

**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 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 Magellan pharmacy helpdesk at:

Phone: 1-800-424-5725

Fax: 1-888-424-5881

**BRAND FAVORED PRODUCT LIST**

**On October 4, 2022, the following products were added/removed:**

- Proventil (albuterol) HFA added
- Revatio (sildenafil) oral suspension removed. Brand and generic are both preferred.
- Dovonex (calcipotriene) cream removed. Brand and generic are both preferred.

<b>PDL PREFERRED BRAND FAVORED PRODUCTS*</b>	
<b>Drug Product</b>	<b>Effective Date</b>
Adderall XR (mixed amphetamine salts ER) capsule	9/1/2020
Advair Diskus (fluticasone/salmeterol)	11/1/2019
Alphagan P 0.15% (brimonidine) drops	4/1/2020
Amitiza (lubiprostone) capsule	1/1/2021
Androgel (testosterone) gel 1.62% pump	7/1/2021
Apriso (mesalamine ER) capsule	11/26/2019
Azopt (brinzolamide) 1% drops	4/1/2022
Butrans (buprenorphine) transdermal patch	7/1/2019
Bystolic (nebivolol) tablet	9/17/2021
Climara (estradiol) patch	10/1/2021
Combigan (brimonidine tartrate/timolol maleate 0.2%/0.5%) drops	1/27/2022
Concerta (methylphenidate ER) tablet	10/1/2017
Copaxone (glatiramer) 20 mg injection	4/1/2017
Delestrogen (estradiol valerate) vial	10/1/2021

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

COLORADO MEDICAID PROGRAM

BRAND FAVORED PRODUCT LIST

<b>PDL PREFERRED BRAND FAVORED PRODUCTS* (continued)</b>	
<b>Drug Product</b>	<b>Effective Date</b>
Derma-Smoothe-FS (fluocinolone acetonide) oil	4/1/2019
Diclegis DR (doxylamine/pyridoxine) tablet	1/1/2022
Differin (adapalene) gel pump	7/1/2018
Elidel (pimecrolimus) cream	6/15/2021
Epipen 0.3 mg/0.3 ml (epinephrine) auto-injector	1/1/2022
Epipen JR 0.15 mg/0.15 ml, (epinephrine) auto-injector	1/1/2022
Felbatol (felbamate) tablet, suspension	10/1/2018
Finacea (azelaic acid) gel	7/1/2021
Flovent HFA (fluticasone) inhaler	5/23/2022
Imitrex (sumatriptan) nasal spray	1/1/2021
Lamictal ODT (lamotrigine) disintegrating tablet	4/1/2022
Lamictal XR (lamotrigine ER) tablet	4/1/2022
Lialda (mesalamine DR) tablet	1/1/2019
Lidoderm (lidocaine) patch	1/1/2022
Lotemax (loteprednol) 0.5% drops	7/2/2019
Metrogel (metronidazole) 1% gel, gel pump	7/1/2021
Minivelle (estradiol) patch	10/1/2021
Nexium (esomeprazole) packets	2/25/2017
Nuvaring (etonogestrel/ethinyl estradiol) vaginal ring	10/1/2021
Pentasa (mesalamine) ER capsule	5/17/2022
Pradaxa (dabigatran) capsule	6/27/2022
Proair (albuterol) HFA inhaler	2/18/2019
Proventil (albuterol) HFA inhaler	10/1/2022
Renvela (sevelamer carbonate) powder pack	7/1/2021
Renvela (sevelamer carbonate) tablet	7/1/2021
Restasis (cyclosporine ophthalmic emulsion) 0.05% single-use vials	2/4/2022
Retin-A (tretinoin) cream, gel	7/1/2021
Symbicort (budesonide/formoterol) inhaler	1/16/2018
Taclonex (calcipotriene/betamethasone) ointment	1/1/2019
Taclonex Scalp (calcipotriene/betamethasone) suspension	1/1/2019
Toviaz (fesoterodine ER) tablet	6/27/2022
Tracleer (bosentan) 62.5mg, 125mg tablet	5/16/2019
Travatan Z (travoprost) drops	1/1/2020
Ventolin (albuterol) HFA inhaler	4/10/2020
Vivelle-Dot (estradiol) patch	10/1/2021
Zovirax (acyclovir) cream	2/20/2019

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

COLORADO MEDICAID PROGRAM

BRAND FAVORED PRODUCT LIST

<b>PDL NON-PREFERRED BRAND FAVORED PRODUCTS*</b>	
<b>Drug Product</b>	<b>Effective Date</b>
Apokyn (apomorphine) cartridge	5/12/2022
Banzel (rufinamide) suspension	4/22/2021
Banzel (rufinamide) tablet	11/11/2021
Copaxone (glatiramer) 40mg solution	10/15/2020
Dexilant (dexlansoprazole) capsule	5/12/2022
Duexis (ibuprofen-famotidine) tablet	8/13/2021
Dymista (azelastine/fluticasone) spray	4/1/2019
Flector (diclofenac) topical system	5/14/2020
Lotronex (alosetron) tablet	4/1/2018
Protonix (pantoprazole) suspension	4/22/2021
Sabril (vigabatrin) tablet/solution	7/16/2019
Vimovo (naproxen/esomeprazole) DR tablet	2/26/2020

<b>NON-PDL BRAND FAVORED PRODUCTS*</b>	
<b>Drug Product</b>	<b>Effective Date</b>
Afinitor (everolimus) disperz tablet	1/1/2022
Amicar (aminocaproic acid) solution	10/15/2020
Buphenyl (sodium phenylbutyrate) tablet	10/15/2020
Carbaglu (carglumic acid) tablet for suspension	7/21/2022
Ciprodex (ciprofloxacin/dexamethasone) suspension	1/20/2020
Noxafil (posaconazole) tablet	5/28/2019
Rapamune (sirolimus) solution	10/15/2020
Rapamune (sirolimus) tablet	3/21/2022
Revlimid (lenalidomide) capsule	8/1/2019
Samsca (tolvaptan) tablet	7/21/2022
Suboxone (buprenorphine/naloxone) SL Film	10/1/2019
Sutent (sunitinib) capsule	7/21/2022
Zavesca (miglustat) capsule	5/12/2022

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