Preferred Drug List (PDL)

Revised 11-3-2011

New Drugs may be Non-Preferred until reviewed by the Drug Use Review Board

NOTES:

*Indicates a generic is available without Prior Authorization (PA)

** Indicates when additional PA is required for entire class

This list may not include all available generic formulations listed specifically by name

ANALGESICS

Long-Acting Narcotics		**Long-Acting Narcotics**	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
fentanyl patch	morphine sulfate SR	*Avinza®*	*Oramorph SR®*
Kadian®		*Butrans Patch®*	*oxycodone SR*
		Conzip ER®	*OxyContin®* ***Dose limit 2/day.***
		*Duragesic® patch**	*Oxymorphone ER*
		Exalgo®	*Ryzolt®*
		*MS Contin® **	*Tramadol ER*
		Nucynta ER®	*Ultram ER®*
		Opana ER®	
		No more than one long acting opioid allowed.	

Topical Analgesics/Anesthetics		**Topical Analgesics/Anesthetics**	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Voltaren® gel		*Flector® patch*	*Pennsaid®*
		Lidoderm® patch	

Check manual for quantity limits, step edit.

Anti-Migraine: 5-HT1 Receptor Agonists	**Anti-Migraine: 5-HT1 Receptor Agonists**	
PREFERRED AGENTS	NON-PREFERRED AGENTS	
sumatriptan (all forms)	*Amerge®*	*Naratriptan®*
	Axert®	*Relpax®*
	Cambia®	*Sumavel® Dosepro*
Check manual for quantity limits	*Frova®*	*Treximet ®*
	*Imitrex® * all forms*	*Zomig®*
	Maxalt MLT®	*Zomig® Spray*
	Maxalt®	*Zomig ZMT®*

ANTI-INFECTIVES

Antibiotics: 2nd Generation Quinolones		**Antibiotics: 2nd Generation Quinolones**	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
ciprofloxacin tablet	ciprofloxacin ER	*Cipro ® tabs **	*Noroxin®*
Cipro ® suspension	ofloxacin	*Cipro XR®*	*Proquin XR® **|

Antibiotics: 3rd Generation Quinolones		**Antibiotics: 3rd Generation Quinolones**	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Avelox®	Avelox ABC Pack®	*Factive®*	*levofloxacin*
		Levaquin®	

Antibiotics: Macrolides		**Antibiotics: Macrolides**	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
azithromycin	erythromycin estolate	*Biaxin XL® **| *PCE® **|
clarithromycin	erythromycin ethylsuccinate	*Biaxin® **| *Zithromax® **|
clarithromycin ER	erythromycin stearate	*E.E.S.® **| *Zmax® **|
erythromycin base	erythromycin w/sulfisox	*Ery-Tab®*	

Antibiotics: 2nd Generation Cephalosporins		**Antibiotics: 2nd Generation Cephalosporins**	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
cefaclor	cefuroxime	*cefaclor ER*	*cefprozil tablet*
cefprozil susp		*Ceftin ® **	

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ANTI-INFECTIVES (continued)

Antibiotics: 3rd Generation Cephalosporins

PREFERRED AGENTS		NON-PREFERRED AGENTS	
cefdinir	Suprax®	*Cedax®*	*Spectracef®*
cefpodoxime		*cefditoren*	
		*Omnicef® **	

Antifungals: Onycomycosis

PREFERRED AGENTS		NON-PREFERRED AGENTS	
Grifulvin V	Gris-Peg®	*itraconazole*	*Sporanox ®*
griseofulvin	terbinafine	*Lamisil®*	*Terbinex ®*

Antivirals: Herpes

PREFERRED AGENTS		NON-PREFERRED AGENTS	
acyclovir	valacyclovir	*Famvir®*	*Valtrex®*
famciclovir			*Zovirax® **

Hepatitis C: Pegylated Interferons

PREFERRED AGENTS		NON-PREFERRED AGENTS	
Pegasys ®	Pegasys Convenience Pack ®	*PEG-Intron ®*	*PEG-Intron Redipen ®*
Pegasys ProClick®			

Hepatitis C: Protease Inhibitors

PREFERRED AGENTS		NON-PREFERRED AGENTS
Incivek ®	Victrelis ®	*N/A*

Hepatitis C: Ribavirin Products

PREFERRED AGENTS	NON-PREFERRED AGENTS	
Ribavirin Capsules & tabs	*Copegus®*	*Ribapak®*
	Rebetol®	*Ribatab®*
	Ribasphere®	

Topical Antibiotics

PREFERRED AGENTS	NON-PREFERRED AGENTS	
mupirocin ointment	*Altabax ®*	*Bactroban® ointment*
	Bactroban® cream	*Centany ®*
	Bactroban® Nasal	*Centany AT®*

CARDIOVASCULAR

ACE Inhibitors and Combos - Trial of 2 preferred agents required

ACE Inhibitors

PREFERRED AGENTS	NON-PREFERRED AGENTS	
benazepril	*Aceon®*	*perindopril*
captopril	*Accupril®*	*Prinivil® **
enalapril	*Altace®*	*quinapril*
lisinopril	*Capoten® **	*ramipril*
	fosinopril	*trandolapril*
	*Lotensin® **	*Univasc®*
	Mavik®	*Vasotec® **
	moexipril	*Zestril® **

ACE Inhibitor Combinations

PREFERRED AGENTS		NON-PREFERRED AGENTS	
benazepril w/HCTZ	enalapril w/HCTZ	*Accuretic®*	*Prinzide® **
captopril w/HCTZ	lisinopril w/HCTZ	*Capozide® **	*quinapril w/HCTZ*
		fosinopril w/HCTZ	*Quinaretic®*
		*Lotensin HCT® **	*Uniretic®*
		moexipril w/HCTZ	*Vaseretic® **
			*Zestoretic® **

Preferred Drug List (PDL)

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CARDIOVASCULAR (continued)

Angiotensin II Receptor Blockers & Combos -Trial of 2 preferred agents required

Angiotensin Receptor Blockers		Angiotensin Receptor Blockers	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Diovan ®	losartan	*Atacand®*	*Edarbi®*
		Avapro®	*Micardis®*
		Benicar®	*Teveten®*
		*Cozaar® **	

Angiotensin Receptor Blocker Combinations		Angiotensin Receptor Blocker Combinations	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Diovan HCT ®		*Atacand HCT®*	*Hyzaar® **
losartan-HCTZ		*Avalide®*	*Micardis HCT®*
		Benicar HCT®	*Teveten HCT®*

Angiotensin Modulator Combinations		Angiotensin Modulator Combinations	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
amlodipine/benazepril	Exforge HCT ®	*Amturnide ®*	*Tarka®*
Exforge ®	Lotrel ®	*Azor ®*	*Tribenzor®*
	Valturna ®	*Tekamlo ®*	*Twynsta®*
			verapamil SR/trandolapril

Beta Blockers	Beta Blockers	
PREFERRED AGENTS	NON-PREFERRED AGENTS	
atenolol	*acebutolol/Sectral®*	*labetalol/Normodyne®/Trandate®*
carvedilol	*betaxolol/Kerlone®*	*Levatol®*
metoprolol tartrate	*bisoprolol/Zebeta®*	*Lopressor®**
propranolol	*Bystolic ®*	*metoprolol succinate ER/Toprol XL®*
	Coreg CR®	*nadolol/Corgard®*
Trial of 2 preferred agents required	*Coreg®**	*pindolol*
with the exception of Coreg CR® & metoprolol ER	*Inderal LA®**	*sotalol/Betapace®/Batapace AF® /Sorine®*
which only require a trial of IR agent	*Innopran XL®*	*Tenormin®**
		timolol

Calcium Channel Blockers - Trial of 2 preferred agents required

Calcium Channel Blockers (DHP)		Calcium Channel Blockers (DHP)	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
amlodipine	nicardipine HCl	*Adalat CC®*	*nifedipine ER/nifedical XL/Procardia XL®*
		Afeditab CR	*nifedipine IR/Procardia®*
		Cardene SR®	*Nimotop®*
		felodipine ER/Plendil®	*nisoldipine*
		isradipine/Dynacirc CR®	*Norvasc®**
		nifediac CC	*Sular ® (reformulated)*

Calcium Channel Blockers (non-DHP)		Calcium Channel Blockers (non-DHP)	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
diltiazem HCl IR	verapamil HCl IR	*Calan*/Calan SR®*	*diltiazem ER/SR/XR*
		*Cardizem ®**	*Diltzac ER*
		Cardizem CD/LA ®	*Isoptin SR ®*
		Cartia Xt	*Matzim LA*
		Covera-HS ®	*Taztia XT*
		Dilacor XR ®	*Tiazac ®*
		Dilt-CD/XR	*Verapamil ER PM*
		Diltia XT	*Verelan/VerelanPM ®*

Direct Renin Inhibitors		Direct Renin Inhibitors
PREFERRED AGENTS		NON-PREFERRED AGENTS
Tekturna ®	Tekturna HCT ®	

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CARDIOVASCULAR (continued)

Lipotropics:HMG-CoA Red Inh (Statins), Combos & Others		Lipotropics:HMG-CoA Red Inh (Statins), Combos & Others	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Advicor ®	Niaspan ®	*Caduet ®*	*Niacor ®*
Altoprev ®	pravastatin	*Lipitor®*	*Pravachol® **
Crestor ®	Simcor ®	*Livalo®*	*Vytorin ®*
Lescol ®	simvastatin	*Mevacor® **	*Zocor® **
Lescol XL ®	Zetia ®		
lovastatin			

Lipotropics: Triglyceride Lowering Agents		Lipotropics: Triglyceride Lowering Agents	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
gemfibrozil	Trilipix ®	*Antara®*	*Lipofen®*
Tricor®		*fenofibrate*	*Lofibra®*
		fenofibric acid	*Lopid ® **
		Fenoglide ®	*Lovaza®*
		Fibricor®	*Triglide®*

PAH Agents

Endothelin Receptor Antagonists		Endothelin Receptor Antagonists	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Letairis ®		*Tracleer ®*	

PAH, Inhalation		PAH, Inhalation	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
N/A		*Tyvaso®*	*Ventavis®*

PDE Inhibitors for PPH/PAH		PDE Inhibitors for PPH/PAH	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Adcirca®	Revatio®	*N/A*	

Platelet Aggregation Inhibitors		Platelet Aggregation Inhibitors	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Aggrenox ®	dipyridamole	*Brilinta®*	*Persantine®*
aspirin	Plavix ®	*Effient®*	*ticlopidine*

CENTRAL NERVOUS SYSTEM

Alzheimer's Agents: Cholinesterase Inhibitors		Alzheimer's Agents: Cholinesterase Inhibitors	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Aricept ®	donepezil ODT	*Aricept 23*	*Exelon ® solution*
Aricept ® ODT	Exelon ® patch	*Exelon ® capsule **	*galantamine ER*
donepezil	rivastigmine capsule	*galantamine*	*Razadyne ®*
			Razadyne ® ER

Alzheimer's Agents: NMDA Receptor Antagonist		Alzheimer's Agents: NMDA Receptor Antagonist	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Namenda ® tablet	Namenda ® solution	*N/A*	

Anti-Convulsants: Carbamazepine Derivatives		Anti-Convulsants: Carbamazepine Derivatives	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
carbamazepine chew tabs	Epitol ®	*Equetro®*	*Trileptal ® oral suspension * %*
carbamazepine tab & susp	oxcarbazepine tablet & susp	*Tegretol ® chew tabs * %*	*Trileptal ® tablets * %*
carbamazepine ER & XR	Tegretol ® XR %	*Tegretol ® tablets & suspension * %*	
Carbatrol ® %			

% DAW 7 may be used ONLY for seizure diagnosis

% Alternative Dosage Forms require PA

Preferred Drug List (PDL)

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CENTRAL NERVOUS SYSTEM (continued)

Anti-Convulsants: First Generation		Anti-Convulsants: First Generation	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Dilantin ® 30 mg Kapseal	mephobarbital	*Depakene ® caps & syrup *%*	*Felbatol ® tabs & susp*
Dilantin ® 50mg chew tab	phenytoin caps & suspension	*Depakote ® IR & ER *%*	*Mebaral ® *%*
divalproex sodium IR & ER	primidone	*Depakote ® sprinkle*	*Mysoline ® *%*
divalproex sodium sprinkle	valproic acid capsule & syrup	*Dilantin ® capsule*%*	*Stavzor ® %*
ethosuximide caps & susp		*Dilantin-125 ® oral suspension *%*	*Zarontin ® *%*
		felbamate	
		% DAW 7 may be used ONLY for seizure diagnosis	
% Alternative Dosage Forms require PA			

Anti-Convulsants: Second Generation		Anti-Convulsants: Second Generation	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
gabapentin	Lyrica ®	*Banzel ®*	*Neurontin ® solution %*
Lamictal® Starter	topiramate tablets	*Gabitril ®*	*Neurontin ® tablet/capsule * %*
lamotrigine	zonisamide	*Keppra ® *%*	*Sabril ®*
levetiracetam IR		*Keppra XR® %*	*Topamax ® Sprinkle Cap*
		*Lamictal ® * %*	*Topamax ® tablet * %*
		Lamictal ® ODT/ODT Tritration %	*topiramate sprinkle cap*
		Lamictal XR ® %	*Vimpat®*
		levetiracetam ER%	*Zonegran ® **
		% DAW 7 may be used ONLY for seizure diagnosis	
% Alternative Dosage Forms require PA			

Anti-Depressants: SSRIs		Anti-Depressants: SSRIs	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
citalopram	paroxetine	*Celexa® **	*Paxil® CR*
fluoxetine	sertraline	*fluoxetine 20mg tablet*	*Pexeva®*
fluvoxamine		*fluoxetine DR*	*Prozac® **
		Lexapro ® Dose Limit 20 mg/day	*Prozac® Weekly*
		Luvox CR®	*Sarafem®*
		paroxetine CR	*Zoloft® **
		*Paxil® **	

Anti-Depressants: Novel		Anti-Depressants: Novel	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
budeprion SR & XL	mirtazapine	*Aplenzin ®*	*Remeron ® **
bupropion SR & XL	trazodone	*bupropion IR*	*Remeron Sol-tab ®*
Cymbalta ®	venlafaxine IR	*Desyrel ® **	*venlafaxine ER Caps 24H*
Effexor XR ®		*Effexor® **	*Venlafaxine ER OSM 24*
		mirtazapine rapdis	*venlafaxine ER tabs*
		Oleptro ER®	*Viibryd®*
		Pristiq®	*Wellbutrin ®*
			Wellbutrin SR & XL ®

ADHD/CNS Stimulants		ADHD/CNS Stimulants	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Adderall XR®	Metadate ER®	*Adderall® **	*Methylin solution ®*
amphetamine salt IR combo	Methylin ®	*Daytrana®*	*methylphenidate solution*
Concerta®	Methylin ER®	*Dexedrine Elixir®*	*methylphenidate TAB ER 24 (18,27,36,54mg)*
dextroamphetamine	methylphenidate	*Dexedrine SA® **	*Procentra*
dextroamphetamine SA	methylphenidate ER 10 & 20mg	*Dexedrine® **	*Ritalin LA®*
Focalin XR®	methylphenidate SR 20 mg	*dexmethylphenidate*	*Ritalin SR® **
Focalin®	Vyvanse®	*dextroamp-amphet ER*	*Ritalin® **
Metadate CD®		*Methylin chew tab®*	
Trial of 2 preferred agents required			

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CENTRAL NERVOUS SYSTEM (continued)

Atypical Antipsychotics		Atypical Antipsychotics	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Abilify® tablet		*Abilify discmelt® +*	*Risperdal Consta ® +*
clozapine		*Abilify® solution +*	*Risperdal M-tabs® +*
Geodon®		*Clozaril®*	*Risperdal solution ® +*
risperidone tablet		*Fanapt®*	*risperidone solution*
Seroquel® (maintenance doses <150mg/d require PA)		*Fazaclo®*	*risperidone tab rapdis*
		Invega®	*Saphris®*
Initial prescriptions limited to 15-day supply		*Invega® Sustenna +*	Seroquel XR®
		Latuda®	*Symbyax ®*
		olanzapine	*Zyprexa ® tablet*
		Risperdal ®	*Zyprexa zydis® +*
			ZyprexaRelprevv ® +
		+ Unique dosage forms require additional criteria to be met	

Multiple Sclerosis Agents		Multiple Sclerosis Agents	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Avonex ®	Copaxone ®	*Amypra®*	*Gilenya*
Betaseron ®		*Extavia®*	*Rebif ®*

Parkinson's Agents: Non-Ergot Dopamine Receptor Agonists		Parkinson's Agents: Non-Ergot Dopamine Receptor Agonists	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
pramipexole dihydrochloride	ropinirole	*Mirapex ER ®*	*Requip ®*
		*Mirapex ® **	*Requip XL®*

Sedative Hypnotic Agents		Sedative Hypnotic Agents	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
flurazepam	Sonata®	*Ambien® / Ambien CR®*	*Rozerem®*
temazepam 15 & 30mg	zolpidem tartrate IR	*chloral hydrate syrup*	*Silenor®*
		Doral®	*Somnote ®*
		Edluar®	*triazolam*
		estazolam	*temazepam 7.5 & 22.5mg*
		Halcion®	*zaleplon*
		Lunesta®	*zolpidem ER*
Quantity Limits Apply		*Restoril®*	*Zolpimist®*

Skeletal Muscle Relaxants		Skeletal Muscle Relaxants	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
baclofen	orphenadrine citrate	*Amrix®*	*Parafon Forte DSC®*
chlorzoxazone	orphenadrine compound	*cyclobenzaprine ER cap*	*Robaxin®*
cyclobenzaprine HCl	orphenadrine compound forte	*Dantrium®*	*Skelaxin®*
dantrolene sodium	tizanidine HCl tablet	*Fexmid®*	*Zanaflex capsule®*
methocarbamol		*Lorzone®*	*Zanaflex tablet®*
		metaxalone	

ENDOCRINE AND METABOLIC AGENTS

Bone: Bisphosphonates		Bone: Bisphosphonates	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
alendronate tablet	Fosamax ® Plus D	*Actonel®*	*Boniva®*
Fosamax ® oral solution		*Actonel with Calcium®*	*Fosamax ® tabs **
		Atelvia®	

Bone:Nasal Calcitonins		Bone:Nasal Calcitonins	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Calcitonin-Salmon Nasal		*Fortical®*	*Miacalcin®*

Bone:Resorption Suppression Agents & Others		Bone:Resorption Suppression Agents & Others	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Evista®		*Forteo®*	

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ENDOCRINE AND METABOLIC AGENTS (continued)

Diabetes: DPP-IV Inhibitors		Diabetes: DPP-IV Inhibitors	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Januvia ®	Kombiglyze XR®	*Juvisync®*	*Tradjenta®*
Janumet ®	Onglyza®		

Diabetes: Alpha-Glucosidase Inhibitors		Diabetes: Alpha-Glucosidase Inhibitors
PREFERRED AGENTS		NON-PREFERRED AGENTS
acarbose	Glyset ®	*Precose ®*

Diabetes: GLP-1 Receptor Agonist	Diabetes: GLP-1 Receptor Agonist
PREFERRED AGENTS	NON-PREFERRED AGENTS
Byetta®	*Victoza ®*
Electronic edit applies	

Diabetes: Insulin		Diabetes: Insulin	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Novolin ® 70/30	Humalog ® Mix 50/50	*Apidra ®*	*Humulin ® R*
Novolin ® N	Humalog ® Mix 75/25	*Humalog ®*	*Lantus Solostar®*
Novolin ® R	Humulin ® 50/50	*Humulin ® 70/30*	*Lantus® cartridges*
Novolog ®	Lantus® vial	*Humulin ® N*	*Levemir® FlexPens*
NovoLog ® Mix 70/30	Levemir® vial		

Diabetes: Meglitinides & Combos		Diabetes: Meglitinides & Combos	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Prandin ®	PrandiMet ®	*nateglinide*	*Starlix ®*

Diabetes: Sulfonylureas Second Generation		Diabetes: Sulfonylureas Second Generation	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
glimepiride	glyburide	*Amaryl ® **	*Glucotrol XL ® **
glipizide	glyburide micronized	*Diabeta ® **	*Glynase® **
glipizide ER/XL		*Glucotrol® **	*Micronase ® **

Growth Hormones		Growth Hormones	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Genotropin ®	Nutropin ®	*Humatrope ®*	*Serostim ®*
		Norditropin ®	*Tev-Tropin ®*
		Omnitrope ®	*Zorbtive ®*
		Saizen ®	
Clinical criteria applies to this entire therapeutic class			

Pancreatic Enzymes		Pancreatic Enzymes	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Creon ®	pancrelipase	*Pancreaze®*	*Zenpep®*

GASTROINTESTINAL

Antiemetics - Oral -Check manual for quantity limits	Antiemetics - Oral	
PREFERRED AGENTS	NON-PREFERRED AGENTS	
metoclopramide	*Anzemet ®*	*Sancuso ®*
ondansetron	*granisetron*	*Zofran ®*
ondansetron ODT	*Kytril ®*	*Zofran ODT®*
	Metozolv ODT ®	*Zuplenz ®*

Proton Pump Inhibitors - Trial of four preferred agents required		Proton Pump Inhibitors	Quantity Limits Apply
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Prilosec® OTC	omeprazole OTC	*Aciphex®*	*Prevacid Naprapac®*
Nexium ® capsules	pantoprazole	*Dexilant ®*	*Prevacid SoluTab®*
	Prevacid 15mg OTC	*lansoprazole*	*Prilosec® (Rx) cap & Pack*
		Nexium® packets	*Protonix®*
		omeprazole (Rx)	*Protonix Susp®*
		omeprazole-sodium bicarbonate	*Vimovo®*
		Prevacid®	*Zantac-PPI®*
			Zegerid OTC ®

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GASTROINTESTINAL (continued)

Ulcerative Colitis - Oral		Ulcerative Colitis - Oral	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Apriso ®	sulfasalazine DR	*Asacol-HD ®*	*Colazal ®*
Asacol ®	sulfasalazine IR	*Azulfidine ®*	*Dipentum ®*
		Azulfidine EN-tabs ®	*Lialda®*
		balsalazide	*Pentasa ®*

Ulcerative Colitis - Rectal		Ulcerative Colitis - Rectal	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Canasa ® rectal suppositories	mesalamine enema	*mesalamine kit*	*sfRowasa ® enema*
		Rowasa ® enema kit	

GENITOURINARY AND RENAL

Alpha Blockers for BPH		Alpha Blockers for BPH	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
tamsulosin	Uroxatral ®	*alfuzosin*	*Rapaflo®*
		*Flomax®**	

Androgen Hormone Inhibitors & Combos		Androgen Hormone Inhibitors & Combos	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
finasteride		*Avodart ®*	*Proscar®**
		Jalyn®	

Electrolyte Depleters		Electrolyte Depleters	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Fosrenol ®	calcium acetate	*Eliphos®*	*PhosLo®*
MagneBind ® 400 RX	Renagel ®	*Kayexalate*	*Phoslyra®*
Marlexate Powder	Sod. Polystyrene Sulfonate		*Renvela ®*

Urinary Tract Antispasmodics		Urinary Tract Antispasmodics	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
oxybutynin	Vesicare ®	*Detrol ®*	*oxybutynin extended-release*
Toviaz®		*Detrol LA ®*	*Oxytrol®*
		Ditropan XL ®	*Sanctura XR ®*
		Enablex ®	*Sanctura®*
		Gelnique®	*trospium*

HEMATOLOGICAL AGENTS

Anticoagulants Injectable		Anticoagulants Injectable	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Arixtra ®	Lovenox ®	*enoxaparin*	*Innohep®*
Fragmin ®		*fondaparinux*	

Anticoagulants Oral		Anticoagulants Oral	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
warfarin		*Coumadin®*	*Xarelto®*
		Pradaxa®	

Hematopoietic Agents		Hematopoietic Agents	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Aranesp ®	Procrit ®	*Epogen®*	

IMMUNOLOGIC AGENTS

Immunomodulators		Immunomodulators	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Enbrel ®	Humira ®	*Cimzia®*	*Orencia®*
		CimziaKit ®	*Simponi®*
		Kineret®	*Stelara®*
Clinical criteria applies to this entire therapeutic class			

Preferred Drug List (PDL)

Revised 11-3-2011

Immunosuppressants		Immunosuppressants	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
azathioprine	Prograf ®	*Azasan®*	*Neoral®*
cyclosporine	Rapamune ® tabs & susp	*Cellcept®*	*Sandimmune®*
mycophenolate	tacrolimus	*Gengraf®*	*Zortress®*
Myfortic ®		*Imuran®*	

Topical Immunomodulators		Topical Immunomodulators	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Elidel ®	Protopic ®		
Clinical criteria & quantity limits apply to this entire therapeutic class			

OPHTHALMICS

Alpha2 Adrenergic Agents - Glaucoma		Alpha2 Adrenergic Agents - Glaucoma	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Alphagan P®	Combigan ®	*apraclonidine*	*Iopidine®*
brimonidine			

Beta Blockers - Glaucoma		Beta Blockers - Glaucoma	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
betaxolol 0.5%	levobunolol	*Betagan® **	*Optipranolol® **
Betoptic S ®	metipranolol	*Betimol®*	*Timoptic® **
carteolol	timolol solution	*Betoptic ® 0.25%*	*Timoptic-XE® **
Combigan ®	timolol gel solution	*Istalol®*	

Carbonic Anhydrase Inhibitors - Glaucoma		Carbonic Anhydrase Inhibitors - Glaucoma	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Azopt ®	dorzolamide/timolol	*Cosopt® **	*Trusopt® **
dorzolamide			

Ophthalmic Allergic Conjunctivitis		Ophthalmic Allergic Conjunctivitis	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Pataday ®	Patanol ®	*azelastine*	*Emadine®*
		Bepreve®	*Lastacaft®*
		Elestat®	*Optivar®*
		epinastine	

Ophthalmic Prostaglandin Agonists		Ophthalmic Prostaglandin Agonists	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
latanoprost		*Travatan®*	*Travatan Z®*
		Lumigan®	*Xalatan ®*

Ophthalmic Quinolones		Ophthalmic Quinolones	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
ciprofloxacin drops	ofloxacin drops	*Besivance®*	*Ocuflox®*
Ciloxan Ointment ®	Vigamox ®	*Ciloxan Drops®*	*Quixin®*
		Iquix®	*Zymar®*
		levofloxacin	*Zymaxid®*
		Moxeza®	

OTICS

Otic Quinolones		Otic Quinolones	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Ciprodex ®	ofloxacin drops	*Cetraxal®*	*Cipro HC®*

For Prior Authorization please call or fax:
Mountain Pacific Quality Health Foundation Clinical Call Center
Telephone: 800-395-7961/406-443-6002
Fax: 800-294-1350/406-513-1928

Preferred Drug List (PDL)

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RESPIRATORY

COPD Agents		COPD Agents	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Atrovent HFA ®	ipratropium/albuterol nebs	*DuoNeb®*	
Combivent ®	Spiriva ®	*Daliresp ®*	
ipratropium neb			

Antihistamines, Non-Sedating		Antihistamines, Non-Sedating	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
cetirizine syrup RX and OTC		*Allegra®*	*Claritin-D ®*
cetirizine tablets OTC		*Allegra® ODT*	*fexofenadine*
loratadine syrup OTC		*Allegra-D®*	*fexofenadine-D*
loratadine ODT OTC		*cetirizine chewable OTC*	*levocetirizine*
loratadine tablets OTC		*cetirizine-D (Rx and OTC)*	*loratadine-D*
		Clarinex®	*Semprex-D*
		Clarinex-D®	*Xyzal®*
		Claritin®	*Zyrtec®*

Beta Agonists: Short-Acting MDI & Nebs		Beta Agonists: Short-Acting MDI & Nebs	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
albuterol	Proventil HFA ®	*AccuNeb®*	*Xopenex HFA ®*
levalbuterol inh soln	Xopenex ®	*ProAir ® HFA*	
Maxair Autohaler ®		*Ventolin HFA ®*	

Beta Agonists: Long-Acting MDI & Nebs		Beta Agonists: Long-Acting MDI & Nebs	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Foradil ®	Serevent Diskus ®	*Arcapta®*	*Perforomist®*
		Brovana®	

Beta Agonists: Combination Products		Beta Agonists: Combination Products
PREFERRED AGENTS		NON-PREFERRED AGENTS
Advair Diskus ®	Symbicort ®	*Dulera®*
Advair HFA ®		

Corticosteroids Inhaled		Corticosteroids Inhaled	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Asmanex ®	Flovent HFA ®	*AeroBid®*	*Alvesco®*
Azmacort ®	Pulmicort Respules ®	*AeroBid-M®*	*budesonide Respules inhalation*
Flovent Diskus ®	QVAR ®		*Pulmicort Flexhaler®*

Corticosteroids Intranasal		Corticosteroids Intranasal	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
flunisolide	Nasonex ®	*Beconase AQ®*	*Rhinocort Aqua®*
Nasacort AQ®		*Flonase® **	*triamcinolone nasal spray*
		fluticasone	*Veramyst®*
		Omnaris®	

Intranasal Antihistamines		Intranasal Antihistamines
PREFERRED AGENTS		NON-PREFERRED AGENTS
Astelin ®	azelastine ®	*N/A*
Astepro ®	Patanase ®	

Leukotriene Receptor Antagonists		Leukotriene Receptor Antagonists
PREFERRED AGENTS		NON-PREFERRED AGENTS
Accolate ®	Singulair ®	*zafirlukast*

TOPICAL AGENTS FOR ACNE

Benzoyl Peroxide/Clindamycin Combination Products		**Benzoyl Peroxide/Clindamycin Combination Products**	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Benzaclin ®	Benzaclin Carekit ®	*Acanya Gel ®*	*Duac ® CS*
		Benzoyl peroxide/clindamycin	
Requires PA if > 26 years old.		Requires PA if > 26 years old.	
Topical Retinoids		**Topical Retinoids**	
PREFERRED AGENTS		NON-PREFERRED AGENTS	
Differin ®	Tazorac®	*adapalene cream*	*Retin-A® micro pump*
Epiduo ®	tretinoin	*adapalene gel*	*Tretin-X®*
Retin-A ® micro		*Avita ®*	*Veltin®*
		Atralin ®	*Ziana®*
		Retin-A®	
Requires PA if > 26 years old.		Requires PA if > 26 years old.	