



**Brand Favored Product List  
Colorado Medical Assistance Program  
Health First Colorado Pharmacy Benefit  
For Physicians and Pharmacists**

Multi-source drug products with favored coverage for a brand name equivalent formulation are listed in this document. Drug products listed in this document include products not managed on the Preferred Drug List (PDL), as well as preferred and non-preferred products included on the PDL (accessible at <https://www.colorado.gov/hcpf/pharmacy-resources#PDL>).

Determination for products included on the Brand Favored Product List is based on evaluation of cases where the cost of a generic product formulation exceeds the cost of the brand name equivalent.

**Billing Information:**

Pharmacy claims for brand medications/dosage forms included on the Brand Favored Product List will allow for payment with submission of DAW codes 1 or 9 on the incoming claim. PDL products included in the list may also be subject to prior authorization criteria and coverage limitations listed for the product on the PDL.

**Prior Authorization for Use of a Generic Equivalent(s) Included on the Brand Favored Product List:**

Generic equivalent products for the brand medications/dosage forms included on the Brand Favored Product List will require prior authorization and may receive approval based on prescriber verification that there is clinical necessity of use of the generic equivalent product formulation.

Prior authorization requests may be called or faxed to the Magellan pharmacy helpdesk at:

Phone: 1-800-424-5725  
Fax: 1-888-424-5881.

**BRAND FAVORED PRODUCT LIST**

**Effective February 18, 2021, the following products have been removed from the Brand Favored Product List:**

- LOVENOX VIAL (SUBCUTANEOUS)
- TRANSDERM-SCOP (TRANSDERMAL)

<b>NON-PDL BRAND FAVORED PRODUCTS</b>	
<u>Drug Product</u>	<u>Effective Date</u>
Amicar® (aminocaproic acid) solution	10/15/2020
Buphenyl® (sodium phenylbutyrate) tablet	10/15/2020
Ciprodex® (ciprofloxacin/dexamethasone) suspension	10/15/2020
Kuvan* (sapropterin) tablet, powder packet	02/18/2021
Noxafil® (posaconazole) tablet	01/20/2020
Nuvaring® (etonogestrel/ethinyl estradiol) vaginal ring	01/20/2020
Rapamune® (sirolimus) solution	05/28/2019
Rapamune® (sirolimus) tablet	10/15/2020
Sensipar® (cinacalcet) tablet	08/01/2019
Tarceva® (erlotinib) tablet	05/14/2020
Tirosint (levothyroxine) tablet	02/18/2021
Zavesca® (miglustat) capsule	08/01/2019
<b>PDL PREFERRED BRAND FAVORED PRODUCTS*</b>	

COLORADO MEDICAID PROGRAM

BRAND FAVORED PRODUCT LIST

<u>Drug Product</u>	<u>Effective Date</u>
Butrans (buprenorphine) transdermal patch	07/01/2019
Zovirax (acyclovir) cream	02/20/2019
Zovirax (acyclovir) ointment	01/01/2018
Epclusa 200mg-50mg (sofosbuvir/velpatasvir)	11/21/2018
Harvoni 45mg-200mg tablets, pellets (ledipasvir/sofosbuvir)	01/01/2019
Letairis (ambrisentan) tablet	04/17/2019
Tracleer 62.5mg, 125mg (bosentan) tablet	05/16/2019
Dilantin (phenytoin) 30 mg capsules	10/01/2020
Felbatol (felbamate) tablet, suspension	10/01/2018
Phenytek (phenytoin ER)	10/01/2020
Tegretol (carbamazepine) suspension	10/01/2018
Adderall XR (mixed amphetamine salts ER)	09/01/2020
Concerta (methylphenidate ER) tablet	10/01/2017
Focalin XR (dexmethylphenidate ER)	02/25/2017
Imitrex (sumatriptan) nasal spray	01/01/2021
Differin (adapalene) gel pump	07/01/2018
Dovonex (calcipotriene) cream	01/01/2020
Taclonex Scalp (calcipotriene/betamethasone) suspension	01/01/2019
Taclonex Ointment (calcipotriene/betamethasone)	01/01/2019
Protopic (tacrolimus)	07/01/2020
Derma-Smoothe-FS (fluocinolone acetonide) oil	04/01/2019
Nexium (esomeprazole) packets	02/25/2017
Prevacid Solutab (lansoprazole) (members < 2)	01/10/2019
Apriso ER (mesalamine ER) capsule	11/26/2019
Lialda (mesalamine DR) tablet	01/01/2019
Copaxone (glatiramer) 20MG injection	04/01/2017
Gilenya (fingolimod) 0.5 mg tablet (30-ct bottle)	12/13/2019
Tecfidera (dimethyl fumarate) tablet	08/24/2020
Firazyr (icatibant acetate) syringe	07/25/2019
Lotemax (loteprednol) 0.5% drops	07/02/2019
Azopt (brinzolamide)	04/01/2020
Lumigan (bimatoprost)	04/01/2019
Travatan Z (travoprost)	01/01/2020
Alphagan P 0.15% (brimonidine)	04/01/2020
Mitigare (colchicine) capsule	01/01/2021
Proair (albuterol) HFA	02/18/2019
Ventolin (albuterol) HFA inhaler	04/10/2020
Advair Diskus (fluticasone/salmeterol)	11/01/2019
Symbicort (budesonide/formoterol) inhaler	01/16/2018
<b>PDL NON-PREFERRED BRAND FAVORED PRODUCTS*</b>	
<u>Drug Product</u>	<u>Effective Date</u>
Aptensio XR® (methylphenidate ER) capsule	05/14/2020
Copaxone® (glatiramer) 40mg solution	10/15/2020
Dymista® (azelastine/fluticasone) spray	04/01/2019
Flector® (diclofenac) topical system	05/14/2020
Kitabis Pak® (tobramycin) inhalation solution	01/01/2021
Lotronex® (alosetron) tablet	04/01/2018
Revatio® (sildenafil) suspension	10/15/2019

Sabril® (vigabatrin) tablet/solution	07/16/2019
Vimovo® (naproxen/esomeprazole) DR tablet	02/26/2020

*\*Products included in this section may be subject to prior authorization criteria and coverage limitations listed for the product on the PDL.*