

## Preferred Drug List Recommendations

For the next phase of the PDL implementation, MHD will recommend the following to the Drug Prior Authorization Committee for review and approval at the upcoming meeting. The PA Committee will convene **September 15, 2022, at 10:00 a.m.** This list is subject to finalization by the Division. Companies wishing to discuss opportunities for supplemental rebates should contact Gainwell Technologies' Sandy Kapur at [sandy.kapur@gainwelltechnologies.com](mailto:sandy.kapur@gainwelltechnologies.com). All clinical information for consideration should be forwarded to Gainwell Technologies' Karen Powell at [karen.powell@gainwelltechnologies.com](mailto:karen.powell@gainwelltechnologies.com). If a public presentation is desired contact Carmen Burton at: [Carmen.M.Burton@dss.mo.gov](mailto:Carmen.M.Burton@dss.mo.gov).

The PDL classes in this list will be reviewed again at the June 2023 Drug Prior Authorization Committee meeting.

### ***Alpha-Glucosidase Inhibitors***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Acarbose	Glyset®
Miglitol	Precose®

### ***Amylin Analogs***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Symlin Pen®	

### ***Antibiotics, Gastrointestinal (GI) Oral***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Metronidazole Tabs	<b>Aemcolo®</b>
Neomycin	Alinia®
Vancomycin Caps	Difcid®
	Firvanq®
	Flagyl®
	Metronidazole Caps
	Nitazoxanide
	Paromomycin
	Tinidazole
	Vancocin®
	Vancomycin Soln
	Xifaxan®

### ***Antibiotics, Mupirocin Topical***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Mupirocin Oint	Centany®
	Centany® AT Oint Kit
	Mupirocin Crm

### ***Antibiotics, Vaginal***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Cleocin® Vaginal Ovules	Cleocin® Vaginal Crm
Clindesse®	Clindamycin Vaginal Crm
<b>Metronidazole Vaginal Gel</b>	Solosec®
Nuessa™ Vaginal Gel	
Vandazole® Vaginal Gel	

### ***Antihyperuricemic Agents***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Allopurinol	Colchicine Caps
Colchicine Tabs	Colcrys®
Probenecid	Febuxostat
Probenecid/Colchicine	Gloperba®
	Mitigare®
	Uloric®
	Zyloprim®

### ***Benign Prostatic Hyperplasia Agents***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Alfuzosin	Avodart®
Doxazosin	Cardura®
Dutasteride	Cardura® XL
Finasteride 5mg	Cialis® 5mg
Tamsulosin	Dutasteride/Tamsulosin
Terazosin	Flomax®
	Jayln®
	Proscar®
	Rapaflo®
	Silodosin
	Tadalafil 5mg
	Uroxatral®

### ***Biguanides & Combination Agents***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Glipizide/Metformin	Fortamet®
Glyburide/Metformin	Glucophage®
Metformin HCl	Glucophage® XR
Metformin ER (gen Glucophage® XR)	Glumetza®
	Metformin ER (gen Fortamet® OSM)
	Metformin ER (gen Glumetza® MOD)
	Metformin Soln
	Repaglinide/Metformin
	Riomet®
	Riomet ER™

### ***Bile Salt Agents***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Ursodiol	Actigall®
	Bylvay™
	Chenodal®
	Cholbam®
	Livmarli™
	Ocaliva®
	Urso Forte®
	Urso®

### ***Bone Ossification Agents***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Alendronate Tabs	Actonel®
Ibandronate	Alendronate Soln
	Atelvia®
	Boniva®
	Etidronate
	Fosamax®
	Fosamax Plus D®
	Risedronate
	Risedronate DR
	Calcitonin Salmon Nasal Spray

### ***Cephalosporin Agents***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Cefadroxil Caps	Cefaclor Caps/Susp
Cefdinir Caps/Susp	Cefaclor ER Tabs
Cefprozil Susp/Tabs	Cefadroxil Susp/ Tabs
Cefuroxime Tabs	Cefixime Caps/Susp
Cephalexin Caps/Susp	Cefpodoxime Susp/Tabs
	Cephalexin Tabs
	Keflex®
	Suprax®

### ***Colony Stimulating Factors***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Leukine®	Fulphila®
Neulasta® Onpro®	Granix®
<b>Neulasta® Syringe</b>	Nivestym®
Neupogen®	<b>Nyvepria™</b>
	<b>Releuko®</b>
	Udenyca®
	Zarxio®
	<b>Ziextenzo™</b>

### ***Cryopyrin-Associated Periodic Syndrome (CAPS) Agents***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Ilaris®	Arcalyst®
Kineret®	

### ***DPP-IV Inhibitors & Combination Agents***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Janumet®	Alogliptin
Janumet® XR	Alogliptin/Metformin
Januvia®	Alogliptin/Pioglitazone
Jentadueto®	Glyxambi®
Kombiglyze® XR	Jentadueto® XR
Onglyza®	Kazano
Tradjenta®	Nesina
	Oseni
	Qtern®
	Steglujan™

### ***Electrolyte Depleting Agents, Phosphate Lowering***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Calcium Acetate Caps	Auryxia®
Sevelamer Carbonate Tabs (gen Renvela®)	Calcium Acetate Tabs
	Calphron®
	Fosrenol®
	Lanthanum Carbonate
	Phoslyra®
	Renagel®
	Renvela®
	Sevelamer Hydrochloride (gen Renagel®)
	Sevelamer Pwd Pack
	Velphoro®

### ***Electrolyte Depleting Agents, Potassium Lowering***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Kionex® Susp	Keveyis®
Sodium Polystyrene Sulfate Pwd/Susp	Lokelma®
SPS® Susp	
SPS® Rectal Enema	
<b>Veltassa® Pwd Pack</b>	

### ***Erythropoiesis Stimulating Agents***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Aranesp®	Mircera®
Epogen®	<b>Retacrit®</b>
Procrit®	

### ***Fluoroquinolones, Oral Agents***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Ciprofloxacin Tabs	Baxdela®
Levofloxacin Tabs	Cipro®
	Cipro XR®
	Ciprofloxacin Susp
	Ciprofloxacin ER
	Levofloxacin Soln
	Moxifloxacin Tabs
	Ofloxacin Tabs

### ***GLP-1 Receptor Agonists & Combination Agents***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Bydureon®	Adlyxin®
Byetta®	Bydureon® Bcise®
Trulicity®	Ozempic®
Victoza®	Rybelsus®
	Soliqua®
	Xultophy®

### ***Growth Hormone Agents, Somatropin***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Genotropin®	Humatrope®
Genotropin MiniQuick®	Nutropin AQ® NuSpin®
Norditropin® FlexPro®	Omnitrope®
	Saizen®
	Serostim®
	Zomacton®
	Zorbtive®

### ***Growth Hormone, Growth Hormone Releasing Factors, Select Agents***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Increlex®	Egrifta SV®

### ***Insulin, Long Acting***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Lantus® SoloStar® Pen/Vial	Basaglar® KwikPen
Levemir® FlexTouch® Pen/Vial	<b>Insulin Glargine SoloStar U100 &amp; 100 Unit/mL Vial</b>
	<b>Insulin glargine-YFGN (gen Semglee®)</b>
	Semglee™
	<b>Semglee® (YFGN)</b>
	Toujeo® SoloStar®/Max SoloStar® Pen
	Tresiba® FlexTouch® Pen/Vial

### ***Insulin, Mixed***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Humalog® Mix 50/50™ KwikPen®/Vial	Humulin® 70/30 KwikPen®
Humalog® Mix 75/25™ KwikPen®/Vial	Insulin Aspart Protamine and Insulin Aspart 70/30 FlexPen®/Vial
Humulin® 70/30 Vial	Insulin Lispro Mix 75/25 KwikPen®
NovoLog® Mix 70/30 FlexPen®/Vial	Novolin® 70/30 FlexPen®/Vial

### ***Insulin, Non-Analogs***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Humulin® N Vial	Humulin® N KwikPen®
Humulin® R Vial	Novolin® N FlexPen®
Humulin® R U-500 KwikPen®/Vial	Novolin® R FlexPen®
Novolin® N Vial	
Novolin® R Vial	

### ***Insulin, Rapid-Acting***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Humalog® Cartridge/Vial	Admelog® SoloStar® Pen/Vial
NovoLog® Cartridge/FlexPen®/Vial	Afrezza® Cartridge
	Apidra® SoloStar® Pen/Vial
	Fiasp® FlexTouch®/PenFill®/Vial
	Humalog KwikPen®
	Humalog® Jr Kwikpen®
	Insulin Aspart FlexPen®/PenFill®/Vial
	Insulin Lispro Jr KwikPen®
	Insulin Lispro KwikPen®/Vial
	Lyumjev™

### ***LHRH/GnRH Agents, Non- Oral***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
<b>Eligard®</b>	<b>Camcevi™</b>
<b>Fensolvi®</b>	Leuprolide
Firmagon®	Lupron Depot® 7.5, 22.5, 30, 45 mg
Lupron Depot® 3.75, 11.25 mg	<b>Supprelin® LA</b>
Lupron Depot-Ped®	<b>Synarel®</b>
Triptodur®	Trelstar®

### ***LHRH/GnRH Agents, Oral***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
<b>Oriahnn®</b>	Myfembree®
Orilissa®	<b>Orgovyx®</b>

### Macrolide Agents

Preferred Agents	Non-Preferred Agents
Azithromycin Pwd Packet/Susp/Tab	Clarithromycin ER
Clarithromycin Susp/Tab	E.E.S. 400 <sup>®</sup>
E.E.S. 200 <sup>®</sup> Susp	Ery-Tab <sup>®</sup>
EryPed <sup>®</sup> Susp	Erythromycin Base Tabs
Erythromycin Base DR Caps	Erythromycin Base DR Tabs
Erythromycin Ethylsuccinate Tabs	Erythromycin Ethylsuccinate Susp
	Zithromax <sup>®</sup>

### Meglitinide Agents

Preferred Agents	Non-Preferred Agents
Nateglinide	Prandin <sup>®</sup>
Repaglinide	

### Methotrexate Agents

Preferred Agents	Non-Preferred Agents
Methotrexate PF Vials	Otrexup <sup>®</sup> Auto-Injector
Methotrexate Tabs/Vials	Rasuvo <sup>®</sup> Auto-Injector
	RediTrex <sup>®</sup> Syringe
	Trexall <sup>®</sup> Tabs
	Xatmep <sup>®</sup> Soln

### Multiple Sclerosis Agents, Injectable

Preferred Agents	Non-Preferred Agents
Avonex <sup>®</sup>	<b>Betaseron<sup>®</sup> Kit</b>
Copaxone <sup>®</sup> 20, 40 mg Syringe	Betaseron <sup>®</sup> Vial
<b>Kesimpta<sup>®</sup></b>	Extavia <sup>®</sup>
Rebif <sup>®</sup>	Glatiramer
Rebif <sup>®</sup> Rebidose <sup>®</sup>	Glatopa <sup>®</sup>
	Lemtrada <sup>®</sup>
	Ocrevus <sup>®</sup>
	Plegridy <sup>®</sup>
	Tysabri <sup>®</sup>

### Multiple Sclerosis Agents, Oral

Preferred Agents	Non-Preferred Agents
Dimethyl fumarate	<b>Aubagio<sup>®</sup></b>
Gilenya <sup>®</sup> **	Bafiertam <sup>®</sup>
	Mavenclad <sup>®</sup>
	Mayzent <sup>®</sup>
	Ponvory <sup>™</sup>
	<b>Tascenso ODT<sup>™</sup></b>
	Tecfidera <sup>®</sup>
	Vumerity <sup>®</sup>
	Zeposia <sup>®</sup>

\*\*Pending trial of one injectable agent or generic Tecfidera

### ***Penicillin Agents***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Amoxicillin	Amox/Clav 250-62.5 mg/5 mL Susp
Amox/Clav Susp/Tab (excluding 250-62.5 mg/5 mL Susp)	Amox/Clav Chew Tabs
Ampicillin	Amox/Clav XR Tabs
Bicillin® C-R Inj	Augmentin® Susp
Penicillin VK	Augmentin XR®
	Dicloxacillin

### ***SGLT2 Inhibitors & Combination Agents***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Farxiga®	Invokamet®
Invokana®	Invokamet® XR
Jardiance®	Segluromet™
Synjardy®	Steglatro®
	Synjardy® XR
	Trijardy® XR
	Xigduo® XR

### ***Sulfonylurea Agents, Second Generation***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Glimepiride	Amaryl®
Glipizide	Glucotrol®
Glipizide ER	Glucotrol XL®
Glyburide	Glynase® PresTab®
Glyburide Micronized	

### ***Targeted Immune Modulators, IL-6 Receptor Inhibitors***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Actemra® Syringe	Actemra® ACTPen®/Vial
	Kevzara®

### ***Targeted Immune Modulators, IL-17A Antibody/IL-17 Receptor Antagonists***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Taltz®	Cosentyx®
	Siliq®

### ***Targeted Immune Modulators, IL-23 Inhibitors and IL-23/IL-12 Inhibitors***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Ilumya®	Skyrizi®
Tremfya®	Stelara®



### Targeted Immune Modulators, JAK Inhibitors

Preferred Agents	Non-Preferred Agents
Xeljanz <sup>®</sup> Tabs	Cibinqo <sup>™</sup>
	Olumiant <sup>®</sup>
	Rinvoq <sup>™</sup>
	Xeljanz <sup>®</sup> Soln
	Xeljanz <sup>®</sup> XR

### Targeted Immune Modulators, Select Agents

Preferred Agents	Non-Preferred Agents
Otezla <sup>®</sup>	Benlysta <sup>®</sup>
	Entyvio <sup>®</sup>
	Orencia <sup>®</sup>
	Orencia <sup>®</sup> Clickject <sup>™</sup>
	Otezla <sup>®</sup> Starter Pack
	Saphnelo <sup>™</sup>

### Targeted Immune Modulators, TNF Inhibitors

Preferred Agents	Non-Preferred Agents
Enbrel <sup>®</sup>	Avsola <sup>®</sup>
Humira <sup>®</sup>	Cimzia <sup>®</sup>
Infliximab	Inflectra <sup>®</sup>
Renflexis <sup>®</sup>	Remicade <sup>®</sup>
	Simponi <sup>®</sup>
	Simponi ARIA <sup>®</sup>

### Tetracycline Agents

Preferred Agents	Non-Preferred Agents
Doxycycline Hyclate Caps	Amzeeq <sup>®</sup>
Doxycycline Hyclate Tabs (gen Vibra-Tabs <sup>®</sup> , Periostat <sup>®</sup> )	Demeclocycline
Doxycycline Mono Susp	Doryx <sup>®</sup>
Minocycline Caps	Doryx <sup>®</sup> MPC
	Doxycycline Hyclate Tabs (gen Acticlate <sup>®</sup> )
	Doxycycline Hyclate Tabs (gen Targadox <sup>™</sup> )
	Doxycycline Hyclate DR
	Doxycycline Mono Caps/Tabs
	Doxycycline Mono IR-DR
	Minocin <sup>®</sup>
	Minocycline ER
	Minocycline Tabs
	Minolira <sup>™</sup>
	Mondoxyne <sup>™</sup> NL
	Morgidox <sup>®</sup>
	Nuzyra <sup>®</sup>
	Oracea <sup>®</sup>
	Solodyn <sup>®</sup>
	Targadox <sup>™</sup>
	Tetracycline
	Vibramycin <sup>®</sup>

	Xerava™
	Ximino®
	Zilxi™

### ***Thiazolidinediones (TZDs) & Combination Agents***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Pioglitazone	ActoplusMet®
	Actos®
	Avandia®
	Duetact®
	Pioglitazone/Glimepiride
	Pioglitazone/Metformin

### ***Thrombocytopenia Agents***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
NPlate®	Doptelet®
Promacta®	Mulpleta®
	Tavalisse®

### ***Urinary Tract Antispasmodics***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Oxybutynin	Darifenacin ER
Oxybutynin ER	Detrol®
Solifenacin Succinate	Detrol® LA
Toviaz®	Ditropan XL®
	Enablex®
	<b>Fesoterodine</b>
	Flavoxate
	Gelnique®
	Gemtesa®
	Myrbetriq®
	Oxytrol®
	Tolterodine
	Tolterodine ER
	Trospium
	Trospium ER
	Vesicare®
	Vesicare LS™

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### ***ACE-Inhibitors and ACE-Inhibitors/Diuretic Combinations***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Benazepril	Accupril®
Benazepril/HCTZ	Accuretic®
Enalapril Tabs	Altace®
Enalapril/HCTZ	Captopril
Fosinopril	Captopril/HCTZ
Lisinopril	Epaned®
Lisinopril/HCTZ	Enalapril Soln
Quinapril	Fosinopril/HCTZ
Ramipril	Lotensin®
	Lotensin HCT®
	Moexipril
	Moexipril/HCTZ
	Perindopril
	Prinivil®
	Qbrelis®
	Quinapril/HCTZ
	Trandolapril
	Vaseretic®
	Vasotec®
	Zestoretic®
	Zestril®

### ***ACE-Inhibitors/CCB Combinations***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Amlodipine/Benazepril	Lotrel®
	Tarka®
	Trandolapril/Verapamil

### ***ADHD, Amphetamines, Short-Acting***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Dextroamphetamine 5, 10 mg Tabs (gen Dextrostat®)	Adderall®
Dextroamphetamine/Amphetamine	Amphetamine Sulfate Tabs (gen Evekeo®)
<b>Procentra® Soln* (&lt;10 years of age)</b>	Desoxyn®
	Dextroamphetamine Soln
	Dextroamphetamine Tabs (gen Zenzedi®)

	Evekeo®
	Methamphetamine Tabs
	Procentra® Soln* ( <b>&gt;=10 years of age</b> )
	Zenzedi®

\*Brand preferred over generic

### **ADHD, Amphetamines, Long-Acting**

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Adderall XR®	Adzenys XR ODT®
Vyvanse® Caps	Amphetamine ER Susp (gen Adzenys ER®)
	Dexedrine® Spansule
	Dextroamphetamine ER
	Dextroamphetamine/Amphetamine ER (gen Adderall XR®)
	Dyanavel® XR
	Mydayis® ER
	Vyvanse® Chew Tabs

### **ADHD, Methylphenidate, Short-Acting**

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Dexmethylphenidate	Focalin®
Methylphenidate Soln/Tabs	Methylphenidate Chew
	Methylin®
	Ritalin®

### **ADHD, Methylphenidate, Long-Acting**

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Concerta®	Adhansia XR®
Daytrana®	Aptensio XR®
<b>Dexmethylphenidate XR</b>	<b>Azstarys™</b>
Methylphenidate SR	Cotempla XR ODT®
Quillivant XR®	<b>Focalin XR®</b>
	Jornay PM®
	Methylphenidate CD
	Methylphenidate ER Caps (gen Aptensio XR®)
	Methylphenidate ER Tabs (gen Concerta®)
	Methylphenidate ER 72 mg Tabs (gen Relexxii™ ER Tabs)
	Methylphenidate LA
	<b>Methylphenidate Patches</b>
	Quillichew ER®
	Relexxii™ ER Tabs
	Ritalin LA®

### **ADHD, Non-Stimulants**

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Atomoxetine	Intuniv®
Clonidine ER	Qelbree™
Guanfacine ER	Strattera®

## Anticoagulants

Preferred Agents	Non-Preferred Agents
Eliquis®	Arixtra®
Enoxaparin	Bevyxxa®
Fragmin®	Coumadin®
Pradaxa®	<b>Dabigatran</b>
Warfarin	Fondaparinux
Xarelto® 10, 15, 20 mg	Jantoven®
Xarelto® Starter Pack	Lovenox®
	Savaysa®
	Xarelto® 2.5 mg <b>Solin</b>

## Anticonvulsants, Rescue Agents

Preferred Agents	Non-Preferred Agents
Diastat®	
Diazepam Rectal	
Valtoco®	
<b>Nayzilam®</b>	

## Antiplatelets

Preferred Agents	Non-Preferred Agents
Aspirin/Dipyridamole	Aggrenox®
Clopidogrel	<b>Aspirin/Omeprazole</b>
Dipyridamole	<b>Brilinta®*</b>
Prasugrel	Cilostazol
	Effient®
	Plavix®
	Zontivity®

\*Recommended to be tabled for December DPAC

## ARBs and ARBs/Diuretic Combinations

Preferred Agents	Non-Preferred Agents
Irbesartan	Atacand®
Irbesartan/HCTZ	Atacand HCT®
Losartan	Avalide®
Losartan HCTZ	Avapro®
Telmisartan	Benicar®
Telmisartan/HCTZ	Benicar HCT®
Valsartan	Candesartan
Valsartan HCTZ	Candasartan/HCTZ
	Cozaar®
	Diovan®
	Diovan HCT®
	Edarbi®
	Edarbyclor®
	Eprosartan
	Hyzaar®
	Micardis®
	Micardis® HCT
	Olmesartan
	Olmesartan/HCTZ

## ARBs/CCB Combinations

Preferred Agents	Non-Preferred Agents
Valsartan/Amlodipine	Azor <sup>®</sup>
	Exforge <sup>®</sup>
	Exforge <sup>®</sup> HCT
	Olmesartan/Amlodipine
	Olmesartan/Amlodipine/HCTZ
	Telmisartan/Amlodipine
	Tribenzor <sup>®</sup>
	Twynsta <sup>®</sup>
	Valsartan/Amlodipine/HCTZ

## ARBs/Nepriylsin Inhibitor Combinations

Preferred Agents	Non-Preferred Agents
Entresto <sup>®</sup>	

## Beta Blockers and Beta Blockers/Diuretic Combinations

Preferred Agents	Non-Preferred Agents
Acebutolol	Betapace <sup>®</sup>
Atenolol	Betapace AF <sup>®</sup>
Atenolol/Chlorthalidone	Betaxolol
Bisoprolol	Bystolic <sup>®</sup>
Bisoprolol/HCTZ	Carvedilol ER
Carvedilol	Coreg <sup>®</sup>
Hemangeol <sup>®</sup>	Coreg CR <sup>®</sup>
Labetalol	Corgard <sup>®</sup>
Metoprolol Succinate	Inderal LA <sup>®</sup>
Metoprolol Tartrate	Inderal XL <sup>®</sup>
Metoprolol/HCTZ	InnoPran XL <sup>®</sup>
Nadolol	Kaspargo <sup>®</sup> Sprinkle Caps
Propranolol Soln/Tabs	Lopressor
Propranolol/HCTZ	Lopressor HCT <sup>®</sup>
Sorine <sup>®</sup>	Nebivolol
Sotalol	Nadolol/Bendroflumethiazide
Sotalol AF	Pindolol
	Propranolol LA
	Sotylize <sup>®</sup>
	Tenoretic <sup>®</sup>
	Tenormin <sup>®</sup>
	Timolol Maleate
	Toprol XL <sup>®</sup>
	Ziac <sup>®</sup>

## CCBs, Dihyropyridines

Preferred Agents	Non-Preferred Agents
Amlodipine	Adalat CC <sup>®</sup>
Felodipine ER	Isradipine
Nifedipine ER	Katerzia <sup>™</sup>
Nifedipine IR	Levamlodipine
	Nicardipine
	Nimodipine
	Norliqva <sup>®</sup>
	Norvasc <sup>®</sup>
	Nymalize <sup>®</sup>

	Procardia®
	Procardia XL®
	Sular®
	Isradipine

### ***CCBs, Non-Dihydropyridines***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Cartia XT®	Calan®
Dilt XR	Calan SR®
Diltiazem CD	Cardizem
Diltiazem ER Caps	Cardizem CD®
Diltiazem HCl	Cardizem LA®
Diltiazem XR	Diltiazem LA Tab
Taztia XT®	Matzim LA®
Verapamil HCl	Tiadyt® ER
Verapamil ER Caps/Tabs	Tiazac®
Verapamil SR	Verapamil ER PM
	Verelan®
	Verelan PM®

### ***Direct Renin Inhibitors and Combinations***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Aliskiren	Tekturna®
Tekturna HCT®	

### ***Dry Eye Disease***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Restasis®	Cequa™
Xiidra®	Cyclosporine Ophth Emulsion
	Restasis Multidose®
	Tyrvaya™

### ***Homozygous Familial Hypercholesterolemia (HoFH)***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
	Evkeeza™
	Juxtapid®

### ***Niacin Derivatives***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Niacin ER	Niacin IR
	Niaspan®

### ***PAH, Endothelin Receptor Antagonists (ETRA)***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Ambrisentan	Bosentan
Tracleer®	Letairis®
	Opsumit®

### **PAH, PDE5-Inhibitors & SGC Stimulators**

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Sildenafil Inj/Tabs (gen Revatio®)	Adcirca®
Tadalafil Tabs (gen Adcirca®)	Adempas®
	Revatio®
	Sildenafil Susp

### **PAH, Prostacyclins, Inhaled**

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Tyvaso®	Tyvaso® DPI
Ventavis®	

### **PAH, Prostacyclins, IV/SQ**

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Epoprostenol Injection	Flolan® Injection
Treprostinil Infusion/SQ	Remodulin® Infusion/SQ
	Uptravi® Vial
	Veletri® Injection

### **PAH, Prostacyclins, Oral**

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Orenitram® ER	Uptravi®

### **Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitors**

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Praluent®	Leqvio®
Repatha® (Amgen USA Mft)	

### **Proton Pump Inhibitors**

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Nexium® Rx Packet	Aciphex® Sprinkle™
Omeprazole Rx	Dexilant
Pantoprazole Tabs	Dexlansoprazole
Protonix® Susp	Esomeprazole
	Lansoprazole
	Nexium® Rx Caps
	Omeprazole OTC
	Omeprazole/Sodium Bicarbonate
	Pantoprazole Susp
	Prevacid®
	Prilosec®
	Protonix® Tabs
	Rabeprazole
	Zegerid®



## Statins (HMG-CoA Reductase Inhibitors) and Combinations

Preferred Agents	Non-Preferred Agents
Atorvastatin	Altoprev®
Ezetimibe	Amlodipine/Atorvastatin
Lovastatin	Caduet®
Pravastatin	Crestor®
Rosuvastatin	Ezallor Sprinkle™
Simvastatin	Ezetimibe/Rosuvastatin
	Ezetimibe/Simvastatin
	Fluvastatin
	Fluvastatin ER
	Lescol XL®
	Lipitor®
	Livalo®
	Nexletol®
	Nexlizet®
	Pravachol®
	Vytorin®
	Zetia®
	Zocor®
	Zypitamag™

## Spinal Muscular Atrophy Agents

Preferred Agents	Non-Preferred Agents
Zolgensma®	

## Sympatholytics

Preferred Agents	Non-Preferred Agents
Catapres-TTS® Patch	Catapres® Tabs
Clonidine Tabs	Clonidine Patch
Guanfacine	Lucemyra®
Methyldopa	Methyldopa/HCTZ

## Targeted Immune Modulators – Misc Allergy and Asthma-Related Monoclonal Antibodies

Preferred Agents	Non-Preferred Agents
Adbry™	Dupixent®
Cinqair®	Nucala®
Fasenra®	Tezspire™
Xolair®	

## ***Triglyceride Lowering Agents***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Fenofibrate 54, 67, 134, 160, 200 mg (gen Lofibra®)	Antara®
Fenofibrate 48, 145 mg (gen Tricor®)	Fenofibrate (gen Antara®)
Gemfibrozil	Fenofibrate (gen Fenoglide®)
	Fenofibrate (gen Lipofen®)
	Fenofibrate (gen Triglide®)
	Fenofibric Acid (gen Fibracor®)
	Fenofibric Acid (gen Trilipix®)
	Fenoglide®
	Fibracor®
	Icosapent Ethyl (gen Vascepa®)
	Lipofen®
	Lopid®
	Lovaza®
	Omega-3 Acid Ethyl Esters
	Tricor®
	Triglide®
	Trilipix®
	Vascepa®