

Brand Favored Product List
Health First Colorado Pharmacy Benefit



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 the 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 for the use of the generic equivalent product formulation.

Prior authorization requests may be called or faxed to the Prime Therapeutics pharmacy helpdesk at:
Phone: 1-800-424-5725
Fax: 1-888-424-5881

- Brilinta (ticagrelor) tablet – added.

PDL PREFERRED BRAND FAVORED PRODUCTS*	
Drug Product	Effective Date
Advair Diskus (fluticasone/salmeterol)	11/1/2019
Advair HFA (fluticasone/salmeterol)	3/1/2023
AirDuo RespiClick (fluticasone/salmeterol)	1/1/2024
Alphagan P 0.15% (brimonidine) drop	4/1/2020
Alphagan P 0.1% (brimonidine) drop	9/4/2023
Alrex (loteprednol) 2% drop	1/5/2024
Brilinta (ticagrelor) tablet	4/8/2025
Byetta (exenatide) pen	11/26/2024
Butrans (buprenorphine) transdermal patch	7/1/2019
Cipro (ciprofloxacin) oral suspension	1/1/2024
Combigan (brimonidine tartrate/timolol maleate 0.2%/0.5%) drop	1/27/2022

**Products may be subject to prior authorization criteria and coverage limitations listed for the product on the PDL and Appendix P.*

PDL PREFERRED BRAND FAVORED PRODUCTS* (continued)	
Drug Product	Effective Date
Copaxone (glatiramer) 20 mg injection	4/1/2017
Copaxone (glatiramer) 40mg injection	4/1/2023
Daytrana (methylphenidate) patch	4/1/2023
Delestrogen 10mg (estradiol valerate) vial	10/1/2021
Delestrogen 20mg (estradiol valerate) vial	10/1/2021
Denavir (penciclovir) cream	1/1/2025
Derma-Smoothe-FS (fluocinolone acetonide) 0.01% oil	5/23/2024
Diclegis DR (doxylamine/pyridoxine) tablet	1/1/2022
Dymista (azelastine/fluticasone) spray	1/1/2024
Entresto (sacubitril/valsartan) tablet	11/21/2024
Farxiga (dapagliflozin) tablet	1/11/2024
Felbatol (felbamate) tablet	10/1/2018
Firazyr (icatibant acetate) syringe	1/1/2024
Lantus (insulin glargine) vial	10/1/2021
Lantus (insulin glargine) Solostar	10/1/2021
Lastacraft (alcaftadine) 0.25% (OTC) drop	10/10/2024
Lotemax (loteprednol) 0.5% drop	7/2/2019
Lotemax (loteprednol) 0.5% gel	4/1/2024
Migranal (dihydroergotamine) nasal spray	4/1/2023
Minivelle (estradiol) patch	10/1/2021
Myrbetriq (mirabegron) tablet	4/19/2024
Nuvaring (etonorgestrel/ethinyl estradiol) vaginal ring	10/1/2021
Pentasa (mesalamine) ER capsule	5/17/2022
Proair (albuterol) HFA inhaler	2/18/2019
Protonix (pantoprazole) packet for oral suspension	7/1/2023
Proventil (albuterol) HFA inhaler	10/1/2022
Pylera (bismuth subcitrate/metronidazole/tetracycline) capsule	3/6/2023
Restasis (cyclosporine ophthalmic emulsion) 0.05% single-use vial	2/4/2022
Retin-A (tretinoin) cream, gel	7/1/2021
Risperdal Consta (risperidone) long-acting injection	10/1/2024
Spiriva Handihaler (tiotropium)	8/15/2023
Symbicort (budesonide/formoterol) inhaler	1/16/2018
Taclonex Scalp (calcipotriene/betamethasone) suspension	1/1/2019
Travatan Z (travoprost) drop	1/1/2020
Tresiba (insulin degludec) FlexTouch	10/1/2024
Trileptal (oxcarbazepine) suspension	4/1/2024
Ventolin (albuterol) HFA inhaler	4/10/2020
Victoza (liraglutide) pen	6/24/2024
Vivelle-Dot (estradiol) patch	10/1/2021
Vyvanse (lisdexamfetamine) capsule	8/25/2023
Xigduo XR (dapagliflozin/metformin) tablet	1/11/2024

**Products may be subject to prior authorization criteria and coverage limitations listed for the product on the PDL and Appendix P.*

PDL NON-PREFERRED BRAND FAVORED PRODUCTS*	
Drug Product	Effective Date
Apokyn (apomorphine) cartridge	5/12/2022
Auryxia (ferric citrate) tablet	3/20/2025
Breo Ellipta (vilanterol/fluticasone furoate)	10/26/2023
Duexis (ibuprofen-famotidine) tablet	8/13/2021
Forteo (teriparatide) SC pen	8/8/2024
Gralise (gabapentin ER) tablet	5/23/2024
Hetlioz (tasimelteon) capsule	1/10/2023
Oxycontin (oxycodone ER) tablet	2/22/2024
Sabril (vigabatrin) tablet/solution	7/16/2019
Targretin (bexarotene) gel	5/23/2024
Trokendi XR (topiramate ER) capsule	4/27/2023
Vimovo (naproxen/esomeprazole) DR tablet	2/26/2020
Xarelto (rivaroxaban) 2.5 mg tablet	3/3/2025

NON-PDL BRAND FAVORED PRODUCTS*	
Drug Product	Effective Date
Afinitor (everolimus) disperz tablet	1/1/2022
Buphenyl (sodium phenylbutyrate) tablet	10/15/2020
Emflaza (deflazacort) tablet	3/13/2024
Emflaza (deflazacort) suspension	3/13/2024
Moviprep (PEG 3350-electrolytes) powder for reconstitution	4/27/2023
Revlimid (lenalidomide) capsule	8/1/2019
Sprycel (dasatinib) tablet	11/21/2024
Suprep (sodium-potassium-mag sulfates solution)	11/17/2022

**Products may be subject to prior authorization criteria and coverage limitations listed for the product on the PDL and Appendix P.*