



# Preferred Drug List (PDL)

**Pennsylvania –**  
UnitedHealthcare Community Plan  
for Families

Effective Date: 1/1/18





UnitedHealthcare Community Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

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- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

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- Qualified interpreters
- Information written in other languages

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If you believe that UnitedHealthcare Community Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

UnitedHealthcare Community Plan  
P.O. Box 31364  
Salt Lake City, UT 84131-0364

The Bureau of Equal Opportunity  
Room 223, Health and Welfare Building  
P.O. Box 2675  
Harrisburg, PA 17105-2675  
Phone: **717-787-1127, TTY/PA Relay 711**  
Fax: **717-772-4366**, or  
Email: **RA-PWBEOAO@pa.gov**

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, UnitedHealthcare Community Plan and the Bureau of Equal Opportunity are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
**1-800-368-1019, 1-800-537-7697 (TDD)**

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.



ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call: **1-800-414-9025, TTY/PA RELAY: 711.**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-414-9025, TTY/PA RELAY: 711.**

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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 **1-800-414-9025, TTY/PA RELAY: 711**。

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ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् **1-800-414-9025, TTY/PA RELAY: 711** ।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-414-9025, TTY/PA RELAY: 711** 번으로 전화해 주십시오.

សូមចាប់អារម្មណ៍ ៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយផ្នែកភាសាឥតគិតថ្លៃ គឺអាចមានសម្រាប់បំរើជូនអ្នក ។ ចូរទូរស័ព្ទទៅលេខ **1-800-414-9025, TTY/PA RELAY: 711** ។

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-414-9025, TTY/PA RELAY: 711.**

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ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-414-9025, TTY/PA RELAY: 711.**

ATENÇÃO: se fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para **1-800-414-9025, TTY/PA RELAY: 711.**

লক্ষ্য করুন: আপনি যদি বাংলায় কথা বলেন, তাহলে আপনার জন্য বিনা খরচে ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। **1-800-414-9025, TTY/PA RELAY: 711** নম্বরে ফোন করুন।

KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime falas të ndihmës gjuhësore. Telefononi në **1-800-414-9025, TTY/PA RELAY: 711.**

सूचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. કોલ કરો **1-800-414-9025, TTY/PA RELAY: 711.**



# Preferred Drug List

## INTRODUCTION

UnitedHealthcare Community Plan is pleased to provide this Preferred Drug List (*PDL*) to be used for patients and providers as a guide for medications covered by the pharmacy benefit plan offered by UnitedHealthcare Community Plan. The drugs listed in this *PDL* are intended to provide sufficient options for treatment with a drug from that pharmacologic or therapeutic class. The drugs listed in the UnitedHealthcare Community Plan *PDL* have been reviewed and approved by the UnitedHealthcare Community Plan Pharmacy and Therapeutics Committee. The drugs have been selected to provide the most clinically appropriate and cost-effective medications for patients who have their drug benefit administered through UnitedHealthcare Community Plan. It is also recognized there may be occasions where an unlisted drug is desired for proper medical management. In those infrequent instances, the unlisted medication may be requested through the Medical prior authorization process.

The drugs represented have been reviewed by the UnitedHealthcare Community Plan Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The *PDL* is reflective of current medical practice as of the date of review.

This edition incorporates drugs added to the PDL since the last edition as well as numerous revisions to the prescribing information based on changes in pharmacotherapy. Comments and suggestions from practicing physicians have also been incorporated to ensure that the UnitedHealthcare Community Plan PDL is reflective of current medical practice.

## NOTICE

The information contained in this PDL and its appendices is provided by UnitedHealthcare Community Plan, solely for the convenience of medical providers. UnitedHealthcare Community Plan does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature.

This PDL is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs.

UnitedHealthcare Community Plan assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the Web sites listed in the Web site section or go to the National Guideline Clearinghouse site at <http://www.guideline.gov>.

The PDL and quarterly updates are also available on our web site at [www.uhccommunityplan.com](http://www.uhccommunityplan.com).

## PREFACE

The UnitedHealthcare Community Plan PDL is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state.

Products are listed by generic name. Brand names are included as a reference to assist in product recognition. Unless exceptions are noted, generally all applicable dosage forms and strengths of the drug cited are included in the PDL. Generics should be considered the first line of prescribing.

The UnitedHealthcare Community Plan PDL covers selected over-the-counter (OTC) products. Many are noted in the drug lists; a complete list is included on page 44. You are encouraged to prescribe OTC medications when clinically appropriate.



product. The PDL indicates generic availability in the “Covered Drug” column.

If a brand name drug is medically necessary, please submit a prior authorization request.

The UnitedHealthcare Community Plan MAC list sets a ceiling price for the reimbursement of certain multisource prescription drugs. This price will typically cover the acquisition of most generics but not branded versions of the same drug. The products selected for inclusion on the MAC list are commonly prescribed and dispensed and have usually gone through the FDA’s review and approval process. An important consideration for generic substitution is the knowledge that all approvals of generic drugs by the FDA since 1984, and many generic approvals prior to 1984, have a showing of bioequivalence between the generic versions and the reference brand product. To gain FDA approval:

1. The generic drug must contain the same active ingredient(s), be the same strength and the same dosage form as the brand name product.
2. The FDA has given the generic an “A” rating compared to the branded product indicating bioequivalence, and has determined the generic is therapeutically equivalent to the reference brand. The ratings of generic drugs are available by referring to the FDA reference, Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product. Drug products that have a narrow therapeutic index (NTI) can also be guided by these principles. It is not necessary for the health care provider to approach any one therapeutic class of drug products (e.g., NTI drugs) differently from any other class, when there has been a determination of therapeutic equivalence by the FDA for the drug products under consideration. Also, additional clinical tests or examinations by the physician are not needed when a therapeutically equivalent generic drug product is substituted for the brand name product.

There are now many brand name products that are repackaged or distributed under a generic label. The generic label version should always be considered therapeutically equivalent and substitutable for the source branded product.

## **DRUG EFFICACY STUDY IMPLEMENTATION (DESI) DRUGS**

Drugs first marketed between 1938 and 1962 were approved as safe but required no showing of effectiveness for FDA approval. Beginning in 1962, all new drugs were required to be both safe and effective before they could be marketed. This legislation also applied retroactively to all

drugs approved as safe from 1938-1962. The DESI program was established by the FDA to review the effectiveness of these pre-1962 drugs for their labeled indications, and a determination of “fully effective” was made for most of these products and they remain in the marketplace. A few DESI products remain classified as “less than fully effective” while awaiting final administrative disposition. Also, classified as DESI are many products listed as identical, similar, or related to actual DESI products. UnitedHealthcare Community Plan’s PDL does not cover DESI “less than fully effective” drug products.

## **PLAN EXCLUSIONS**

The following drug categories are excluded from coverage under the outpatient pharmacy benefit and are not part of the UnitedHealthcare Community Plan PDL.

- DESI drugs
- Antiobesity agents
- Experimental / research drugs
- Cosmetic drugs
- Nutritional / diet supplements
- Blood and blood plasma products
- Agents used to promote fertility
- Agents used for erectile dysfunction
- Agents used for cosmetic hair growth
- Drugs from manufacturers that do not participate in the Medicaid Drug Rebate Program
- Diagnostic products
- Medical supplies and DME except as listed: insulin syringes, insulin needles, lancets, alcohol swabs, spacers, preferred diabetes test strips, peak flow meters (Astech, Assess, Peak Air brands, max two per year), vaporizer (limit of 1 per 3 years), humidifier (limit of 1 per 3 years)

## **DAYS SUPPLY DISPENSING LIMITATIONS**

UnitedHealthcare Community Plan members may receive up to a one month supply of a specific medication per prescription order or prescription refill. A medication may be reordered or refilled when seventy-five percent (75%) of the medication has been utilized. If a claim is submitted before 75% of the medication has been used, based on the original day supply submitted on the claim, the claim will reject with a "refill too soon" message. Please call the UnitedHealthcare Community Plan Pharmacy Department at 800-310-6826 with questions or for help with dosage change authorization.

## **MANDATORY GENERIC SUBSTITUTION**

The UnitedHealthcare Community Plan *PDL* requires mandatory generic substitution on the vast majority of products when a generic equivalent is available; however, brand name drugs may be covered in certain situations by requesting a prior authorization.

The UnitedHealthcare Community Plan **PDL** prior authorization (PA) list does not include branded items where a generic equivalent is covered.

### **PRIOR AUTHORIZATION OF NON-PDL MEDICATIONS**

The drugs in the UnitedHealthcare Community Plan PDL have been selected to provide the most clinically appropriate and cost-effective medications for patients who have their drug benefit administered through UnitedHealthcare Community Plan. It is also recognized that there may be occasions where an unlisted drug is desired for the proper medical management of a specific patient. In those infrequent instances, the prior authorization process reviews requests for unlisted medications the physician may consider medically necessary for patient management.

Requests for these exceptions should be made in writing by the physician and faxed or mailed to:

**UnitedHealthcare Community Plan  
Pharmacy Services Department  
1001 Brinton Road  
Pittsburgh, PA 15221  
Fax 866-940-7328  
Phone 800-310-6826**

A prior authorization request form is available in the UnitedHealthcare Community Plan provider manual and should be used for all prior authorization requests if possible. Appropriate documentation must be provided to support the medical necessity of the non-PDL request. The UnitedHealthcare Community Plan Pharmacy Department will respond to all requests in accordance with state requirements.

Physicians are requested to adhere to this PDL when prescribing for patients covered by their pharmacy benefit plan offered by UnitedHealthcare Community Plan. If a pharmacist receives a prescription for a non-PDL drug, the pharmacist should contact the prescribing physician and request that the prescription be changed to a medication included in this PDL. If a PDL alternative is not appropriate the physician should then be instructed to contact the Plan for a prior authorization. Please contact the UnitedHealthcare Community Plan Pharmacy Department at 800-310-6826 with questions concerning the prior authorization process.

### **NON-PDL DRUGS 5-DAY AND 15-DAY OVERRIDES**

**If you cannot speak to the physician immediately, and there is an immediate need for the medication, the claim processing system will accept an override to permit a one-time dispensing of a 5-day supply of the newly prescribed non-PDL drug or preferred medication which may require prior authorization.** The pharmacy

should submit a claim for a 5 day supply, with a PA Type of 8 and Prior Authorization number of "00000000120".

Please note that non-preferred drugs are available for a 5-day supply, however availability is subject to the benefit design. For assistance, pharmacies may call 800-310-6826.

Pharmacies may dispense a one-time, 15-day supply to members requiring an immediate supply of an ongoing medication. **The pharmacist must contact the plan to obtain a manual 15-day override.** Before the next dispensing, **the pharmacy must** contact the physician to discuss a PDL drug or if a prior authorization request is warranted. If the prescribing physician feels a drug is medically necessary, the physician may fax a request for prior authorization to UnitedHealthcare Community Plan at 866-940-7328, Attn: Pharmacy Department.

### **QUANTITY LIMITATIONS (QL)**

Prescriptions for monthly quantities greater than the indicated limit require a prior authorization request.

#### **Quantity limits based on Efficient Medication Dosing**

The Efficient Medication Dosing Program is designed to consolidate medication dosage to the most efficient daily quantity to increase adherence to therapy and also promote the efficient use of health care dollars.

The limits for the program are established based on FDA approval for dosing and the availability of the total daily dose in the least amount of tablets or capsules daily.

Quantity Limits in the prescription claims processing system will limit the dispensing to consolidate dosing. The pharmacy claims processing system will prompt the pharmacist to request a new prescription order from the physician.

#### **Specialty Pharmaceutical Management Program**

UnitedHealthcare Community Plan is continuously looking for ways to provide high quality cost effective care for Plan members. The Specialty Pharmaceutical Management Program helps UnitedHealthcare Community Plan to achieve these goals.

Medications that are part of this program require plan authorization and are not available through the retail pharmacy network.

To obtain authorization, the provider must submit the appropriate Prior Authorization form to the UnitedHealthcare Community Plan Pharmacy Department via fax at 866-940-7328.

The UnitedHealthcare Community Plan Pharmacy Department will review and respond to all requests in accordance with state requirements, and if authorized for payment, UnitedHealthcare Community Plan will coordinate the delivery of the product to the member or provider.

Drugs that are part of this program and are on the PDL are identified in this booklet by the designation "SP".



Prior Authorization request forms can be requested by calling the UnitedHealthcare Community Plan Pharmacy Department 800-310-6826.

### MEDICATIONS REQUIRING DIAGNOSIS

UnitedHealthcare Community Plan requires that the diagnosis for prescriptions in certain classes match the FDA-approved use or a use supported by current published evidence. Drugs in scope will list “Diagnosis required” in the Requirements and Limits or with the drug class name on the PDL.

The diagnosis will be verified at the point-of-sale by the pharmacy claims processing system. If a matching diagnosis is not found in the medical claim file or on the pharmacy drug claim, the prescription will be rejected at the pharmacy. The pharmacist may then contact the prescriber to verify the diagnosis and submit it on the claim.

If the diagnosis provided still does not match the approved use, prior authorization may be requested through the standard process by faxing a request to 866-940-7328.

### STEP THERAPY (ST)

The following PDL drugs are routinely covered only after a sufficient trial of an indicated first-line agent has been adequately tried and failed. These medications may also be requested through the Prior authorization process.

While lower cost PDL alternatives may be appropriate in many instances, other non- PDL alternatives are available with prior authorization (PA).

STEP Drug	First-Line Agent(s)
<b>Amerge</b>	Trial at a minimum dose of 50mg of sumatriptan tablets.
<b>Aricept 23mg</b>	90 day trial of Aricept 10mg daily
<b>Breo Ellipta</b>	1) 30 day trial of one inhaled corticosteroid (e.g. Arnuity Ellipta, Asmanex) OR 2) 60 day trial of a long-acting beta2- agonist (e.g. Arcapta, Striverdi) OR 60 day trial of an orally inhaled anticholinergic agent (e.g. Incruse Ellipta, Atrovent, Combivent, Anoro Ellipta).
<b>calcipotriene cream &amp; oint 0.005%</b>	Trial of two topical corticosteroids
<b>calcitriol 3mcg/gm</b>	Trial of two topical corticosteroids
<b>DPP4 Inhibitors (Nesina, Kazano, Oseni)</b>	At least a 90 day trial of 1500mg/day of metformin.

<b>Elidel</b>	Trial of two different topical corticosteroids. Step therapy only applies to members 12 years of age and older.
<b>Eucria</b>	Trial of a topical steroid AND one of the following: Elidel cream or tacrolimus ointment
<b>fenofibrate</b>	Fill of a statin or 90 days of gemfibrozil within the previous 180 days.
<b>GLP-1 Agonists (Adlyxin, Tanzeum, Trulicity)</b>	At least a 90 day trial of 1500mg/day of metformin
<b>GLP-1/Insulin Combinations (Soliqua)</b>	Trial of one drug from the following classes: GLP-1 or Basal Insulin
<b>Optivar</b>	14 day trial of ketotifen within previous 90 days required first.
<b>Ranexa</b>	Trial of one drug from the following classes: beta blockers, calcium channel blockers, long acting nitrates
<b>Renvela</b>	8 week trial of calcium acetate.
<b>SGLT-2 Inhibitors (Jardiance, Invokana, Invokamet, Invokamet XR, Synjardy, Synjardy XR)</b>	At least a 90 day trial of 1500mg/day of metformin
<b>tacrolimus 0.03%</b>	Trial of two different topical corticosteroids. Step therapy only applies to members 12 years of age and older.
<b>tacrolimus 0.1%</b>	Minimum age of 16. Trial of two different topical corticosteroids
<b>tolterodine</b>	30 day trial of oxybutynin immediate release. Step Therapy only applies to members less than 65 years of age.
<b>tretinoin Cream (tretinoin cream 0.025%, 0.05%, 0.1%, and Avita cream 0.025%)</b>	Trial of Differin OTC Gel 0.1%.
<b>tropium</b>	30 day trial of oxybutynin immediate release. Step Therapy only applies to members less than 65 years of age.
<b>Uloric</b>	8 week trial of up to 600mg of allopurinol required first.

<b>Vancocin</b>	One fill of metronidazole tabs or cap
<b>Xopenex Respules</b>	30 day trial of Albuterol .083% or .5% respules.

**PDL SUGGESTIONS**

Providers who wish to propose PDL suggestions should forward the information to the UnitedHealthcare Community Plan Director of Pharmacy Services by either mail or fax.

Attn: Director of Pharmacy Services  
 UnitedHealthcare Community Plan  
 2 Allegheny Center  
 Suite 600  
 Pittsburgh, PA 15212  
 Fax: 866-940-7328

Providers should furnish adequate documentation, such as clinical studies from the medical literature, in order for the request to be considered for PDL addition. This literature should include information documenting clinical necessity as well as therapeutic advantages over current PDL products. Suggestions received by UnitedHealthcare Community Plan will be reviewed by the Pharmacy and Therapeutics Committee at the subsequent P&T Committee meeting

**EDITOR**

Your comments and suggestions regarding the UnitedHealthcare Community Plan PDL are encouraged. Your input is vital to this PDL's continued success. All responses will be reviewed and considered. Please send your comments to:

UnitedHealthcare Community Plan  
 Director of Pharmacy Services  
 2 Allegheny Center  
 Suite 600  
 Pittsburgh, PA 15212  
 Phone: 800-310-6826  
 Email: [pdl\\_management@uhc.com](mailto:pdl_management@uhc.com)  
 Internet: <http://www.uhccommunityplan.com>

**LEGEND**

#	Only the dosage forms/strengths of the brand name products noted are on the PDL
OTC	over-the-counter
delayed-rel	delayed-release (also known as enteric coated)
EC	enteric-coated
ext-rel	extended-release (also known as sustained-release)
PA	Prior Authorization required
QL	Quantity Limits apply
ST	Step Therapy, see pages V-VI for details
SP	Specialty Pharmaceuticals, see page V for details

**NOTICE**

*The information contained in this document is proprietary information. The information may not be copied in whole or in part without the written permission of UnitedHealthcare Community Plan. All rights reserved.*

*The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with UnitedHealthcare Community Plan. These trademarked brand names are included here for informational purposes only and are not intended to imply or suggest any affiliation between UnitedHealthcare Community Plan and such third-party pharmaceutical companies.*

If viewing this PDL via the Internet, please be advised that the PDL is updated periodically and changes may appear prior to their effective date to allow for notification.

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Antineoplastics &amp; Immunosuppressants</b>				
<b>Antineoplastic Agents</b>				
<b>Alkylating Agents</b>				
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
<b>Antimetabolites</b>				
capecitabine	XELODA	generic	1	SP
mercaptopurine	PURINETHOL	generic	1	
thioguanine	TABLOID	brand	2	QL
trifluridine/tipiracil	LONSURF	brand	2	PA, SP
<b>Histone Deacetylase Inhibitors</b>				
panobinostat	FARYDAK	brand	2	PA, SP
vorinostat	ZOLINZA	brand	2	PA, SP
<b>Kinase Inhibitor</b>				
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
idelalisib	ZYDELIG	brand	2	PA, SP
imatinib mesylate	GLEEVEC	generic	1	PA, QL, SP

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
lapatinib ditosylate	TYKERB	brand	2	PA, SP
lenvatinib	LENVIMA	brand	2	PA, SP
midostaurin	RYDAPT	brand	2	PA, SP
nilotinib	TASIGNA	brand	2	PA, SP
palbociclib	IBRANCE	brand	2	PA, SP
pazopanib	VOTRIENT	brand	2	PA, SP
ponatinib	ICLUSIG	brand	2	PA, SP
regorafenib	STIVARGA	brand	2	PA, SP
ruxolitinib	JAKAFI	brand	2	PA, SP
sorafenib	NEXAVAR	brand	2	PA, SP
sunitinib	SUTENT	brand	2	PA, SP
trametinib	MEKINIST	brand	2	PA, SP
vandetanib	CAPRELSA	brand	2	PA, SP
vemurafenib	ZELBORAF	brand	2	PA, SP
<b>Miscellaneous</b>				
leucovorin	LEUCOVORIN	generic	1	QL, tabs
mesna	MESNEX	brand	2	SP, tablets
venetoclax	VENCLEXTA	brand	2	PA, SP
<b>Proteasome Inhibitors</b>				
ixazomib	NINLARO	brand	2	PA, SP
<b>Hormonal Antineoplastic Agents</b>				
<b>Androgen Biosynthesis Inhibitors</b>				
abiraterone	ZYTIGA	brand	2	PA, SP
<b>Antiandrogens</b>				
bicalutamide	CASODEX	generic	1	
flutamide	EULEXIN	generic	1	
<b>Antiestrogens</b>				
tamoxifen	NOLVADEX	generic	1	
toremifene	FARESTON	brand	2	
<b>Aromatase Inhibitors</b>				
anastrozole	ARIMIDEX	generic	1	
exemestane	AROMASIN	generic	1	
letrozole	FEMARA	generic	1	
<b>Gonadotropin Releasing Hormone Analog</b>				
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
<b>Progestin</b>				
megestrol acetate	MEGACE	generic	1	
<b>Immunomodulators</b>				
<b>Interferons</b>				
interferon alfa-2b	INTRON A	brand	2	PA, SP
peginterferon alfa-2b	SYLATRON	brand	2	PA, SP
<b>Miscellaneous</b>				
lenalidomide	REVLIMID	brand	2	PA, SP
pomalidomide	POMALYST	brand	2	PA, SP
thalidomide	THALOMID	brand	2	PA, SP, QL
<b>Immunosuppressants</b>				
<b>Antimetabolites</b>				
azathioprine	IMURAN	generic	1	
mycophenolate mofetil	CELLCEPT	generic	1	
mycophenolate sodium	MYFORTIC	generic	1	
<b>Calcineurin Inhibitors</b>				
cyclosporine	SANDIMMUNE	generic	1	
cyclosporine, modified	GENGRAF	generic	1	caps, QL
	NEORAL			
tacrolimus	HECORIA	generic	1	
	PROGRAF			
<b>Rapamycin Derivative</b>				
sirolimus	RAPAMUNE	generic	1	tabs
sirolimus	RAPAMUNE	brand	2	soln
<b>Other</b>				
everolimus	ZORTRESS	brand	2	
<b>Miscellaneous</b>				
alitretinoin 1% gel	PANRETIN	brand	2	PA
bexarotene caps	TARGRETIN	generic	1	PA, SP, caps
bexarotene topical gel	TARGRETIN	brand	2	PA, SP, gel
cysteamine bitartrate	CYSTAGON	brand	2	SP
etoposide	VEPESID	generic	1	
hydroxyurea	DROXIA	brand	2	
hydroxyurea	HYDREA	generic	1	
interferon gamma-1b	ACTIMMUNE	brand	2	PA, SP
mitotane	LYSODREN	brand	2	
niraparib	ZEJULA	brand	2	PA, SP
octreotide	SANDOSTATIN	generic	1	SP
olaparib	LYNPARZA	brand	2	PA, SP
pasireotide	SIGNIFOR	brand	2	PA, SP
procarbazine	MATULANE	brand	2	SP

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

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

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
nifedipine extended-release	ADALAT CC PROCARDIA XL	generic	1	QL
nimodipine	NIMOTOP	generic	1	QL
nimodipine oral soln	NYMALIZE	brand	2	
<b>Nondihydropyridines</b>				
diltiazem	CARDIZEM	generic	1	
diltiazem extended-release	CARDIZEM CD	generic	1	QL
diltiazem extended-release	DILACOR XR TIAZAC	generic	1	QL
diltiazem sustained-release	CARDIZEM SR	generic	1	QL
verapamil	CALAN	generic	1	
verapamil extended-release	CALAN SR	generic	1	QL
<b>Diuretics</b>				
amiloride	MIDAMOR	generic	1	
amiloride/ hydrochlorothiazide	MODURETIC	generic	1	
bumetanide	BUMEX	generic	1	
chlorthalidone	CHLORTHALIDONE	generic	1	
chlorothiazide	DIURIL	generic	1	
chlorothiazide	DIURIL ORAL SUSPENSION	brand	2	QL
furosemide	LASIX	generic	1	
hydrochlorothiazide	HYDROCHLOROTHIAZIDE	generic	1	soln, tabs
hydrochlorothiazide	MICROZIDE	generic	1	12.5 mg caps
indapamide	LOZOL	generic	1	
metolazone	ZAROXOLYN	generic	1	
spironolactone	ALDACTONE	generic	1	
spironolactone/ hydrochlorothiazide	ALDACTAZIDE	generic	1	
toremide	DEMADEX	generic	1	
triamterene/ hydrochlorothiazide	DYAZIDE MAXZIDE	generic	1	
<b>Lipid Lowering Agents</b>				
<b>Bile Acid Resin</b>				
cholestyramine	QUESTRAN QUESTRAN-LIGHT	generic	1	Only the bulk products are covered (cans). Individual packets are not covered.

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Fibrates</b>				
fenofibrate	LOFIBRA	generic	1	ST
gemfibrozil	LOPID	generic	1	
<b>HMG-CoA Reductase Inhibitors and Combinations</b>				
atorvastatin	LIPITOR	generic	1	
lovastatin	MEVACOR	generic	1	QL
simvastatin	ZOCOR	generic	1	QL
<b>Niacins</b>				
niacin	NIACOR	generic	1	
niacin extended-release	NIASPAN	generic	1	
<b>Miscellaneous</b>				
alirocumab	PRALUENT	brand	2	PA, QL, SP
ezetimibe	ZETIA	generic	1	PA
omega 3 acid ethyl esters	LOVAZA	generic	1	PA
<b>Nitrates</b>				
<b>Oral</b>				
isosorbide dinitrate	ISORDIL	generic	1	
isosorbide dinitrate extended-release	ISOSORBIDE DINITRATE ER	generic	1	
isosorbide mononitrate	ISMO	generic	1	
isosorbide mononitrate extended-release	IMDUR	generic	1	
<b>Sublingual</b>				
isosorbide dinitrate	ISORDIL S.L.	generic	1	
nitroglycerin	NITROLINGUAL	generic	1	
nitroglycerin	NITROSTAT	generic	1	
<b>Transdermal</b>				
nitroglycerin	NITREK NITRO-DUR	generic	1	transdermal, QL
nitroglycerin	NITRO-BID	generic	1	oint
<b>Potassium-Removing Agents</b>				
patiromer	VELTASSA	brand	2	PA
sodium polystyrene sulfonate	KAYEXALATE	generic	1	susp (susp only)
<b>Pulmonary Arterial Hypertension</b>				
ambrisentan	LETAIRIS	brand	2	PA, SP
bosentan	TRACLEER	brand	2	PA, SP
macitentan	OPSUMIT	brand	2	PA, SP
riociguat	ADEMPAS	brand	2	PA, SP
sildenafil	REVATIO	generic	1	PA, SP, tablets

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<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.
<b>Amyotrophic Lateral Sclerosis (ALS)</b>				
riluzole	RILUTEK	brand	2	
<b>Analeptics</b>				
armodafinil	NUVIGIL	generic	1	Diagnosis Required, QL
<b>Analgesics</b>				
<b>Barbiturate Non-Narcotic Analgesics</b>				
butalbital/acetaminophen	PHRENILIN	generic	1	QL
butalbital/acetaminophen	SEDAPAP	generic	1	QL
butalbital/acetaminophen/ caffeine	FIORICET	generic	1	QL
butalbital/aspirin/caffeine	FIORINAL	generic	1	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Non-Narcotic Analgesics</b>				
acetaminophen	TYLENOL	generic	1	OTC
aspirin/acetaminophen/ caffeine	EXCEDRIN MIGRAINE	generic	1	250-250-65 mg, OTC
tramadol	ULTRAM	generic	1	QL
<b>NSAIDS</b>				
diclofenac potassium	CATAFLAM	generic	1	
diclofenac sodium delayed-release	VOLTAREN	generic	1	
diclofenac sodium extended-release	VOLTAREN XR	generic	1	
etodolac	LODINE	generic	1	IR Only
ibuprofen	ADVIL	generic	1	tabs, chew tabs and susp, OTC
ibuprofen	MOTRIN	generic	1	tabs, chew tabs and susp
indomethacin	INDOCIN	generic	1	
ketoprofen	ORUDIS	generic	1	IR only
ketorolac tromethamine	TORADOL	generic	1	QL
meloxicam	MOBIC	generic	1	QL
nabumetone	RELAFEN	generic	1	
naproxen	NAPROSYN	generic	1	
naproxen delayed release	ENTERIC COATED- NAPROSYN	generic	1	
oxaprozin	DAYPRO	generic	1	
piroxicam	FELDENE	generic	1	
sulindac	CLINORIL	generic	1	
<b>Opioids - Narcotic Analgesics</b>				
butalbital/apap/caff/cod	FIORICET W/CODEINE	generic	1	QL, 50-325-40-30 mg
butalbital/asa/caff/cod	FIORINAL W/CODEINE	generic	1	QL
butorphanol	STADOL	generic	1	nasal spray, QL
codeine sulfate		generic	1	QL
codeine/acetaminophen	TYLENOL W/CODEINE	generic	1	QL
fentanyl transdermal	DURAGESIC	generic	1	PA, QL
hydrocodone/ acetaminophen	LORCET	generic	1	QL
	LORTAB			
	LORTAB ELIXIR			
	NORCO			
	VICODIN VICODIN ES			

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
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>				
<b>Ergotamine Derivatives</b>				
dihydroergotamine	D.H.E. 45	generic	1	inj, QL
dihydroergotamine	MIGRANAL	generic	1	
ergotamine/caffeine	CAFERGOT	generic	1	
ergotamine tartrate/caffeine	MIGERGOT SUPPOSITORIES	brand	2	QL
<b>Selective Serotonin Agonists</b>				
naratriptan	AMERGE	generic	1	ST
rizatriptan	MAXALT/MAXALT MLT	generic	1	QL
sumatriptan	IMITREX	generic	1	QL
sumatriptan	IMITREX 4 MG AND 6 MG INJ	generic	1	4 mg and 6 mg inj
<b>Migraine Prophylactic Therapy</b>				
amitriptyline	ELAVIL	generic	1	
divalproex sodium cap sprinkle	DEPAKOTE SPRINKLE	generic	1	Members ≥ 8 years of age will require prior authorization.
divalproex sodium delayed-release	DEPAKOTE	generic	1	Minimum age 2
propranolol	INDERAL	generic	1	IR only
verapamil	CALAN	generic	1	
<b>Multiple Sclerosis</b>				
daclizumab	ZINBRYTA	brand	2	PA, QL, SP
dimethyl fumarate	TECFIDERA	brand	2	PA, QL, SP

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
fingolimod	GILENYA	brand	2	PA, QL, SP
glatiramer acetate	COPAXONE 40 MG	brand	2	40 mg, PA, QL, SP
glatiramer acetate	GLATOPA	generic	1	PA, QL, SP
peginterferon beta-1a	PLEGRIDY	brand	2	PA, QL, SP
teriflunomide	AUBAGIO	brand	2	PA, 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	
biperiden	AKINETON	generic	1	
carbidopa/levodopa	SINEMET	generic	1	
carbidopa/levodopa extended-release	SINEMET CR	generic	1	
entacapone	COMTAN	generic	1	
pramipexole	MIRAPEX	generic	1	
ropinirole	REQUIP	generic	1	
selegiline	ELDEPRYL	generic	1	
tolcapone	TASMAR	generic	1	
trihexyphenidyl	ARTANE	generic	1	
<b>Seizures</b>				
carbamazepine	TEGRETOL	generic	1	
carbamazepine extended-release	CARBATROL TEGRETOL-XR	generic	1	
clobazam	ONFI	brand	2	Diagnosis Required, QL
clonazepam	KLONOPIN	generic	1	tabs
diazepam	DIASTAT ACUDIAL	generic	1	rectal gel, QL
divalproex sodium cap sprinkle	DEPAKOTE SPRINKLE	generic	1	Members ≥ 8 years of age will require prior authorization.
divalproex sodium delayed-release	DEPAKOTE	generic	1	Minimum age 2
ethosuximide	ZARONTIN	generic	1	
exogabine	POTIGA	brand	2	Age Limits Apply
felbamate	FELBATOL	generic	1	QL, tablets

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
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
<b>Miscellaneous</b>				
deutetrabenazine	AUSTEDO	brand	2	PA
tetrabenazine	XENAZINE	generic	1	PA, SP

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Dermatology</b>				
<b>Acne Vulgaris</b>				
Oral				
isotretinoin	ABSORICA AMNESTEEM CLARAVIS MYORISAN ZENTANE	generic	1	PA
Topical				
adapalene gel	DIFFERIN OTC GEL 0.1%	generic	1	
azelaic acid	FINACEA	brand	2	gel
benzoyl peroxide	BENZAC AC	generic	1	
clindamycin	CLEOCIN T	generic	1	gel
clindamycin	CLEOCIN T	generic	1	lotion
clindamycin	CLEOCIN T	generic	1	soln
erythromycin	ERYGEL	generic	1	gel 2%
erythromycin	T-STAT	generic	1	soln
salicylic acid	NEUTROGENA OIL FREE ACNE WASH	generic	1	liquid 2%, OTC
sulfacetamide/sulfur	SULFACET-R	generic	1	lotion
sulfacetamide/sulfur	PLEXION	generic	1	
tretinoin	AVITA RETIN-A	generic	1	cream, ST
<b>Bacterial Infections</b>				
bacitracin	BACITRACIN	generic	1	OTC
gentamicin	GENTAK	generic	1	
mupirocin	BACTROBAN	generic	1	ointment, 22 gram tube only
neomycin/polymyxin B/ bacitracin	NEOSPORIN	generic	1	OTC
silver sulfadiazine	SILVADENE	generic	1	
<b>Corticosteroids</b>				
Low Potency				
alclometasone	ACLOVATE	generic	1	0.05% crm/oint
fluocinolone acetonide	DERMA-SMOOTHIE OIL/FS	generic	1	oil 0.01%

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
fluocinolone acetonide	SYNALAR	generic	1	soln/crm 0.01%
hydrocortisone	CORTIZONE	generic	1	crm, oint, lot OTC
hydrocortisone	HYTONE	generic	1	crm 0.5%, 1%, & 2.5%
hydrocortisone	HYTONE	generic	1	lotion 1% & 2.5%
hydrocortisone/aloe	CORTIZONE-10 INTENSIVE HEALING	generic	1	crm 0.5% & 1%, OTC
<b>Medium Potency</b>				
betamethasone val	BETA-VAL	generic	1	crm/oint/lotion 0.1%
fluocinolone acetonide	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	oint 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	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
ketoconazole	NIZORAL	generic	1	
miconazole	DESENEX	generic	1	2% OTC
miconazole	MICATIN	generic	1	OTC
miconazole	MONISTAT-DERM	generic	1	
nystatin	MYCOSTATIN	generic	1	
terbinafine	LAMISIL AT	generic	1	OTC
tolnaftate	TINACTIN	generic	1	OTC
<b>Psoriasis</b>				
acitretin	SORIATANE	generic	1	oral caps, PA
calcipotriene	DOVONEX	generic	1	crm/oint, ST
calcipotriene	DOVONEX	generic	1	soln
calcitriol	VECTICAL	generic	1	ST
methoxsalen	OXSORALEN-ULTRA	generic	1	
salicylic acid	SCALPICIN	generic	1	liquid 3%
<b>Rosacea</b>				
brimonidine	MIRVASO	brand	2	PA
	METROCREAM			
metronidazole	METROGEL	generic	1	
	METROLOTION			
<b>Scabies and Pediculosis</b>				
crotamiton	EURAX	brand	2	
malathion	OVIDE	generic	1	
permethrin	ELIMITE	generic	1	5%, QL
permethrin	NIX CREME RINSE	generic	1	1%, OTC
pyrethrins/piperonyl butoxide shampoo	RID SHAMPOO	generic	1	4% OTC
spinosad	NATROBA	generic	1	QL
<b>Viral Infections</b>				
podofilox	CONDYLOX SOL	generic	1	sol
salicylic acid 17%/collodion		generic	1	OTC
<b>Miscellaneous</b>				
aluminum acetate		brand	2	soln/cream, OTC
aluminum chloride topical solution	HYPERCARE 15%	brand	2	
ammonium lactate	LAC-HYDRIN	generic	1	crm 12%, lotion 5% & 12%
ammonium lactate	LACTINOL	generic	1	lotion 10%
becaplermin gel	REGANEX	brand	2	PA
calamine		brand	2	lotion/ointment, OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
chloroxine	CAPITROL	generic	1	
collagenase oint	SANTYL	brand	2	QL
crisaborole	EUCRISA	brand	2	2% ointment, ST
fluorouracil	EFUDEX	generic	1	
hydrocortisone	PROCTOSOL HC CREAM 2.5%	generic	1	
	PROCTOZONE CREAM-HC 2.5%			
	ANUSOL HC 2.5%			
imiquimod 5% cream	ALDARA	generic	1	
ketoconazole	NIZORAL SHAMPOO	generic	1	shampoo 2%
lidocaine	LIDAMANTEL	generic	1	3% cream
lidocaine	LMX-4	generic	1	4% cream (15 gm tubes), QL
lidocaine	XYLOCAINE	generic	1	jelly 2%
lidocaine patch	LIDODERM	generic	1	Diagnosis Required, QL
lidocaine/prilocaine	EMLA	generic	1	2.5% cream
nitroglycerin	RECTIV	brand	2	Diagnosis Required, QL, 0.4% rectal ointment
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	brand	2	
	UREA 20% CREAM			
	UREA 10% LOTION			
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	DOMBORO OTIC	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
acetic acid/ hydrocortisone	VOSOL HC OTIC	generic	1	
benzocaine/antipyrine	BENZOTIC	generic	1	
carbamide peroxide	DEBROX	generic	1	6.5%, OTC
ciprofloxacin/ dexamethasone	CIPRODEX	brand	2	Diagnosis Required, QL
neomycin/polymyxin B/ hydrocortisone	CORTISPORIN OTIC	generic	1	otic
ofloxacin	FLOXIN OTIC	generic	1	
<b>Nose</b>				
<b>Antihistamines - First Generation, Sedating</b>				
chlorpheniramine extended-release	CHLOR-TRIMETON ALLERGY	generic	1	12 mg, OTC
chlorpheniramine maleate	CHLOR-TRIMETON SYRUP	generic	1	2 mg/5 ml, OTC
clemastine	CLEMASTINE	generic	1	
cyproheptadine	CYPROHEPTADINE	generic	1	
diphenhydramine		generic	1	
diphenhydramine	BENADRYL	generic	1	OTC
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 TAB- LET	generic	1	OTC, Members ≥ 8 years of age will require prior authorization.
levocetirizine	XYZAL	generic	1	tabs
loratadine	ALAVERT CLARITIN	generic		OTC
<b>Antihistamines - Others Antihistamine/Decongestant Combinations</b>				
azelastine	ASTELIN	generic	1	spray
<b>Antihistamine/Decongestant Combinations - First Generation</b>				
chlorpheniramine/ phenylephrine/ pyrilamine	TRITANN	generic	1	
chlorpheniramine/ pseudoephedrine	ACTIFED	generic	1	OTC

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<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>				
<b>Glucose Elevating Agents</b>				
glucagon, human recombinant	GLUCAGON	brand	2	QL
<b>Insulin Combinations</b>				
insulin glargine/lixisenatide	SOLIQUA	brand	2	ST
<b>Insulins</b>				
insulin aspart	NOVOLOG	brand	2	QL, vials
insulin aspart	NOVOLOG FLEXPEN	brand	2	QL
insulin aspart protamine 70%/ insulin aspart 30%	NOVOLOG MIX 70/30	brand	2	QL, vials
insulin glargine	BASAGLAR	brand	2	
insulin glargine 300 unit/ml	TOUJEO SOLOSTAR	brand	2	
insulin human	NOVOLIN R	brand	2	OTC, QL, vials
insulin human	RELION R	brand	2	OTC, QL, vials
insulin isophane	HUMULIN N	brand	2	OTC, QL, vials
insulin isophane human	NOVOLIN N	brand	2	OTC, QL, vials
insulin isophane human	RELION N	brand	2	OTC, QL, vials
insulin isophane human 70%/regular 30%	NOVOLIN 70/30	brand	2	OTC, QL, vials
insulin isophane human 70%/regular 30%	RELION 70/30	brand	2	OTC, QL, vials
insulin isophane/regular	HUMULIN 70/30	brand	2	OTC, QL, vials
insulin 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 lispro	HUMALOG CARTRIDGE	brand	2	QL
insulin lispro	HUMALOG KWIKPEN	brand	2	QL
insulin regular	HUMULIN R	brand	2	OTC, QL, vials

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Monitoring - Strips and Kits/Diabetic Supplies</b>				
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
<b>Oral Agents</b>				
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	
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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Growth Stimulating Agents</b>				
mecasermin	INCRELEX	brand	2	PA, SP
somatropin	NUTROPIN AQ NUSPIN	brand	2	PA, SP
<b>Osteoporosis</b>				
abaloparatide inj	TYMLOS	brand	2	PA, SP
alendronate	FOSAMAX	generic	1	QL
calcitonin-salmon	MIACALCIN	brand	2	inj
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	PA, SP
pegvisomant	SOMAVERT	brand	2	PA, SP
sapropterin	KUVAN	brand	2	PA, SP
sapropterin powder	KUVAN POWDER FOR SOLUTION	brand	2	PA, SP
uridine	VISTOGARD	brand	2	
<b>Gastrointestinal</b>				
<b>Constipation/Laxatives</b>				
casanthranol-docusate sodium		generic	1	OTC
docusate calcium plus		generic	1	OTC
docusate potassium		generic	1	OTC
docusate sodium	COLACE	generic	1	OTC
lactulose	ENULOSE	generic	1	
linaclotide	LINZESS	brand	2	Diagnosis Required, QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
glycerin	GLYCERIN SUPPOSITORY	generic	1	suppository, OTC
peg 3350/electrolytes	COLYTE	generic	1	
peg 3350/sodium bicarbonate/sodium chloride	TRILYTE	generic	1	
peg 3350/sodium bicarbonate/sodium chloride/potassium chloride	NULYTELY	generic	1	
polyethylene glycol 3350	MIRALAX	generic	1	
sennosides	SENOKOT	generic	1	8.6 mg tab, OTC
<b>Diarrhea</b>				
crofelemer	MYTESI	brand	2	Diagnosis Required, QL
diphenoxylate/atropine	LOMOTIL	generic	1	
loperamide	IMODIUM A-D	generic	1	OTC
loperamide	LOPERAMIDE	generic	1	
<b>Emesis</b>				
aprepitant	EMEND	generic	1	QL applies to 40 mg, 80 mg and 80-125 mg
dronabinol	MARINOL	generic	1	PA
meclizine	ANTIVERT	generic	1	
metoclopramide	REGLAN	generic	1	
ondansetron	ZOFRAN	generic	1	QL
	ZOFRAN ODT	generic	1	
prochlorperazine	COMPazine	generic	1	
promethazine	PHENERGAN	generic	1	
rolapitant	VARUBI	brand	2	
trimethobenzamide	TIGAN	generic	1	300 mg caps
<b>Gastroesophageal Reflux Disease (Gerd)/Peptic Ulcers</b>				
alginic acid/sodium bicarbonate		brand	2	OTC
alumina/magnesia	MAALOX	generic	1	OTC
alumina/magnesia/simethicone	MYLANTA	generic	1	OTC
cimetidine	TAGAMET	generic	1	
esomeprazole	NEXIUM 24HR OTC	brand	2	PA
esomeprazole granules	NEXIUM DELAYED RELEASE PACKET	brand	2	Members ≥ 2 years of age will require prior authorization.

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
famotidine	PEPCID PEPCID AC	generic	1	OTC Pepcid AC 10 mg and 20 mg also covered/ encouraged with written prescription.
lansoprazole	PREVACID	generic	1	
lansoprazole delayed-release	PREVACID SOLUTAB	generic	1	orally disintegrating tabs, Members ≥ 2 years of age will require prior authorization. QL
omeprazole delayed-release	PRILOSEC	generic	1	Capsules only, QL
pantoprazole	PROTONIX	generic	1	
ranitidine	ZANTAC	generic	1	150 mg tabs
ranitidine syrup	ZANTAC	generic	1	
sucralfate	CARAFATE	generic	1	
sucralfate	CARAFATE SUSPENSION	generic	1	suspension, Members 10 years of age up to 65 years of age will require prior authorization.
<b>Gastrointestinal Spasm</b>				
dicyclomine	BENTYL	generic	1	tablets only
glycopyrrolate	ROBINUL	generic	1	
hyoscyamine sulfate	LEVSIN	generic	1	
hyoscyamine sulfate extended-release	LEVSINEX	generic	1	
<b>Inflammatory Bowel Disease</b>				
balsalazide	COLAZAL	generic	1	
budesonide	ENTOCORT EC	generic	1	Diagnosis Required, QL
hydrocortisone	COLOCORT	generic	1	enema
mesalamine	ROWASA	generic	1	enema only
mesalamine extended-release	APRISO DELZICOL	brand	2	
mesalamine supp	CANASA	brand	2	
olsalazine sodium	DIPENTUM	brand	2	
sulfasalazine	AZULFIDINE	generic	1	
sulfasalazine delayed-release	AZULFIDINE EN-TABS	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Pancreatic Enzymes</b>				
pancrelipase	CREON CREON 3000 UNIT ZENPEP	brand	2	
<b>Probiotic Supplementation</b>				
acidophilus	ACIDOPHILUS XTRA	brand	2	OTC
acidophilus	ACIDOPHILUS	brand	2	caps and tabs, OTC
acidophilus/bifidus	ACIDOPHILUS/BIFIDUS WAFER	generic	1	OTC
acidophilus/citrus pectin	ACIDOPHILUS/CITRUS PECTIN	generic	1	tabs, OTC
acidophilus/pectin	ACIDOPHILUS/PECTIN	generic	1	caps, OTC
lactobacillus	FLORANEX	generic	1	chewable tabs, OTC
probiotic product	PROBIOTIC FORMULA	brand	2	caps, OTC
<b>Miscellaneous</b>				
atropine sulfate	SAL-TROPINE	brand	2	
misoprostol	CYTOTEC	generic	1	
naloxegol	MOVANTIK	brand	2	Diagnosis Required, QL
teduglutide	GATTEX ACTIGALL	brand	2	PA, SP
ursodiol	URSO URSO FORTE	generic	1	
<b>Infectious Diseases</b>				
<b>Anthelmintics</b>				
albendazole	ALBENZA	brand	2	PA
ivermectin	STROMEKTOL	brand	2	
praziquantel	BILTRICIDE	brand	2	Diagnosis Required, QL
pyrantel pamoate	PIN-X	brand	2	chewable tablets, suspension
pyrantel pamoate	REESE'S PINWORM MEDICINE	brand	2	tablets, suspension

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Antibacterials</b>				
Antituberculosis Agents				
aminosalicylic acid	PASER	brand	2	
cycloserine	SEROMYCIN	generic	1	
ethambutol	MYAMBUTOL	generic	1	
ethionamide	TRECATOR	brand	2	
isoniazid	ISONIAZID	generic	1	
pyrazinamide	PYRAZINAMIDE	generic	1	
rifabutin	MYCOBUTIN	generic	1	
rifapin	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	caps, PA, QL
itraconazole	SPORANOX	brand	2	soln, PA, QL
ketoconazole	NIZORAL	generic	1	
nystatin	MYCOSTATIN	generic	1	
terbinafine	LAMISIL	generic	1	QL
voriconazole	VFEND	generic	1	PA
<b>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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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Hepatitis Treatment</b>				
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
<b>Herpes Treatment</b>				
acyclovir	ZOVIRAX	generic	1	caps, tabs, suspension
docosanol	ABREVA OTC CREAM	brand	2	
valacyclovir	VALTREX	generic	1	
<b>Influenza Treatment</b>				
amantadine	SYMMETREL	generic	1	except tabs
oseltamivir	TAMIFLU	generic	1	capsules, QL
rimantadine	FLUMADINE	generic	1	
zanamivir	RELENZA	brand	2	QL
<b>Integrase Inhibitors</b>				
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.
<b>Non-Nucleoside Reverse Transcriptase Inhibitors - Diagnosis required</b>				
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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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Nucleoside Analogues Nucleoside Reverse - Transcriptase Inhibitors/and Combinations – Diagnosis required</b>				
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	
lamivudine	EPIVIR	generic	1	
lamivudine/zidovudine	COMBIVIR	generic	1	
stavudine	ZERIT	generic	1	
zalcitabine	HIVID	brand	2	
zidovudine	RETROVIR	generic	1	
<b>Nucleoside/Nucleotide Reverse - Transcriptase Inhibitor Combination – Diagnosis required</b>				
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	Diagnosis to drug match not required
<b>Nucleotide Analogues Nucleotide Reverse - Transcriptase Inhibitor – Diagnosis required</b>				
tenofovir	VIREAD	brand	2	
<b>Protease Inhibitors – Diagnosis required</b>				
atazanavir	REYATAZ	brand	2	
atazanavir	REYATAZ POWDER PACKET	brand	2	Members ≥ 8 years of age will require prior authorization
darunavir	PREZISTA	brand	2	
fosamprenavir	LEXIVA	brand	2	
indinavir	CRIXIVAN	brand	2	
lopinavir/ritonavir	KALETRA	brand	2	tablets
lopinavir/ritonavir	KALETRA	generic	1	solution
nelfinavir	VIRACEPT	brand	2	
ritonavir	NORVIR	brand	2	
saquinavir mesylate	INVIRASE	brand	2	
tipranavir	APTIVUS	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Miscellaneous- Diagnosis Required</b>				
abacavir/dolutegravir/ lamivudine	TRIUMEQ	brand	2	
cobicistat	TYBOST	brand	2	
darunavir/cobicistat	PREZCOBIX	brand	2	
elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide fumarate	GENVOYA	brand	2	
enfuvirtide	FUZEON	brand	2	
maraviroc	SELZENTRY	brand	2	
<b>Miscellaneous</b>				
bedaquiline	SIRTURO	brand	2	
chloroquine phosphate	ARALEN	generic	1	
clindamycin	CLEOCIN	generic	1	150 mg and 300 mg only
dapsone	DAPSONE	brand	2	
hydroxychloroquine	PLAQUENIL	generic	1	
linezolid	ZYVOX	generic	1	PA
mefloquine	LARIAM	generic	1	
metronidazole	FLAGYL	generic	1	tabs only
neomycin sulfate		brand	2	
nitrofurantoin extended-release	MACROBID	generic	1	
nitrofurantoin macrocrystals	MACRODANTIN	generic	1	
nitrofurantoin susp	FURADANTIN SUSP 25 MG/5 ML	generic	1	Members ≥ 8 years of age will require prior authorization.
palivizumab	SYNAGIS	brand	2	PA, SP
paromomycin	HUMATIN	generic	1	
povidone-iodine		generic	1	OTC
primaquine		generic	1	
pyrimethamine	DARAPRIM	brand	2	PA, SP
trimethoprim	TRIMETHOPRIM	generic	1	tabs only
<b>Musculoskeletal</b>				
<b>Arthritis</b>				
<b>Disease Modifying Anti-Rheumatic Drugs</b>				
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	

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
piroxicam	FELDENE	generic	1	
salsalate	DISALCID	generic	1	QL
sulindac	CLINORIL	generic	1	
<b>Gout</b>				
allopurinol	ZYLOPRIM	generic	1	
colchicine	MITIGARE	brand	2	
febuxostat	ULORIC	brand	2	ST
probenecid	PROBENECID	generic	1	
<b>Skeletal Muscle Relaxants</b>				
<b>Muscle Spasm</b>				
chlorzoxazone	PARAFON FORTE DSC	generic	1	
cyclobenzaprine	FLEXERIL	generic	1	5mg & 10mg
methocarbamol	ROBAXIN	generic	1	
orphenadrine extended-release	NORFLEX	generic	1	
<b>Spasticity</b>				
baclofen	BACLOFEN	generic	1	
dantrolene	DANTRIUUM	generic	1	
diazepam	VALIUM	generic	1	QL
tizanidine	ZANAFLEX	generic	1	tabs only, QL
<b>OB-GYN</b>				
<b>Contraceptives</b>				
<b>Biphasic</b>				
desogestrel/EE	MIRCETTE	generic	1	QL
norethindrone/EE	ORTHO-NOVUM 10/11	generic	1	QL
<b>Emergency Contraception</b>				
levonorgestrel	PLAN B ONE STEP	generic	1	
<b>Extended Cycle</b>				
levonorgestrel/EE	SEASONALE	generic	1	QL
<b>Injectable</b>				
medroxyprogesterone acetate	DEPO-PROVERA	generic	1	QL
<b>Intravaginal</b>				
etonogestrel/EE	NUVARING ORTHO COIL	brand	2	ring, QL
ortho diaphragm	ORTHO FLAT ORTHO FLEX	brand	2	QL

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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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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>Vaginal Infections</b>				
Oral				
fluconazole	DIFLUCAN	generic	1	QL
metronidazole	FLAGYL	generic	1	tabs
Vaginal				
clotrimazole	GYNE-LOTRIMIN	generic	1	OTC
clindamycin	CLEOCIN	generic	1	crm
metronidazole	METROGEL-VAGINAL METROGEL 1%	generic	1	
miconazole	MONISTAT	generic	1	OTC
miconazole	MONISTAT 3	generic	1	
terconazole	TERAZOL 3/7	generic	1	crm
<b>Miscellaneous</b>				
onjugated estrogen/ bazedoxifene	DUAVEE	brand	2	
methylergonovine	METHERGINE	generic	1	
tranexamic acid	LYSTEDA	generic	1	PA

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

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
erythromycin	ERYTHROMYCIN	generic	1	
gentamicin	GENTAK	generic	1	
neomycin/bacitracin/ polymyxin	NEOSPORIN	generic	1	ointment
neomycin/polymyxin B/ gramicidin	NEOSPORIN	generic	1	solution
ofloxacin	OCUFLOX	generic	1	
polymyxin B/bacitracin	POLYSPORIN	generic	1	
polymyxin B/trimethoprim	POLYTRIM	generic	1	
sulfacetamide	BLEPH-10	generic	1	oint/soln
tobramycin	TOBREX	generic	1	
<b>Viral</b>				
trifluridine	VIROPTIC	generic	1	
<b>Miscellaneous</b>				
cysteamine 0.44% ophthalmic solution	CYSTARAN	brand	2	PA, SP
sodium chloride hypertonic	MURO 128	generic	1	soln 5%
<b>Psychiatric</b>				
<b>Alcohol Deterrents</b>				
acamprosate	CAMPRAL	brand	2	
disulfiram	ANTABUSE	generic	1	
naltrexone	REVIA	generic	1	
<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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
amphetamine/ dextroamphetamine mixed salts extended-release	ADDERALL XR (BRAND ADDERALL XR IS PREFERRED)	brand	2	Age Limits Apply, QL
guanfacine ER	INTUNIV	generic	1	
lisdexamfetamine	VYVANSE	brand	2	Age Limits Apply, QL
lisdexamfetamine chewable tab	VYVANSE CHEWABLE	brand	2	Diagnosis Required
methylphenidate	RITALIN	generic	1	Age Limits Apply, tabs only, QL
methylphenidate extended-release	CONCERTA	generic	1	Age Limits Apply, QL
methylphenidate extended-release	METADATE ER RITALIN-SR RITALIN LA	generic	1	Age Limits Apply, QL
<b>Bipolar Disorder</b>				
divalproex sodium cap sprinkle	DEPAKOTE SPRINKLE	generic	1	Members ≥ 8 years of age will require prior authorization.
divalproex sodium delayed-release	DEPAKOTE	generic	1	Minimum age 2
lithium carbonate	LITHIUM CARBONATE	generic	1	
lithium carbonate extended-release	ESKALITH CR LITHOBID	generic	1	
<b>Depression</b>				
<b>Monoamine Oxidase Inhibitor (MAOI)</b>				
tranylcypromine	PARNATE	generic	1	
<b>Selective Serotonin Reuptake Inhibitor (SSRIs)</b>				
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	tablets, QL
<b>Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)</b>				
duloxetine	CYMBALTA	generic	1	QL
venlafaxine	EFFEXOR	generic	1	QL
venlafaxine XR	EFFEXOR XR	generic	1	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Tricyclic Antidepressants (TCAs)</b>				
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	
<b>Tricyclic Antidepressant/Phenothiazine Combination</b>				
amitriptyline/perphenazine	TRIAVIL	generic	1	Members <18 years of age will require prior authorization
<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	50mg, 100mg, & 150mg 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
diphenhydramine	NYTOL QUICK CAPS	generic	1	OTC
zaleplon	SONATA	generic	1	QL
zolpidem	AMBIEN	generic	1	QL
<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	
naloxone	NARCAN NASAL SPRAY	brand	2	
naltrexone	REVIA	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
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**Psychoses – Diagnosis required for ages 21 and over**

Atypicals

aripiprazole	ABILIFY TABLETS	generic	1	Members <18 years of age will require prior authorization, tablets, PA, QL, Certain daily doses require half tablet dosing: 5 mg once daily – must be dosed as 10 mg tablet, 1/2 tab once daily 10 mg once daily – must be dosed as 20 mg tablet, 1/2 tab once daily 15 mg once daily – must be dosed as 30 mg tablet, 1/2 tab once daily
aripiprazole ER injection	ABILIFY MAINTENA	brand	2	Age Limit Applies, PA, QL
aripiprazole injection	ARISTADA	brand	2	PA
clozapine	CLOZARIL	generic	1	25 mg, 50 mg, & 100 mg only. QL, Members <18 years of age will require prior authorization
olanzapine	ZYPREXA	generic	1	QL, Members <18 years of age will require prior authorization
paliperidone	INVEGA SUSTENNA	brand	2	Age Limit Applies, PA, QL
paliperidone	INVEGA TRINZA	brand	2	Age Limit Applies, PA, QL
quetiapine	SEROQUEL	generic	1	QL, Members <18 years of age will require prior authorization
risperidone	RISPERDAL	generic	1	QL, Members <18 years of age will require prior authorization (Not M-tabs)
risperidone	RISPERDAL CONSTA	brand	2	Age Limit Applies, PA, QL
risperidone oral soln	RISPERDAL SOLUTION	generic	1	QL, Members <18 years of age will require prior authorization
ziprasidone	GEODON	generic	1	QL, Members <18 years of age will require prior authorization

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>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	QL, Members <18 years of age will require prior authorization
dextromethorphan/ quinidine	NUDEXTA	brand	2	Diagnosis Required, QL
fluphenazine	PROLIXIN	generic	1	QL, Members <18 years of age will require prior authorization
fluphenazine decanoate	PROLIXIN DECANOATE	generic	1	
haloperidol	HALDOL	generic	1	QL, Members <18 years of age will require prior authorization
haloperidol decanoate	HALDOL DECANOATE	generic	1	
loxapine	LOXITANE	generic	1	QL, Members <18 years of age will require prior authorization
perphenazine	TRILAFON	generic	1	QL, Members <18 years of age will require prior authorization
pimozide	ORAP	generic	1	QL, Members <18 years of age will require prior authorization
thioridazine	MELLARIL	generic	1	QL, Members <18 years of age will require prior authorization
thiothixene	NAVANE	generic	1	QL, Members <18 years of age will require prior authorization
trifluoperazine	STELAZINE	generic	1	QL, Members <18 years of age will require prior authorization

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Respiratory Drugs</b>				
<b>Antitussives, Decongestants, Expectorants and Combinations</b>				
benzonatate	TESSALON	generic	1	
brompheniramine & phenylephrine	DIMETAPP CLD ELX/ ALLERGY	generic	1	
brompheniramine/ pseudoephedrine	ACCUHIST DROPS UNI-HIST DROPS	generic	1	
brompheniramine/ pseudoephedrine/ dextromethorphan	BROMFED DM	generic	1	syrup
chlorphen tan/pyrilamine tan/PE tan	TRIOTANN PEDIATRIC SUSP R-TANNAMINE	generic	1	susp
chlorphen tan/ carbetapentane tan	TUSSI-12 S	generic	1	susp
chlorpheniramine/ dextromethorphan	ROBITUSSIN PED LIQ CGH/COLD ROBITUSSIN LIQ CGH/CLD DIMETAPP SYP CGH/CLD CORICIDIN TAB CGH/CLD	generic	1	
chlorpheniramine maleate phenylephrine HCL	ED A-HIST TABLETS AND LIQUID	generic	1	
chlorpheniramine/ pseudoephedrine	LOHIST-D	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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
codeine/guaifenesin/ pseudoephedrine	GUIATUSS DAC	generic	1	
codeine/promethazine	PROMETHAZINE W/CODEINE	generic	1	QL
codeine/promethazine/ phenylephrine	PROMETHAZINE VC W/CODEINE	generic	1	QL
dextromethorphan/ brompheniramine/ pseudoephedrine	BROMETANE DX	generic	1	
dextromethorphan- guaifenesin	DURATUSS DM ELX	generic	1	soln 25-225 mg/5 ml
dextromethorphan/ guaifenesin	GG/DM CR MUCINEX DM ROBITUSSIN DM TUSSIN DM	generic	1	OTC
dextromethorphan- guaifenesin	ROBITUSSIN LIQ CGH/ CONG	generic	1	liq 10-200 mg/ 5 ml
dextromethorphan hbr	ROBITUSSIN SYP MAX-ST ROBITUSSIN PED SYP	generic	1	syrup
dextromethorphan polistirex extended-release	DELSYM	brand	2	OTC
dextromethorphan/ promethazine	PHENERGAN DM PROMETHAZINE SYP DM	generic	1	
guaifenesin	ROBITUSSIN	generic	1	OTC
guaifenesin	ROBITUSSIN SYP CHST CNG	generic	1	syrup 100 mg/5 ml
guaifenesin extended-release	MUCINEX	generic	1	OTC
guaifenesin/ pseudoephedrine	ROBITUSSIN PE PSE/GG	generic	1	syrup, OTC
guaifenesin/ pseudoephedrine/ dextromethorphan	ROBITUSSIN CF	generic	1	
guaifenesin/ pseudoephedrine extended-release	MUCINEX D	generic	1	OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
hydrocodone/ homatropine	HYCODAN HYDROMET SYP HYDROCODONE/ TAB HOMATROP	generic	1	
loratadine & pseudoephedrine SR 24hr	CLARITIN-D	generic	1	
phenylephrine/ brompheniramine/ dextromethorphan		generic	1	OTC
phenylephrine/ chlorpheniramine/ dextromethorphan	RONDEC DM STATUSS DM SYP CARDEC DM SYP MINUTUSS DR SYP	generic	1	syrup
phenylephrine/ chlorpheniramine/ dextromethorphan	RONDEC DM DROPS CARDEC DM DRO ROBITUSSIN LIQ CGH/ALRG	generic	1	liquid
phenylephrine/ chlorpheniramine/ dihydrocodeine	DIHYDRO-PE SYP	generic	1	
phenylephrine/ dextromethorphan	DIMETAPP DRO DCON/CGH	generic	1	
phenylephrine/ dextromethorphan/ guaifenesin	ROBITUSSIN LIQ CGH/CLD	generic	1	
phenylephrine/ephed/ CPM w/ carbetapentane	RYNATUSS PEDIATRIC SUSP	generic	1	susp
phenylephrine/guaifenesin	ROBITUSSIN LIQ HD/CHST	generic	1	
phenylephrine/pyrilamine w/hydrocodone	CODIMAL DH	generic	1	syrup
promethazine & phenylephrine	PROMETH VC SYP 6.25-5/5	generic	1	syrup 6.25-5 mg/ 5 mg
pseudoephedrine/ acetaminophen/ dextromethorphan	MAPAP COLD TAB	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
pseudoephedrine/ chlorpheniramine/ dextromethorphan	PEDIACARE LIQ MULTI-SY ROBITUSSIN LIQ PED NGHT	generic	1	
pseudoephedrine/ dextromethorphan/ guaifenesin	MULTI SYMPTOM TAB COLD RLF	generic	1	
pseudoephedrine/ ibuprofen	CHILD IBUPRO SUS COLD IBUOROFEN TAB COLD/SIN	generic	1	
pseudoephedrine tan/ dexchlorphen tan/ DM tan	TANAFED DMX SUSPENSION TRI-FED X	generic	1	susp
pyrilamine tan/ phenyleph tan	RYNA-12 S	generic	1	susp
tripolidine/ pseudoephedrine	TRIPROL/PSE SYP APHEDRID TAB	generic	1	
<b>Asthma/COPD</b>				
<b>Inhalers - Beta Agonists</b>				
albuterol sulfate	VENTOLIN HFA	brand	2	QL
indacaterol	ARCAPTA NEOHALER	brand	2	
olodaterol	STRIVERDI RESPIMAT	brand	2	
<b>Inhalers - Corticosteroids</b>				
fluticasone furoate	ARNUITY ELLIPTA	brand	2	QL
mometasone	ASMANEX TWISTHALER	brand	2	QL
mometasone inhalation	ASMANEX HFA	brand	2	QL
<b>Inhalers - Corticosteroid/Beta Agonist Combinations</b>				
fluticasone/salmeterol	AIRDUO RESPICLICK	generic	1	QL
fluticasone/vilanterol	BREO ELLIPTA	brand	2	ST
<b>Inhalers - Others</b>				
ipratropium/albuterol	COMBIVENT RESPIMAT	brand	2	inhaler
ipratropium HFA	ATROVENT HFA	brand	2	
omalizumab	XOLAIR	brand	2	PA, SP
umeclidinium inhalation	INCRUSE ELLIPTA	brand	2	
umeclidinium/vilanterol	ANORO ELLIPTA	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Inhalers for Nebulization</b>				
albuterol	ACCUNEB	generic	1	0.63 mg/3 ml and 1.25 mg /3 ml, Covered for members less than 8 years of age. Members ≥ 8 years of age will require prior authorization.
albuterol	PROVENTIL	generic	1	soln 0.083%, 0.5%
budesonide	PULMICORT RESPULES	generic	1	susp, Members ≥ 5 years of age will require prior authorization. QL
cromolyn	INTAL	generic	1	soln, QL
ipratropium	ATROVENT	generic	1	soln, QL
ipratropium/albuterol	DUONEB	generic	1	soln
levalbuterol HCl	XOPENEX RESPULES	generic	1	QL, ST
<b>Oral Agents - Beta Agonists</b>				
metaproterenol	METAPROTERENOL SYRUP	generic	1	
terbutaline	BRETHINE	generic	1	
<b>Oral Agents - Leukotriene Modifiers</b>				
montelukast	SINGULAIR	generic	1	QL
<b>Oral Agents - Theophylline</b>				
theophylline	THEOPHYLLINE	generic	1	liquid
theophylline extended-release	THEO-24	brand	2	caps
theophylline extended-release	THEOCHRON UNIPHYL	generic	1	tabs
<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	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<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
phenazopyridine	PYRIDIUM	generic	1	
potassium citrate	UROCIT-K	generic	1	
propantheline		generic	1	
sodium citrate/citric acid	BICITRA	generic	1	
tolterodine	DETROL	generic	1	ST
tropium	SANCTURA	generic	1	ST
<b>Vitamins and Minerals</b>				
b-complex	B-COMPLEX VITAMIN TAB	generic	1	OTC, QL
calcitriol	ROCALTROL	generic	1	
calcitriol oral soln	ROCALTROL SOLUTION	generic	1	Members ≥ 8 years of age will require prior authorization.
calcium	OS-CAL	generic	1	OTC
cholecalciferol	VITAMIN D 400 UNIT	generic	1	caps & tabs 400 unit, OTC
cholecalciferol	VITAMIN D 2000 UNIT	generic	1	caps & tabs 2000 unit, OTC
cholecalciferol	BIO-D DRO-MULSION	generic	1	drops 400 unit/0.03 ml, OTC
cholecalciferol	BIO-D-MULSIO DRO FORTE	generic	1	drops 2000 unit/0.03 ml, OTC
cholecalciferol	D3-50 CAP	brand	2	cap 50000 unit, OTC
cholecalciferol	VITAMIN D 1000 UNIT	generic	1	caps & tabs 1000 unit, OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
cyanocobalamin	VITAMIN B-12	generic	1	inj
electrolyte	PEDIALYTE	generic	1	soln, oral, OTC
ergocalciferol (D2)	DRISDOL	generic	1	
ferrous sulfate	FEOSOL	generic	1	OTC
fluoride	GEL-KAM	generic	1	
	LURIDE			
	LURIDE LOZI-TABS			
	PREVIDENT			
	PHOS-FLUR			
folic acid	FOLIC ACID	generic	1	
magnesium oxide	MAG-OX	generic	1	OTC
multivitamins/ fluoride/±iron	POLY-VI-FLOR	generic	1	
multivitamins/minerals	CENTRUM	generic	1	OTC
phytonadione	MEPHYTON	brand	2	
prenat-FE Bis-FE prot succ-FA-CA & omega 3	COMPLETE NATALCARE PAK DHA	brand	2	
prenat-FE Bis-FE prot succ-FA-CA & omega 3	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	
prenatal vit w/FE bisglycinate chelate-FA	VINATE II	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
prenatal vit w/FE polysac cmlpx-FA	EDGE OB CHW	brand	2	
prenatal vit w/iron carbonyl-FA	ATABEX PRENATAL	brand	2	
prenatal vitamins w/folic acid	PRENATAL VITAMINS W/ FOLIC ACID MATERNA NESTABS	generic	1	QL
prenatal w/o A w/FE carbonyl-FE gluc-DSS-FA	FOLTABS PRENATAL TRI RX	brand	2	
vitamin A		generic	1	OTC
vitamin ADC/fluoride/±iron drops	TRI-VI-FLOR	generic	1	
vitamin B complex/ vitamin C/folic acid	NEPHROCAPS	generic	1	
vitamin B-1		generic	1	OTC
vitamin B-6		generic	1	OTC
vitamin C		generic	1	OTC
vitamins pediatric	TRI-VI-SOL	generic	1	members <3 years old, OTC
zinc		generic	1	OTC
<b>Potassium</b>				
phosphorus	K-PHOS NEUTRAL	generic	1	tabs
potassium acid phosphate	K-PHOS ORIGINAL	brand	2	
potassium bicarbonate/ potassium citrate effervescent	K-LYTE	generic	1	tabs
potassium chloride ext-rel	MICRO-K 10 K-DUR 10	generic	1	caps
potassium chloride ext-rel	K-DUR 20 KLOR-CON 8 KLOR-CON 10	generic	1	tabs
potassium chloride	POTASSIUM CHLORIDE	generic	1	liquid
potassium chloride	K-LOR	generic	1	powder

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Miscellaneous</b>				
<b>Anaphylaxis</b>				
epinephrine	EIPEN EIPEN JR.	generic	1	QL
<b>Antidotes</b>				
acetylcysteine	CETYLEV	brand	2	
succimer	CHEMET	brand	2	QL
<b>Cystic Fibrosis</b>				
acetylcysteine	MUCOMYST	generic	1	
aztreonam	CAYSTON	brand	2	PA, SP
dornase alfa	PULMOZYME	brand	2	PA, 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	PA, SP
<b>Hereditary Angioedema</b>				
icatibant	FIRAZYR	brand	2	PA, SP
C1 Inhibitor, Human	BERINERT	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
<b>Metabolic Modifiers</b>				
carglumic acid	CARBAGLU	brand	2	PA, SP
glycerol phenylbutyrate	RAVICTI	brand	2	PA, SP
sodium phenylbutyrate oral powder	BUPHENYL ORAL POWDER	generic	1	PA, SP

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Vaccine</b>				
diphtheria-tetanus tox adsorbed (dt) im	DIP/TET PED INJ	brand	2	QL
hepatitis A vaccine	HAVRIX 720 HAVRIX HAVRIX 1440 VAQTA	brand	2	QL
hepatitis B vaccine (recombinant)	RECOMBIVAX HB ENGERIX-B 10 ENGERIX-B 20	brand	2	QL
human papillomavirus (HPV) 9-valent recomb	GARDASIL 9	brand	2	QL
human papillomavirus (HPV) quadrivalent recombinant	GARDASIL	brand	2	QL
influenza virus vaccine recombinant hemagglutinin (ha)	FLUBLOK	brand	2	QL
influenza virus vaccine split	AFLURIA FLUZONE SPLT	brand	2	QL
influenza virus vaccine split high-dose pf	FLUZONE HD PF	brand	2	QL
influenza virus vaccine split pf	AFLURIA PF	brand	2	QL
influenza virus vaccine split quadrivalent	FLUARIX QUAD FLULAVAL QUAD FLUZONE QUAD	brand	2	QL
influenza virus vaccine tiss-cult subunit	FLUCELVAX	brand	2	QL
influenza virus vaccine types a&b surface antigen	FLUVIRIN	brand	2	QL
measles, mumps & rubella virus vaccines for inj	M-M-R II	brand	2	QL
meningococcal (a, c, y, and w-135)	MENOMUNE	brand	2	QL
meningococcal (a, c, y, and w-135) conjugate vaccine	MENACTRA	brand	2	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
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 immune globulin (human)	HYPERTET S/D	brand	2	QL
tetanus-diphtheria toxoids (td)	TENIVAC TET/DIP TOX INJ	brand	2	QL
typhoid vaccine	VIVOTIF BERNA	brand	2	capsules
varicella virus vac live for subcutaneous	VARIVAX	brand	2	QL
zoster vaccine live	ZOSTAVAX	brand	2	QL, Age Limits Apply

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

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

**Acne**

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

**Antifungals**

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

**Antivirals**

docosanol	ABREVA OTC CREAM
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**Atopic Dermatitis Antivirals**

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

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

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

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

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Generic Drug Name	Brand Drug Name Examples
<b>Gastrointestinal</b>	
antacids liquids, chew tabs	MYLANTA LIQUID MAALOX LIQUID TUMS
antidiarrheals	IMODIUM A-D KAOPECTATE
electrolyte rehydrating soln	PEDIALYTE
famotidine	PEPCID AC
laxative enemas	FLEET ENEMA
laxatives	DULCOLAX FLEET PHOSPHO-SODA
psyllium	METAMUCIL
rectal crm, suppositories	PREPARATION H
simethicone	MYLICON
stool softeners	COLACE
sugar+orthophosphoric acid	EMETROL
<b>Insect Repellents</b>	
DEET	CUTTER BACKWOODS 25% CUTTER SKINSATIONS PUMP 7% OFF ACTIVE 15% OFF DEEP WOODS 25% OFF SMOOTH/DRY 15% REPEL SPORTS 25%, 40%
<b>Insomnia</b>	
doxylamine succinate	UNISOM
<b>Lice Products</b>	
permethrin	NIX
pyrethrins/piperonyl butoxide liquid shampoo	RID SHAMPOO
<b>Motion Sickness</b>	
dimenhydrinate	DRAMAMINE
meclizine	BONINE
<b>Ophthalmics</b>	
allergic conjunctivitis	ALAWAY
artificial tears	HYPOTEARs VISINE
decongestants	MURINE NAPHCOn A

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Generic Drug Name	Brand Drug Name Examples
<b>Pain</b>	
acetaminophen tabs, liquid, drops, suppositories, chew tabs	TYLENOL
aspirin tabs, EC tabs, chew tabs	BAYER ECOTRIN
aspirin with buffers tabs	
ibuprofen tabs, chew tabs, drops, susp	ADVIL MOTRIN IB
<b>Smoking Cessation Products</b>	
nicotine	COMMIT LOZENGES (QUANTITY LIMIT) NICODERM CQ (QUANTITY LIMIT) NICOTINE GUM (QUANTITY LIMIT) NICOTROL (QUANTITY LIMIT)
<b>Urological</b>	
oxybutynin patch	OXYTROL FOR WOMEN OTC PATCH
<b>Vitamins/Minerals</b>	
b-complex	B-COMPLEX VITAMIN TAB
	OS-CAL
calcium	CALTRATE TUMS
iron	
ferrous fumarate, ferrous gluconate, ferrous sulfate, ferrous bis-glycinate chelate and polysaccharide iron caps	FERGON FEOSOL
magnesium oxide	MAG-OX
vitamin D 400 IU	VITAMIN D 400 IU VI-DAYLIN
vitamins pediatric members <3 years old	POLY-VI-SOL TRI-VI-SOL
vitamins prenatal	STUART PRENATAL
<b>Warts</b>	
salicylic acid 17%/collodion	DUOFILM
<b>Miscellaneous</b>	
fluoride dental rinse	PHOS-FLUR

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ALL CAPS = Brand-name drug

lower case = Generic drug

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## “My Medications” worksheet

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

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

