



# Preferred Drug List (PDL)

**New Jersey**

Effective Date: 1/1/18





UnitedHealthcare Community Plan does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, 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**

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan member ID card, TTY 711, Monday through Friday, 8:00 a.m. to 8:00 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:**

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>

**Phone:**

Toll-free **1-800-368-1019, 1-800-537-7697** (TDD)

**Mail:**

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

If you need help with your complaint, please call the toll-free member phone number listed on your member ID card.

We provide free services to help you communicate with us, such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan member ID card, TTY 711, Monday through Friday, 8:00 a.m. to 8:00 p.m.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-800-941-4647, TTY 711**.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-941-4647, TTY 711**.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-941-4647, TTY 711**。

## **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? (We call the Preferred Drug List the “Drug List” for short.)**

The drugs on Preferred Drug List that start 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:

- your doctor or other prescriber says you need them to get better or stay healthy, *and*
- you fill the prescription at a UnitedHealthcare Community Plan network pharmacy.

UnitedHealthcare may have additional steps to access certain drugs (see question <#5> below).

You can also see an up-to-date drug list on our website at <myuhc.com/CommunityPlan> or call Member Services at < 1-800-941-4647> TTY 711.

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

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

- a cheaper drug comes along that works as well as a drug on the Drug List now, *or*
- 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 always check the up-to-date Drug List online at <[myuhc.com/CommunityPlan](http://myuhc.com/CommunityPlan)>

You can also call Member Services to check the current Drug List at < 1-800-941-4647, 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 will take it off the Drug List right away. We will 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 <4-61>. You can also get more information by visiting our website at <myuhc.com/CommunityPlan>. We have posted online 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 <4-61> 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 <4-61>. 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 <62>

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. *Or*

- 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 two 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 <1-800-941-4647, 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 <62>

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

\* = Available without PA for participating Behavioral Health Prescribers

[You can find information on what the symbols and abbreviations in this table mean by going to page <4-61 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	COMETRIQ	brand	2	PA, SP
	CABOMETYX			
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
imatinib mesylate	GLEEVEC	generic	1	PA, QL, SP

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^ Only available through manual PA process

\*Available without PA for participating Behavioral Health Prescribers

± Available without PA for participating Behavioral Health Prescribers, otherwise PA required

Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
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, tabs
venetoclax	VENCLEXTA	brand	2	PA, SP
Proteasome Inhibitors				
ixazomib	NINLARO	generic	1	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 LUPRON DEPOT 6-MONTH LUPRON DEPOT-PED	brand	2	PA, SP
Progestin				
megestrol acetate	MEGACE	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<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	22	PA, SP
thalidomide	THALOMID	brand		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
procarbazine	MATULANE	brand	2	SP
rucaparib	RUBRACA	brand	2	PA, SP
sonidegib	ODOMZO	brand	2	PA, SP

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
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
plerixafor	MOZOBIL	brand	2	PA, SP
pegfilgrastim	NEULASTA	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			
pentoxifylline extended-release	TRENTAL	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<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
<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	

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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>				
<i>Dihydropyridines</i>				
amlodipine	NORVASC	generic	1	QL
felodipine extended-release	PLENDIL	generic	1	QL
nicardipine	CARDENE	generic	1	
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	

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<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	
<b>Lipid Lowering Agents</b>				
<b>Bile Acid Resin</b>				
cholestyramine	QUESTAN QUESTAN-LIGHT	generic	1	Only the bulk products are covered (cans). Individual packets are not covered.
<b>Fibrates</b>				
fenofibrate	LOFIBRA	generic	1	ST
gemfibrozil	LOPID	generic	1	

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<b>HMG-CoA Reductase Inhibitors and Combinations</b>				
atorvastatin	LIPITOR	generic	1	
lovastatin	MEVACOR	generic	1	QL
simvastatin	ZOCOR	generic	1	QL
<b>Niacins</b>				
niacin	NIACOR	generic	1	
niacin extended-release	NIASPAN	generic	1	
<b>Miscellaneous</b>				
alirocumab	PRALUENT	brand	2	PA, QL, SP
ezetimibe	ZETIA	generic	1	PA
omega 3 acid ethyl esters	LOVAZA	generic	1	PA
<b>Nitrates</b>				
<b>Oral</b>				
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	
<b>Sublingual</b>				
isosorbide dinitrate	ISORDIL S.L.	generic	1	
nitroglycerin	NITROLINGUAL	generic	1	
nitroglycerin	NITROSTAT	generic	1	
<b>Transdermal</b>				
nitroglycerin	NITREK	generic	1	transdermal, QL
nitroglycerin	NITRO-DUR	generic	1	
nitroglycerin	NITRO-BID	generic	1	oint
<b>Potassium-Removing Agents</b>				
patiromer	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	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
methyldopa/HCTZ	ALDORIL	generic	1	
midodrine	PROAMATINE	generic	1	
minoxidil	LONITEN	generic	1	
ranolazine	RANEXA	brand	2	ST

## Central Nervous System

### Alzheimer's Disease

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.

### Amyotrophic Lateral Sclerosis (ALS)

riluzole	RILUTEK	brand	2	
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### Analeptics

armodafinil	NUVIGIL	generic	1	Diagnosis Required, QL
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### Analgesics

Barbiturate Non-Narcotic Analgesics				
butalbital/acetaminophen	PHRENILIN	generic	1	QL
butalbital/acetaminophen	SEDAPAP	generic	1	QL
butalbital/acetaminophen/ caffeine	ESGIC FIORICET ZEBUTAL	generic	1	QL
butalbital/aspirin/caffeine	FIORINAL	generic	1	QL
Non-Narcotic Analgesics				
acetaminophen	TYLENOL	generic	1	OTC
aspirin/acetaminophen/ caffeine	EXCEDRIN MIGRAINE	generic	1	OTC
tramadol	ULTRAM	generic	1	QL

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<b>NSAIDS</b>				
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	
<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
	LORCET			
	LORTAB			
hydrocodone/acetaminophen	LORTAB ELIXIR	generic	1	QL
	NORCO			
	VICODIN			
	VICODIN ES			
hydrocodone ER	ZOHYDRO ER	brand	2	PA
hydromorphone	DILAUDID	generic	1	QL
meperidine	DEMEROL	generic	1	QL
morphine	MSIR	generic	1	QL
morphine	RMS	generic	1	QL

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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
<b>Migraine Acute Therapy</b>				
Ergotamine Derivatives				
dihydroergotamine	D.H.E. 45	generic	1	inj, QL
dihydroergotamine	MIGRANAL	generic	1	
ergotamine/caffeine	CAFERGOT	generic		
ergotamine tartrate/ caffeine	MIGERGOT SUPPOSITORIES	brand	2	QL
Selective Serotonin Agonists				
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>				
amitriptyline	ELAVIL	generic	1	
divalproex sodium cap sprinkle	DEPAKOTE SPRINKLE	generic	1	Members ≥ 8 years of age will require prior authorization.
divalproex sodium delayed-release	DEPAKOTE	generic	1	Minimum age 2
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	40mg, QL, SP
glatiramer acetate	GLATOPA	generic	1	QL, SP
peginterferon beta-1a	PLEGRIDY	brand	2	SP, QL
teriflunomide	AUBAGIO	brand	2	QL, SP

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<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>Seizures</b>				
carbamazepine	TEGRETOL	generic	1	
carbamazepine extended-release	CARBATROL TEGRETOL-XR	generic	1	
clobazam	ONFI	brand	2	Diagnosis Required, QL
clonazepam	KLONOPIN	generic	1	tabs
diazepam	DIASTAT ACUDIAL	generic	1	rectal gel, QL
divalproex sodium cap sprinkle	DEPAKOTE SPRINKLE	generic	1	Members ≥ 8 years of age will require prior authorization.
divalproex sodium delayed-release	DEPAKOTE	generic	1	Minimum age 2
ethosuximide	ZARONTIN	generic	1	
exogabine	POTIGA	brand	2	Age Limits Apply
felbamate	FELBATOL	generic	1	QL, tablets
felbamate oral susp	FELBATOL ORAL SUSP	generic	1	QL, suspension, Members ≥ 8 years of age will require prior authorization.
gabapentin	NEURONTIN	generic	1	caps and tabs only
lacosamide	VIMPAT	brand	2	Age Limits Apply
lamotrigine	LAMICTAL	generic	1	QL*

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
lamotrigine chew dispersible tab	LAMICTAL CD CHEW TAB	generic	1	Members ≥ 8 years of age will require prior authorization*.
lamotrigine starter kit	LAMICTAL STARTER KIT	brand	2	
levetiracetam	KEPPRA	generic	1	QL, Maximum age of 9 for solution
methsuximide	CELONTIN	brand	2	
oxcarbazepine	TRILEPTAL	generic	1	QL, Maximum age of 9 for suspension
phenobarbital	PHENOBARBITAL	generic	1	
phenytoin	DILANTIN INFATABS	generic	1	
phenytoin sodium extended	DILANTIN PHENYTEK	generic	1	
pregabalin	LYRICA	brand	2	PA
pregabalin	LYRICA SOLUTION	brand	2	oral solution, PA
primidone	MYSOLINE	generic	1	
rufinamide	BANZEL	brand	2	Diagnosis Required, QL
tiagabine	GABITRIL	generic	1	Age Limits Apply, 2mg & 4mg
tiagabine	GABITRIL	brand	2	Age Limits Apply, 12mg & 16mg
topiramate	TOPAMAX	generic	1	QL
topiramate sprinkle caps	TOPAMAX SPRINKLE	generic	1	QL, Members ≥ 8 years of age will require prior authorization.
valproic acid	DEPAKENE	generic	1	
vigabatrin oral solution	SABRIL SOLUTION	brand	2	PA, SP
zonisamide	ZONEGRAN	generic	1	QL
<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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Topical</b>				
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	
<b>Corticosteroids</b>				
<b>Low Potency</b>				
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
<b>Medium Potency</b>				
betamethasone val	BETA-VAL	generic	1	crm/oint/lotion 0.1%
fluocinolone acetonide	DERMA-SMOOTHIE OIL/FS	generic	1	oil 0.01%
fluocinolone acetonide	SYNALAR	generic	1	crm, oint 0.025%
fluticasone propionate	CUTIVATE	generic	1	crm 0.05%, oint 0.005%

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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%
<b>High Potency</b>				
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%
<b>Very High Potency</b>				
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
<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

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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		OTC
<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	SANTYL	brand	2	QL
crisaborole	EUCRISA	brand	2	2% ointment, ST
fluorouracil	EFUDEX	generic	1	
	PROCTOSOL HC CREAM 2.5%			
hydrocortisone	PROCTOZONE CREAM-HC 2.5%	generic	1	
	ANUSOL HC 2.5%			
imiquimod 5% cream	ALDARA	generic	1	
ketoconazole	NIZORAL SHAMPOO	generic	1	shampoo 2%

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
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
pimecrolimus	ELIDEL	brand	2	cream, QL, ST; not covered for members less than 2 years of age
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)
urea 10%, urea 20%	UREA 10% CREAM UREA 20% CREAM UREA 10% LOTION	brand	2	
urea 40%	UREA	generic	1	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 maleate	CHLOR-TRIMETON SYRUP	generic	1	2 mg/5 ml, OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
chlorpheniramine extended-release	CHLOR-TRIMETON ALLERGY	generic	1	12 mg, OTC
clemastine	CLEMASTINE	generic	1	
cyproheptadine	CYPROHEPTADINE	generic	1	
diphenhydramine		generic	1	
diphenhydramine	BENADRYL	generic	1	OTC
hydroxyzine HCL	ATARAX	generic	1	*
hydroxyzine pamoate	VISTARIL	generic	1	*
<b>Antihistamines - Second Generation, Nonsedating</b>				
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
<b>Antihistamines - Others Antihistamine/Decongestant Combinations</b>				
azelastine	ASTELIN	generic	1	spray
<b>Antihistamine/Decongestant Combinations - First Generation</b>				
chlorpheniramine/phenylephrine/pyrilamine	TRITANN	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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Miscellaneous Nasal Decongestants</b>				
oxymetazoline	AFRIN	generic	1	OTC
phenylephrine	NEO-SYNEPHRINE	generic	1	OTC
	DIMEATAPP DRO DECONGES			
<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>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
<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>				
<b>Glucose Elevating Agents</b>				
glucagon, human recombinant	GLUCAGON	brand	2	QL

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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 unit/ml	TOUJEO SOLOSTAR	brand	2	
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 isophane/regular	HUMULIN 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 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

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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	
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	

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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	
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
glycerin	GLYCERIN SUPPOSITORY	generic	1	suppository, OTC
lactulose	ENULOSE	generic	1	
linaclotide	LINZESS	brand	2	Diagnosis Required, QL
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	

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<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	
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>				
alginic 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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<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 extended-release	APRISO DELZICOL	brand	2	
mesalamine	ROWASA	generic	1	enema only
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	brand	2	PA, SP
ursodiol	ACTIGALL URSO URSO FORTE	generic	1	

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<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
Macrolides				
azithromycin	ZITHROMAX	generic	1	QL
clarithromycin	BIAXIN	generic	1	
clarithromycin ER	BIAXIN XL	generic	1	

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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	50mg & 100mg caps
minocycline	MINOCIN	generic	1	capsules, except 75 mg
<b>Miscellaneous</b>				
vancomycin HCl	VANCOCIN HCL	generic	1	cap, ST
<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

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<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
<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
Integrase Inhibitors:				
dolutegravir	TIVICAY	brand	2	Diagnosis Required
raltegravir	ISENTRESS	brand	2	Diagnosis Required
raltegravir	ISENTRESS CHEWABLE	brand	2	chewable tablet, Diagnosis Required
raltegravir	ISENTRESS HD	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
raltegravir susp	ISENTRESS SUSP	brand	2	Members ≥ 2 years of age will require prior authorization. Diagnosis Required
Non-Nucleoside Reverse Transcriptase Inhibitors - Diagnosis Required				
delavirdine	RESCRIPTOR	brand	2	
efavirenz	SUSTIVA	brand	2	
etravirine	INTELENCE	brand	2	
nevirapine	VIRAMUNE	generic	1	
nevirapine ER	VIRAMUNE XR	brand	2	
rilpivirine	EDURANT	brand	2	
Nucleoside Analogues Nucleoside Reverse - Transcriptase Inhibitors/and Combinations -Diagnosis Required				
abacavir	ZIAGEN	generic	1	
abacavir/lamivudine	EPZICOM	generic	1	
abacavir/lamivudine/ zidovudine	TRIZIVIR	generic	1	
didanosine	VIDEX	brand	2	
didanosine delayed-release	VIDEX EC	generic	1	
emtricitabine	EMTRIVA	brand	2	
emtricitabine/rilpivirine/ tenofovir	COMPLERA	brand	2	PA
lamivudine	EPIVIR	generic	1	
lamivudine/zidovudine	COMBIVIR	generic	1	
stavudine	ZERIT	generic	1	
zidovudine	RETROVIR	generic	1	
Nucleoside/Nucleotide Reverse - Transcriptase Inhibitor Combination - Diagnosis Required				
efavirenz/emtricitabine/ tenofovir	ATRIPLA	brand	2	
emtricitabine/rilpivirine/ tenofovir	ODEFSEY	brand	2	
emtricitabine/tenofovir alafenamide	DESCOVY	brand	2	QL
emtricitabine/tenofovir disoproxil	TRUVADA	brand	2	
Nucleotide Analogues Nucleotide Reverse Transcriptase Inhibitor - Diagnosis Required				
tenofovir	VIREAD	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Protease Inhibitors - Diagnosis Required				
atazanavir	REYATAZ	brand	2	
atazanavir	REYATAZ POWDER PACKET	brand	2	Members ≥ 8 years of age will require prior authorization
darunavir	PREZISTA	brand	2	
fosamprenavir	LEXIVA	brand	2	
indinavir	CRIXIVAN	brand	2	
lopinavir/ritonavir	KALETRA	brand	2	tablets
lopinavir/ritonavir	KALETRA	generic	1	solution
nelfinavir	VIRACEPT	brand	2	
ritonavir	NORVIR	brand	2	
saquinavir mesylate	INVIRASE	brand	2	
tipranavir	APTIVUS	brand	2	
Miscellaneous				
abacavir/dolutegravir/lamivudine	TRIUMEQ	brand	2	Diagnosis Required
cobicistat	TYBOST	brand	2	Diagnosis Required
cobicistat/elvitegravir/emtricitabine/tenofovir	STRIBILD	brand	2	PA
darunavir/cobicistat	PREZCOBIX	brand	2	Diagnosis Required
elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide fumarate	GENVOYA	brand	2	PA
enfuvirtide	FUZEON	brand	2	
maraviroc	SELZENTRY	brand	2	
<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	

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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

## Musculoskeletal

### Arthritis

#### 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 pegol	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
secukinumab	COSENTYX	brand	2	PA, SP
sulfasalazine	AZULFIDINE	generic	1	
sulfasalazine delayed-release	AZULFIDINE EN-TABS	generic	1	

#### NSAIDs and Other Analgesics

acetaminophen	TYLENOL	generic	1	OTC
aspirin	BAYER ECOTRIN	generic	1	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

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diclofenac 1% gel	VOLTAREN 1% TOPICAL GEL	generic	1	PA
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
meloxicam	MOBIC	generic	1	QL
naproxen	NAPROSYN	generic	1	
naproxen delayed release	ENTERIC COATED-NAPROSYN	generic		
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	
<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	DANTRIUUM	generic	1	
diazepam	VALIUM	generic	1	QL
tizanidine	ZANAFLEX	generic	1	tabs only, QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<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
Monophasic - 30 mcg Estrogen				
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
Monophasic - 35 mcg Estrogen				
ethynodiol diacetate/EE	ZOVIA 1/35	generic	1	1/35, QL
norethindrone/EE	BALZIVA	generic	1	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
Monophasic - 50 mcg Estrogen				
ethynodiol diacetate/EE	ZOVIA 1/50	generic	1	1/50, QL
norethindrone/EE	OVCON 50	generic	1	1/50, QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
norethindrone/ME	ORTHO-NOVUM 1/50	generic	1	1/50, QL
norgestrel/EE	OVRAL	generic	1	0.5/50, QL
Progestin				
norethindrone	ORTHO MICRONOR	generic	1	
Transdermal				
norelgestromin/EE	ORTHO EVRA XULANE	generic	1	
Triphasic				
desogestrel/EE	CYCLESSA	generic	1	QL
levonorgestrel/EE	TRIVORA	generic	1	QL
norethindrone acetate/EE/iron	ESTROSTEP FE	generic	1	QL
norethindrone/EE	ORTHO-NOVUM 7/7/7	generic	1	QL
norethindrone/EE	TRI-NORINYL	generic		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>				
Estrogens - Intravaginal				
estradiol	ESTRACE CRM	brand	2	
estrogens, conjugated	PREMARIN	brand	2	crm
Estrogens - Oral				
estradiol	ESTRACE	generic	1	
estrogens, conjugated	PREMARIN	brand	2	
estropipate	OGEN	generic	1	
Estrogens - Transdermal				
estradiol	CLIMARA	generic	1	QL
Estrogen/Progestin				
estrogens, conjugated/ medroxyprogesterone	PREMPHASE PREMPRO	brand	2	
Progestins				
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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Vaginal Infections</b>				
Oral				
fluconazole	DIFLUCAN	generic	1	QL
metronidazole	FLAGYL	generic	1	tabs
Vaginal				
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
<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>				
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%

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
tobramycin/ dexamethasone	TOBRADEX	generic	1	
<b>Nonsteroidal</b>				
diclofenac sodium	VOLTAREN	generic	1	
flurbiprofen	OCUFEN	generic	1	
ketorolac	ACULAR/ACULAR LS	generic	1	
<b>Steroidal</b>				
dexamethasone sodium phosphate	DEXASOL	generic	1	soln 0.1%
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%
<b>Glaucoma</b>				
<b>Beta-Blockers</b>				
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	
<b>Carbonic Anhydrase Inhibitors</b>				
dorzolamide	TRUSOPT	generic	1	
<b>Carbonic Anhydrase Inhibitor/Beta-Blocker Combination</b>				
dorzolamide/ timolol maleate	COSOPT	generic	1	
<b>Cholinesterase Inhibitor</b>				
ecothiophate	PHOSPHOLINE IODINE	brand	2	
<b>Mydriatics</b>				
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	2	
<b>Oral</b>				
acetazolamide	ACETAZOLAMIDE	generic	1	
acetazolamide extended-release	DIAMOX SEQUELS	generic	1	
methazolamide	NEPTAZANE	generic	1	
<b>Prostaglandins</b>				
latanoprost	XALATAN	generic	1	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Topical - Parasympathomimetics				
pilocarpine	ISOPTO CARPINE	generic	1	
pilocarpine	PILOPINE HS GEL	brand	2	
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
<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>Alcohol Deterrents*</b>				
acamprosate	CAMPRAL	brand	2	
disulfiram	ANTABUSE	generic	1	
naltrexone	REVIA	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Anxiety*</b>				
Benzodiazepines				
alprazolam	XANAX	generic	1	QL, IR only
chlordiazepoxide	LIBRIUM	generic	1	
clonazepam	KLONOPIN	generic	1	not wafers
clorazepate	TRANXENE	generic	1	
diazepam	VALIUM	generic	1	QL
lorazepam	ATIVAN	generic	1	QL
oxazepam	SERAX	generic	1	QL
Miscellaneous				
bupirone	BUSPAR	generic	1	
fluvoxamine	LUVOX	generic	1	
<b>Attention Deficit Hyperactivity Disorder (ADHD)* - Diagnosis Required</b>				
amphetamine/ dextroamphetamine mixed salts	ADDERALL	generic	1	Age Limits Apply, QL
amphetamine/ dextroamphetamine mixed salts extended-release	ADDERALL XR (BRAND ADDERALL XR IS PREFERRED)	brand	2	Age Limits Apply, QL
guanfacine ER	INTUNIV	generic	1	
lisdexamfetamine	VYVANSE	brand	2	Age Limits Apply, QL
lisdexamfetamine chewable tab	VYVANSE CHEWABLE	brand	2	Diagnosis Required
methylphenidate	RITALIN	generic	1	Age Limits Apply, tabs only, QL
methylphenidate extended-release	CONCERTA	generic	1	Age Limits Apply, QL
methylphenidate extended-release	METADATE ER RITALIN-SR RITALIN LA	generic	1	Age Limits Apply, QL
<b>Bipolar Disorder*</b>				
divalproex sodium cap sprinkle	DEPAKOTE SPRINKLE	generic	1	Members ≥ 8 years of age will require prior authorization.
divalproex sodium delayed-release	DEPAKOTE	generic	1	Minimum age 2
lithium carbonate	LITHIUM CARBONATE	generic	1	
lithium carbonate extended-release	ESKALITH CR LITHOBID	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Depression*</b>				
Monoamine Oxidase Inhibitor (MAOI)				
tranylcypromine	PARNATE	generic	1	
Selective Serotonin Reuptake Inhibitor (SSRIs)				
citalopram	CELEXA	generic	1	QL
escitalopram	LEXAPRO	generic	1	tablets, QL
fluoxetine	PROZAC	generic	1	10 mg and 20 mg caps and 20 mg soln only
paroxetine	PAXIL	generic	1	tablets
sertraline	ZOLOFT	generic	1	QL
Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)				
duloxetine	CYMBALTA	generic	1	QL
venlafaxine	EFFEXOR	generic	1	QL
venlafaxine XR	EFFEXOR XR	generic	1	QL
Tricyclic Antidepressants (TCAs)				
amitriptyline	ELAVIL	generic	1	tablets
amoxapine		generic	1	
desipramine	NORPRAMIN	generic	1	
doxepin	SINEQUAN	generic	1	
imipramine HCL	TOFRANIL	generic	1	tablets
nortriptyline	PAMELOR	generic	1	
Tricyclic Antidepressant/Phenothiazine Combination				
amitriptyline/perphenazine	TRIAVIL	generic	1	
Miscellaneous Agents				
bupropion	WELLBUTRIN	generic	1	
bupropion extended-release	WELLBUTRIN SR	generic	1	QL
bupropion extended-release	WELLBUTRIN XL	generic	1	150 mg and 300 mg
maprotiline	LUDIOMIL	generic	1	
mirtazapine	REMERON	generic	1	tabs (not soltabs)
trazodone	DESYREL	generic	1	50, 100, & 150 mg only
<b>Insomnia</b>				
Benzodiazepines				
flurazepam	DALMANE	generic	1	QL
temazepam	RESTORIL	generic	1	15 mg and 30 mg only, QL
triazolam	HALCION	generic	1	QL
Non-Benzodiazepines				
chloral hydrate	CHLORAL HYDRATE	generic	1	
diphenhydramine	NYTOL QUICK CAPS	generic	1	OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
doxylamine succinate	UNISOM	generic	1	25mg, OTC, QL
zaleplon	SONATA	generic	1	QL
zolpidem	AMBIEN	generic	1	QL
<b>Medications Coverable for Participating Behavioral Health Prescribers±</b>				
alprazolam ODT	NIRAVAM	generic	1	
alprazolam tab SR 24HR	XANAX XR	generic	1	
amphetamine sulfate	EVEKEO	brand	2	Age Limits Apply, Diagnosis Required
amphetamine susp extended release	DYANAVEL XR	brand	2	Diagnosis Required
amphetamine tab extended release dispersible	ADZENYS XR-ODT	brand	2	Diagnosis Required
amphetamine/dextroamphetamine 3-bead cap ER 24hr	MYDAYIS	brand	2	Diagnosis Required, QL
aripiprazole ODT	ABILIFY DISCMELT	brand	2	Age Limits Apply, Diagnosis Required, QL
aripiprazole oral solution	ABILIFY SOLUTION	brand	2	Age Limits Apply, Diagnosis Required, QL
asenapine maleate sublingual	SAPHRIS	brand	2	Diagnosis Required, QL
atomoxetine	STRATTERA	brand	2	Age Limits Apply, Diagnosis Required
brexpiprazole	REXULTI	brand	2	Diagnosis Required , QL
buprenorphine hcl-naloxone hcl SL film	SUBOXONE	brand	2	QL, 4 & 12mg
buprenorphine hcl-naloxone hcl SL tab	SUBOXONE	generic	1	QL
buprenorphine hcl-naloxone hcl SL	ZUBSOLV	brand	2	QL
buprenorphine-naloxone buccal film	BUNAVAIL	brand	2	QL
bupropion HCL tab SR 24HR	FORFIVO XL	brand	2	
bupropion hcl (smoking deterrent) tab SR 12hr	ZYBAN	generic	1	
bupropion hydrobromide	APLENZIN	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
carbamazepine (antipsychotic) cap SR 12HR	EQUETRO	brand	2	
cariprazine	VRAYLAR	brand	2	Diagnosis Required
chlordiazepoxide- amitriptyline	LIMBITROL DS	generic	1	
clomipramine	ANAFRANIL	generic	1	
clonazepam ODT	KLONOPIN WAFER	generic	1	
clonidine HCL tab SR 12HR	KAPVAY	generic	1	Age Limits Apply, Diagnosis Required
clozapine	CLOZARIL	generic	1	200 mg, Age Limits Apply, Diagnosis Required
clozapine ODT	FAZACLO	generic	1	Diagnosis Required
clozapine susp	VERSACLOZ	brand	2	Diagnosis Required
desvenlafaxine fumarate tab SR 24HR	DESVENLAFAXINE FUMARATE TAB SR 24HR	generic	1	
desvenlafaxine succinate tab SR 24HR	PRISTIQ	generic	1	
desvenlafaxine tab SR 24HR	KHEDEZLA	generic	1	
dexmethylphenidate	FOCALIN	generic	1	Age Limits Apply, Diagnosis Required
dexmethylphenidate HCL cap SR 24 HR	FOCALIN XR	generic	1	Age Limits Apply, Diagnosis Required
dextroamphetamine	DEXEDRINE DEXTROSTAT	generic	1	Age Limits Apply, Diagnosis Required, QL
dextroamphetamine	ZENZEDI	brand	2	Age Limits Apply, Diagnosis Required
dextroamphetamine extended-release	DEXEDRINE SPANSULE	generic	1	Age Limits Apply, Diagnosis Required, QL
dextroamphetamine sulfate oral solution	PROCENTRA	generic	1	Age Limits Apply, Diagnosis Required
diazepam concentrate solution	DIAZEPAM INTENSOL	generic	1	
divalproex sodium SR 24hr	DEPAKOTE ER	generic	1	QL
duloxetine	IRENKA	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
escitalopram 10mg & methylfolate-B12-B6-D thpk	PRAMLYTE	brand	2	
escitalopram oxalate soln	LEXAPRO ORAL SOLUTION	generic	1	oral solution
fluoxetine capsule	PROZAC	generic	1	40mg
fluoxetine HCL (PMDD) tabs	SARAFEM	brand	2	
fluoxetine HCL cap delayed-release 90 mg	PROZAC WEEKLY	generic	1	
fluoxetine tablet	FLUOXETINE	generic	1	
fluvoxamine maleate cap SR 24HR	LUVOX CR	generic	1	
haloperidol lactate oral conc	HALDOL CONCENTRATE	generic	1	Diagnosis Required, QL
iloperidone	FANAPT	brand	2	Diagnosis Required, QL
imipramine pamoate	TOFRANIL-PM	generic	1	
isocarboxazid	MARPLAN	brand	2	
lamotrigine ODT	LAMICTAL ODT	generic	1	
lamotrigine SR 24hr	LAMICTAL XR	generic	1	
levomilnacipran	FETZIMA	brand	2	
lorazepam concentrate solution	LORAZEPAM INTENSOL	generic	1	
loxapine aerosol powder breath activated	ADASUVE	brand	2	
lurasidone	LATUDA	brand	2	Diagnosis Required, QL
meprobamate tablet	EQUANIL	generic	1	
methamphetamine	DESOXYN	generic	1	Age Limits Apply, Diagnosis Required
methylphenidate chew tabs	METHYLIN	generic	1	Age Limits Apply, Diagnosis Required
methylphenidate extended-release	APTENSIO XR	brand	2	Age Limits Apply, Diagnosis Required
methylphenidate extended-release suspension	QUILLIVANT XR	brand	2	Age Limits Apply, Diagnosis Required
methylphenidate HCL cap CR	METADATE CD	generic	1	Age Limits Apply, Diagnosis Required
methylphenidate hcl chew tab extended release	QUILLICHEW ER	brand	2	Diagnosis Required

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methylphenidate patch	DAYTRANA	brand	2	Age Limits Apply, Diagnosis Required
mirtazapine ODT	REMERON SOLTAB	generic	1	
molindone	MOBAN	brand	2	Diagnosis Required, QL
naloxone hcl solution auto-injector	EVZIO	brand	2	
nefazodone	SERZONE	generic	1	
nicotine inhaler system	NICOTROL INHALER	brand	2	QL
nicotine nasal spray	NICOTROL NS	brand	2	QL
nicotine TD patch 24 HR kit	NICOTINE TD PATCH 24 HR KIT	brand	2	
olanzapine-fluoxetine	SYMBYAX	generic	1	Diagnosis Required
olanzapine INJ	ZYPREXA	generic	1	Diagnosis Required
olanzapine ODT	ZYPREXA ZYDIS	generic	1	Age Limits Apply, Diagnosis Required, QL
olanzapine pamoate for extended-release IM sus	ZYPREXA RELPREVV	brand	2	Diagnosis Required, QL
paliperidone tab SR 24HR	INVEGA	generic	1	Age Limits Apply, Diagnosis Required
paroxetine HCL oral susp	PAXIL	brand	2	
paroxetine HCL tab SR 24HR	PAXIL CR	generic	1	
paroxetine mesylate tab	PEXEVA	brand	2	
phenelzine	NARDIL	generic	1	
pimavanserin	NUPLAZID	brand	2	
protriptyline	VIVACTIL	generic	1	
quetiapine fumarate tab SR 24HR	SEROQUEL XR	generic	1	Age Limits Apply, Diagnosis Required
risperidone ODT	RISPERDAL M-TAB	generic	1	Age Limits Apply, Diagnosis Required
selegiline td patch	EMSAM	brand	2	
trazodone	DESYREL	generic	1	300mg
trimipramine	SURMONTIL	brand	2	
valproic acid cap delayed-release	STAVZOR	brand	2	
venlafaxine HCL tab SR 24HR	VENLAFAXINE HCL TAB SR 24HR	generic	1	
vilazodone	VIIBRYD	brand	2	
vortioxetine	TRINTELLIX	brand	2	

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<b>Narcotic Antagonists*</b>				
buprenorphine	SUBUTEX	generic	1	PA, QL*
buprenorphine/naloxone	SUBOXONE	brand	2	2 mg and 8 mg film only, PA, QL*
naloxone	NALOXONE INJ	generic	1	QL
naloxone	NARCAN NASAL SPRAY	brand	2	
naltrexone	REVIA	generic	1	
<b>Psychoses</b>				
Atypicals* - Diagnosis Required				
aripiprazole	ABILIFY TABLETS	generic	1	Age Limit Applies, tablets, PA, QL, Certain daily doses require half tablet dosing: 5 mg once daily – must be dosed as 10 mg tablet, ½ tab once daily 10 mg once daily – must be dosed as 20 mg tablet, ½ tab once daily 15 mg once daily – must be dosed as 30 mg tablet, ½ tab once daily
aripiprazole ER injection	ABILIFY MAINTENA	brand	2	Age Limit Applies, PA, QL
aripiprazole lauroxil IM ER susp	ARISTADA	brand	2	PA, QL
clozapine	CLOZARIL	generic	1	Age Limit Applies, 25mg, 50mg & 100mg only
olanzapine	ZYPREXA	generic	1	Age Limit Applies, tablets, QL
paliperidone	INVEGA SUSTENNA	brand	2	Age Limit Applies, PA, QL
paliperidone	INVEGA TRINZA	brand	2	Age Limit Applies, PA, QL
quetiapine	SEROQUEL	generic	1	Age Limit Applies, QL
risperidone	RISPERDAL	generic	1	Age Limit Applies, QL, (Not M-Tabs)
risperidone	RISPERDAL CONSTA	brand	2	Age Limit Applies, QL
risperidone oral soln	RISPERDAL SOLUTION	generic	1	QL, Members ≥ 8 years of age will require prior authorization.
ziprasidone	GEODON	generic	1	Age Limit Applies, QL

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<b>Smoking Cessation*</b>				
nicotine	NICODERM CQ	generic	1	patches, QL
nicotine polacrilex gum	NICORETTE OTC	generic	1	QL
nicotine polacrilex lozenge	COMMITT OTC	generic	1	QL
varenicline	CHANTIX	brand	2	QL
<b>Miscellaneous</b>				
chlorpromazine	THORAZINE	generic	1	Diagnosis Required*
dextromethorphan/ quinidine	NUEDEXTA	brand	2	Diagnosis Required, QL
fluphenazine	PROLIXIN	generic	1	Diagnosis Required*
fluphenazine decanoate	PROLIXIN DECANOATE	generic	1	Diagnosis Required*
haloperidol	HALDOL	generic	1	Diagnosis Required, tablets only*
haloperidol decanoate	HALDOL DECANOATE	generic	1	Diagnosis Required*
loxapine	LOXITANE	generic	1	Diagnosis Required*
perphenazine	TRILAFON	generic	1	Diagnosis Required*
pimozide	ORAP	generic	1	Diagnosis Required*
thioridazine	MELLARIL	generic	1	Diagnosis Required*
thiothixene	NAVANE	generic	1	Diagnosis Required*
trifluoperazine	STELAZINE	generic	1	Diagnosis Required*
<b>Respiratory Drugs</b>				
<b>Antitussives, Decongestants, Expectorants and Combinations</b>				
benzonatate	TESSALON	generic	1	
brompheniramine & phenylephrine	DIMETAPP CLD ELX/ ALLERGY	generic	1	
brompheniramine/ pseudoephedrine	UNI-HIST DROPS ACCUHIST 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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
chlorpheniramine/ dextromethorphan	ROBITUSSIN PED LIQ CGH/COLD	generic	1	
	ROBITUSSIN LIQ CGH/CLD			
	DIMETAPP SYP CGH/CLD			
	CORICIDIN TAB CGH/CLD			
chlorpheniramine maleate phenylephrine HCL	ED A-HIST TABLETS AND LIQUID	generic	1	
chlorpheniramine/ phenylephrine	RONDEC DROPS	generic	1	liquid
	CARDEC DRO			
chlorpheniramine/ phenylephrine	RONDEC SYRUP	generic	1	syrup
	CARDEC SYP			
chlorpheniramine tan/ phenylephrine tan	RYNATAN PEDIATRIC SUSP	generic	1	susp
chlorpheniramine/ pseudoephedrine	LOHIST-D	generic	1	
codeine/ chlorpheniramine/ pseudoephedrine	DIHISTINE DH	generic	1	
	PHENYLHIST LIQ DH			
codeine/guaifenesin	GUIATUSS AC	generic	1	QL
	GG/CODEINE			
	M-CLEAR WC			
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	generic	1	OTC
	MUCINEX DM			
	ROBITUSSIN DM			
	TUSSIN DM			
dextromethorphan- guaifenesin	ROBITUSSIN LIQ CGH/ CONG	generic	1	liq 10-200 mg/ 5 ml

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
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	
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 RONDEC DM DROPS	generic	1	syrup
phenylephrine/ chlorpheniramine/ dextromethorphan	CARDEC DM DRO ROBITUSSIN LIQ CGH/ALRG	generic	1	liquid

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
phenylephrine/ chlorpheniramine/ dihydrocodeine	DIHYDRO-PE SYP	generic	1	
phenylephrine/ dextromethorphan	DIMETAPP DRO DCON/CGH	generic	1	
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 TRIFED X	generic	1	susp
pyrilamine tan/ phenyleph tan	RYNA-12 S	generic	1	susp
tripolidine/ pseudoephedrine	TRIPROL/PSE SYP APHEDRID TAB	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Asthma/COPD</b>				
Inhalers - Beta Agonists				
albuterol sulfate	VENTOLIN HFA	brand	2	QL
indacaterol	ARCAPTA NEOHALER	brand	2	
olodaterol	STRIVERDI RESPIMAT	brand	2	
Inhalers - Corticosteroids				
fluticasone furoate	ARNUITY ELLIPTA	brand	2	QL
mometasone	ASMANEX TWISTHALER	brand	2	QL
mometasone inhalation	ASMANEX HFA	brand	2	QL
Inhalers -Corticosteroid/Beta Agonist Combinations				
fluticasone/salmeterol	AIRDUO RESPICLICK	generic	1	QL
fluticasone/vilanterol	BREO ELLIPTA	brand	2	ST
Inhalers - Others				
ipratropium/albuterol	COMBIVENT RESPIMAT	brand	2	inhaler
ipratropium HFA	ATROVENT HFA	brand	2	
omalizumab	XOLAIR	brand	2	PA, SP
umeclidinium inhalation	INCRUSE ELLIPTA	brand	2	
umeclidinium/vilanterol	ANORO ELLIPTA	brand	2	
Inhalers for Nebulization				
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
Oral Agents - Beta Agonists				
metaproterenol	METAPROTERENOL SYRUP	generic	1	
terbutaline	BRETHINE	generic	1	
Oral Agents - Leukotriene Modifiers				
montelukast	SINGULAIR	generic	1	QL

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<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
<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	ELMIRON	brand	2	Diagnosis Required, QL
potassium citrate	UROCIT-K	generic	1	
propantheline		generic	1	
phenazopyridine	PYRIDIUM	generic	1	
sodium citrate/citric acid	BICITRA	generic	1	
tolterodine	DETROL	generic	1	ST
tropium	SANCTURA	generic	1	ST

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<b>Vitamins and Minerals</b>				
b-complex	B-COMPLEX VITAMIN TAB	generic	1	OTC, QL
calcitriol	ROCALTROL	generic		
calcitriol oral soln	ROCALTROL SOLUTION	generic	1	Members ≥ 8 years of age will require prior authorization.
calcium	OS-CAL	generic	1	OTC
cholecalciferol	VITAMIN D 400 UNIT	generic	1	caps & tabs 400 unit, OTC
cholecalciferol	VITAMIN D 1000 UNIT	generic	1	caps & tabs 1000 unit, OTC
cholecalciferol	VITAMIN D 2000 UNIT	generic	1	caps & tabs 2000 unit, OTC
cholecalciferol	D3-50 CAP	brand	2	cap 50000 unit, OTC
cholecalciferol	BIO-D DRO-MULSION	generic	1	drops 400 unit/0.03 ml, OTC
cholecalciferol	BIO-D-MULSIO DRO FORTE	generic	1	drops 2000 unit/0.03 ml, 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			
folic acid	PHOS-FLUR	generic	1	
	FOLIC ACID			
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	

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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	
prenatal vit w/FE bisglycinate chelate-FA	VINATE II	brand	2	
prenatal vit w/FE bisglycinate chelate-FA	GENTEX ADE 28-1 MG	brand	2	
prenatal vit w/FE b isglycinate chelate-FA	VINATE AZ EX	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 vitamins w/folic acid	PRENATAL VITAMINS W/ FOLIC ACID MATERNA NESTABS	generic	2	QL
prenatal vit w/o vit a w/fe bisglycinate-fa		brand	2	tab 32-1 mg
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 C		generic	1	OTC
vitamin B-6		generic	1	OTC
vitamins pediatric	TRI-VI-SOL	generic	1	members <3 years old, OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
zinc		generic	1	OTC
<b>Potassium</b>				
phosphorus	K-PHOS NEUTRAL	generic	1	tabs
potassium acid phosphate	K-PHOS ORIGINAL	brand	2	
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	EPIPEN EPIPEN 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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Hyperphosphatemia</b>				
calcium acetate	PHOSLO	generic	1	667 mg tablet only
cinacalcet	SENSIPAR	brand	2	PA
sevelamer	REVELA	brand	2	ST
<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 (hpv) 9-valent recomb vac	GARDASIL 9	brand	2	QL
human papillomavirus (hpv) 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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
influenza virus vaccine split pf	AFLURIA PF	brand	2	QL
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	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	DELFEN
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

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Generic Drug Name	Brand Drug Name Examples
<b>Gastrointestinal</b>	
antacids liquids, chew tabs	MYLANTA LIQUID MAALOX LIQUID TUMS
antidiarrheals	IMODIUM A-D KAOPECTATE
electrolyte rehydrating soln	PEDIALYTE
famotidine	PEPCID AC
laxative enemas	FLEET ENEMA
laxatives	DULCOLAX FLEET PHOSPHO-SODA
psyllium	METAMUCIL
rectal hydrocortisone 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 NAPHCN 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, drops, susp	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>Smoking Cessation Products</b>	
nicotine	COMMIT LOZENGES (QUANTITY LIMIT) NICODERM CQ (QUANTITY LIMIT) NICOTINE GUM (QUANTITY LIMIT)
<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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**Notes**

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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, 20mg	Tier 1	High blood pressure	One tablet daily	Dr. Johnson

