



# Preferred Drug List (PDL)

**New Jersey – MLTSS**

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 <4-60>. 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 <4-60> 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 <4-60>. 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 <61>

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 <61>

.

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 <4-60 in the footnotes>]



# Table of Contents

<b>Antineoplastics &amp; Immunosuppressants . . . . .</b>	<b>4</b>	<b>Dermatology . . . . .</b>	<b>17</b>
Antineoplastic Agents . . . . .	4	Acne Vulgaris . . . . .	17
Hormonal Antineoplastic Agents . . . . .	5	Bacterial Infections . . . . .	17
Immunomodulators . . . . .	6	Corticosteroids . . . . .	17
Immunosuppressants . . . . .	6	Fungal Infections . . . . .	18
Miscellaneous . . . . .	6	Psoriasis . . . . .	19
		Rosacea . . . . .	19
<b>Blood Modifiers - Anticoagulants . . . . .</b>	<b>7</b>	Scabies and Pediculosis . . . . .	19
Anticoagulants . . . . .	7	Viral Infections . . . . .	19
Blood Cell Formation . . . . .	7	Miscellaneous . . . . .	19
Platelet Inhibitors . . . . .	7		
Miscellaneous . . . . .	8	<b>Ear, Nose &amp; Throat . . . . .</b>	<b>20</b>
		Ear . . . . .	20
<b>Cardiovascular Agents . . . . .</b>	<b>8</b>	Nose . . . . .	20
Ace Inhibitors . . . . .	8	Throat and Mouth . . . . .	21
Ace Inhibitor/Diuretic Combinations . . . . .	8		
Adrenolytics, Central . . . . .	8	<b>Endocrinology . . . . .</b>	<b>22</b>
Alpha Blockers . . . . .	8	Adrenal Corticosteroids . . . . .	22
Angiotensin II Receptor Blockers		Androgens . . . . .	22
(Antagonists) . . . . .	9	Diabetes Mellitus . . . . .	22
Angiotensin II Receptor Blocker		Growth Stimulating Agents . . . . .	24
Combinations . . . . .	9	Lipodystrophy Agents . . . . .	24
Antiarrhythmics and Cardiac Glycosides . . . . .	9	Osteoporosis . . . . .	24
Beta Blockers and Beta Blocker/Diuretic		Thyroid Disease . . . . .	24
Combinations . . . . .	9	Miscellaneous . . . . .	24
Calcium Channel Blockers . . . . .	10		
Diuretics . . . . .	10	<b>Gastrointestinal . . . . .</b>	<b>25</b>
Lipid Lowering Agents . . . . .	11	Constipation/Laxatives . . . . .	25
Nitrates . . . . .	11	Diarrhea . . . . .	25
Potassium-Removing Agents . . . . .	12	Emesis . . . . .	25
Pulmonary Arterial Hypertension . . . . .	12	Gastroesophageal Reflux Disease (Gerd)/	
Miscellaneous . . . . .	12	Peptic Ulcers . . . . .	25
		Gastrointestinal Spasm . . . . .	26
<b>Central Nervous System . . . . .</b>	<b>12</b>	Inflammatory Bowel Disease . . . . .	26
Alzheimer's Disease . . . . .	12	Pancreatic Enzymes . . . . .	26
Amyotrophic Lateral Sclerosis (ALS) . . . . .	13	Probiotic Supplementation . . . . .	26
Analeptics . . . . .	13	Miscellaneous . . . . .	27
Analgesics . . . . .	13		
Migraine Acute Therapy . . . . .	14	<b>Home Infusion Drugs . . . . .</b>	<b>27</b>
Migraine Prophylactic Therapy . . . . .	14	Analgesics - nsaid . . . . .	27
Multiple Sclerosis . . . . .	15	Analgesics - OPIOD . . . . .	27
Myasthenia Gravis . . . . .	15	Antibiotics . . . . .	28
Parkinson's Disease . . . . .	15	Antihistamines . . . . .	29
Seizures . . . . .	15	Diuretics . . . . .	29
Miscellaneous . . . . .	17	Electrolyte Mixtures . . . . .	29

Genitourinary Irrigants . . . . .	29	Narcotic Antagonists . . . . .	48
Minerals & Electrolytes . . . . .	30	Psychoses . . . . .	48
Nutrients . . . . .	30	Smoking Cessation . . . . .	49
Spasticity . . . . .	30	Miscellaneous . . . . .	49
Vitamins . . . . .	30	<b>Respiratory Drugs . . . . .</b>	<b>50</b>
Miscellaneous . . . . .	30	Antitussives, Decongestants, Expectorants and Combinations . . . . .	50
<b>Infectious Diseases . . . . .</b>	<b>30</b>	Asthma/COPD . . . . .	52
Anthelmintics . . . . .	30	<b>Urological . . . . .</b>	<b>53</b>
Antibacterials . . . . .	31	Symptomatic Benign Prostatic Hypertrophy . .	53
Antifungals . . . . .	32	Miscellaneous . . . . .	53
Antiprotozoals . . . . .	32	<b>Vitamins and Minerals . . . . .</b>	<b>54</b>
Antivirals . . . . .	32	Potassium . . . . .	55
Miscellaneous . . . . .	35	<b>Miscellaneous . . . . .</b>	<b>56</b>
<b>Musculoskeletal . . . . .</b>	<b>36</b>	Anaphylaxis . . . . .	56
Arthritis . . . . .	36	Antidotes . . . . .	56
Gout . . . . .	37	Cystic Fibrosis . . . . .	56
Skeletal Muscle Relaxants . . . . .	37	Hereditary Angioedema . . . . .	56
<b>OB-GYN . . . . .</b>	<b>37</b>	Hyperphosphatemia . . . . .	56
Contraceptives . . . . .	37	Idiopathic Pulmonary Fibrosis (IPF) . . . . .	56
Endometriosis . . . . .	38	Immune Thrombocytopenic Purpura . . . . .	56
Hormone Therapy/Menopause . . . . .	39	Medical Devices . . . . .	56
Ovulation Stimulants . . . . .	39	Metabolic Modifiers . . . . .	57
Vaginal Infections . . . . .	39	Vaccine . . . . .	57
Miscellaneous . . . . .	39	<b>OTC MEDICATIONS . . . . .</b>	<b>59</b>
<b>Ophthalmic . . . . .</b>	<b>40</b>	Acne . . . . .	59
Allergy . . . . .	40	Antivirals . . . . .	59
Anti-Inflammatories . . . . .	40	Cough/Cold Allergy . . . . .	59
Glaucoma . . . . .	40	Diabetes . . . . .	59
Immunologic Agents . . . . .	41	Family Planning . . . . .	59
Infections . . . . .	41	Insomnia . . . . .	59
Miscellaneous Ophthalmics . . . . .	42	First Aid . . . . .	60
<b>Psychiatric . . . . .</b>	<b>42</b>	Gastrointestinal . . . . .	60
Alcohol Deterrents . . . . .	42	Lice Products . . . . .	60
Anxiety . . . . .	42	Ophthalmics . . . . .	60
Attention Deficit Hyperactivity Disorder (ADHD) . . . . .	42	Smoking Cessation Products . . . . .	60
Bipolar Disorder . . . . .	43	Urological . . . . .	60
Depression . . . . .	43	Vitamins/Minerals . . . . .	60
Insomnia . . . . .	44	<b>Index . . . . .</b>	<b>61</b>
Medications Coverable for Participating Behavioral Health Prescribers . . . . .	44		

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 CABOMETYX	brand	2	PA, SP
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 AFINITOR DISPERZ	brand	2	PA, SP
gefitinib	IRESSA	brand	2	PA, SP
ibrutinib	IMBRUVICA	brand	2	PA, SP

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QL = Quantity Limit

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SP = Specialty Pharmacy

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Progestin				
megestrol acetate	MEGACE	generic	1	
<b>Immunomodulators</b>				
Interferons				
interferon alfa-2b	INTRON A	brand	2	PA, SP
interferon gamma-1b	ACTIMMUNE	brand	2	PA, SP
peginterferon alfa-2b	SYLATRON	brand	2	PA, SP
Miscellaneous				
lenalidomide	REVLIMID	brand	2	PA, SP
pomalidomide	POMALYST	brand	2	PA, SP
thalidomide	THALOMID	brand	2	PA, SP, QL
<b>Immunosuppressants</b>				
Antimetabolites				
azathioprine	IMURAN	generic	1	
mycophenolate mofetil	CELLCEPT	generic	1	
mycophenolate sodium	MYFORTIC	generic	1	
Calcineurin Inhibitors				
cyclosporine	SANDIMMUNE	generic	1	
cyclosporine, modified	NEORAL	generic	1	caps, QL
	GENGRAF			
tacrolimus	HECORIA	generic	1	
	PROGRAF			
Rapamycin Derivative				
sirolimus	RAPAMUNE	generic	1	tabs
sirolimus	RAPAMUNE	brand	2	soln
Other				
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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
pasireotide	SIGNIFOR	brand	2	PA, SP
procarbazine	MATULANE	brand	2	SP
rucaparib	RUBRACA	brand	2	PA, SP
sonidegib	ODOMZO	brand	2	PA, SP
topotecan	HYCAMTIN	brand	2	PA, SP
tretinoin	VESANOID	generic	1	caps, SP
vismodegib	ERIVEDGE	brand	2	PA, SP

### Blood Modifiers - Anticoagulants

#### Anticoagulants

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	

#### Blood Cell Formation

darbepoetin alfa	ARANESP	brand	2	PA, SP
epoetin alfa	EPOGEN PROCRIT	brand	2	PA, SP
filgrastim	ZARXIO	brand	2	PA, SP
oprelvekin	NEUMEGA	brand	2	PA, SP
pegfilgrastim	NEULASTA	brand	2	PA, SP
plerixafor	MOZOBIL	brand	2	PA, SP
sargramostim	LEUKINE	brand	2	PA, SP

#### Platelet Inhibitors

anagrelide	AGRYLIN	generic	1	
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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Miscellaneous</b>				
aminocaproic acid	AMICAR	brand	2	tabs, oral solution, QL
deferasirox	EXJADE JADENU	brand	2	PA, SP
pentoxifylline extended-release	TRENTAL	generic	1	
<b>Cardiovascular Agents</b>				
<b>Ace Inhibitors</b>				
benazepril	LOTENSIN	generic	1	
captopril	CAPOTEN	generic		
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	

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Calcium Channel Blockers</b>				
Dihydropyridines				
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	
Nondihydropyridines				
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		
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	

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Potassium-Removing Agents</b>				
patiomer	VELTASSA	brand	2	PA
sodium polystyrene sulfonate	KAYEXALATE	generic	1	susp (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	
methyl dopa	ALDOMET	generic	1	
methyl dopa/HCTZ	ALDORIL	generic	1	
midodrine	PROAMATINE	generic	1	
minoxidil	LONITEN	generic	1	
ranolazine	RANEXA	brand	2	ST
<b>Central Nervous System</b>				
<b>Alzheimer's Disease</b>				
donepezil	ARICEPT	generic	1	5 mg and 10 mg, QL, Members <18 years of age will require prior authorization.
donepezil	ARICEPT	generic	1	23 mg, ST, Members <18 years of age will require prior authorization.
galantamine	RAZADYNE	generic	1	QL, Members <18 years of age will require prior authorization.
memantine	NAMENDA	generic	1	QL, Members <18 years of age will require prior authorization.
rivastigmine	EXELON	generic	1	QL, Members <18 years of age will require prior authorization.

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<b>Amyotrophic Lateral Sclerosis (ALS)</b>				
riluzole	RILUTEK	brand	2	
<b>Analeptics</b>				
armodafinil	NUVIGIL	generic	1	Diagnosis Required, QL
<b>Analgesics</b>				
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				
tramadol	ULTRAM	generic	1	QL
NSAIDS				
diclofenac potassium	CATAFLAM	generic	1	
diclofenac sodium delayed-release	VOLTAREN	generic	1	
diclofenac sodium extended-release	VOLTAREN XR	generic	1	
etodolac	LODINE	generic	1	IR Only
ibuprofen	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	
Opioids - Narcotic Analgesics				
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

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hydrocodone/ acetaminophen	LORCET	generic	1	QL
	LORTAB			
	LORTAB ELIXIR			
	NORCO			
	VICODIN			
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
morphine extended-release	MS CONTIN	generic	1	PA, QL
oxycodone	OXYFAST	generic	1	soln, QL
oxycodone	ROXICODONE	generic	1	QL
oxycodone/ acetaminophen	PERCOCET	generic	1	5/325, QL
oxycodone/aspirin	PERCODAN	generic	1	QL
oxymorphone ER	OXYMORPHONE ER	generic	1	PA, QL, non-crush resistant
pentazocine/naloxone	TALWIN NX	generic	1	QL
<b>Migraine Acute Therapy</b>				
Ergotamine Derivatives				
dihydroergotamine	D.H.E. 45	generic	1	inj, QL
dihydroergotamine	MIGRANAL	generic	1	
ergotamine/caffeine	CAFERGOT	generic	1	
ergotamine tartrate/ caffeine	MIGERGOT SUPPOSITORIES	brand	2	QL
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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
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	QL, SP
teriflunomide	AUBAGIO	brand	2	QL, SP
<b>Myasthenia Gravis</b>				
pyridostigmine	MESTINON	generic	1	tabs
pyridostigmine	MESTINON	brand	2	syrup
pyridostigmine extended-release	MESTINON TIMESPAN	generic	1	
<b>Parkinson's Disease</b>				
amantadine	SYMMETREL	generic	1	except tabs
benztropine	COGENTIN	generic	1	
carbidopa/levodopa	SINEMET	generic	1	
carbidopa/levodopa extended-release	SINEMET CR	generic	1	
entacapone	COMTAN	generic	1	
pramipexole	MIRAPEX	generic	1	
ropinirole	REQUIP	generic	1	
selegiline	ELDEPRYL	generic	1	
tolcapone	TASMAR	generic	1	
trihexyphenidyl	ARTANE	generic	1	
<b>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

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

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<b>Miscellaneous</b>				
deutetrabenazine	AUSTEDO	brand	2	PA
tetrabenazine	XENAZINE	generic	1	Diagnosis Required, QL, SP
<b>Dermatology</b>				
<b>Acne Vulgaris</b>				
Oral				
isotretinoin	ABSORICA AMNESTEEM CLARAVIS MYORISAN ZENTANE	generic	1	PA
Topical				
adapalene gel	DIFFERIN OTC GEL 0.1%	generic	1	
azelaic acid	FINACEA	brand	2	gel
benzoyl peroxide	BENZAC AC	generic	1	
clindamycin	CLEOCIN T	generic	1	gel
clindamycin	CLEOCIN T	generic	1	lotion
clindamycin	CLEOCIN T	generic	1	soln
erythromycin	ERYGEL	generic	1	gel 2%
erythromycin	T-STAT	generic	1	soln
sulfacetamide/sulfur	SULFACET-R	generic	1	lotion
sulfacetamide/sulfur	PLEXION	generic	1	
tretinoin	AVITA RETIN-A	generic	1	cream, ST
<b>Bacterial Infections</b>				
gentamicin	GENTAK	generic	1	
mupirocin	BACTROBAN	generic	1	ointment, 22 gram tube only
silver sulfadiazine	SILVADENE	generic	1	
<b>Corticosteroids</b>				
Low Potency				
alclometasone	ACLOVATE	generic	1	0.05% crm/oint
fluocinolone acetonide	DERMA-SMOOTHIE OIL/FS	generic	1	oil 0.01%
fluocinolone acetonide	SYNALAR	generic	1	soln/crm 0.01%
hydrocortisone	CORTIZONE	generic	1	crm, oint, lot OTC

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hydrocortisone	HYTONE	generic	1	crm 0.5%, 1%, & 2.5%
hydrocortisone	HYTONE	generic	1	lotion 1% & 2.5%
<b>Medium Potency</b>				
betamethasone val	BETA-VAL	generic	1	crm/oint/lotion 0.1%
fluocinolone acetonide	SYNALAR	generic	1	crm, oint 0.025%
fluticasone propionate	CUTIVATE	generic	1	crm 0.05%, oint 0.005%
hydrocortisone butyrate	LOCOID	generic	1	crm/oint/soln 0.1%
hydrocortisone valerate	WESTCORT	generic	1	crm 0.2%
mometasone furoate	ELOCON	generic	1	crm/oint/soln 0.1%
prednicarbate	DERMATOP	generic	1	crm 0.1%
triamcinolone acetonide	KENALOG	generic	1	crm/lot/oint 0.025%
triamcinolone acetonide	KENALOG	generic	1	crm/oint/lotion 0.1%
<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	

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terbinafine	LAMISIL AT	generic	1	OTC
tolnaftate	TINACTIN	generic	1	OTC
<b>Psoriasis</b>				
acitretin	SORIATANE	generic	1	oral caps, PA
calcipotriene	DOVONEX	generic	1	crm/oint, ST
calcipotriene	DOVONEX	generic	1	soln
calcitriol	VECTICAL	generic	1	ST
methoxsalen	OXSORALEN-ULTRA	generic	1	
<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
<b>Miscellaneous</b>				
aluminum chloride topical solution	HYPERCARE 15%	brand	2	
ammonium lactate	LAC-HYDRIN	generic	1	12%
ammonium lactate	LACTINOL	generic	1	lotion 10%
becaplermin gel	REGRANEX	brand	2	PA
collagenase oint	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%
lidocaine	LIDAMANTEL	generic	1	3% cream

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lidocaine	LMX-4	generic	1	4% cream (15 gm tubes), QL
lidocaine	XYLOCAINE	generic	1	jelly 2%
lidocaine patch	LIDODERM	generic	1	Diagnosis Required, QL
lidocaine/prilocaine	EMLA	generic	1	2.5% cream
nitroglycerin	RECTIV	brand	2	Diagnosis Required, QL, 0.4% rectal ointment cream, QL, ST, not covered for members less than 2 years of age
pimecrolimus	ELIDEL	brand	2	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 40% LOTION	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	
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				
clemastine	CLEMASTINE	generic	1	
cyproheptadine	CYPROHEPTADINE	generic	1	
diphenhydramine		generic	1	

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20

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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	
<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>Miscellaneous Nasal</b>				
ipratropium nasal	ATROVENT NASAL SPRAY	generic	1	QL
<b>Nasal Steroids</b>				
fluticasone	FLONASE	generic	1	
triamcinolone nasal spray	NASACORT ALLERGY 24 HOUR	brand	2	OTC
<b>Throat and Mouth</b>				
chlorhexidine gluconate	PERIDEX	generic	1	
lidocaine viscous	XYLOCAINE	generic	1	
pilocarpine	SALAGEN	generic	1	
triamcinolone	KENALOG IN ORABASE	generic	1	paste

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<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% TOPI- CAL GEL	generic	1	PA
<b>Diabetes Mellitus</b>				
Glucose Elevating Agents				
glucagon, human recombinant	GLUCAGON	brand	2	QL
Insulin Combinations				
insulin glargine/ lixisenatide	SOLIQUA	brand	2	ST
Insulins				
insulin aspart	NOVOLOG	brand	2	QL, vials
insulin aspart protamine 70%/ insulin aspart 30%	NOVOLOG MIX 70/30	brand	2	QL, vials
insulin glargine	BASAGLAR	brand	2	
insulin glargine 300 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

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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 lispro pro/lispro	HUMALOG MIX 50/50	brand	2	QL, vials
insulin lispro 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
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	

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

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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>				
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	
<b>Diarrhea</b>				
crofelemer	MYTESI	brand	2	Diagnosis Required, QL
diphenoxylate/atropine	LOMOTIL	generic	1	
loperamide	LOPERAMIDE	generic	1	
<b>Emesis</b>				
aprepitant	EMEND	generic	1	QL applies to 40 mg, 80 mg and 80-125 mg
dronabinol	MARINOL	generic	1	PA
meclizine	ANTIVERT	generic	1	
metoclopramide	REGLAN	generic	1	
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>				
esomeprazole	NEXIUM 24HR OTC	brand	2	PA
esomeprazole granules	NEXIUM DELAYED RELEASE PACKET	brand	2	Members ≥ 2 years of age will require prior authorization.
lansoprazole	PREVACID	generic	1	

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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	QL
pantoprazole	PROTONIX	generic	1	
ranitidine	ZANTAC	generic	1	150 mg tabs
ranitidine syrup	ZANTAC	generic	1	
sucralfate	CARAFATE	generic	1	
sulcralfate	CARAFATE SUSPENSION	generic	1	suspension, Members 10 years of age up to 65 years of age will require prior authorization.
<b>Gastrointestinal Spasm</b>				
dicyclomine	BENTYL	generic	1	tablets only
glycopyrrolate	ROBINUL	generic	1	
hyoscyamine sulfate	LEVSIN	generic		
hyoscyamine sulfate extended-release	LEVSINEX	generic	1	
<b>Inflammatory Bowel Disease</b>				
balsalazide	COLAZAL	generic	1	
budesonide	ENTOCORT EC	generic	1	Diagnosis Required, QL
hydrocortisone	COLOCORT	generic	1	enema
mesalamine	ROWASA	generic	1	enema only
mesalamine extended-release	APRISO DELZICOL	brand	2	
mesalamine supp	CANASA	brand	2	
olsalazine sodium	DIPENTUM	brand	2	
sulfasalazine	AZULFIDINE	generic	1	
sulfasalazine delayed-release	AZULFIDINE EN-TABS	generic	1	
<b>Pancreatic Enzymes</b>				
pancrelipase	CREON CREON 3000 UNIT ZENPEP	brand	2	
<b>Probiotic Supplementation</b>				
acidophilus	ACIDOPHILUS XTRA	brand	2	OTC
acidophilus	ACIDOPHILUS	brand	2	caps and tabs, OTC

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26

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

### Home Infusion Drugs

#### Analgesics - NSAIDs

ketorolac tromethamine inj	KETOROLAC INJ	brand	2	30 mg/ml, Limited to 14 days supply every 30 days.
ketorolac tromethamine im inj	KETOROLAC INJ	brand	2	30 mg/ml, Limited to 14 days supply every 30 days.

#### Analgesics - OPIOD

fentanyl citrate inj	FENTANYL CIT INJ	brand	2	0.05 mg/ml, Limited to 14 days supply every 30 days.
morphine sulfate inj	ASTRAMOR INJ	brand	2	4 mg/ml, Limited to 14 days supply every 30 days.
morphine sulfate inj	DURAMORPH INJ	brand	2	10 mg/ml, Limited to 14 days supply every 30 days.
morphine sulfate inj	MORPHINE SUL INJ	brand	2	2 mg/ml, Limited to 14 days supply every 30 days.

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morphine sulfate inj	MORPHINE SUL INJ	brand	2	15 mg/ml, Limited to 14 days supply every 30 days.
morphine sulfate iv soln	MORPHINE SUL INJ	brand	2	50 mg/ml, Limited to 14 days supply every 30 days.
<b>Antibiotics</b>				
amikacin sulfate inj	AMIKACIN INJ	brand	2	250 mg/ml, Limited to 14 days supply every 30 days.
cefazolin sodium for inj	ANCEF INJ	brand	2	1 gm, Limited to 14 days supply every 30 days.
ceftriaxone sodium for inj	CEFTRIAZONE INJ	brand	2	1 gm, Limited to 14 days supply every 30 days.
ceftriaxone sodium for inj	CEFTRIAZONE INJ	brand	2	2 gm, Limited to 14 days supply every 30 days.
ceftriaxone sodium for inj	CEFTRIAZONE INJ	brand	2	500 mg, Limited to 14 days supply every 30 days.
ceftriaxone sodium for iv soln 1 gm and dextrose 3.74%	CEFTRIAZONE/DEX INJ	brand	2	Limited to 14 days supply every 30 days.
ceftriaxone sodium in dextrose inj	CEFTRIAZONE/INJ DEX	brand	2	20 mg/ml, Limited to 14 days supply every 30 days.
ciprofloxacin 0.2% in d5w	CIPRO I.V. SOL	brand	2	Limited to 14 days supply every 30 days.
ciprofloxacin iv soln 1%	CIPRO I.V. INJ	brand	2	Limited to 14 days supply every 30 days.
clindamycin phosphate inj	CLEOCIN PHOS INJ	brand	2	150 mg/ml, Limited to 14 days supply every 30 days.
imipenem-cilastatin intravenous for soln	IMIPENEM/CIL INJ	brand	2	500 mg, Limited to 14 days supply every 30 days.
levofloxacin in d5w iv soln		brand	2	5 mg/ml, Limited to 14 days supply every 30 days.

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28

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levofloxacin iv soln	LEVAQUIN INJ	brand	2	25 mg/ml, Limited to 14 days supply every 30 days.
piperacillin sodium-tazobactam sodium for inj	PIPER/TAZOBA INJ	brand	2	3-0.375 gm, Limited to 14 days supply every 30 days.
piperacillin sodium-tazobactam sodium for inj	PIPER/TAZOBA INJ	brand	2	4-0.5 gm, Limited to 14 days supply every 30 days.
piperacillin sodium-tazobactam sodium in dex iv sol	ZOSYN SOL	brand	2	3-0.375 gm/50 ml, Limited to 14 days supply every 30 days.
vancomycin hcl for inj	VANCOGIN HCL INJ	brand	2	500 mg, Limited to 14 days supply every 30 days.
vancomycin hcl for inj	VANCOGIN HCL INJ	brand	2	1000 mg, Limited to 14 days supply every 30 days.
vancomycin hcl in dextrose inj	VANCOGIN/DEX INJ	brand	2	500 mg/100 ml, Limited to 14 days supply every 30 days.
<b>Antihistamines</b>				
diphenhydramine hcl inj	BENA-D-50 INJ	brand	2	50 mg/ml, Limited to 14 days supply every 30 days.
promethazine hcl inj	ANERGAN 25 INJ	brand	2	25 mg/ml, Limited to 14 days supply every 30 days.
<b>Diuretics</b>				
furosemide inj	DIAQUA-2 INJ	brand	2	10 mg/ml, Limited to 14 days supply every 30 days.
<b>Electrolyte Mixtures</b>				
dextrose 5% w/ sodium chloride 0.45%	D5W/NACL INJ	brand	2	Limited to 14 days supply every 30 days.
<b>Genitourinary Irrigants</b>				
sodium chloride irrigation soln 0.9%		brand	2	Limited to 14 days supply every 30 days.

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<b>Minerals &amp; Electrolytes</b>				
sodium chloride inj	BD POSIFLUSH INJ	brand	2	0.9%, Limited to 14 days supply every 30 days.
sodium chloride inj	SOD CHLORIDE INJ	brand	2	0.45%, Limited to 14 days supply every 30 days.
sodium chloride iv soln	SOD CHLORIDE INJ	brand	2	0.9%, Limited to 14 days supply every 30 days.
<b>Nutrients</b>				
dextrose inj	DEXTROSE INJ	brand	2	5%, Limited to 14 days supply every 30 days.
dextrose inj	DEXTROSE INJ	brand	2	50%, Limited to 14 days supply every 30 days.
<b>Spasticity</b>				
diazepam	VALIUM	generic	2	inj 5 mg/ml, QL, Limited to 14 days supply every 30 days.
<b>Vitamins</b>				
phytonadione inj	AQUA-MEPHYTO INJ	brand	2	10 mg/ml, Limited to 14 days supply every 30 days.
<b>Miscellaneous</b>				
haloperidol lactate	HALDOL	generic	1	inj 5 mg/ml, QL, Limited to 14 days supply every 30 days.
lorazepam	ATIVAN	generic	1	inj 2 mg/ml, QL, Limited to 14 days supply every 30 days.
<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	REESE'S PINWORM MEDICINE	brand	2	tablets, suspension
pyrantel pamoate	PIN-X	brand	2	chewable tablets, suspension

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<b>Antibacterials</b>				
Antituberculosis Agents				
aminosalicylic acid	PASER	brand	2	
cycloserine	SEROMYCIN	generic	1	
ethambutol	MYAMBUTOL	generic	1	
ethionamide	TRECTOR	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	
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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<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	VANCOGIN 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	PA, QL
itraconazole	SPORANOX	brand	2	soln, PA, QL
ketoconazole	NIZORAL	generic	1	
nystatin	MYCOSTATIN	generic	1	
terbinafine	LAMISIL	generic	1	QL
voriconazole	VFEND	generic	1	PA
<b>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>				
<b>Cytomegalovirus Treatment</b>				
ganciclovir	CYTOVENE	generic	1	
valganciclovir	VALCYTE	generic	1	tabs only

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32

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

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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	
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	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
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	Diagnosis Required
<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	
etravirine	INTELENCE	brand	2	Diagnosis Required
hydroxychloroquine	PLAQUENIL	generic	1	
linezolid	ZYVOX	generic	1	PA
mefloquine	LARIAM	generic	2	
metronidazole	FLAGYL	generic	1	tabs only
neomycin sulfate		brand	2	
nitrofurantoin extended-release	MACROBID	generic	1	
nitrofurantoin macrocrystals	MACRODANTIN	generic	1	
nitrofurantoin susp	FURADANTIN SUSP 25 MG/5 ML	generic	1	Members ≥ 8 years of age will require prior authorization.
palivizumab	SYNAGIS	brand	2	PA, SP
paromomycin	HUMATIN	generic	1	
primaquine		generic	1	
pyrimethamine	DARAPRIM	brand	2	PA, SP
trimethoprim	TRIMETHOPRIM	generic	1	tabs only

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Musculoskeletal</b>				
<b>Arthritis</b>				
Disease Modifying Anti-Rheumatic Drugs				
adalimumab	HUMIRA	brand	2	PA, SP
anakinra	KINERET	brand	2	PA, SP
apremilast	OTEZLA	brand	2	PA, SP
auranofin	RIDAURA	brand	2	
azathioprine	IMURAN	generic	1	
canakinumab	ILARIS	brand	2	PA, SP
certolizumab 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				
celecoxib	CELEBREX	generic	1	PA, QL
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	MOTRIN	generic	1	tabs, chew tabs and susp
indomethacin	INDOCIN	generic	1	
ketoprofen	ORUDIS	generic	1	IR only
meloxicam	MOBIC	generic	1	QL
naproxen	NAPROSYN	generic	1	
naproxen delayed release	ENTERIC COATED-NAPROSYN	generic	1	
oxaprozin	DAYPRO	generic	1	
piroxicam	FELDENE	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
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	DANTRIUM	generic	1	
diazepam	VALIUM	generic	1	QL
tizanidine	ZANAFLEX	generic	1	tabs only, QL
<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			

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Monophasic - 20 mcg Estrogen</b>				
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
<b>Monophasic - 30 mcg Estrogen</b>				
desogestrel/EE	ORTHO-CEPT	generic	1	0.15/30, QL
levonorgestrel/EE	NORDETTE	generic	1	0.15/30, QL
norethindrone acetate/EE	LOESTRIN 1.5/30	generic	1	1.5/30, QL
norethindrone acetate/EE/ iron	LOESTRIN FE 1.5/30	generic	1	1.5/30, QL
norgestrel/EE	LO/OVRAL	generic	1	0.3/30, QL
<b>Monophasic - 35 mcg Estrogen</b>				
ethynodiol diacetate/EE	ZOVIA 1/35	generic	1	1/35, QL
norethindrone/EE	BALZIVA	generic	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
<b>Monophasic - 50 mcg Estrogen</b>				
ethynodiol diacetate/EE	ZOVIA 1/50	generic	1	1/50, QL
norethindrone/EE	OVCON 50	generic	1	1/50, QL
norethindrone/ME	ORTHO-NOVUM 1/50	generic	1	1/50, QL
norgestrel/EE	OVRAL	generic	1	0.5/50, QL
<b>Progestin</b>				
norethindrone	ORTHO MICRONOR	generic	1	
<b>Transdermal</b>				
norelgestromin/EE	ORTHO EVRA XULANE	generic	1	
<b>Triphasic</b>				
desogestrel/EE	CYCLESSA	generic	1	QL
levonorgestrel/EE	TRIVORA	generic	1	QL
norethindrone acetate/EE/iron	ESTROSTEP FE	generic	1	QL
norethindrone/EE	TRI-NORINYL	generic	1	QL
norethindrone/EE	ORTHO-NOVUM 7/7/7	generic	1	QL
norgestimate/EE	ORTHO TRI-CYCLEN	generic	1	QL
<b>Endometriosis</b>				
danazol	DANOCRINE	generic	1	Gender edits apply: for female patients only.

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38

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<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	OIDREL	brand	2	Diagnosis Required, QL
chorionic gonadotropin	NOVAREL	brand	2	Diagnosis Required, QL
<b>Vaginal Infections</b>				
Oral				
fluconazole	DIFLUCAN	generic	1	QL
metronidazole	FLAGYL	generic	1	tabs
Vaginal				
clindamycin	CLEOCIN	generic	1	crm
metronidazole	METROGEL-VAGINAL METROGEL 1%	generic	1	
terconazole	TERAZOL 3/7	generic	1	crm
<b>Miscellaneous</b>				
conjugated estrogen/ bazedoxifene	DUAVEE	brand	2	
methylergonovine	METHERGINE	generic	1	
tranexamic acid	LYSTEDA	generic	1	PA

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39

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Ophthalmic</b>				
<b>Allergy</b>				
azelastine	OPTIVAR	generic	1	ST
cromolyn sodium	CROLOM	generic	1	QL
ketotifen	ALAWAY OTC	generic	1	
<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%
tobramycin/ dexamethasone	TOBRADEX	generic	1	
Nonsteroidal				
diclofenac sodium	VOLTAREN	generic	1	
flurbiprofen	OCUFEN	generic	1	
ketorolac	ACULAR/ACULAR LS	generic	1	
Steroidal				
dexamethasone sodium phosphate	DEXASOL	generic	1	
fluorometholone	FML	brand	2	oint 0.1%
fluorometholone	FML FORTE	brand	2	susp 0.25%
fluorometholone	FML LIQUIFILM	generic	1	susp 0.1%
prednisolone acetate	PRED FORTE	generic	1	1%
prednisolone acetate	PRED MILD	brand	2	0.12%
prednisolone phosphate	INFLAMASE FORTE	generic	1	1%
<b>Glaucoma</b>				
Beta-Blockers				
carteolol		generic	1	
levobunolol	BETAGAN	generic	1	ophthalmic solution
metipranolol	OPTIPRANOLOL	generic	1	0.3% ophthalmic solution
timolol	TIMOPTIC XE	generic	1	gel forming solution
timolol maleate	TIMOPTIC	generic	1	

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40

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<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
<b>Topical - Parasympathomimetics</b>				
pilocarpine	ISOPTO CARPINE	generic	1	
pilocarpine	PILOPINE HS GEL	brand	2	
<b>Topical - Sympathomimetics</b>				
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>				
<b>Bacterial</b>				
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	

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41

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
polymyxin B/trimethoprim	POLYTRIM	generic	1	
sulfacetamide	BLEPH-10	generic	1	oint/soln
tobramycin	TOBEX	generic	1	
<b>Viral</b>				
trifluridine	VIROPTIC	generic	1	
<b>Miscellaneous Ophthalmics</b>				
cysteamine 0.44% ophthalmic solution	CYSTARAN	brand	2	Diagnosis Required, QL, SP
<b>Psychiatric</b>				
<b>Alcohol Deterrents*</b>				
acamprosate	CAMPRAL	brand	2	
disulfiram	ANTABUSE	generic	1	
naltrexone	REVIA	generic	1	
<b>Anxiety*</b>				
<b>Benzodiazepines</b>				
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
<b>Miscellaneous</b>				
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

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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	
<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	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Miscellaneous Agents</b>				
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>				
<b>Benzodiazepines</b>				
flurazepam	DALMANE	generic	1	QL
temazepam	RESTORIL	generic	1	15 mg and 30 mg only, QL
triazolam	HALCION	generic	1	QL
<b>Non-Benzodiazepines</b>				
chloral hydrate	CHLORAL HYDRATE	generic	1	
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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
atomoxetine	STRATTERA	brand	2	Age Limits Apply, Diagnosis Required
brexpiprazole	REXULTI	brand	2	Diagnosis Required, QL
buprenorphine hcl-naloxone hcl SL	ZUBSOLV	brand	2	QL
buprenorphine hcl-naloxone hcl SL film	SUBOXONE	brand	2	QL, 4 & 12mg
buprenorphine hcl-naloxone hcl SL tab	SUBOXONE	generic	1	QL
buprenorphine-naloxone buccal film	BUNAVAIL	brand	2	QL
bupropion hcl (smoking deterrent) tab SR 12hr	ZYBAN	generic	1	
bupropion HCL tab SR 24HR	FORFIVO XL	brand	2	
bupropion hydrobromide	APLENZIN	brand	2	
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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
dexamethylphenidate HCL cap SR 24 HR	FOCALIN XR	generic	1	Age Limits Apply, Diagnosis Required
dextroamphetamine	ZENZEDI	brand	2	Age Limits Apply, Diagnosis Required
dextroamphetamine	DEXEDRINE DEXTROSTAT	generic	1	Age Limits Apply, Diagnosis Required, QL
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	
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	
flvoxamine 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	

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

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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	
<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

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Respiratory Drugs</b>				
<b>Antitussives, Decongestants, Expectorants and Combinations</b>				
benzonatate	TESSALON	generic	1	
brompheniramine/ pseudoephedrine	ACCUHIST DROPS UNI-HIST DROPS	generic	1	
brompheniramine/ pseudoephedrine/ dextromethorphan	BROMFED DM	generic	1	syrup
chlorphen tan/ carbetapentane tan	TUSSI-12 S	generic	1	susp
chlorphen tan/pyrilamine tan/PE tan	TRITANN PEDIATRIC SUSP R-TANNAMINE	generic	1	susp
chlorpheniramine maleate phenylephrine HCL	ED A-HIST TABLETS AND LIQUID	generic	1	
chlorpheniramine/ phenylephrine	RONDEC DROPS CARDEC DRO	generic	1	liquid
chlorpheniramine/ phenylephrine	RONDEC SYRUP CARDEC SYP	generic	1	syrup
chlorpheniramine tan/ phenylephrine tan	RYNATAN PEDIATRIC SUSP	generic	1	susp
codeine/ chlorpheniramine/ pseudoephedrine	DIHISTINE DH PHENYLHIST LIQ DH	generic	1	
codeine/guaifenesin	GUIATUSS AC GG/CODEINE M-CLEAR WC	generic	1	QL
codeine/guaifenesin/ pseudoephedrine	GUIATUSS DAC	generic	1	
codeine/promethazine	PROMETHAZINE W/CODEINE	generic	1	QL
codeine/promethazine/ phenylephrine	PROMETHAZINE VC W/CODEINE	generic	1	QL
dextromethorphan/ brompheniramine/ pseudoephedrine	BROMETANE DX	generic	1	
dextromethorphan- guaifenesin	DURATUSS DM ELX	generic	1	soln 25-225 mg/5 ml

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50

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
dextromethorphan/ promethazine	PHENERGAN DM PROMETHAZINE SYP DM	generic	1	
hydrocodone/homatropine	HYCODAN HYDROMET SYP HYDROCODONE/ TAB HOMATROP	generic	1	
loratadine & pseudoephedrine SR 24hr	CLARITIN-D	generic	1	
phenylephrine/ chlorpheniramine/ dextromethorphan	RONDEC DM STATUSS DM SYP CARDEC DM SYP MINUTUSS DR SYP	generic	1	syrup
phenylephrine/ chlorpheniramine/ dextromethorphan	RONDEC DM DROPS CARDEC DM DRO	generic	1	liquid
phenylephrine/ chlorpheniramine/ dihydrocodeine	DIHYDRO-PE SYP	generic	1	
phenylephrine/ephed/ CPM w/ carbetapentane	RYNATUSS PEDIATRIC SUSP	generic	1	susp
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 tan/ dexchlorphen tan/ DM tan	TANAFED DMX SUSPENSION TRI-FED X	generic	1	susp
pyrilamine tan/phenyleph tan	RYNA-12 S	generic	1	susp
tripolidine/ pseudoephedrine	TRIPROL/PSE SYP APHEDRID TAB	generic	1	

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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 sodium	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>				
calcitriol	ROCALTROL	generic	1	
calcitriol oral soln	ROCALTROL SOLUTION	generic	1	Members ≥ 8 years of age will require prior authorization.
cyanocobalamin	VITAMIN B-12	generic	1	inj
ergocalciferol (D2)	DRISDOL	generic	1	
ferrous sulfate	FEOSOL	generic	1	OTC
fluoride	LURIDE LURIDE LOZI-TABS PREVIDENT PHOS-FLUR	generic	1	
folic acid	FOLIC ACID	generic	1	
multivitamins/ fluoride/±iron	POLY-VI-FLOR	generic	1	
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	PRUET DHA PAK SETONET PAK	brand	2	
prenat-FE Bis-FE prot succ-FA-CA & omega 3	TRUST NATALCARE PAK DHA	brand	2	
prenat-FE Bis-FE prot succ-FA-CA & omega 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	GENTEX ADE 28-1 MG	brand	2	
prenatal vit w/FE bisglycinate chelate-FA	VINATE AZ EX	brand	2	

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54

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
prenatal vit w/FE bisglycinate chelate-FA	VINATE II	brand	2	
prenatal vit w/FE polysac cmplx-FA	EDGE OB CHW	brand	2	
prenatal vit w/iron carbonyl-FA	ATABEX PRENATAL	brand	2	
prenatal vit w/o vit a w/fe bisglycinate-fa tab 32-1 mg		generic	1	
prenatal vitamins w/folic acid	PRENATAL VITAMINS W/ FOLIC ACID MATERNA NESTABS	generic	1	QL
prenatal w/o A w/FE carbonyl-FE gluc-DSS-FA	FOLTABS PRENATAL TRI RX	brand	2	
vitamin ADC/fluoride/±iron drops	TRI-VI-FLOR	generic	1	
vitamin B complex/ vitamin C/folic acid	NEPHROCAPS	generic	1	
<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 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
potassium chloride	K-LOR	generic	1	powder
potassium chloride	POTASSIUM CHLORIDE	generic	1	liquid

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<b>Miscellaneous</b>				
<b>Anaphylaxis</b>				
epinephrine	EPIPEN EPIPEN JR.	generic	1	QL
<b>Antidotes</b>				
acetylcysteine	CETYLEV	brand	2	
succimer	CHEMET	brand		QL
<b>Cystic Fibrosis</b>				
acetylcysteine	MUCOMYST	generic	1	
aztreonam	CAYSTON	brand	2	Diagnosis Required, QL, SP
dornase alfa	PULMOZYME	brand	2	Diagnosis Required, QL, SP
ivacaftor	KALYDECO KALYDECO GRANULES	brand	2	PA, SP
lumacaftor/ivacaftor	ORKAMBI	brand	2	PA, SP
sodium chloride for nebulizer	HYPERSAL NEBUSAL	generic	1	
tobramycin neb soln	BETHKIS	brand	2	Diagnosis Required, QL, SP
<b>Hereditary Angioedema</b>				
C1 Inhibitor, Human	BERINERT	brand	2	PA, SP
icatibant	FIRAZYR	brand	2	PA, SP
<b>Hyperphosphatemia</b>				
calcium acetate		generic	1	667 mg tablet only
cinacalcet	SENSIPAR	brand	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

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QL = Quantity Limit

ST = Step Therapy

SP = Specialty Pharmacy

^ Only available through  
manual PA process

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Behavioral Health Prescribers

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otherwise PA required

Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<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
nfluenza virus vaccine recombinant hemagglutinin (ha)	FLUBLOK	brand	2	QL
influenza virus vaccine split	AFLURIA, FLUZONE SPLT	brand	2	QL
influenza virus vaccine split high-dose pf	FLUZONE HD PF	brand	2	QL
influenza virus vaccine split pf	AFLURIA PF	brand	2	QL
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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
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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58

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Generic Drug Name	Brand Drug Name Examples
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<b>OTC MEDICATIONS</b>	
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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.

<b>Acne</b>	
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adapalene gel	DIFFERIN OTC GEL 0.1%
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<b>Antivirals</b>	
-------------------	--

docosanol	ABREVA OTC CREAM
-----------	------------------

<b>Cough/Cold Allergy</b>	
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Antihistamines	
----------------	--

antihistamines	BENADRYL
	CLARITIN
	ALAVERT
	ZYRTEC

cetirizine/pseudophedrine OTC	ZYRTEC D ALAVERT ALRG TAB/SINUS
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loratadine/pseudoephedrine	ALAVERT D ALLERGY/CONG
----------------------------	---------------------------

<b>Diabetes</b>	
-----------------	--

alcohol swabs	CURITY ALCOHOL PADS
---------------	---------------------

glucose oral tablets	
insulin (vials only)	HUMULIN NOVOLIN

<b>Family Planning</b>	
------------------------	--

condom-male	TROJAN
	KIMONO
	LIFESTYLES
	TRUSTEX
	DUREX

contraceptive foam	FANTASY
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contraceptive gel	DELFIN GYNOL II
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<b>Insomnia</b>	
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doxylamine succinate	UNISOM
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Generic Drug Name	Brand Drug Name Examples
<b>First Aid</b>	
hydrocortisone crm, oint	CORTAID
<b>Gastrointestinal</b>	
	LANSOPRAZOLE CAP DELAYED-RELEASE LOMEPRAZOLE DELAYED-RELEASE TAB 20 MG
<b>Lice Products</b>	
permethrin	NIX
pyrethrins/piperonyl butoxide liquid shampoo	RID SHAMPOO
<b>Ophthalmics</b>	
allergic conjunctivitis	ALAWAY
<b>Smoking Cessation Products</b>	
nicotine	COMMIT LOZENGES (QUANTITY LIMIT) NICODERM CQ (QUANTITY LIMIT) NICOTINE GUM (QUANTITY LIMIT)
<b>Urological</b>	
oxybutynin patch	OXYTROL FOR WOMEN OTC PATCH
<b>Vitamins/Minerals</b>	
iron	
ferrous fumarate, ferrous gluconate, ferrous sulfate, ferrous bis-glycinate chelate and polysaccharide iron caps	FERGON FEOSOL

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60

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## Index of Covered Drugs

### A

abacavir . . . . .	34, 35	adapalene gel . . . . .	17, 59	alogliptin/metformin . . . . .	23
abacavir/dolutegravir/ lamivudine . . . . .	35	ADASUVE . . . . .	47	alogliptin/pioglitazone . . . . .	23
abacavir/lamivudine . . . . .	34	ADDERALL . . . . .	42	ALPHAGAN . . . . .	41
abacavir/lamivudine/ zidovudine . . . . .	34	ADDERALL XR . . . . .	42	ALPHAGAN P . . . . .	41
abaloparatide inj . . . . .	24	ADEMPAS . . . . .	12	alprazolam . . . . .	42, 44
ABILIFY DISCMELT . . . . .	44	ADLYXIN . . . . .	24	alprazolam ODT . . . . .	44
ABILIFY MAINTENA . . . . .	48	ADZENYS XR-ODT . . . . .	44	alprazolam tab SR 24HR . . . . .	44
ABILIFY SOLUTION . . . . .	44	afatinib . . . . .	4	ALTACE . . . . .	8
ABILIFY TABLETS . . . . .	48	AFINITOR . . . . .	4	altretamine . . . . .	4
abiraterone . . . . .	5	AFINITOR DISPERZ . . . . .	4	aluminum chloride topical solution . . . . .	19
ABREVA OTC CREAM . . . . .	33, 59	AFLURIA . . . . .	57	ALUNBRIG . . . . .	4
ABSORICA . . . . .	17	AFLURIA PF . . . . .	57	amantadine . . . . .	15, 33
acamprosate . . . . .	42	AGRYLIN . . . . .	7	AMARYL . . . . .	23
acarbose . . . . .	23	AIRDUO RESPICLICK . . . . .	52	AMBIEN . . . . .	44
ACCUHIST DROPS . . . . .	50	ALAVERT . . . . .	21, 59	ambrisentan . . . . .	12
ACCUNEB . . . . .	52	ALAVERT ALRG TAB/ SINUS . . . . .	21, 59	AMERGE . . . . .	14
ACCUPRIL . . . . .	8	ALAVERT D . . . . .	21, 59	AMICAR . . . . .	8
ACCURETIC . . . . .	8	ALAWAY . . . . .	40, 60	AMIKACIN INJ . . . . .	28
acebutolol . . . . .	9	ALAWAY OTC . . . . .	40	amikacin sulfate inj . . . . .	28
acetazolamide . . . . .	41	albendazole . . . . .	30	amiloride . . . . .	10
acetazolamide extended-release . . . . .	41	ALBENZA . . . . .	30	amiloride/ hydrochlorothiazide . . . . .	10
acetic acid . . . . .	20	albiglutide . . . . .	24	aminocaproic acid . . . . .	8
acetic acid/aluminum acetate	20	albuterol . . . . .	52	aminosalicylic acid . . . . .	31
acetic acid/hydrocortisone . . . . .	20	albuterol sulfate . . . . .	52	amiodarone tabs . . . . .	9
acetylcysteine . . . . .	56	alclometasone . . . . .	17	amitriptyline . . . . .	14, 43
acidophilus . . . . .	26, 27	alcohol swabs . . . . .	59	amitriptyline/perphenazine . . . . .	43
ACIDOPHILUS XTRA . . . . .	26	ALDACTAZIDE . . . . .	10	amlodipine . . . . .	10
acidophilus/bifidus . . . . .	27	ALDACTONE . . . . .	10	ammonium lactate . . . . .	19
ACIDOPHILUS/BIFIDUS WAFER . . . . .	27	ALDARA . . . . .	19	AMNESTEEM . . . . .	17
acidophilus/citrus pectin . . . . .	27	ALDOMET . . . . .	12	amoxapine . . . . .	43
acidophilus/pectin . . . . .	27	ALDORIL . . . . .	12	amoxicillin . . . . .	32
acitretin . . . . .	19	ALECENSA . . . . .	4	AMOXICILLIN CAPSULES AND CHEWABLES . . . . .	32
ACLOVATE . . . . .	17	alectinib . . . . .	4	amoxicillin/clavulanate . . . . .	32
ACTIGALL . . . . .	27	alendronate . . . . .	24	AMOXIL SUSP . . . . .	32
ACTIMMUNE . . . . .	6	ALESSE . . . . .	38	amphetamine sulfate . . . . .	44
ACTOS . . . . .	24	alfuzosin ER . . . . .	53	amphetamine susp extended release . . . . .	44
ACULAR/ACULAR LS . . . . .	40	ALINIA . . . . .	32	amphetamine tab extended release dispersible . . . . .	44
acyclovir . . . . .	33	ALINIA SUSPENSION . . . . .	32	amphetamine/ dextroamphetamine 3-bead cap ER 24hr . . . . .	44
ADACEL . . . . .	58	alirocumab . . . . .	11		
ADALAT CC . . . . .	10	alitretinoin 1% gel . . . . .	6		
adalimumab . . . . .	36	ALKERAN . . . . .	4		
		allergic conjunctivitis . . . . .	60		
		ALLERGY/CONG . . . . .	21, 59		
		allopurinol . . . . .	37		
		alogliptin . . . . .	23		

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## Index of Covered Drugs

amphetamine/ dextroamphetamine mixed salts . . . . .	42	asfotase alfa . . . . .	24	BARACLUDE . . . . .	33	
amphetamine/ dextroamphetamine mixed salts extended-release . . . . .	42	ASMANEX HFA . . . . .	52	BASAGLAR . . . . .	22	
ampicillin . . . . .	32	ASMANEX TWISTHALER . . . . .	52	BD POSIFLUSH INJ . . . . .	30	
ANAFRANIL . . . . .	45	ASTELIN . . . . .	21	becaplermin gel . . . . .	19	
anagrelide . . . . .	7	ASTRAMOR INJ . . . . .	27	bedaquiline . . . . .	35	
anakinra . . . . .	36	ATABEX PRENATAL . . . . .	55	BENA-D-50 INJ . . . . .	29	
anastrozole . . . . .	5	ATARAX . . . . .	21	BENADRYL . . . . .	21, 59	
ANCEF INJ . . . . .	28	atazanavir . . . . .	34	benazepril . . . . .	8	
ANERGAN 25 INJ . . . . .	29	atenolol . . . . .	9	benazepril/ hydrochlorothiazide . . . . .	8	
ANORO ELLIPTA . . . . .	52	atenolol/chlorthalidone . . . . .	9	BENTYL . . . . .	26	
ANTABUSE . . . . .	42	ATIVAN . . . . .	30, 42	BENZAC AC . . . . .	17	
antihistamines .2, 20, 21, 29, 59		atomoxetine . . . . .	45	benzocaine/antipyrine . . . . .	20	
ANTIVERT . . . . .	25	atorvastatin . . . . .	11	benzonatate . . . . .	50	
ANUSOL HC 2.5% . . . . .	19	atovaquone . . . . .	32	BENZOTIC . . . . .	20	
APHEDRID TAB . . . . .	51	ATRIPLA . . . . .	34	benzoyl peroxide . . . . .	17	
apixaban . . . . .	7	atropine . . . . .	25, 27, 41	benztropine . . . . .	15	
APLENZIN . . . . .	45	atropine sulfate . . . . .	27	BERINERT . . . . .	56	
apremilast . . . . .	36	ATROVENT . . . . .	21, 52	BETA-VAL . . . . .	18	
aprepitant . . . . .	25	ATROVENT HFA . . . . .	52	BETAGAN . . . . .	40	
APRESOLINE . . . . .	12	ATROVENT NASAL SPRAY . . . . .	21	betamethasone augmented dip . . . . .	18	
APRISO . . . . .	26	AUBAGIO . . . . .	15	betamethasone dip augmented . . . . .	18	
APTENSIO XR . . . . .	47	AUGMENTIN . . . . .	32	betamethasone dipropionate	18	
APTIVUS . . . . .	35	auranofin . . . . .	36	betamethasone val . . . . .	18	
AQUA-MEPHYTO INJ . . . . .	30	AUSTEDO . . . . .	17	BETAPACE . . . . .	9	
ARALEN . . . . .	35	AVITA . . . . .	17	BETAPACE AF . . . . .	9	
ARANESP . . . . .	7	axitinib . . . . .	4	betaxolol . . . . .	9	
ARAVA . . . . .	36	AYGESTIN . . . . .	39	bethanechol . . . . .	53	
ARCAPTA NEOHALER . . . . .	52	azathioprine . . . . .	6, 36	BETHKIS . . . . .	56	
ARICEPT . . . . .	12	azelaic acid . . . . .	17	bexarotene caps and topical gel . . . . .	6	
ARIMIDEX . . . . .	5	azelastine . . . . .	21, 40	BIAXIN . . . . .	31	
aripiprazole . . . . .	44, 48, 49	azithromycin . . . . .	31	BIAXIN XL . . . . .	31	
aripiprazole ER injection . . . . .	48	aztreonam . . . . .	56	bicalutamide . . . . .	5	
aripiprazole lauroxil IM ER susp . . . . .	49	AZULFIDINE . . . . .	26, 36	BICITRA . . . . .	53	
aripiprazole ODT . . . . .	44	AZULFIDINE EN-TABS . . . . .	26, 36	BILTRICIDE . . . . .	30	
aripiprazole oral solution . . . . .	44			bisoprolol . . . . .	9	
ARISTADA . . . . .	49	<b>B</b>			bisoprolol/hydrochlorothiazide	9
armodafinil . . . . .	13	bacitracin . . . . .	40, 41	BLEPH-10 . . . . .	42	
ARNUITY ELLIPTA . . . . .	52	bacitracin/polymyxin/ neomycin/hc . . . . .	40	BOOSTRIX . . . . .	58	
AROMASIN . . . . .	5	baclofen . . . . .	37	bosentan . . . . .	12	
ARTANE . . . . .	15	BACTRIM . . . . .	32	BOSULIF . . . . .	4	
asenapine maleate sublingual	44	BACTRIM DS . . . . .	32	bosutinib . . . . .	4	
		BACTROBAN . . . . .	17	BREO ELLIPTA . . . . .	52	
		balsalazide . . . . .	26			
		BALZIVA . . . . .	38			
		BANZEL . . . . .	16			

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## Index of Covered Drugs

BRETHINE.....	52
brexpiprazole.....	45
brigatinib.....	4
BRILINTA.....	7
brimonidine.....	19, 41
BROMETANE DX.....	50
BROMFED DM.....	50
brompheniramine/ pseudoephedrine.....	50
brompheniramine/ pseudoephedrine/ dextromethorphan.....	50
budesonide.....	26, 52
bumetanide.....	10
BUMEX.....	10
BUNAVAIL.....	45
BUPHENYL.....	57
buprenorphine.....	45, 48
buprenorphine hcl-naloxone hcl SL.....	45
buprenorphine hcl-naloxone hcl SL film.....	45
buprenorphine hcl-naloxone hcl SL tab.....	45
buprenorphine-naloxone buccal film.....	45
buprenorphine/naloxone.....	48
bupropion.....	44, 45
bupropion extended-release.....	44
bupropion hcl (smoking deterrent) tab SR 12hr.....	45
bupropion HCL tab SR 24HR.....	45
bupropion hydrobromide.....	45
BUSPAR.....	42
bupirone.....	42
busulfan.....	4
butalbital/acetaminophen.....	13
butalbital/acetaminophen/ caffeine.....	13
butalbital/apap/caff/cod.....	13
butalbital/asa/caff/cod.....	13
butalbital/aspirin/caffeine.....	13
butorphanol.....	13

## C

C1 Inhibitor, Human.....	56
cabergoline.....	24
CABOMETYX.....	4
cabozantinib.....	4
CAFERGOT.....	14
CALAN.....	10, 15
CALAN SR.....	10
calcipotriene.....	19
calcitonin-salmon.....	24
calcitriol.....	19, 54
calcitriol oral soln.....	54
calcium acetate.....	56
CAMPRAL.....	42
canagliflozin.....	23
canagliflozin/metformin.....	23
canagliflozin/metformin extended-release.....	23
canakinumab.....	36
CANASA.....	26
capecitabine.....	4
CAPOTEN.....	8
CAPOZIDE.....	8
CAPRELSA.....	5
captopril.....	8
captopril/hydrochlorothiazide.....	8
CARAFATE.....	26
CARAFATE SUSPENSION.....	26
CARBAGLU.....	57
carbamazepine.....	15, 45
carbamazepine (antipsychotic) cap SR 12HR.....	45
carbamazepine extended- release.....	15
CARBATROL.....	15
carbidopa/levodopa.....	15
carbidopa/levodopa extended-release.....	15
CARDEC DM DRO.....	51
CARDEC DM SYP.....	51
CARDEC DRO.....	50
CARDEC SYP.....	50
CARDENE.....	10
CARDIZEM.....	10
CARDIZEM CD.....	10
CARDIZEM SR.....	10

CARDURA.....	8, 53
carglumic acid.....	57
cariprazine.....	45
carteolol.....	40
carvedilol.....	9
CASODEX.....	5
cataflam.....	13, 36
CATAPRES.....	8
CAYSTON.....	56
CECLOR.....	31
cefaclor.....	31
cefadroxil.....	31
cefazolin sodium for inj.....	28
cefdinir.....	31
cefixime.....	31
cefprozil.....	31
CEFTIN.....	31
CEFTRIAX/DEX INJ.....	28
CEFTRIAXONE INJ.....	28
ceftriaxone sodium for inj.....	28
ceftriaxone sodium for iv soln 1 gm and dextrose 3.74%.....	28
ceftriaxone sodium in dextrose inj.....	28
CEFTRIAXONE/INJ DEX.....	28
cefuroxime axetil.....	31
CEFZIL.....	31
CELEBREX.....	36
celecoxib.....	36
CELEXA.....	43
CELLCEPT.....	6
CELONTIN.....	16
cephalexin.....	31
ceritinib.....	4
certolizumab pegol.....	36
cetirizine.....	21, 59
cetirizine chew tab.....	21
cetirizine hydrochloride/ pseudoephedrine hydrochloride 12 hours extended-release.....	21
cetirizine/pseudophedrine OTC.....	59
CETYLEV.....	56
CHANTIX.....	49
CHEMET.....	56

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## Index of Covered Drugs

chloral hydrate. . . . .	44	clarithromycin ER . . . . .	31	COLOCORT. . . . .	26
chlorambucil . . . . .	4	CLARITIN. . . . .	21, 59	COLYTE. . . . .	25
chlordiazepoxide. . . . .	42	CLARITIN-D. . . . .	51	COMBIVENT RESPIMAT. . . . .	52
chlordiazepoxide-		clemastine . . . . .	20	COMBIVIR. . . . .	34
amitriptyline . . . . .	45	CLEOCIN . . . . .	17, 28, 35, 39	COMETRIQ. . . . .	4
chlorhexidine gluconate. . . . .	21	CLEOCIN PHOS INJ . . . . .	28	COMMIT LOZENGES. . . . .	60
chloroquine phosphate . . . . .	35	CLEOCIN T . . . . .	17	COMMIT OTC. . . . .	49
chlorothiazide . . . . .	10	CLIMARA. . . . .	39	COMPAZINE . . . . .	25
chlorphen tan/carbetapentane		clindamycin . . . . .	17, 28, 35, 39	COMPLERA . . . . .	34
tan. . . . .	50	clindamycin phosphate inj. . . . .	28	COMPLETE NATALCARE PAK	
chlorphen tan/pyrilamine tan/		CLINORIL. . . . .	13, 37	DHA . . . . .	54
PE tan. . . . .	50	clobazam . . . . .	15	COMTAN . . . . .	15
chlorpheniramine maleate		clobetasol propionate. . . . .	18	CONCERTA. . . . .	43
phenylephrine HCL . . . . .	50	clomipramine. . . . .	45	condom-male . . . . .	59
chlorpheniramine tan/		clonazepam. . . . .	15, 42, 45	CONDYLOX SOL . . . . .	19
phenylephrine tan. . . . .	50	clonazepam ODT . . . . .	45	conjugated estrogen/	
chlorpheniramine/		clonidine. . . . .	8, 45	bazedoxifene. . . . .	39
phenylephrine. . . . .	21, 50	clonidine HCL tab SR 12HR. . . . .	45	contraceptive foam. . . . .	59
chlorpheniramine/		clopidogrel. . . . .	7	contraceptive gel. . . . .	59
phenylephrine/pyrilamine	21	clorazepate . . . . .	42	COPAXONE 40mg . . . . .	15
chlorpromazine. . . . .	49	clotrimazole . . . . .	18, 32	CORDARONE . . . . .	9
chlorpropamide. . . . .	23	clotrimazole with		COREG . . . . .	9
chlorthalidone . . . . .	9, 10	betamethasone. . . . .	18	CORTAID . . . . .	60
chlorzoxazone. . . . .	37	clozapine . . . . .	45, 49	CORTEF. . . . .	22
CHOLBAM. . . . .	24	clozapine ODT. . . . .	45	cortisone acetate . . . . .	22
cholestyramine . . . . .	11	clozapine susp . . . . .	45	CORTISPORIN . . . . .	20, 40
cholic acid . . . . .	24	CLOZARIL . . . . .	45, 49	CORTISPORIN OTIC . . . . .	20
choriogonadotropin alfa. . . . .	39	cobicistat . . . . .	35	CORTIZONE . . . . .	17
chorionic gonadotropin . . . . .	39	cobicistat/elvitegravir/		COSENTYX. . . . .	36
ciclopirox . . . . .	18	emtricitabine/tenofovir. . . . .	35	COSOPT . . . . .	41
cilostazol . . . . .	7	cobimetinib . . . . .	4	COTELLIC . . . . .	4
CILOXAN . . . . .	41	codeine sulfate . . . . .	13	COUMADIN. . . . .	7
CIMZIA . . . . .	36	codeine/acetaminophen. . . . .	13	COZAAR . . . . .	9
cinacalcet. . . . .	56	codeine/chlorpheniramine/		CREON. . . . .	26
CIPRO . . . . .	28, 31	pseudoephedrine. . . . .	50	CREON 3000 UNIT . . . . .	26
CIPRO I.V. INJ . . . . .	28	codeine/guaifenesin. . . . .	50	crisaborole. . . . .	19
CIPRO I.V. SOL . . . . .	28	codeine/guaifenesin/		CRIXIVAN. . . . .	34
CIPRODEX. . . . .	20	pseudoephedrine. . . . .	50	crizotinib. . . . .	4
ciprofloxacin . . . . .	20, 28, 31, 41	codeine/promethazine. . . . .	50	crofelemer . . . . .	25
ciprofloxacin 0.2% in d5w . . . . .	28	codeine/promethazine/		CROLOM. . . . .	40
ciprofloxacin iv soln 1% . . . . .	28	phenylephrine. . . . .	50	cromolyn . . . . .	40, 52
ciprofloxacin/		CODIMAL DH . . . . .	51	cromolyn sodium . . . . .	40
dexamethasone . . . . .	20	COGENTIN . . . . .	15	crotamiton . . . . .	19
citalopram . . . . .	43	COLAZAL . . . . .	26	CURITY ALCOHOL PADS. . . . .	59
CLARAVIS . . . . .	17	colchicine. . . . .	37	CUTIVATE . . . . .	18
clarithromycin . . . . .	31	collagenase oint . . . . .	19	cyanocobalamin . . . . .	54

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

## Index of Covered Drugs

CYCLESSA . . . . .	38	DEMADEX . . . . .	11	dextromethorphan/ promethazine . . . . .	51	
cyclobenzaprine . . . . .	37	DEMEROL . . . . .	14	dextromethorphan/quinidine	49	
CYCLOGYL . . . . .	41	DEPAKENE . . . . .	16	dextrose 5% w/ sodium chloride 0.45% . . . . .	29	
cyclopentolate . . . . .	41	DEPAKOTE . . . . .	14, 15, 43, 46	dextrose inj . . . . .	28-30	
cyclophosphamide . . . . .	4	DEPAKOTE ER . . . . .	46	DEXTROSTAT . . . . .	46	
cycloserine . . . . .	31	DEPAKOTE SPRINKLE . . . . .	14, 15, 43	DIABINESE . . . . .	23	
cyclosporine . . . . .	6	DEPEN TITRATABLE . . . . .	36	DIAMOX SEQUELS . . . . .	41	
cyclosporine, modified . . . . .	6	DEPO-PROVERA . . . . .	37	DIAQUA-2 INJ . . . . .	29	
CYMBALTA . . . . .	43	DEPO-TESTOSTERONE . . . . .	22	DIASTAT ACUDIAL . . . . .	15	
cyproheptadine . . . . .	20	DERMA-SMOOTH OIL/FS . . . . .	17	diazepam . . . . .	15, 30, 37, 42, 46	
CYSTAGON . . . . .	6	DERMATOP . . . . .	18	diazepam concentrate solution . . . . .	46	
CYSTARAN . . . . .	42	DESCOVY . . . . .	34	DIAZEPAM INTENSOL . . . . .	46	
cysteamine 0.44% ophthalmic solution . . . . .	42	DESENX . . . . .	18	diclofenac 1% gel . . . . .	36	
cysteamine bitartrate . . . . .	6	desipramine . . . . .	43	diclofenac potassium . . . . .	13, 36	
CYTOMEL . . . . .	24	desmopressin . . . . .	24	diclofenac sodium . . . . .	13, 36, 40	
CYTOTEC . . . . .	27	desogestrel/EE . . . . .	37, 38	diclofenac sodium delayed- release . . . . .	13, 36	
CYTOVENE . . . . .	32	DESOXYN . . . . .	47	diclofenac sodium extended- release . . . . .	13, 36	
CYTOXAN . . . . .	4	desvenlafaxine fumarate tab SR 24HR . . . . .	45	diclofenac sodium extended- release . . . . .	13, 36	
<b>D</b>			desvenlafaxine succinate tab SR 24HR . . . . .	45	dicloxacillin . . . . .	32
D5W/NACL INJ . . . . .	29	desvenlafaxine tab SR 24HR	45	dicyclomine . . . . .	26	
D.H.E. 45 . . . . .	14	DESYREL . . . . .	44, 48	didanosine . . . . .	34	
dabrafenib . . . . .	4	DETROL . . . . .	53	didanosine delayed-release . . . . .	34	
daclizumab . . . . .	15	deutetrabenazine . . . . .	17	DIDRONEL . . . . .	24	
DALMANE . . . . .	44	dexamethasone . . . . .	20, 22, 40	DIFFERIN OTC GEL 0.1% 17, 59		
danazol . . . . .	38	dexamethasone sodium phosphate . . . . .	40	DIFICID . . . . .	31	
DANOCRINE . . . . .	38	DEXASOL . . . . .	40	DIFLUCAN . . . . .	32, 39	
DANTRIUM . . . . .	37	DEXEDRINE . . . . .	46	digoxin . . . . .	9	
dantrolene . . . . .	37	DEXEDRINE SPANSULE . . . . .	46	DIHISTINE DH . . . . .	50	
dapsone . . . . .	35	dexmethylphenidate . . . . .	45, 46	DIHYDRO-PE SYP . . . . .	51	
DARAPRIM . . . . .	35	dexmethylphenidate HCL cap SR 24 HR . . . . .	46	dihydroergotamine . . . . .	14	
darbepoetin alfa . . . . .	7	dextroamphetamine . . . . .	42, 44, 46	DILACOR XR . . . . .	10	
darunavir . . . . .	34, 35	dextroamphetamine extended- release . . . . .	46	DILANTIN . . . . .	16	
darunavir/cobicistat . . . . .	35	dextroamphetamine sulfate oral solution . . . . .	46	DILANTIN INFATABS . . . . .	16	
dasatinib . . . . .	4	dextromethorphan- guaifenesin . . . . .	50	DILAUDID . . . . .	14	
DAYPRO . . . . .	13, 36	dextromethorphan/ brompheniramine/ pseudoephedrine . . . . .	50	diltiazem . . . . .	10	
DAYTRANA . . . . .	47			diltiazem extended-release . . . . .	10	
DDAVP . . . . .	24			diltiazem sustained-release . . . . .	10	
DECADRON . . . . .	22			dimethyl fumarate . . . . .	15	
deferasirox . . . . .	8			DIP/TET PED INJ . . . . .	57	
DELATESTRYL . . . . .	22			DIPENTUM . . . . .	26	
delavirdine . . . . .	33			diphenhydramine . . . . .	20, 21, 29	
DELFEN . . . . .	59			diphenhydramine hcl inj . . . . .	29	
DELTASONE . . . . .	22					
DELZICOL . . . . .	26					

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

## Index of Covered Drugs

diphenoxylate/atropine . . . . .	25	DYANAVEL XR . . . . .	44	enalapril . . . . .	8	
diphtheria-tetanus tox adsorbed (dt) im . . . . .	57	DYAZIDE . . . . .	11	enalapril oral soln . . . . .	8	
DIPROLENE . . . . .	18	<b>E</b>			enalapril/hydrochlorothiazide .	8
DIPROLENE AF . . . . .	18	E.E.S. . . . .	31	ENBREL . . . . .	36	
dipyridamole . . . . .	7	ecothiophate . . . . .	41	enfuvirtide . . . . .	35	
DISALCID . . . . .	37	ED A-HIST TABLETS AND LIQUID . . . . .	50	ENGERIX-B . . . . .	57	
disopyramide . . . . .	9	EDGE OB CHW . . . . .	55	enoxaparin . . . . .	7	
disopyramide extended-release . . . . .	9	edoxaban . . . . .	7	entacapone . . . . .	15	
disulfiram . . . . .	42	EDURANT . . . . .	33	entecavir . . . . .	33	
DITROPAN . . . . .	53	efavirenz . . . . .	33, 34	ENTERIC COATED- NAPROSYN . . . . .	13, 36	
DITROPAN XL . . . . .	53	efavirenz/emtricitabine/ tenofovir . . . . .	34	ENTOCORT EC . . . . .	26	
DIURIL . . . . .	10	EFFEXOR . . . . .	43	ENULOSE . . . . .	25	
DIURIL ORAL SUSPENSION	10	EFFEXOR XR . . . . .	43	EPANED . . . . .	8	
divalproex sodium cap sprinkle . . . . .	14, 15, 43	EFFIENT . . . . .	7	epinephrine . . . . .	56	
divalproex sodium delayed- release . . . . .	14, 15, 43	EFUDEX . . . . .	19	EPIPEN . . . . .	56	
divalproex sodium SR 24hr .	46	EGRIFTA . . . . .	24	EPIPEN JR . . . . .	56	
docosanol . . . . .	33, 59	ELAVIL . . . . .	14, 43	EPIVIR . . . . .	33, 34	
dofetilide . . . . .	9	ELDEPRYL . . . . .	15	EPIVIR HBV . . . . .	33	
dolutegravir . . . . .	33, 35	ELIDEL . . . . .	20	epoetin alfa . . . . .	7	
DOMEBORO OTIC . . . . .	20	ELIMITE . . . . .	19	EPOGEN . . . . .	7	
donepezil . . . . .	12	ELIQUIS . . . . .	7	EPZICOM . . . . .	34	
dornase alfa . . . . .	56	ELMIRON . . . . .	53	EQUANIL . . . . .	47	
dorzolamide . . . . .	41	ELOCON . . . . .	18	EQUETRO . . . . .	45	
dorzolamide/timolol maleate	41	eltrombopag . . . . .	56	ergocalciferol (D2) . . . . .	54	
DOSTINEX . . . . .	24	elvitegravir/cobicistat/ emtricitabine/tenofovir	35	ergotamine tartrate/caffeine .	14	
DOVONEX . . . . .	19	alafenamide fumarate . . .	35	ergotamine/caffeine . . . . .	14	
doxazosin . . . . .	8, 53	EMCYT . . . . .	4	ERIVEDGE . . . . .	7	
doxepin . . . . .	43	EMEND . . . . .	25	erlotinib . . . . .	4	
doxycycline monohydrate . .	32	EMLA . . . . .	20	ERY-TAB . . . . .	31	
DOXYLAMINE succinate . . .	44, 59	empagliflozin . . . . .	23	ERYC . . . . .	31	
DRISDOL . . . . .	54	empagliflozin/metformin . . .	23	ERYGEL . . . . .	17	
dronabinol . . . . .	25	empagliflozin/metformin extended-release . . . . .	23	ERYTHROCIN . . . . .	31	
DROXIA . . . . .	6	EMSAM . . . . .	48	erythromycin . . . . .	17, 31, 41	
DUAVEE . . . . .	39	emtricitabine . . . . .	34, 35	erythromycin delayed-release	31	
dulaglutide . . . . .	24	emtricitabine/rilpivirine/ tenofovir . . . . .	34	erythromycin ethylsuccinate .	31	
duloxetine . . . . .	43, 46	emtricitabine/tenofovir alafenamide . . . . .	34, 35	erythromycin stearate . . . . .	31	
DUONEB . . . . .	52	emtricitabine/tenofovir disoproxil . . . . .	34	erythromycin/sulfisoxazole . .	31	
DURAGESIC . . . . .	13	EMTRIVA . . . . .	34	ESBRIET . . . . .	56	
DURAMORPH INJ . . . . .	27			escitalopram . . . . .	43, 46	
DURATUSS DM ELX . . . . .	50			escitalopram 10mg & methylfolate-B12-B6-D thpk . . . . .	46	
DUREX . . . . .	59			escitalopram oxalate soln . . .	46	
DURICEF . . . . .	31			ESGIC . . . . .	13	
				ESKALITH CR . . . . .	43	

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







## Index of Covered Drugs

IMITREX 4 MG AND 6 MG INJ . . . . .	14	INTELENCE . . . . .	33, 35
IMPAVIDO . . . . .	32	interferon alfa-2b . . . . .	6, 33
IMURAN . . . . .	6, 36	interferon gamma-1b . . . . .	6
INCRELEX . . . . .	24	INTRON A . . . . .	6, 33
INCRUSE ELLIPTA . . . . .	52	INTUNIV . . . . .	42
indacaterol . . . . .	52	INVEGA . . . . .	47, 49
indapamide . . . . .	10	INVEGA SUSTENNA . . . . .	49
INDERAL . . . . .	9, 15	INVEGA TRINZA . . . . .	49
INDERAL LA . . . . .	9	INVIRASE . . . . .	35
INDERIDE . . . . .	9	INVOKAMET . . . . .	23
indinavir . . . . .	34	INVOKAMET XR . . . . .	23
INDOCIN . . . . .	13, 36	INVOKANA . . . . .	23
indomethacin . . . . .	13, 36	ipratropium . . . . .	21, 52
INFLAMASE FORTE . . . . .	40	ipratropium HFA . . . . .	52
influenza virus vaccine split . . . . .	57	ipratropium nasal . . . . .	21
influenza virus vaccine split high-dose pf . . . . .	57	ipratropium/albuterol . . . . .	52
influenza virus vaccine split pf . . . . .	57	IRENKA . . . . .	46
influenza virus vaccine split quadrivalent . . . . .	57	IRESSA . . . . .	4
influenza virus vaccine tiss-cult subunit . . . . .	57	iron . . . . .	38, 54, 55, 60
influenza virus vaccine types a&b surface antigen . . . . .	57	ISENTRESS . . . . .	33
INLYTA . . . . .	4	ISENTRESS CHEWABLE . . . . .	33
insulin (vials only) . . . . .	59	ISENTRESS HD . . . . .	33
insulin aspart . . . . .	22	ISENTRESS SUSP . . . . .	33
insulin aspart protamine 70%/ insulin aspart 30% . . . . .	22	ISMO . . . . .	11
insulin glargine . . . . .	22	isocarboxazid . . . . .	46
insulin glargine 300 unit/ml . . . . .	22	isoniazid . . . . .	31
insulin glargine/lixisenatide . . . . .	22	ISOPTO ATROPINE . . . . .	41
insulin human . . . . .	22	ISOPTO CARPINE . . . . .	41
insulin isophane . . . . .	22, 23	ISOPTO HOMATROPINE . . . . .	41
insulin isophane human . . . . .	22, 23	ISOPTO HYOSCINE . . . . .	41
insulin isophane human 70%/ regular 30% . . . . .	23	ISORDIL . . . . .	11
insulin isophane/regular . . . . .	23	ISORDIL S.L. . . . .	11
insulin lisopro pro/lispro . . . . .	23	isosorbide dinitrate . . . . .	11
insulin lisopro prot/lispro . . . . .	23	ISOSORBIDE DINITRATE ER . . . . .	11
insulin lispro . . . . .	23	isosorbide dinitrate extended- release . . . . .	11
insulin regular . . . . .	23	isosorbide mononitrate . . . . .	11
insulin syringes . . . . .	56	isosorbide mononitrate extended-release . . . . .	11
INTAL . . . . .	52	isotretinoin . . . . .	17
		itraconazole . . . . .	32
		ivacaftor . . . . .	56
		ivermectin . . . . .	30
		ixazomib . . . . .	5

## J

JADENU . . . . .	8
JAKAFI . . . . .	5
JARDIANCE . . . . .	23

## K

K-DUR 10 . . . . .	55
K-DUR 20 . . . . .	55
K-LOR . . . . .	55
K-LYTE . . . . .	55
K-PHOS NEUTRAL . . . . .	55
K-PHOS ORIGINAL . . . . .	55
KALETRA . . . . .	34
KALYDECO . . . . .	56
KALYDECO GRANULES . . . . .	56
KAPVAY . . . . .	45
KAYEXALATE . . . . .	12
KAZANO . . . . .	23
KEFLEX . . . . .	31
KENALOG . . . . .	18, 21
KENALOG IN ORABASE . . . . .	21
KEPPRA . . . . .	16
KERLONE . . . . .	9
ketoconazole . . . . .	18, 19, 32
ketoprofen . . . . .	13, 36
ketorolac . . . . .	13, 27, 40
KETOROLAC INJ . . . . .	27
ketorolac tromethamine . . . . .	13, 27
ketorolac tromethamine im inj . . . . .	27
ketorolac tromethamine inj . . . . .	27
ketotifen . . . . .	40
KHEDEZLA . . . . .	45
KIMONO . . . . .	59
KINERET . . . . .	36
KLONOPIN . . . . .	15, 42, 45
KLONOPIN WAFER . . . . .	45
KLOR-CON 10 . . . . .	55
KLOR-CON 8 . . . . .	55
KORLYM . . . . .	24
KUVAN . . . . .	25
KUVAN POWDER FOR SOLUTION . . . . .	25

## L

labetalol . . . . .	9
LAC-HYDRIN . . . . .	19

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



## Index of Covered Drugs

lacosamide . . . . .	16	levofloxacin . . . . .	28, 29, 31	LOESTRIN 1.5/30 . . . . .	38
LACTINOL . . . . .	19	levofloxacin in d5w iv soln . . . . .	28	LOESTRIN FE 1/20 . . . . .	38
lactobacillus . . . . .	27	levofloxacin iv soln . . . . .	29	LOESTRIN FE 1.5/30 . . . . .	38
lactulose . . . . .	25	levomilnacipran . . . . .	46	LOFIBRA . . . . .	11
LAMICTAL . . . . .	16, 46	levonorgestrel . . . . .	37, 38	LOMEPRAZOLE DELAYED- RELEASE TAB 20 MG . . . . .	60
LAMICTAL CD CHEW TAB . . . . .	16	levonorgestrel/EE . . . . .	37, 38	LOMOTIL . . . . .	25
LAMICTAL ODT . . . . .	46	levothyroxine . . . . .	24	lomustine . . . . .	4
LAMICTAL STARTER KIT . . . . .	16	LEVOXYL . . . . .	24	LONITEN . . . . .	12
LAMICTAL XR . . . . .	46	LEVSIN . . . . .	26	LONSURF . . . . .	4
LAMISIL . . . . .	19, 32	LEVSINEX . . . . .	26	loperamide . . . . .	25
LAMISIL AT . . . . .	19	LEXAPRO . . . . .	43, 46	LOPID . . . . .	11
lamivudine . . . . .	33-35	LEXAPRO ORAL SOLUTION . . . . .	46	lopinavir/ritonavir . . . . .	34
lamivudine/zidovudine . . . . .	34	LEXIVA . . . . .	34	LOPRESSOR . . . . .	9
lamotrigine . . . . .	16, 46	LIBRIUM . . . . .	42	loratadine . . . . .	21, 51, 59
lamotrigine chew dispersable tab . . . . .	16	LIDAMANTEL . . . . .	19	loratadine & pseudoephedrine SR 24hr . . . . .	51
lamotrigine ODT . . . . .	46	LIDEX . . . . .	18	loratadine/ pseudoephedrine 21, 51, 59	
lamotrigine SR 24hr . . . . .	46	LIDEX E . . . . .	18	loratadine/pseudoephedrine extended-release . . . . .	21
lamotrigine starter kit . . . . .	16	lidocaine . . . . .	19-21	lorazepam . . . . .	30, 42, 46
lancets . . . . .	56	lidocaine patch . . . . .	20	lorazepam concentrate solution . . . . .	46
LANOXIN . . . . .	9	lidocaine viscous . . . . .	21	LORAZEPAM INTENSOL . . . . .	46
lansoprazole . . . . .	25, 26, 60	lidocaine/prilocaine . . . . .	20	LORCET . . . . .	14
LANSOPRAZOLE CAP DELAYED-RELEASE . . . . .	60	LIDODERM . . . . .	20	LORTAB . . . . .	14
lansoprazole delayed-release . . . . .	26	LIFESTYLES . . . . .	59	LORTAB ELIXIR . . . . .	14
lapatinib ditosylate . . . . .	5	lifitegrast . . . . .	41	losartan . . . . .	9
LARIAM . . . . .	35	LIMBITROL DS . . . . .	45	losartan/HCTZ . . . . .	9
LASIX . . . . .	10	linaclotide . . . . .	25	LOTENSIN . . . . .	8
latanoprost . . . . .	41	linezolid . . . . .	35	LOTENSIN HCT . . . . .	8
LATUDA . . . . .	47	LINZESS . . . . .	25	LOTRIMIN AF . . . . .	18
leflunomide . . . . .	36	liothyronine . . . . .	24	LOTRISONE . . . . .	18
lenalidomide . . . . .	6	liotrix . . . . .	24	lovastatin . . . . .	11
lenvatinib . . . . .	5	LIPITOR . . . . .	11	LOVAZA . . . . .	11
LENAVIMA . . . . .	5	lisdexamfetamine . . . . .	42	LOVENOX . . . . .	7
LETAIRIS . . . . .	12	lisdexamfetamine chewable tab . . . . .	42	loxapine . . . . .	47, 49
letrozole . . . . .	5	lisinopril . . . . .	8, 80	loxapine aerosol powder breath activated . . . . .	47
leucovorin . . . . .	5	lisinopril/hydrochlorothiazide . . . . .	8	LOXITANE . . . . .	49
LEUKERAN . . . . .	4	lithium carbonate . . . . .	43	LOZOL . . . . .	10
LEUKINE . . . . .	7	lithium carbonate extended- release . . . . .	43	LUDIOMIL . . . . .	44
leuprolide . . . . .	5	LITHOBID . . . . .	43	lumacaftor/ivacaftor . . . . .	56
levabuterol HCl . . . . .	52	lixisenatide . . . . .	22, 24	LUPRON . . . . .	5
LEVAQUIN . . . . .	29, 31	LMX-4 . . . . .	20	LUPRON DEPOT . . . . .	5
LEVAQUIN INJ . . . . .	29	LO/OVRAL . . . . .	38		
levetiracetam . . . . .	16	LOCOID . . . . .	18		
levobunolol . . . . .	40	LODINE . . . . .	13, 36		
levocetirizine . . . . .	21	LOESTRIN 1/20 . . . . .	38		

ALL CAPS = Brand-name drug

lower case = Generic drug

## Index of Covered Drugs

LUPRON DEPOT 6-MONTH..	5	memantine.....	12	methylphenidate . . . .	42, 43, 47
LUPRON DEPOT-PED . . . . .	5	MENACTRA.....	58	methylphenidate chew tabs .	47
lurasidone . . . . .	47	meningococcal (a, c, y, and		methylphenidate extended-	
LURIDE.....	54	w-135) . . . . .	57, 58	release . . . . .	43, 47
LURIDE LOZI-TABS. . . . .	54	meningococcal (a, c, y, and		methylphenidate extended-	
LUVOX . . . . .	42, 46	w-135) conjugate		release suspension . . . . .	47
LUVOX CR.....	46	vaccine.....	58	methylphenidate HCL	
LYNPARZA . . . . .	6	meningococcal (a, c, y, and		cap CR. . . . .	47
LYRICA . . . . .	16	w-135) oligo conj vac		methylphenidate hcl chew tab	
LYRICA SOLUTION . . . . .	16	for inj. . . . .	58	extended release . . . . .	47
LYSODREN . . . . .	6	MENOMUNE.....	57	methylphenidate patch. . . . .	47
LYSTEDA . . . . .	39	MENVEO . . . . .	58	methylprednisolone . . . . .	22
<b>M</b>					
M-CLEAR WC . . . . .	50	meperidine.....	14	metipranolol. . . . .	40
M-M-R II . . . . .	57	MEPHYTON . . . . .	54	metoclopramide . . . . .	25
macitentan . . . . .	12	meprobamate tablet. . . . .	47	metolazone . . . . .	10
MACROBID . . . . .	35	MEPRON . . . . .	32	metoprolol . . . . .	9
MACRODANTIN . . . . .	35	mercaptapurine. . . . .	4	metoprolol succinate . . . . .	9
malathion . . . . .	19	mesalamine . . . . .	26	METROCREAM . . . . .	19
MAPAP COLD TAB . . . . .	51	mesalamine extended-release	26	METROGEL. . . . .	19, 39
maprotiline. . . . .	44	mesalamine supp. . . . .	26	METROGEL 1% . . . . .	39
maraviroc . . . . .	35	mesna. . . . .	5	METROGEL-VAGINAL . . . . .	39
MARINOL. . . . .	25	MESNEX . . . . .	5	METROLOTION . . . . .	19
MARPLAN . . . . .	46	MESTINON . . . . .	15	metronidazole . . . . .	19, 35, 39
MATERNA . . . . .	55	MESTINON TIMESPAN . . . . .	15	MEVACOR. . . . .	11
MATULANE . . . . .	7	METADATE CD . . . . .	47	mexiletine. . . . .	9
MAVIK. . . . .	8	METADATE ER . . . . .	43	MEXITIL . . . . .	9
MAVYRET . . . . .	33	metaproterenol . . . . .	52	MIACALCIN . . . . .	24
MAXALT/MAXALT MLT. . . . .	14	METAPROTERENOL SYRUP	52	MICATIN. . . . .	18
MAXITROL. . . . .	40	metformin. . . . .	23	miconazole . . . . .	18
MAXZIDE . . . . .	11	metformin ER . . . . .	23	MICRO-K 10 . . . . .	55
measles, mumps & rubella virus		metformin/glyburide. . . . .	23	MICRONASE. . . . .	23
vaccines for inj . . . . .	57	methamphetamine . . . . .	47	MICROZIDE. . . . .	10
mecasermin. . . . .	24	methazolamide . . . . .	41	MIDAMOR . . . . .	10
meclizine . . . . .	25	methenamine . . . . .	53	midodrine. . . . .	12
MEDROL . . . . .	22	methenamine hippurate. . . . .	53	midostaurin . . . . .	5
medroxyprogesterone		METHERGINE. . . . .	24, 39	mifepristone. . . . .	24
acetate . . . . .	37, 39	methimazole . . . . .	24	MIGERGOT	
mefloquine. . . . .	35	methocarbamol. . . . .	37	SUPPOSITORIES . . . . .	14
MEGACE . . . . .	6	methotrexate . . . . .	36	MIGRANAL . . . . .	14
megestrol acetate. . . . .	6	methoxsalen . . . . .	19	miltefosine . . . . .	32
MEKINIST . . . . .	5	methsuximide . . . . .	16	MINIPRESS . . . . .	8
MELLARIL . . . . .	49	methyldopa . . . . .	12	MINOCIN . . . . .	32
meloxicam . . . . .	13, 36	methyldopa/HCTZ . . . . .	12	minocycline . . . . .	32
melphalan . . . . .	4	methylene blue . . . . .	53	minoxidil. . . . .	12
		methylergonovine . . . . .	24, 39	MINUTUSS DR SYP. . . . .	51
		METHYLIN. . . . .	47	MIRAPEX. . . . .	15

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

## Index of Covered Drugs

MIRCETTE	37
mirtazapine	44, 47
mirtazapine ODT	47
MIRVASO	19
misoprostol	27
MITIGARE	37
mitotane	6
MOBAN	47
MOBIC	13, 36
MODICON	38
MODURETIC	10
molindone	47
mometasone	18, 52
mometasone furoate	18
mometasone inhalation	52
MONISTAT-DERM	18
MONOPRIL	8
MONOPRIL-HCT	8
montelukast	52
morphine	14, 27, 28
morphine extended-release	14
MORPHINE SUL INJ	27, 28
morphine sulfate inj	27, 28
morphine sulfate iv soln	28
MOTRIN	13, 36
MOVANTIK	27
MOZOBIL	7
MS CONTIN	14
MSIR	14
MUCOMYST	56
multivitamins/fluoride/±iron	54
mupirocin	17
MYAMBUTOL	31
MYCELEX	18, 32
MYCOBUTIN	31
mycophenolate mofetil	6
mycophenolate sodium	6
MYCOSTATIN	18, 32
MYDAYIS	44
MYFORTIC	6
MYLERAN	4
MYORISAN	17
MYSOLINE	16
MYTESI	25

## N

nabumetone	13
naloxegol	27
naloxone	14, 47, 48
naloxone hcl solution auto-injector	47
NALOXONE INJ	48
naltrexone	42, 48
NAMENDA	12
NAPROSYN	13, 36
naproxen	13, 36
naproxen delayed release	13, 36
naratriptan	14
NARCAN NASAL SPRAY	48
NARDIL	48
NASACORT ALLERGY 24 HOUR	21
nateglinide	24
NAVANE	49
NEBUSAL	56
nefazodone	47
nelfinavir	34
neomycin sulfate	35
neomycin/bacitracin/polymyxin	41
neomycin/polymyxin B/dexamethasone	40
neomycin/polymyxin B/gramicidin	41
neomycin/polymyxin B/hydrocortisone	20, 40
NEORAL	6
NEOSPORIN	41
NEPHROCAPS	55
NEPTAZANE	41
NESINA	23
NESTABS	55
NEULASTA	7
NEUMEGA	7
NEURONTIN	16
nevirapine	33
nevirapine ER	33
NEXAVAR	5
NEXIUM 24HR OTC	25
NEXIUM DELAYED RELEASE PACKET	25

nfluenza virus vaccine recombinant hemagglutinin (ha)	57
niacin	11
niacin extended-release	11
NIACOR	11
NIASPAN	11
nicardipine	10
NICODERM CQ	49, 60
NICORETTE OTC	49
nicotine	47, 49, 60
NICOTINE GUM	60
nicotine inhaler system	47
nicotine nasal spray	47
nicotine polacrilex gum	49
nicotine polacrilex lozenge	49
nicotine TD patch 24 HR kit	47
NICOTROL INHALER	47
NICOTROL NS	47
nifedipine	10
nifedipine extended-release	10
nilotinib	5
nimodipine	10
nimodipine oral soln	10
NIMOTOP	10
NINLARO	5
nintedanib	56
niraparib	6
NIRAVAM	44
nitazoxanide suspension	32
nitazoxanide tablet	32
nitisinone	24
NITREK	11
NITRO-BID	11
NITRO-DUR	11
nitrofurantoin extended-release	35
nitrofurantoin macrocrystals	35
nitrofurantoin susp	35
nitroglycerin	11, 20
NITROLINGUAL	11
NITROSTAT	11
NIX19, 60	
NIX CREME RINSE	19
NIZORAL	18, 19, 32
NIZORAL SHAMPOO	19

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



## Index of Covered Drugs

peg 3350/sodium bicarbonate/ sodium chloride/potassium chloride . . . . .	25	phosphorus . . . . .	55	potassium chloride extended- release . . . . .	55
PEGASYS . . . . .	33	PHRENILIN . . . . .	13	potassium citrate . . . . .	53, 55
PEGASYS PROCLICK . . . . .	33	phytonadione . . . . .	30, 54	POTIGA . . . . .	16
pegfilgrastim . . . . .	7	phytonadione inj . . . . .	30	PRALUENT . . . . .	11
peginterferon alfa-2a . . . . .	33	pilocarpine . . . . .	21, 41	pramipexole . . . . .	15
peginterferon alfa-2b . . . . .	6	PILOPINE HS GEL . . . . .	41	pramlintide . . . . .	24
peginterferon beta-1a . . . . .	15	pimavanserin . . . . .	48	PRAMLYTE . . . . .	46
pegvisomant . . . . .	24	pimecrolimus . . . . .	20	PRANDIN . . . . .	24
penicillamine . . . . .	36	pimozide . . . . .	49	prasugrel . . . . .	7
penicillin VK . . . . .	32	PIN-X . . . . .	30	praziquantel . . . . .	30
PENLAC SOLUTION 8% . . . . .	18	pioglitazone . . . . .	23, 24	prazosin . . . . .	8
pentazocine/naloxone . . . . .	14	PIPER/TAZOBA INJ . . . . .	29	PRECOSE . . . . .	23
pentosan polysulfate sodium	53	piperacillin sodium-tazobactam sodium for inj . . . . .	29	PRED FORTE . . . . .	40
pentoxifylline extended-release	8	piperacillin sodium-tazobactam sodium in dex iv sol . . . . .	29	PRED MILD . . . . .	40
PERCOCET . . . . .	14	pirfenidone capsule . . . . .	56	PRED-G . . . . .	40
PERCODAN . . . . .	14	piroxicam . . . . .	13, 36	prednicarbate . . . . .	18
PERIDEX . . . . .	21	PLAN B ONE STEP . . . . .	37	prednisolone . . . . .	22, 40
permethrin . . . . .	19, 60	PLAQUENIL . . . . .	35, 36	prednisolone acetate . . . . .	40
perphenazine . . . . .	43, 49	PLAVIX . . . . .	7	prednisolone phosphate . . . . .	40
PERSANTINE . . . . .	7	PLEGRIDY . . . . .	15	prednisolone sodium phosphate . . . . .	22
PEXEVA . . . . .	47	PLENDIL . . . . .	10	prednisone . . . . .	22
phenazopyridine . . . . .	53	plerixafor . . . . .	7	pregabalin . . . . .	16
phenelzine . . . . .	48	PLETAL . . . . .	7	PRELONE . . . . .	22
PHENERGAN . . . . .	25, 51	PLEXION . . . . .	17	PREMARIN . . . . .	39
PHENERGAN DM . . . . .	51	pneumococcal 13-valent conjugate . . . . .	58	PREMPHASE . . . . .	39
phenobarbital . . . . .	16	pneumococcal vaccine polyvalent . . . . .	58	PREMPRO . . . . .	39
phenyl salicylate . . . . .	53	PNEUMOVAX . . . . .	58	prenat w/o A w/febn-fegl-DSS- FA & DHA . . . . .	54
phenylephrine/ chlorpheniramine/ dextromethorphan . . . . .	51	PNEUMOVAX 23 . . . . .	58	prenat-FE Bis-FE prot succ-FA- CA & omega 3 . . . . .	54
phenylephrine/ chlorpheniramine/ dihydrocodeine . . . . .	51	podofilox . . . . .	19	prenat-FE Bis-FE prot succ-FA- CA & omega DR . . . . .	54
phenylephrine/ephed/CPM w/ carbetapentane . . . . .	51	POLY-VI-FLOR . . . . .	54	prenatal vit w/FE bisglycinate chelate-FA . . . . .	54, 55
phenylephrine/pyrilamine w/ hydrocodone . . . . .	51	polymyxin B/trimethoprim . . . . .	42	prenatal vit w/FE polysac cmplx- FA . . . . .	55
PHENYLHIST LIQ DH . . . . .	50	polysaccharide iron caps . . . . .	60	prenatal vit w/iron carbonyl-FA . . . . .	55
PHENYTEK . . . . .	16	POLYTRIM . . . . .	42	prenatal vit w/o vit a w/fe bisglycinate-fa tab -1 mg . . . . .	55
phenytoin . . . . .	16	pomalidomide . . . . .	6	PRENATAL VITAMINS W/ FOLIC ACID . . . . .	55
phenytoin sodium extended . . . . .	16	POMALYST . . . . .	6	prenatal vitamins w/folic acid	55
PHOS-FLUR . . . . .	54	ponatinib . . . . .	5		
PHOSPHOLINE IODINE . . . . .	41	potassium acid phosphate . . . . .	55		
		potassium bicarbonate/ potassium citrate effervescent . . . . .	55		
		potassium chloride . . . . .	25, 55		

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



## Index of Covered Drugs

prenatal w/o A w/FE carbonyl- FE gluc-DSS-FA . . . . .	55	propranolol . . . . .	9, 15	quinapril/hydrochlorothiazide .	8
PREVACID . . . . .	25, 26	propranolol ER 24HR . . . . .	9	QUINIDINE GLUCONATE	
PREVACID SOLUTAB . . . . .	26	propranolol/HCTZ . . . . .	9	EXT-REL . . . . .	9
PREVIDENT . . . . .	54	propylthiouracil . . . . .	24	quinidine gluconate extended- release . . . . .	9
PREVNAR 13 . . . . .	58	PROSCAR . . . . .	53	quinidine sulfate . . . . .	9
PREZCOBIX . . . . .	35	PROTONIX . . . . .	26	QUINIDINE SULFATE	
PREZISTA . . . . .	34	PROTOPIC 0.03% . . . . .	20	EXT-REL . . . . .	9
PRIFTIN . . . . .	31	PROTOPIC 0.1% . . . . .	20	quinidine sulfate extended- release . . . . .	9
PRILOSEC . . . . .	26	protriptyline . . . . .	48		
primaquine . . . . .	35	PROVENTIL . . . . .	52		
primidone . . . . .	16	PROVERA . . . . .	39		
PRINCIPEN . . . . .	32	PROZAC . . . . .	43, 46		
PRISTIQ . . . . .	45	PROZAC WEEKLY . . . . .	46		
PROAMATINE . . . . .	12	PRUET DHA PAK SETONET PAK . . . . .	54		
probenecid . . . . .	37	PRUET DHAEC PAK . . . . .	54		
PROBIOTIC FORMULA . . . . .	27	pseudoephedrine tan/ dexchlorphen tan/DM tan	51		
probiotic product . . . . .	27	pseudoephedrine/ acetaminophen/ dextromethorphan . . . . .	51		
procarbazine . . . . .	7	PULMICORT RESPULES . . . . .	52		
PROCARDIA . . . . .	10	PULMOZYME . . . . .	56		
PROCARDIA XL . . . . .	10	PURINETHOL . . . . .	4		
PROCENTRA . . . . .	46	pyrantel pamoate . . . . .	30		
prochlorperazine . . . . .	25	pyrazinamide . . . . .	31		
PROCRIT . . . . .	7	pyrethrins/piperonyl butoxide liquid shampoo . . . . .	60		
PROCTOSOL HC CREAM 2.5% . . . . .	19	pyrethrins/piperonyl butoxide shampoo . . . . .	19		
PROCTOZONE CREAM-HC 2.5% . . . . .	19	PYRIDIDIUM . . . . .	53		
progesterone micronized cap	39	pyridostigmine . . . . .	15		
PROGRAF . . . . .	6	pyridostigmine extended-release . . . . .	15		
PROLIXIN . . . . .	49	pyrilamine tan/phenyleph tan	51		
PROLIXIN DECANOATE . . . . .	49	pyrimethamine . . . . .	35		
PROMACTA . . . . .	56				
PROMETH VC SYP 6.25-5/5	51				
promethazine . . . . .	25, 29, 50, 51				
promethazine & phenylephrine . . . . .	50, 51				
promethazine hcl inj . . . . .	29				
PROMETHAZINE SYP DM . . . . .	51				
PROMETHAZINE VC W/ CODEINE . . . . .	50				
PROMETHAZINE W/CODEINE . . . . .	50				
PROMETRIUM . . . . .	39				
propafenone . . . . .	9				
propantheline . . . . .	53				

## R

R-TANNAMINE . . . . .	50
raloxifene . . . . .	24
raltegravir . . . . .	33
raltegravir susp . . . . .	33
ramipril . . . . .	8
RANEXA . . . . .	12
ranitidine . . . . .	26
ranitidine syrup . . . . .	26
ranolazine . . . . .	12
RAPAMUNE . . . . .	6
RAVICTI . . . . .	57
RAZADYNE . . . . .	12
REBETOL/COPEGUS . . . . .	33
RECOMBIVAX HB . . . . .	57
RECTIV . . . . .	20
REESE'S PINWORM MEDICINE . . . . .	30
REGLAN . . . . .	25
regorafenib . . . . .	5
REGRANEX . . . . .	19
RELAFEN . . . . .	13
RELENZA . . . . .	33
RELION 70/30 . . . . .	23
RELION N . . . . .	23
RELION R . . . . .	22
REMERON . . . . .	44, 47
REMERON SOLTAB . . . . .	47
REVELA . . . . .	56
repaglinide . . . . .	24
REQUIP . . . . .	15
RESCRIPTOR . . . . .	33
RESTORIL . . . . .	44
RETIN-A . . . . .	17
RETROVIR . . . . .	34

## Q

QUESTRAN . . . . .	11
QUESTRAN-LIGHT . . . . .	11
quetiapine . . . . .	48, 49
quetiapine fumarate tab SR 24HR . . . . .	48
QUILLICHEW ER . . . . .	47
QUILLIVANT XR . . . . .	47
quinapril . . . . .	8

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

## Index of Covered Drugs

REVATIO . . . . .	12	RUBRACA . . . . .	7	SIGNIFOR . . . . .	7
REVIA . . . . .	42, 48	rucaparib . . . . .	7	sildenafil . . . . .	12
REVLIMID . . . . .	6	rufinamide . . . . .	16	SILVADENE . . . . .	17
REXULTI . . . . .	45	ruxolitinib . . . . .	5	silver sulfadiazine . . . . .	17
REYATAZ . . . . .	34	RYDAPT . . . . .	5	simvastatin . . . . .	11
REYATAZ POWDER PACKET . . . . .	34	RYNA-12 S . . . . .	51	SINEMET . . . . .	15
ribavirin . . . . .	33	RYNATAN PEDIATRIC SUSP . . . . .	50	SINEMET CR . . . . .	15
RID SHAMPOO . . . . .	19, 60	RYNATUSS PEDIATRIC SUSP . . . . .	51	SINEQUAN . . . . .	43
RIDAURA . . . . .	36	RYTHMOL . . . . .	9	SINGULAIR . . . . .	52
rifabutin . . . . .	31			sirolimus . . . . .	6
RIFADIN . . . . .	31			SIRTURO . . . . .	35
rifampin . . . . .	31			SOD CHLORIDE INJ . . . . .	30
rifapentine . . . . .	31			sodium chloride for nebulizer . . . . .	56
rilpivirine . . . . .	33, 34			sodium chloride inj . . . . .	30
RILUTEK . . . . .	13			sodium chloride irrigation soln 0.9% . . . . .	29
riluzole . . . . .	13			sodium chloride iv soln . . . . .	30
rimantadine . . . . .	33			sodium citrate/citric acid . . . . .	53
riociguat . . . . .	12			sodium phenylbutyrate . . . . .	57
RISPERDAL . . . . .	48, 49			sodium phosphate monobasic . . . . .	53
RISPERDAL CONSTA . . . . .	49			sodium polystyrene sulfonate . . . . .	12
RISPERDAL M-TAB . . . . .	48			SOLIQUA . . . . .	22
RISPERDAL SOLUTION . . . . .	49			somatropin . . . . .	24
risperidone . . . . .	48, 49			SOMAVERT . . . . .	24
risperidone ODT . . . . .	48			SONATA . . . . .	44
risperidone oral soln . . . . .	49			sonidegib . . . . .	7
RITALIN . . . . .	42, 43			sorafenib . . . . .	5
RITALIN LA . . . . .	43			SORIATANE . . . . .	19
RITALIN-SR . . . . .	43			sotalol . . . . .	9
ritonavir . . . . .	34, 35			sotalol AF . . . . .	9
rivaroxaban . . . . .	7			spacers . . . . .	56
rivastigmine . . . . .	12			spironolactone . . . . .	10
rizatriptan . . . . .	14			spironolactone/ hydrochlorothiazide . . . . .	10
RMS . . . . .	14			SPORANOX . . . . .	32
ROBAXIN . . . . .	37			SPRYCEL . . . . .	4
ROBINUL . . . . .	26			STADOL . . . . .	13
ROCALTROL . . . . .	54			STARLIX . . . . .	24
ROCALTROL SOLUTION . . . . .	54			STATUSS DM SYP . . . . .	51
rolapitant . . . . .	25			stavudine . . . . .	34
RONDEC DM . . . . .	51			STAVZOR . . . . .	48
RONDEC DM DROPS . . . . .	51			STELAZINE . . . . .	49
RONDEC DROPS . . . . .	50			STIVARGA . . . . .	5
RONDEC SYRUP . . . . .	50				
ropinirole . . . . .	15				
ROWASA . . . . .	26				
ROXICODONE . . . . .	14				

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

## Index of Covered Drugs

STRATTERA . . . . .	45	TANAFED DMX SUSPENSION . . . . .	51	theophylline . . . . .	53
STRENSIQ . . . . .	24	TANZEUM . . . . .	24	theophylline extended-release . . . . .	53
STRIBILD . . . . .	35	TAPAZOLE . . . . .	24	thioguanine . . . . .	4
STRIVERDI RESPIMAT . . . . .	52	TARCEVA . . . . .	4	thioridazine . . . . .	49
STROMEKTOL . . . . .	30	TARGRETIN . . . . .	6	thiothixene . . . . .	49
SUBOXONE . . . . .	45, 48	TASIGNA . . . . .	5	THORAZINE . . . . .	49
SUBUTEX . . . . .	48	TASMAR . . . . .	15	THYROLAR . . . . .	24
succimer . . . . .	56	TECFIDERA . . . . .	15	tiagabine . . . . .	16
sucralfate . . . . .	26	teduglutide . . . . .	27	TIAZAC . . . . .	10
sulcralfate . . . . .	26	TEGRETOL . . . . .	15	ticagrelor . . . . .	7
SULFACET-R . . . . .	17	TEGRETOL-XR . . . . .	15	TIGAN . . . . .	25
sulfacetamide . . . . .	17, 40, 42	temazepam . . . . .	44	TIKOSYN . . . . .	9
sulfacetamide/pred phos . . . . .	40	TEMODAR . . . . .	4	timolol . . . . .	40, 41
sulfacetamide/sulfur . . . . .	17	TEMOVATE . . . . .	18	timolol maleate . . . . .	40, 41
sulfamethoxazole/ trimethoprim, DS . . . . .	32	temozolomide . . . . .	4	TIMOPTIC . . . . .	40
sulfasalazine . . . . .	26, 36	TENEX . . . . .	8	TIMOPTIC XE . . . . .	40
sulfasalazine delayed-release . . . . .	26, 36	TENIVAC . . . . .	58	TINACTIN . . . . .	19
sulindac . . . . .	13, 37	tenofovir . . . . .	34, 35	tipranavir . . . . .	35
sumatriptan . . . . .	14	TENORETIC . . . . .	9	TIVICAY . . . . .	33
sunitinib . . . . .	5	TENORMIN . . . . .	9	tizanidine . . . . .	37
SUPRAX . . . . .	31	TERAZOL 3/7 . . . . .	39	TOBRADEX . . . . .	40
SURMONTIL . . . . .	48	terazosin . . . . .	8, 53	tobramycin . . . . .	40, 42, 56
SUSTIVA . . . . .	33	terbinafine . . . . .	19, 32	tobramycin neb soln . . . . .	56
SUTENT . . . . .	5	terbutaline . . . . .	52	tobramycin/dexamethasone . . . . .	40
SYLATRON . . . . .	6	terconazole . . . . .	39	TOBREX . . . . .	42
SYMBYAX . . . . .	47	teriflunomide . . . . .	15	TOFRANIL . . . . .	43
SYMLIN . . . . .	24	tesamorelin . . . . .	24	TOFRANIL-PM . . . . .	46
SYMMETREL . . . . .	15, 33	TESSALON . . . . .	50	tolazamide . . . . .	24
SYNAGIS . . . . .	35	TESTOSTERONE 1% TOPICAL GEL . . . . .	22	tolbutamide . . . . .	24
SYNALAR . . . . .	17, 18	testosterone cypionate . . . . .	22	tolcapone . . . . .	15
SYNJARDY . . . . .	23	testosterone enanthate . . . . .	22	TOLINASE . . . . .	24
SYNJARDY XR . . . . .	23	testosterone gel topical tube, packet, and pump bottle . . . . .	22	tolnaftate . . . . .	19
SYNTHROID . . . . .	24	tet tox-diph-acell pertuss ad . . . . .	58	tolterodine . . . . .	53
<b>T</b>		TET/DIP TOX INJ . . . . .	58	TOPAMAX . . . . .	16
T-STAT . . . . .	17	tetanus immune globulin (human) . . . . .	58	TOPAMAX SPRINKLE . . . . .	16
TABLOID . . . . .	4	tetanus-diphtheria toxoids (td) . . . . .	58	topiramate . . . . .	16
tacrolimus . . . . .	6, 20	tetrabenazine . . . . .	17	topiramate sprinkle caps . . . . .	16
TAFINLAR . . . . .	4	thalidomide . . . . .	6	topotecan . . . . .	7
TALWIN NX . . . . .	14	THALOMID . . . . .	6	TOPROL XL . . . . .	9
TAMBOCOR . . . . .	9	THEO-24 . . . . .	53	TORADOL . . . . .	13
TAMIFLU . . . . .	33	THEOCHRON . . . . .	53	toremifene . . . . .	5
tamoxifen . . . . .	5			torsemide . . . . .	11
tamsulosin . . . . .	53			TOUJEO SOLOSTAR . . . . .	22
				TRACLEER . . . . .	12
				tramadol . . . . .	13

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





## Index of Covered Drugs

VIRACEPT . . . . .	34	XOLAIR . . . . .	52	ZOVIRAX . . . . .	33	
VIRAMUNE . . . . .	33	XOPENEX RESPULES . . . . .	52	ZUBSOLV . . . . .	45	
VIRAMUNE XR . . . . .	33	XULANE . . . . .	38	ZYBAN . . . . .	45	
VIREAD . . . . .	34	XYLOCAINE . . . . .	20, 21	ZYDELIG . . . . .	5	
VIROPTIC . . . . .	42	XYZAL . . . . .	21	ZYKADIA . . . . .	4	
vismodegib . . . . .	7			ZYLOPRIM . . . . .	37	
VISTARIL . . . . .	21	<b>Z</b>			ZYPREXA . . . . .	47, 49
VISTOGARD . . . . .	25	zaleplon . . . . .	44	ZYPREXA RELPREVV . . . . .	47	
vitamin ADC/fluoride/±iron		ZANAFLEX . . . . .	37	ZYPREXA ZYDIS . . . . .	47	
drops . . . . .	55	zanamivir . . . . .	33	ZYRTEC . . . . .	21, 59	
vitamin B complex/vitamin C/ folic acid . . . . .	55	ZANTAC . . . . .	26	ZYRTEC CHEWABLE		
VITAMIN B-12 . . . . .	54	ZARONTIN . . . . .	16	TABLET . . . . .	21	
VIVACTIL . . . . .	48	ZAROXOLYN . . . . .	10	ZYRTEC D . . . . .	59	
VIVOTIF BERNA . . . . .	58	ZARXIO . . . . .	7	ZYRTEC-D . . . . .	21	
VOLTAREN . . . . .	13, 36, 40	ZEBETA . . . . .	9	ZYTIGA . . . . .	5	
VOLTAREN 1% TOPICAL		ZEBUTAL . . . . .	13	ZYVOX . . . . .	35	
GEL . . . . .	36	ZEJULA . . . . .	6			
VOLTAREN XR . . . . .	13, 36	ZELBORAF . . . . .	5			
voriconazole . . . . .	32	ZENPEP . . . . .	26			
vorinostat . . . . .	4	ZENTANE . . . . .	17			
vortioxetine . . . . .	48	ZENZEDI . . . . .	46			
VOSOL HC OTIC . . . . .	20	ZERIT . . . . .	34			
VOSOL OTIC . . . . .	20	ZESTORETIC . . . . .	8			
VOTRIENT . . . . .	5	ZESTRIL . . . . .	8			
VRAYLAR . . . . .	45	zetia . . . . .	11			
VYVANSE . . . . .	42	ZIAC . . . . .	9			
VYVANSE CHEWABLE . . . . .	42	ZIAGEN . . . . .	34			
		zidovudine . . . . .	34			
		ZINBRYTA . . . . .	15			
		ziprasidone . . . . .	49			
		ZITHROMAX . . . . .	31			
		ZOCOR . . . . .	11			
		ZOFRAN . . . . .	25			
		ZOFRAN ODT . . . . .	25			
		ZOHYDRO ER . . . . .	14			
		ZOLINZA . . . . .	4			
		ZOLOFT . . . . .	43			
		zolpidem . . . . .	44			
		ZONEGRAN . . . . .	16			
		zonisamide . . . . .	16			
		ZORTRESS . . . . .	6			
		ZOSTAVAX . . . . .	58			
		zoster vaccine live . . . . .	58			
		ZOSYN SOL . . . . .	29			
		ZOVIA 1/35 . . . . .	38			
		ZOVIA 1/50 . . . . .	38			

### W

warfarin . . . . .	7
WELLBUTRIN . . . . .	44
WELLBUTRIN SR . . . . .	44
WELLBUTRIN XL . . . . .	44
WESTCORT . . . . .	18
WYTENSIN . . . . .	12

### X

XALATAN . . . . .	41
XALKORI . . . . .	4
XANAX . . . . .	42, 44
XANAX XR . . . . .	44
XARELTO . . . . .	7
XELODA . . . . .	4
XENAZINE . . . . .	17
XIIDRA . . . . .	41

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