

STEP THERAPY

Most medical conditions have many medication options. Although their clinical effectiveness may be similar, prices can vary widely. The Step Therapy program gives you the treatment you need, usually at a lower cost.

HERE'S HOW IT WORKS:

With this program, you must try a Step 1 medication first, before a Step 2 medication may be covered. When you bring a prescription to your pharmacy, our system will automatically screen the medication for step therapy requirements. If your prior pharmacy claims show you have tried a Step 1 medication in the recent past, the Step 2 medication may be filled. If not, the pharmacist will contact your doctor to explain next steps.



We encourage you to discuss your treatment and medication options with your doctor. If you have questions about the Step Therapy program, call the toll-free ProAct Help Desk at [1-877-635-9545](tel:1-877-635-9545).

- The list is not all-inclusive and does not guarantee coverage. Coverage is subject to change and some medications may be excluded from coverage, for the most current information or if you have questions, please visit www.proactrx.com or call the ProAct Help Desk at [1-877-635-9545](tel:1-877-635-9545).

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
ACANYA	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/ SULFUR-CONTAINING PRODUCTS
ACIPHEX	ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX & OTC), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX & OTC), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS
ACIPHEX SPRINKLE	ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX & OTC), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX & OTC), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS
ACTEMRA IV	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
ACTEMRA SC	RHEUMATOID ARTHRITIS: HUMIRA JUVENILE IDIOPATHIC ARTHRITIS: HUMIRA
ACTICLATE 75 MG/150 MG TABS (BRAND & GENERIC)	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
ACTONEL	STEP 1: ALENDRONATE, IBANDRONATE, RISEDRONATE STEP 2: ATELVIA

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
ACTOPLUS MET	METFORMIN, METFORMIN EXTENDED-RELEASE, METFORMIN ORAL SOLUTION, ALOGLIPTIN/METFORMIN, GLIPIZIDE/METFORMIN, GLYBURIDE/METFORMIN, PIOGLITAZONE, PIOGLITAZONE/GLIMEPERIDE, PIOGLITAZONE/METFORMIN, REPAGLINIDE/METFORMIN, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUCOVANCE, GLUMETZA, INVOKAMET, INVOKAMET XR, JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, RIOMET, RIOMET ER, SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
ACTOPLUS MET XR	METFORMIN, METFORMIN EXTENDED-RELEASE, METFORMIN ORAL SOLUTION, ALOGLIPTIN/METFORMIN, GLIPIZIDE/METFORMIN, GLYBURIDE/METFORMIN, PIOGLITAZONE, PIOGLITAZONE/GLIMEPERIDE, PIOGLITAZONE/METFORMIN, REPAGLINIDE/METFORMIN, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUCOVANCE, GLUMETZA, INVOKAMET, INVOKAMET XR, JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, RIOMET, RIOMET ER, SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
ACTOS	METFORMIN, METFORMIN EXTENDED-RELEASE, METFORMIN ORAL SOLUTION, ALOGLIPTIN/METFORMIN, GLIPIZIDE/METFORMIN, GLYBURIDE/METFORMIN, PIOGLITAZONE, PIOGLITAZONE/GLIMEPERIDE, PIOGLITAZONE/METFORMIN, REPAGLINIDE/METFORMIN, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUCOVANCE, GLUMETZA, INVOKAMET, INVOKAMET XR, JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, RIOMET, RIOMET ER, SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
ACULAR	BROMFENAC 0.09% OPHTHALMIC SOLUTION, DICLOFENAC 0.1% OPHTHALMIC SOLUTION, FLURBIPROFEN 0.03% OPHTHALMIC SOLUTION, KETOROLAC 0.4% OPHTHALMIC SOLUTION, KETOROLAC 0.5% OPHTHALMIC SOLUTION
ACULAR LS	BROMFENAC 0.09% OPHTHALMIC SOLUTION, DICLOFENAC 0.1% OPHTHALMIC SOLUTION, FLURBIPROFEN 0.03% OPHTHALMIC SOLUTION, KETOROLAC 0.4% OPHTHALMIC SOLUTION, KETOROLAC 0.5% OPHTHALMIC SOLUTION
ACUVAIL	BROMFENAC 0.09% OPHTHALMIC SOLUTION, DICLOFENAC 0.1% OPHTHALMIC SOLUTION, FLURBIPROFEN 0.03% OPHTHALMIC SOLUTION, KETOROLAC 0.4% OPHTHALMIC SOLUTION, KETOROLAC 0.5% OPHTHALMIC SOLUTION
ACZONE	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
ADAPALENE 0.1% LOTION	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
ADAPALENE SWABS (GENERIC)	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
ADCIRCA	ALYQ, GENERIC SILDENAFIL 20 MG TABLETS, GENERIC TADALAFIL 20 MG TABLETS
AFINITOR DISPERZ TABLETS FOR ORAL SUSPENSION	GENERIC EVEROLIMUS TABLETS FOR ORAL SUSPENSION
AFINITOR TABLETS	GENERIC EVEROLIMUS TABLETS
AKLIEF	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
ALA-SCALP HP	REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
ALCORTIN A	TOPICAL STEROID+MUPIROCIN
ALKINDI	HYDROCORTISONE TABLETS
ALLZITAL	GENERIC PRODUCT WITH BUTALBITAL
ALOCRIAL	CROMOLYN SODIUM OPHTHALMIC SOLUTION
ALOMIDE	CROMOLYN SODIUM OPHTHALMIC SOLUTION
ALPHANATE	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
ALREX	AZELASTINE OPHTHALMIC SOLUTION, EPINASTINE OPHTHALMIC SOLUTION, OLOPATADINE 0.1% & 0.2% OPHTHALMIC SOLUTION (PRESCRIPTION)
ALTABAX	MUPIROCIN OINTMENT
ALTOPREV	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN
ALYMSYS	ZIRABEV
AMBIEN	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM
AMBIEN CR	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
<p>AMCINONIDE 0.1% CREAM/LOTION/ OINTMENT</p>	<p>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
<p>AMPYRA</p>	<p>DALFAMPRIDINE</p>
<p>AMRIX ER</p>	<p>CYCLOBENZAPRINE 5 MG OR 10 MG TABLETS</p>
<p>AMZEEQ</p>	<p>GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/ SULFUR-CONTAINING PRODUCTS</p>
<p>ANALPRAM HC 2.5%/1% CREAM/LOTION</p>	<p>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
ANAPROX DS	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
ANDROID	GENERIC OR METHITEST
ANTARA	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)
ANTARA	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG), LIPOFEN
ANTIVERT 50 MG TABLET	MECLIZINE 25 MG TABLETS
ANUSOL-HC	GENERIC HYDROCORTISONE ACETATE SUPPOSITORY (25 MG OR 30 MG), ANUCORT-HC (25 MG), GRX HICORT (25 MG), HEMMOREX-HC (25 MG OR 30 MG), RECTACORT-HC (25 MG)
AQUA GLYCOLIC HC	REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
ARALAST NP	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
ARANESP	PROCRIT, RETACRIT
ARBINOXA 4 MG TABLET	CARBINOXAMINE 4 MG TABLET, CARBINOXAMINE 4 MG/5 ML LIQUID
ARBINOXA 4 MG/5 ML LIQUID	CARBINOXAMINE 4 MG TABLET, CARBINOXAMINE 4 MG/5 ML LIQUID
ARCALYST	ILARIS

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
ARTHROTEC	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
ASTAGRAF XL	GENERIC TACROLIMUS
ATACAND	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
ATACAND HCT	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
ATELVIA	STEP 1: ALENDRONATE, IBANDRONATE, RISEDRONATE STEP 2: ATELVIA
AUBAGIO	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, FINGOLIMOD CAPSULES, GLATIRAMER INJECTION
AUSTEDO	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
AVALIDE	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
AVANDIA	METFORMIN, METFORMIN EXTENDED-RELEASE, METFORMIN ORAL SOLUTION, ALOGLIPTIN/METFORMIN, GLIPIZIDE/METFORMIN, GLYBURIDE/METFORMIN, PIOGLITAZONE, PIOGLITAZONE/GLIMEPERIDE, PIOGLITAZONE/METFORMIN, REPAGLINIDE/METFORMIN, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUCOVANCE, GLUMETZA, INVOKAMET, INVOKAMET XR, JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, RIOMET, RIOMET ER, SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
AVAPRO	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
AVAR	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
AVAR LS	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
AVAR-E CREAM	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
AVAR-E LS CREAM	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/ SULFUR-CONTAINING PRODUCTS
AVASTIN	ZIRABEV
AVIDOXY DK KIT (BRAND)	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
AVODART	FINASTERIDE 5 MG
AVONEX	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, FINGOLIMOD CAPSULES, GLATIRAMER INJECTION
AVSOLA	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
AZELASTINE HYDROCHLORIDE/ FLUTICASONE PROPIONATE NASAL SPRAY	FLUTICASONE PROPIONATE NASAL SPRAY
AZELEX	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/ SULFUR-CONTAINING PRODUCTS
AZOR	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
BACLOFEN ORAL SOLUTION	BACLOFEN TABLETS
BAFIERTAM	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, FINGOLIMOD CAPSULES, GLATIRAMER INJECTION
BASAGLAR	LANTUS [CORE FORMULARY] LEVEMIR FLEXTOUCH, SEMGLEE (YFGN) PEN [ADVANTAGE FORMULARY], TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100
BECONASE AQ	FLUTICASONE PROPIONATE NASAL SPRAY
BELSOMRA	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM
BENICAR	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
BENICAR HCT	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
BENZAFLIN	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
BENZAMYCIN	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
BENZAMYCIN PAK	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
BEPREVE	AZELASTINE OPHTHALMIC SOLUTION, EPINASTINE OPHTHALMIC SOLUTION, OLOPATADINE 0.1% & 0.2% OPHTHALMIC SOLUTION (PRESCRIPTION)
BERINERT	RUCONEST
BESER 0.05% LOTION (BRANDED GENERIC PRODUCT)	<p>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST</p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
BETAMETHASONE VALERATE 0.12% FOAM	<p>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST</p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
BETASERON	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, FINGOLIMOD CAPSULES, GLATIRAMER INJECTION
BETHKIS	TOBRAMYCIN INHALATION SOLUTION, TOBI PODHALER
BINOSTO	<p>STEP 1: ALENDRONATE, IBANDRONATE, RISEDRONATE STEP 2: ATELVIA</p>
BONIVA	<p>STEP 1: ALENDRONATE, IBANDRONATE, RISEDRONATE STEP 2: ATELVIA</p>
BP 10-1 WASH	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
BP CLEANSING WASH	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
BRAND TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
BRAVELLE	<p>STEP 1: CLOMIPHENE CITRATE STEP 2: GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT</p>
BREXAFEMME	<p>FLUCONAZOLE 150 MG TABLETS, MICONAZOLE VAGINAL SUPPOSITORY (OTC; KITS THAT INCLUDE MICONAZOLE VAGINAL SUPPOSITORY ALSO INCLUDED), TERCONAZOLE VAGINAL CREAM, TERCONAZOLE VAGINAL SUPPOSITORY</p>
BROMSITE	<p>BROMFENAC 0.09% OPHTHALMIC SOLUTION, DICLOFENAC 0.1% OPHTHALMIC SOLUTION, FLURBIPROFEN 0.03% OPHTHALMIC SOLUTION, KETOROLAC 0.4% OPHTHALMIC SOLUTION, KETOROLAC 0.5% OPHTHALMIC SOLUTION</p>

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
BRYHALI 0.01% LOTION	<p>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST</p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
BUPAP	RGENERIC PRODUCT WITH BUTALBITAL
BYNFEZIA PEN	OCTREOTIDE ACETATE IMMEDIATE-RELEASE INJECTION
CADUET	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN
CALCIPOTRIENE FOAM (AUTHORIZED GENERIC)	CALCIPOTRIENE CREAM/OINTMENT/SOLUTION
CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE OINTMENT	CALCIPOTRIENE CREAM/OINTMENT/SOLUTION
CAMBIA	<p>GENERIC NSAIDS (MUST USE TWO)</p> <p>CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG</p>
CAMCEVI	ELIGARD

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
CAPEX 0.01% TOPICAL SHAMPOO	<p>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST</p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
CARBINOXAMINE MALEATE 6 MG TABLET	CARBINOXAMINE 4 MG TABLET, CARBINOXAMINE 4 MG/5 ML LIQUID
CAROSPIR	SPIRONOLACTONE
CELEBREX	<p>STEP 1: RX OR OTC ORAL NSAIDS (MUST TRY 2) DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR AND ER), DICLOFENAC SODIUM/ MISOPROSTOL, ETODOLAC (IR AND ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR AND ER), KETOPROFEN (IR) 50 MG & 75 MG, KETOROLAC TABLETS, MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM, NABUMETONE, NAPROXEN, OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN STEP 2: CELECOXIB</p>
CELECOXIB	<p>RX OR OTC ORAL NSAIDS (MUST TRY 2) DICLOFENAC POTASSIUM, DICLOFENAC SODIUM (IR AND ER), DICLOFENAC SODIUM/ MISOPROSTOL, ETODOLAC (IR AND ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR AND ER), KETOPROFEN (IR) 50 MG & 75 MG, KETOROLAC TABLETS, MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM, NABUMETONE, NAPROXEN, OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN</p>
CENTANY	MUPIROCIN OINTMENT
CHORIONIC GONADOTROPIN	NOVAREL, OVIDREL
CICLODAN 8% KIT	CICLODAN 8% TOPICAL SOLUTION, CICLOPIROX 8% TOPICAL SOLUTION, CICLOPIROX 8% TREATMENT KIT

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
CIMZIA	RHEUMATOID ARTHRITIS: ACTEMRA SC, ENBREL, HUMIRA, RINVOQ, XELJANZ/XR TABLETS (TRY 2) ANKYLOSING SPONDYLITIS: ENBREL, HUMIRA, RINVOQ, TALTZ, XELJANZ/XR TABLETS (TRY 2) PSORIATIC ARTHRITIS: ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI SC (PEN/SYRINGE), STELARA SC, TALTZ, TREMFYA, XELJANZ/XR TABLETS (TRY 2) PSORIASIS: ENBREL, HUMIRA, OTEZLA, SKYRIZI SC (PEN/SYRINGE), STELARA SC, TALTZ, TREMFYA (TRY 2) CROHN'S DISEASE: HUMIRA
CINQAIR	FASENRA, NUCALA
CINRYZE	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
CLEOCIN T GEL/LOTION/SOLUTION	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
CLINDACIN ETZ 1% KIT	ONE BRAND OR GENERIC PRESCRIPTION TOPICAL ACNE PRODUCT AND ONE BRAND OR GENERIC PRESCRIPTION TOPICAL ACNE CLEANSER
CLINDACIN PAC	ONE BRAND OR GENERIC PRESCRIPTION TOPICAL ACNE PRODUCT AND ONE BRAND OR GENERIC PRESCRIPTION TOPICAL ACNE CLEANSER
CLINDAGEL	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
CLOBETASOL EMOLLIENT 0.05% FOAM	REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

TARGET MEDICATION**PREFERRED PRODUCTS – INITIAL STEP(S)**CLOBETASOL EMULSION
0.05% FOAM

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST
 ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

CLOBETASOL
PROPIONATE 0.05%
FOAM/SHAMPOO/SPRAY/
LOTION

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST
 ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

TARGET MEDICATION**PREFERRED PRODUCTS – INITIAL STEP(S)**

CLOBEX 0.05%
SHAMPOO/SPRAY/
TOPICAL LOTION

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST
 ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

CLODAN 0.05% KIT

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST
 ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

TARGET MEDICATION**PREFERRED PRODUCTS – INITIAL STEP(S)**CLODAN 0.05%
SHAMPOO

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST
 ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

CLODERM 0.1% CREAM

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST
 ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

COLCHICINE CAPSULES

COLCHICINE TABLETS, MITIGARE

COLCRYS

COLCHICINE TABLETS, MITIGARE

CONDYLOX 0.5% GEL

PODOFILOX 0.5% SOLUTION

COPAXONE

DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, FINGOLIMOD CAPSULES, GLATIRAMER INJECTION

TARGET MEDICATION**PREFERRED PRODUCTS – INITIAL STEP(S)**

CORDRAN 0.05%
LOTION/OINTMENT

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST
 ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

CORDRAN 4 MCG/SQ
CM TAPE

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST
 ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

TARGET MEDICATION
PREFERRED PRODUCTS – INITIAL STEP(S)

CORDRAN SP
0.05% CREAM

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST
 ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

COREMINO ER
TABLETS (GENERIC)

DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS

COSENTYX

ANKYLOSING SPONDYLITIS: ENBREL, HUMIRA, RINVOQ, TALTZ, XELJANZ/XR TABLETS (TRY 2)
NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS: CIMZIA, TALTZ (TRY 2)
PSORIATIC ARTHRITIS: ENBREL, HUMIRA, OTEZLA, SKYRIZI SC (PEN/SYRINGE), STELARA SC, TALTZ, TREMFYA (TRY 3 FROM ≥ 2 DIFFERENT DRUG CLASSES)
PSORIASIS: ENBREL, HUMIRA, OTEZLA, SKYRIZI SC (PEN/SYRINGE), STELARA SC, TALTZ, TREMFYA (TRY 4 FROM ≥ 3 DIFFERENT DRUG CLASSES)

COZAAR

CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE

CRESTOR

ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
CUTIVATE 0.05% LOTION/CREAM	<p>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST</p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
CYCLOBENZAPRINE ER CAPSULE	CYCLOBENZAPRINE 5 MG OR 10 MG TABLETS
CYSTADANE POWDER	BETAINE ANHYDROUS POWDER
DAYPRO	<p>GENERIC NSAIDS (MUST USE TWO)</p> <p>CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG</p>
DAYVIGO	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM

TARGET MEDICATION**PREFERRED PRODUCTS – INITIAL STEP(S)**DERMA-SMOOTH/FS
SCALP OIL

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST
 ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

DERMASORB HC

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST
 ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

TARGET MEDICATION**PREFERRED PRODUCTS – INITIAL STEP(S)**

DERMASORB TA

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST

ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

DERMATOP 0.1%
OINTMENT/CREAM**REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST**

ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

TARGET MEDICATION**PREFERRED PRODUCTS – INITIAL STEP(S)**

DESONATE 0.05% GEL

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST

ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

DESONIDE 0.05% GEL/
LOTION**REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST**

ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

TARGET MEDICATION**PREFERRED PRODUCTS – INITIAL STEP(S)**DESOWEN 0.05% CREAM
KIT/LOTION KIT**REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS –
NOT AN INCLUSIVE LIST**

ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

DESOXIMETASONE 0.05%
CREAM/GEL/OINTMENT**REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS –
NOT AN INCLUSIVE LIST**

ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
DESOXIMETASONE 0.25% CREAM/OINTMENT	REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
DETROL	DARIFENACIN ER TABLETS, FESOTERODINE FUMARATE ER TABLETS, GELNIQUE, MYRBETRIQ, MYRBETRIQ GRANULES, OXYBUTYNIN IR SYRUP, OXYBUTYNIN IR TABLETS, OXYBUTYNIN ER TABLETS, SOLIFENACIN SUCCINATE TABLETS, TOLTERODINE TARTRATE TABLETS, TOLTERODINE TARTRATE ER CAPSULES, TROSPIUM CHLORIDE TABLETS, TROSPIUM CHLORIDE ER CAPSULES
DETROL	DARIFENACIN ER TABLETS, FESOTERODINE FUMARATE ER TABLETS, OXYBUTYNIN IR SYRUP, OXYBUTYNIN IR TABLETS, OXYBUTYNIN ER TABLETS, SOLIFENACIN SUCCINATE TABLETS, TOLTERODINE TARTRATE TABLETS, TOLTERODINE TARTRATE ER CAPSULES, TROSPIUM CHLORIDE TABLETS, TROSPIUM CHLORIDE ER CAPSULES
DETROL LA	DARIFENACIN ER TABLETS, FESOTERODINE FUMARATE ER TABLETS, GELNIQUE, MYRBETRIQ, MYRBETRIQ GRANULES, OXYBUTYNIN IR SYRUP, OXYBUTYNIN IR TABLETS, OXYBUTYNIN ER TABLETS, SOLIFENACIN SUCCINATE TABLETS, TOLTERODINE TARTRATE TABLETS, TOLTERODINE TARTRATE ER CAPSULES, TROSPIUM CHLORIDE TABLETS, TROSPIUM CHLORIDE ER CAPSULES
DETROL LA	DARIFENACIN ER TABLETS, FESOTERODINE FUMARATE ER TABLETS, OXYBUTYNIN IR SYRUP, OXYBUTYNIN IR TABLETS, OXYBUTYNIN ER TABLETS, SOLIFENACIN SUCCINATE TABLETS, TOLTERODINE TARTRATE TABLETS, TOLTERODINE TARTRATE ER CAPSULES, TROSPIUM CHLORIDE TABLETS, TROSPIUM CHLORIDE ER CAPSULES
DEXAMETHASONE 1.5 MG TABLET (6 DAY/10 DAY/13 DAY DOSE PACKS)	GENERIC DEXAMETHASONE TABLETS
DEXILANT	ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX & OTC), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX & OTC), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS
DEXPAK 6 DAY/10 DAY/13 DAY	GENERIC DEXAMETHASONE TABLETS

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
DICLOFENAC 35 MG CAPSULE	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
DICLOFENAC EPOLAMINE 1.3% PATCH	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
DICLOFENAC POTASSIUM 25 MG TABLETS	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
DICLOFENAC SODIUM 1% GEL	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
DICLOFENAC SODIUM 2% TOPICAL SOLUTION	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
DIFFERIN	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS

TARGET MEDICATION

PREFERRED PRODUCTS – INITIAL STEP(S)

DIFLORASONE
DIACETATE 0.05%
CREAM/OINTMENT

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS –
NOT AN INCLUSIVE LIST
ALCLOMETASONE 0.05% OINTMENT/CREAM
BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
DESONIDE 0.05% CREAM/OINTMENT
FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
FLUTICASONE PROPIONATE 0.05% CREAM
FLUTICASONE PROPIONATE 0.005% OINTMENT
HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
HYDROCORTISONE 2% LOTION
HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
PREDNICARBATE 0.1% CREAM/OINTMENT
TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

DIOVAN

CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ,
LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS,
OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS,
TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/
HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE

DIOVAN HCT

CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ,
LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS,
OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS,
TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/
HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE

TARGET MEDICATION**PREFERRED PRODUCTS – INITIAL STEP(S)**

DIPROLENE 0.05%
OINTMENT/LOTION

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST
 ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

DIPROLENE AF
0.05% CREAM

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST
 ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

DITROPAN XL

DARIFENACIN ER TABLETS, FESOTERODINE FUMARATE ER TABLETS, GELNIQUE, MYRBETRIQ, MYRBETRIQ GRANULES, OXYBUTYNIN IR SYRUP, OXYBUTYNIN IR TABLETS, OXYBUTYNIN ER TABLETS, SOLIFENACIN SUCCINATE TABLETS, TOLTERODINE TARTRATE TABLETS, TOLTERODINE TARTRATE ER CAPSULES, TROSPIUM CHLORIDE TABLETS, TROSPIUM CHLORIDE ER CAPSULES

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
DITROPAN XL	DARIFENACIN ER TABLETS, FESOTERODINE FUMARATE ER TABLETS, OXYBUTYNIN IR SYRUP, OXYBUTYNIN IR TABLETS, OXYBUTYNIN ER TABLETS, SOLIFENACIN SUCCINATE TABLETS, TOLTERODINE TARTRATE TABLETS, TOLTERODINE TARTRATE ER CAPSULES, TROSPIUM CHLORIDE TABLETS, TROSPIUM CHLORIDE ER CAPSULES
DORYX DR 50 MG/80 MG/200 MG TABS (BRAND & GENERIC)	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
DORYX MPC 120 MG TAB (BRAND)	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
DOVONEX CREAM	CALCIPOTRIENE CREAM/OINTMENT/SOLUTION
DOXEPIN	GENERIC PRESCRIPTION TOPICAL CORTICOSTEROIDS (MUST TRY 2)
DOXEPIN 3 MG & 6 MG	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM
DOXYCYCLINE HYCLATE DR 75 MG/100 MG/150 MG TABS (GENERIC)	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
DOXYCYCLINE IR-ER 40 MG CAPSULE (AUTHORIZED GENERIC)	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
DOXYCYCLINE MONOHYDRATE 150 MG CAPSULE (GENERIC)	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
DUAC	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
DUETACT	METFORMIN, METFORMIN EXTENDED-RELEASE, METFORMIN ORAL SOLUTION, ALOGLIPTIN/METFORMIN, GLIPIZIDE/METFORMIN, GLYBURIDE/METFORMIN, PIOGLITAZONE, PIOGLITAZONE/GLIMEPERIDE, PIOGLITAZONE/METFORMIN, REPAGLINIDE/METFORMIN, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUCOVANCE, GLUMETZA, INVOKAMET, INVOKAMET XR, JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, RIOMET, RIOMET ER, SEGLUOMET, SYNJARDY, SYNJARDY XR, XIGDUO XR

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
DUEXIS	MUST USE ONE OF BOTH OF THE FOLLOWING (BRAND OR GENERIC): PRESCRIPTION ORAL IBUPROFEN AND PRESCRIPTION ORAL CIMETIDINE, FAMOTIDINE, NIZATIDINE, RANITIDINE
DUOBRII LOTION	REQUIRES USE OF ONE PRESCRIPTION GENERIC TOPICAL CORTICOSTEROID – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
DUREZOL	MUST TRY 2: DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%, DIFLUPREDNATE OPHTHALMIC EMULSION 0.05%, FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1%, LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5%, PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1%
DURLAZA	TWO OTHER ASPIRIN PRODUCTS
DUTASTERIDE	FINASTERIDE 5 MG
DUTASTERIDE/ TAMSULOSIN	FINASTERIDE 5 MG
DYMISTA	FLUTICASONE PROPIONATE NASAL SPRAY
EC-NAPROSYN	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
EDARBI	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
EDARBYCLOR	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
EDECIN TABLETS	BUMETANIDE TABLETS, ETHACRYNIC ACID TABLETS, FUROSEMIDE TABLETS, TORSEMIDE TABLETS
EDLUAR	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM
ELELYSO	CEREZYME
ELIDEL	REQUIRES USE OF ONE PRESCRIPTION TOPICAL CORTICOSTEROID FIRST (BRAND OR GENERIC) FOR EXAMPLE: ALCLOMETASONE, AMCINONIDE, BETAMETHASONE DIPROPIONATE (AUGMENTED), BETAMETHASONE DIPROPIONATE, BETAMETHASONE VALERATE, CLOBETASOL, DESONIDE, DESOXIMETASONE, DIFLORASONE, FLUOCINOLONE, FLUOCINONIDE, FLURANDRENOLIDE, FLUTICASONE, HALOBETASOL, HYDROCORTISONE, MOMETASONE, PREDNICARBATE, TRIAMCINOLONE
ELOCON 0.1% OINTMENT/CREAM/SOLUTION	REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
ENABLEX	DARIFENACIN ER TABLETS, FESOTERODINE FUMARATE ER TABLETS, GELNIQUE, MYRBETRIQ, MYRBETRIQ GRANULES, OXYBUTYNIN IR SYRUP, OXYBUTYNIN IR TABLETS, OXYBUTYNIN ER TABLETS, SOLIFENACIN SUCCINATE TABLETS, TOLTERODINE TARTRATE TABLETS, TOLTERODINE TARTRATE ER CAPSULES, TROSPIUM CHLORIDE TABLETS, TROSPIUM CHLORIDE ER CAPSULES
ENABLEX	DARIFENACIN ER TABLETS, FESOTERODINE FUMARATE ER TABLETS, OXYBUTYNIN IR SYRUP, OXYBUTYNIN IR TABLETS, OXYBUTYNIN ER TABLETS, SOLIFENACIN SUCCINATE TABLETS, TOLTERODINE TARTRATE TABLETS, TOLTERODINE TARTRATE ER CAPSULES, TROSPIUM CHLORIDE TABLETS, TROSPIUM CHLORIDE ER CAPSULES
ENHERTU	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
ENSTILAR FOAM	CALCIPOTRIENE CREAM/OINTMENT/SOLUTION
ENTYVIO	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
ENVARUSUS XR	GENERIC TACROLIMUS
EPCLUSA	GENOTYPE 1 & 4: LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR, VOSEVI, ZEPATIER GENOTYPE 2 & 3: SOFOSBUVIR/VELPATASVIR, VOSEVI GENOTYPE 5 & 6: LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR, VOSEVI
EPIDUO	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
EPIDUO FORTE	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
EPIFOAM	REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
EPOGEN	PROCRIT, RETACRIT
EPSOLAY	AZELAIC ACID GEL 15%, IVERMECTIN CREAM 1%, METRONIDAZOLE CREAM 0.75%, METRONIDAZOLE GEL 0.75% AND 1%, METRONIDAZOLE LOTION 0.75%, ROSADAN CREAM, ROSADAN GEL
ESBRIET CAPSULES (267 MG), TABLETS (267 MG & 801 MG)	GENERIC PIRFENIDONE TABLETS (267 MG & 801 MG)
ESGIC	GENERIC PRODUCT WITH BUTALBITAL

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
ESOMEPRAZOLE DELAYED-RELEASE GRANULES FOR ORAL SUSPENSION	ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX & OTC), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX & OTC), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS
ESOMEPRAZOLE STRONTIUM DELAYED-RELEASE CAPSULES	ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX & OTC), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX & OTC), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS
EUCRISA	REQUIRES USE OF ONE PRESCRIPTION TOPICAL CORTICOSTEROID FIRST (BRAND OR GENERIC) FOR EXAMPLE: ALCLOMETASONE, AMCINONIDE, BETAMETHASONE DIPROPIONATE (AUGMENTED), BETAMETHASONE DIPROPIONATE, BETAMETHASONE VALERATE, CLOBETASOL, DESONIDE, DESOXIMETASONE, DIFLORASONE, FLUOCINOLONE, FLUOCINONIDE, FLURANDRENOLIDE, FLUTICASONE, HALOBETASOL, HYDROCORTISONE, MOMETASONE, PREDNICARBATE, TRIAMCINOLONE
EVOCLIN	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
EXFORGE	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
EXFORGE HCT	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
EXJADE	DEFERASIROX GRANULES, DEFERASIROX TABLETS, DEFERASIROX TABLETS FOR SUSPENSION, DEFERIPRONE TABLETS
EXTAVIA	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, FINGOLIMOD CAPSULES, GLATIRAMER INJECTION
EZALLOR	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN
FARXIGA	METFORMIN, METFORMIN-EXTENDED RELEASE, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUMETZA, RIOMET, METFORMIN ORAL SOLUTION, RIOMET ER, GLUCOVANCE, GLYBURIDE/METFORMIN, GLIPIZIDE/METFORMIN, ACTOPLUS MET, PIOGLITAZONE/METFORMIN, ACTOPLUS MET XR, REPAGLINIDE/METFORMIN, KAZANO, ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KOMBIGLYZE XR, JANUMET, JANUMET XR
FELDENE	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
FENOFIBRATE 120 MG	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
FENOFIBRATE 120 MG	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG), LIPOFEN
FENOFIBRATE 150 MG	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG), LIPOFEN
FENOFIBRATE 150 MG	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)
FENOFIBRATE 40 MG	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)
FENOFIBRATE 40 MG	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG), LIPOFEN
FENOFIBRATE 50 MG	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG), LIPOFEN
FENOFIBRATE 50 MG	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)
FENOFIBRATE CAPSULES (BRAND)	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)
FENOFIBRATE CAPSULES (BRAND)	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG), LIPOFEN
FENOGLIDE	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)
FENOGLIDE	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG), LIPOFEN
FENOPROFEN (BRAND) & 600 MG	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
FENORTHO	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
FERRIPROX (TABLETS & ORAL SOLUTION)	DEFERASIROX GRANULES, DEFERASIROX TABLETS, DEFERASIROX TABLETS FOR SUSPENSION, DEFERIPRONE TABLETS

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
FEXMID	CYCLOBENZAPRINE 5 MG OR 10 MG TABLETS
FIBRICOR	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)
FIBRICOR	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG), LIPOFEN
FINACEA FOAM	AZELAIC ACID GEL 15%, IVERMECTIN CREAM 1%, METRONIDAZOLE CREAM 0.75%, METRONIDAZOLE GEL 0.75% AND 1%, METRONIDAZOLE LOTION 0.75%, ROSADAN CREAM, ROSADAN GEL
FINACEA GEL	AZELAIC ACID GEL 15%, IVERMECTIN CREAM 1%, METRONIDAZOLE CREAM 0.75%, METRONIDAZOLE GEL 0.75% AND 1%, METRONIDAZOLE LOTION 0.75%, ROSADAN CREAM, ROSADAN GEL
FIORICET	GENERIC PRODUCT WITH BUTALBITAL
FIORINAL	GENERIC PRODUCT WITH BUTALBITAL
FIRAZYR	ICATIBANT
FIRMAGON	ELIGARD
FLAREX	MUST TRY 2: DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%, DIFLUPREDNATE OPHTHALMIC EMULSION 0.05%, FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1%, LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5%, PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1%
FLECTOR PATCH	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
FLEQSUVY	BACLOFEN TABLETS
FLOLAN	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
FLOLIPID	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN
FLOWTUSS	GENERIC COUGH/COLD LIQUID
FLUNISOLIDE NASAL SPRAY	FLUTICASONE PROPIONATE NASAL SPRAY

TARGET MEDICATION**PREFERRED PRODUCTS – INITIAL STEP(S)**

FLUOCINONIDE
0.1% CREAM

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST
 ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

FLURANDRENOLIDE
0.05% CREAM/LOTION/
OINTMENT

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST
 ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
FLUTICASONE PROPIONATE 0.05% LOTION	REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
FML FORTE	MUST TRY 2: DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%, DIFLUPREDNATE OPHTHALMIC EMULSION 0.05%, FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1%, LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5%, PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1%
FML LIQUIFILM	MUST TRY 2: DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%, DIFLUPREDNATE OPHTHALMIC EMULSION 0.05%, FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1%, LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5%, PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1%
FML SOP	MUST TRY 2: DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%, DIFLUPREDNATE OPHTHALMIC EMULSION 0.05%, FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1%, LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5%, PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1%
FOLLISTIM AQ	STEP 1: CLOMIPHENE CITRATE STEP 2: GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
FORTAMET (BRAND AND GENERIC)	METFORMIN ER TABLETS (GENERIC TO GLUCOPHAGE XR ONLY)
FOSAMAX PLUS D	STEP 1: ALENDRONATE, IBANDRONATE, RISEDRONATE STEP 2: ATELVIA
FOSAMAX TABLETS	STEP 1: ALENDRONATE, IBANDRONATE, RISEDRONATE STEP 2: ATELVIA
FYLNETRA	FULPHILA, ZIEXTENZO
GANIRELIX (BRAND & GENERIC)	CETROTIDE, GENERIC FYREMADEL

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
GELNIQUE	DARIFENACIN ER TABLETS, FESOTERODINE FUMARATE ER TABLETS, OXYBUTYNIN IR SYRUP, OXYBUTYNIN IR TABLETS, OXYBUTYNIN ER TABLETS, SOLIFENACIN SUCCINATE TABLETS, TOLTERODINE TARTRATE TABLETS, TOLTERODINE TARTRATE ER CAPSULES, TROSPIUM CHLORIDE TABLETS, TROSPIUM CHLORIDE ER CAPSULES
GEMTESA	DARIFENACIN ER TABLETS, FESOTERODINE FUMARATE ER TABLETS, OXYBUTYNIN IR SYRUP, OXYBUTYNIN IR TABLETS, OXYBUTYNIN ER TABLETS, SOLIFENACIN SUCCINATE TABLETS, TOLTERODINE TARTRATE TABLETS, TOLTERODINE TARTRATE ER CAPSULES, TROSPIUM CHLORIDE TABLETS, TROSPIUM CHLORIDE ER CAPSULES
GENOTROPIN	OMNITROPE
GILENYA	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES AND FINGOLIMOD CAPSULES
GLASSIA	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
GLATOPA	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, FINGOLIMOD CAPSULES, GLATIRAMER INJECTION
GLEEVEC	GENERIC IMATINIB TABLETS
GLUCOPHAGE	METFORMIN IR TABLETS
GLUCOPHAGE XR (BRAND)	METFORMIN ER TABLETS (GENERIC TO GLUCOPHAGE XR ONLY)
GLUMETZA (BRAND AND GENERIC)	STEP 1: METFORMIN ER TABLETS (GENERIC TO GLUCOPHAGE XR ONLY) STEP 2: GLUCOPHAGE XR (BRAND), FORTAMET (BRAND AND GENERIC), RIOMET ER
GLYXAMBI	ACTOPLUS MET, ACTOPLUS MET XR, ALOGLITPIN/METFORMIN, AVANDAMET, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUCOVANCE, GLUMETZA, INVOKAMET, INVOKAMET XR, JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, METFORMIN, METFORMIN EXTENDED-RELEASE, METFORMIN/GLIPIZIDE, METFORMIN/GLYBURIDE, PIOGLITAZONE/METFORMIN, PRANDIMET, REPAGLINIDE/METFORMIN, RIOMET, RIOMET ER, SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
GONAL-F	CLOMIPHENE CITRATE
GONAL-F RFF	CLOMIPHENE CITRATE
GONAL-F RFF REDI-JECT	CLOMIPHENE CITRATE
GRANIX	NIVESTYM, ZARXIO
GRANIX	NIVESTYM
HAEGARDA	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.

TARGET MEDICATION**PREFERRED PRODUCTS – INITIAL STEP(S)**HALCINONIDE
0.1% CREAM

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST
 ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

HALOG 0.1% CREAM/
OINTMENT

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST
 ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

HARVONI

GENOTYPE 1 & 4: LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR, VOSEVI, ZEPATIER
GENOTYPE 5 & 6: LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR, VOSEVI

HEMADY

DEXAMETHASONE TABLETS

HEMOFIL M

TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
HERCEPTIN	KANJINTI, TRAZIMERA
HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
HERZUMA	KANJINTI, TRAZIMERA
HUMATE-P	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
HUMATROPE	OMNITROPE
HUMATROPE	GENOTROPIN, NORDITROPIN
HYCOFENIX	GENERIC COUGH/COLD LIQUID
HYDROCORTISONE BUTYRATE 0.1% LOTION/OINTMENT/SOLUTION	<p>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST</p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM	<p>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST</p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
HYZAAR	<p>CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE</p>
IBUPROFEN/FAMOTIDINE TABLETS	<p>MUST USE ONE OF BOTH OF THE FOLLOWING (BRAND OR GENERIC):</p> <p>PRESCRIPTION ORAL IBUPROFEN AND PRESCRIPTION ORAL CIMETIDINE, FAMOTIDINE, NIZATIDINE, RANITIDINE</p>
ILUMYA	<p>PSORIASIS: ENBREL, HUMIRA, OTEZLA, SKYRIZI SC (PEN/SYRINGE), STELARA SC, TALTZ, TREMFYA (TRY 2)</p>
IMBRUVICA 140 MG & 280 MG TABLETS	IMBRUVICA 140 MG CAPSULES

TARGET MEDICATION**PREFERRED PRODUCTS – INITIAL STEP(S)**

IMPEKLO LOTION

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST

ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

IMPOYZ 0.025% CREAM

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST

ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

INDOCIN

GENERIC NSAIDS (MUST USE TWO)

CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES,
 DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC
 SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN,
 INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS),
 MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN
 (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
INDOMETHACIN 20 MG CAPSULES	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
INFLECTRA	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
INGREZZA	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
INOVA 4/1 EASY PAD	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
INOVA 8/2 EASY PAD	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
INOVA EASY PAD	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
INTERMEZZO	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM
INVELTYS	MUST TRY 2: DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%, DIFLUPREDNATE OPHTHALMIC EMULSION 0.05%, FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1%, LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5%, PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1%
INVOKAMET	STEP 1: METFORMIN, METFORMIN-EXTENDED RELEASE, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUMETZA, RIOMET, METFORMIN ORAL SOLUTION, RIOMET ER, GLUCOVANCE, GLYBURIDE/METFORMIN, GLIPIZIDE/METFORMIN, ACTOPLUS MET, PIOGLITAZONE/METFORMIN, ACTOPLUS MET XR, REPAGLINIDE/METFORMIN, KAZANO, ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KOMBIGLYZE XR, JANUMET, JANUMET XR STEP 2: FARXIGA, JARDIANCE, SEGLUROMET, STEGLATRO, SYNJARDY, SYNJARDY XR, XIGDUO XR
INVOKAMET XR	STEP 1: METFORMIN, METFORMIN-EXTENDED RELEASE, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUMETZA, RIOMET, METFORMIN ORAL SOLUTION, RIOMET ER, GLUCOVANCE, GLYBURIDE/METFORMIN, GLIPIZIDE/METFORMIN, ACTOPLUS MET, PIOGLITAZONE/METFORMIN, ACTOPLUS MET XR, REPAGLINIDE/METFORMIN, KAZANO, ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KOMBIGLYZE XR, JANUMET, JANUMET XR STEP 2: FARXIGA, JARDIANCE, SEGLUROMET, STEGLATRO, SYNJARDY, SYNJARDY XR, XIGDUO XR
INVOKANA	STEP 1: METFORMIN, METFORMIN-EXTENDED RELEASE, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUMETZA, RIOMET, METFORMIN ORAL SOLUTION, RIOMET ER, GLUCOVANCE, GLYBURIDE/METFORMIN, GLIPIZIDE/METFORMIN, ACTOPLUS MET, PIOGLITAZONE/METFORMIN, ACTOPLUS MET XR, REPAGLINIDE/METFORMIN, KAZANO, ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KOMBIGLYZE XR, JANUMET, JANUMET XR STEP 2: FARXIGA, JARDIANCE, SEGLUROMET, STEGLATRO, SYNJARDY, SYNJARDY XR, XIGDUO XR

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
JADENU	DEFERASIROX GRANULES, DEFERASIROX TABLETS, DEFERASIROX TABLETS FOR SUSPENSION, DEFERIPRONE TABLETS
JADENU SPRINKLE	DEFERASIROX GRANULES, DEFERASIROX TABLETS, DEFERASIROX TABLETS FOR SUSPENSION, DEFERIPRONE TABLETS
JALYN	FINASTERIDE 5 MG
JARDIANCE	METFORMIN, METFORMIN-EXTENDED RELEASE, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUMETZA, RIOMET, METFORMIN ORAL SOLUTION, RIOMET ER, GLUCOVANCE, GLYBURIDE/METFORMIN, GLIPIZIDE/METFORMIN, ACTOPLUS MET, PIOGLITAZONE/METFORMIN, ACTOPLUS MET XR, REPAGLINIDE/METFORMIN, KAZANO, ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KOMBIGLYZE XR, JANUMET, JANUMET XR
JUBLIA	CICLODAN 8% TOPICAL SOLUTION, CICLOPIROX 8% TOPICAL SOLUTION, CICLOPIROX 8% TREATMENT KIT
KADCYLA	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
KALBITOR	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
KARBINAL ER 4 MG/ 5 ML SUSPENSION	CARBINOXAMINE 4 MG TABLET, CARBINOXAMINE 4 MG/5 ML LIQUID
KENALOG AEROSOL SPRAY	REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
KERYDIN	CICLODAN 8% TOPICAL SOLUTION, CICLOPIROX 8% TOPICAL SOLUTION, CICLOPIROX 8% TREATMENT KIT
KESIMPTA	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, FINGOLIMOD CAPSULES, GLATIRAMER INJECTION

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
KETOPROFEN ER 200 MG	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
KETOPROFEN IR 25 MG	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
KETOROLAC NASAL SPRAY	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
KEVZARA	RHEUMATOID ARTHRITIS: ACTEMRA SC, ENBREL, HUMIRA, RINVOQ, XELJANZ/XR TABLETS (TRY 2)
KINERET	RHEUMATOID ARTHRITIS: ACTEMRA SC, ENBREL, HUMIRA, RINVOQ, XELJANZ/XR TABLETS (TRY 2)
KISQALI	IBRANCE, VERZENIO
KISQALI FEMARA CO-PACK	IBRANCE, VERZENIO
KITABIS	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
KLARON	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/ SULFUR-CONTAINING PRODUCTS
KOATE	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
LANREOTIDE	SOMATULINE DEPOT
LANSOPRAZOLE ODT	ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX & OTC), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX & OTC), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS
LASIX TABLETS	BUMETANIDE TABLETS, ETHACRYNIC ACID TABLETS, FUROSEMIDE TABLETS, TORSEMIDE TABLETS
LASTACFT	AZELASTINE OPHTHALMIC SOLUTION, EPINASTINE OPHTHALMIC SOLUTION, OLOPATADINE 0.1% & 0.2% OPHTHALMIC SOLUTION (PRESCRIPTION)
LEDIPASVIR/SOFOSBUVIR	GENOTYPE 1 & 4: EPCLUSA, HARVONI, VOSEVI, ZEPATIER GENOTYPE 5 & 6: EPCLUSA, HARVONI, VOSEVI

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
LEDIPASVIR/SOFOSBUVIR	GENOTYPE 1 & 4: EPCLUSA, HARVONI, ZEPATIER GENOTYPE 5 & 6: EPCLUSA, HARVONI
LESCOL	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN
LESCOL XL	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN
LETAIRIS TABLETS	AMBRISENTAN, BOSENTAN, OPSUMIT, TRACLEER TABLETS FOR ORAL SUSPENSION
LEUPROLIDE ACETATE INJECTION (2 WEEK KIT)	ELIGARD
LEXETTE 0.05% FOAM	REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
LICART	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
LIDOCAINE-TETRACAINE 7%-7% CREAM	LIDOCAINE CREAM PRODUCT AND LIDOCAINE/PRILOCAINE CREAM PRODUCT
LIPITOR	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN
LIPOFEN	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
LIVALO	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN
LOCOID 0.1% LOTION/ CREAM/OINTMENT/ SOLUTION	REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
LOCOID LIPOCREAM	REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
LOCORT 7 DAY/11 DAY	GENERIC DEXAMETHASONE TABLETS

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
LODINE	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
LOFENA	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
LORZONE	GENERIC CHLORZOXAZONE
LOTEMAX OPHTHALMIC GEL 0.5%	MUST TRY 2: DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%, DIFLUPREDNATE OPHTHALMIC EMULSION 0.05%, FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1%, LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5%, PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1%
LOTEMAX OPHTHALMIC OINTMENT 0.5%	MUST TRY 2: DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%, DIFLUPREDNATE OPHTHALMIC EMULSION 0.05%, FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1%, LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5%, PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1%
LOTEMAX SM	MUST TRY 2: DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%, DIFLUPREDNATE OPHTHALMIC EMULSION 0.05%, FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1%, LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5%, PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1%
LUNESTA	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM
LUPRON DEPOT	ELIGARD

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
LUXIQ 0.12% FOAM	<p>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST</p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
LYVISPAAH	BACLOFEN TABLETS
MAVENCLAD	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, FINGOLIMOD CAPSULES, GLATIRAMER INJECTION
MAVYRET	<p>GENOTYPE 1 & 4: EPCLUSA, HARVONI, VOSEVI, ZEPATIER GENOTYPE 2 & 3: EPCLUSA, VOSEVI GENOTYPE 5 & 6: EPCLUSA, HARVONI, VOSEVI</p>
MAVYRET	<p>GENOTYPE 1 & 4: LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR, VOSEVI, ZEPATIER GENOTYPE 2 & 3: SOFOSBUVIR/VELPATASVIR, VOSEVI GENOTYPE 5 & 6: LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR, VOSEVI</p>
MAVYRET	<p>GENOTYPE 1 & 4: EPCLUSA, HARVONI, ZEPATIER GENOTYPE 2 & 3: EPCLUSA GENOTYPE 5 & 6: EPCLUSA, HARVONI</p>
MAXIDEX	<p>MUST TRY 2: DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%, DIFLUPREDNATE OPHTHALMIC EMULSION 0.05%, FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1%, LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5%, PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1%</p>
MAYZENT	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, FINGOLIMOD CAPSULES, GLATIRAMER INJECTION
MELOXICAM CAPSULES	<p>GENERIC NSAIDS (MUST USE TWO)</p> <p>CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG</p>
METFORMIN ORAL SOLUTION	METFORMIN IR TABLETS

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
METROCREAM	AZELAIC ACID GEL 15%, IVERMECTIN CREAM 1%, METRONIDAZOLE CREAM 0.75%, METRONIDAZOLE GEL 0.75% AND 1%, METRONIDAZOLE LOTION 0.75%, ROSADAN CREAM, ROSADAN GEL
METROGEL	AZELAIC ACID GEL 15%, IVERMECTIN CREAM 1%, METRONIDAZOLE CREAM 0.75%, METRONIDAZOLE GEL 0.75% AND 1%, METRONIDAZOLE LOTION 0.75%, ROSADAN CREAM, ROSADAN GEL
METROLOTION	AZELAIC ACID GEL 15%, IVERMECTIN CREAM 1%, METRONIDAZOLE CREAM 0.75%, METRONIDAZOLE GEL 0.75% AND 1%, METRONIDAZOLE LOTION 0.75%, ROSADAN CREAM, ROSADAN GEL
MICARDIS	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
MICARDIS HCT	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
MINOCYCLINE ER CAPSULES (BRAND)	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
MINOLIRA ER TABLET (BRAND)	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
MIRCERA	PROCRIT, RETACRIT
MOBIC	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
MOMETASONE FUROATE NASAL SPRAY	FLUTICASONE PROPIONATE NASAL SPRAY
MONOCLATE-P	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
MONODOX CAPSULE (BRAND)	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
MORGIDOX KIT (BRAND)	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
MUPIROCIN CREAM (BRAND & GENERICS)	MUPIROCIN OINTMENT
MVASI	ZIRABEV
MYCAPSSA	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
MYRBETRIQ	DARIFENACIN ER TABLETS, FESOTERODINE FUMARATE ER TABLETS, OXYBUTYNIN IR SYRUP, OXYBUTYNIN IR TABLETS, OXYBUTYNIN ER TABLETS, SOLIFENACIN SUCCINATE TABLETS, TOLTERODINE TARTRATE TABLETS, TOLTERODINE TARTRATE ER CAPSULES, TROSPIUM CHLORIDE TABLETS, TROSPIUM CHLORIDE ER CAPSULES
MYRBETRIQ GRANULES	DARIFENACIN ER TABLETS, FESOTERODINE FUMARATE ER TABLETS, OXYBUTYNIN IR SYRUP, OXYBUTYNIN IR TABLETS, OXYBUTYNIN ER TABLETS, SOLIFENACIN SUCCINATE TABLETS, TOLTERODINE TARTRATE TABLETS, TOLTERODINE TARTRATE ER CAPSULES, TROSPIUM CHLORIDE TABLETS, TROSPIUM CHLORIDE ER CAPSULES
NALFON	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
NAPRELAN & GENERICS	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
NAPROSYN	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
NAPROXEN SUSPENSION	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
NAPROXEN/ ESOMEPRAZOLE DR TABLETS	MUST USE ONE OF BOTH OF THE FOLLOWING (BRAND OR GENERIC): PRESCRIPTION PROTON PUMP INHIBITOR (DEXLANSOPRAZOLE, ESOMEPRAZOLE MAGNESIUM, ESOMEPRAZOLE STRONTIUM, LANSOPRAZOLE, OMEPRAZOLE, OMEPRAZOLE MAGNESIUM, OMEPRAZOLE/SODIUM BICARBONATE, PANTOPRAZOLE [ORAL], RABEPRAZOLE) AND PRESCRIPTION NAPROXEN, NAPROXEN SODIUM
NASCOBAL	CYANOCOBALAMIN INJECTION
NASONEX	FLUTICASONE PROPIONATE NASAL SPRAY
NEUAC	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/ SULFUR-CONTAINING PRODUCTS
NEULASTA	FULPHILA, ZIEXTENZO
NEUPOGEN	NIVESTYM, ZARXIO
NEUPOGEN	NIVESTYM
NEVANAC	BROMFENAC 0.09% OPHTHALMIC SOLUTION, DICLOFENAC 0.1% OPHTHALMIC SOLUTION, FLURBIPROFEN 0.03% OPHTHALMIC SOLUTION, KETOROLAC 0.4% OPHTHALMIC SOLUTION, KETOROLAC 0.5% OPHTHALMIC SOLUTION
NEXAVAR	GENERIC SORAFENIB TABLETS
NEXIUM	ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX & OTC), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX & OTC), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS
NOCTIVA	DESMOPRESSIN
NOLIX 0.05% CREAM/ LOTION (BRANDED GENERIC PRODUCT)	REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
NORDITROPIN	OMNITROPE

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
NORITATE CREAM	AZELAIC ACID GEL 15%, IVERMECTIN CREAM 1%, METRONIDAZOLE CREAM 0.75%, METRONIDAZOLE GEL 0.75% AND 1%, METRONIDAZOLE LOTION 0.75%, ROSADAN CREAM, ROSADAN GEL
NOVACORT 2%-1% GEL	HYDROCORTISONE-PRAMOXINE CREAM
NUOX	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/ SULFUR-CONTAINING PRODUCTS
NUTROPIN AQ	OMNITROPE
NUTROPIN AQ	GENOTROPIN, NORDITROPIN
NUVIGIL	ARMODAFINIL, MODAFINIL
NUWIQ	ADVATE, ADYNOVATE, AFSTYLA, ELOCTATE, ESPEROCT, HELIXATE FS, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT
NYVEPRIA	FULPHILA, ZIEXTENZO
OBREDON	GENERIC COUGH/COLD LIQUID
OCREVUS	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
OGIVRI	KANJINTI, TRAZIMERA
OLUMIANT	RHEUMATOID ARTHRITIS: ACTEMRA SC, ENBREL, HUMIRA, RINVOQ, XELJANZ/XR TABLETS (TRY 2)
OLUX 0.05% FOAM	<p>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST</p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
OLUX-E 0.05% FOAM	REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
OMEPRAZOLE/SODIUM BICARBONATE CAPSULES (RX & OTC)	MUST TRY 5 GENERIC PPIs: ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX & OTC), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX & OTC), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS
OMNARIS	FLUTICASONE PROPIONATE NASAL SPRAY
OMNITROPE	GENOTROPIN, NORDITROPIN
ONEXTON	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/ SULFUR-CONTAINING PRODUCTS
ONTRUZANT	KANJINTI, TRAZIMERA
ORACEA (BRAND)	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
ORENCIA IV	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
ORENCIA SC	RHEUMATOID ARTHRITIS: ACTEMRA SC, ENBREL, HUMIRA, RINVOQ, XELJANZ/XR TABLETS (TRY 2) JUVENILE IDIOPATHIC ARTHRITIS: ACTEMRA SC, ENBREL, HUMIRA, XELJANZ TABLETS OR ORAL SOLUTION (TRY 2) PSORIATIC ARTHRITIS: ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI SC (PEN/SYRINGE), STELARA SC, TALTZ, TREMFYA, XELJANZ/XR TABLETS (TRY 2)

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
ORGOVYX	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
ORLADEYO	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
OTREXUP	METHOTREXATE INJECTION
OXYTROL (RX)	DARIFENACIN ER TABLETS, FESOTERODINE FUMARATE ER TABLETS, OXYBUTYNIN IR SYRUP, OXYBUTYNIN IR TABLETS, OXYBUTYNIN ER TABLETS, SOLIFENACIN SUCCINATE TABLETS, TOLTERODINE TARTRATE TABLETS, TOLTERODINE TARTRATE ER CAPSULES, TROSPIUM CHLORIDE TABLETS, TROSPIUM CHLORIDE ER CAPSULES
OXYTROL (RX)	DARIFENACIN ER TABLETS, FESOTERODINE FUMARATE ER TABLETS, GELNIQUE, MYRBETRIQ, MYRBETRIQ GRANULES, OXYBUTYNIN IR SYRUP, OXYBUTYNIN IR TABLETS, OXYBUTYNIN ER TABLETS, SOLIFENACIN SUCCINATE TABLETS, TOLTERODINE TARTRATE TABLETS, TOLTERODINE TARTRATE ER CAPSULES, TROSPIUM CHLORIDE TABLETS, TROSPIUM CHLORIDE ER CAPSULES
OXYTROL FOR WOMEN (OTC)	DARIFENACIN ER TABLETS, FESOTERODINE FUMARATE ER TABLETS, GELNIQUE, MYRBETRIQ, MYRBETRIQ GRANULES, OXYBUTYNIN IR SYRUP, OXYBUTYNIN IR TABLETS, OXYBUTYNIN ER TABLETS, SOLIFENACIN SUCCINATE TABLETS, TOLTERODINE TARTRATE TABLETS, TOLTERODINE TARTRATE ER CAPSULES, TROSPIUM CHLORIDE TABLETS, TROSPIUM CHLORIDE ER CAPSULES
OXYTROL FOR WOMEN (OTC)	DARIFENACIN ER TABLETS, FESOTERODINE FUMARATE ER TABLETS, OXYBUTYNIN IR SYRUP, OXYBUTYNIN IR TABLETS, OXYBUTYNIN ER TABLETS, SOLIFENACIN SUCCINATE TABLETS, TOLTERODINE TARTRATE TABLETS, TOLTERODINE TARTRATE ER CAPSULES, TROSPIUM CHLORIDE TABLETS, TROSPIUM CHLORIDE ER CAPSULES
OZOBAX	BACLOFEN TABLETS
PACNEX 7% TOPICAL WASH	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
PACNEX HP	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
PACNEX LP	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR

TARGET MEDICATION**PREFERRED PRODUCTS – INITIAL STEP(S)**

PANDEL 0.1% CREAM

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST

ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

PANTOPRAZOLE
GRANULES

ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX & OTC), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX & OTC), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS

PEDIADERM HC 2%
COMPLETE KIT**REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST**

ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
PEDIADERM TA 0.1% COMPLETE KIT	REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
PENLAC	CICLODAN 8% TOPICAL SOLUTION, CICLOPIROX 8% TOPICAL SOLUTION, CICLOPIROX 8% TREATMENT KIT
PENNSAID 2%	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
PIMECROLIMUS 1% CREAM (GENERIC)	REQUIRES USE OF ONE PRESCRIPTION TOPICAL CORTICOSTEROID FIRST (BRAND OR GENERIC) FOR EXAMPLE: ALCLOMETASONE, AMCINONIDE, BETAMETHASONE DIPROPIONATE (AUGMENTED), BETAMETHASONE DIPROPIONATE, BETAMETHASONE VALERATE, CLOBETASOL, DESONIDE, DESOXIMETASONE, DIFLORASONE, FLUOCINOLONE, FLUOCINONIDE, FLURANDRENOLIDE, FLUTICASONE, HALOBETASOL, HYDROCORTISONE, MOMETASONE, PREDNICARBATE, TRIAMCINOLONE
PIRFENIDONE 534 MG TABLETS	GENERIC PIRFENIDONE TABLETS (267 MG & 801 MG)
PLEGRIDY	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, FINGOLIMOD CAPSULES, GLATIRAMER INJECTION
PLEXION CLEANSER & PADS	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
PLEXION CREAM & LOTION	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/SULFUR-CONTAINING PRODUCTS
PLIAGLIS	LIDOCAINE CREAM PRODUCT AND LIDOCAINE/PRILOCAINE CREAM PRODUCT

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
PONVORY	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, FINGOLIMOD CAPSULES, GLATIRAMER INJECTION
PRAMOSONE 1%/1% LOTION	<p>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST</p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
PRAMOSONE 2.5%/1% CREAM/LOTION	<p>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST</p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
PRAVACHOL	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
PRED MILD	MUST TRY 2: DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%, DIFLUPREDNATE OPHTHALMIC EMULSION 0.05%, FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1%, LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5%, PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1%
PREGNYL	NOVAREL, OVIDREL
PREVACID	ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX & OTC), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX & OTC), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS
PREVACID 24 HR	ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX & OTC), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX & OTC), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS
PREVACID SOLUTAB	ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX & OTC), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX & OTC), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS
PRILOSEC (RX & OTC)	ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX & OTC), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX & OTC), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS
PROCTOCORT SUPPOSITORY	GENERIC HYDROCORTISONE ACETATE SUPPOSITORY (25 MG OR 30 MG), ANUCORT-HC (25 MG), GRX HICORT (25 MG), HEMMOREX-HC (25 MG OR 30 MG), RECTACORT-HC (25 MG)
PROCTOFOAM HC 1%/1%	REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
PROCYSBI DR	CYSTAGON
PROLASTIN-C	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
PROSCAR	FINASTERIDE 5 MG

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
PROTONIX	ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX & OTC), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX & OTC), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS
PROTOPIC	REQUIRES USE OF ONE PRESCRIPTION TOPICAL CORTICOSTEROID FIRST (BRAND OR GENERIC) FOR EXAMPLE: ALCLOMETASONE, AMCINONIDE, BETAMETHASONE DIPROPIONATE (AUGMENTED), BETAMETHASONE DIPROPIONATE, BETAMETHASONE VALERATE, CLOBETASOL, DESONIDE, DESOXIMETASONE, DIFLORASONE, FLUOCINOLONE, FLUOCINONIDE, FLURANDRENOLIDE, FLUTICASONE, HALOBETASOL, HYDROCORTISONE, MOMETASONE, PREDNICARBATE, TRIAMCINOLONE
PROVIGIL	ARMODAFINIL, MODAFINIL
PRUDOXIN	GENERIC PRESCRIPTION TOPICAL CORTICOSTEROIDS (MUST TRY 2)
PSORCON 0.05% CREAM	REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
QBRELIS	GENERIC LISINOPRIL TABLETS
QMIIZ	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
QNASL	FLUTICASONE PROPIONATE NASAL SPRAY
QNASL CHILDREN'S	FLUTICASONE PROPIONATE NASAL SPRAY

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
QTERN	ACTOPLUS MET, ACTOPLUS MET XR, ALOGLITPIN/METFORMIN, AVANDAMET, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUCOVANCE, GLUMETZA, INVOKAMET, INVOKAMET XR, JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, METFORMIN, METFORMIN EXTENDED-RELEASE, METFORMIN/GLIPIZIDE, METFORMIN/GLYBURIDE, PIOGLITAZONE/METFORMIN, PRANDIMET, REPAGLINIDE/METFORMIN, RIOMET, RIOMET ER, SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
RASUVO	METHOTREXATE INJECTION
RAYOS DR	GENERIC PREDNISONE
REBIF	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, FINGOLIMOD CAPSULES, GLATIRAMER INJECTION
RECOMBINATE	ADVATE, ADYNOVATE, AFSTYLA, ELOCTATE, ESPEROCT, HELIXATE FS, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT
RELAFEN	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
RELAFEN DS	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
RELEUKO	NIVESTYM, ZARXIO
RELEUKO	NIVESTYM
REMICADE	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
REMODULIN	TREPROSTINIL INJECTION
RENFLXIS	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
REVATIO SUSPENSION	ALYQ, GENERIC SILDENAFIL 20 MG TABLETS, GENERIC TADALAFIL 20 MG TABLETS
REVATIO TABLETS	ALYQ, GENERIC SILDENAFIL 20 MG TABLETS, GENERIC TADALAFIL 20 MG TABLETS
RIABNI	RUXIENCE
RINVOQ	RHEUMATOID ARTHRITIS: ENBREL, HUMIRA ANKYLOSING SPONDYLITIS: ENBREL, HUMIRA NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS: CIMZIA PSORIATIC ARTHRITIS: ENBREL, HUMIRA ULCERATIVE COLITIS: HUMIRA
RIOMET	METFORMIN IR TABLETS
RIOMET ER	METFORMIN ER TABLETS (GENERIC TO GLUCOPHAGE XR ONLY)

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
RITUXAN IV	RUXIENCE
ROSADAN CREAM KIT	AZELAIC ACID GEL 15%, IVERMECTIN CREAM 1%, METRONIDAZOLE CREAM 0.75%, METRONIDAZOLE GEL 0.75% AND 1%, METRONIDAZOLE LOTION 0.75%, ROSADAN CREAM, ROSADAN GEL
ROSADAN GEL KIT	AZELAIC ACID GEL 15%, IVERMECTIN CREAM 1%, METRONIDAZOLE CREAM 0.75%, METRONIDAZOLE GEL 0.75% AND 1%, METRONIDAZOLE LOTION 0.75%, ROSADAN CREAM, ROSADAN GEL
ROSANIL	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
ROSULA	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
ROZEREM	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM
RYVENT 6 MG TABLET	CARBINOXAMINE 4 MG TABLET, CARBINOXAMINE 4 MG/5 ML LIQUID
SAIZEN	OMNITROPE
SAIZEN	GENOTROPIN, NORDITROPIN
SANDOSTATIN	OCTREOTIDE ACETATE IMMEDIATE-RELEASE INJECTION
SANDOSTATIN LAR DEPOT	SOMATULINE DEPOT
SCALACORT DK KIT	REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
SEGLUROMET	METFORMIN, METFORMIN-EXTENDED RELEASE, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUMETZA, RIOMET, METFORMIN ORAL SOLUTION, RIOMET ER, GLUCOVANCE, GLYBURIDE/METFORMIN, GLIPIZIDE/METFORMIN, ACTOPLUS MET, PIOGLITAZONE/METFORMIN, ACTOPLUS MET XR, REPAGLINIDE/METFORMIN, KAZANO, ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KOMBIGLYZE XR, JANUMET, JANUMET XR

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
SERNIVO 0.05% SPRAY	<p>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST</p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
SEYSARA TABLETS (BRAND)	<p>DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS</p>
SIGNIFOR LAR	SOMATULINE DEPOT
SILDENAFIL SUSPENSION	ALYQ, GENERIC SILDENAFIL 20 MG TABLETS, GENERIC TADALAFIL 20 MG TABLETS
SILENOR	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM
SILIQ	<p>PSORIASIS: ENBREL, HUMIRA, OTEZLA, SKYRIZI SC (PEN/SYRINGE), STELARA SC, TALTZ, TREMFYA (TRY 2)</p>
SIMPONI ARIA	<p>TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.</p>
SIMPONI SC	<p>RHEUMATOID ARTHRITIS: ACTEMRA SC, ENBREL, HUMIRA, RINVOQ, XELJANZ/XR TABLETS (TRY 2) ANKYLOSING SPONDYLITIS: ENBREL, HUMIRA, RINVOQ, TALTZ, XELJANZ/XR TABLETS (TRY 2) PSORIATIC ARTHRITIS: ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI SC (PEN/SYRINGE), STELARA SC, TALTZ, TREMFYA, XELJANZ/XR TABLETS (TRY 2) ULCERATIVE COLITIS: HUMIRA</p>
SITAVIG BUCCAL TABLETS	GENERIC ACYCLOVIR
SOANZ TABLETS	BUMETANIDE TABLETS, ETHACRYNIC ACID TABLETS, FUROSEMIDE TABLETS, TORSEMIDE TABLETS

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
SOFOSBUVIR/ VELPATASVIR	GENOTYPE 1 & 4: EPCLUSA, HARVONI, VOSEVI, ZEPATIER GENOTYPE 2 & 3: EPCLUSA, VOSEVI GENOTYPE 5 & 6: EPCLUSA, HARVONI, VOSEVI
SOFOSBUVIR/ VELPATASVIR	GENOTYPE 1 & 4: EPCLUSA, HARVONI, ZEPATIER GENOTYPE 2 & 3: EPCLUSA GENOTYPE 5 & 6: EPCLUSA, HARVONI
SOLODYN ER TABLETS (BRAND & GENERIC)	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
SONATA	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM
SOOLANTRA	AZELAIC ACID GEL 15%, IVERMECTIN CREAM 1%, METRONIDAZOLE CREAM 0.75%, METRONIDAZOLE GEL 0.75% AND 1%, METRONIDAZOLE LOTION 0.75%, ROSADAN CREAM, ROSADAN GEL
SORILUX FOAM	CALCIPOTRIENE CREAM/OINTMENT/SOLUTION
SOTYKTU	PSORIASIS: ENBREL, HUMIRA, OTEZLA, SKYRIZI SC (PEN/SYRINGE), STELARA SC, TALTZ, TREMFYA (TRY 2)
SOVALDI	GENOTYPE 2 & 3: EPCLUSA, VOSEVI
SOVALDI	GENOTYPE 2 & 3: SOFOSBUVIR/VELPATASVIR, VOSEVI
SOVALDI	GENOTYPE 2 & 3: EPCLUSA
SPRIX	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
STEGLATRO	METFORMIN, METFORMIN-EXTENDED RELEASE, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUMETZA, RIOMET, METFORMIN ORAL SOLUTION, RIOMET ER, GLUCOVANCE, GLYBURIDE/METFORMIN, GLIPIZIDE/METFORMIN, ACTOPLUS MET, PIOGLITAZONE/METFORMIN, ACTOPLUS MET XR, REPAGLINIDE/METFORMIN, KAZANO, ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KOMBIGLYZE XR, JANUMET, JANUMET XR
STEGLUJAN	ACTOPLUS MET, ACTOPLUS MET XR, ALOGLIPTIN/METFORMIN, AVANDAMET, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUCOVANCE, GLUMETZA, INVOKAMET, INVOKAMET XR, JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, METFORMIN, METFORMIN EXTENDED-RELEASE, METFORMIN/GLIPIZIDE, METFORMIN/GLYBURIDE, PIOGLITAZONE/METFORMIN, PRANDIMET, REPAGLINIDE/METFORMIN, RIOMET, RIOMET ER, SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
STELARA IV	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
SULFACLEANSE 8-4 SUSPENSION	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
SUMADAN	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
SUMADAN XLT	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
SUMAXIN CLEANSING PADS & WASH	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
SUMAXIN CP	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
SUMAXIN TS	GENERIC PRESCRIPTION TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR
SUNOSI	ARMODAFINIL, MODAFINIL
SYNALAR 0.025% CREAM/OINTMENT/0.01% SOLUTION	<p>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST</p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>

TARGET MEDICATION

PREFERRED PRODUCTS – INITIAL STEP(S)

<p>SYNALAR TS KIT</p>	<p>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
<p>SYNERA</p>	<p>LIDOCAINE CREAM PRODUCT AND LIDOCAINE/PRILOCAINE CREAM PRODUCT</p>
<p>SYNJARDY/XR</p>	<p>METFORMIN, METFORMIN-EXTENDED RELEASE, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUMETZA, RIOMET, METFORMIN ORAL SOLUTION, RIOMET ER, GLUCOVANCE, GLYBURIDE/METFORMIN, GLIPIZIDE/METFORMIN, ACTOPLUS MET, PIOGLITAZONE/METFORMIN, ACTOPLUS MET XR, REPAGLINIDE/METFORMIN, KAZANO, ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KOMBIGLYZE XR, JANUMET, JANUMET XR</p>
<p>TACLONEX OINTMENT</p>	<p>CALCIPOTRIENE CREAM/OINTMENT/SOLUTION</p>
<p>TACROLIMUS OINTMENT 0.03% & 0.1% (GENERIC)</p>	<p>REQUIRES USE OF ONE PRESCRIPTION TOPICAL CORTICOSTEROID FIRST (BRAND OR GENERIC) FOR EXAMPLE: ALCLOMETASONE, AMCINONIDE, BETAMETHASONE DIPROPIONATE (AUGMENTED), BETAMETHASONE DIPROPIONATE, BETAMETHASONE VALERATE, CLOBETASOL, DESONIDE, DESOXIMETASONE, DIFLORASONE, FLUOCINOLONE, FLUOCINONIDE, FLURANDRENOLIDE, FLUTICASONE, HALOBETASOL, HYDROCORTISONE, MOMETASONE, PREDNICARBATE, TRIAMCINOLONE</p>
<p>TADLIQ</p>	<p>ALYQ, GENERIC SILDENAFIL 20 MG TABLETS, GENERIC TADALAFIL 20 MG TABLETS</p>
<p>TAKHZYRO</p>	<p>TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.</p>
<p>TARGADOX 50 MG TABLET (BRAND & GENERIC)</p>	<p>DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS</p>
<p>TASCENSO ODT</p>	<p>TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.</p>

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
TAVABOROLE TOPICAL SOLUTION 5%	CICLODAN 8% TOPICAL SOLUTION, CICLOPIROX 8% TOPICAL SOLUTION, CICLOPIROX 8% TREATMENT KIT
TECFIDERA	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES
TEMOVATE 0.05% CREAM/OINTMENT	<p>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST</p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
TESTRED	GENERIC OR METHITEST
TEVETEN	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
TEVETEN HCT	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
TEXACORT 2.5% SOLUTION	<p>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST</p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
TIVORBEX	<p>GENERIC NSAIDS (MUST USE TWO)</p> <p>CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG</p>
TOBI	TOBRAMYCIN INHALATION SOLUTION, TOBI PODHALER
TOLMETIN 400 MG & 600 MG	<p>GENERIC NSAIDS (MUST USE TWO)</p> <p>CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG</p>
TOLSURA	ITRACONAZOLE CAPSULES OR ORAL SOLUTION

TARGET MEDICATION**PREFERRED PRODUCTS – INITIAL STEP(S)**

TOPICORT 0.05%
OINTMENT/CREAM/GEL

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST
 ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

TOPICORT 0.25%
OINTMENT/CREAM

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST
 ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
TOPICORT SPRAY 0.25%	<p>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST</p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
TOVIAZ	<p>DARIFENACIN ER TABLETS, FESOTERODINE FUMARATE ER TABLETS, OXYBUTYNIN IR SYRUP, OXYBUTYNIN IR TABLETS, OXYBUTYNIN ER TABLETS, SOLIFENACIN SUCCINATE TABLETS, TOLTERODINE TARTRATE TABLETS, TOLTERODINE TARTRATE ER CAPSULES, TROSPIUM CHLORIDE TABLETS, TROSPIUM CHLORIDE ER CAPSULES</p>
TOVIAZ	<p>DARIFENACIN ER TABLETS, FESOTERODINE FUMARATE ER TABLETS, GELNIQUE, MYRBETRIQ, MYRBETRIQ GRANULES, OXYBUTYNIN IR SYRUP, OXYBUTYNIN IR TABLETS, OXYBUTYNIN ER TABLETS, SOLIFENACIN SUCCINATE TABLETS, TOLTERODINE TARTRATE TABLETS, TOLTERODINE TARTRATE ER CAPSULES, TROSPIUM CHLORIDE TABLETS, TROSPIUM CHLORIDE ER CAPSULES</p>
TRACLEER TABLETS	<p>AMBRISENTAN, BOSENTAN, OPSUMIT, TRACLEER TABLETS FOR ORAL SUSPENSION</p>
TRELSTAR	<p>ELIGARD</p>

TARGET MEDICATION**PREFERRED PRODUCTS – INITIAL STEP(S)**

TRIAMCINOLONE
ACETONIDE 0.05%
OINTMENT

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST
 ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

TRIAMCINOLONE
ACETONIDE AEROSOL
SPRAY

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST
 ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
TRIANEX 0.05% OINTMENT (BRANDED GENERIC PRODUCT)	REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
TRIBENZOR	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
TRICOR	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)
TRICOR	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG), LIPOFEN

TARGET MEDICATION

PREFERRED PRODUCTS – INITIAL STEP(S)

TRIDERM 0.5% CREAM
(BRANDED GENERIC
PRODUCT)

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST
 ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

TRIDESILON CREAM
0.05%

REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST
 ALCLOMETASONE 0.05% OINTMENT/CREAM
 BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT
 BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION
 BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT
 CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 DESONIDE 0.05% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION
 FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT
 FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL
 FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION
 FLUTICASONE PROPIONATE 0.05% CREAM
 FLUTICASONE PROPIONATE 0.005% OINTMENT
 HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT
 HYDROCORTISONE 2% LOTION
 HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION
 HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT
 HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM
 HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT
 MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT
 PREDNICARBATE 0.1% CREAM/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT
 TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

TRIGLIDE

FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)

TRIGLIDE

FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG), LIPOFEN

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
TRIJARDY XR	ACTOPLUS MET, ACTOPLUS MET XR, ALOGLITPIN/METFORMIN, AVANDAMET, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUCOVANCE, GLUMETZA, INVOKAMET, INVOKAMET XR, JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, METFORMIN, METFORMIN EXTENDED-RELEASE, METFORMIN/GLIPIZIDE, METFORMIN/GLYBURIDE, PIOGLITAZONE/METFORMIN, PRANDIMET, REPAGLINIDE/METFORMIN, RIOMET, RIOMET ER, SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
TRILIPIX	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG)
TRILIPIX	FENOFIBRATE TABLETS (48 MG, 54 MG, 145 MG, 160 MG), FENOFIBRATE CAPSULES (43 MG, 67 MG, 130 MG, 134 MG, 200 MG), FENOFIBRIC ACID TABLETS (35 MG, 105 MG), FENOFIBRIC ACID CAPSULES (45 MG, 135 MG), LIPOFEN
TRUXIMA	RUXIENCE
TUSSICAPS	GENERIC COUGH/COLD LIQUID
TUZISTRA XR	GENERIC COUGH/COLD LIQUID
TWYNSTA	CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, IRBESARTAN/HCTZ, LOSARTAN, LOSARTAN/HCTZ, OLMESARTAN TABLETS, OLMESARTAN/HCTZ TABLETS, OLMESARTAN/AMLODIPINE TABLETS, OLMESARTAN/AMLODIPINE/HCTZ TABLETS, TELMISARTAN, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ, VALSARTAN, VALSARTAN/HCTZ, VALSARTAN/AMLODIPINE, VALSARTAN/AMLODIPINE/HYDROCHLOROTHIAZIDE
UDENYCA	FULPHILA, ZIEXTENZO
ULTRAVATE 0.05% CREAM/LOTION/OINTMENT	REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
ULTRAVATE X 0.05%-10% COMBINATION PACK	<p>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST</p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
VANATOL LQ	GENERIC PRODUCT WITH BUTALBITAL
VANATOL S	GENERIC PRODUCT WITH BUTALBITAL
VANOS 0.1% CREAM	<p>REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST</p> <p>ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT</p>
VELETRI	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
VELTIN	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/ SULFUR-CONTAINING PRODUCTS
VENTAVIS	TYVASO, TYVASO DPI
VERDESO 0.5% FOAM	REQUIRES USE OF TWO PRESCRIPTION GENERIC TOPICAL CORTICOSTEROIDS – NOT AN INCLUSIVE LIST ALCLOMETASONE 0.05% OINTMENT/CREAM BETAMETHASONE DIPROPIONATE 0.05% LOTION/CREAM/OINTMENT BETAMETHASONE DIPROPIONATE, AUGMENTED 0.05% CREAM/OINTMENT/LOTION BETAMETHASONE VALERATE 0.1% CREAM/LOTION/OINTMENT CLOBETASOL PROPIONATE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION DESONIDE 0.05% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% CREAM/SOLUTION FLUOCINOLONE ACETONIDE 0.025% CREAM/OINTMENT FLUOCINOLONE ACETONIDE 0.01% TOPICAL OIL FLUOCINONIDE 0.05% CREAM/EMOLLIENT CREAM/GEL/OINTMENT/SOLUTION FLUTICASONE PROPIONATE 0.05% CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT HALOBETASOL PROPIONATE 0.05% CREAM/OINTMENT HYDROCORTISONE 2% LOTION HYDROCORTISONE 1% CREAM/LOTION/OINTMENT/SOLUTION HYDROCORTISONE 2.5% CREAM/LOTION/OINTMENT HYDROCORTISONE BUTYRATE 0.1% CREAM/ EMOLLIENT CREAM HYDROCORTISONE VALERATE 0.2% CREAM/OINTMENT MOMETASONE FUROATE 0.1% CREAM/SOLUTION/OINTMENT PREDNICARBATE 0.1% CREAM/OINTMENT TRIAMCINOLONE ACETONIDE 0.025% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.1% CREAM/LOTION/OINTMENT TRIAMCINOLONE ACETONIDE 0.5% CREAM/OINTMENT
VESICARE	DARIFENACIN ER TABLETS, FESOTERODINE FUMARATE ER TABLETS, OXYBUTYNIN IR SYRUP, OXYBUTYNIN IR TABLETS, OXYBUTYNIN ER TABLETS, SOLIFENACIN SUCCINATE TABLETS, TOLTERODINE TARTRATE TABLETS, TOLTERODINE TARTRATE ER CAPSULES, TROSPIUM CHLORIDE TABLETS, TROSPIUM CHLORIDE ER CAPSULES
VESICARE	DARIFENACIN ER TABLETS, FESOTERODINE FUMARATE ER TABLETS, GELNIQUE, MYRBETRIQ, MYRBETRIQ GRANULES, OXYBUTYNIN IR SYRUP, OXYBUTYNIN IR TABLETS, OXYBUTYNIN ER TABLETS, SOLIFENACIN SUCCINATE TABLETS, TOLTERODINE TARTRATE TABLETS, TOLTERODINE TARTRATE ER CAPSULES, TROSPIUM CHLORIDE TABLETS, TROSPIUM CHLORIDE ER CAPSULES
VESICARE LS	DARIFENACIN ER TABLETS, FESOTERODINE FUMARATE ER TABLETS, GELNIQUE, MYRBETRIQ, MYRBETRIQ GRANULES, OXYBUTYNIN IR SYRUP, OXYBUTYNIN IR TABLETS, OXYBUTYNIN ER TABLETS, SOLIFENACIN SUCCINATE TABLETS, TOLTERODINE TARTRATE TABLETS, TOLTERODINE TARTRATE ER CAPSULES, TROSPIUM CHLORIDE TABLETS, TROSPIUM CHLORIDE ER CAPSULES
VESICARE LS	DARIFENACIN ER TABLETS, FESOTERODINE FUMARATE ER TABLETS, OXYBUTYNIN IR SYRUP, OXYBUTYNIN IR TABLETS, OXYBUTYNIN ER TABLETS, SOLIFENACIN SUCCINATE TABLETS, TOLTERODINE TARTRATE TABLETS, TOLTERODINE TARTRATE ER CAPSULES, TROSPIUM CHLORIDE TABLETS, TROSPIUM CHLORIDE ER CAPSULES
VIBRAMYCIN CAPSULE, SUSPENSION, SYRUP (BRAND)	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
VIMOVO	MUST USE ONE OF BOTH OF THE FOLLOWING (BRAND OR GENERIC): PRESCRIPTION PROTON PUMP INHIBITOR (DEXLANSOPRAZOLE, ESOMEPRAZOLE MAGNESIUM, ESOMEPRAZOLE STRONTIUM, LANSOPRAZOLE, OMEPRAZOLE, OMEPRAZOLE MAGNESIUM, OMEPRAZOLE/SODIUM BICARBONATE, PANTOPRAZOLE [ORAL], RABEPRAZOLE) AND PRESCRIPTION NAPROXEN, NAPROXEN SODIUM
VITUZ	GENERIC COUGH/COLD LIQUID
VIVLODEX	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
VOLTAREN GEL 1%	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
VOLTAREN XR	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
VOSEVI	GENOTYPE 1 & 4: EPCLUSA, HARVONI, ZEPATIER GENOTYPE 2 & 3: EPCLUSA GENOTYPE 5 & 6: EPCLUSA, HARVONI
VPRIV	CEREZYME
VTAMA	1 STEP 1A: TOPICAL CORTICOSTEROIDS (MEDIUM-, MEDIUM-HIGH, HIGH-, AND/OR SUPER-HIGH POTENCY PRESCRIPTION TOPICAL CORTICOSTEROID) [BRAND AND GENERIC PRODUCTS] AND 1 STEP 1B: TOPICAL VITAMIN D ANALOGS: CALCIPOTRIENE 0.005% CREAM (DOVONEX, GENERIC), CALCIPOTRIENE 0.005% FOAM, CALCIPOTRIENE 0.005% OINTMENT, CALCIPOTRIENE 0.005% SOLUTION, CALCITRIOL 3 MCG/G OINTMENT (VECTICAL, GENERIC), SORILUX OR 1 STEP 1C: CALCIPOTRIENE 0.005% AND BETAMETHASONE DIPROPIONATE 0.064% OINTMENT (TACLONEX, GENERIC), CALCIPOTRIENE 0.005% AND BETAMETHASONE DIPROPIONATE 0.064% SUSPENSION (TACLONEX, GENERIC), ENSTILAR, WYNZORA
VUMERITY	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, FINGOLIMOD CAPSULES, GLATIRAMER INJECTION
VYTORIN	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN
WAKIX	ARMODAFINIL, MODAFINIL

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
WILATE	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.
WYNZORA CREAM	CALCIPOTRIENE CREAM/OINTMENT/SOLUTION
XATMEP	METHOTREXATE TABLETS, TREXALL
XELJANZ ORAL SOLUTION	JUVENILE IDIOPATHIC ARTHRITIS: ENBREL, HUMIRA
XELJANZ TABLETS	RHEUMATOID ARTHRITIS: ENBREL, HUMIRA JUVENILE IDIOPATHIC ARTHRITIS: ENBREL, HUMIRA ANKYLOSING SPONDYLITIS: ENBREL, HUMIRA PSORIATIC ARTHRITIS: ENBREL, HUMIRA ULCERATIVE COLITIS: HUMIRA
XELJANZ XR TABLETS	RHEUMATOID ARTHRITIS: ENBREL, HUMIRA ANKYLOSING SPONDYLITIS: ENBREL, HUMIRA PSORIATIC ARTHRITIS: ENBREL, HUMIRA ULCERATIVE COLITIS: HUMIRA
XELODA	GENERIC CAPECITABINE TABLETS
XENAZINE	GENERIC TETRABENAZINE TABLETS
XEPI	MUPIROCIN OINTMENT
XHANCE	FLUTICASONE PROPIONATE NASAL SPRAY
XIGDUO XR	METFORMIN, METFORMIN-EXTENDED RELEASE, FORTAMET, GLUCOPHAGE, GLUCOPHAGE XR, GLUMETZA, RIOMET, METFORMIN ORAL SOLUTION, RIOMET ER, GLUCOVANCE, GLYBURIDE/METFORMIN, GLIPIZIDE/METFORMIN, ACTOPLUS MET, PIOGLITAZONE/METFORMIN, ACTOPLUS MET XR, REPAGLINIDE/METFORMIN, KAZANO, ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KOMBIGLYZE XR, JANUMET, JANUMET XR
XIMINO ER CAPSULES (BRAND)	DEMECLOCYCLINE TABS, DOXYCYCLINE HYCLATE TABS (20 MG/100 MG), DOXYCYCLINE HYCLATE/MORGIDOX CAPS (50 MG/100 MG), DOXYCYCLINE MONOHYDRATE TABS (50 MG/75 MG/150 MG), DOXYCYCLINE MONOHYDRATE/AVIDOXY TABS, DOXYCYCLINE MONOHYDRATE/MONDOXYNE CAPS (50 MG/75 MG/100 MG), DOXYCYCLINE MONOHYDRATE SUSPENSION, MINOCYCLINE HYDROCHLORIDE IR CAPS & TABS, TETRACYCLINE HYDROCHLORIDE CAPS
XYNTHA	ADVATE, ADYNOVATE, AFSTYLA, ELOCTATE, ESPEROCT, HELIXATE FS, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT
YOSPRALA	ASPIRIN + RX PPI
ZARXIO	NIVESTYM
ZAVESCA	CERDELGA, GENERIC MIGLUSTAT
ZEGERID	MUST TRY 5 GENERIC PPIs: ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX & OTC), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX & OTC), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS
ZEGERID OTC	MUST TRY 5 GENERIC PPIs: ESOMEPRAZOLE DELAYED-RELEASE CAPSULES, LANSOPRAZOLE DELAYED-RELEASE CAPSULES (RX & OTC), OMEPRAZOLE DELAYED-RELEASE CAPSULES & TABLETS (RX & OTC), PANTOPRAZOLE DELAYED-RELEASE TABLETS, RABEPRAZOLE DELAYED-RELEASE TABLETS
ZEMAIRA	TARGETED AS PRIOR AUTHORIZATION ONLY. ADDITIONAL PRODUCTS NOT LISTED AS PREFERRED OR NON-PREFERRED WITHIN PSM ARE STILL INCLUDED TO ENSURE CLIENTS CONTINUE TO RECEIVE UM OF THE THERAPEUTIC CATEGORY.

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
ZEPOSIA	DIMETHYL FUMARATE DELAYED-RELEASE CAPSULES, FINGOLIMOD CAPSULES, GLATIRAMER INJECTION
ZEPOSIA	ULCERATIVE COLITIS: HUMIRA, STELARA SC (TRY 2)
ZERVIAE	AZELASTINE OPHTHALMIC SOLUTION, EPINASTINE OPHTHALMIC SOLUTION, OLOPATADINE 0.1% & 0.2% OPHTHALMIC SOLUTION (PRESCRIPTION)
ZETONNA	FLUTICASONE PROPIONATE NASAL SPRAY
ZIANA	GENERIC PRESCRIPTION TOPICAL ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN, DAPSONE, ERYTHROMYCIN, SODIUM SULFACETAMIDE, OR SODIUM SULFACETAMIDE/ SULFUR-CONTAINING PRODUCTS
ZILEUTON ER	GENERIC MONTELUKAST
ZILXI	AZELAIC ACID GEL 15%, IVERMECTIN CREAM 1%, METRONIDAZOLE CREAM 0.75%, METRONIDAZOLE GEL 0.75% AND 1%, METRONIDAZOLE LOTION 0.75%, ROSADAN CREAM, ROSADAN GEL
ZIPSOR	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
ZOCOR	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN
ZOLPIMIST	ESZOPICLONE, RAMELTEON, ZALEPLON, ZOLPIDEM
ZOMACTON	OMNITROPE
ZOMACTON	GENOTROPIN, NORDITROPIN
ZONACORT 7 DAY/11 DAY	GENERIC DEXAMETHASONE TABLETS
ZONALON	GENERIC PRESCRIPTION TOPICAL CORTICOSTEROIDS (MUST TRY 2)
ZORVOLEX	GENERIC NSAIDS (MUST USE TWO) CATAFLAM, DICLOFENAC POTASSIUM 50 MG, DICLOFENAC POTASSIUM 25 MG CAPSULES, DICLOFENAC SODIUM (IR & ER), DICLOFENAC SODIUM/MISOPROSTOL, DICLOFENAC SODIUM TOPICAL SOLUTION 1.5%, ETODOLAC (IR & ER), FLURBIPROFEN, IBUPROFEN, INDOMETHACIN (IR & ER), KETOPROFEN IR 50 MG & 75 MG, KETOROLAC (TABLETS), MECLOFENAMATE, MEFENAMIC ACID, MELOXICAM TABLETS, NABUMETONE, NAPROXEN (IR & ER), OXAPROZIN, PIROXICAM, SULINDAC, TOLMETIN 200 MG
ZORYVE	1 STEP 1A: TOPICAL CORTICOSTEROIDS (MEDIUM-, MEDIUM-HIGH, HIGH-, AND/OR SUPER-HIGH POTENCY PRESCRIPTION TOPICAL CORTICOSTEROID) [BRAND AND GENERIC PRODUCTS] AND 1 STEP 1B: TOPICAL VITAMIN D ANALOGS: CALCIPOTRIENE 0.005% CREAM (DOVONEX, GENERIC), CALCIPOTRIENE 0.005% FOAM, CALCIPOTRIENE 0.005% OINTMENT, CALCIPOTRIENE 0.005% SOLUTION, CALCITRIOL 3 MCG/G OINTMENT (VECTICAL, GENERIC), SORILUX OR 1 STEP 1C: CALCIPOTRIENE 0.005% AND BETAMETHASONE DIPROPIONATE 0.064% OINTMENT (TACLONEX, GENERIC), CALCIPOTRIENE 0.005% AND BETAMETHASONE DIPROPIONATE 0.064% SUSPENSION (TACLONEX, GENERIC), ENSTILAR, WYNZORA

TARGET MEDICATION	PREFERRED PRODUCTS – INITIAL STEP(S)
ZYFLO	GENERIC MONTELUKAST
ZYFLO CR	GENERIC MONTELUKAST
ZYPITAMAG	ATORVASTATIN, ATORVASTATIN/AMLODIPINE, EZETIMIBE/SIMVASTATIN, FLUVASTATIN, FLUVASTATIN EXTENDED-RELEASE, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, SIMVASTATIN
ZYTIGA	ABIRATERONE



Your Fully Integrated
Pharmacy Benefit Manager

All ProAct trademarks and logos are owned by ProAct, Inc. All other brand or product names are trademarks or registered marks of their respective owners. Please visit www.proactrx.com to learn more about us.

©2023 ProAct, Inc.