidine tartrate

Non-preferred

apraclonidine
lopidine (apraclonidine)

Beta-blockers

Preferred

betaxolol
Betimol
Betoptic S
carteolol
Combigan
Istalol
levobunolol
metipranolol
timolol maleate

Non-preferred

[Betagan PA](#)
[Ocupress PA](#)
[Optipranolol PA](#)
[timolol maleate gel-forming solution PA](#)
[Timoptic PA](#)
[Timoptic Ocudose PA](#)
[Timoptic-XE PA](#)

Carbonic anhydrase inhibitors

Preferred

Azopt
dorzolamide
dorzolamide-timolol

Non-preferred

[Cosopt \(dorzolamide-timolol\) PA](#)
[Cosopt PF PA](#)
[Trusopt \(dorzolamide\) PA](#)

Prostaglandin agonists

Preferred

latanoprost
Travatan / Travatan Z

Non-preferred

bimatoprost
Lumigan 0.01%
[Xalatan PA](#)
[Zioptan PA](#)

Eye Conditions/Anti-Inflammatory

Ophthalmic NSAIDS

Preferred

diclofenac 0.1%
ketorolac 0.5%
ketorolac 0.4%
Tobradex

Non-preferred

[Acular 0.5% PA](#)
[Acular LS 0.4% PA](#)
[Acuvail 0.45% PA](#)
Bromday
bromfenac 0.09%
Nevanac
[Voltaren Drops PA](#)
Xibrom

Gastrointestinal/Acid Suppression

Histamine-2 receptor antagonists

Preferred

famotidine
ranitidine

Non-preferred

[Axid PA](#)
nizatidine
[Pepcid PA](#)
[Tagamet PA](#)
[Zantac PA](#)

Proton pump inhibitors

Preferred

omeprazole Rx
pantoprazole
Nexium packet

Non-preferred

Aciphex
[Dexilant PA](#)
[lansoprazole \(all dose forms\) PA](#)
Nexium capsules
[omeprazole sodium bicarbonate PA](#)
[Prevacid/Prevacid Solutab PA](#)
[Prilosec/Prilosec Packet PA](#)
[Protonix PA](#)
[rabeprazole](#)

*Prilosec OTC, Prevacid OTC, Zegerid (omeprazole sodium bicarb) excluded from coverage

Gastrointestinal/Nausea/Vomiting

Antiemetics

Preferred

ondansetron
ondansetron ODT

Non-preferred

[Anzemet PA*](#)
[Granisol PA](#)
[Kytril/granisetron PA*](#)
[Sancuso patch PA](#)
[Zofran PA*](#)
[Zuplenz PA*](#)

* PA for quantities > 20 per month

Gastrointestinal/Ulcerative Colitis

Ulcerative Colitis

Preferred

balsalazide capsule
Canasa (mesalamine) Suppository
Delzicol
mesalamine enema
Pentasa (mesalamine) capsules
sulfasalazine IR/DR

Non-preferred

[Apriso \(mesalamine\) capsule PA](#)
Asacol HD (mesalamine)
[Azulfidine tabs \(sulfasalazine\) PA](#)
[Colazal \(balsalazide\) capsule PA](#)
Dipentum (olsalazine sodium)
[Giazo PA](#)
Lialda
[Rowasa Kit \(enema+wipes\) PA](#)
[SF Rowasa \(mesalamine\) enema PA](#)

Gastrointestinal/Other

Pancreatic Enzymes

Preferred

Creon
pancrelipase (generic)
Zenpep

Non-preferred

[Pancreaze PA](#)
[Viokace PA](#)

Men's Health/Prostate

Alpha blockers

Preferred

alfuzosin
tamsulosin

Non-preferred

[Flomax PA](#)
Uroxatral
[Rapaflo PA](#)

Androgen hormone inhibitors

Preferred

finasteride

Non-preferred

[Avodart PA](#)
[Jalyn PA](#)
[Proscar PA](#)

Miscellaneous/Anemia

Anemia treatment

Preferred

Aranesp

Procrit

Non-preferred

[Epogen PA](#)

Miscellaneous/Hereditary Angioedema

Hereditary Angioedema

Preferred

[Berinert PA](#)

Danazol

[Kalbitor PA](#)

Non-preferred

[Cinryze PA](#)

[Firazyr PA](#)

[Ruconest PA](#)

Miscellaneous/Immunomodulators

Immunomodulators

Preferred

[Enbrel PA](#)

[Humira PA](#)

Non-preferred

[Actemra PA](#)

[Amevive PA](#)

[Cimzia PA](#)

[Cosentyx PA](#)

[Entyvio PA](#)

[Kineret PA](#)

[Orencia PA](#)

[Otezla PA](#)

[Otrexup PA](#)

[Remicade PA](#)

[Simponi PA](#)

[Stelara PA](#)

[Xeljanz PA](#)

Miscellaneous/Immunosuppressants

Immunosuppressants

Preferred

azathioprine
cyclosporine
mycophenolate
tacrolimus

Non-preferred

Azasan (azathioprine)
[Imuran PA](#)
[Cellcept \(mycophenolate\) PA](#)
Gengraf (cyclosporine)
Myfortic (mycophenolate)
[Neoral \(cyclosporine\) PA](#)
[Prograf \(tacrolimus\) PA](#)
Rapamune/Sandimmune (cyclosporine)

Miscellaneous/Opioid Dependence/Opioid Overdose

Opioid Dependence

Preferred

Suboxone film
Naloxone prefilled syringe with nasal atomizer

Non-preferred

[buprenorphine/naloxone sublingual tab PA](#)
[Evzio PA](#)
[Zubsolv PA](#)

Miscellaneous/Overactive Bladder

Urinary tract antispasmodics

Preferred

oxybutynin* IR, ER or XL
Enablex
Oxytrol
Sanctura/Sanctura XR
tolterodine
tolterodine ER
Toviaz (fesoterodine)
Vesicare

Non-preferred

[Detrol PA](#)
Detrol LA
[Ditropan PA](#)
[Ditropan XL PA](#)
[Gelnique PA](#)
[Myrbetriq PA](#)
trospium

Miscellaneous/Other

Pediculicides

Preferred

permethrins
pyrethrins
Natroba

Non-preferred

lindane
malathion
Ovide
[Sklice PA](#)
[spinosad PA](#)

Miscellaneous/Other

Phosphate Binders

Preferred

calcium acetate
Eliphos
Renagel, Renvela

Non-preferred

[Fosrenol PA](#)

Miscellaneous/Other

Smoking Cessation Products

Preferred

Chantix
Nicotine Patch
Nicotine Gum
Nicotine Lozenge

Non-preferred

[Nicotrol](#)
[Nicotrol NS](#)
[Zyban PA](#)

Musculoskeletal/Osteoporosis

Bisphosphonates

Preferred

alendronate

Non-preferred

[Actonel/ibandronate PA](#)
[Atelvia \(risedronate\) PA](#)
[Binosto PA](#)
[Boniva tablets and injectable PA](#)
[Fosamax PA](#)
Fosamax Plus D
[Prolia PA](#)

Calcitonins

Preferred

Miacalcin

Non-preferred

calcitonin – salmon
[Fortical PA](#)

Musculoskeletal/Pain

Long Acting Opioids

Preferred

morphine (sustained action)

Non-preferred

[Avinza \(morphine\) PA](#)

[Butrans PA](#)

[Duragesic PA](#)

[Embeda \(morphine\) PA](#)

[Exalgo \(hydromorphone\) PA](#)

fentanyl patch

Kadian (morphine ER)

Methadone

[morphine ER PA](#)

[MS Contin \(morphine\) PA](#)

[Nucynta ER \(tapentadol\) PA](#)

[Opana ER \(oxymorphone\) PA](#)

[oxycodone \(sustained\) PA](#)

[OxyContin \(oxycodone\) PA](#)

[Zohydro ER PA](#)

Respiratory/Asthma/COPD

Anticholinergics – inhaled

Preferred

Ipratropium-albuterol nebs

Atrovent HFA

Combivent

Combivent Respimat

Spiriva HandiHaler

Stiolto Respimat

Non-preferred

[Anoro Ellipta PA](#)

[Duoneb PA](#)

[Incruse Ellipta PA](#)

[Spiriva Respimat PA](#)

[Tudorza Pressair PA](#)

Antihistamines – Second-generation

Preferred

cetirizine (Rx or OTC**)

cetirizine-D (generic or OTC**)

loratadine (Rx or OTC**)

loratadine-D (generic or OTC**)

Non-preferred

[Allegra and fexofenadine PA](#)

[Allegra-D 12 and 24 Hour PA](#)

[Clarinex PA](#)

[Clarinex-D PA](#)

[Claritin PA](#)

[Claritin D 12 and 24-Hour PA](#)

[fexofenadine-D 12 hour PA](#)

[Xyzal and levocetirizine PA](#)

*Allegra OTC, fexofenadine OTC, Allegra-D OTC and fexofenadine-D OTC are excluded from coverage

** Not all OTC products are covered. Please consult the NDC lookup website for specific NDC coverage information

Antihistamines – Intranasal	
Preferred Astelin (azelastine) Azelastine Patanase	Non-preferred Astepro PA
Inhaled corticosteroids	
Preferred Asmanex Twisthaler Flovent HFA, Diskus Pulmicort inhalation solution Pulmicort Flexhaler QVAR	Non-preferred Alvesco PA Arnuity Ellipta PA Asmanex HFA budesonide inhalation solution PA
Inhaled corticosteroid/LABA combinations	
Preferred Advair/Advair HFA Dulera Symbicort	Non-preferred Breo Ellipta PA
Intranasal corticosteroids	
Preferred fluticasone Omnaris	Non-preferred Beconase AQ PA budesonide – generic PA Dymista PA Flonase PA flunisolide – generic PA Nasacort AQ PA Nasonex PA Qnasl PA Rhinocort Aqua PA Ticanase PA Triamcinolone – generic PA Veramyst PA Zetonna PA
Leukotriene Modifiers	
Preferred Accolate montelukast sodium zafirlukast	Non-preferred Singulair PA Zyflo CR PA

Long-acting beta-agonists (LABA) – inhaled

Preferred

Foradil
Serevent

Non-preferred

[Arcapta PA](#)
[Brovana PA](#)
[Perforomist PA](#)
[Striverdi PA](#)

Short-acting beta-agonists (SABA) – inhaled

Preferred

Proair HFA
Proventil HFA
Ventolin HFA

Non-preferred

[Maxair Autohaler PA](#)
[Xopenex HFA PA](#)

Short-acting beta-agonists (SABA) – nebulized

Preferred

albuterol – generic

Non-preferred

[Accuneb PA](#)
levalbuterol concentrate
Xopenex

Respiratory/Cystic Fibrosis

Tobramycin for inhalation

Preferred

Bethkis
Kitabis Pak

Non-preferred

[Tobi PA](#)
[Tobi Podhaler PA](#)
[generic tobramycin inhalation solution PA](#)

Respiratory/Other

Endothelin Receptor Antagonists

Preferred

Letairis

Non-preferred

Tracleer

Phosphodiesterase-5 inhibitor

Preferred

[Adcirca PA](#)
[sildenafil PA](#)

Non-preferred

[Revatio PA](#)

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