



# Preferred Drug List (PDL)

**Maryland**

Effective Date: 1/1/18



### **Nondiscrimination Statement**

It is the policy of UnitedHealthcare Community Plan not to discriminate on the basis of race, color, national origin, sex, age or disability. UnitedHealthcare Community Plan has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Civil Rights Coordinator who has been designated to coordinate the efforts of UnitedHealthcare Community Plan to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for UnitedHealthcare Community Plan to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

You can send a complaint to:

Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UTAH 84130  
**[UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)**

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of UnitedHealthcare Community Plan relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201

**1-800-868-1019, 1-800-537-7697 (TDD)**

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

UnitedHealthcare Community Plan will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

## **Declaración Antidiscriminatoria**

La política de UnitedHealthcare Community Plan es la de no discriminar en base a la raza, color, nacionalidad, sexo, edad o discapacidad. UnitedHealthcare Community Plan ha adoptado un procedimiento interno en casos de agravios para proveer una pronta y justa resolución a reclamaciones en las cuáles se alegue cualquier acción prohibida por la Sección 1557 del Acta de Cuidados Asequibles (Affordable Care Act - 42 U.S.C. 18116) y la implementación de sus regulaciones en 45 CFR parte 92, emitidas por el Departamento de Salud y Recursos Humanos de los Estados Unidos (U.S. Department of Health and Human Services). La Sección 1557 prohíbe la discriminación en bases de la raza, el color, la nacionalidad, el sexo, la edad o la discapacitación en ciertos programas de salud y de actividades. La Sección 1557 y sus regulaciones implementadas pueden ser examinadas en la oficina del Coordinador de los Derechos Civiles, quien es una persona que ha sido designada para coordinar los esfuerzos de UnitedHealthcare Community Plan para cumplir con los requisitos de la Sección 1557.

Cualquier persona que crea que alguien ha sido discriminado en base a su raza, color, nacionalidad, sexo, edad o discapacidad puede presentar una reclamación siguiendo este procedimiento. Es contra la ley que UnitedHealthcare Community Plan tome represalias en contra de cualquier persona que se oponga a la discriminación, presente una reclamación o participe en una investigación acerca de una acción discriminatoria.

Usted puede enviar una queja a:

Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UTAH 84130  
**[UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)**

Procedimiento:

- Las reclamaciones deben presentarse ante el Coordinador de la Sección 1557 dentro de los primeros 60 días, a partir de la fecha en que la persona que presenta la reclamación tomó consciencia de ser objeto de una posible acción discriminatoria.
- Una reclamación debe presentarse por escrito y contener el nombre y la dirección de la persona que la presenta. La reclamación debe declarar cual es el problema o la posible acción discriminatoria y cuál es la solución o asistencia que se desea obtener.
- El Coordinador de la Sección 1557 (o la persona que se designe) podrá conducir una investigación acerca de esta reclamación. Esta investigación puede ser informal, pero será exhaustiva, ofreciendo a todas las personas interesadas una oportunidad para presentar evidencias relevantes a la reclamación. El Coordinador de la Sección 1557 conservará en su poder todos los expedientes y records de UnitedHealthcare Community Plan relativos a tales reclamaciones. En la medida posible y de acuerdo a las leyes vigentes aplicables,

el Coordinador de la Sección 1557 tomará todas las acciones necesarias para preservar la confidencialidad de los expedientes y records relativos a las reclamaciones y compartirá la información solamente con aquellas personas que tengan la necesidad de conocer esa información.

- El Coordinador de la Sección 1557 emitirá una decisión acerca de la reclamación, basándose en la preponderancia de la evidencia, no más tarde de 30 días a partir de la fecha en que se presentó esta reclamación y se incluirá una notificación para el demandante acerca de su derecho para proseguir con esta reclamación por medio de otras resoluciones legales o administrativas.

La disponibilidad y el uso de este procedimiento de reclamaciones no le impide a la persona que la presenta, proseguir con otras reclamaciones legales o administrativas, incluyendo la presentación de una reclamación por discriminación basada en la raza, color, nacionalidad, sexo, edad o discapacidad en la corte o ante el Departamento de Salud y Recursos Humanos de los Estados Unidos, Oficina de los Derechos Civiles (U.S. Department of Health and Human Services, Office for Civil Rights). Una persona puede presentar una reclamación por discriminación electrónicamente a través del portal de la Oficina de Reclamaciones para los Derechos Civiles (Office for Civil Rights Complaint Portal), disponible en: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> o hacerlo por correo a la dirección:

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
**1-800-868-1019, 1-800-537-7697 (TDD)**

Las formas para las reclamaciones se encuentran disponibles en: <http://www.hhs.gov/ocr/office/file/index.html>. Estas reclamaciones deben presentarse dentro de los primeros 180 días a partir de la fecha en que esta posible acción discriminatoria tuvo lugar.

UnitedHealthcare Community Plan llevará a cabo todos los arreglos necesarios para asegurar que a las personas con discapacidades o aquellas personas con un limitado dominio del idioma inglés se les provea con apoyos auxiliares y servicios o asistencia en el lenguaje, respectivamente, si existe la necesidad de que estas personas tengan que participar en este procedimiento de reclamación. Tales arreglos pueden incluir, pero no estar limitados a, proveer intérpretes calificados, proveer casetes conteniendo el material para aquellos individuos con problemas de visión o asegurando localidades existentes para los procedimientos que sean libres de barreras que impidan el acceso a los procedimientos. El Coordinador de la Sección 1557 será la parte responsable para esos arreglos.

## **Language Accessibility Statement**

### **Interpreter Services Are Available for Free**

*Help is available in your language: 1-800-318-8821, TTY 711.*

*These services are available for free.*

#### **Español/Spanish**

Hay ayuda disponible en su idioma: 1-800-318-8821, TTY 711. Estos servicios están disponibles de forma gratuita.

#### **አማርኛ/Amharic**

እገዛ በቋንቋዎ ማግኘት ይችላሉ፡- 1-800-318-8821 መስማት ለተሳናቸው/ TTY:- 711።

እነዚህን አገልግሎቶች ያለ ምንም ክፍያ ማግኘት ይቻላል።

#### **العربية/Arabic**

المساعدة متوفرة بلغتك: اتصل على الرقم 1-800-318-8821، الهاتف النصي: 711. هذه الخدمات متوفرة مجاناً.

#### **中文/Chinese**

用您的语言为您提供帮助：1-800-318-8821, TTY 711。这些服务都是免费的。

#### **فارسی/Farsi**

خط تلفن کمک به زبانی که شما صحبت می کنید : 1-800-318-8821، خط تماس برای افراد ناشنوا 711. این خدمات به صورت رایگان در دسترس هستند.

#### **Français/French**

Vous pouvez disposer d'une assistance dans votre langue : 1-800-318-8821, TTY 711. Ces services sont disponibles gratuitement.

#### **ગુજરાતી/Gujarati**

તમારી ભાષામાં મદદ ઉપલબ્ધ છે: 1-800-318-8821 ટીટીવાય: 711. આ સેવાઓ મફત ઉપલબ્ધ છે.

#### **Kreyòl Ayisyen/Haitian Creole**

Gen èd ki disponib nan lang ou: 1-800-318-8821, TTY 711. Sèvis sa yo disponib gratis.

**Igbo**

Ọrụ Ndị Ọkọwa Okwu Dị N'efu Enyemaka dị n'asụsụ gị: 1-800-318-8821, TTY 711. Ọrụ ndị a dị n'efu.

**한국어/Korean**

사용하시는 언어로 지원해드립니다: 1-800-318-8821, TTY 711. 이 서비스는 무료로 제공됩니다.

**Português/Portuguese**

Está disponível ajuda no seu idioma: 1-800-318-8821, TTY 711. Estes serviços são disponibilizados gratuitamente.

**Русский/Russian**

Помощь доступна на вашем языке: 1-800-318-8821, TTY 711. Эти услуги предоставляются бесплатно.

**Tagalog**

Makakakuha kayo ng tulong sa inyong wika: 1-800-318-8821, TTY 711. Ang mga serbisyong ito ay makukuha ng libre.

**Urdu/اردو**

آپ کی زبان میں مدد دستیاب ہے: 1-800-318-8821، ٹی ٹی وائی: 711۔ یہ خدمات مفت میں دستیاب ہیں۔

**Tiếng Việt/Vietnamese**

Có hỗ trợ ngôn ngữ của quý vị: 1-800-318-8821, TTY 711. Các dịch vụ này được cung cấp miễn phí.

**Yorùbá/Yoruba**

Ìràn�ọwọ wà ní àrọwọtó ní èdè rẹ: 1-800-318-8821, TTY 711. Àwọn isẹ yíí wà ní àrọwọtó lófèè.



## UnitedHealthcare Community Plan List of Preferred Drugs

### Frequently Asked Questions (FAQ)

Find answers here to questions you have about this UnitedHealthcare Community Plan List of Preferred Drugs. You can read all of the FAQ to learn more, or look for a question and answer.

#### 1. What drugs are on the Preferred Drug List (PDL)? (We call the Preferred Drug List the “Drug List” for short.)

The drugs on the Drug List that starts on page <4> are the drugs covered by UnitedHealthcare Community Plan. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies”.

UnitedHealthcare will cover all medically necessary drugs if both of these things happen:

- Your doctor or other prescriber gives you a prescription
- You fill the prescription at a UnitedHealthcare Community Plan network pharmacy

You may have to pay a copay when you fill your prescriptions. Also, UnitedHealthcare may have additional steps to get certain drugs (see question <#5> below).

You can also see an up-to-date Drug List on our website at <[www.myuhc.com/CommunityPlan](http://www.myuhc.com/CommunityPlan)> or call Member Services at <1-800-318-8821> TTY 711.

#### 2. Does the Drug List ever change?

Yes. During the year, UnitedHealthcare Community Plan may add or remove drugs on the Drug List. Generally, the Drug List will change when:

- A cheaper drug that works as well as a drug on the Drug List now becomes available
- A new drug is approved
- We learn that a drug is not safe

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval for a drug. (Prior approval is permission from UnitedHealthcare Community Plan before you can get a drug.)
- Add or change the amount of a drug you can get (called “Quantity limits”).

- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, see pages <4, 5 and 9>.

Questions 3, 4, and 7 below have more information on what happens when the Drug List changes.

You can also see an up-to-date Drug List on our website at

<[www.myuhc.com/CommunityPlan](http://www.myuhc.com/CommunityPlan)>, or, call Member Services at <1-800-318-8821>, TTY <711>.

### **3. What happens when another drug comes along that works as well as a drug on the Drug List now?**

If you are taking a drug that is removed because another drug that works just as well is available, we will tell you. You will get a letter letting you know about the change. We will also tell you what alternate drugs are available to you. Contact your doctor or other prescriber to make sure another drug will work for you.

### **4. What happens when we find out a drug is not safe?**

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we'll take it off the Drug List right away. We'll also send you a letter telling you that. Contact your doctor or other prescriber and ask about your other options.

### **5. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?**

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases your doctor must do something before you can get the drug. For example:

- Prior approval (or prior authorization): For some drugs, your doctor or other prescriber must get approval from UnitedHealthcare before you fill your prescription. If you don't get approval, UnitedHealthcare may not cover the drug.
- Quantity limits: Sometimes UnitedHealthcare limits the amount of a drug you can get.
- Step therapy: Sometimes UnitedHealthcare requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages <4-53>. You can also get more information by visiting our website at <[www.myuhc.com/CommunityPlan](http://www.myuhc.com/CommunityPlan)>. We have posted documents that explain our prior authorization and step therapy restrictions. You may also call

Member Services and ask us to send you information about our prior authorization and step therapy restrictions.

**6. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?**

The Preferred Drug List on pages <4-53> has a column labeled “Requirements and Limits”.

**7. What happens if we change our rules on how we cover some drugs?**

**For example, if we add prior authorization (approval), quantity limits, and/or step therapy restrictions on a drug.**

We will tell you if we add prior approval, quantity limits, and/or step therapy restrictions on a drug. We will tell you before the restriction is added. This gives you time to talk to your doctor or other prescriber about what to do next.

**8. How can you find a drug on the Drug List?**

There are two ways to find a drug:

- You can search by medical condition.
  - To search by medical condition, find the section labeled “List of drugs by medical condition” on pages <4-53>. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.
- You can also search for drugs alphabetically.
  - To search alphabetically, go to the <Index of Covered Drugs> starting on page <54>

Find the name of your drug. The page number where you can find the drug will be next to it.

**9. What if the drug you want to take is not on the Drug List?**

If you don't see your drug on the Drug List, call Member Services and ask about it. If you learn that UnitedHealthcare does not prefer the drug, you can do one of these things:

- Ask Member Services for a list of drugs that are similar to the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take.
- You can ask the health plan to make an exception to cover your drug. Please see question 11 for more information about exceptions.

**10. What if you just joined UnitedHealthcare Community Plan and can't find your drug on the Drug List or have a problem getting your drug?**

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of UnitedHealthcare. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead, or whether to request an exception.

### **11. Can you ask for an exception to cover your drug?**

Yes. Your doctor can ask UnitedHealthcare Community Plan to make an exception to cover a drug that is not on the Drug List.

Your doctor can also ask us to change the rules on your drug.

- For example, we may limit the amount of a drug we will cover. If your drug has a limit, your doctor can ask us to change the limit and cover more.
- Other examples: Your doctor can ask us to drop step therapy restrictions or prior approval requirements.

### **12. How long does it take to get an exception?**

First, we must receive some information from your doctor supporting your request for an exception. After we receive the information, we will give you a decision on your exception request within the timeframes required by the state, generally within 24 hours.

### **13. How can you ask for an exception?**

To ask for an exception, you can do one of these things:

- Call Member Services. A Member Services representative will work with you and your doctor to help ask for an exception.
- Call your doctor and ask them to request an exception by calling the Prior Notification Service at <1-800-310-6826>, or they can fax a request to <866-940-7328>.

### **14. What are generic drugs?**

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). In most instances UnitedHealthcare covers generic drugs first. If your doctor feels a brand name drug is medically necessary, you will need to ask your doctor to submit for prior approval.

### **15. What are OTC drugs?**

OTC stands for "over-the-counter". UnitedHealthcare prefers some OTC drugs when they are written as prescriptions by your provider.

You can read the UnitedHealthcare Community Plan Drug List to see what OTC drugs are preferred.

### **16. Does UnitedHealthcare cover OTC non-drug products?**

UnitedHealthcare covers some OTC non-drug products when they are written as prescriptions by your provider.

You can read the UnitedHealthcare Community Plan Drug List to see what OTC non-drug products are covered.

### **17. What is a Specialty Pharmacy Medication?**

A specialty pharmacy medication is a drug that generally has one or more of the following characteristics:

- It's used by a small number of people
- It treats rare, chronic, and/or potentially life-threatening diseases
- It has special storage or handling requirements such as needing to be refrigerated
- It may need close monitoring, ongoing clinical support and management, and complete patient education and engagement
- It's a high cost medication
- It may not be available at retail pharmacies
- It may be oral, injectable, or inhaled

Specialty pharmacy medications are available through our specialty pharmacy network.

If you have questions, call Member Services at <1-800-318-8821, TTY 711>.

### **List of Preferred Drugs**

The List of Preferred Drugs that begins <on the next page> gives you information about the drugs covered by UnitedHealthcare Community Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page <54>.

The first column of the chart lists the generic name of the drug. The second column of the chart lists brand name drugs. Brand name drugs are capitalized (e.g., CRESTOR). The third column in the list tells you if the preferred drug covered is the brand or generic version.

The information in the "Requirements & Limits" column tells you if UnitedHealthcare has any rules for covering your drug.

### **Utilization Management Restrictions**

#### **PA - Prior approval (or prior authorization)**

For some drugs, your doctor or other prescriber must get approval from UnitedHealthcare Community Plan before you fill your prescription. If you don't get approval, UnitedHealthcare may not cover the drug.

#### **QL - Quantity limits**

Sometimes UnitedHealthcare Community Plan limits the amount of a drug you can get.

**ST - Step therapy**

Sometimes UnitedHealthcare Community Plan requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then your doctor can ask for approval to cover the second.

**Other special requirements for coverage**

**SP – Specialty Pharmacy**

Drug needs to be accessed through a network Specialty Pharmacy. Specialty Pharmacy Drugs may require extra handling, provider coordination or patient education that can't be done at a network retail pharmacy.

**Drug Tiers**

The drugs listed in the PDL have different tiers. The tiers are listed in the grid below.

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

**[Abbreviations]**

- OTC = Over the Counter
- PA = Prior Authorization required
- QL = Quantity Limit
- ST = Step Therapy
- SP = Specialty Pharmacy

[You can find information on what the symbols and abbreviations in this table mean by going to page <4-53 in the footnotes>]

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Antineoplastics &amp; Immunosuppressants</b>				
<b>Antineoplastic Agents</b>				
Alkylating Agents				
altretamine	HEXALEN	brand	2	
busulfan	MYLERAN	brand	2	
chlorambucil	LEUKERAN	brand	2	
cyclophosphamide	CYTOXAN	generic	1	
estramustine phosphate sodium	EMCYT	brand	2	
lomustine	GLEOSTINE	brand	2	
melphalan	ALKERAN	brand	2	
temozolomide	TEMODAR	generic	1	PA, SP
Antimetabolites				
capecitabine	XELODA	generic	1	SP
mercaptopurine	PURINETHOL	generic	1	
thioguanine	TABLOID	brand	2	QL
trifluridine/tipiracil	LONSURF	brand	2	PA, SP
Histone Deacetylase Inhibitors				
panobinostat	FARYDAK	brand	2	PA, SP
vorinostat	ZOLINZA	brand	2	PA, SP
Kinase Inhibitor				
afatinib	GILOTRIF	brand	2	PA, SP
alectinib	ALECENSA	brand	2	PA, SP
axitinib	INLYTA	brand	2	PA, SP
bosutinib	BOSULIF	brand	2	PA, SP
brigatinib	ALUNBRIG	brand	2	PA, SP
cabozantinib	CABOMETYX	brand	2	PA, SP
	COMETRIQ			
ceritinib	ZYKADIA	brand	2	PA, SP
cobimetinib	COTELLIC	brand	2	PA, SP
crizotinib	XALKORI	brand	2	PA, SP
dabrafenib	TAFINLAR	brand	2	PA, SP
dasatinib	SPRYCEL	brand	2	PA, SP
erlotinib	TARCEVA	brand	2	PA, SP
everolimus	AFINITOR	brand	2	PA, SP
	AFINITOR DISPERZ			
gefitinib	IRESSA	brand	2	PA, SP
ibrutinib	IMBRUVICA	brand	2	PA, SP
idelalisib	ZYDELIG	brand	2	PA, SP

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
imatinib mesylate	GLEEVEC	generic	1	PA, QL, SP
lapatinib ditosylate	TYKERB	brand	2	PA, SP
lenvatinib	LENVIMA	brand	2	PA, SP
midostaurin	RYDAPT	brand	2	PA, SP
nilotinib	TASIGNA	brand	2	PA, SP
palbociclib	IBRANCE	brand	2	PA, SP
pazopanib	VOTRIENT	brand	2	PA, SP
ponatinib	ICLUSIG	brand	2	PA, SP
regorafenib	STIVARGA	brand	2	PA, SP
ruxolitinib	JAKAFI	brand	2	PA, SP
sorafenib	NEXAVAR	brand	2	PA, SP
sunitinib	SUTENT	brand	2	PA, SP
trametinib	MEKINIST	brand	2	PA, SP
vandetanib	CAPRELSA	brand	2	PA, SP
vemurafenib	ZELBORAF	brand	2	PA, SP
Miscellaneous				
leucovorin	LEUCOVORIN	generic	1	QL, tabs
mesna	MESNEX	brand	2	SP, tablets
venetoclax	VENCLEXTA	brand	2	PA, SP
Proteasome Inhibitors				
ixazomib	NINLARO	brand	2	PA, SP
<b>Hormonal Antineoplastic Agents</b>				
Androgen Biosynthesis Inhibitors				
abiraterone	ZYTIGA	brand	2	PA, SP
Antiandrogens				
bicalutamide	CASODEX	generic	1	
flutamide	EULEXIN	generic	1	
Antiestrogens				
tamoxifen	NOLVADEX	generic	1	
toremifene	FARESTON	brand	2	
Aromatase Inhibitors				
anastrozole	ARIMIDEX	generic	1	
exemestane	AROMASIN	generic	1	
letrozole	FEMARA	generic	1	
Gonadotropin Releasing Hormone Analog				
leuprolide	LUPRON	generic	1	PA, SP
leuprolide	LUPRON DEPOT			
leuprolide	LUPRON DEPOT 6-MONTH	brand	2	PA, SP
	LUPRON DEPOT-PED			

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Progestin				
megestrol acetate	MEGACE	generic	1	
<b>Immunomodulators</b>				
Interferons				
interferon alfa-2b	INTRON A	brand	2	PA, SP
interferon gamma-1b	ACTIMMUNE	brand	2	PA, SP
peginterferon alfa-2b	SYLATRON	brand	2	PA, SP
Miscellaneous				
lenalidomide	REVLIMID	brand	2	PA, SP
pomalidomide	POMALYST	brand	2	PA, SP
thalidomide	THALOMID	brand	2	PA, SP, QL
<b>Immunosuppressants</b>				
Antimetabolites				
azathioprine	IMURAN	generic	1	
mycophenolate mofetil	CELLCEPT	generic	1	
mycophenolate sodium	MYFORTIC	generic	1	
Calcineurin Inhibitors				
cyclosporine	SANDIMMUNE	generic	1	
cyclosporine, modified	NEORAL	generic	1	caps, QL
	GENGRAF			
tacrolimus	HECORIA	generic	1	
	PROGRAF			
Rapamycin Derivative				
sirolimus	RAPAMUNE	generic	1	tabs
sirolimus	RAPAMUNE	brand	2	soln
Miscellaneous				
everolimus	ZORTRESS	brand	2	
<b>Miscellaneous</b>				
alitretinoin 1% gel	PANRETIN	brand	2	PA
bexarotene caps and topical gel	TARGRETIN	brand	2	PA, SP
cysteamine bitartrate	CYSTAGON	brand	2	SP
etoposide	VEPESID	generic	1	
hydroxyurea	DROXIA	brand	2	
hydroxyurea	HYDREA	generic	1	
mitotane	LYSODREN	brand	2	
niraparib	ZEJULA	brand	2	PA, SP
octreotide	SANDOSTATIN	generic	1	SP
olaparib	LYNPARZA	brand	2	PA, SP
pasireotide	SIGNIFOR	brand	2	PA, SP

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
procarbazine	MATULANE	brand	2	SP
rucaparib	RUBRACA	brand	2	PA, SP
sonidegib	ODOMZO	brand	2	PA, SP
topotecan	HYCAMTIN	brand	2	PA, SP
tretinoin	VESANOID	generic	1	caps, SP
vismodegib	ERIVEDGE	brand	2	PA, SP
<b>Blood Modifiers - Anticoagulants</b>				
<b>Anticoagulants</b>				
apixaban	ELIQUIS	brand	2	QL
edoxaban	SAVAYSA	brand	2	QL
enoxaparin	LOVENOX	generic	1	PA, QL, PA only applies for quantities greater than 14 days
heparin	HEPARIN	generic	1	INJ 5000 UNIT/ML, PF INJ 5000 UNIT/0.5ML, INJ 10000 UNIT/ML
rivaroxaban	XARELTO	brand	2	QL
warfarin	COUMADIN	generic	1	
<b>Blood Cell Formation</b>				
darbepoetin alfa	ARANESP	brand	2	PA, SP
epoetin alfa	EPOGEN	brand	2	PA, SP
	PROCRIT			
filgrastim	ZARXIO	brand	2	PA, SP
oprelvekin	NEUMEGA	brand	2	PA, SP
pegfilgrastim	NEULASTA	brand	2	PA, SP
plerixafor	MOZOBIL	brand	2	PA, SP
sargramostim	LEUKINE	brand	2	PA, SP
<b>Platelet Inhibitors</b>				
anagrelide	AGRYLIN	generic	1	
aspirin	BAYER	generic	1	OTC
	ECOTRIN			
cilostazol	PLETAL	generic	1	
clopidogrel	PLAVIX	generic	1	QL
dipyridamole	PERSANTINE	generic	1	
prasugrel	EFFIENT	generic	1	Diagnosis Required, QL
ticagrelor	BRILINTA	brand	2	Diagnosis Required, QL
<b>Miscellaneous</b>				
aminocaproic acid	AMICAR	brand	2	tabs, oral solution, QL
deferasirox	EXJADE	brand	2	PA, SP
	JADENU			

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
pentoxifylline extended-release	TRENTAL	generic	1	
<b>Cardiovascular Agents</b>				
<b>Ace Inhibitors</b>				
benazepril	LOTENSIN	generic	1	
captopril	CAPOTEN	generic	1	
enalapril	VASOTEC	generic	1	
enalapril oral soln	EPANED	brand	2	Members ≥ 8 years of age will require prior authorization.
fosinopril	MONOPRIL	generic	1	QL
lisinopril	ZESTRIL	generic	1	QL
quinapril	ACCUPRIL	generic	1	QL
ramipril	ALTACE	generic	1	
trandolapril	MAVIK	generic	1	
<b>Ace Inhibitor/Diuretic Combinations</b>				
benazepril/ hydrochlorothiazide	LOTENSIN HCT	generic	1	
captopril/ hydrochlorothiazide	CAPOZIDE	generic	1	
enalapril/ hydrochlorothiazide	VASERETIC	generic	1	
fosinopril/ hydrochlorothiazide	MONOPRIL-HCT	generic	1	QL
lisinopril/ hydrochlorothiazide	ZESTORETIC	generic	1	QL
quinapril/ hydrochlorothiazide	ACCURETIC	generic	1	QL
<b>Adrenolytics, Central</b>				
clonidine	CATAPRES	generic	1	tablets
guanfacine	TENEX	generic	1	
<b>Alpha Blockers</b>				
doxazosin	CARDURA	generic	1	
prazosin	MINIPRESS	generic	1	
terazosin	HYTRIN	generic	1	
<b>Angiotensin II Receptor Blockers (Antagonists)</b>				
losartan	COZAAR	generic	1	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Angiotensin II Receptor Blocker Combinations</b>				
losartan/HCTZ	HYZAAR	generic	1	QL
<b>Antiarrhythmics and Cardiac Glycosides</b>				
amiodarone tabs	CORDARONE	generic	1	200 mg and 400 mg
digoxin	LANOXIN	generic	1	
disopyramide	NORPACE	generic	1	
disopyramide extended-release	NORPACE CR	brand	2	
dofetilide	TIKOSYN	generic	1	
flecainide	TAMBOCOR	generic	1	
mexiletine	MEXITIL	generic	1	
propafenone	RYTHMOL	generic	1	IR only
quinidine gluconate extended-release	QUINIDINE GLUCONATE EXT-REL	generic	1	
quinidine sulfate	QUINIDINE SULFATE	generic	1	
quinidine sulfate extended-release	QUINIDINE SULFATE EXT-REL	generic	1	
<b>Beta Blockers and Beta Blocker/Diuretic Combinations</b>				
acebutolol	SECTRAL	generic	1	
atenolol	TENORMIN	generic	1	
atenolol/chlorthalidone	TENORETIC	generic	1	
betaxolol	KERLONE	generic	1	
bisoprolol	ZEBETA	generic	1	
bisoprolol/ hydrochlorothiazide	ZIAC	generic	1	
carvedilol	COREG	generic	1	QL
labetalol	TRANDATE	generic	1	
metoprolol	LOPRESSOR	generic	1	25, 50, 100mg tablets
metoprolol succinate	TOPROL XL	generic	1	
propranolol	INDERAL	generic	1	IR only
propranolol ER 24HR	INDERAL LA	generic	1	Diagnosis Required, QL
propranolol/HCTZ	INDERIDE	generic	1	
sotalol	BETAPACE	generic	1	
sotalol AF	BETAPACE AF	generic	1	
<b>Calcium Channel Blockers</b>				
Dihydropyridines				
amlodipine	NORVASC	generic	1	QL
felodipine extended-release	PLENDIL	generic	1	QL
nicardipine	CARDENE	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
nifedipine	PROCARDIA	generic	1	
nifedipine extended-release	ADALAT CC PROCARDIA XL	generic	1	QL
nimodipine	NIMOTOP	generic	1	QL
nimodipine oral soln	NYMALIZE	brand	2	
<b>Nondihydropyridines</b>				
diltiazem	CARDIZEM	generic	1	
diltiazem extended-release	CARDIZEM CD	generic	1	QL
diltiazem extended-release	DILACOR XR TIAZAC	generic	1	QL
diltiazem sustained-release	CARDIZEM SR	generic	1	QL
verapamil	CALAN	generic	1	
verapamil extended-release	CALAN SR	generic	1	QL
<b>Diuretics</b>				
amiloride	MIDAMOR	generic	1	
amiloride/ hydrochlorothiazide	MODURETIC	generic	1	
bumetanide	BUMEX	generic	1	
chlorothiazide	DIURIL	generic	1	
chlorothiazide	DIURIL ORAL SUSPENSION	brand	2	QL
chlorthalidone	CHLORTHALIDONE	generic	1	
furosemide	LASIX	generic	1	
hydrochlorothiazide	HYDROCHLOROTHIAZIDE	generic	1	soln, tabs
hydrochlorothiazide	MICROZIDE	generic	1	12.5 mg caps
indapamide	LOZOL	generic	1	
metolazone	ZAROXOLYN	generic	1	
spironolactone	ALDACTONE	generic	1	
spironolactone/ hydrochlorothiazide	ALDACTAZIDE	generic	1	
toremide	DEMADEX	generic	1	
triamterene/ hydrochlorothiazide	DYAZIDE MAXZIDE	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Lipid Lowering Agents</b>				
Bile Acid Resin				
cholestyramine	QUESTRAN QUESTRAN-LIGHT	generic	1	Only the bulk products are covered (cans). Individual packets are not covered.
Fibrates				
fenofibrate	LOFIBRA	generic	1	ST
gemfibrozil	LOPID	generic	1	
HMG-CoA Reductase Inhibitors and Combinations				
atorvastatin	LIPITOR	generic	1	
lovastatin	MEVACOR	generic	1	QL
simvastatin	ZOCOR	generic	1	QL
Niacins				
niacin	NIACOR	generic	1	
niacin extended-release	NIASPAN	generic	1	
Miscellaneous				
alirocumab	PRALUENT	brand	2	PA, QL, SP
ezetimibe	ZETIA	generic	1	PA
omega 3 acid ethyl esters	LOVAZA	generic	1	PA
<b>Nitrates</b>				
Oral				
isosorbide dinitrate	ISORDIL	generic	1	
isosorbide dinitrate extended-release	ISOSORBIDE DINITRATE ER	generic	1	
isosorbide mononitrate	ISMO	generic	1	
isosorbide mononitrate extended-release	IMDUR	generic	1	
Sublingual				
isosorbide dinitrate	ISORDIL S.L.	generic	1	
nitroglycerin	NITROLINGUAL NITROSTAT	generic	1	
Transdermal				
nitroglycerin	NITREK NITRO-DUR	generic	1	transdermal, QL
nitroglycerin	NITRO-BID	generic	1	oint

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Potassium-Removing Agents</b>				
patiomer	VELTASSA	brand	2	PA
sodium polystyrene sulfonate	KAYEXALATE	generic	1	susp only
<b>Pulmonary Arterial Hypertension - Diagnosis Required</b>				
ambrisentan	LETAIRIS	brand	2	QL, SP
bosentan	TRACLEER	brand	2	QL, SP
macitentan	OPSUMIT	brand	2	QL,SP
riociguat	ADEMPAS	brand	2	QL, SP
sildenafil	REVATIO	generic	1	QL, SP, tabs
<b>Miscellaneous</b>				
guanabenz	WYTENSIN	generic	1	
hydralazine	APRESOLINE	generic	1	
methyldopa	ALDOMET	generic	1	
methyldopa/HCTZ	ALDORIL	generic	1	
midodrine	PROAMATINE	generic	1	
minoxidil	LONITEN	generic	1	
ranolazine	RANEXA	brand	2	ST
<b>Central Nervous System</b>				
<b>Alzheimer's Disease</b>				
donepezil	ARICEPT	generic	1	5 mg and 10 mg, QL, Members <18 years of age will require prior authorization.
donepezil	ARICEPT	generic	1	23 mg, ST, Members <18 years of age will require prior authorization.
galantamine	RAZADYNE	generic	1	QL, Members <18 years of age will require prior authorization.
memantine	NAMENDA	generic	1	QL, Members <18 years of age will require prior authorization.
rivastigmine	EXELON	generic	1	QL, Members <18 years of age will require prior authorization.

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Amyotrophic Lateral Sclerosis (ALS)</b>				
riluzole	RILUTEK	brand	2	
<b>Analgesics</b>				
Barbiturate Non-Narcotic Analgesics				
butalbital/acetaminophen	PHRENILIN	generic	1	QL
butalbital/acetaminophen	SEDAPAP	generic		QL
butalbital/acetaminophen/ caffeine	ESGIC	generic	1	QL
	FIORICET			
	ZEBUTAL			
butalbital/aspirin/caffeine	FIORINAL	generic	1	QL
Non-Narcotic Analgesics				
acetaminophen	TYLENOL	generic	1	OTC
aspirin/acetaminophen/ caffeine	EXCEDRIN MIGRAINE	generic	1	250-250-65 mg, OTC
tramadol	ULTRAM	generic		QL
NSAIDS				
diclofenac potassium	CATAFLAM	generic	1	
diclofenac sodium delayed-release	VOLTAREN	generic	1	
diclofenac sodium extended-release	VOLTAREN XR	generic	1	
etodolac	LODINE	generic	1	IR Only
ibuprofen	ADVIL	generic	1	tabs, chew tabs and susp, OTC
ibuprofen	MOTRIN	generic	1	tabs, chew tabs and susp
indomethacin	INDOCIN	generic	1	
ketoprofen	ORUDIS	generic	1	IR only
ketorolac tromethamine	TORADOL	generic	1	QL
meloxicam	MOBIC	generic	1	QL
nabumetone	RELAFEN	generic	1	
naproxen	NAPROSYN	generic	1	
naproxen delayed release	ENTERIC COATED- NAPROSYN	generic	1	
oxaprozin	DAYPRO	generic	1	
piroxicam	FELDENE	generic	1	
sulindac	CLINORIL	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Opioids - Narcotic Analgesics</b>				
butalbital/apap/caff/cod	FIORICET W/CODEINE	generic	1	QL, 50-325-40-30 mg
butalbital/asa/caff/cod	FIORINAL W/CODEINE	generic	1	QL
butorphanol	STADOL	generic	1	nasal spray, QL
codeine/acetaminophen	TYLENOL W/CODEINE	generic	1	QL
codeine sulfate		generic	1	QL
fentanyl transdermal	DURAGESIC	generic	1	PA, QL
hydrocodone/ acetaminophen	LORCET	generic	1	QL
	LORTAB			
	LORTAB ELIXIR			
	NORCO			
	VICODIN			
hydrocodone ER	ZOXYDRO ER	brand	2	PA
hydromorphone	DILAUDID	generic	1	QL
meperidine	DEMEROL	generic	1	QL
morphine	MSIR	generic	1	QL
	RMS			
morphine extended-release	MS CONTIN	generic	1	PA, QL
oxycodone	OXYFAST	generic	1	soln, QL
oxycodone	ROXICODONE	generic	1	QL
oxycodone/ acetaminophen	PERCOCET	generic	1	5/325, QL
oxycodone/aspirin	PERCODAN	generic	1	QL
oxymorphone ER	OXYMORPHONE ER	generic	1	PA, QL, non-crush resistant
pentazocine/naloxone	TALWIN NX	generic	1	QL
<b>Migraine Acute Therapy</b>				
<b>Ergotamine Derivatives</b>				
dihydroergotamine	D.H.E. 45	generic	1	inj, QL
dihydroergotamine	MIGRANAL	generic	1	
ergotamine/caffeine	CAFERGOT	generic	1	
ergotamine tartrate/ caffeine	MIGERGOT SUPPOSITORIES	brand	2	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Selective Serotonin Agonists</b>				
naratriptan	AMERGE	generic	1	ST
rizatriptan	MAXALT/MAXALT MLT	generic	1	QL
sumatriptan	IMITREX	generic	1	QL
sumatriptan	IMITREX 4 MG AND 6 MG INJ	generic	1	4 mg and 6 mg inj
<b>Migraine Prophylactic Therapy</b>				
propranolol	INDERAL	generic	1	IR only
verapamil	CALAN	generic	1	
<b>Multiple Sclerosis - Diagnosis Required</b>				
daclizumab	ZINBRYTA	brand	2	QL, SP, ST
dimethyl fumarate	TECFIDERA	brand	2	QL, SP
fingolimod	GILENYA	brand	2	QL, SP
glatiramer acetate	COPAXONE 40MG	brand	2	40 mg, QL, SP
glatiramer acetate	GLATOPA	generic	1	QL, SP
peginterferon beta-1a	PLEGRIDY	brand	2	QL, SP
teriflunomide	AUBAGIO	brand	2	QL, SP
<b>Myasthenia Gravis</b>				
pyridostigmine	MESTINON	generic	1	tabs
pyridostigmine	MESTINON	brand	2	syrup
pyridostigmine extended-release	MESTINON TIMESPAN	generic	1	
<b>Parkinson's Disease</b>				
amantadine	SYMMETREL	generic	1	except tabs
benztropine	COGENTIN	generic	1	
carbidopa/levodopa	SINEMET	generic	1	
carbidopa/levodopa extended-release	SINEMET CR	generic	1	
entacapone	COMTAN	generic	1	
pramipexole	MIRAPEX	generic	1	
ropinirole	REQUIP	generic	1	
selegiline	ELDEPRYL	generic	1	
tolcapone	TASMAR	generic	1	
trihexyphenidyl	ARTANE	generic	1	
<b>Seizure</b>				
phenobarbital	PHENOBARBITAL	generic	1	
phenytoin	DILANTIN INFATABS	generic	1	
phenytoin sodium extended	DILANTIN, PHENYTEK	generic	1	
primidone	MYSOLINE	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Miscellaneous</b>				
deutetrabenazine	AUSTEDO	brand	2	PA
tetrabenazine	XENAZINE	generic	1	Diagnosis Required, QL, SP
<b>Dermatology</b>				
<b>Acne Vulgaris</b>				
Oral				
isotretinoin	ABSORICA AMNESTEEM CLARAVIS MYORISAN ZENTANE	generic	1	PA
Topical				
adapalene gel	DIFFERIN OTC GEL 0.1%	generic	1	
azelaic acid	FINACEA	brand	2	gel
benzoyl peroxide	BENZAC AC	generic	1	
clindamycin	CLEOCIN T	generic	1	gel
clindamycin	CLEOCIN T	generic	1	lotion
clindamycin	CLEOCIN T	generic	1	soln
erythromycin	ERYGEL	generic	1	gel 2%
erythromycin	T-STAT	generic	1	soln
salicylic acid	NEUTROGENA OIL FREE ACNE WASH	generic	1	liquid 2%, OTC
sulfacetamide/sulfur	SULFACET-R	generic	1	lotion
sulfacetamide/sulfur	PLEXION	generic	1	
tretinoin	AVITA RETIN-A	generic	1	cream, ST
<b>Bacterial Infections</b>				
bacitracin	BACITRACIN	generic	1	OTC
gentamicin	GENTAK	generic	1	
mupirocin	BACTROBAN	generic	1	ointment, 22 gram tube only
neomycin/polymyxin B/ bacitracin	NEOSPORIN	generic	1	OTC
silver sulfadiazine	SILVADENE	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Corticosteroids</b>				
Low Potency				
alclometasone	ACLOVATE	generic	1	0.05% crm/oint
fluocinolone acetonide	DERMA-SMOOTHIE OIL/FS	generic	1	oil 0.01%
fluocinolone acetonide	SYNALAR	generic	1	soln/crm 0.01%
hydrocortisone	CORTIZONE	generic	1	crm, oint, lot OTC
hydrocortisone	HYTONE	generic	1	crm 0.5%, 1%, & 2.5%
hydrocortisone	HYTONE	generic	1	lotion 1% & 2.5%
hydrocortisone/aloe	CORTIZONE-10 INTENSIVE HEALING	generic	1	crm 0.5% & 1%, OTC
Medium Potency				
betamethasone val	BETA-VAL	generic	1	crm/oint/lotion 0.1%
fluocinolone acetonide	SYNALAR	generic	1	crm, oint 0.025%
fluticasone propionate	CUTIVATE	generic	1	crm 0.05%, oint 0.005%
hydrocortisone butyrate	LOCOID	generic	1	crm/oint/soln 0.1%
hydrocortisone valerate	WESTCORT	generic	1	crm 0.2%
mometasone furoate	ELOCON	generic	1	crm/oint/soln 0.1%
prednicarbate	DERMATOP	generic	1	crm 0.1%
triamcinolone acetonide	KENALOG	generic	1	crm/lot/oint 0.025%
triamcinolone acetonide	KENALOG	generic	1	crm/oint/lotion 0.1%
High Potency				
betamethasone augmented dip	DIPROLENE	generic	1	lotion 0.05%
betamethasone augmented dip	DIPROLENE AF	generic	1	crm 0.05%
betamethasone dipropionate		generic	1	crm/lotion/oint 0.05%
fluocinonide	LIDEX	generic	1	crm/oint/gel/soln 0.05%
fluocinonide emulsified base	LIDEX E	generic	1	crm 0.05%
triamcinolone acetonide	KENALOG	generic	1	crm 0.5%
Very High Potency				
betamethasone dip augmented	DIPROLENE	generic	1	gel 0.05%
betamethasone dip augmented	DIPROLENE	generic	1	ointment 0.05%
clobetasol propionate	TEMOVATE	generic	1	soln 0.05%
halobetasol	ULTRAVATE	generic	1	cream

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Fungal Infections</b>				
ciclopirox	PENLAC SOLUTION 8%	generic	1	
clotrimazole	LOTRIMIN AF	generic	1	OTC
clotrimazole	MYCELEX	generic	1	
clotrimazole with betamethasone	LOTRISONE	generic	1	
ketoconazole	NIZORAL	generic	1	
miconazole	DESENEX	generic	1	2% OTC
miconazole	MICATIN	generic	1	OTC
miconazole	MONISTAT-DERM	generic	1	
nystatin	MYCOSTATIN	generic	1	
terbinafine	LAMISIL AT	generic	1	OTC
tolnaftate	TINACTIN	generic	1	OTC
<b>Psoriasis</b>				
acitretin	SORIATANE	generic	1	oral caps, PA
calcipotriene	DOVONEX	generic	1	crm/oint, ST
calcipotriene	DOVONEX	generic	1	soln
calcitriol	VECTICAL	generic	1	ST
methoxsalen	OXSORALEN-ULTRA	generic	1	
salicylic acid	SCALPICIN	generic	1	liquid 3%
<b>Rosacea</b>				
brimonidine	MIRVASO	brand	2	PA
	METROCREAM			
metronidazole	METROGEL	generic	1	
	METROLOTION			
<b>Scabies and Pediculosis</b>				
crotamiton	EURAX	brand	2	
malathion	OVIDE	generic	1	
permethrin	ELIMITE	generic	1	5%, QL
permethrin	NIX CREME RINSE	generic	1	1%, OTC
pyrethrins/piperonyl butoxide shampoo	RID SHAMPOO	generic	1	4% OTC
<b>Viral Infections</b>				
podofilox	CONDYLOX SOL	generic	1	sol
salicylic acid 17%/collodion	DUOFILM	generic	1	OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Miscellaneous</b>				
aluminum acetate		brand	2	soln/cream, OTC
aluminum chloride topical solution	HYPERCARE 15%	brand	2	
ammonium lactate	LAC-HYDRIN	generic	1	crm 12%, lotion 5% & 12%
ammonium lactate	LACTINOL	generic	1	lotion 10%
becaplermin gel	REGRANEX	brand	2	PA
calamine		brand	2	lotion/ointment, OTC
collagenase oint	SANTYL	brand	2	QL
crisaborole	EUCRISA	brand	2	2% ointment, ST
fluorouracil	EFUDEX	generic	1	
hydrocortisone	PROCTOSOL HC CREAM 2.5%	generic	1	
	PROCTOZONE CREAM-HC 2.5%			
	ANUSOL HC 2.5%			
imiquimod 5% cream	ALDARA	generic	1	
ketoconazole	NIZORAL SHAMPOO	generic	1	shampoo 2%
lidocaine	LIDAMANTEL	generic	1	3% cream
lidocaine	LMX-4	generic	1	4% cream (15 gm tubes), QL
lidocaine	XYLOCAINE	generic	1	jelly 2%
lidocaine patch	LIDODERM	generic	1	Diagnosis Required, QL
lidocaine/prilocaine	EMLA	generic	1	2.5% cream
nitroglycerin	RECTIV	brand	2	Diagnosis Required, QL, 0.4% rectal ointment cream, QL, ST, not covered for members less than 2 years of age
pimecrolimus	ELIDEL	brand	2	
selenium sulfide	SELSUN	generic	1	lotion 2.5%
tacrolimus	PROTOPIC 0.03%	generic	1	ointment 0.03%, QL, ST, not covered for members less than 2 years of age
tacrolimus	PROTOPIC 0.1%	generic	1	ointment 0.1%, ST (minimum age 16)

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
urea 10%, urea 20%	UREA 10% CREAM	brand	2	
	UREA 20% CREAM			
urea 40%	UREA 10% LOTION	generic	1	lotion
	UREA 40% LOTION			
<b>Ear, Nose &amp; Throat</b>				
<b>Ear</b>				
acetic acid	VOSOL OTIC	generic	1	otic
acetic acid/ aluminum acetate	DOMEBORO OTIC	generic	1	
acetic acid/ hydrocortisone	VOSOL HC OTIC	generic	1	
benzocaine/antipyrine	BENZOTIC	generic	1	
carbamide peroxide	DEBROX	generic	1	6.5%, OTC
ciprofloxacin/ dexamethasone	CIPRODEX	brand	2	Diagnosis Required, QL
neomycin/polymyxin B/ hydrocortisone	CORTISPORIN OTIC	generic	1	otic
ofloxacin	FLOXIN OTIC	generic	1	
<b>Nose</b>				
Antihistamines - First Generation, Sedating				
chlorpheniramine extended-release	CHLOR-TRIMETON ALLERGY	generic	1	12 mg, OTC
chlorpheniramine maleate	CHLOR-TRIMETON SYRUP	generic	1	2 mg/5 ml, OTC
clemastine	CLEMASTINE	generic	1	
cyproheptadine	CYPROHEPTADINE	generic	1	
diphenhydramine		generic	1	
diphenhydramine	BENADRYL	generic	1	OTC
Antihistamines - Second Generation, Nonsedating				
cetirizine	ZYRTEC	generic	1	OTC
cetirizine chew tab	ZYRTEC CHEWABLE TABLET	generic	1	OTC, Members ≥ 8 years of age will require prior authorization.
levocetirizine	XYZAL	generic	1	tabs
loratadine	ALAVERT CLARITIN	generic	1	OTC
Antihistamines - Others Antihistamine/Decongestant Combinations				
azelastine	ASTELIN	generic	1	spray

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Antihistamine/Decongestant Combinations - First Generation</b>				
chlorpheniramine/ phenylephrine/ pyrilamine	TRIOTANN	generic	1	
chlorpheniramine/ pseudoephedrine	ACTIFED	generic	1	OTC
<b>Antihistamine/Decongestant Combinations - Second Generation</b>				
cetirizine hydrochloride/ pseudoephedrine hydrochloride 12 hours extended-release	ZYRTEC-D	generic	1	5 mg-120 mg tablet
loratadine/ pseudoephedrine extended-release	ALAVERT-D ALAVERT ALRG TAB/SINUS ALLERGY/CONG	generic	1	OTC
<b>Nasal Steroids</b>				
fluticasone	FLONASE	generic	1	
triamcinolone nasal spray	NASACORT ALLERGY 24 HOUR	brand	2	OTC
<b>Miscellaneous Nasal</b>				
cromolyn sodium	NASALCROM	generic	1	OTC
ipratropium nasal	ATROVENT NASAL SPRAY	generic	1	QL
saline nasal spray 0.65%	OCEAN NASAL SPRAY	generic	1	OTC
<b>Miscellaneous Nasal Decongestants</b>				
oxymetazoline	AFRIN	generic	1	OTC
phenylephrine	NEO-SYNEPHRINE DIMEATAPP DRO DECONGES	generic	1	OTC
<b>Throat and Mouth</b>				
chlorhexidine gluconate	PERIDEX	generic	1	
lidocaine viscous	XYLOCAINE	generic	1	
pilocarpine	SALAGEN	generic	1	
triamcinolone	KENALOG IN ORABASE	generic	1	paste

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Endocrinology</b>				
<b>Adrenal Corticosteroids</b>				
cortisone acetate		generic	1	
dexamethasone	DECADRON	generic	1	
fludrocortisone	FLORINEF	generic	1	
hydrocortisone	CORTEF	generic	1	
methylprednisolone	MEDROL	generic	1	4mg, 8mg, 16mg, 32mg
methylprednisolone	MEDROL	brand	2	2mg
prednisolone				
prednisolone	PRELONE	generic	1	syrup
prednisolone sodium phosphate	ORAPRED PEDIAPRED	generic	1	
prednisone	DELTASONE	generic	1	
<b>Androgens</b>				
testosterone cypionate	DEPO-TESTOSTERONE	generic	1	
testosterone enanthate	DELATESTRYL	generic	1	Vials only. Disposable syringes not covered.
testosterone gel topical tube, packet, and pump bottle	TESTOSTERONE 1% TOPICAL GEL	generic	1	PA
<b>Diabetes Mellitus</b>				
Glucose Elevating Agents				
glucagon, human recombinant	GLUCAGON	brand	2	QL
Insulin Combinations				
insulin glargine/lixisenatide	SOLIQUA	brand	2	ST
Insulins				
insulin aspart	NOVOLOG	brand	2	QL, vials
insulin aspart protamine 70%/ insulin aspart 30%	NOVOLOG MIX 70/30	brand	2	QL, vials
insulin glargine	BASAGLAR	brand	2	
insulin glargine 300 units/ml	TOUJEO SOLOSTAR	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
insulin human	NOVOLIN R	brand	2	OTC, QL, vials
insulin human	RELION R	brand	2	OTC, QL, vials
insulin isophane	HUMULIN N	brand	2	OTC, QL, vials
insulin isophane human	NOVOLIN N	brand	2	OTC, QL, vials
insulin isophane human	RELION N	brand	2	OTC, QL, vials
insulin isophane human 70%/regular 30%	NOVOLIN 70/30	brand	2	OTC, QL, vials
insulin isophane human 70%/regular 30%	RELION 70/30	brand	2	OTC, QL, vials
insulin lisopro pro/lispro	HUMALOG MIX 50/50	brand	2	QL, vials
insulin lisopro prot/lispro	HUMALOG MIX 75/25	brand	2	QL, vials
insulin isophane/regular	HUMULIN 70/30	brand	2	OTC, QL, vials
insulin lispro	HUMALOG	brand	2	QL, vials
insulin regular	HUMULIN R	brand	2	OTC, QL, vials
Monitoring - Strips and Kits/Diabetic Supplies				
ONE TOUCH SYSTEMS (ULTRA 2, ULTRAMINI, VERIO, VERIO FLEX, VERIO IQ, VERIO SYNC)		brand	2	QL for insulin dependent or pregnant members: allow testing up to 6 times per day
ONE TOUCH TEST STRIPS (ULTRA, VERIO)		brand	2	QL for non-insulin dependent members: allow once daily testing
Oral Agents				
acarbose	PRECOSE	generic	1	
alogliptin	NESINA	generic	1	ST
alogliptin/metformin	KAZANO	generic	1	ST
alogliptin/pioglitazone	OSENI	generic	1	ST
canagliflozin	INVOKANA	brand	2	ST
canagliflozin/metformin	INVOKAMET	brand	2	ST
canagliflozin/metformin extended-release	INVOKAMET XR	brand	2	ST
chlorpropamide	DIABINESE	generic	1	
empagliflozin	JARDIANCE	brand	2	ST
empagliflozin/metformin	SYNJARDY	brand	2	ST
empagliflozin/metformin extended-release	SYNJARDY XR	brand	2	ST
glimepiride	AMARYL	generic	1	
glipizide	GLUCOTROL	generic	1	
glipizide extended-release	GLUCOTROL XL	generic	1	
glyburide	MICRONASE	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
glyburide, micronized	GLYNASE	generic	1	
metformin	GLUCOPHAGE	generic	1	
metformin ER	GLUCOPHAGE ER	generic	1	
metformin/glyburide	GLUCOVANCE	generic	1	
nateglinide	STARLIX	generic	1	
pioglitazone	ACTOS	generic	1	QL
repaglinide	PRANDIN	generic	1	
tolazamide	TOLINASE	generic	1	
tolbutamide	TOLBUTAMIDE	generic	1	
<b>Miscellaneous Antidiabetic Agents</b>				
albiglutide	TANZEUM	brand	2	ST
dulaglutide	TRULICITY	brand	2	ST
lixisenatide	ADLYXIN	brand	2	ST
pramlintide	SYMLIN	brand	2	PA
<b>Growth Stimulating Agents</b>				
mecasermin	INCRELEX	brand	2	PA, SP
somatropin	NUTROPIN AQ NUSPIN	brand	2	PA, SP
<b>Lipodystrophy Agents</b>				
tesamorelin	EGRIFTA	brand	2	Diagnosis Required, QL, SP
<b>Osteoporosis</b>				
abaloparatide inj	TYMLOS	brand	2	PA, SP
alendronate	FOSAMAX	generic	1	QL
calcitonin-salmon	MIACALCIN	generic	1	nasal spray, QL
calcitonin-salmon	FORTICAL	brand	2	nasal spray, QL
etidronate	DIDRONEL	generic	1	
raloxifene	EVISTA	generic	1	
<b>Thyroid Disease</b>				
levothyroxine	LEVOXYL	generic	1	
levothyroxine	SYNTHROID	generic	1	
liothyronine	CYTOMEL	generic	1	
liotrix	THYROLAR	brand	2	
methimazole	TAPAZOLE	generic	1	
propylthiouracil	PROPYLTHIOURACIL	generic	1	
<b>Miscellaneous</b>				
asfotase alfa	STRENSIQ	brand	2	PA, SP
cabergoline	DOSTINEX	generic	1	
cholic acid	CHOLBAM	brand	2	PA, SP
desmopressin	DDAVP	generic	1	QL
methylergonovine	METHERGINE	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
mifepristone	KORLYM	brand	2	PA, SP
nitisinone	ORFADIN	brand	2	Diagnosis Required, QL, SP
pegvisomant	SOMAVERT	brand	2	PA, SP
sapropterin	KUVAN	brand	2	Diagnosis Required, QL, SP
sapropterin powder	KUVAN POWDER FOR SOLUTION	brand	2	Diagnosis Required, QL, SP
uridine	VISTOGARD	brand	2	
<b>Gastrointestinal</b>				
<b>Constipation/Laxatives</b>				
casanthranol-docusate sodium		generic	1	OTC
docusate calcium plus		generic	1	OTC
docusate potassium		generic	1	OTC
docusate sodium	COLACE	generic	1	OTC
lactulose	ENULOSE	generic	1	
linaclotide	LINZESS	brand	2	Diagnosis Required, QL
glycerin	GLYCERIN SUPPOSITORY	generic	1	suppository, OTC
peg 3350/electrolytes	COLYTE	generic	1	
peg 3350/sodium bicarbonate/sodium chloride	TRILYTE	generic	1	
peg 3350/sodium bicarbonate/sodium chloride/potassium chloride	NULYTELY	generic	1	
polyethylene glycol 3350	MIRALAX	generic	1	
sennosides	SENOKOT	generic	1	8.6 mg tab, OTC
<b>Diarrhea</b>				
crofelemer	MYTESI	brand	2	Diagnosis Required, QL
diphenoxylate/atropine	LOMOTIL	generic	1	
loperamide	IMODIUM A-D	generic	1	OTC
loperamide	LOPERAMIDE	generic	1	
<b>Emesis</b>				
aprepitant	EMEND	generic	1	QL applies to 40 mg, 80 mg and 80-125 mg
dronabinol	MARINOL	generic	1	PA
meclizine	ANTIVERT	generic	1	
metoclopramide	REGLAN	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
ondansetron	ZOFRAN ZOFRAN ODT	generic	1	QL
prochlorperazine	COMPAZINE	generic	1	
promethazine	PHENERGAN	generic	1	
rolapitant	VARUBI	brand	2	
trimethobenzamide	TIGAN	generic	1	300 mg caps
<b>Gastroesophageal Reflux Disease (Gerd)/Peptic Ulcers</b>				
alginate acid/sodium bicarbonate		brand	2	OTC
alumina/magnesia	MAALOX	generic	1	OTC
alumina/magnesia/simethicone	MYLANTA	generic	1	OTC
cimetidine	TAGAMET	generic	1	
esomeprazole	NEXIUM 24HR OTC	brand	2	PA
esomeprazole granules	NEXIUM DELAYED RELEASE PACKET	brand	2	Members ≥ 2 years of age will require prior authorization.
famotidine	PEPCID PEPCID AC	generic	1	OTC Pepcid AC 10 mg and 20 mg also covered/ encouraged with written prescription.
lansoprazole	PREVACID	generic	1	
lansoprazole delayed-release	PREVACID SOLUTAB	generic	1	orally disintegrating tabs, Members ≥ 2 years of age will require prior authorization. QL
omeprazole delayed-release	PRILOSEC	generic	1	Capsules only, QL
pantoprazole	PROTONIX	generic	1	
ranitidine	ZANTAC	generic	1	150 mg tabs
ranitidine syrup	ZANTAC	generic	1	
sucralfate	CARAFATE	generic	1	
sucralfate	CARAFATE SUSPENSION	generic	1	suspension, Members 10 years of age up to 65 years of age will require prior authorization.

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Gastrointestinal Spasm</b>				
dicyclomine	BENTYL	generic	1	tablets only
glycopyrrolate	ROBINUL	generic	1	
hyoscyamine sulfate	LEVSIN	generic	1	
hyoscyamine sulfate extended-release	LEVSINEX	generic	1	
<b>Inflammatory Bowel Disease</b>				
balsalazide	COLAZAL	generic	1	
budesonide	ENTOCORT EC	generic	1	Diagnosis Required, QL
hydrocortisone	COLOCORT	generic	1	enema
mesalamine	ROWASA	generic	1	enema only
mesalamine extended-release	APRISO DELZICOL	brand	2	
mesalamine supp	CANASA	brand	2	
olsalazine sodium	DIPENTUM	brand	2	
sulfasalazine	AZULFIDINE	generic	1	
sulfasalazine delayed-release	AZULFIDINE EN-TABS	generic	1	
<b>Pancreatic Enzymes</b>				
pancrelipase	CREON CREON 3000 UNIT ZENPEP	brand	2	
<b>Probiotic Supplementation</b>				
acidophilus	ACIDOPHILUS XTRA	brand	2	OTC
acidophilus	ACIDOPHILUS	brand	2	caps and tabs, OTC
acidophilus/bifidus	ACIDOPHILUS/BIFIDUS WAFER	generic	1	OTC
acidophilus/citrus pectin	ACIDOPHILUS/CITRUS PECTIN	generic	1	tabs, OTC
acidophilus/pectin	ACIDOPHILUS/PECTIN	generic	1	caps, OTC
lactobacillus	FLORANEX	generic	1	chewable tabs, OTC
probiotic product	PROBIOTIC FORMULA	brand	2	caps, OTC
<b>Miscellaneous</b>				
atropine sulfate	SAL-TROPINE	brand	2	
misoprostol	CYTOTEC	generic	1	
naloxegol	MOVANTIK	brand	2	Diagnosis Required, QL
teduglutide	GATTEX ACTIGALL	brand	2	PA, SP
ursodiol	URSO URSO FORTE	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Infectious Diseases</b>				
<b>Anthelmintics</b>				
albendazole	ALBENZA	brand	2	PA
ivermectin	STROMEKTOL	brand	2	
praziquantel	BILTRICIDE	brand	2	Diagnosis Required, QL
pyrantel pamoate	PIN-X	brand	2	chewable tablets, suspension
pyrantel pamoate	REESE'S PINWORM MEDICINE	brand	2	tablets, suspension
<b>Antibacterials</b>				
Antituberculosis Agents				
aminosalicylic acid	PASER	brand	2	
cycloserine	SEROMYCIN	generic	1	
ethambutol	MYAMBUTOL	generic	1	
ethionamide	TRECATOR	brand	2	
isoniazid	ISONIAZID	generic	1	
pyrazinamide	PYRAZINAMIDE	generic	1	
rifabutin	MYCOBUTIN	generic	1	
rifampin	RIFADIN	generic	1	
rifapentine	PRIFTIN	brand	2	
Cephalosporins - First Generation				
cefadroxil	DURICEF	generic	1	
cephalexin	KEFLEX	generic	1	tabs are not covered
Cephalosporins - Second Generation				
cefaclor	CECLOR	generic	1	
cefprozil	CEFZIL	generic	1	
cefuroxime axetil	CEFTIN	generic	1	tabs
cefuroxime axetil	CEFTIN	brand	2	suspension
Cephalosporins - Third Generation				
cefdinir	OMNICEF	generic	1	
cefixime	SUPRAX	brand	2	400 mg caps only, QL
Fluoroquinolones				
ciprofloxacin	CIPRO	generic	1	
levofloxacin	LEVAQUIN	generic	1	tablets only
ofloxacin	FLOXIN	generic	1	tabs

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Macrolides</b>				
azithromycin	ZITHROMAX	generic	1	QL
clarithromycin	BIAXIN	generic	1	
clarithromycin ER	BIAXIN XL	generic	1	
erythromycin delayed-release	ERYC	generic	1	
erythromycin delayed-release	ERY-TAB	brand	2	
erythromycin ethylsuccinate	E.E.S.	generic	1	
erythromycin stearate	ERYTHROCIN	generic	1	
erythromycin/sulfisoxazole	PEDIAZOLE	generic	1	
fidaxomicin	DIFICID	brand	2	PA
<b>Penicillins</b>				
amoxicillin	AMOXICILLIN CAPSULES AND CHEWABLES	generic	1	Except 500 mg and 875 mg film-coated tabs
amoxicillin	AMOXIL SUSP	generic	1	suspension
amoxicillin/clavulanate	AUGMENTIN	generic	1	
ampicillin	PRINCIPEN	generic	1	
dicloxacillin	DICLOXACILLIN	generic	1	
penicillin VK	VEETIDS	generic	1	
<b>Sulfonamides</b>				
sulfamethoxazole/ trimethoprim, DS	BACTRIM BACTRIM DS	generic	1	
<b>Tetracyclines</b>				
doxycycline monohydrate	DOXYCYCLINE MONOHYDRATE	generic	1	50 mg & 100 mg caps
minocycline	MINOCIN	generic	1	capsules, except 75 mg
<b>Miscellaneous</b>				
vancomycin HCl	VANCOCIN HCL	generic	1	cap, ST
<b>Antiprotozoals</b>				
atovaquone	MEPRON	generic	1	PA
miltefosine	IMPAVIDO	brand	2	PA
nitazoxanide suspension	ALINIA SUSPENSION	brand	2	Members ≥ 8 years of age will require prior authorization.
nitazoxanide tablet	ALINIA	brand	2	PA

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Antifungals</b>				
clotrimazole	MYCELEX	generic	1	troches
fluconazole	DIFLUCAN	generic	1	QL
griseofulvin microsize	GRIFULVIN V	generic	1	
griseofulvin ultramicrosize	GRIS-PEG	generic	1	
itraconazole	SPORANOX	generic	1	caps, PA, QL
itraconazole	SPORANOX	brand	2	soln, PA, QL
ketoconazole	NIZORAL	generic	1	
nystatin	MYCOSTATIN	generic	1	
terbinafine	LAMISIL	generic	1	QL
voriconazole	VFEND	generic	1	PA
<b>Antivirals</b>				
Cytomegalovirus Treatment				
ganciclovir	CYTOVENE	generic	1	
valganciclovir	VALCYTE	generic	1	tabs only
Hepatitis Treatment				
entecavir	BARACLUDE	generic	1	SP
glecaprevir/pibrentasvir	MAVYRET	brand	2	PA, SP, preferred for Genotypes 1, 2, 3, 4, 5, & 6
interferon alfa-2b	INTRON A	brand	2	PA, SP
lamivudine	EPIVIR HBV	generic	1	tabs, SP
lamivudine	EPIVIR HBV	brand	2	solution, SP
peginterferon alfa-2a	PEGASYS	brand	2	PA, SP
peginterferon alfa-2a	PEGASYS PROCLICK	brand	2	PA, SP
ribavirin	REBETOL/COPEGUS	generic	1	200 mg caps and tabs only, SP
Herpes Treatment				
acyclovir	ZOVIRAX	generic	1	caps, tabs, suspension
docosanol	ABREVA OTC CREAM	brand	2	
valacyclovir	VALTREX	generic	1	
Influenza Treatment				
amantadine	SYMMETREL	generic	1	except tabs
oseltamivir	TAMIFLU	generic	1	capsules, QL
rimantadine	FLUMADINE	generic	1	
zanamivir	RELENZA	brand	2	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Miscellaneous</b>				
bedaquiline	SIRTURO	brand	2	
chloroquine phosphate	ARALEN	generic	1	
clindamycin	CLEOCIN	generic	1	150 mg and 300 mg only
dapsone	DAPSONE	brand	2	
hydroxychloroquine	PLAQUENIL	generic	1	
linezolid	ZYVOX	generic	1	PA
mefloquine	LARIAM	generic	1	
metronidazole	FLAGYL	generic	1	tabs only
neomycin sulfate		brand	2	
nitrofurantoin extended-release	MACROBID	generic	1	
nitrofurantoin macrocrystals	MACRODANTIN	generic	1	
nitrofurantoin susp	FURADANTIN SUSP 25 MG/5 ML	generic	1	Members ≥ 8 years of age will require prior authorization.
palivizumab	SYNAGIS	brand	2	PA, SP
paromomycin	HUMATIN	generic	1	
povidone-iodine		generic	1	OTC
primaquine		generic	1	
pyrimethamine	DARAPRIM	brand	2	PA, SP
trimethoprim	TRIMETHOPRIM	generic	1	tabs only
<b>Musculoskeletal</b>				
<b>Arthritis</b>				
Disease Modifying Anti-Rheumatic Drugs				
adalimumab	HUMIRA	brand	2	PA, SP
anakinra	KINERET	brand	2	PA, SP
apremilast	OTEZLA	brand	2	PA, SP
auranofin	RIDAURA	brand	2	
azathioprine	IMURAN	generic	1	
canakinumab	ILARIS	brand	2	PA, SP
certolizumab	CIMZIA	brand	2	PA, SP
etanercept	ENBREL	brand	2	PA, SP
hydroxychloroquine	PLAQUENIL	generic	1	
leflunomide	ARAVA	generic	1	
methotrexate		generic	1	
penicillamine	DEPEN TITRATABLE	brand	2	Diagnosis Required, QL, SP

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
secukinumab	COSENTYX	brand	2	PA, SP
sulfasalazine	AZULFIDINE	generic	1	
sulfasalazine delayed-release	AZULFIDINE EN-TABS	generic	1	
<b>NSAIDs and Other Analgesics</b>				
acetaminophen	TYLENOL	generic	1	OTC
aspirin	BAYER ECOTRIN	generic	2	OTC
capsaicin	CAPSAGEL CAPZASIN-P CASTIVA	brand	2	OTC, gel, lotion, 0.035% cream
capsaicin		generic	1	OTC, 0.025%, 0.075%, & 0.1% cream
celecoxib	CELEBREX	generic	1	PA, QL
diclofenac 1% gel	VOLTAREN 1% TOPICAL GEL	generic	1	PA
diclofenac sodium delayed-release	VOLTAREN	generic	1	
diclofenac potassium	CATAFLAM	generic	1	
diclofenac sodium extended-release	VOLTAREN XR	generic	1	
etodolac	LODINE	generic	1	IR only
ibuprofen	ADVIL	generic	1	tabs, chew tabs and susp, OTC
ibuprofen	MOTRIN	generic	1	tabs, chew tabs and susp
indomethacin	INDOCIN	generic	1	
ketoprofen	ORUDIS	generic	1	IR only
meloxicam	MOBIC	generic	1	QL
naproxen	NAPROSYN	generic	1	
naproxen delayed release	ENTERIC COATED- NAPROSYN	generic	1	
oxaprozin	DAYPRO	generic	1	
piroxicam	FELDENE	generic	1	
salsalate	DISALCID	generic	1	QL
sulindac	CLINORIL	generic	1	
<b>Gout</b>				
allopurinol	ZYLOPRIM	generic	1	
colchicine	MITIGARE	brand	2	
febuxostat	ULORIC	brand	2	ST
probenecid	PROBENECID	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Skeletal Muscle Relaxants</b>				
Muscle Spasm				
chlorzoxazone	PARAFON FORTE DSC	generic	1	
cyclobenzaprine	FLEXERIL	generic	1	5mg & 10mg
methocarbamol	ROBAXIN	generic	1	
orphenadrine extended-release	NORFLEX	generic	1	
Spasticity				
baclofen	BACLOFEN	generic	1	
dantrolene	DANTRIUM	generic	1	
tizanidine	ZANAFLEX	generic	1	tabs only, QL
<b>Miscellaneous</b>				
milnacipran	SAVELLA	brand	2	PA
<b>OB-GYN</b>				
<b>Contraceptives</b>				
Biphasic				
desogestrel/EE	MIRCETTE	generic	1	QL
norethindrone/EE	ORTHO-NOVUM 10/11	generic	1	QL
Emergency Contraception				
levonorgestrel	PLAN B ONE STEP	generic	1	
Extended Cycle				
levonorgestrel/EE	SEASONALE	generic	1	QL
Injectable				
medroxyprogesterone acetate	DEPO-PROVERA	generic	1	QL
Intravaginal				
etonogestrel/EE	NUVARING	brand	2	ring, QL
ortho diaphragm	ORTHO COIL	brand	2	QL
	ORTHO FLAT			
	ORTHO FLEX			
Monophasic - 20 mcg Estrogen				
levonorgestrel/EE	ALESSE	generic	1	0.1/20, QL
norethindrone acetate/EE	LOESTRIN 1/20	generic	1	1/20, QL
norethindrone acetate/EE/ iron	LOESTRIN FE 1/20	generic	1	1/20, QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Monophasic - 30 mcg Estrogen</b>				
desogestrel/EE	ORTHO-CEPT	generic	1	0.15/30, QL
levonorgestrel/EE	NORDETTE	generic	1	0.15/30, QL
norethindrone acetate/EE	LOESTRIN 1.5/30	generic	1	1.5/30, QL
norethindrone acetate/EE/ iron	LOESTRIN FE 1.5/30	generic	1	1.5/30, QL
norgestrel/EE	LO/OVRAL	generic	1	0.3/30, QL
<b>Monophasic - 35 mcg Estrogen</b>				
ethynodiol diacetate/EE	ZOVIA 1/35	generic	1	1/35, QL
norethindrone/EE	BALZIVA	generic		0.4/35, QL
norethindrone/EE	MODICON	generic	1	0.5/35, QL
norethindrone/EE	ORTHO-NOVUM 1/35	generic	1	1/35, QL
norgestimate/EE	ORTHO-CYCLEN	generic	1	0.25/35, QL
<b>Monophasic - 50 mcg Estrogen</b>				
ethynodiol diacetate/EE	ZOVIA 1/50	generic	1	1/50, QL
norethindrone/EE	OVCON 50	generic	1	1/50, QL
norethindrone/ME	ORTHO-NOVUM 1/50	generic	1	1/50, QL
norgestrel/EE	OVRAL	generic	1	0.5/50, QL
<b>Progestin</b>				
norethindrone	ORTHO MICRONOR	generic	1	
<b>Transdermal</b>				
norelgestromin/EE	ORTHO EVRA XULANE	generic	1	
<b>Triphasic</b>				
desogestrel/EE	CYCLESSA	generic	1	QL
levonorgestrel/EE	TRIVORA	generic	1	QL
norethindrone/EE	TRI-NORINYL	generic	1	QL
norethindrone/EE	ORTHO-NOVUM 7/7/7	generic	1	QL
norethindrone acetate/EE/iron	ESTROSTEP FE	generic	1	QL
norgestimate/EE	ORTHO TRI-CYCLEN	generic	1	QL
<b>Endometriosis</b>				
danazol	DANOCRINE	generic	1	Gender edits apply: for female patients only.
<b>Hormone Therapy/Menopause</b>				
<b>Estrogens - Intravaginal</b>				
estradiol	ESTRACE CRM	brand	2	
estrogens, conjugated	PREMARIN	brand	2	crm

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Estrogens - Oral</b>				
estradiol	ESTRACE	generic	1	
estrogens, conjugated	PREMARIN	brand	2	
estropipate	OGEN	generic	1	
<b>Estrogens - Transdermal</b>				
estradiol	CLIMARA	generic	1	QL
<b>Estrogen/Progestin</b>				
estrogens, conjugated/ medroxyprogesterone	PREMPHASE PREMPRO	brand	2	
<b>Progestins</b>				
medroxyprogesterone acetate	PROVERA	generic	1	
norethindrone acetate	AYGESTIN	generic	1	
progesterone micronized cap	PROMETRIUM	generic	1	Diagnosis Required, QL
<b>Ovulation Stimulants</b>				
choriogonadotropin alfa	OVIDREL	brand	2	Diagnosis Required, QL
chorionic gonadotropin	NOVAREL	brand	2	Diagnosis Required, QL
<b>Vaginal Infections</b>				
<b>Oral</b>				
fluconazole	DIFLUCAN	generic	1	QL
metronidazole	FLAGYL	generic	1	tabs
<b>Vaginal</b>				
clotrimazole	GYNE-LOTRIMIN	generic	1	OTC
clindamycin	CLEOCIN	generic	1	crm
metronidazole	METROGEL-VAGINAL METROGEL 1%	generic	1	
miconazole	MONISTAT	generic	1	OTC
miconazole	MONISTAT 3	generic	1	
terconazole	TERAZOL 3/7	generic	1	crm
<b>Miscellaneous</b>				
conjugated estrogen/ bazedoxifene	DUAVEE	brand	2	
methylergonovine	METHERGINE	generic	1	
tranexamic acid	LYSTEDA	generic	1	PA

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Ophthalmic</b>				
<b>Allergy</b>				
azelastine	OPTIVAR	generic	1	ST
cromolyn sodium	CROLOM	generic	1	QL
ketotifen	ALAWAY OTC	generic	1	
naphazoline/glycerin	CLEAR EYES REDNESS RELIEF	generic	1	
naphazoline HCL	VASOCLEAR	generic	1	soln 0.02%
naphazoline/zinc sulfate	VASOCLEAR A	brand	2	OTC
tetrahydrozoline/ zinc sulfate	VISINE-AC	generic	1	
<b>Anti-Inflammatories</b>				
Nonsteroidal				
diclofenac sodium	VOLTAREN	generic	1	
flurbiprofen	OCUFEN	generic	1	
ketorolac	ACULAR/ACULAR LS	generic	1	
Steroidal				
dexamethasone sodium phosphate	DEXASOL	generic	1	
fluorometholone	FML	brand	2	oint 0.1%
fluorometholone	FML FORTE	brand	2	susp 0.25%
fluorometholone	FML LIQUIFILM	generic	1	susp 0.1%
prednisolone acetate	PRED FORTE	generic	1	1%
prednisolone acetate	PRED MILD	brand	2	0.12%
prednisolone phosphate	INFLAMASE FORTE	generic	1	1%
Anti-Infective/Anti-Inflammatory Combinations				
bacitracin/polymyxin/ neomycin/hc	CORTISPORIN	generic	1	ointment
gentamicin/prednisolone acetate	PRED-G	brand	2	
neomycin/polymyxin B/ dexamethasone	MAXITROL	generic	1	
neomycin/polymyxin B/ hydrocortisone	CORTISPORIN	generic	1	suspension
sulfacetamide/pred phos	VASOCIDIN	generic	1	10%/0.25%
tobramycin/ dexamethasone	TOBRADEX	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Glaucoma</b>				
Beta-Blockers				
carteolol		generic	1	
levobunolol	BETAGAN	generic	1	ophthalmic solution
metipranolol	OPTIPRANOLOL	generic	1	0.3% ophthalmic solution
timolol	TIMOPTIC XE	generic	1	gel forming solution
timolol maleate	TIMOPTIC	generic	1	
Carbonic Anhydrase Inhibitors				
dorzolamide	TRUSOPT	generic	1	
Carbonic Anhydrase Inhibitor/Beta-Blocker Combination				
dorzolamide/ timolol maleate	COSOPT	generic	1	
Cholinesterase Inhibitor				
ecothiophate	PHOSPHOLINE IODINE	brand	2	
Mydriatics				
atropine	ISOPTO ATROPINE	generic	1	
cyclopentolate	CYCLOGYL	generic	1	1%
homatropine	ISOPTO HOMATROPINE	generic	1	5%
homatropine	ISOPTO HOMATROPINE	brand	2	2%
scopolamine	ISOPTO HYOSCINE	brand	1	
Oral				
acetazolamide	ACETAZOLAMIDE	generic	1	
acetazolamide extended-release	DIAMOX SEQUELS	generic	1	
methazolamide	NEPTAZANE	generic	1	
Prostaglandins				
latanoprost	XALATAN	generic	1	QL
Topical - Parasympathomimetics				
pilocarpine	PILOPINE HS GEL	brand	2	
pilocarpine	ISOPTO CARPINE	generic	1	
Topical - Sympathomimetics				
brimonidine	ALPHAGAN P	brand	2	0.1%
brimonidine	ALPHAGAN P	generic	1	0.15%
brimonidine	ALPHAGAN	generic	1	0.2%
<b>Immunologic Agents</b>				
lifitegrast	XIIDRA	brand	2	PA

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Infections</b>				
Bacterial				
bacitracin		generic	1	
ciprofloxacin	CILOXAN	generic	1	solution
ciprofloxacin	CILOXAN	brand	2	ointment
erythromycin	ERYTHROMYCIN	generic	1	
gentamicin	GENTAK	generic	1	
neomycin/bacitracin/ polymyxin	NEOSPORIN	generic	1	ointment
neomycin/polymyxin B/ gramicidin	NEOSPORIN	generic	1	solution
ofloxacin	OCUFLOX	generic	1	
polymyxin B/bacitracin	POLYSPORIN	generic	1	
polymyxin B/trimethoprim	POLYTRIM	generic	1	
sulfacetamide	BLEPH-10	generic	1	oint/soln
tobramycin	TOBREX	generic	1	
Viral				
trifluridine	VIROPTIC	generic	1	
<b>Miscellaneous</b>				
cysteamine 0.44% ophthalmic solution	CYSTARAN	brand	2	Diagnosis Required, QL, SP
sodium chloride hypertonic	MURO 128	generic	1	soln 5%
<b>Psychiatric</b>				
<b>Insomnia</b>				
doxylamine succinate	UNISOM	generic	1	25mg, OTC, QL
<b>Narcotic Antagonist</b>				
naloxone	NARCAN NASAL SPRAY	brand	2	
<b>Miscellaneous</b>				
dextromethorphan/ quinidine	NUDEXTA	brand	2	Diagnosis Required, QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
guanfacine ER	INTUNIV	generic	1	PA, For recipients 6 – 17 years old, Intuniv is part of the mental health formulary and billed fee-for-service. For individuals not in this age range, Intuniv continues to be part of the MCO pharmacy benefit.

## Respiratory Drugs

Antitussives, Decongestants, Expectorants and Combinations				
benzonatate	TESSALON	generic	1	
brompheniramine & phenylephrine	DIMETAPP CLD ELX/ ALLERGY	generic	1	
brompheniramine/ pseudoephedrine	ACCUHIST DROPS UNI-HIST DROPS	generic	1	
brompheniramine/ pseudoephedrine/ dextromethorphan	BROMFED DM	generic	1	syrup
chlorphen tan/ carbetapentane tan	TUSSI-12 S	generic	1	susp
chlorphen tan/pyrilamine tan/PE tan	TRITANN PEDIATRIC SUSP R-TANNAMINE	generic	1	susp
chlorpheniramine/ dextromethorphan	ROBITUSSIN PED LIQ CGH/COLD ROBITUSSIN LIQ CGH/CLD DIMETAPP SYP CGH/CLD CORICIDIN TAB CGH/CLD	generic	1	
chlorpheniramine maleate phenylephrine HCL	ED A-HIST TABLETS AND LIQUID	generic	1	
chlorpheniramine/ phenylephrine	RONDEC DROPS CARDEC DRO	generic	1	liquid

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
chlorpheniramine/ phenylephrine	RONDEC SYRUP CARDEC SYP	generic	1	syrup
chlorpheniramine/ pseudoephedrine	LOHIST-D	generic	1	
chlorpheniramine tan/ phenylephrine tan	RYNATAN PEDIATRIC SUSP	generic	1	susp
codeine/ chlorpheniramine/ pseudoephedrine	DIHISTINE DH PHENYLHIST LIQ DH	generic	1	
codeine/guaifenesin	GUIATUSS AC GG/CODEINE M-CLEAR WC	generic	1	QL
codeine/guaifenesin/ pseudoephedrine	GUIATUSS DAC	generic	1	
codeine/promethazine	PROMETHAZINE W/CODEINE	generic	1	QL
codeine/promethazine/ phenylephrine	PROMETHAZINE VC W/CODEINE	generic	1	QL
dextromethorphan/ brompheniramine/ pseudoephedrine	BROMETANE DX	generic	1	
dextromethorphan- guaifenesin	DURATUSS DM ELX	generic	1	soln 25-225 mg/5 ml
dextromethorphan/ guaifenesin	GG/DM CR MUCINEX DM ROBITUSSIN DM TUSSIN DM	generic	1	OTC
dextromethorphan- guaifenesin	ROBITUSSIN LIQ CGH/ CONG	generic	1	liq 10-200 mg/ 5 ml
dextromethorphan hbr	ROBITUSSIN SYP MAX-ST ROBITUSSIN PED SYP	generic	1	syrup
dextromethorphan polistirex extended-release	DELSYM	brand	2	OTC
dextromethorphan/ promethazine	PHENERGAN DM PROMETHAZINE SYP DM	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
guaifenesin	ROBITUSSIN	generic	1	OTC
guaifenesin	ROBITUSSIN SYP CHST CNG	generic	1	syrup 100 mg/5 ml
guaifenesin extended-release	MUCINEX	generic	1	OTC
guaifenesin/ pseudoephedrine	ROBITUSSIN PE PSE/GG	generic	1	syrup, OTC
guaifenesin/ pseudoephedrine/ dextromethorphan	ROBITUSSIN CF	generic	1	
guaifenesin/ pseudoephedrine extended-release	MUCINEX D	generic	1	OTC
hydrocodone/homatropine	HYCODAN HYDROMET SYP HYDROCODONE/ TAB HOMATROP	generic	1	
loratadine & pseudoephedrine SR 24hr	CLARITIN-D	generic	1	
phenylephrine/ brompheniramine/ dextromethorphan		generic	1	OTC
phenylephrine/ chlorpheniramine/ dextromethorphan	RONDEC DM STATUSS DM SYP CARDEC DM SYP MINUTUSS DR SYP	generic	1	syrup
phenylephrine/ chlorpheniramine/ dextromethorphan	RONDEC DM DROPS CARDEC DM DRO ROBITUSSIN LIQ CGH/ALRG	generic	1	liquid
phenylephrine/ chlorpheniramine/ dihydrocodeine	DIHYDRO-PE SYP	generic	1	
phenylephrine/ dextromethorphan	DIMETAPP DRO DCON/CGH	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
phenylephrine/ dextromethorphan/ guaifenesin	ROBITUSSIN LIQ CGH/CLD	generic	1	
phenylephrine/ ephed/CPM w/carbetapentane	RYNATUSS PEDIATRIC SUSP	generic	1	susp
phenylephrine/guaifenesin	ROBITUSSIN LIQ HD/CHST	generic	1	
phenylephrine/ pyrilamine w/hydrocodone	CODIMAL DH	generic	1	syrup
promethazine & phenylephrine	PROMETH VC SYP 6.25-5/5	generic	1	syrup 6.25-5 mg/ 5 mg
pseudoephedrine/ acetaminophen/ dextromethorphan	MAPAP COLD TAB	generic	1	
pseudoephedrine/ chlorpheniramine/ dextromethorphan	PEDIACARE LIQ MULTI-SY ROBITUSSIN LIQ PED NGHT	generic	1	
pseudoephedrine/ dextromethorphan/ guaifenesin	MULTI SYMPTOM TAB COLD RLF	generic	1	
pseudoephedrine/ ibuprofen	CHILD IBUPRO SUS COLD IBUOROFEN TAB COLD/SIN	generic	1	
pseudoephedrine tan/ dexchlorphen tan/ DM tan	TANAFED DMX SUSPENSION TRI-FED X	generic	1	susp
pyrilamine tan/phenyleph tan	RYNA-12 S	generic	1	susp
tripolidine/ pseudoephedrine	TRIPROL/PSE SYP APHEDRID TAB	generic	1	
<b>Asthma/COPD</b>				
Inhalers - Beta Agonists				
albuterol sulfate	VENTOLIN HFA	brand	2	QL
indacaterol	ARCAPTA NEOHALER	brand	2	
olodaterol	STRIVERDI RESPIMAT	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Inhalers - Corticosteroids</b>				
fluticasone furoate	ARNUITY ELLIPTA	brand	2	QL
mometasone	ASMANEX TWISTHALER	brand	2	QL
mometasone inhalation	ASMANEX HFA	brand	2	QL
<b>Inhalers - Corticosteroid/Beta Agonist Combinations</b>				
fluticasone/salmeterol	AIRDUO RESPICLICK	generic	1	QL
fluticasone/vilanterol	BREO ELLIPTA	brand	2	ST
<b>Inhalers - Others</b>				
ipratropium/albuterol	COMBIVENT RESPIMAT	brand	2	inhaler
ipratropium HFA	ATROVENT HFA	brand	2	
omalizumab	XOLAIR	brand	2	PA, SP
umeclidinium/vilanterol	ANORO ELLIPTA	brand	2	
umeclidinium inhalation	INCRUSE ELLIPTA	brand	2	
<b>Inhalers for Nebulization</b>				
albuterol	ACCUNEB	generic	1	0.63 mg/3 ml and 1.25 mg /3 ml, Covered for members less than 8 years of age. Members ≥ 8 years of age will require prior authorization.
albuterol	PROVENTIL	generic	1	soln 0.083%, 0.5%
budesonide	PULMICORT RESPULES	generic	1	susp, Members ≥ 5 years of age will require prior authorization. QL
cromolyn	INTAL	generic	1	soln, QL
ipratropium	ATROVENT	generic	1	soln, QL
ipratropium/albuterol	DUONEB	generic	1	soln
levalbuterol HCl	XOPENEX RESPULES	generic	1	QL, ST
<b>Oral Agents - Beta Agonists</b>				
metaproterenol	METAPROTERENOL SYRUP	generic	1	
terbutaline	BRETHINE	generic	1	
<b>Oral Agents - Leukotriene Modifiers</b>				
montelukast	SINGULAIR	generic	1	QL
<b>Oral Agents - Theophylline</b>				
theophylline	THEOPHYLLINE	generic	1	liquid
theophylline extended-release	THEO-24	brand	2	caps
theophylline extended-release	THEOCHRON UNIPHYL	generic	1	tabs

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Urological</b>				
<b>Symptomatic Benign Prostatic Hypertrophy</b>				
alfuzosin ER	UROXATRAL	generic	1	
doxazosin	CARDURA	generic	1	
finasteride	PROSCAR	generic	1	
tamsulosin	FLOMAX	generic	1	
terazosin	HYTRIN	generic	1	
<b>Miscellaneous</b>				
bethanechol	URECHOLINE	generic	1	
hyoscyamine, methenamine, phenyl salicylate, sodium phosphate monobasic, methylene blue	UTIRA C	brand	2	
methenamine hippurate	HIPREX UREX	generic	1	
oxybutynin chloride	DITROPAN XL	generic	1	QL
oxybutynin IR	DITROPAN	generic	1	
oxybutynin patch	OXYTROL FOR WOMEN OTC PATCH	brand	2	
pentosan polysulfate sodium	ELMIRON	brand	2	Diagnosis Required, QL
potassium citrate	UROCIT-K	generic	1	
phenazopyridine	PYRIDIUM	generic	1	
propantheline		generic	1	
sodium citrate/citric acid	BICITRA	generic	1	
tolterodine	DETROL	generic	1	ST
tropium	SANCTURA	generic	1	ST
<b>Vitamins and Minerals</b>				
b-complex	B-COMPLEX VITAMIN TAB	generic	1	OTC, QL
calcitriol	ROCALTROL	generic	1	
calcitriol oral soln	ROCALTROL SOLUTION	generic	1	Members ≥ 8 years of age will require prior authorization.
calcium	OS-CAL	generic	1	OTC
cholecalciferol	BIO-D DRO-MULSION	generic	1	drops 400 unit/0.03 ml, OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
cholecalciferol	BIO-D-MULSIO DRO FORTE	generic	1	drops 2000 unit/0.03 ml, OTC
cholecalciferol	D3-50 CAP	brand	2	cap 50000 unit, OTC
cholecalciferol	VITAMIN D 400 UNIT	generic	1	caps & tabs 400 unit, OTC
cholecalciferol	VITAMIN D 2000 UNIT	generic	1	caps & tabs 2000 unit, OTC
cholecalciferol	VITAMIN D 1000 UNIT	generic	1	caps & tabs 1000 unit, OTC
cyanocobalamin	VITAMIN B-12	generic	1	inj
electrolyte	PEDIALYTE	generic	1	soln, oral, OTC
ergocalciferol (D2)	DRISDOL	generic	1	
ferrous sulfate	FEOSOL	generic	1	OTC
fluoride	GEL-KAM	generic	1	
	LURIDE			
	LURIDE LOZI-TABS			
	PREVIDENT			
	PHOS-FLUR			
folic acid	FOLIC ACID	generic	1	
magnesium oxide	MAG-OX	generic	1	OTC
multivitamins/ fluoride/±iron	POLY-VI-FLOR	generic	1	
multivitamins/minerals	CENTRUM	generic	1	OTC
phytonadione	MEPHYTON	brand	2	
prenat-FE Bis-FE prot succ-FA-CA & omega 3	COMPLETE NATALCARE PAK DHA	brand	2	
prenat-FE Bis-FE prot succ-FA-CA & omega 3	TRUST NATALCARE PAK DHA	brand	2	
prenat-FE Bis-FE prot succ-FA-CA & omega 3	PRUET DHA PAK SETONET PAK	brand	2	
prenat-FE bis-FE prot succ-FA-CA & omega DR	PRUET DHAEC PAK	brand	2	
prenat w/o A w/fecbn-fegl- DSS-FA & DHA	FOLTABS PAK PLUS DHA RE OB + DHA PAK	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
prenatal vit w/FE bisglycinate chelate-FA	GENTEX ADE 28-1 MG	brand	2	
prenatal vit w/FE bisglycinate chelate-FA	VINATE AZ EX	brand	2	
prenatal vit w/FE bisglycinate chelate-FA	VINATE II	brand	2	
prenatal vit w/FE polysac cmplx-FA	EDGE OB CHW	brand	2	
prenatal vit w/iron carbonyl-FA	ATABEX PRENATAL	brand	2	
prenatal vit w/o vit a w/fe bisglycinate-fa tab 32-1 mg		brand	2	
prenatal vitamins w/folic acid	PRENATAL VITAMINS W/ FOLIC ACID MATERNA NESTABS	generic	1	QL
prenatal w/o A w/ FE carbonyl-FE gluc-DSS-FA	FOLTABS PRENATAL TRI RX	brand	2	
vitamin A		generic	1	OTC
vitamin ADC/fluoride/ ±iron drops	TRI-VI-FLOR	generic	1	
vitamin B complex/ vitamin C/folic acid	NEPHROCAPS	generic	1	
vitamin B-1		generic	1	OTC
vitamin B-6		generic	1	OTC
vitamin C		generic	1	OTC
vitamins pediatric	TRI-VI-SOL	generic	1	members <3 years old, OTC
zinc		generic	1	OTC
<b>Potassium</b>				
phosphorus	K-PHOS NEUTRAL	generic	1	tabs
potassium acid phosphate	K-PHOS ORIGINAL	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
potassium bicarbonate/ potassium citrate effervescent	K-LYTE	generic	1	tabs
potassium chloride	K-LOR	generic	1	powder
potassium chloride	POTASSIUM CHLORIDE	generic	1	liquid
potassium chloride extended-release	K-DUR 10 K-DUR 20 KLOR-CON 8 KLOR-CON 10	generic	1	tabs
potassium chloride extended-release	MICRO-K 10	generic	1	caps
<b>Miscellaneous</b>				
<b>Anaphylaxis</b>				
epinephrine	EIPEN EIPEN JR.	generic	1	QL
<b>Antidotes</b>				
acetylcysteine	CETYLEV	brand	2	
succimer	CHEMET	brand	2	QL
<b>Cystic Fibrosis</b>				
acetylcysteine	MUCOMYST	generic	1	
aztreonam	CAYSTON	brand	2	Diagnosis Required, QL, SP
dornase alfa	PULMOZYME	brand	2	Diagnosis Required, QL, SP
ivacaftor	KALYDECO KALYDECO GRANULES	brand	2	PA, SP
lumacaftor/ivacaftor	ORKAMBI	brand	2	PA, SP
sodium chloride for nebulizer	HYPERSAL NEBUSAL	generic	1	
tobramycin neb soln	BETHKIS	brand	2	Diagnosis Required, QL, SP
<b>Hereditary Angioedema</b>				
C1 Inhibitor, Human	BERINERT	brand	2	PA, SP
icatibant	FIRAZYR	brand	2	PA, SP
<b>Hyperphosphatemia</b>				
calcium acetate		generic	1	667 mg tablet only
cinacalcet	SENSIPAR	brand	1	PA
sevelamer	REVELA	brand	1	ST

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Idiopathic Pulmonary Fibrosis (IPF)</b>				
nintedanib	OFEV	brand	2	PA, SP
pirfenidone capsule	ESBRIET	brand	2	PA, SP
<b>Immune Thrombocytopenic Purpura</b>				
eltrombopag	PROMACTA	brand	2	PA, SP
<b>Medical Devices</b>				
insulin syringes				QL
lancets				QL
spacers				QL
<b>Metabolic Modifiers</b>				
carglumic acid	CARBAGLU	brand	2	PA, SP
glycerol phenylbutyrate	RAVICTI	brand	2	PA, SP
sodium phenylbutyrate	BUPHENYL	generic	1	Diagnosis Required, QL, SP
<b>Vaccine</b>				
diphtheria-tetanus tox adsorbed (dt) im	DIP/TET PED INJ	brand	2	QL
hepatitis a vaccine susp	HAVRIX VAQTA	brand	2	QL
hepatitis b vaccine (recombinant)	ENGERIX-B RECOMBIVAX HB	brand	2	QL
human papillomavirus (hvp) 9-valent recomb vac	GARDASIL 9	brand	2	QL
human papillomavirus (hvp) quadrivalent recombinant vac	GARDASIL	brand	2	QL
influenza virus vaccine recombinant hemagglutinin (ha)	FLUBLOK	brand	2	QL
influenza virus vaccine split	AFLURIA FLUZONE SPLT	brand	2	QL
influenza virus vaccine split high-dose pf	FLUZONE HD PF	brand	2	QL
influenza virus vaccine split pf	AFLURIA PF	brand	2	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
influenza virus vaccine split quadrivalent	FLUARIX QUAD FLULAVAL QUAD FLUZONE QUAD	brand	2	QL
influenza virus vaccine tiss-cult subunit	FLUCELVAX	brand	2	QL
influenza virus vaccine types a&b surface antigen	FLUVIRIN	brand	2	QL
measles, mumps & rubella virus vaccines for inj	M-M-R II	brand	2	QL
meningococcal (a, c, y, and w-135)	MENOMUNE	brand	2	QL
meningococcal (a, c, y, and w-135) conjugate vaccine	MENACTRA	brand	2	QL
meningococcal (a, c, y, and w-135) oligo conj vac for inj	MENVEO	brand	2	QL
pneumococcal 13-valent conjugate	PREVNAR 13	brand	2	QL
pneumococcal vaccine polyvalent	PNEUMOVAX PNEUMOVAX 23	brand	2	QL
tet tox-diph-acell pertuss ad	ADACEL BOOSTRIX	brand	2	QL
tetanus-diphtheria toxoids (td)	TENIVAC TET/DIP TOX INJ	brand	2	QL
tetanus immune globulin (human)	HYPERTET S/D	brand	2	QL
typhoid vaccine	VIVOTIF BERNA	brand	2	capsules
varicella virus vac live for subcutaneous	VARIVAX	brand	2	QL
zoster vaccine live	ZOSTAVAX	brand	2	QL, Age Limits Apply

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Generic Drug Name	Brand Drug Name Examples
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**OTC MEDICATIONS**

The following is a list of OTC products on the PDL. Some OTC products are listed on the drug list. OTC products covered are restricted to generics when available. Brand names are provided as reference only.

**Acne**

adapalene gel	DIFFERIN OTC GEL 0.1%
benzoyl peroxide crm, gel, lotion	CLEARASIL

**Antifungals**

clotrimazole	MICATIN
miconazole crm	LOTRIMIN AF
tolnaftate	TINACTIN
vaginal products	MONISTAT GYNE-LOTRIMIN

**Antivirals**

docosanol	ABREVA OTC CREAM
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**Atopic Dermatitis**

emollients	BETACARE CREAM AND LOTION CETAPHIL CREAM AND LOTION DERMAPHOR OINTMENT E-OINTMENT GLYCERIN TOPICAL
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**Cough/Cold Allergy**

Antihistamines

antihistamines	CHLOR-TRIMETON BENADRYL CLARITIN ALAVERT ZYRTEC
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Antihistamine/Decongestant Combinations

brompheniramine/pseudoephedrine	DIMETAPP
cetirizine/pseudoephedrine OTC	ZYRTEC D
chlorpheniramine/pseudoephedrine	ACTIFED ALAVERT ALRG TAB/SINUS
loratadine/pseudoephedrine	ALAVERT D ALLERGY/CONG

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Generic Drug Name	Brand Drug Name Examples
Cough/Cold	
antitussives	ROBITUSSIN ROBITUSSIN DM ROBITUSSIN PE ROBITUSSIN CF DELSYM
Age edit applied. Not covered for members under the age 2.	
nasal sprays	NEO-SYNEPHRINE AFRIN DIMETAPP DRO DECONGES
<b>Diabetes</b>	
alcohol swabs	CURITY ALCOHOL PADS
glucose oral tablets	
insulin (vials only)	HUMULIN NOVOLIN
<b>Earwax Removal Products</b>	
carbamide peroxide	DEBROX
<b>Family Planning</b>	
condoms - male	TROJAN KIMONO LIFESTYLES TRUSTEX DUREX FANTASY
contraceptive foam	DELFIN
contraceptive gel	GYNOL II
<b>First Aid</b>	
Burow's soln, wet dressings	DOMEBORO
dermatological baths	COLLOIDAL OATMEAL BATHS
hydrocortisone crm, oint	CORTAID
topical antibacterials	NEOSPORIN BACITRACIN
<b>Gastrointestinal</b>	
antacids liquids, chew tabs	MYLANTA LIQUID MAALOX LIQUID TUMS

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Generic Drug Name	Brand Drug Name Examples
antidiarrheals	IMODIUM A-D KAOPECTATE
electrolyte rehydrating soln	PEDIALYTE
famotidine	PEPCID AC
laxative enemas	FLEET ENEMA
laxatives	DULCOLAX FLEET PHOSPHO-SODA
psyllium	METAMUCIL
rectal crm, suppositories	PREPARATION H
simethicone	MYLICON
stool softeners	COLACE
sugar+orthophosphoric acid	EMETROL
<b>Insomnia</b>	
doxylamine succinate	UNISOM
<b>Lice Products</b>	
permethrin	NIX
pyrethrins/piperonyl butoxide liquid shampoo	RID SHAMPOO
<b>Motion Sickness</b>	
dimenhydrinate	DRAMAMINE
meclizine	BONINE
<b>Ophthalmics</b>	
allergic conjunctivitis	ALAWAY
artificial tears	HYPOTEARNS VISINE
decongestants	MURINE NAPHCON A
<b>Pain</b>	
acetaminophen tabs, liquid, drops, suppositories, chew tabs	TYLENOL
aspirin tabs, EC tabs, chew tabs	BAYER ECOTRIN
aspirin with buffers tabs	
ibuprofen tabs, chew tabs, susp, drops	ADVIL MOTRIN IB
<b>Urological</b>	
oxybutynin patch	OXYTROL FOR WOMEN OTC PATCH

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Generic Drug Name	Brand Drug Name Examples
<b>Vitamins/Minerals</b>	
b-complex	B-COMPLEX VITAMIN TAB
calcium	OS-CAL CALTRATE TUMS
iron ferrous fumarate, ferrous gluconate, ferrous sulfate, ferrous bis-glycinate chelate and polysaccharide iron caps	FERGON FEOSOL
magnesium oxide	MAG-OX
vitamin D 400 IU	VITAMIN D 400 IU VI-DAYLIN
vitamins pediatric members <3 years old	POLY-VI-SOL TRI-VI-SOL
vitamins prenatal	STUART PRENATAL
<b>Warts</b>	
salicylic acid 17%/collodion	DUOFILM
<b>Miscellaneous</b>	
fluoride dental rinse	PHOS-FLUR

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ALL CAPS = Brand-name drug  
lower case = Generic drug

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## “My Medications” worksheet

Take this worksheet with you each time you visit a doctor. Each of your doctors should be aware of every drug you take and you should have a list as well.

Name of Medicine and Strength	Drug Tier	I Take This Medicine For	Directions	Doctor
Example: Lisinopril, 20 mg	Tier 1	High blood pressure	One tablet daily	Dr. Johnson

