

# Virginia Preferred Drug List (PDL) / Common Core Formulary QuickList

Effective January 1, 2023

## General Information:

- Virginia Medicaid's Preferred Drug List (PDL) only includes select drug classes
- PDL preferred drugs do not require Service Authorizations (SA) unless subject to additional clinical criteria (e.g., long acting opioids, hepatitis C therapies, growth hormone)
- Non-preferred drugs require a SA
- Drugs not on the PDL are subject to Virginia's mandatory generic substitution requirements.
- SAs may be submitted by fax, phone or WebPA. For urgent requests, please call **800-932-6648**. Fax requests receive a response within 24 hours. Fax: **800-932-6651**.

PDL drug coverage information can be found at <http://www.VirginiaMedicaidPharmacyServices.com>. The following "routine" PDL criteria guidelines will be applied to all non-preferred drugs.

1. Is there any reason the member cannot be changed to a preferred drug within the same class? Acceptable reasons include:
  - Allergy to preferred drug.
  - Contraindication to or drug-to-drug interaction with preferred drug.
  - History of unacceptable/toxic side effects to preferred drug.
  - Member's condition is clinically stable; changing to a preferred drug might cause deterioration of the member's condition.
2. The requested drug may be approved if both of the following are true:
  - There has been a therapeutic failure of at least **two** preferred drugs **within the same class as appropriate for diagnosis unless otherwise noted in the clinical criteria**. A therapeutic failure of only one preferred drug is required when there is only one preferred drug within a therapeutic class.
  - The requested drug's corresponding generic (if a generic is available and covered by the State) has been attempted **and** failed or is contraindicated.

ALL new preferred changes from last posting will be highlighted in yellow.

## LEGEND

CE = clinical edit, ST = step edit, QL = quantity limit, AGE = age edit, cap = capsule, cr = cream, ER = extended release, inj = injection, IR = immediate release, ODT = oral disintegrating tablet, oint = ointment, soln = solution, supp = suppository, susp = suspension, tab = tablet

\*\*Members currently receiving aripiprazole oral solution, Geodon® (IM), Nuplazid or olanzapine/fluoxetine will be "grandfathered" for a period not to exceed one year. After that time, the prescriber will need to submit a service authorization request documenting the medical necessity of the non-preferred drug.

| I. Analgesics  |   |
|--|---|
| <b>Agents for Opioid Dependency</b>  | <b>Long Acting Opioids (CE, QL) Long Acting Opioids SA Form</b><br><b>Long Acting Opioids Daily Dose Limits Form</b>    |
| buprenorphine SL buprenorphine/naloxone tab SL (CE, QL) <b>Oral Buprenorphine Products SA &amp; Daily Dose Limits Form</b>   | Butrans® (buprenorphine) transdermal patch<br>fentanyl 12, 25, 50, 75 & 100 mcg patches                                 |
| Suboxone® film (CE, QL) <b>Oral Buprenorphine Products SA &amp; Daily Dose Limits Form</b>   | morphine sulfate ER tab   |
| Sublocade™ SQ<br>Kloxxado™ Spray   | <b>Short Acting Opioids (CE, QL) Short Acting Opioids SA Form</b><br><b>Short Acting Opioids Daily Dose Limits Form</b> |
| naloxone syringe, vial, Carpuject, nasal spray, naltrexone tab<br>Narcan® Nasal Spray<br>Vivitrol®<br>Zimhi™   | codeine/APAP<br>hydrocodone/APAP<br>hydrocodone/ibuprofen<br>hydromorphone<br>morphine IR<br>oxycodone IR               |
| <b>Neuropathic Pain</b>  | oxycodone/APAP<br>tramadol HCl 50 mg<br>tramadol HCl/APAP   |
| capsaicin OTC topical<br>duloxetine 20, 30 & 60 mg<br>gabapentin cap, soln, tab<br>lidocaine 5% patch<br>pregabalin  |   |
| <b>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</b>  |   |
| Children's Motrin® susp (OTC)<br>ibuprofen cap, ibuprofen tab (OTC & Rx)<br>Infant's ibuprofen drops, susp (OTC)<br>meloxicam tab<br>naproxen tab & naproxen sodium OTC & naproxen EC (Rx)<br>sulindac |   |

V3

\* Note that agents not listed on PDL may be considered non-preferred

## I. Analgesics

diclofenac sodium 1% gel Rx and OTC

## II. Anti-Infectives

### Antibiotics: Cephalosporins Oral

cefaclor cap  
cefdinir cap/susp  
cefprozil tab/susp  
cefuroxime tab

### Antifungals: Oral

fluconazole tab/susp  
griseofulvin susp  
nystatin tab/susp  
terbinafine

### Antifungals: Topical

### Antibiotics: GI

Firvanq™  
metronidazole tab  
vancomycin cap

ciclopirox soln  
clotrimazole cr (OTC & Rx)  
clotrimazole soln (OTC)  
clotrimazole-betamethasone cr

### Antibiotics: Inhaled (AG, QL)

Bethkis®  
Kitabis™ PAK  
Tobi Podhaler®  
tobramycin inhalation neb soln (generic Tobi® inh)

ketoconazole cr & shampoo  
miconazole cr & spray (OTC)  
nystatin cr/oint/powder  
terbinafine cr (OTC)  
tolnaftate cr/powder/soln (OTC)

### Antibiotics: Macrolides

azithromycin pack, susp, tab  
clarithromycin tab/susp  
E.E.S.® 200 susp  
erythromycin base cap DR  
erythromycin ethylsuccinate 200 mg susp  
erythromycin stearate tab

### Antivirals: Hepatitis C Agents – Preferred agents do not require submission of any SA.

Mavyret™, Mavyret™ Pellet packs  
Peg-Intron®  
sofosbuvir /velpatasvir

### Antivirals: Herpes Orals

acyclovir cap/tab/susp  
famciclovir  
valacyclovir

### Antibiotics: Otic

Ciprodex®  
ofloxacin  
neomycin/polymyxin/hc soln/sus

### Antivirals: Herpes Topical

acyclovir oint  
docosanol

### Antibiotics: Quinolones

ciprofloxacin susp, tab  
levofloxacin tab

### Antivirals: HIV/AIDS

Abacavir tab/solution  
Abacavir-Lamivudine  
Abacavir-Lamivudine-Zidov tab  
Apretude  
Aptivus cap  
Atazanavir Sulfate cap  
Atripla tab  
Biktarvy tab  
Combivir tab  
Complera tab  
Delstrigo tab  
Descovy tab  
Dovato tab  
Edurant tab  
Efavir-Emtri-Tenof  
Efavirenz cap, tab

\* Note that agents not listed on PDL are considered non-preferred

## II. Anti-Infectives

Efavirenz-Lamiv-Tenof  
Emtricitabine cap  
Emtricitabine-Tenofv  
Emtriva cap/soln  
Epiriv tab/soln  
Epzicom tab  
etravirine tab  
Evotaz tab  
Fosamprenavir tab  
Fuzeon vial  
Genvoya tab  
Intelence tab  
Invirase tab  
Isentress chewable tab/tab/powder pack  
Juluca tab  
Kaletra tab/soln  
Lamivudine tab/soln  
Lamivudine-Zidovudine tab  
Lexiva tab/Susp  
lopinavir-ritonavir soln  
Maraviroc  
Nevirapine IR tab/susp  
Nevirapine ER  
Norvir tab/soln/powder pack  
Odefsey tab  
Pifeltro tab  
Prezcobix tab  
Prezista tab/susp  
Retrovir cap/syrup/vial  
Reyataz cap/ powder pack  
Rilpivirine ER vial  
Ritonavir tab  
Rukobia ER tab  
Selzentry tab/soln  
Stavudine Cap  
Stribild tab  
Sunlenca tab/vial  
Sustiva tab/cap  
Symfi and Symfi Lo tab  
Symtuza tab  
Temixys Tab  
Tenofovir disoproxil fumarate tab  
Tivicay tab/tab for susp  
Triumeq tab  
Triumeq PD  
Trizivir tab  
Truvada tab  
Tybost tab  
Viracept tab  
Viramune tab/susp  
Viread tab/powder  
Vocabria  
Ziagen tab/Soln  
Zidovudine tab/cap/syrup

\* Note that agents not listed on PDL are considered non-preferred

| II. Anti-Infectives         |                              |
|-----------------------------|------------------------------|
|                             | <b>Antivirals: Influenza</b> |
|                             | oseltamivir susp/cap         |
| <b>Antibiotics: Topical</b> |                              |
| mupirocin ointment          |                              |
| <b>Antibiotics: Vaginal</b> |                              |
| Cleocin® Ovules             |                              |
| Clindesse® cr               |                              |
| metronidazole gel           |                              |
| Nuessa™                     |                              |
| Vandazole™ gel              |                              |

| III. Blood Modifiers         |   |
|------------------------------|---|
| <b>Bile Salts</b>            |   |
| ursodiol 300 mg tab and cap  |   |
| <b>Hemophilia Treatment</b>  |   |
| <b>Factor VIII Products:</b> | <b>Factor VIIa &amp; Activated Prothrombin Complex Concentrate:</b>                         |
| Advate®                      | Feiba NF®   |
| Adynovate®                   | NovoSeven RT®   |
| Afstyla®                     | Sevenfact®  |
| Alphanate®                   | <b>Factor IXa and Factor X Directed Antibody:</b>   |
| Eloctate®                    | Hemlibra®   |
| Esperoct®                    | <b>Factor X and Factor XIII Products:</b>   |
| Hemofil-M®                   | Coagadex®   |
| Humate-P®                    | Corifact® Kit   |
| Jivi®                        | Tretten®  |
| Koate-DVI®                   | <b>Von Willebrand:</b>  |
| Kogenate FS®                 | Vonvendi®   |
| Kovaltry®                    | Wilate®   |
| Novoeight®                   |   |
| Nuwiq®                       |   |
| Obizur®                      |   |
| Recombinate®                 |   |
| Xyntha® Kit & Solofuse Syr   |   |
| <b>Factor IX Products:</b>   |   |
| AlphaNine SD®                |   |
| Alprolix®                    |   |
| BeneFIX®                     |   |
| Idelvion®                    |   |
| Ixinity®                     |   |
| Profilnine SD®               |   |
| Rebinyn®                     |   |
| Rixubis®                     |   |
| <b>Phosphate Binders</b>     | <b>Sickle Cell Anemia Treatments-</b> Preferred agents do not require submission of any SA. |
| calcium acetate 667 mg cap   | Droxia  |
| calcium acetate 668 mg       | Endari  |
| sevelamer carbonate tablet   | Oxbryta   |

\* Note that agents not listed on PDL are considered non-preferred

## IV. Bone Resorption Suppression and Related Agents

### Bisphosphonates, Calcitonins and Others

alendronate tab  
 calcitonin-salmon nasal  
 ibandronate  
 raloxifene

## V. Cardiovascular

### Antihypertensive Agents

Afedital CR®  
 amlodipine & amlodipine/benazepril  
 amlodipine / olmesartan  
 amlodipine/valsartan  
 atenolol & atenolol/chlorthalidone  
 benazepril & benazepril/HCTZ  
 bisoprolol & bisoprolol/HCTZ  
 Cartia XT®  
 carvedilol  
 Catapres®-TTS  
 clonidine tab  
**clonidine (transdermal)**  
 diltiazem IR, ER, q12HR & 24HR  
 enalapril & enalapril/HCTZ  
 Entresto™ (CE, QL)  
 guanfacine  
 irbesartan & irbesartan/HCTZ  
 labetalol  
 lisinopril & lisinopril/HCTZ  
 losartan & losartan/HCTZ  
 methyldopa  
 metoprolol succinate & metoprolol tartrate  
 Nifedical XL®  
 nifedipine IR, ER  
 olmesartan & olmesartan/HCTZ  
 propranolol tab & ER/soln  
 quinapril  
 ramipril  
 Sorine®  
 sotalol HCL, AF  
 Taztia XT®  
 valsartan & valsartan/HCTZ  
 verapamil tab IR & ER

### Lipotropics

atorvastatin  
 cholestyramine powder & cholestyramine powder light  
 colestipol tab  
 ezetimibe  
 fenofibrate 48 mg, 145 mg  
 gemfibrozil  
 lovastatin  
 niacin ER (Rx)  
 Omega-3 Acid Ethyl EstersRX (ST)& OTC  
 pravastatin  
 Prevalite®  
 rosuvastatin  
 simvastatin

### Pulmonary Arterial Hypertensin Agents (PAH)

Alyq™  
 ambrisentan  
 sildenafil tab (AG, CE) and susp  
 tadalafil  
 Tracleer® tab  
 Ventavis®

\* Note that agents not listed on PDL are considered non-preferred

## VI. Central Nervous System

| <b>Alzheimer's Agents</b>                       | <b>Antipsychotics (AGE) <u>Antipsychotics Age Limits Form</u></b> |
|---|---|
| donepezil ODT & tab                             | Abilify Maintena®   |
| <b>rivastigmine (transderm)</b>                 | amitriptyline/perphenazine  |
| memantine tab                                   | aripiprazole tab  |
| <b>Anticonvulsants</b>                          | Aristada®   |
| carbamazepine chewable tab/susp/tab             | Aristada Initio™  |
| Carbatrol®                                      | chlorpromazine  |
| clobazam tab/susp                               | clozapine tab   |
| clonazepam tab                                  | fluphenazine decanoate  |
| Diastat® rectal, Diastat® AcuDial™ rectal       | fluphenazine elixir/soln/tab                                      |
| Dilantin 30mg                                   | haloperidol decanoate, haloperidol lactate conc & haloperidol tab |
| divalproex ER, divalproex tab & sprinkle        | Invega Sustenna® & Invega Trinza®                                 |
| Epidiolex®                                      | Latuda®   |
| Epitol  | loxapine  |
| ethosuximide cap/syrup                          | olanzapine ODT, tab, IM   |
| Gabitril®                                       | perphenazine  |
| <b>lacosamide soln/tab (gen Vimpat®)</b>        | quetiapine tab & quetiapine fumarate ER                           |
| lamotrigine tab, chewable tab & lamotrigine XR  | Risperdal Consta®   |
| Lamictal® ODT/ODT dose pk                       | risperidone ODT/ soln/tab   |
| levetiracetam ER, levetiracetam soln & tab      | thioridazine  |
| oxcarbazepine tab                               | thiothixene   |
| phenobarbital elixir & tab                      | trifluoperazine   |
| phenytoin cap/chew tab/susp & phenytoin ext cap | ziprasidone capsule   |
| primidone                                       | <b>Movement Disorders</b>   |
| roweepra (generic version levetiracetam)        | Austedo tablet  |
| subvenite tab (generic lamotrigine)             | Ingrezza capsule  |
| Tegretol®XR                                     | Ingrezza initiation pack  |
| topiramate tab & sprinkle cap                   | tetrabenazine tablet  |
| Trileptal® susp                                 | Xenazine tablet   |
| valproic acid cap, soln                         | <b>Non-Ergot Dopamine Receptor Agonists</b>                       |
| Valtoco® (Nasal)                                | pramipexole   |
| zonisamide                                      | ropinirole HCl  |
| <b>Antidepressants</b>                          | <b>sedatives / hypnotics</b>                                      |
| bupropion IR, SR &XL                            | eszopiclone   |
| citalopram soln/tab                             | temazepam 15 & 30 mg  |
| desvenlafaxine succinate ER                     | zaleplon  |
| escitalopram tab                                | zolpidem  |
| fluoxetine cap/soln                             | <b>Skeletal Muscle Relaxants</b>                                  |
| fluvoxamine tab                                 | baclofen  |
| mirtazapine ODT & tab                           | chlorzoxazone   |
| paroxetine tab                                  | cyclobenzaprine HCL   |
| sertraline conc, soln, tab                      | dantrolene sodium   |
| trazodone                                       | methocarbamol   |
| venlafaxine IR & ER cap                         | tizanidine tab  |

\* Note that agents not listed on PDL are considered non-preferred

| VI. Central Nervous System   |   |
|--|---|
| <b>Antimigraine Agents</b>   | <b>Stimulants / ADHD (AGE) <u>Stimulants/ADHD Medications Age Limits Form</u></b>   |
| sumatriptan succinate tab/cartridge/vial/pen<br>Imitrex® nasal<br>rizatriptan tab & MLT                                  | Adderall®XR<br>amphetamine salts combo<br>atomoxetine<br>clonidine ER<br>Concerta®<br>Daytrana® Transdermal<br>dexmethylphenidate IR, XR<br>dextroamphetamine<br>guanfacine ER<br>methylphenidate IR<br>Vyvanse® cap/chewable tab |
| <b>Antimigraine Agents, Others</b>   |   |
| Ajovy®<br>Ajovy® Autoinjector & Syringe<br>Ajovy® Autoinjector 3-Pk<br>Emgality™ Syringe<br>Emgality™ Pen<br>Nurtec™ ODT |   |

| VII. Dermatologics  |   |
|---|---|
| <b>Topical Acne Agents (AGE)</b>  | <b>Topical Agents for Rosacea</b>   |
| Acne Medication gel, lot<br>benzoyl peroxide wash/cr/gel/lot (OTC)<br>clindacin ETZ 1% pledget<br>clindamycin/benzoyl peroxide (generic Duac®)<br>clindamycin phosphate soln/pledget/swab<br>Differin 0.1% gel OTC<br>erythromycin solution<br>Panoxyl-4 Acne Cr Wash (OTC)<br>Panoxyl 10 cleansing bar, foaming wash (OTC)<br>Retin®A 0.025, 0.05, 0.1% cr<br>Retin®A 0.01, 0.025% gel | Metrocream®<br>Metrogel®<br>Metro lotion®   |
| <b>Topical Atopic Dermatitis</b>  | <b>Topical Steroids</b>   |
| Dupixent®<br>Elidel®<br>Eucrisa™<br>tacrolimus  | betamethasone valerate cr/lot/oint<br>clobetasol emollient & clobetasol propionate cr /gel /oint /soln<br>fluticasone propionate cr/oint<br>halobetasol propionate cr<br>hydrocortisone cr/gel/lot/oint<br>hydrocortisone cr/oint OTC<br>hydrocortisone/aloe cr OTC<br>mometasone furoate cr/oint/soln<br>triamcinolone acetonide cr/lot/oint |
| <b>Topical Agents for Psoriasis</b>   |   |
| calcipotriene cr/oint/soln  |   |

\* Note that agents not listed on PDL are considered non-preferred

## VIII. Endocrine and Metabolic Agents

| Androgenic Agents (CE)  | Glucagon Agents  |
|---|--|
| AndroGel® Pump<br>Androderm® Patch  | Baqsimi nasal<br>Glucagon inj  |
| Antihyperuricemics  | Glucagon emergency kit (Fresenius) inj   |
| allopurinol<br>colchicine tab<br>Probenecid® & probenecid & colchicine  | Gvoke pen, syringe, vial SQ<br>Proglycem suspension oral   |
| Contraceptives (long-acting IUDs & injectable)  |  |
| Kyleena™<br>Liletta®<br>Medroxyprogesterone 150 mg<br>Mirena®<br>Nexplanon®<br>Paragard®<br>Skyla®  | Glucocorticoids, Oral  |
|   | budesonide EC<br>dexamethasone soln/tab<br>hydrocortisone<br>methylprednisolone 4mg tab & methylprednisolone tab dose pack<br>prednisolone sodium phosphate soln<br>prednisolone soln<br>prednisone soln/tab & dose pack |
|   | Growth Hormone Agents (CE) Growth Hormone SA Form  |
|   | Genotropin® Cartridge, Miniquick<br>Norditropin FlexPro®   |
|   | Hereditary Angioedema Agents (HAE) – (CE,QL)   |
|   | Hereditary Angioedema (HAE) SA & Quantity Limits Form  |
|   | Berinert®<br>Cinryze™<br>Kalbitor®   |
| Diabetes: Injectable Hypoglycemics  | Progestational Agents  |
| Byetta®<br>Humalog Cartridge & Vial & Pen<br>Humalog Kwikpen 100 unit/ml<br>Humalog Junior Kwikpen<br>Humalog Mix 50/50 vial & Humalog Mix 75/25 vial<br>Humulin 500 U/M pen/vial<br>Humulin® 70/30 pen/vial (OTC)<br>Humulin® N pen/vial (OTC)<br>Humulin® R pen/vial<br>insulin lispro vial<br>insulin lispro protamine mix kwikpen<br>insulin lispro Jr. Kwikpen<br>insulin lispro Pen<br>insulin aspart cartridge pen/vial<br>insulin aspart/insulin aspart protamine insulin pen<br>insulin aspart/insulin aspart protamine vial<br>Lantus® Solostar® and vial<br>Levemir® pen/vial<br>Novolog® cartridge<br>Novolog® Flexpen/vial<br>Trulicity™<br>Victoza® | Makena® Auto-injector<br>medroxyprogesterone acetate (tab only)<br>norethindrone acetate<br>progesterone cap & injection   |
|   | Progestins Used for Cachexia   |
|   | megestrol acetate  |
|   | Vaginal / Oral Estrogens   |
|   | megestrol acetate<br>Premarin® Vaginal cr<br>Vagifem® Vaginal tab  |
|   | Weight Management Agents   |
|   | Contrave<br>orlistat<br>Qsymia<br>Saxenda SQ<br>Xenical<br>Wegovy SQ   |
| Diabetes: Oral Hypoglycemics  |  |

\* Note that agents not listed on PDL are considered non-preferred



## VIII. Endocrine and Metabolic Agents

|   |  |
|---|--|
| acarbose<br>FaRxiga™<br>glimepiride<br>glipizide IR & ER<br>glyburide & micronized<br>glyburide/metformin<br>Invokamet<br>Invokamet XR<br>Invokana™<br>Janumet® & Janumet XR®<br>Januvia®<br>Jardiance®<br>Jentadueto™<br>metformin & metformin ER<br>nateglinide<br>pioglitazone<br>repaglinide<br>Synjardy®<br>Tradjenta™<br>Xigduo™ XR |  |
|---|--|

## IX. Gastrointestinal

| Antiemetic / Antivertigo Agents   | Pancreatic Enzymes (CE)  |
|---|--|
| dronabinol (CE) <a href="#">Dronabinol SA Form</a><br>meclizine (OTC, Rx)<br>metoclopramide soln, syr, tab, vial<br>ondansetron ODT, sol, tab<br>phenadoz sup<br>prochlorperazine<br>promethazine (AGE) | Creon®<br>Zenpep®  |
|   | <a href="#">Proton Pump Inhibitors (CE after 90 days utilization) Proton Pump Inhibitors (PPIs)</a>                |
|   | omeprazole Rx<br>pantoprazole<br>Protonix® susp  |
|   | <a href="#">Ulcerative Colitis Oral and Rectal</a>   |
| <a href="#">GI Motility, Chronic (CE) GI Motility, Chronic SA Form</a><br>Amitiza®<br>Linzess™<br>Movantik®   | Apriso®<br>balsalazide disodium<br>Pentasa®<br>sulfasalazine DR & IR<br>mesalamine rectal supp<br>mesalamine enema |
| <a href="#">H. Pylori Treatment</a>   |  |
| Pylera®   |  |
| <a href="#">Histamine-2 Receptor Antagonists</a>  |  |
| famotidine (OTC & Rx)<br>famotidine oral susp   |  |

\* Note that agents not listed on PDL are considered non-preferred

| X. Hematopoietic Agents   |  |
|---|--|
| <b>Anticoagulants</b>   | <b>Platelet Inhibitors</b>   |
| Eliquis™ & Eliquis™ Dose Pack<br>enoxaparin<br>Jantoven<br>Pradaxa®<br>warfarin<br>Xarelto® & Xarelto® Starter Pack, susp | Brilinta®<br>clopidogrel<br>dipyridamole<br>prasugrel (generic Effient®) |
| <b>Erythropoiesis Stimulating Proteins</b>  |  |
| Epogen®<br>Retacrit™  |  |

| XI. Immunologic Agents  |  |
|---|--|
| <b>Cytokine and CAM Antagonists</b>   | <b>Multiple Sclerosis Agents</b>   |
| Enbrel® Pen, Sureclick, Syringe, Vial<br>Humira® Pen, Syringe<br>Inflectra®<br>methotrexate tab/PF vial/MDV | Avonex® & Adm Pack<br>Betaseron®<br>Copaxone 20 mg syringe®<br>dimethyl fumarate and Starter Pack<br>Kesimpta® |

| XII. Ophthalmics   |  |
|--|--|
| <b>Antibiotics</b>   | <b>Anti-inflammatory Agents</b>  |
| bacitracin/polymyxin B sulfate oint<br>ciprofloxacin drops<br>erythromycin<br>gentamicin drops/oint<br>moxifloxacin (Vigamox generic)<br>ofloxacin drops<br>polymyxin/trimethoprim<br>tobramycin | diclofenac sodium<br>Durezol®<br>fluorometholone<br>flurbiprofen sodium<br>ketorolac 0.4% & 0.5%<br>prednisolone acetate<br>Restasis®<br>Restasis Multidose®<br>Xiidra®  |
|  | <b>Glaucoma Agents</b>   |
|  | Alphagan P® 0.1 & 0.15%<br>Azopt® 1%<br>brimonidine 0.2%<br>carteolol 1%<br>Combigan®<br>dorzolamide & dorzolamide/timolol<br>latanoprost<br>levobunolol 0.5%<br>metipranolol 0.3%<br>Rhopressa®<br>Rocklatan®<br>Simbrinza™<br>timolol maleate<br>Travatan Z® |
| <b>Antibiotic / Steroid Combinations</b>   |  |
| neomycin/polymyxin/dexamethasone oint/susp<br>sulfacetamide/prednisolone<br>Tobradex® oint/susp  |  |
| <b>Antihistamines / Mast Cell Stabilizers</b>  |  |
| Alaway OTC®<br>cromolyn sodium<br>ketotifen fumerate<br>olopatadine (Patanol, Pataday generics)<br>Zaditor® OTC drops  |  |

\* Note that agents not listed on PDL are considered non-preferred

| XIII. Renal and Genitourinary  |  |
|--|--|
| <b>Alpha-Blockers and Androgen Hormone Inhibitors for Benign Prostatic Hypertrophy (BPH)</b>   | <b>Urinary Antispasmodics (Bladder Relaxants)</b>  |
| alfuzosin<br>tamsulosin HCL<br>dutasteride<br>finasteride  | oxybutynin tab & ER/syrup<br>solifenacin<br>Toviaz™  |
| XIV. Respiratory/Allergy   |  |
| <b>Anaphylaxis Therapy Agents</b>  | <b>Corticosteroids: Inhaled and Nasal Steroids</b>   |
| epinephrine 0.15 mg & 0.3 mg (authorized generic EpiPen & EpiPen Jr)<br>EpiPen®<br>EpiPen® Jr  | Advair® Diskus & HFA<br>Asmanex® Twisthaler<br>budesonide respules   |
| <b>Antihistamines</b>  | Dulera®  |
| <b>First Generation</b>  | fluticasone Rx   |
| Generic only class   | Flovent® Diskus & HFA  |
| <b>Second Generation</b>   | Pulmicort Flexhaler®   |
| cetirizine liquid 1mg/1ml (OTC & Rx) & cetirizine tabs OTC<br>levocetirizine tablets (OTC)<br>loratadine tab/syrup OTC   | Symbicort®   |
| <b>Beta-Adrenergic Agents</b>  | <b>Cough and Cold Drugs (AGE)</b>  |
| arformoterol (authorized generic Brovana®)<br>Serevent Diskus®<br>Proair® HFA<br>Ventolin® HFA<br>albuterol sulfate (premixed)   | Ala-Hist DM<br>benzonatate cap<br>codeine/ promethazine<br>guaifenesin/codeine phosphate<br>hydrocodone/homatropine<br>lophen-C NR |
| <b>COPD</b>  | phenylephrine HCl/promethazine HCl<br>promethazine DM syrup<br>Tusnel® pediatric Drops   |
| Atrovent HFA®<br>Anoro® Ellipta®<br>Combivent® Respimat<br>ipratropium bromide soln<br>ipratropium/albuterol nebs<br>Spiriva®<br>Spiriva® Respimat<br>Stiolto® Respimat® | <b>Intranasal Antihistamines</b><br>azelastine 0.1%  |
|  | <b>Leukotriene Receptor Antagonists</b><br>montelukast tab/chew tab  |

| XV. Smoking Cessation   |  |
|---|--|
| bupropion SR<br>Chantix®<br>Chantix® DS PK<br>nicotine gum/lozenge/patch<br>varenicline |  |

\* Note that agents not listed on PDL are considered non-preferred