



# Preferred Drug List (PDL)

Arizona – CRS

Effective Date: 7/1/18





# Preferred Drug List

## INTRODUCTION

UnitedHealthcare Community Plan is pleased to provide this Preferred Drug List (PDL) to be used when prescribing for patients covered by the pharmacy benefit plan offered by UnitedHealthcare Community Plan. The drugs listed in this PDL are intended to provide sufficient options to treat patients who require 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 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 of a specific patient. In those infrequent instances, the unlisted medication may be requested through the prior authorization process.

The drugs represented have been reviewed by the 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 contracted 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 websites listed in the website section or go to the National Guideline Clearinghouse site at <http://www.guideline.gov>.

## 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. You are encouraged to prescribe OTC medications when clinically appropriate.

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The P&T Committee includes physicians and pharmacists who are not employees or agents of UnitedHealthcare Community Plan or its affiliates. They must adhere to the Ethics Policy standards of the P&T Committee. UnitedHealthcare Community Plan medical directors and pharmacists also participate in the P&T Committee. The P&T Committee meets quarterly to discuss a variety of

issues. Those issues pertaining to pharmaceutical selection and pharmacy program management are communicated quarterly.

This newsletter is distributed to all participating physicians who have received the PDL. PDL decisions are also communicated quarterly on the UnitedHealthcare Community Plan internet site.

### **OUTPATIENT PRESCRIPTION DRUG BENEFIT COVERED MEDICATIONS**

Medically necessary outpatient prescription drugs are covered when prescribed by a provider licensed to prescribe federal legend drugs or medicines. Special formula nutrition needs for metabolic patients are also covered. Some items are covered only with prior authorization. Eligibility for Outpatient Prescription Drug Benefits is based on the individual member's benefit plan.

### **PRODUCT SELECTION CRITERIA**

The P&T Committee considers clinical information on new-to-market drugs that are typically included in an outpatient pharmacy benefit. The evaluation includes all or part of the following:

- Safety
- Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Patient administration/compliance considerations
- Outcome and pharmaco-economic studies

When a new drug is considered for PDL inclusion, it will be reviewed relative to similar drugs currently included in the UnitedHealthcare Community Plan PDL. This review process may result in deletion of drug(s) in a particular therapeutic class in an effort to continually promote the most clinically useful and cost-effective agents.

All the information in the PDL is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

### **PDL PRODUCT DESCRIPTIONS**

To assist in understanding which specific strengths and dosage forms are covered on the PDL, examples are noted below.

The general principles shown in the examples can then usually be extended to other entries in the book. Any exceptions are noted in the drug list. There may also be a statement associated with a drug list that gives additional information about which specific products or dosage forms are covered.

**Products covered include all strengths associated with the dosage form of the cited brand name product.**

**levetiracetam** KEPPRA

All strengths of Keppra would be covered by this listing.

**Dosage forms covered will be consistent with the category and use where listed.**

**Neomycin/polymyxin B/  
Hydrocortisone** CORTISPORIN

As listed in the EAR section, this is limited to the otic solution and suspension. From this entry the ophthalmic solution and ointment, and the topical cream cannot be assumed to be on the list unless there are entries for these products in the EYE and DERMATOLOGICAL sections of the PDL.

**When a strength or dosage form is specified, only the specified strength and dosage form is on the PDL. Other strengths/dosage forms of the reference product are not**

**metoprolol 50mg & 100 mg only** LOPRESSOR

### **DRUG TIERS**

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

<b>Tier Name</b>	<b>Drug Tier</b>
Tier 1	Generic
Tier 2	Brand

### **GENERIC SUBSTITUTION**

The UnitedHealthcare Community Plan PDL **requires** generic substitution on the majority of products when a generic equivalent is available.

Generic substitution is a pharmacy action whereby a generic equivalent is dispensed rather than the brand name 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 Maximum Allowable Cost (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 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
- Anti-obesity 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 FFS 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 ninety percent (90%) of the medication has been utilized for a controlled substance and eighty-five percent (85%) of the medication has been utilized for a non-controlled substance. If a claim is submitted before 90% of the medication has been used for a controlled substance or submitted before 85% of the medication has been used for a non-controlled substance, 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 to:

**UnitedHealthcare Community Plan  
Pharmacy Services Department  
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 OVERRIDES**

To ensure the use of PDL drugs, all non-PDL drugs should be discussed with the prescribing physician. **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.** 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.

#### **Controlled Substances**

You may fill any FOUR medications from the following classes in a 30-day period:

- sedative hypnotic agents
- barbiturates
- select muscle relaxants

Additional fills will require prior authorization.

Medications in these classes may also be subject to individual quantity limits.

Additions to the QL program drug list will be made from time to time and providers notified accordingly. As always, we recognize that a number of patient-specific variables must be taken into consideration when drug therapy is prescribed and therefore overrides will be available through the medical exception (prior authorization) process. Please contact the UnitedHealthcare Community Plan Pharmacy Department at 800-305-0023 with questions.

#### **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. Injectable 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 Prior Authorization 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 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 should be faxed to the UnitedHealthcare Community Plan Pharmacy Department at 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>Advair</b>	1) 30 day trial of one inhaled corticosteroid (e.g. Asmanex Twisthaler, Flovent HFA, QVAR) OR 2) 30 day trial of a long acting beta2- agonist (e.g. Arcapta, Striverdi) OR 30 day trial of an orally inhaled anticholinergic agent (e.g. Atrovent, Spiriva Handihaler).
<b>Aricept 23mg</b>	90 day trial of Aricept 10mg daily
<b>calcipotriene cream &amp; oint 0.005%</b>	Trial of two medium to high potency topical corticosteroid treatments.
<b>calcitriol 3mcg/gm</b>	Trial of two topical corticosteroids
<b>Dulera</b>	1) 30 day trial of one inhaled corticosteroid (e.g. Asmanex Twisthaler, Flovent HFA, QVAR)
<b>Elidel</b>	Minimum age of 2. Trial of one topical corticosteroid.
<b>Eucria</b>	Trial of a topical corticosteroid AND one of the following: Elidel or tacrolimus ointment.
<b>fenofibrate</b>	Fill of a statin or 90 days of gemfibrozil within the previous 180 days.
<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>Rozerem</b>	1) Trial of zolpidem tartrate AND 2) Trial of temazepam.
<b>SGLT-2 Inhibitors (Steglatro, Segluromet)</b>	At least a 90 day trial of 1500mg/day of metformin

**Symbicort** 1) 30 day trial of one inhaled corticosteroid (e.g. Asmanex Twisthaler, Flovent HFA, QVAR) OR 2) 30 day trial of a long acting beta2- agonist (e.g. Arcapta, Striverdi) OR 30 day trial of an orally inhaled anticholinergic agent (e.g. Atrovent, Spiriva Handihaler).

**tacrolimus 0.03%** Minimum age of 2. Trial of one topical corticosteroid.

**tacrolimus 0.1%** Minimum age of 16. Trial of one topical corticosteroid.

**tolterodine** 30 day trial of oxybutynin immediate release.

**Uloric** 8 week trial of up to 600mg of allopurinol required first.

**Vancocin** One fill of metronidazole tabs or cap

### 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  
 Email: [pdl\\_management@uhc.com](mailto:pdl_management@uhc.com)

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

#### **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 pages IV-V for details

#### **NOTICE**

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*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>				
Alkylating Agents				
altretamine	HEXALEN	brand	2	
busulfan	MYLERAN	brand	2	
chlorambucil	LEUKERAN	brand	2	
cyclophosphamide	CYTOXAN	generic	1	
estramustine phosphate sodium	EMCYT	brand	2	
lomustine	GLEOSTINE	brand	2	
melphalan	ALKERAN	brand	2	
temozolomide	TEMODAR	generic	1	PA, SP
Antimetabolites				
capecitabine	XELODA	generic	1	SP
mercaptopurine	PURINETHOL	generic	1	
thioguanine	TABLOID	brand	2	QL
trifluridine/tipiracil	LONSURF	brand	2	PA, SP
Histone Deacetylase Inhibitors				
panobinostat	FARYDAK	brand	2	PA, SP
vorinostat	ZOLINZA	brand	2	PA, SP
Kinase Inhibitor				
abemaciclib	VERZENIO	brand	2	PA, SP
acalabrutinib	CALQUENCE	brand	2	PA, SP
alectinib	ALECENSA	brand	2	PA, SP
axitinib	INLYTA	brand	2	PA, SP
bosutinib	BOSULIF	brand	2	PA, SP
brigatinib	ALUNBRIG	brand	2	PA, SP
cabozantinib	COMETRIQ	brand	2	PA, SP
	CABOMETYX			
ceritinib	ZYKADIA	brand	2	PA, SP
cobimetinib	COTELLIC	brand	2	PA, SP
crizotinib	XALKORI	brand	2	PA, SP
dabrafenib	TAFINLAR	brand	2	PA, SP
dasatinib	SPRYCEL	brand	2	PA, SP
erlotinib	TARCEVA	brand	2	PA, SP
everolimus	AFINITOR	brand	2	PA, SP
	AFINITOR DISPERZ			
gefitinib	IRESSA	brand	2	PA, SP

OTC = Over the Counter

PA = Prior Authorization required

QL = Quantity Limit

ST = Step Therapy

SP = Specialty Pharmacy

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Progestin				
megestrol acetate	MEGACE	generic	1	
<b>Immunomodulators</b>				
Interferons				
interferon alfa-2b	INTRON A	brand	2	PA, SP
peginterferon alfa-2b	SYLATRON	brand	2	PA, SP
Miscellaneous				
lenalidomide	REVLIMID	brand	2	PA, SP
pomalidomide	POMALYST	brand	2	PA, SP
thalidomide	THALOMID	brand	2	PA, QL, SP
<b>Immunosuppressants</b>				
Antimetabolites				
azathioprine	IMURAN	generic	1	
mycophenolate mofetil	CELLCEPT	generic	1	
mycophenolate sodium	MYFORTIC	generic	1	
Calcineurin Inhibitors				
cyclosporine	GENGRAF NEORAL SOLUTION	generic	1	modified oral soln 100 mg/ml
cyclosporine	SANDIMMUNE	generic	1	
cyclosporine	SANDIMMUNE SOLUTION	brand	2	oral soln 100 mg/ml
cyclosporine, modified	NEORAL GENGRAF	generic	1	
tacrolimus	HECORIA PROGRAF	generic	1	
Rapamycin Derivative				
sirolimus	RAPAMUNE	generic	1	tabs
sirolimus	RAPAMUNE	brand	2	soln
Miscellaneous				
everolimus	ZORTRESS	brand	1	
<b>Miscellaneous</b>				
alitretinoin 1% gel	PANRETIN	brand	2	PA
bexarotene caps	TARGRETIN	generic	1	PA, SP
bexarotene topical gel	TARGRETIN	brand	2	PA, SP
cysteamine bitartrate	CYSTAGON	brand	2	SP
etoposide	VEPESID	generic	1	
hydroxyurea	DROXIA	brand	2	
hydroxyurea	HYDREA	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
mitotane	LYSODREN	brand	2	
niraparib	ZEJULA	brand	2	PA, SP
octreotide	SANDOSTATIN	generic	1	SP
olaparib	LYNPARZA	brand	2	PA, SP
pasireotide	SIGNIFOR	brand	2	PA, SP
procarbazine	MATULANE	brand	2	SP
rucaparib	RUBRACA	brand	2	PA, SP
sonidegib	ODOMZO	brand	2	PA, SP
tretinoin	VESANOID	generic	1	SP, caps
vismodegib	ERIVEDGE	brand	2	PA, SP

### Blood Modifiers - Anticoagulants

#### Anticoagulants

apixaban	ELIQUIS	brand	2	QL
dabigatran etexilate mesylate	PRADAXA	brand	2	QL, capsules
enoxaparin	LOVENOX	generic	1	QL
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	QL

#### Blood Cell Formation

darbepoetin alfa	ARANESP	brand	2	PA, SP
epoetin alfa	EPOGEN PROCRIT	brand	2	PA, SP
filgrastim	NEUPOGEN 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
TBO-Filgrastim	GRANIX	brand	2	PA, SP

#### Platelet Inhibitors

anagrelide	AGRYLIN	generic	1	
aspirin	BAYER ECOTRIN	generic	1	OTC
cilostazol	PLETAL	generic	1	
clopidogrel	PLAVIX	generic	1	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
dipyridamole	PERSANTINE	generic	1	
ticagrelor	BRILINTA	brand	2	PA
<b>Miscellaneous</b>				
aminocaproic acid	AMICAR	brand	2	
emicizumab-kxwh	HEMLIBRA	brand	2	PA, SP
pentoxifylline extended-release	TRENTAL	generic	1	
<b>Cardiovascular Agents</b>				
<b>Ace Inhibitors</b>				
benazepril	LOTENSIN	generic	1	
captopril	CAPOTEN	generic	1	
captopril	CAPTOPRIL POWDER	generic	1	(bulk) powder
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
moexipril	UNIVASC	generic	1	
perindopril	ACEON	generic	1	
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
moexipril/ hydrochlorothiazide	UNIRETIC	generic	1	
quinapril/ hydrochlorothiazide	ACCURETIC	generic	1	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Adrenolytics, Central</b>				
clonidine	CATAPRES	generic	1	QL, Age Limit Applies
clonidine transdermal	CATAPRES-TTS	generic	1	PA
guanfacine	TENEX	generic	1	QL, Age Limit Applies
<b>Alpha Blockers</b>				
doxazosin	CARDURA	generic	1	
prazosin	MINIPRESS	generic	1	
terazosin	HYTRIN	generic	1	
<b>Angiotensin II Receptor Blockers (Antagonists)</b>				
irbesartan	AVAPRO	generic	1	
losartan	COZAAR	generic	1	QL
valsartan	DIOVAN	generic	1	
<b>Angiotensin II Receptor Blocker Combinations</b>				
losartan/HCTZ	HYZAAR	generic	1	QL
sacubitril/valsartan	ENTRESTO	brand	2	PA
valsartan/ hydrochlorothiazide	DIOVAN HCT	generic	1	
<b>Antiarrhythmics and Cardiac Glycosides</b>				
amiodarone	PACERONE	generic	1	
amiodarone tabs	CORDARONE	generic	1	200 mg and 400 mg
disopyramide	NORPACE	generic	1	
disopyramide extended-release	NORPACE CR	brand	2	
dofetilide	TIKOSYN	generic	1	
dronedarone	MULTAQ	brand	2	PA
flecainide	TAMBOCOR	generic	1	
mexiletine	MEXITIL	generic	1	
propafenone	RYTHMOL	generic	1	IR only
quinidine gluconate extended-release	QUINIDINE GLUCONATE EXT-REL	generic	1	
quinidine sulfate	QUINIDINE SULFATE	generic	1	
quinidine sulfate extended-release	QUINIDINE SULFATE EXT-REL	generic	1	
<b>Beta Blockers and Beta Blocker/Diuretic Combinations</b>				
acebutolol	SECTRAL	generic	1	
atenolol	TENORMIN	generic	1	
atenolol/chlorthalidone	TENORETIC	generic	1	
betaxolol	KERLONE	generic	1	
bisoprolol	ZEBETA	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
bisoprolol/ hydrochlorothiazide	ZIAC	generic	1	
carvedilol	COREG	generic	1	QL
labetalol	TRANDATE	generic	1	
metoprolol	LOPRESSOR	generic	1	
metoprolol succinate	TOPROL XL	generic	1	
nadolol	CORGARD	generic	1	
pindolol	PINDOLOL	generic	1	
propranolol	HEMANGEOL	brand	2	
propranolol	INDERAL	generic	1	
propranolol ER	INDERAL LA	generic	1	QL
propranolol/HCTZ	INDERIDE	generic	1	
sotalol	BETAPACE	generic	1	
sotalol (AF)	BETAPACE AF	generic	1	
<b>Calcium Channel Blockers</b>				
<i>Dihydropyridines</i>				
amlodipine	NORVASC	generic	1	QL
felodipine extended-release	PLENDIL	generic	1	QL
isradipine	DYNACIRC	generic	1	
nicardipine	CARDENE	generic	1	
nifedipine	PROCARDIA	generic	1	
nifedipine extended-release	ADALAT CC PROCARDIA XL	generic	1	QL
nimodipine	NIMOTOP	generic	1	QL
nimodipine oral soln	NYMALIZE	brand	2	
nisoldipine	SULAR	generic	1	sustained release
<i>Nondihydropyridines</i>				
diltiazem	CARDIZEM	generic	1	
diltiazem	CARDIZEM LA MATXIM LA	generic	1	sustained release coated beads, QL
diltiazem	CARDIZEM SR	generic	1	sustained release, QL
diltiazem extended-release	CARDIZEM CD	generic	1	QL
diltiazem sustained-release	CARDIZEM SR	generic	1	QL
diltiazem extended-release	DILACOR XR TIAZAC	generic	1	QL
verapamil	CALAN	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
verapamil	VERALAN PM	generic	1	sustained release caps, (100 mg, 200 mg and 300 mg only)
verapamil extended-release	CALAN SR	generic	1	QL
<b>Diuretics</b>				
amiloride	MIDAMOR	generic	1	
amiloride/ hydrochlorothiazide	MODURETIC	generic	1	
bumetanide	BUMEX	generic	1	
chlorothiazide	DIURIL	generic	1	
chlorothiazide	DIURIL ORAL SUSPENSION	brand	2	QL
chlorthalidone	CHLORTHALIDONE	generic	1	
furosemide	LASIX	generic	1	
hydrochlorothiazide	HYDROCHLOROTHIAZIDE	generic	1	soln, tabs
hydrochlorothiazide	MICROZIDE	generic	1	12.5 mg caps
indapamide	LOZOL	generic	1	
metolazone	ZAROXOLYN	generic	1	
spironolactone	ALDACTONE	generic	1	
spironolactone	SPIRONOLACTONE	generic	1	powder
spironolactone/ hydrochlorothiazide	ALDACTAZIDE	generic	1	
toremide	DEMADEX	generic	1	
triamterene/ hydrochlorothiazide	DYAZIDE MAXZIDE	generic	1	
<b>Lipid Lowering Agents</b>				
Bile Acid Resin				
cholestyramine	QUESTRAN QUESTRAN-LIGHT	generic	1	Only the bulk products are covered (cans). Individual packets are not covered.
colestipol	COLESTID	generic	1	
Fibrates				
fenofibrate	LOFIBRA TRICOR TRIGLIDE	generic	1	caps, tabs and micronized caps, ST
gemfibrozil	LOPID	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>HMG-CoA Reductase Inhibitors and Combinations</b>				
atorvastatin	LIPITOR	generic	1	
lovastatin	MEVACOR	generic	1	QL
pravastatin	PRAVACHOL	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	DILATRATE-SR	generic	1	
	ISOCHRON ISOSORBIDE DINITRATE ER			
isosorbide mononitrate	ISMO	generic	1	
isosorbide mononitrate extended-release	IMDUR	generic	1	
nitroglycerin extended-release		generic	1	
<b>Sublingual</b>				
isosorbide dinitrate	ISORDIL S.L.	generic	1	
nitroglycerin	NITROLINGUAL	generic	1	
nitroglycerin	NITROSTAT	generic	1	
<b>Transdermal</b>				
nitroglycerin	NITREK	generic	1	transdermal, QL
	NITRO-DUR			
nitroglycerin	NITRO-BID	generic	1	oint
<b>Potassium-Removing Agents</b>				
patiromer	VELTASSA	brand	2	PA
sodium polystyrene sulfonate	KAYEXALATE	generic	1	susp only
<b>Pulmonary Arterial Hypertension</b>				
ambrisentan	LETAIRIS	brand	2	PA, SP
bosentan	TRACLEER	brand	2	PA, SP

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
macitentan	OPSUMIT	brand	2	PA, SP
riociguat	ADEMPAS	brand	2	PA, SP
sildenafil	REVATIO	generic	1	PA, SP
tadalafil (PAH)	ADCIRCA	brand	2	PA, SP
<b>Miscellaneous</b>				
eplerenone	INSPIRA	generic	1	PA
epoprostenol	FLOLAN	brand	2	SP, Coverable through Medical Benefit
guanabenz	WYTENSIN	generic	1	
hydralazine	APRESOLINE	generic	1	
iloprost	VENTAVIS	brand	2	SP, Coverable through Medical Benefit
methyl dopa	ALDOMET	generic	1	
methyl dopa/HCTZ	ALDORIL	generic	1	
midodrine	PROAMATINE	generic	1	
minoxidil	LONITEN	generic	1	
ranolazine	RANEXA	brand	2	ST
treprostinil	REMODULIN	brand	2	SP, Coverable through Medical Benefit
treprostinil	TYVASO	brand	2	SP, Coverable through Medical Benefit
<b>Central Nervous System</b>				
<b>Alzheimer's Disease</b>				
donepezil	ARICEPT	generic	1	5 mg and 10 mg, QL
donepezil	ARICEPT	generic	1	23 mg, ST
galantamine	RAZADYNE	generic	1	QL
memantine	NAMENDA	generic	1	QL, Members <18 years of age will require prior authorization.
memantine SR	NAMENDA XR	brand	2	PA, QL
rivastigmine	EXELON	generic	1	QL
<b>Amyotrophic Lateral Sclerosis (ALS)</b>				
riluzole	RILUTEK	generic	1	QL
<b>Analeptics</b>				
armodafinil	NUVIGIL	generic	1	PA
<b>Analgesics</b>				
Barbiturate Non-Narcotic Analgesics				
butalbital/acetaminophen	PHRENILIN	generic	1	QL
butalbital/acetaminophen	SEDAPAP	generic	1	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
butalbital/acetaminophen/ caffeine	ESGIC	generic	1	QL
	FIORICET			
	ZEBUTAL			
butalbital/aspirin/caffeine	FIORINAL	generic	1	QL
<b>Non-Narcotic Analgesics</b>				
acetaminophen	TYLENOL	generic	1	OTC
aspirin/acetaminophen/ caffeine	EXCEDRIN MIGRAINE	generic	1	OTC
tramadol	ULTRAM	generic	1	QL
tramadol ER	ULTRAM ER	generic	1	PA, QL
<b>NSAIDS</b>				
diclofenac sodium delayed-release	VOLTAREN	generic	1	
diclofenac sodium SR	VOLTAREN XR	generic	1	QL
etodolac	LODINE	generic	1	IR Only
fenoprofen	NALFON	brand	2	400 mg
fenoprofen	NALFON	generic	1	600 mg
flurbiprofen	ANSAID	generic	1	
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
ketoprofen SR	ORUDIS	generic	1	cap, 200 mg
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	
naproxen sodium	ANAPROX	generic	1	
oxaprozin	DAYPRO	generic	1	
piroxicam	FELDENE	generic	1	
sulindac	CLINORIL	generic	1	
<b>Opioids – Narcotic Analgesics</b>				
butalbital/apap/caff/cod	FIORICET W/CODEINE	generic	1	QL, 50-325-40-30 mg
butalbital/asa/caff/cod	FIORINAL W/CODEINE	generic	1	QL
butorphanol	STADOL	generic	1	nasal spray, QL
codeine/acetaminophen	TYLENOL W/CODEINE	generic	1	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
codeine sulfate		generic	1	QL
fentanyl transdermal	DURAGESIC	generic	1	PA, QL
hydrocodone/ acetaminophen	LORCET	generic	1	QL
	LORTAB			
	LORTAB ELIXIR			
	NORCO			
	VICODIN VICODIN ES			
hydrocodone/ibuprofen	VICOPROFEN	generic	1	QL
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
morphine/naltrexone CR	EMBEDA	brand	2	PA, QL
oxycodone	OXYFAST	generic	1	soln, QL
oxycodone	ROXICODONE	generic	1	QL
oxycodone/ acetaminophen	MAGNACET	generic	1	QL
	PERCOCET			
oxycodone/aspirin	PERCODAN	generic	1	QL
oxycodone ER 12 hr	XTAMPZA ER	brand	2	PA, QL
<b>Miscellaneous</b>				
buprenorphine TD patch weekly	BUTRANS	brand	2	PA, QL
<b>Migraine Acute Therapy</b>				
<b>Ergotamine Derivatives</b>				
dihydroergotamine	D.H.E. 45	generic	1	inj, QL
ergotamine/caffeine	CAFERGOT	generic	1	
ergotamine tartrate/ caffeine	MIGERGOT SUPPOSITORIES	brand	2	QL
<b>Selective Serotonin Agonists</b>				
naratriptan	AMERGE	generic	1	QL
rizatriptan	MAXALT/MAXALT MLT	generic	1	QL
sumatriptan	IMITREX	generic	1	QL
zolmitriptan	ZOMIG	generic	1	QL
	ZOMIG ODT			

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Migraine Prophylactic Therapy</b>				
amitriptyline	ELAVIL	generic	1	
divalproex sodium cap sprinkle	DEPAKOTE SPRINKLE	generic	1	
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
fingolimod	GILENYA	brand	2	PA, QL, SP
glatiramer acetate	COPAXONE	brand	2	PA, QL, SP
interferon beta-1a	AVONEX/AVONEX PEN	brand	2	PA, QL, SP
interferon beta-1a	REBIF	brand	2	PA, QL, SP
interferon beta-1b	BETASERON	brand	2	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	
bromocriptine	PARLODEL	generic	1	
carbidopa/levodopa	SINEMET	generic	1	
carbidopa/levodopa extended-release	SINEMET CR	generic	1	
entacapone	COMTAN	generic	1	
pramipexole	MIRAPEX	generic	1	
pramipexole dihydrochloride SR	MIRAPEX ER	brand	2	24hr tab
ropinirole	REQUIP	generic	1	
ropinirole hydrochloride SR	REQUIP XL	generic	1	24hr tab

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
selegiline	ELDEPRYL	generic	1	tabs
selegiline td patch	EMSAM	brand	2	PA, QL
tolcapone	TASMAR	generic	1	
trihexyphenidyl	ARTANE	generic	1	
<b>Seizures</b>				
carbamazepine	TEGRETOL	generic	1	
carbamazepine extended-release	CARBATROL TEGRETOL-XR	generic	1	
carbamazepine SR	EPITOL EQUATRO	brand	2	
clobazam	ONFI	brand	2	PA
clobazam suspension	ONFI SUSPENSION	brand	2	PA
clonazepam	KLONOPIN	generic	1	ODT tabs QL, Age Limit Applies
clonazepam	KLONOPIN	generic	1	tabs, Age Limit Applies
diazepam	DIASTAT ACUDIAL	brand	2	rectal gel, QL
diazepam	DIASTAT PEDIATRIC	brand	2	
divalproex sodium cap sprinkle	DEPAKOTE SPRINKLE	generic	1	
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	
felbamate oral susp	FELBATOL ORAL SUSP	generic	1	
gabapentin	NEURONTIN	generic	1	caps and tabs only
gabapentin (once daily)	GRALISE	brand	2	PA
gabapentin enacarbil ER	HORIZANT	brand	2	PA, QL
lacosamide	VIMPAT	brand	2	Age Limits Apply, PA
lacosamide solution	VIMPAT	brand	2	PA
lamotrigine	LAMICTAL	generic	1	QL
lamotrigine chew dispersable tab	LAMICTAL CD CHEW TAB	generic	1	
lamotrigine dispersible tab	LAMICTAL ODT KIT	brand	2	PA
lamotrigine ODT	LAMICTAL ODT	brand	2	PA
lamotrigine SR	LAMICTAL XR	generic	1	tab
lamotrigine SR ODT	LAMICTAL XR ODT KIT	brand	2	PA
lamotrigine starter kit	LAMICTAL STARTER KIT	brand	2	
lamotrigine titration kit	LAMICTAL XR KIT	brand	2	PA
levetiracetam	KEPPRA	generic	1	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
levetiracetam SR	KEPPRA XR	generic	1	
methsuximide	CELONTIN	brand	2	
oxcarbazepine	TRILEPTAL	generic	1	QL
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	tablets only, QL
rufinamide suspension	BANZEL SUSPENSION	brand	2	PA
tiagabine	GABITRIL	generic	1	Age Limits Apply, PA, 2mg & 4mg
tiagabine	GABITRIL	brand	2	Age Limits Apply, PA, 12mg & 16mg
topiramate	TOPAMAX	generic	1	QL
topiramate sprinkle caps	TOPAMAX SPRINKLE	generic	1	QL
valproic acid	DEPAKENE	generic	1	
vigabatrin oral solution	SABRIL SOLUTION	brand	2	PA, SP
zonisamide	ZONEGRAN	generic	1	QL
<b>Miscellaneous</b>				
tetrabenazine	XENAZINE	generic	1	PA, SP
valbenazine	INGREZZA	brand	2	PA, QL, SP
<b>Dermatology</b>				
<b>Acne Vulgaris</b>				
Oral				
isotretinoin	ABSORICA AMNESTEEM CLARAVIS MYORISAN ZENTANE	generic	1	Max Age of 25, PA
Topical				
adapalene gel	DIFFERIN OTC GEL 0.1%	generic	1	
azelaic acid	FINACEA	brand	2	gel
benzoyl peroxide	BENZAC AC	generic	1	
benzoyl peroxide	BENZEOFAM	generic	1	foam 5.3% & 9.8%
benzoyl peroxide	BREVOXYL	generic	1	gel 4%, 8%

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
benzoyl peroxide	DELOS	generic	1	cleanser 3.5%, OTC
benzoyl peroxide	NEOBENZ MICR LIQ	generic	1	liquid 7%
benzoyl peroxide	OC8	brand	2	gel 7%, OTC
benzoyl peroxide	PANOXYL CREAM OTC	generic	1	cream 2.5%, OTC
benzoyl peroxide	TRIAZ CLOTHS	generic	1	cloth 3%, 6%, 9%
benzoyl peroxide bar 10%	PANOXYL BAR OTC	brand	2	OTC
benzoyl peroxide creamy wash 8% & benzoyl peroxide bar 5% k	BPO CREAMY KIT	generic	1	
benzoyl peroxide gel	BENZIQ LS BENZIQ BREVOXYL	brand	2	2.75%, 5.25%
benzoyl peroxide wash 4% & benzoyl peroxide bar 5% kit	BREVOXYL-4 OTC	generic	1	OTC
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	CLEAN & CLEAR GEL NEUTROGENA RAPID CLEAR GEL EXUVIANCE	generic	1	gel 2%, OTC
salicylic acid	KERALYT	brand	2	gel 3, 6%
salicylic acid	STRI-DEX AVEENO CLEAR PADS OTC	generic	1	pad 0.5%, 1%, 2%, OTC
salicylic acid	NEUTROGENA OIL FREE ACNE WASH	generic	1	liquid 2%, OTC
salicylic acid	SALEX	generic	1	lotion 6%
sulfacetamide/sulfur	SULFACET-R	generic	1	lotion
sulfacetamide sodium	KLARON LOTION SEBIZON	generic	1	lotion 10%
sulfacetamide/sulfur	PLEXION ATRALIN	generic	1	
tretinoin	AVITA RETIN-A	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Bacterial Infections</b>				
bacitracin	BACITRACIN	generic	1	OTC
bacitracin-polymyxin-neomycin HC	CORTISPORIN OINTMENT	brand	2	oint 1%
gentamicin	GENTAK	generic	1	
mupirocin	BACTROBAN	generic	1	crm/oint (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
desonide	DESONATE	brand	2	gel
desonide	DESOWEN TRIDESILON	generic	1	crm/oint/lotion, QL
fluocinolone acetonide	DERMA-SMOOTHIE OIL/FS	generic	1	oil 0.01%
fluocinolone acetonide	CAPEX SHAMOO	brand	2	shampoo 0.01%
fluocinolone acetonide	SYNALAR	generic	1	soln/crm 0.01%
hydrocortisone	CORTAID SOLUTION OTC	generic	1	soln 1%, OTC
hydrocortisone	CORTIZONE	generic	1	crm, oint, lot OTC
hydrocortisone	HYTONE	generic	1	crm 0.5%, 1%, & 2.5%
hydrocortisone	HYTONE	generic	1	lotion 1% & 2.5%
hydrocortisone/aloe	CORTIZONE-10 INTENSIVE HEALING	generic	1	crm 0.5% & 1%, OTC
Medium Potency				
betamethasone val.	BETA-VAL	generic	1	crm/oint/lotion 0.1%
fluocinolone acetonide	SYNALAR	generic	1	crm, oint 0.025%
flurandrenolide	CORDRAN	brand	2	cream, lotion, ointment
fluticasone propionate	CUTIVATE	generic	1	crm 0.05%, oint 0.005%
fluticasone propionate	CUTIVATE LOTION	generic	1	lotion 0.05%
hydrocortisone butyrate	LOCOID	generic	1	crm/lotion/oint 0.1%
hydrocortisone valerate	WESTCORT	generic	1	crm/oint 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%
triamcinolone acetonide	TRIANEX	brand	1	oint 0.05%

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>High Potency</b>				
betamethasone augmented dip	DIPROLENE	generic	2	lotion 0.05%
betamethasone augmented dip	DIPROLENE AF	generic	2	crm 0.05%
betamethasone dipropionate	DIPROSONE	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	CLOBETASOL OLUX TEMOVATE	generic	1	crm/gel/oint/soln/foam/ lotion/shampoo/spray 0.05%
clobetasol propionate emulsion	OLUX-E	generic	1	foam
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 crystals	CLOTRIMAZOLE	brand	2	
clotrimazole with betamethasone	LOTRISONE	generic	1	
ketoconazole	NIZORAL	generic	1	
ketoconazole foam	EXTINA	generic	1	2%
ketoconazole gel	XOLEGEL	brand	2	2%
ketoconazole gel 2% & hydrocortisone gel 1% kit	XOLEGEL KIT	brand	2	
ketoconazole gel 2% & pyrithione zinc shampoo 1% kit	XOLEGEL DUO KIT	brand	2	
ketoconazole shampoo	NIZORAL A-D OTC	brand	2	1% OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
miconazole	DESENEX	generic	1	2% OTC
miconazole	MICATIN	generic	1	OTC
miconazole	MONISTAT-DERM	generic	1	
miconazole nitrate kit	FUNGOID TINCTURE KIT	brand	2	2%
miconazole nitrate lotion	ZEASORB-AF	brand	2	2% OTC
miconazole nitrate soln	AZOLEN TINCTURE SOLUTION OTC	brand	2	2% OTC
nystatin	MYCOSTATIN	generic	1	
terbinafine	LAMISIL AT	generic	1	OTC
terbinafine gel	LAMISIL GEL	brand	2	1%
terbinafine HCL	LAMISIL SOLUTION	brand	2	soln 1%
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	
ivermectin	SKLICE	brand	2	lotion 0.5%, PA
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
pyrethrins/piperonyl butoxide gel	LICEMD	brand	2	
spinosad	NATROBA	brand	2	susp 0.9%, PA
<b>Viral Infections</b>				
podofilox	CONDYLOX SOL	generic	1	sol
salicylic acid 17%/collodion	DUOFILM	generic	1	OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Miscellaneous</b>				
aluminum acetate		brand	2	soln/cream, OTC
aluminum chloride	DRYSOL OTC	generic	1	soln 12%, OTC
aluminum chloride topical solution	HYPERCARE 15%	brand	2	
ammonium lactate	LAC-HYDRIN	generic	1	crm 12%, lotion 5% & 12%
ammonium lactate	LACTINOL	generic	1	lotion 10%
becaplermin gel	REGRANEX	brand	2	PA
calamine		brand	2	lotion/ointment, OTC
collagenase oint	SANTYL	brand	2	QL
crisaborole	EUCRISA	brand	2	2% ointment, QL, ST
diphenhydramine topical	BENADRYL	generic	1	crm/gel, OTC
fluorouracil	EFUDEX	generic	1	
hydrocortisone	PROCTO-PAK CREAM	generic	1	rectal cream 1%
hydrocortisone	PROCTOSOL HC CREAM 2.5%	generic	1	
hydrocortisone	PROCTOZONE CREAM-HC 2.5%			
hydrocortisone	ANUSOL HC 2.5%			
hydrocortisone acetate	CORTIFOAM AEROSOL	brand	2	rectal foam 90 mg
hydrocortisone acetate	TUCKS OINTMENT OTC	generic	1	rectal ointment
hydrocortisone acetate w/pramoxine	PROCTOFOAM HC FOAM	generic	1	rectal foam 1-1%
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	XYLOCAINE	generic	1	oint 5%, PA
lidocaine patch	LIDODERM PATCH	brand	2	5%, PA
lidocaine/prilocaine	EMLA	generic	1	2.5% cream
lidocaine-prilocaine	EMLA	generic	1	kit 2.5-2.5%
nitroglycerin	RECTIV	brand	2	0.4% rectal ointment, PA cream, QL, ST, not covered for members less than 2 years of age
pimecrolimus	ELIDEL	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
salicylic acid	CALICYLIC	brand	2	cream 10%
salicylic acid	P & S SHAMPOO SELSUN BLUE DHS SAL SHAMPOO OTC	generic	1	shampoo 2%, 3% OTC
salicylic acid	SALAC OTC	brand	2	foam 2%, OTC
salicylic acid	SALACYN	generic	1	6% cream, lotion
salicylic acid	SALVAX	generic	1	foam 6%
salicylic acid	SALEX	generic	1	shampoo 6%
selenium sulfide	SELSUN	generic	1	lotion 2.5%
tacrolimus	PROTOPIC 0.03%	generic	1	ointment 0.03%, QL, ST, not covered for members less than 2 years of age
tacrolimus	PROTOPIC 0.1%	generic	1	ointment 0.1%, ST (minimum age 16)
urea 10%, urea 20%	UREA 10% CREAM UREA 20% CREAM	brand	2	
urea 40%	UREA 10% LOTION UREA 40% LOTION	generic	1	lotion
<b>Ear, Nose &amp; Throat</b>				
<b>Ear</b>				
acetic acid	VOSOL OTIC	generic	1	otic
acetic acid/ aluminum acetate	DOMEBORO OTIC	generic	1	
acetic acid/ hydrocortisone	VOSOL HC OTIC	generic	1	
antipyrine-benzocaine	AURALGAN	generic	1	otic soln 5.5-14 mg/mL (5.5-1.4%)
benzocaine/antipyrine	BENZOTIC	generic	1	
carbamide peroxide	DEBROX	generic	1	6.5%, OTC
ciprofloxacin/ dexamethasone	CIPRODEX	brand	2	PA
neomycin/polymyxin B/ hydrocortisone	CORTISPORIN OTIC	generic	1	otic
ofloxacin	FLOXIN OTIC	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Nose</b>				
Antihistamines - First Generation, Sedating				
brompheniramine maleate	J-TAN PD	brand	2	drops 1 mg/mL
brompheniramine maleate	RESPA-BR	brand	2	tab SR 12hr 11 mg
brompheniramine tannate	BROVEX CT	generic	1	chew tab 12 mg
chlorpheniramine extended-release	CHLOR-TRIMETON ALLERGY	generic	1	12 mg, OTC
chlorpheniramine maleate	CHLOR-TRIMETON SYRUP	generic	1	2 mg/5 ml, OTC
chlorpheniramine maleate	CHLORPHENIRAMINE	generic	1	drops 2 mg/mL
chlorpheniramine maleate	CHLORPHENIRAMINE	generic	1	tabs 4 mg
chlorpheniramine tannate	CHLORPHENIRAMINE	generic	1	susp 2 mg/mL
chlorpheniramine tannate	CHLORPHENIRAMINE	generic	1	tabs
clemastine	CLEMASTINE	generic	1	
cyproheptadine	CYPROHEPTADINE	generic	1	
dexchlorpheniramine maleate	POLARAMINE	generic	1	syrup 2 mg/5ml
diphenhydramine		generic	1	
diphenhydramine	BENADRYL	generic	1	OTC
diphenhydramine	BENADRYL	generic	1	tab disp 12.5 mg
diphenhydramine	TRIAMINIC	brand	2	oral strips
hydroxyzine HCL	ATARAX	generic	1	QL
hydroxyzine pamoate	VISTARIL	generic	1	QL
Antihistamines - Second Generation, Non-Sedating				
cetirizine	ZYRTEC	generic	1	OTC
cetirizine chew tab	ZYRTEC CHEWABLE TABLET	generic	1	
fexofenadine	ALLEGRA	generic	1	tabs
levocetirizine	XYZAL	generic	1	tabs
loratadine	ALAVERT CLARITIN	generic	1	OTC
loratadine	CLARITIN CHEW	brand	2	chew tab 5 mg
loratadine	CLARITIN RDT	brand	2	ODT 5 mg
Antihistamines - Others Antihistamine/Decongestant Combinations				
azelastine	ASTELIN	generic	1	spray
Antihistamine/Decongestant Combinations - First Generation				
brompheniramine/ pseudoephedrine	LODRANE D	brand	2	cap 4-60 mg
chlorpheniramine/ phenylephrine/ pyrilamine	TRIOTANN	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
chlorpheniramine/ pseudoephedrine	ACTIFED	generic	1	OTC
<b>Antihistamine/Decongestant Combinations - Second Generation</b>				
cetirizine hydrochloride/ pseudoephedrine hydrochloride 12 hours extended-release	ZYRTEC D	generic	1	5 mg-120 mg tablet
fexofenadine/ pseudoephedrine	ALLEGRA-D	generic	1	SR tabs
loratadine/ pseudoephedrine extended-release	ALAVERT D ALAVERT ALRG TAB/SINUS ALLERGY/CONG	generic	1	OTC
<b>Nasal Steroids</b>				
fluticasone	FLONASE	generic	1	
triamcinolone acetonide	NASACORT AQ	generic	1	PA
triamcinolone nasal spray	NASACORT ALLERGY 24 HOUR	brand	2	OTC
<b>Miscellaneous Nasal</b>				
cromolyn sodium	NASALCROM	generic	1	OTC
ipratropium bromide	ATROVENT NS	generic	1	
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>				
amlexanox	APHTHASOL	brand	2	oral paste 5%
chlorhexidine	PERIOGARD	generic	1	
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	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
fludrocortisone	FLORINEF	generic	1	
hydrocortisone	CORTEF	generic	1	
hydrocortisone inj	SOLU-CORTEF	generic	1	SP, Coverable through Medical Benefit
methylprednisolone	MEDROL	generic	1	4mg, 8mg, 16mg, 32mg
methylprednisolone	MEDROL	brand	2	2mg
methylprednisolone inj	SOLU-MEDROL	generic	1	SP, Coverable through Medical Benefit
prednisolone				
prednisolone	PRELONE	generic	1	syrup
prednisolone sodium phosphate	ORAPRED PEDIAPRED	generic	1	
prednisone	DELTASONE	generic	1	
prednisone	PREDNISON	generic	1	conc 5 mg/mL
prednisone	RAYOS	generic	1	tabs delayed release
triamcinolone inj	KENALOG-40	generic	1	SP, Coverable through Medical Benefit
<b>Androgens</b>				
fluoxymesterone	ANDROXY	generic	1	PA
testosterone	ANDRODERM	brand	2	patch 2 mg and 4 mg, PA
testosterone	ANDROGEL 1.62%	brand	2	gel, PA
testosterone cypionate	DEPO-TESTOSTERONE	generic	1	
testosterone enanthate	DELATESTRYL	generic	1	Vials only. Disposable syringes not covered.
testosterone gel	TESTIM	brand	2	PA
testosterone gel topical tube, packet, and pump bottle	TESTOSTERONE 1% TOPICAL GEL	generic	1	PA
testosterone	ANDROGEL 1%	brand	2	gel (not pump), PA
<b>Diabetes Mellitus</b>				
<b>Glucose Elevating Agents</b>				
glucagon, human recombinant	GLUCAGON	brand	2	QL
<b>Insulins</b>				
insulin aspart	NOVOLOG	brand	2	Cartridge, pen vial; QL
insulin aspart prot/aspart	NOVOLOG MIX	brand	2	Pen, vial; QL
insulin detemir	LEVEMIR	brand	2	QL
insulin detemir	LEVEMIR FLEXTOUCH	brand	2	QL
insulin glargine	LANTUS	brand	2	QL, vials
insulin glargine	LANTUS SOLOSTAR	brand	2	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
insulin isophane	HUMULIN N	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 50%/lispro 50%	HUMALOG MIX 50/50 KWIKPEN	brand	2	QL
insulin lispro prot/lispro	HUMALOG MIX 75/25	brand	2	QL, vials
insulin lispro	HUMALOG	brand	2	QL, vials
insulin lispro	HUMALOG KWIKPEN	brand	2	100 U/ml only, QL
insulin lispro prot 75%/lispro 25%	HUMALOG MIX 72/25 KWIKPEN	brand	2	QL
insulin regular	HUMULIN R	brand	2	OTC, QL, vials
insulin regular (human)	HUMULIN R 500 U/ML KWIKPEN	brand	2	PA
<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 twice daily testing
<b>Oral Agents</b>				
acarbose	PRECOSE	generic	1	QL
chlorpropamide	DIABINESE	generic	1	QL
empagliflozin/linagliptin	GLYXAMBI	brand	2	PA, QL
ertugliflozin	STEGLATRO	brand	2	ST
ertugliflozin/metformin	SEGLUROMET	brand	2	ST
glimepiride	AMARYL	generic	1	QL
glipizide	GLUCOTROL	generic	1	QL
glipizide extended-release	GLUCOTROL XL	generic	1	QL
glipizide/metformin	METAGLIP	generic	1	QL
glyburide	MICRONASE	generic	1	QL
glyburide, micronized	GLYNASE	generic	1	QL
linagliptin	TRADJENTA	brand	2	PA, QL
linagliptin/metformin	JENTADUETO	brand	2	PA, QL
metformin	GLUCOPHAGE	generic	1	QL
metformin ER	GLUCOPHAGE ER	generic	1	QL
metformin/glyburide	GLUCOVANCE	generic	1	QL
nateglinide	STARLIX	generic	1	QL
pioglitazone	ACTOS	generic	1	QL
pioglitazone/metformin	ACTOPLUSMET	generic	1	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
pioglitazone/metformin ER	ACTOPLUS MET XR	brand	2	QL
repaglinide	PRANDIN	generic	1	QL
saxagliptin	ONGLYZA	brand	2	PA, QL
saxagliptin/metformin extended-release	KOMBIGLYZE XR	brand	2	PA, QL
sitagliptan	JANUVIA	brand	2	PA, QL
sitagliptan/metformin	JANUMET	brand	2	PA, QL
sitagliptan/metformin ER	JANUMET XR	brand	2	PA, QL
tolazamide	TOLINASE	generic	1	QL
tolbutamide	TOLBUTAMIDE	generic	1	QL
<b>Miscellaneous Antidiabetic Agents</b>				
exenatide	BYDUREON	brand	2	PA, QL
exenatide	BYETTA	brand	2	PA, QL
liraglutide	VICTOZA	brand	2	PA, QL
pramlintide	SYMLIN	brand	2	PA, QL
<b>Growth Stimulating Agents</b>				
mecasermin	INCRELEX	brand	2	PA, SP
somatropin	GENOTROPIN NORDITROPIN	brand	2	PA, SP
<b>Metabolic Modifiers</b>				
carglumic acid	CARBAGLU	brand	2	PA, SP
glycerol phenylbutyrate	RAVICTI	brand	2	PA, SP
idursulfase	ELAPRASE	brand	2	PA, SP
imiglucerase	CEREZYME	brand	2	PA, SP
sodium phenylbutyrate oral powder	BUPHENYL ORAL POWDER	generic	1	PA, SP
sodium phenylbutyrate tab	BUPHENYL	brand	2	PA, SP
<b>Osteoporosis</b>				
abaloparatide inj	TYMLOS	brand	2	PA, SP
alendronate	FOSAMAX	generic	1	QL
calcitonin-salmon	MIACALCIN	generic	1	nasal spray, QL
calcitonin-salmon	FORTICAL	brand	2	nasal spray, QL
etidronate	DIDRONEL	generic	1	
raloxifene	EVISTA	generic	1	
<b>Thyroid Disease</b>				
levothyroxine	LEVOXYL	generic	1	
levothyroxine	SYNTHROID	generic	1	
liothyronine	CYTOMEL	generic	1	
liotrix	THYROLAR	brand	2	
methimazole	TAPAZOLE	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
propylthiouracil	PROPYLTHIOURACIL	generic	1	
thyroid tab	ARMOUR THYROID	brand	2	QL
<b>Miscellaneous</b>				
agalsidase	FABRAZYME	brand	2	PA, SP
alglucerase	CEREDASE	brand	2	PA, SP
alglucosidase	LUMIZYME	brand	2	PA, SP
asfotase alfa	STRENSIQ	brand	2	PA, SP
betaine powder for oral solution	CYSTADANE	brand	2	SP
bromocriptine	PARLODEL	generic	1	
cabergoline	DOSTINEX	generic	1	
cholic acid	CHOLBAM	brand	2	PA, SP
desmopressin	DDAVP	generic	1	QL
laronidase	ALDURAZYME	brand	2	PA, SP
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
taliglucerase	ELELYSO	brand	2	PA, SP
uridine	VISTOGARD	brand	2	SP
velaglucerase alfa	VPRIV	brand	2	PA, SP
<b>Gastrointestinal</b>				
<b>Constipation/Laxatives</b>				
casanthranol-docusate sodium		generic	1	OTC
docusate calcium plus		generic	1	OTC
docusate potassium		generic	1	OTC
docusate sodium	COLACE	generic	1	OTC
glycerin	GLYCERIN SUPPOSITORY	generic	1	suppository, OTC
lactulose	ENULOSE	generic	1	
lactulose	KRISTALOSE	brand	2	oral packet
lubiprostone	AMITIZA	brand	2	PA
magnesium citrate soln	MAGNESIUM CITRATE SOLN	generic	1	
peg 3350/electrolytes	COLYTE	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
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>				
diphenoxylate/atropine	LOMOTIL	generic	1	
loperamide	IMODIUM A-D	brand	2	OTC
loperamide	IMODIUM A-D CHW	brand	2	chew 2 mg
loperamide	IMODIUM A-D LIQ	generic	1	liq 1 mg/7.5ml
loperamide	LOPERAMIDE	generic	1	
<b>Emesis</b>				
aprepitant	EMEND	generic	1	QL applies to 40 mg, 80 mg and 80-125 mg
dolasetron	ANZEMET	brand	2	PA
dronabinol	MARINOL	generic	1	PA
granisetron	KYTRIL	generic	1	PA SP
granisetron	KYTRIL	generic	1	oral soln PA
meclizine	ANTIVERT	generic	1	
metoclopramide	REGLAN	generic	1	
ondansetron	ZOFRAN	generic	1	QL
ondansetron	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>				
alginate acid/sodium bicarbonate		brand	2	OTC
alumina/magnesia	MAALOX	generic	1	OTC
alumina/magnesia/simethicone	MYLANTA	generic	1	OTC
cimetidine	TAGAMET	generic	1	
esomeprazole	NEXIUM 24HR OTC	brand	2	PA
esomeprazole granules	NEXIUM DELAYED RELEASE PACKET	brand	2	Members ≥ 2 years of age will require prior authorization.

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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.
famotidine	PEPCID AZ CHW	brand	2	chew
lansoprazole	PREVACID	generic	1	caps, QL
lansoprazole orally disintegrating	PREVACID SOLUTAB	brand	2	PA, QL
lansoprazole susp	FIRST-LANSOPRAZOLE	brand	2	
omeprazole delayed-release	PRILOSEC	generic	1	Capsules only, QL
pantoprazole	PROTONIX	generic	1	
pantoprazole delayed-release	PROTONIX PAK	brand	2	susp packet
ranitidine	ZANTAC	generic	1	150 mg tabs
ranitidine effer	ZANTAC	brand	2	tab 25 mg
ranitidine syrup	ZANTAC	generic	1	
sucralfate	CARAFATE	generic	1	
sulcralfate	CARAFATE SUSPENSION	brand	2	suspension, Members 10 years of age up to 65 years of age will require prior authorization.
<b>Gastrointestinal Spasm</b>				
dicyclomine	BENTYL	generic	1	
glycopyrrolate	ROBINUL ROBINUL FORTE	generic	1	
hyoscyamine sulfate	LEVSIN	generic	1	
hyoscyamine sulfate extended-release	CYSTOSPAZ LEVBID LEVSINEX	generic	1	
<b>Inflammatory Bowel Disease</b>				
balsalazide	COLAZAL	generic	1	
budesonide	ENTOCORT EC	generic	1	PA
hydrocortisone	COLOCORT	generic	1	enema
mesalamine extended-release	APRISO DELZICOL PENTASA	brand	2	
mesalamine extended-release	ASACOL HD	generic	1	
mesalamine supp	CANASA	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
olsalazine sodium	DIPENTUM	brand	2	
sulfasalazine	AZULFIDINE	generic	1	QL
sulfasalazine delayed-release	AZULFIDINE EN-TABS	generic	1	QL
<b>Pancreatic Enzymes</b>				
pancrelipase	CREON	brand	2	QL
	CREON 3000 UNIT ZENPEP			
pancrealipase DR	CREON DR	brand	2	36000-114000-180000 unit
pancrealipase DR	ZENPEP DR	brand	2	25000-85000-136000 unit
sacrosidase	SUCRAID	brand	2	soln 8500 unit/ml, PA, SP
<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
probiotics	ALIGN	brand	2	OTC
	BACID			
	BIOGAIA			
	CULTURELLE			
	DIGESTIVE PROBIOTIC			
	FLORAJEN			
	FLORANEX			
	FLORASTOR			
	LACTINEX			
	PHILLIPS COLON HEALTH			
RISA-BID				
RISAQUAD				
<b>Miscellaneous</b>				
atropine sulfate	SAL-TROPINE	brand	2	
linaclotide	LINZESS	brand	2	PA
misoprostol	CYTOTEC	generic	1	
naloxegol	MOVANTIK	brand	2	PA

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
teduglutide	GATTEX	brand	2	PA, SP
urea 10%	UREA 10% CREAM	brand	2	
urea 20%	UREA 20% CREAM			
ursodiol	ACTIGALL	generic	2	
	URSO			
	URSO FORTE			
<b>Infectious Diseases</b>				
<b>Anthelmintics</b>				
albendazole	ALBENZA	brand	2	PA
ivermectin	STROMEKTOL	generic	1	
praziquantel	BILTRICIDE	brand	2	
pyrantel pamoate	PIN-X	brand	2	chewable tablets, suspension
pyrantel pamoate	REESE'S PINWORM MEDICINE	brand	2	tablets, suspension
<b>Antibacterials</b>				
Antituberculosis Agents				
aminosalicylic acid	PASER	brand	2	
cycloserine	SEROMYCIN	generic	1	
ethambutol	MYAMBUTOL	generic	1	
ethionamide	TRECTOR	brand	2	
isoniazid	ISONIAZID	generic	1	
pyrazinamide	PYRAZINAMIDE	generic	1	
rifabutin	MYCOBUTIN	generic	1	
rifampin	RIFADIN	generic	1	
rifapentine	PRIFTIN	brand	2	
Cephalosporins - First Generation				
cefadroxil	DURICEF	generic	1	
cephalexin	KEFLEX	generic	1	tabs are not covered
Cephalosporins - Second Generation				
cefaclor	CECLOR	generic	1	
cefprozil	CEFZIL	generic	1	
cefuroxime axetil	CEFTIN	generic	1	tabs
cefuroxime axetil	CEFTIN	brand	2	suspension

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Cephalosporins - Third Generation				
cefdinir	OMNICEF	generic	1	
cefixime	SUPRAX	generic	1	QL
cefixime	SUPRAX	generic	1	susp, QL
cefpodoxime	VANTIN	generic	1	
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
Penicillins				
amoxicillin	AMOXICILLIN CAPSULES AND CHEWABLES	generic	1	Except 500 mg and 875 mg film-coated tabs.
amoxicillin	AMOXIL	generic	1	tabs, 500 mg & 875 mg
amoxicillin	AMOXIL SUSP	generic	1	suspension
amoxicillin/clavulanate	AUGMENTIN	generic	1	
amoxicillin/clavulanate	AUGMENTIN ES-600	brand	2	
ampicillin	PRINCIPEN	generic	1	
dicloxacillin	DICLOXACILLIN	generic	1	
penicillin VK	VEETIDS	generic	1	
Sulfonamides				
sulfadiazine		generic	1	
sulfamethoxazole/ trimethoprim, DS	BACTRIM BACTRIM DS	generic	1	
Tetracyclines				
demeclocycline	DECLOMYCIN	generic	1	PA
doxycycline hyclate	VIBRAMYCIN	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
doxycycline monohydrate	DOXYCYCLINE MONOHYDRATE	generic	1	50 mg & 100 mg caps
minocycline	MINOCIN	generic	1	caps
<b>Miscellaneous</b>				
vancomycin HCl	VANCOGIN HCL	generic	1	cap, ST
<b>Antifungals</b>				
clotrimazole	MYCELEX	generic	1	troches
fluconazole	DIFLUCAN	generic	1	QL
flucytosine	ANCOBAN	generic	1	PA
griseofulvin microsize	GRIFULVIN V	generic	1	
griseofulvin ultramicrosize	GRIS-PEG	generic	1	
itraconazole	ONMEL	brand	2	tab 200 mg, PA
itraconazole	SPORANOX	generic	1	caps, PA, QL
itraconazole	SPORANOX	brand	2	soln, PA, QL
ketoconazole	NIZORAL	generic	1	
miconazole buccal	MICONAZOLE	brand	2	tab 50 mg (mouth-throat)
nystatin	MYCOSTATIN	generic	1	
posaconazole	NOXAFIL	brand	2	tabs, PA
posaconazole susp	NOXAFIL	brand	2	PA
terbinafine	LAMISIL	generic	1	QL
terbinafine	LAMISIL	brand	2	oral granules
voriconazole	VFEND	generic	1	PA, QL
<b>Antiprotozoals</b>				
atovaquone	MEPRON	generic	1	PA
benznidazole	BENZNIDAZOLE	brand	2	PA, QL
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
pentamidine isethionate for nebulization	NEBUPENT	brand	2	
<b>Antivirals</b>				
<b>Cytomegalovirus Treatment</b>				
cidofovir	VISTIDE	brand	2	Coverable through Medical Benefit
foscarnet sodium	FOSCAVIR	generic	1	Coverable through Medical Benefit
ganciclovir	CYTOVENE	generic	1	
valganciclovir	VALCYTE	brand	2	soln PA
valganciclovir	VALCYTE	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Hepatitis Treatment				
adefovir	HEPSERA	generic	1	PA, QL, SP
boceprevir	VICTRELIS	brand	2	PA, SP
entecavir	BARACLUDE	generic	1	PA, QL, SP
glecaprevir/pibrentasvir	MAVYRET	brand	2	PA, QL
interferon alfa-2b	INTRON A	brand	2	PA, SP
lamivudine	EPIVIR HBV	brand	2	SP, solution
lamivudine	EPIVIR HBV	generic	1	QL, SP, tablets
peginterferon alfa-2a	PEGASYS	brand	2	PA, QL, SP
peginterferon alfa-2a	PEGASYS PROCLICK	brand	2	PA, QL, SP
peginterferon alfa-2b	PEGINTRON	brand	2	PA, QL, SP
ribavirin	REBETOL/COPEGUS	generic	1	200 mg Ribavirin caps and tabs only, PA, SP
telaprevir	INCIVEK	brand	2	PA, QL, SP
telbivudine	TYZEKA	brand	2	PA, QL, SP
Herpes Treatment				
acyclovir	ZOVIRAX	generic	1	
acyclovir	ZOVIRAX CREAM	brand	2	cream 5%
acyclovir	ZOVIRAX OINTMENT	generic	1	oint 5%
docosanol	ABREVA OTC	brand	2	cream 10%, OTC
famciclovir	FAMVIR	generic	1	PA
valacyclovir	VALTREX	generic	1	
Influenza Treatment				
amantadine	SYMMETREL	generic	1	except tabs
oseltamivir	TAMIFLU	brand	2	capsules, QL
oseltamivir	TAMIFLU	generic	1	suspension, QL
rimantadine	FLUMADINE	generic	1	
zanamivir	RELENZA	brand	2	QL
Integrase Inhibitors				
dolutegravir	TIVICAY	brand	2	QL
raltegravir	ISENTRESS	brand	2	QL
raltegravir	ISENTRESS CHEWABLE	brand	2	chewable tablet, QL
Non-Nucleoside Reverse Transcriptase Inhibitors				
delavirdine	RESCRIPTOR	brand	2	QL
efavirenz	SUSTIVA	brand	2	QL
etravirine	INTELENCE	brand	2	QL
nevirapine	VIRAMUNE	generic	1	QL
nevirapine ER	VIRAMUNE XR	brand	2	QL
rilpivirine	EDURANT	brand	2	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Nucleoside Analogues Nucleoside Reverse - Transcriptase Inhibitors/and Combinations				
abacavir	ZIAGEN	generic	1	QL
abacavir/lamivudine	EPZICOM	generic	1	QL
abacavir/lamivudine/ zidovudine	TRIZIVIR	generic	1	QL
didanosine	VIDEX	brand	2	QL
didanosine delayed-release	VIDEX EC	generic	1	QL
emtricitabine	EMTRIVA	brand	2	QL
emtricitabine/rilpivirine/ tenofovir	COMPLERA	brand	2	QL
emtricitabine/tenofovir alafenamide	DESCOVY	brand	2	QL
lamivudine	EPIVIR	generic	1	QL
lamivudine/zidovudine	COMBIVIR	generic	1	QL
stavudine	ZERIT	generic	1	QL
zidovudine	RETROVIR	generic	1	QL
Nucleoside/Nucleotide Reverse - Transcriptase Inhibitor Combination				
efavirenz/emtricitabine/ tenofovir	ATRIPLA	brand	2	QL
emtricitabine/rilpivirine/ tenofovir	ODEFSEY	brand	2	QL
emtricitabine/tenofovir	TRUVADA	brand	2	QL
Nucleotide Analogues Nucleotide Reverse-Transcriptase Inhibitor				
tenofovir	VIREAD	brand	2	QL
Protease Inhibitors				
atazanavir	REYATAZ	generic	1	QL
atazanavir	REYATAZ POWDER PACKET	brand	2	QL
darunavir	PREZISTA	brand	2	QL
fosamprenavir	LEXIVA	brand	2	QL
indinavir	CRIXIVAN	brand	2	QL
lopinavir/ritonavir	KALETRA	brand	2	tablets, QL
lopinavir/ritonavir	KALETRA	generic	1	solution
nelfinavir	VIRACEPT	brand	2	QL
ritonavir	NORVIR	brand	2	QL
saquinavir mesylate	INVIRASE	brand	2	QL
tipranavir	APTIVUS	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Miscellaneous</b>				
abacavir/dolutegravir/lamivudine	TRIUMEQ	brand	2	QL
atazanavir/cobicistat	EVOTAZ	brand	2	QL
bictegravir/emtricitabine/tenofovir	BIKTARVY	brand	2	QL
cobicistat	TYBOST	brand	2	QL
cobicistat/elvitegravir/emtricitabine/tenofovir	STRIBILD	brand	2	QL
darunavir/cobicistat	PREZCOBIX	brand	2	QL
dolutegravir/rilpivirine	JULUCA	brand	2	QL
elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide fumarate	GENVOYA	brand	2	QL
enfuvirtide	FUZEON	brand	2	PA, QL
maraviroc	SELZENTRY	brand	2	QL
<b>Miscellaneous</b>				
artemether-lumefantrine	COARTEM	brand	2	
atovaquone/proguanil	MALARONE	generic	1	
bedaquiline	SIRTURO	brand	2	
chloroquine phosphate	ARALEN	generic	1	
clindamycin	CLEOCIN	generic	1	cap, 75 mg
clindamycin	CLEOCIN	generic	1	tabs
dapsone	DAPSONE	brand	2	
hydroxychloroquine	PLAQUENIL	generic	1	QL
interferon gamma-1b	ACTIMMUNE	brand	2	PA, SP
linezolid	ZYVOX	generic	1	PA
mefloquine	LARIAM	generic	1	
metronidazole	FLAGYL	generic	1	tabs only
neomycin sulfate		brand	2	
neomycin sulfate soln	NEO-FRADIN	brand	2	
nitrofurantoin extended-release	MACROBID	generic	1	
nitrofurantoin macrocrystals	MACRODANTIN MACRODANTIN 25 MG	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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
primaquine		generic	1	
pyrimethamine	DARAPRIM	brand	2	PA, SP
quinine sulfate	QUALAQUIN	generic	1	324 mg caps only
trimethoprim	TRIMETHOPRIM	generic	1	tabs only
<b>Metabolics</b>				
arginine		brand	2	
BCAD-1, BCAD-2		brand	2	
betaine	CYSTADANE	brand	2	
biotin		brand	2	
citrulline		brand	2	
cyclinex-1, cyclinex-2		brand	2	
cystine		brand	2	
essential amino acid (EAA) mix		brand	2	
glutarex-1, glutarex-2		brand	2	
glycine		brand	2	
HCU cooler, express, gel		brand	2	
HCY-1, HCY-2		brand	2	
hominex-1, hominex-2		brand	2	
i-valex-1, i-valex-2		brand	2	
isoleucine		brand	2	
ketonex-1, ketonex-2		brand	2	
kionex		brand	2	
leucine		brand	2	
lipistart		brand	2	
lophlex		brand	2	
MCT procal		brand	2	
milupa PKU-2, milupa PKU-3		brand	2	
MM/PA express, gel		brand	2	
MSUD analog, complex, cooler, express		brand	2	
MSUD complex drink mix		brand	2	
MSUD maxamum, maxamaid		brand	2	
OA-1, OA-2		brand	2	
periflex advance, infant, junior		brand	2	
PFD-1, PFD-2		brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
phenex-1, phenex-2		brand	2	
phenylade 40, 60, drink mix		brand	2	
phenylade MTE amino acid blend		brand	2	
phenylfree-1, phenylfree-2, HP		brand	2	
phlexy-10		brand	2	
PKU cooler, express, gel		brand	2	
portagen		brand	2	
pro-phree powder		brand	2	
progestimil lipil		brand	2	
propimex-1, propimex-2		brand	2	
provimin		brand	2	
sapropterin dihydrochloride	KUVAN	brand	2	PA, SP
sodium benzoate		brand	2	
super soluble duocal		brand	2	
tolerex		brand	2	
TYR cooler, express, gel		brand	2	
tyrex-1, tyrex-2		brand	2	
tyros-1, tyros-2		brand	2	
valine		brand	2	
WND-1, WND-2		brand	2	
XLEU analog, maxamum, maxamaid		brand	2	
XLYS, XTRYP analog, maxamum, maxamaid		brand	2	
XMET analog, maxamum, maxamaid		brand	2	
XMTVI analog, maxamum, maxamaid		brand	2	

## Musculoskeletal

### Arthritis

#### Disease Modifying Anti-Rheumatic Drugs

adalimumab	HUMIRA	brand	2	PA, QL, SP
auranofin	RIDAURA	brand	2	QL
azathioprine	IMURAN	generic	1	QL
etanercept	ENBREL	brand	2	PA, QL, SP

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
hydroxychloroquine	PLAQUENIL	generic	1	QL
leflunomide	ARAVA	generic	1	QL
methotrexate	METHOTREXATE	generic	1	QL
penicillamine	CUPRIMINE	brand	2	SP
penicillamine	DEPEN TITRATABLE	brand	2	PA, QL, SP
sulfasalazine	AZULFIDINE	generic	1	QL
sulfasalazine delayed-release	AZULFIDINE EN-TABS	generic	1	QL
NSAIDs and Other Analgesics				
acetaminophen	TYLENOL	generic	1	OTC
aspirin	BAYER	generic	1	OTC
aspirin	ECOTRIN	brand	2	tablet DR
aspirin-al hydro-mg hydro-ca carb	ASCRIPITIN	brand	2	tab
aspirin buffered	BUFFERIN	generic	1	ca carb-mg carb-mg ox
capsaicin	CAPSAGEL	brand	2	OTC, gel, lotion, 0.035% cream
capsaicin	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	
diclofenac potassium	CATAFLAM	generic	1	
diclofenac sodium delayed-release	VOLTAREN	generic	1	
diclofenac sodium extended-release	VOLTAREN XR	generic	1	
diflunisal	DOLOBID	generic	1	
etodolac	LODINE	generic	1	IR only
fenoprofen	NALFON	generic	1	600 mg
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	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
naproxen delayed release	ENTERIC COATED-NAPROSYN	generic	1	
naproxen sodium	ANAPROX	generic	1	
oxaprozin	DAYPRO	generic	1	
piroxicam	FELDENE	generic	1	
salsalate	DISALCID	generic	1	QL
sulindac	CLINORIL	generic	1	
<b>Gout</b>				
allopurinol	ZYLOPRIM	generic	1	
colchicine	COLCRYS	generic	1	PA
colchicine	MITIGARE	brand	2	
febuxostat	ULORIC	brand	2	ST
probenecid	PROBENECID	generic	1	
<b>Skeletal Muscle Relaxants</b>				
Muscle Spasm				
chlorzoxazone	PARAFON FORTE DSC	generic	1	
cyclobenzaprine	FLEXERIL	generic	1	5mg & 10mg
methocarbamol	ROBAXIN	generic	1	
orphenadrine extended-release	NORFLEX	generic	1	
tizanidine tabs	ZANAFLEX	generic	1	QL
Spasticity				
baclofen	BACLOFEN	generic	1	
dantrolene	DANTRIUM	generic	1	
diazepam	VALIUM	generic	1	QL
<b>OB-GYN</b>				
<b>Contraceptives</b>				
Biphasic				
desogestrel/EE	MIRCETTE	generic	1	QL
norethindrone/EE	ORTHO-NOVUM 10/11	generic	1	QL
Emergency Contraception				
levonorgestrel	PLAN B ONE STEP	generic	1	
Injectable				
medroxyprogesterone acetate	DEPO-PROVERA	generic	1	QL
Intravaginal				
diaphragm	CAYA WIDE-SEAL	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
etonogestrel/EE	NUVARING	brand	2	ring, QL
ortho diaphragm	ORTHO COIL	brand	2	QL
	ORTHO FLAT			
	ORTHO FLEX			
Monophasic - 20 mcg Estrogen				
levonorgestrel/EE	ALESSE	generic	1	0.1/20, QL
norethindrone acetate/EE	LOESTRIN 1/20	generic	1	1/20, QL
norethindrone acetate/EE/ iron	LOESTRIN FE 1/20	generic	1	1/20, QL
Monophasic - 30 mcg Estrogen				
desogestrel/EE	ORTHO-CEPT	generic	1	0.15/30, QL
levonorgestrel/EE	NORDETTE	generic	1	0.15/30, QL
norethindrone acetate/EE	LOESTRIN 1.5/30	generic	1	1.5/30, QL
norethindrone acetate/EE/ iron	LOESTRIN FE 1.5/30	generic	1	1.5/30, QL
norgestrel/EE	LO/OVRAL	generic	1	0.3/30, QL
Monophasic - 35 mcg Estrogen				
ethynodiol diacetate/EE	ZOVIA 1/35	generic	1	1/35, QL
norethindrone/EE	BALZIVA	generic	1	0.4/35, QL
norethindrone/EE	MODICON	generic	1	0.5/35, QL
norethindrone/EE	ORTHO-NOVUM 1/35	generic	1	1/35, QL
norgestimate/EE	ORTHO-CYCLEN	generic	1	0.25/35, QL
Monophasic - 50 mcg Estrogen				
ethynodiol diacetate/EE	ZOVIA 1/50	generic	1	1/50, QL
norethindrone/EE	OVCON 50	generic	1	1/50, QL
norethindrone/ME	ORTHO-NOVUM 1/50	generic	1	1/50, QL
norgestrel/EE	OVRAL	generic	1	0.5/50, QL
Progestin				
norethindrone	ORTHO MICRONOR	generic	1	
Transdermal				
norelgestromin/EE	ORTHO EVRA XULANE	generic	1	
Triphasic				
desogestrel/EE	CAZIAN	generic	1	QL
	CESIA			
	CYCLESSA			
	VELIVET			
levonorgestrel/EE	TRIVORA	generic	1	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
norethindrone acetate/EE/iroMn	ESTROSTEP FE	generic	1	QL
norethindrone/EE	ORTHO-NOVUM 7/7/7	generic	1	QL
norethindrone/EE	TRI-NORINYL	generic	1	QL
norgestimate/EE	ORTHO TRI-CYCLEN	generic	1	QL
<b>Endometriosis</b>				
danazol	DANOCRINE	generic	1	
<b>Hormone Therapy/Menopause</b>				
Estrogens - Intravaginal				
estradiol	ESTRACE CRM	brand	2	
estradiol	ESTRING	brand	2	vaginal ring
estradiol	VAGIFEM	brand	2	vaginal tablet
estradiol acetate	FEMRING	brand	2	vaginal ring, PA
estrogens, conjugated	PREMARIN	brand	2	crm
Estrogens - Oral				
esterified estrogens	MENEST	brand	2	
estradiol	ESTRACE	generic	1	
estrogens, conjugated	PREMARIN	brand	2	
estropipate	OGEN	generic	1	
Estrogens - Transdermal				
estradiol	CLIMARA	generic	1	QL
estradiol	DIVIGEL	brand	2	gel
estradiol	ELESTRIN	brand	2	gel pump 0.06%
estradiol	ESTROGEL	brand	2	
estradiol	ESTRASORB	brand	2	emulsion
estradiol	EVAMIST	brand	2	spray
estradiol	MENOSTAR	brand	2	patch weekly 14 mcg/24hr
estradiol	VIVELLE-DOT	brand	2	patch biweekly
estrogen patch	ESTRADIOL TDS	generic	1	
Estrogen/Progestin				
estrogens, conjugated/ medroxyprogesterone	PREMPHASE PREMPRO	brand	2	
Progestins				
medroxyprogesterone acetate	PROVERA	generic	1	
norethindrone acetate	AYGESTIN	generic	1	
progesterone micronized	PROMETRIUM	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Vaginal Infections</b>				
Oral				
fluconazole	DIFLUCAN	generic	1	QL
metronidazole	FLAGYL	generic	1	tabs
Vaginal				
clotrimazole	GYNE-LOTTRIMIN	generic	1	OTC
clindamycin	CLEOCIN	generic	1	crm
clindamycin	CLEOCIN	brand	2	supp
metronidazole	METROGEL-VAGINAL METROGEL 1%	generic	1	
miconazole	MONISTAT	generic	1	OTC
miconazole	MONISTAT 3	generic	1	
miconazole nitrate	MICONAZOLE KIT	generic	1	vaginal supp & cream kit
sulfanilamide	AVC VAGINAL	brand	2	vaginal cream
terconazole	TERAZOL 3/7	generic	1	crm
<b>Miscellaneous</b>				
hydroxyprogesterone caproate IM in oil	MAKENA	brand	2	PA
methylergonovine	METHERGINE	generic	1	
tranexamic acid	LYSTEDA	generic	1	PA
<b>Ophthalmic</b>				
<b>Allergy</b>				
azelastine	OPTIVAR	generic	1	ST
cromolyn sodium	CROLOM	generic	1	QL
ketotifen	ALAWAY OTC	generic	1	
naphazoline/glycerin	CLEAR EYES REDNESS RELIEF	generic	1	
naphazoline HCL	VASOCLEAR	generic	1	soln 0.02%
naphazoline w/pheniramine	NAPHCON A OPCON A	generic	1	ophth soln 0.027-0.315%
naphazoline/zinc sulfate	VASOCLEAR A	brand	2	OTC
tetrahydrozoline/zinc sulfate	VISINE-AC	generic	1	
<b>Anti-Inflammatories</b>				
Anti-Infective/Anti-Inflammatory Combinations				
bacitracin/polymyxin/neomycin/hc	CORTISPORIN	generic	1	ointment

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
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%
sulfacetamide sodium-prednisolone	BLEPHAMIDE VASOCIDIN	generic	1	ophth susp 10-0.2%
tobramycin/dexamethasone	TOBRADEX	generic	1	
tobramycin-dexamethasone	TOBRADEX ST	brand	2	ophth susp technology 0.3-0.05%
<b>Nonsteroidal</b>				
diclofenac sodium	VOLTAREN	generic	1	
flurbiprofen	OCUFEN	generic	1	
ketorolac	ACULAR/ACULAR LS	generic	1	
<b>Steroidal</b>				
dexamethasone	MAXIDEX	brand	2	ophth suspension 0.1%
dexamethasone sodium phosphate	DEXASOL	generic	1	
fluorometholone	FML	brand	2	oint 0.1%
fluorometholone	FML FORTE	brand	2	susp 0.25%
fluorometholone	FML LIQUIFILM	generic	1	susp 0.1%
prednisolone acetate	PRED FORTE	generic	1	1%
prednisolone acetate	PRED MILD	brand	2	0.12%
prednisolone phosphate	INFLAMASE FORTE	generic	1	1%
<b>Glaucoma</b>				
<b>Beta-Blockers</b>				
betaxolol	BETOPTIC -S	brand	2	ophth suspension 0.25%
carteolol		generic	1	
levobunolol	BETAGAN	generic	1	ophthalmic solution
metipranolol	OPTIPRANOLOL	generic	1	0.3% ophthalmic solution
timolol	TIMOPTIC XE	generic	1	gel forming solution
timolol maleate	TIMOPTIC	generic	1	
<b>Carbonic Anhydrase Inhibitors</b>				
brinzolamide	AZOPT	brand	2	PA
dorzolamide	TRUSOPT	generic	1	
<b>Carbonic Anhydrase Inhibitor/Beta-Blocker Combination</b>				
dorzolamide/timolol maleate	COSOPT	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
dorzolamide hcl-timolol maleate	COSOPT PF	brand	2	ophth solution preservative free
Cholinesterase Inhibitor				
ecothiophate	PHOSPHOLINE IODINE	brand	2	
Mydriatics				
atropine	ISOPTO ATROPINE	generic	1	
cyclopentolate	CYCLOGYL	generic	1	
Oral				
acetazolamide	ACETAZOLAMIDE	generic	1	
acetazolamide extended-release	DIAMOX SEQUELS	generic	1	
methazolamide	NEPTAZANE	generic	1	
Prostaglandins				
latanoprost	XALATAN	generic	1	QL
tafluprost	TRAVATAN Z	brand	2	ophth soln 0.004%, PA
tafluprost	TRAVATAN Z PF	generic	1	ophth soln 0.004% (benzalkonium free), PA
tafluprost	ZIOPTAN	brand	2	ophth soln 0.0015%. PA
Topical - Parasympathomimetics				
pilocarpine	PILOPINE HS GEL	brand	2	
pilocarpine	ISOPTO CARPINE	generic	1	
Topical - Sympathomimetics				
brimonidine	ALPHAGAN P	brand	2	0.1%
brimonidine	ALPHAGAN P	generic	1	0.15%
brimonidine	ALPHAGAN	generic	1	0.2%
<b>Immunologic Agents</b>				
cyclosporine	RESTASIS	brand	2	(ophth) emulsion 0.05%, PA
lifitegrast	XIIDRA	brand	2	PA
<b>Infections</b>				
Bacterial				
bacitracin		generic	1	
ciprofloxacin	CILOXAN	generic	1	solution
ciprofloxacin	CILOXAN	brand	2	ointment
erythromycin	ERYTHROMYCIN	generic	1	
gentamicin	GENTAK	generic	1	
moxifloxacin HCl	VIGAMOX	brand	2	ophth solution 0.5%
neomycin/bacitracin/polymyxin	NEOSPORIN	generic	1	ointment
neomycin/polymyxin B/gramicidin	NEOSPORIN	generic	1	solution

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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>Fungal</b>				
trifluridine	VIROPTIC	generic	1	
<b>Viral</b>				
natamycin	NATACYN	brand	2	ophth suspension 5%
<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, Age Limit Applies
alprazolam	XANAX	generic	1	solution, QL, Age Limit Applies
alprazolam	XANAX ODT	generic	1	QL, Age Limit Applies
alprazolam	XANAX XR	generic	1	tablet SR, QL, Age Limit Applies
chlordiazepoxide	LIBRIUM	generic	1	QL, Age Limit Applies
clonazepam	KLONOPIN	generic	1	tabs, QL, Age Limit Applies
clonazepam ODT	KLONOPIN WAFERS	generic	1	ODT tabs, QL, Age Limit Applies
clorazepate	TRANXENE	generic	1	QL, Age Limit Applies
diazepam	VALIUM	generic	1	QL, Age Limit Applies
diazepam	VALIUM	generic	1	solution, QL, Age Limit Applies
diazepam conc	DIAZEPAM INTENSOL	generic	1	QL, Age Limit Applies
lorazepam	ATIVAN	generic	1	QL, Age Limit Applies

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
lorazepam	ATIVAN	generic	1	solution, QL
lorazepam conc	LORAZEPAM INTENSOL	generic	1	QL, Age Limit Applies
oxazepam	SERAX	generic	1	QL, Age Limit Applies
Miscellaneous				
buspirone	BUSPAR	generic	1	QL, Age Limit Applies
<b>Attention Deficit Hyperactivity Disorder (ADHD)</b>				
amphetamine/ dextroamphetamine mixed salts	ADDERALL (BRAND AND GENERIC ADDERALL ARE PREFERRED)	brand	2	QL
amphetamine/ dextroamphetamine mixed salts extended-release	ADDERALL XR (BRAND ADDERALL XR IS PREFERRED)	brand	2	QL
atomoxetine	STRATTERA	brand	2	QL, Age Limit Applies
clonidine hcl SR 12hr	KAPVAY (BRAND KAPVAY IS PREFERRED)	brand	2	QL, Age Limit Applies
dexmethylphenidate	FOCALIN (BRAND FOCALIN IS PREFERRED)	brand	2	QL, Age Limit Applies
dexmethylphenidate hcl SR 24hr	FOCALIN XR (BRAND FOCALIN XR IS PREFERRED)	brand	2	QL, Age Limit Applies
dextroamphetamine	DEXTROSTAT ZENZEDI	generic	1	QL
dextroamphetamine extended-release	DEXEDRINE SPANSULE	generic	2	QL
guanfacine ER	INTUNIV	generic	1	QL, Age Limit Applies
lisdexamfetamine	VYVANSE	brand	2	QL, Age Limit Applies
methylphenidate	METHYLIN SOLUTION (BRAND METHYLIN SOLUTION IS PREFERRED)	brand	2	QL, Age Limit Applies
methylphenidate	RITALIN	generic	1	tabs only, QL
methylphenidate chew	METHYLIN CHEW (BRAND METHYLIN IS PREFERRED)	brand	2	QL, Age Limit Applies
methylphenidate extended-release	CONCERTA	generic	1	QL, Age Limit Applies

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
methylphenidate extended-release	RITALIN LA	brand	2	QL, Age Limit Applies, 10 mg
methylphenidate hcl chew extended-release	QUILLICHEW	brand	2	QL, Age Limit Applies
methylphenidate hcl CR	METADATE CD	generic	1	QL, Age Limit Applies
methylphenidate hcl ER	APTENSIO XR	brand	2	QL, Age Limit Applies
methylphenidate hcl ER 24hr		generic	1	Age limits apply, QL, 18mg, 27mg, 36mg, 54mg tablets, Mallinckrodt and Kremers Urban labelers
methylphenidate suspension ER	QUILLIVANT XR SUSPENSION	brand	2	QL, Age Limit Applies
methylphenidate td patch	DAYTRANA	brand	2	QL, Age Limit Applies
<b>Bipolar Disorder</b>				
divalproex sodium cap sprinkle	DEPAKOTE SPRINKLE	generic	1	
divalproex sodium delayed-release	DEPAKOTE	generic	1	Minimum age 2
lithium carbonate	LITHIUM CARBONATE	generic	1	
lithium carbonate extended-release	ESKALITH CR LITHOBID	generic	1	
<b>Depression</b>				
Monoamine Oxidase Inhibitor (MAOI)				
isocarboxazid	MARPLAN	brand	2	QL, Age Limit Applies
phenelzine sulfate	NARDIL	generic	1	QL, Age Limit Applies
tranylcypromine	PARNATE	generic	1	QL, Age Limit Applies
Selective Serotonin Reuptake Inhibitor (SSRIs)				
citalopram	CELEXA	generic	1	QL, Age Limit Applies
escitalopram	LEXAPRO	generic	1	QL, Age Limit Applies
fluoxetine	PROZAC	generic	1	QL, Age Limit Applies, caps
fluoxetine hcl delayed release	PROZAC WEEKLY	generic	1	PA, QL
fluvoxamine	LUVOX	generic	1	QL, Age Limit Applies
fluvoxamine SR	LUVOX CR	generic	1	QL, Age Limit Applies
paroxetine	PAXIL	generic	1	tablets, QL, Age Limit Applies
paroxetine	PAXIL ORAL SUSP	generic	1	oral susp, QL, Age Limit Applies
paroxetine mesylate	PEXEVA	brand	2	PA, QL
paroxetine SR	PAXIL CR	generic	1	tablets, QL, Age Limit Applies

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
sertraline	ZOLOFT	generic	1	QL, Age Limit Applies
vilazodone	VIIBRYD	brand	2	PA, QL
Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)				
desvenlafaxine succinate SR 24hr	PRISTIQ	generic	1	QL, Age Limit Applies
duloxetine	CYMBALTA	generic	1	QL, Age Limit Applies
venlafaxine	EFFEXOR	generic	1	QL
venlafaxine hcl	VENLAFAXINE HCL	generic	1	tablets, QL, Age Limit Applies
venlafaxine XR	EFFEXOR XR	generic	1	QL, Age Limit Applies
Tricyclic Antidepressants (TCAs)				
amitriptyline	ELAVIL	generic	1	tablets
amoxapine		generic	1	QL, Age Limit Applies
clomipramine	ANAFRANIL	generic	1	QL, Age Limit Applies
desipramine	NORPRAMIN	generic	1	
doxepin	SINEQUAN	generic	1	QL, Age Limit Applies
imipramine HCL	TOFRANIL	generic	1	tablets
nortriptyline	PAMELOR	generic	1	
protriptyline	VIVACTIL	generic	1	
trimipramine	SURMONTIL	generic	1	QL, Age Limit Applies
Tricyclic Antidepressant/Phenothiazine combination				
amitriptyline/perphenazine	TRIAVIL	generic	1	
Miscellaneous Agents				
bupropion	WELLBUTRIN	generic	1	QL, Age Limit Applies
bupropion extended-release	FORFIVO XL	generic	1	450 mg, QL, Age Limit Applies
bupropion extended-release	WELLBUTRIN SR	generic	1	QL
bupropion extended-release	WELLBUTRIN XL	generic	1	150 mg and 300 mg, QL, Age Limit Applies
maprotiline	LUDIOMIL	generic	1	QL, Age Limit Applies
mirtazapine	REMERON	generic	1	tabs (not soltabs), Age Limit Applies
mirtazapine	REMERON ODT	generic	1	odt tablets, QL, Age Limit Applies
nefazodone	SERZONE	generic	1	QL, Age Limit Applies
trazodone	DESYREL	generic	1	QL, Age Limit Applies

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Insomnia</b>				
Benzodiazepines				
flurazepam	DALMANE	generic	1	QL, Age Limit Applies
temazepam	RESTORIL	generic	1	QL, Age Limit Applies
triazolam	HALCION	generic	1	QL, Age Limit Applies
Non-Benzodiazepines				
chloral hydrate	CHLORAL HYDRATE	generic	1	
diphenhydramine	NYTOL QUICK CAPS	generic	1	OTC
doxylamine succinate	UNISOM	generic	1	25mg, OTC, QL
ramelteon	ROZEREM	brand	2	QL, ST
zaleplon	SONATA	generic	1	QL, Age Limit Applies
zolpidem	AMBIEN	generic	1	QL, Age Limit Applies
zolpidem ER	AMBIEN CR	generic	1	PA
zolpidem oral spray	ZOLPOMIST	brand	2	PA
zolpidem sublingual	EDLUAR	brand	2	PA
zolpidem sublingual	INTERMEZZO	generic	1	PA
<b>Narcotic Antagonists</b>				
buprenorphine hcl sl	SUBUTEX TAB	generic	1	Diagnosis Required, QL
buprenorphine/naloxone	SUBOXONE	brand	2	QL
naloxone	NALOXONE INJ	generic	1	QL
naloxone	NARCAN NASAL SPRAY	brand	2	QL
naltrexone	REVIA	generic	1	
naltrexone IM extended release susp	VIVITROL	brand	2	QL
<b>Psychoses</b>				
Atypicals				
aripiprazole	ABILIFY TABLETS	generic	1	Age Limit Applies, QL
aripiprazole ER injection	ABILIFY MAINTENA	brand	2	Age Limit Applies, QL
aripiprazole lauroxil	ARISTADA	brand	2	Age Limit Applies, QL
aripiprazole ODT	ABILIFY ODT	generic	1	orally disintegrating tabs, Age Limit Applies
aripiprazole solution	ABILIFY SOLUTION	generic	1	solution, Age Limit Applies
asenapine maleate SL	SAPHRIS	brand	2	Age Limit Applies, QL
clozapine	CLOZARIL	generic	1	Age Limit Applies, QL
clozapine (ODT formulation)	FAZACLO	brand	2	Age Limit Applies, QL
lurasidone	LATUDA	brand	2	Age Limit Applies, QL
olanzapine	ZYPREXA	generic	1	Age Limit Applies, QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
olanzapine ODT	ZYPREXA ZYDIS	generic	1	Age Limit Applies, QL
paliperidone	INVEGA SUSTENNA	brand	2	Age Limit Applies, QL
paliperidone	INVEGA TRINZA	brand	2	Age Limit Applies, QL
quetiapine	SEROQUEL	generic	1	Age Limit Applies, QL
risperidone	RISPERDAL	generic	1	Age Limit Applies, QL
risperidone	RISPERDAL CONSTA	brand	2	Age Limit Applies, QL
risperidone m-tab	RISPERDAL M-TAB	generic	1	Age Limit Applies, QL
risperidone oral soln	RISPERDAL SOLUTION	generic	1	Age Limit Applies, QL
ziprasidone	GEODON	generic	1	Age Limit Applies, QL
<b>Smoking Cessation</b>				
bupropion	ZYBAN	brand	2	Age Limit Applies, smoking deterrent, QL
nicotine	NICODERM	generic	1	Age Limit Applies, TD patch, QL
nicotine inhaler system	NICOTROL	brand	2	Age Limit Applies, QL
nicotine polacrilex gum	NICORETTE	generic	1	Age Limit Applies, 2mg & 4mg, QL
nicotine polacrilex lozenge	COMMITT	generic	1	Age Limit Applies, 2mg & 4mg, QL
varenicline	CHANTIX	brand	2	Age Limit Applies, QL
<b>Miscellaneous</b>				
chlorpromazine	THORAZINE	generic	1	QL, Age Limit Applies
dextromethorphan/ quinidine	NUEDEXTA	brand	2	PA
fluphenazine	PROLIXIN	generic	1	Age Limit Applies
fluphenazine decanoate	PROLIXIN DECANOATE	generic	1	Age Limit Applies
haloperidol	HALDOL	generic	1	Age Limit Applies
haloperidol decanoate	HALDOL DECANOATE	generic	1	Age Limit Applies
haloperidol lactate concentration	HALDOL	generic	1	QL, Age Limit Applies
loxapine	LOXITANE	generic	1	Age Limit Applies
perphenazine	TRILAFON	generic	1	Age Limit Applies
pimozide	ORAP	generic	1	Age Limit Applies
thioridazine	MELLARIL	generic	1	Age Limit Applies
thiothixene	NAVANE	generic	1	Age Limit Applies
trifluoperazine	STELAZINE	generic	1	Age Limit Applies

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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	ANDEHIST	brand	2	syrup 4-60 mg/5 ml
brompheniramine/ pseudoephedrine	UNI-HIST DROPS ACCUHIST DROPS	generic	1	
brompheniramine/ pseudoephedrine	BROVEX PSB	generic	1	liq 4-20 mg/5 ml
brompheniramine/ pseudoephedrine	J-TAN D PD	generic	1	drops 1-7.5 mg/ml
brompheniramine/ pseudoephedrine/ dextromethorphan	BROMFED DM	generic	1	syrup
chlorphen tan/ carbetapentane tan	TUSSI-12 S	generic	1	susp
chlorphen tan/pyrilamine tan/PE tan	TRITANN PEDIATRIC SUSP R-TANNAMINE	generic	1	susp
chlorpheniramine/ dextromethorphan	ROBITUSSIN PED LIQ CGH/COLD ROBITUSSIN LIQ CGH/CLD DIMETAPP SYP CGH/CLD CORICIDIN TAB CGH/CLD	generic	1	
chlorpheniramine maleate phenylephrine HCL	ED A-HIST TABLETS AND LIQUID	generic	1	
chlorpheniramine/ phenylephrine	RONDEC DROPS CARDEC DRO	generic	1	liquid
chlorpheniramine/ phenylephrine	RONDEC SYRUP CARDEC SYP	generic	1	syrup
chlorpheniramine/ pseudoephedrine	LOHIST-D	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
chlorpheniramine tan/ phenylephrine tan	RYNATAN PEDIATRIC SUSP	generic	1	susp
codeine/ chlorpheniramine/ pseudoephedrine	DIHISTINE DH PHENYLHIST LIQ DH	generic	1	
codeine/guaifenesin	CHERATUSSIN AC GUIATUSS/AC M-CLEAR WC MYTUSSIN AC	generic	1	Age Limits Apply, QL
codeine/guaifenesin/ pseudoephedrine	GUIATUSS DAC	generic	1	Age Limits Apply, QL
codeine/promethazine	PROMETHAZINE W/CODEINE	generic	1	Age Limits Apply, QL
codeine/promethazine/ phenylephrine	PROMETHAZINE VC W/CODEINE	generic	1	Age Limits Apply, 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/ promethazine	PHENERGAN DM PROMETHAZINE SYP DM	generic	1	
dextromethorphan polistirex extended-release	DELSYM	brand	2	OTC
guaifenesin	MUCINEX KIDS	brand	2	granules packet
guaifenesin	ROBITUSSIN	generic	1	OTC
guaifenesin	ROBITUSSIN SYP CHST CNG	generic	1	syrup 100 mg/5 ml
guaifenesin	TRIACTIN CHEST CONGESTION	brand	2	soln 50 mg/5 mL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
guaifenesin extended-release	MUCINEX	generic	1	OTC
guaifenesin/ pseudoephedrine	ROBITUSSIN PE PSE/GG	generic	1	syrup, OTC
guaifenesin/ pseudoephedrine/ dextromethorphan	ROBITUSSIN CF	generic	1	
guaifenesin/ pseudoephedrine extended-release	MUCINEX D	generic	1	OTC
hydrocodone/homatropine	HYCODAN HYDROMET SYP HYDROCODONE/ TAB HOMATROP	generic	1	Age Limits Apply, QL
loratadine & pseudoephedrine SR 24hr	CLARITIN-D	generic	1	
phenylephrine/ brompheniramine-DM	ALAHIST DM	generic	1	liq 7.5-4-15 mg/5 ml
phenylephrine/ brompheniramine-DM	DIMETAPP DM	generic	1	liq 2.5-1-5 mg/5 ml
phenylephrine/ brompheniramine-DM	LOHIST-DM	generic	1	syrup 5-2-10 mg/5 ml
phenylephrine/ brompheniramine-DM	PRESGEN B	generic	1	liq 10-4-20 mg/5 ml
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	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
phenylephrine/ dextromethorphan	DIMETAPP DRO DCON/CGH	generic	1	
phenylephrine/ dextromethorphan/ guaifenesin	ROBITUSSIN PE	generic	1	
phenylephrine/ephed/ CPM w/ carbetapentane	RYNATUSS PEDIATRIC SUSP	generic	1	susp
phenylephrine/guaifenesin		generic	1	syrup 5-200 mg/5 ml
phenylephrine/guaifenesin	DECONEX	brand	2	cap 10-390 mg
phenylephrine/guaifenesin	DECONEX IR	generic	1	tab 10-380 mg
phenylephrine/guaifenesin	ENTEX LQ LIQ	brand	2	liq 10-100 mg/5 ml
phenylephrine/guaifenesin	GILPHEX TR	brand	2	tab 10-388 mg
phenylephrine/guaifenesin	LIQUIBID PD	generic	1	tab 5-200 mg
phenylephrine/guaifenesin	MEDIFIN PE	generic	1	tab 10-400 mg
phenylephrine/guaifenesin	MUCINEX COLD LIQ /KIDS	brand	2	liq 2.5-100 mg/5 ml
phenylephrine/guaifenesin	NARIZ	generic	1	liq 7.5-200 mg/5 ml
phenylephrine/guaifenesin	ROBITUSSIN LIQ HD/CHST	generic	1	
phenylephrine/guaifenesin	SUPRESS-PE PEDIATRIC DROPS	brand	2	drops 2.5-50 mg/ml
phenylephrine/guaifenesin	TRIAMINIC LIQ CHST/NAS	brand	2	liq 2.5-50 mg/5 ml
phenylephrine/guaifenesin	TRIAMINIC SYR CHST/NAS	brand	2	syrup 2.5-50 mg/5 ml
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	SUDAFED	generic	1	
pseudoephedrine/ acetaminophen/ dextromethorphan	MAPAP COLD TAB	generic	1	
pseudoephedrine/ chlorpheniramine/ dextromethorphan	PEDIACARE LIQ MULTI-SY ROBITUSSIN LIQ PED NGHT	generic	1	
pseudoephedrine/ dextromethorphan/ guaifenesin	MULTI SYMPTOM TAB COLD RLF	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
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
pseudoephedrine w/cod- gg syrup	TUSNEL C	generic	1	Age Limits Apply, QL
pyrilamine tan/phenyleph tan	RYNA-12 S	generic	1	susp
tripolidine/ pseudoephedrine	TRIPROL/PSE SYP APHEDRID TAB	generic	1	
<b>Asthma/COPD</b>				
Inhalers - Beta Agonists				
albuterol sulfate	PROAIR HFA VENTOLIN HFA	brand	2	QL
indacaterol	ARCAPTA NEOHALER	brand	2	
olodaterol	STRIVERDI RESPIMAT	brand	2	
salmeterol xinafoate	SEREVENT DISKUS	brand	2	PA, QL
Inhalers - Corticosteroids				
beclomethasone	QVAR	brand	2	QL
budesonide	PULMICORT FLEXHALER	brand	2	QL
fluticasone HFA	FLOVENT HFA	brand	2	QL
mometasone	ASMANEX TWISTHALER	brand	2	QL
Inhalers -Corticosteroid/Beta Agonist Combinations				
budesonide/formoterol	SYMBICORT	brand	2	ST
fluticasone/salmeterol	ADVAIR DISKUS	brand	2	QL, ST
mometasone/formoterol	DULERA	brand	2	ST
Inhalers for Nebulization				
albuterol	ACCUNEB	generic	1	0.63 mg/3 ml and 1.25 mg /3 ml
albuterol	PROVENTIL	generic	1	soln 0.083%, 0.5%
budesonide	PULMICORT RESPULES	brand	2	susp, 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	Age Limits Apply, QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Inhalers - Others</b>				
glycopyrrolate/formoterol	BEVESPI	brand	2	QL
ipratropium/albuterol	COMBIVENT RESPIMAT	brand	2	inhaler
ipratropium HFA	ATROVENT HFA	brand	2	
omalizumab	XOLAIR	brand	2	PA, SP
tiotropium	SPIRIVA	brand	2	
tiotropium/olodaterol	STIOLTO	brand	2	QL
<b>Oral Agents - Beta Agonists</b>				
albuterol SR tabs	VOSPIRE ER	generic	1	
metaproterenol	ALUPENT	generic	1	tabs
metaproterenol	METAPROTERENOL SYRUP	generic	1	
terbutaline	BRETHINE	generic	1	
<b>Oral Agents - Leukotriene Modifiers</b>				
montelukast	SINGULAIR	generic	1	QL
montelukast oral granules packet	SINGULAIR GRANULES	generic	1	Age Limits Apply, 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>Miscellaneous</b>				
alpha1-proteinase inhibitor (human)	ARALAST NP	brand	2	SP, Coverable through Medical Benefit
alpha1-proteinase inhibitor (human)	PROLASTIN	brand	2	SP, Coverable through Medical Benefit
<b>Urological</b>				
<b>Symptomatic Benign Prostatic Hypertrophy</b>				
alfuzosin ER	UROXATRAL	generic	1	
doxazosin	CARDURA	generic	1	
doxazosin SR	CARDURA XL	brand	2	
finasteride	PROSCAR	generic	1	
tamsulosin	FLOMAX	generic	1	
terazosin	HYTRIN	generic	1	
<b>Miscellaneous</b>				
bethanechol	URECHOLINE	generic	1	
hyoscyamine, methenamine, phenyl salicylate, sodium phosphate monobasic, methylene blue	UTIRA C	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
methenamine hippurate	HIPREX UREX	generic	1	
oxybutynin chloride	DITROPAN XL	generic	1	QL, ST
oxybutynin IR	DITROPAN	generic	1	
oxybutynin patch	OXYTROL FOR WOMEN OTC PATCH	brand	2	
pentosan	ELMIRON	brand	2	PA
potassium citrate	UROCIT-K	generic	1	
propantheline		generic	1	
phenazopyridine	PYRIDIUM	generic	1	
sodium citrate/citric acid	BICITRA	generic	1	
tolterodine	DETROL	generic	1	ST
tolterodine SR	DETROL LA	brand	2	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
calcium carb-vit D w/ minerals	CALTRATE W/D	generic	1	QL, 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 400 UNIT	generic	1	caps & tabs 400 unit, OTC
cholecalciferol	VITAMIN D 2000 UNIT	generic	1	caps & tabs 2000 unit, OTC
cholecalciferol	VITAMIN D 1000 UNIT	generic	1	caps & tabs 1000 unit, OTC
cyanocobalamin	VITAMIN B-12	generic	1	inj
electrolyte	PEDIALYTE	generic	1	soln, oral, OTC
ergocalciferol (D2)	DRISDOL	generic	1	
ferrous sulfate	FEOSOL	generic	1	OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
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
omega-3 fatty acids	SUPER OMEGA	generic	1	capsule
	ESKIMO-3			
	SEA-OMEGA PRO NUTRIENT			
omega-3 fatty acids	HM FISH OIL	generic	1	delayed release capsule
	GNP FISH OIL			
phytonadione	MEPHYTON	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	
prenatal vit w/FE polysac cmplx-FA	EDGE OB CHW	brand	2	
prenatal vit w/folic acid	PRENATAL VITAMINS W/ FOLIC ACID	generic	1	QL
	MATERNA			
	NESTABS			
prenatal vit w/iron carbonyl-FA	ATABEX PRENATAL	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
prenatal vit w/o vit a w/FE bisglycinate-FA tab 32-1 mg		generic	1	
prenatal w/o A w/ FE carbonyl-FE gluc-DSS-FA	FOLTABS PRENATAL TRI RX	brand	2	
prenat-FE Bis-FE prot succ-FA-CA & omega 3	COMPLETE NATALCARE PAK DHA	brand	2	
prenat-FE Bis-FE prot succ-FA-CA & omega 3	TRUST NATALCARE PAK DHA	brand	2	
prenat-FE Bis-FE prot succ-FA-CA & omega 3	PRUET DHA PAK SETONET PAK	brand	2	
renat-FE bis-FE prot succ-FA-CA & omega DR	PRUET DHAEC PAK	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	K-LOR	generic	1	powder
potassium chloride	POTASSIUM CHLORIDE	generic	1	liquid
potassium chloride extended-release	K-DUR 10 K-DUR 20 KLOR-CON 8 KLOR-CON 10	generic	1	tabs

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
potassium chloride extended-release	MICRO-K 10	generic	1	caps
<b>Miscellaneous</b>				
<b>Anaphylaxis</b>				
epinephrine	EPINEPHRINE AUTO-INJECT BY MYLAN LABS	generic	1	QL
<b>Antidotes</b>				
acetylcysteine	CETYLEV	brand	2	
succimer	CHEMET	brand	2	QL
<b>Cystic Fibrosis</b>				
acetylcysteine	MUCOMYST	generic	1	
dornase alfa	PULMOZYME	brand	2	PA, SP
ivacaftor	KALYDECO	brand	2	PA, SP
ivacaftor	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 KITABIS	brand	2	PA, SP
<b>Detoxification Agents</b>				
deferasirox	EXJADE JADENU	brand	2	PA, SP
deferiprone	FERRIPROX	brand	2	PA, SP
<b>Hereditary Angioedema</b>				
c1 esterase inhibitor, human	BERINERT	brand	2	PA, SP
c1 esterase inhibitor, human	HAEGARDA	brand	2	PA, QL, SP
icatibant	FIRAZYR	brand	2	PA, SP
<b>Hyperphosphatemia</b>				
calcium acetate		generic	1	667 mg
cinacalcet	SENSIPAR	brand	2	PA
sevelamer	REVELA	generic	1	packets
sevelamer HCL	RENAGEL	brand	2	tablet
<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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<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
sodium phenylbutyrate tab	BUPHENYL	brand	2	PA, SP
<b>Vaccine</b>				
diphtheria-tetanus tox adsorbed (dt) im	DIP/TET PED INJ	brand	2	QL
hepatitis a vaccine susp	VAQTA HAVRIX	brand	2	QL
hepatitis b vaccine (recombinant)	ENGERIX-B RECOMBIVAX HB	brand	2	QL
hepatitis b vaccine recombinant adjuvanted	HEPLISAV-B	brand	2	Age Limits Apply, QL
human papillomavirus (hpv) 9-valent recomb vac	GARDASIL 9	brand	2	QL
human papillomavirus (hpv) quadrivalent recombinant vac	GARDASIL	brand	2	QL
influenza virus vaccine recombinant hemagglutinin (ha)	FLUBLOK	brand	2	QL, Age Limits Apply
influenza virus vaccine split	AFLURIA FLUZONE SPLT	brand	2	QL, Age Limits Apply
influenza virus vaccine split high-dose pf	FLUZONE HD PF	brand	2	QL, Age Limits Apply
influenza virus vaccine split pf	AFLURIA PF	brand	2	QL, Age Limits Apply
influenza virus vaccine split quadrivalent	FLUARIX QUAD FLULAVAL QUAD FLUZONE QUAD	brand	2	QL, Age Limits Apply
influenza virus vaccine tiss-cult subunit	FLUCELVAX	brand	2	QL, Age Limits Apply

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

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

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

**Acne**

adapalene gel	DIFFERIN OTC GEL 0.1% BREVOXYL-4 CLEARASIL
benzoyl peroxide crm, gel, lotion, cleanser, bar, foam, cloth, wash	DELOS OC8 PANOXYL BAR PANOXYL CREAM

**Antifungals**

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

**Atopic Dermatitis**

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

Antihistamine	
antihistamines	CHLOR-TRIMETON BENADRYL CLARITIN ALAVERT ZYRTEC

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Generic Drug Name	Brand Drug Name Examples
<b>Antihistamine/Decongestant Combinations</b>	
brompheniramine/pseudoephedrine	DIMETAPP
cetirizine/pseudoephedrine OTC	ZYRTEC D
chlorpheniramine/pseudoephedrine	ACTIFED
	ALAVERT ALRG TAB/SINUS
loratadine/pseudoephedrine	ALAVERT D
	ALLERGY/CONG
<b>Cough/Cold</b>	
	ROBITUSSIN
antitussives	ROBITUSSIN DM
Age edit applied. Not covered for members under the age 2.	ROBITUSSIN PE
	ROBITUSSIN CF
	DELSYM
	NEO-SYNEPHRINE
nasal sprays	AFRIN
	DIMETAPP DRO DECONGES
<b>Diabetes</b>	
alcohol swabs	CURITY ALCOHOL PADS
glucose oral tablets	
insulin (vials only)	HUMULIN
<b>Earwax Removal Products</b>	
carbamide peroxide	DEBROX
<b>Family Planning</b>	
	TROJAN
	KIMONO
condoms-male	LIFESTYLES
	TRUSTEX
	DUREX
	FANTASY
contraceptive foam	DELFIN
contraceptive gel	GYNOL II
condoms-female	CONDOMS OTC
<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
probiotics	ALIGN BACID BIOGAIA CULTURELLE DIGESTIVE PROBIOTIC FLORAJEN FLORANEX FLORASTOR LACTINEX PHILLIPS COLON HEALTH RISA-BID RISAQUAD
psyllium	METAMUCIL
rectal crm, suppositories	PREPARATION H
simethicone	MYLICON
stool softeners	COLACE
sugar+orthophosphoric acid	EMETROL
<b>Insomnia</b>	
doxylamine succinate	UNISOM
<b>Lice Products</b>	
permethrin	NIX
pyrethrins/piperonyl butoxide shampoo	RID SHAMPOO
<b>Motion Sickness</b>	
dimenhydrinate	DRAMAMINE
meclizine	BONINE

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Generic Drug Name	Brand Drug Name Examples
<b>Ophthalmics</b>	
allergic conjunctivitis	ALAWAY
artificial tears	HYPOTEARNS VISINE
decongestants	MURINE NAPHCN A
<b>Pain</b>	
acetaminophen tabs, liquid, drops, suppositories, chew tabs	TYLENOL
aspirin with buffers tabs	
aspirin tabs, EC tabs, chew tabs	BAYER ECOTRIN
ibuprofen tabs, chew tabs, drops, susp	ADVIL MOTRIN IB
<b>Pruritus</b>	
diphenhydramine topical crm/gel	BENADRYL
<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 CALTRATE
calcium	CALTRATE W/D OS-CAL 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

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Generic Drug Name	Brand Drug Name Examples
<b>Warts</b>	
salicylic acid 17%/collodion	DUOFILM
salicylic acid film forming liquid 27.5% OTC	MOSCO CALLUS/CORN REMOVER OTC
salicylic acid gel 17% OTC	DUOPLANT GEL, COMPOUND W, SAL-PLANT OTC
salicylic acid pad 40% OTC	CORN/CALLUS REMOVER PAD, CLEAR AWAY, ONE STEP OTC
salicylic acid plaster 40%	MEDIPLAST
salicylic acid soln OTC	MOSCO CALLUS/CORN LIQUID REMOVER OTC
salicylic acid strip 40%	COMPOUND W STRIPS
salicylic acid topical patch 15% OTC	TRANS-VER-SAL PATCH
<b>Miscellaneous</b>	
fluoride dental rinse	PHOS-FLUR

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