



Preferred Drug List (PDL)

Hawaii

Effective Date: 4/1/18

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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 UnitedHealthcare Community Plan Pharmacy and Therapeutics Committee. The drugs have been selected to provide the most clinically appropriate and cost-effective medications for patients who have their drug benefit administered through UnitedHealthcare Community Plan. It is also recognized there may be occasions where an unlisted drug is desired for proper medical management of a specific patient. In those infrequent instances, the unlisted medication may be requested through the Medical prior authorization process.

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

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

NOTICE

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

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

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

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

The PDL and quarterly updates are also available on our web site at www.uhccommunityplan.com.

PREFACE

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

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

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

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

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

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

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

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

DRUG EFFICACY STUDY IMPLEMENTATION (DESI) DRUGS

Drugs first marketed between 1938 and 1962 were approved as safe but required no showing of effectiveness for FDA approval. Beginning in 1962, all new drugs were required to be both safe and effective before they could be marketed. This legislation also applied retroactively to all drugs approved as safe from 1938-1962. The DESI program was established by the FDA to review the effectiveness of these pre-1962 drugs for their labeled

indications, and a determination of "fully effective" was made for most of these products and they remain in the marketplace. A few DESI products remain classified as "less than fully effective" while awaiting final administrative disposition. Also, classified as DESI are many products listed as identical, similar, or related to actual DESI products. UnitedHealthcare Community Plan's PDL does not cover DESI "less than fully effective" drug products.

PLAN EXCLUSIONS

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

- DESI drugs
- 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 eighty-five percent (85%) of the medication has been utilized. If a claim is submitted before 85% of the medication has been used, based on the original day supply submitted on the claim, the claim will reject with a "refill too soon" message. Please call the UnitedHealthcare Community Plan Pharmacy Department at 800-310-6826 with questions or for help with dosage change authorization.

MANDATORY GENERIC SUBSTITUTION

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

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

PRIOR AUTHORIZATION OF NON-PDL MEDICATIONS

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

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

**UnitedHealthcare Community Plan
Pharmacy Services Department
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 7-DAY AND 15-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 7-day supply of the newly prescribed non-PDL drug.** The pharmacy should submit a claim for a 7 day supply, with a PA Type of 8 and Prior Authorization number of "00000000120".

Please note that non-preferred drugs are available for a 7-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:

- benzodiazepines
- 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 800-310-6826 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 Pharmacy Department via fax at 866-940-7328.

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

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

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

MEDICATIONS REQUIRING DIAGNOSIS

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

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

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

STEP THERAPY (ST)

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

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

STEP Drug	First-Line Agent(s)
Amerge	Trial at a minimum dose of 50mg of sumatriptan tablets.
Aricept 23mg	90 day trial of Aricept 10mg daily
Breo Ellipta	1) 30 day trial of one inhaled corticosteroid (e.g. Arnuity Ellipta, Asmanex) 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. Incruse Ellipta, Atrovent, Combivent, Anoro Ellipta).

calcipotriene cream & oint 0.005%	Trial of two topical corticosteroids
calcitriol 3mcg/gm	Trial of two topical corticosteroids
DPP4 Inhibitors (Nesina, Kazano, Oseni)	At least a 90 day trial of 1500mg/day of metformin.
Elidel	Minimum age of 2. Trial of one topical corticosteroid.
Eucria	Trial of a topical corticosteroid AND one of the following: Elidel or tacrolimus ointment.
fenofibrate	Fill of a statin or 90 days of gemfibrozil within the previous 180 days.
GLP-1 Agonists (Adlyxin, Tanzeum, Trulicity)	At least a 90 day trial of 1500mg/day of metformin.
GLP-1/Insulin Combinations (Soliqua)	Trial of one drug from the following classes: GLP-1 or Basal Insulin
Optivar	14 day trial of ketotifen within previous 90 days required first.
Ranexa	Trial of one drug from the following classes: beta blockers, calcium channel blockers, long acting nitrates
Renvela	8 week trial of calcium acetate.
SGLT-2 Inhibitors (Jardiance, Invokana, Invokamet, Invokamet XR, Synjardy, Synjardy XR)	At least a 90 day trial of 1500mg/day of metformin
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. Step Therapy only applies to members less than 65 years of age.
tretinoin cream (tretinoin cream)	Trial of Differin OTC Gel 0.1%.

**0.025%, 0.05%, 0.1%,
and Avita cream 0.025%)**

trospium 30 day trial of oxybutynin immediate release. Step Therapy only applies to members less than 65 years of age.

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

Vancocin One fill of metronidazole tabs or cap

Xopenex Respules 30 day trial of Albuterol .083% or .5% respules.

PDL SUGGESTIONS

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

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

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

EDITOR

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

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

Only the dosage forms/strengths of the brand name products noted are on the PDL

OTC over-the-counter

delayed-rel delayed-release (also known as enteric coated)

EC enteric-coated

ext-rel extended-release (also known as sustained-release)

PA Prior Authorization required

QL Quantity Limits apply

ST Step Therapy, see pages V-VI for details

SP Specialty Pharmaceuticals, see page V for details

NOTICE

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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.

LEGEND

Table of Contents

Antineoplastics & Immunosuppressants	4	Corticosteroids	18
Antineoplastic Agents	4	Fungal Infections	19
Hormonal Antineoplastic Agents	5	Psoriasis	19
Immunomodulators	6	Rosacea	20
Immunosuppressants	6	Scabies and Pediculosis	20
Miscellaneous	6	Viral Infections	20
		Miscellaneous	20
Blood Modifiers - Anticoagulants	7	Ear, Nose & Throat	21
Anticoagulants	7	Ear	21
Blood Cell Formation	7	Nose	21
Platelet Inhibitors	7	Throat and Mouth	23
Miscellaneous	8		
Cardiovascular Agents	8	Endocrinology	23
Ace Inhibitors	8	Adrenal Corticosteroids	23
Ace Inhibitor/Diuretic Combinations	8	Androgens	23
Adrenolytics, Central	8	Diabetes Mellitus	23
Alpha Blockers	8	Growth Stimulating Agents	25
Angiotensin II Receptor Blockers (Antagonists)	9	Lipodystrophy Agents	25
Angiotensin II Receptor Blocker Combinations	9	Osteoporosis	25
Antiarrhythmics and Cardiac Glycosides	9	Thyroid Disease	25
Beta Blockers and Beta Blocker/Diuretic Combinations	9	Miscellaneous	26
Calcium Channel Blockers	10	Gastrointestinal	26
Diuretics	10	Constipation/Laxatives	26
Lipid Lowering Agents	11	Diarrhea	26
Nitrates	11	Emesis	26
Potassium-Removing Agents	12	Gastroesophageal Reflux Disease (Gerd)/ Peptic Ulcers	27
Pulmonary Arterial Hypertension	12	Gastrointestinal Spasm	27
Miscellaneous	12	Inflammatory Bowel Disease	28
Central Nervous System	12	Pancreatic Enzymes	28
Alzheimer's Disease	12	Probiotic Supplementation	28
Amyotrophic Lateral Sclerosis (ALS)	13	Miscellaneous	28
Analeptics	13	Home Infusion Drugs	29
Analgesics	13	Analgesics - NSAIDS	29
Migraine Acute Therapy	14	Analgesics - OPIOD	29
Migraine Prophylactic Therapy	15	Antibiotics	29
Multiple Sclerosis	15	Antihistamines	31
Myasthenia Gravis	15	Diuretics	31
Parkinson's Disease	15	Electrolyte Mixtures	31
Seizures	16	Genitourinary Irrigants	31
Miscellaneous	17	Minerals & Electrolytes	31
Dermatology	17	Nutrients	31
Acne Vulgaris	17	Vitamins	31
Bacterial Infections	18		

Infectious Diseases	31	Urological	52
Anthelmintics	31	Symptomatic Benign Prostatic Hypertrophy . . .	52
Antibacterials	32	Miscellaneous	52
Antifungals	33	Vitamins and Minerals	53
Antiprotozoals	33	Potassium	55
Antivirals	34	Miscellaneous	55
Miscellaneous	36	Anaphylaxis	55
Musculoskeletal	37	Antidotes	55
Arthritis	37	Cystic Fibrosis	55
Gout	38	Hereditary Angioedema	56
Skeletal Muscle Relaxants	38	Hyperphosphatemia	56
OB-GYN	38	Idiopathic Pulmonary Fibrosis (IPF)	56
Contraceptives	38	Immune Thrombocytopenic Purpura	56
Endometriosis	40	Medical Devices	56
Hormone Therapy/Menopause	40	Metabolic Modifiers	56
Ovulation Stimulants	40	Vaccine	56
Vaginal Infections	41	OTC MEDICATIONS	58
Miscellaneous	41	Acne	58
Ophthalmic	41	Antifungals	58
Allergy	41	Antivirals	58
Anti-Inflammatories	41	Atopic Dermatitis	58
Glaucoma	42	Cough/Cold Allergy	58
Immunologic Agents	43	Diabetes	59
Infections	43	Earwax Removal Products	59
Miscellaneous Ophthalmics	43	Family Planning	59
Psychiatric	43	First Aid	59
Alcohol Deterrents	43	Gastrointestinal	59
Anxiety	44	Insomnia	60
Attention Deficit Hyperactivity Disorder (ADHD) ..	44	Lice Products	60
Bipolar Disorder	44	Motion Sickness	60
Depression	45	Ophthalmics	60
Insomnia	45	Pain	60
Narcotic Antagonists	46	Smoking Cessation Products	60
Psychoses	46	Urological	61
Smoking Cessation	47	Vitamins/Minerals	61
Weight Loss	47	Warts	61
Miscellaneous	47	Miscellaneous	61
Respiratory Drugs	47	Index of Covered Drugs	62
Antitussives, Decongestants, Expectorants and Combinations	47		
Asthma/COPD	51		

Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Antineoplastics & Immunosuppressants				
Antineoplastic Agents				
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	PA, SP
mercaptopurine	PURINETHOL	generic	1	
thioguanine	TABLOID	brand	2	QL
trifluridine/tipiracil	LONSURF	brand	2	PA, SP
Histone Deacetylase Inhibitors				
panobinostat	FARYDAK	brand	2	PA, SP
vorinostat	ZOLINZA	brand	2	PA, SP
Kinase Inhibitor				
afatinib	GILOTRIF	brand	2	PA, SP
alectinib	ALECENSA	brand	2	PA, SP
axitinib	INLYTA	brand	2	PA, SP
bosutinib	BOSULIF	brand	2	PA, SP
brigatinib	ALUNBRIG	brand	2	PA, SP
cabozantinib	CABOMETYX	brand	2	PA, SP
cabozantinib	COMETRIQ	brand	2	PA, SP
ceritinib	ZYKADIA	brand	2	PA, SP
cobimetinib	COTELLIC	brand	2	PA, SP
crizotinib	XALKORI	brand	2	PA, SP
dabrafenib	TAFINLAR	brand	2	PA, SP
dasatinib	SPRYCEL	brand	2	PA, SP
erlotinib	TARCEVA	brand	2	PA, SP
everolimus	AFINITOR AFINITOR DISPERZ	brand		PA, SP
gefitinib	IRESSA	brand	2	PA, SP
ibrutinib	IMBRUVICA	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
idelalisib	ZYDELIG TABLET	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
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
Hormonal Antineoplastic Agents				
Androgen Biosynthesis Inhibitors				
abiraterone	ZYTIGA	brand	2	PA, SP
Antiandrogens				
bicalutamide	CASODEX	generic	1	
flutamide	EULEXIN	generic	1	
Antiestrogens				
tamoxifen	NOLVADEX	generic	1	
toremifene	FARESTON	brand	2	
Aromatase Inhibitors				
anastrozole	ARIMIDEX	generic	1	
exemestane	AROMASIN	generic	1	
letrozole	FEMARA	generic	1	
Gonadotropin Releasing Hormone Analog				
leuprolide	LUPRON	generic	1	PA, SP
	LUPRON DEPOT			
leuprolide	LUPRON DEPOT 6-MONTH	brand	2	PA, SP
	LUPRON DEPOT-PED			

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Progestin				
megestrol acetate	MEGACE	generic	1	
Immunomodulators				
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
thalidomide	THALOMID	brand	2	PA, SP, QL
Immunosuppressants				
Antimetabolites				
azathioprine	IMURAN	generic	1	
mycophenolate mofetil	CELLCEPT	generic	1	
mycophenolate sodium	MYFORTIC	generic		
Calcineurin Inhibitors				
cyclosporine	SANDIMMUNE	generic	1	
cyclosporine, modified	GENGRAF	generic	1	caps, QL
	NEORAL			
tacrolimus	HECORIA	generic	1	
	PROGRAF			
Rapamycin Derivative				
sirolimus	RAPAMUNE	generic	1	tabs
sirolimus	RAPAMUNE	brand	2	soln
Other				
everolimus	ZORTRESS	brand	2	
Miscellaneous				
alitretinoin 1% gel	PANRETIN	brand	2	PA
bexarotene caps and topical gel	TARGRETIN	brand	2	PA, SP
cysteamine bitartrate	CYSTAGON	brand	2	SP
etoposide	VEPESID	generic	1	
hydroxyurea	DROXIA	brand	2	
hydroxyurea	HYDREA	generic	1	
mitotane	LYSODREN	brand	2	
niraparib	ZEJULA	brand	2	PA, SP
octreotide	SANDOSTATIN	generic	1	SP
olaparib	LYNPARZA	brand	2	PA, SP
palbociclib	IBRANCE	brand	2	PA, SP
pasireotide	SIGNIFOR	brand	2	PA, SP

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
pomalidomide	POMALYST	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	caps, SP
vismodegib	ERIVEDGE	brand	2	PA, SP

Blood Modifiers - Anticoagulants

Anticoagulants

apixaban	ELIQUIS	brand	2	QL
betrixaban	BEVYXXA	brand	2	QL
edoxaban	SAVAYSA	brand	2	QL
enoxaparin	LOVENOX	generic	1	PA, QL, PA only applies for quantities greater than 14 days
heparin	HEPARIN	generic	1	INJ 5000 UNIT/ML, PF INJ 5000 UNIT/0.5ML, INJ 10000 UNIT/ML
rivaroxaban	XARELTO	brand	2	QL
warfarin	COUMADIN	generic	1	

Blood Cell Formation

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

Platelet Inhibitors

anagrelide	AGRYLIN	generic	1	
aspirin	BAYER ECOTRIN	generic	1	OTC
cilostazol	PLETAL	generic	1	
clopidogrel	PLAVIX	generic	1	QL
dipyridamole	PERSANTINE	generic	1	
prasugrel	EFFIENT	generic	1	Diagnosis Required, QL
ticagrelor	BRILINTA	brand	2	Diagnosis Required, QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Miscellaneous				
aminocaproic acid	AMICAR	brand	2	
deferasirox	EXJADE JADENU	brand	2	PA, SP
pentoxifylline extended-release	TRENTAL	generic	1	
Cardiovascular Agents				
Ace Inhibitors				
benazepril	LOTENSIN	generic	1	
captopril	CAPOTEN	generic	1	
enalapril	VASOTEC	generic	1	
enalapril oral soln	EPANED	brand	2	Members ≥ 8 years of age will require prior authorization.
fosinopril	MONOPRIL	generic	1	QL
lisinopril	ZESTRIL	generic	1	QL
quinapril	ACCUPRIL	generic	1	QL
ramipril	ALTACE	generic	1	
trandolapril	MAVIK	generic	1	
Ace Inhibitor/Diuretic Combinations				
benazepril/ hydrochlorothiazide	LOTENSIN HCT	generic	1	
captopril/ hydrochlorothiazide	CAPOZIDE	generic	1	
enalapril/ hydrochlorothiazide	VASERETIC	generic	1	
fosinopril/ hydrochlorothiazide	MONOPRIL-HCT	generic	1	QL
lisinopril/ hydrochlorothiazide	ZESTORETIC	generic	1	QL
quinapril/ hydrochlorothiazide	ACCURETIC	generic	1	QL
Adrenolytics, Central				
clonidine	CATAPRES	generic	1	tablets
guanfacine	TENEX	generic	1	
Alpha Blockers				
doxazosin	CARDURA	generic	1	
prazosin	MINIPRESS	generic	1	
terazosin	HYTRIN	generic	1	

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Calcium Channel Blockers				
Dihydropyridines				
amlodipine	NORVASC	generic	1	QL
felodipine extended-release	PLENDIL	generic	1	QL
nicardipine	CARDENE	generic	1	
nifedipine	PROCARDIA	generic	1	
nifedipine extended-release	ADALAT CC PROCARDIA XL	generic	1	QL
nimodipine	NIMOTOP	generic	1	QL
nimodipine oral soln	NYMALIZE	brand	2	
Nondihydropyridines				
diltiazem	CARDIZEM	generic	1	
diltiazem extended-release	CARDIZEM CD	generic	1	QL
diltiazem sustained-release	CARDIZEM SR	generic	1	QL
diltiazem extended-release	DILACOR XR TIAZAC	generic	1	QL
verapamil	CALAN	generic	1	
verapamil extended-release	CALAN SR	generic	1	QL
Diuretics				
amiloride	MIDAMOR	generic	1	
amiloride/ hydrochlorothiazide	MODURETIC	generic	1	
bumetanide	BUMEX	generic	1	
chlorothiazide	DIURIL	generic	1	
chlorothiazide	DIURIL ORAL SUSPENSION	brand	2	QL
chlorthalidone	CHLORTHALIDONE	generic	1	
furosemide	LASIX	generic	1	
hydrochlorothiazide	HYDROCHLOROTHIAZIDE	generic	1	soln, tabs
hydrochlorothiazide	MICROZIDE	generic	1	12.5 mg caps
indapamide	LOZOL	generic	1	
metolazone	ZAROXOLYN	generic	1	
spironolactone	ALDACTONE	generic	1	
spironolactone/ hydrochlorothiazide	ALDACTAZIDE	generic	1	

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

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

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

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
sumatriptan	IMITREX	generic	1	QL
sumatriptan	IMITREX 4 MG AND 6 MG INJ	generic	1	4 mg and 6 mg inj
Migraine Prophylactic Therapy				
amitriptyline	ELAVIL	generic	1	
divalproex sodium cap sprinkle	DEPAKOTE SPRINKLE	generic	1	Members ≥ 8 years of age will require prior authorization.
divalproex sodium delayed-release	DEPAKOTE	generic	1	Minimum age 2
propranolol	INDERAL	generic	1	IR only
verapamil	CALAN	generic	1	
Multiple Sclerosis				
daclizumab	ZINBRYTA	brand	2	Diagnosis Required, QL, SP, ST
dimethyl fumarate	TECFIDERA	brand	2	Diagnosis Required, QL, SP
fingolimod	GILENYA	brand	2	Diagnosis Required, QL, SP
glatiramer acetate	COPAXONE 40MG	generic	1	40mg, Diagnosis Required, QL, SP
glatiramer acetate	GLATOPA	generic	1	Diagnosis Required, QL, SP
peginterferon beta-1a	PLEGRIDY	brand	2	Diagnosis Required, QL, SP
teriflunomide	AUBAGIO	brand	2	Diagnosis Required, QL, SP
Myasthenia Gravis				
pyridostigmine	MESTINON	generic	1	tabs
pyridostigmine	MESTINON	brand	2	syrup
pyridostigmine extended-release	MESTINON TIMESPAN	generic	1	
Parkinson's Disease				
amantadine	SYMMETREL	generic	1	except tabs
benztropine	COGENTIN	generic	1	
biperiden	AKINETON	generic	1	
carbidopa/levodopa	SINEMET	generic	1	
carbidopa/levodopa extended-release	SINEMET CR	generic	1	
entacapone	COMTAN	generic	1	
pramipexole	MIRAPEX	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
ropinirole	REQUIP	generic	1	
selegiline	ELDEPRYL	generic	1	
tolcapone	TASMAR	generic	1	
trihexyphenidyl	ARTANE	generic	1	
Seizures				
carbamazepine	TEGRETOL	brand/ generic	1 & 2	
carbamazepine extended-release	CARBATROL TEGRETOL-XR	brand/ generic	1 & 2	
clobazam	ONFI	brand	2	Diagnosis Required, QL
clonazepam	KLONOPIN	brand/ generic	1 & 2	tabs
diazepam	DIASTAT ACUDIAL	generic	1	rectal gel, QL
divalproex sodium cap sprinkle	DEPAKOTE SPRINKLE	brand/ generic	1 & 2	Members ≥ 8 years of age will require prior authorization.
divalproex sodium delayed-release	DEPAKOTE	brand/ generic	1 & 2	Minimum age 2
ethosuximide	ZARONTIN	brand/ generic	1 & 2	
exogabine	POTIGA	brand	2	Age Limits Apply
felbamate	FELBATOL	brand/ generic	1 & 2	
felbamate oral susp	FELBATOL ORAL SUSP	brand/ generic	1 & 2	Members ≥ 8 years of age will require prior authorization.
gabapentin	NEURONTIN	brand/ generic	1 & 2	caps and tabs only
lacosamide	VIMPAT	brand	2	Age Limits Apply, PA
lamotrigine	LAMICTAL	brand/ generic	1 & 22	QL
lamotrigine starter kit	LAMICTAL STARTER KIT	brand		
lamotrigine chew dispersable tab	LAMICTAL CD CHEW TAB	brand/ generic	1 & 2	Members ≥ 8 years of age will require prior authorization.
levetiracetam	KEPPRA	brand/ generic	1 & 2	QL, Maximum age of 9 for solution
methsuximide	CELONTIN	brand	2	
oxcarbazepine	TRILEPTAL	brand/ generic	1 & 2	QL, Maximum age of 9 for suspension

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
phenobarbital	PHENOBARBITAL	brand/ generic	1 & 2	
phenytoin	DILANTIN INFATABS	brand/ generic	1 & 2	
phenytoin sodium extended	DILANTIN PHENYTEK	brand/ generic	1 & 2	
pregabalin	LYRICA	brand	2	PA
pregabalin	LYRICA SOLUTION	brand	2	oral solution, PA
primidone	MYSOLINE	brand/ generic	1 & 2	
rufinamide	BANZEL	brand	2	Diagnosis Required
tiagabine	GABITRIL	generic	1	Age Limits Apply, PA, 2mg & 4mg
tiagabine	GABITRIL	brand	2	Age Limits Apply, PA, 12mg & 16mg
topiramate	TOPAMAX	brand/ generic	1 & 2	QL
topiramate sprinkle caps	TOPAMAX SPRINKLE	brand/ generic	1 & 2	QL, Members ≥ 8 years of age will require prior authorization.
valproic acid	DEPAKENE	brand/ generic	1 & 2	
vigabatrin oral solution	SABRIL SOLUTION	brand	2	PA, SP
zonisamide	ZONEGRAN	brand/ generic	1 & 2	QL
Miscellaneous				
tetrabenazine	XENAZINE	generic	1	Diagnosis Required, SP
valbenazine	INGREZZA	brand	2	PA, QL, SP
Dermatology				
Acne Vulgaris				
Oral				
isotretinoin	ABSORICA AMNESTEEM CLARAVIS MYORISAN ZENTANE	generic	1	PA

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Topical				
adapalene gel	DIFFERIN OTC GEL 0.1%	generic	1	
azelaic acid	FINACEA	brand	2	gel
benzoyl peroxide	BENZAC AC	generic	1	
clindamycin	CLEOCIN T	generic	1	gel
clindamycin	CLEOCIN T	generic	1	lotion
clindamycin	CLEOCIN T	generic	1	soln
erythromycin	ERYGEL	generic	1	gel 2%
erythromycin	T-STAT	generic	1	soln
salicylic acid	NEUTROGENA OIL FREE ACNE WASH	generic	1	liquid 2%, OTC
sulfacetamide/sulfur	SULFACET-R	generic	1	lotion
sulfacetamide/sulfur	PLEXION	generic	1	
tretinoin	AVITA RETIN-A	generic	1	cream, ST
Bacterial Infections				
bacitracin	BACITRACIN	generic	1	OTC
gentamicin	GENTAK	generic	1	
mupirocin	BACTROBAN	generic	1	ointment, 22 gram tube only
neomycin/polymyxin B/ bacitracin	NEOSPORIN	generic	1	OTC
silver sulfadiazine	SILVADENE	generic	1	
Corticosteroids				
Low Potency				
alclometasone	ACLOVATE	generic	1	0.05% crm/oint
fluocinolone acetonide	DERMA-SMOOTHIE OIL/FS	generic	1	oil 0.01%
fluocinolone acetonide	SYNALAR	generic	1	soln/crm 0.01%
hydrocortisone	HYTONE	generic	1	crm 0.5%, 1%, & 2.5%
hydrocortisone	HYTONE	generic	1	lotion 1% & 2.5%
hydrocortisone	CORTIZONE	generic	1	crm, oint, lot OTC
hydrocortisone/aloe	CORTIZONE-10 INTENSIVE HEALING	generic	1	crm 0.5% & 1%, OTC
Medium Potency				
betamethasone val	BETA-VAL	generic	1	crm/oint/lotion 0.1%
fluocinolone acetonide	SYNALAR	generic	1	crm, oint 0.025%
fluticasone propionate	CUTIVATE	generic	1	crm 0.05%, oint 0.005%
hydrocortisone butyrate	LOCOID	generic	1	crm/oint/soln 0.1%
hydrocortisone valerate	WESTCORT	generic	1	crm 0.2%

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
mometasone furoate	ELOCON	generic	1	crm/oint/soln 0.1%
prednicarbate	DERMATOP	generic	1	crm 0.1%
triamcinolone acetonide	KENALOG	generic	1	crm/lot/oint 0.025%
triamcinolone acetonide	KENALOG	generic	1	crm/oint/lotion 0.1%
High Potency				
betamethasone augmented dip	DIPROLENE	generic	1	lotion 0.05%
betamethasone augmented dip	DIPROLENE AF	generic	1	crm 0.05%
betamethasone dipropionate		generic	1	crm/lotion/oint 0.05%
fluocinonide	LIDEX	generic	1	crm/oint/gel/soln 0.05%
fluocinonide emulsified base	LIDEX E	generic	1	crm 0.05%
triamcinolone acetonide	KENALOG	generic	1	crm 0.5%
Very High Potency				
betamethasone dip augmented	DIPROLENE	generic	1	gel 0.05%
betamethasone dip augmented	DIPROLENE	generic	1	oint 0.05%
clobetasol propionate	TEMOVATE	generic	1	soln 0.05%
halobetasol	ULTRAVATE	generic	1	cream
Fungal Infections				
ciclopirox	PENLAC SOLUTION 8%	generic	1	
clotrimazole	LOTRIMIN AF	generic	1	OTC
clotrimazole	MYCELEX	generic	1	
clotrimazole with betamethasone	LOTRISONE	generic	1	
ketoconazole	NIZORAL	generic	1	
miconazole	DESENEX	generic	1	2% OTC
miconazole	MICATIN	generic	1	OTC
miconazole	MONISTAT-DERM	generic	1	
nystatin	MYCOSTATIN	generic	1	
terbinafine	LAMISIL AT	generic	1	OTC
tolnaftate	TINACTIN	generic	1	OTC
Psoriasis				
acitretin	SORIATANE	generic	1	oral caps, PA
calcipotriene	DOVONEX	generic	1	crm/oint, ST
calcipotriene	DOVONEX	generic	1	soln

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
calcitriol	VECTICAL	generic	1	ST
methoxsalen	OXSORALEN-ULTRA	generic	1	
salicylic acid	SCALPICIN	generic	1	liquid 3%
Rosacea				
brimonidine	MIRVASO	brand	2	PA
metronidazole	METROCREAM	generic	1	
	METROGEL METROLOTION			
Scabies and Pediculosis				
crotamiton	EURAX	brand	2	
malathion	OVIDE	generic	1	
permethrin	ELIMITE	generic	1	5%, QL
permethrin	NIX CREME RINSE	generic	1	1%, OTC
pyrethrins/piperonyl butoxide shampoo	RID SHAMPOO	generic	1	4% OTC
Viral Infections				
podofilox	CONDYLOX SOL	generic	1	sol
salicylic acid 17%/collodion	DUOFILM	generic	1	OTC
Miscellaneous				
aluminum acetate		brand	2	soln/cream, OTC
aluminum chloride topical solution	HYPERCARE 15%	brand	2	
ammonium lactate	LAC-HYDRIN	generic	1	crm 12%, lotion 5% & 12%
becaplermin gel	REGRANEX	brand	2	PA
calamine		brand	2	lotion/ointment, OTC
chloroxine	CAPITROL	generic	1	
collagenase oint	SANTYL	brand	2	QL
crisaborole	EUCRISA	brand	2	2% ointment, QL, ST
fluorouracil	EFUDEX	generic	1	
hydrocortisone	PROCTOSOL HC CREAM 2.5%	generic	1	
	PROCTOZONE CREAM-HC 2.5%			
	ANUSOL HC 2.5%			
imiquimod 5% cream	ALDARA	generic	1	
ketoconazole	NIZORAL SHAMPOO	generic	1	shampoo 2%

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
lidocaine	LIDAMANTEL	generic	1	3% cream
lidocaine	LMX-4	generic	1	4% cream (15 gm tubes), QL
lidocaine	XYLOCAINE	generic	1	jelly 2%
lidocaine patch	LIDODERM	generic	1	Diagnosis Required, QL
lidocaine/prilocaine	EMLA	generic	1	2.5% cream
nitroglycerin	RECTIV	brand	2	Diagnosis Required, 0.4% rectal ointment
pimecrolimus	ELIDEL	brand	2	cream, QL, ST; not covered for members less than 2 years of age
selenium sulfide	SELSUN	generic	1	lotion 2.5%
tacrolimus	PROTOPIC 0.03%	generic	1	ointment 0.03%, QL, ST; not covered for members less than 2 years of age
tacrolimus	PROTOPIC 0.1%	generic	1	ointment 0.1%, ST (minimum age 16)
urea 40%	UREA 40% LOTION	generic	1	lotion
urea 10%, urea 20%	UREA 10% CREAM, UREA 20% CREAM, UREA 10% LOTION	brand	2	

Ear, Nose & Throat

Ear

acetic acid	VOSOL OTIC	generic	1	otic
acetic acid/ aluminum acetate	DOMEBORO OTIC	generic	1	
acetic acid/ hydrocortisone	VOSOL HC OTIC	generic	1	
benzocaine/antipyrine	BENZOTIC	generic	1	
carbamide peroxide	DEBROX	generic	1	6.5%, OTC
ciprofloxacin/ dexamethasone	CIPRODEX	brand	2	Diagnosis Required
neomycin/polymyxin B/ hydrocortisone	CORTISPORIN OTIC	generic	1	otic
ofloxacin	FLOXIN OTIC	generic	1	

Nose

Antihistamines - First Generation, Sedating

chlorpheniramine extended-release	CHLOR-TRIMETON ALLERGY	generic	1	12 mg, OTC
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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
chlorpheniramine maleate	CHLOR-TRIMETON SYRUP	generic	1	2 mg/5 ml, OTC
clemastine	CLEMASTINE	generic	1	
cyproheptadine	CYPROHEPTADINE	generic	1	
diphenhydramine		generic	1	
diphenhydramine	BENADRYL	generic	1	OTC
hydroxyzine HCL	ATARAX	generic	1	
hydroxyzine pamoate	VISTARIL	generic	1	
Antihistamines - Second Generation, Nonsedating				
cetirizine	ZYRTEC	generic	1	OTC
cetirizine chew tab	ZYRTEC CHEWABLE TABLET	generic	1	OTC, Members ≥ 8 years of age will require prior authorization.
levocetirizine	XYZAL	generic	1	tabs
loratadine	ALAVERT CLARITIN	generic	1	OTC
Antihistamines - Others Antihistamine/Decongestant Combinations				
azelastine	ASTELIN	generic	1	spray
Antihistamine/Decongestant Combinations - First Generation				
chlorpheniramine/ phenylephrine/ pyrilamine	TRIOTANN	generic	1	
chlorpheniramine/ pseudoephedrine	ACTIFED	generic	1	OTC
Antihistamine/Decongestant Combinations - Second Generation				
cetirizine hydrochloride/ pseudoephedrine hydrochloride 12 hours extended-release	ZYRTEC-D	generic	1	5 mg-120 mg tablet
loratadine/ pseudoephedrine extended-release	ALAVERT-D ALAVERT ALRG TAB/SINUS ALLERGY/CONG	generic	1	OTC
Nasal Steroids				
fluticasone	FLONASE	generic	1	
triamcinolone nasal spray	NASACORT ALLERGY 24 HOUR	brand	2	OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Miscellaneous Nasal				
cromolyn sodium	NASALCROM	generic	1	OTC
ipratropium nasal	ATROVENT NASAL SPRAY	generic	1	QL
saline nasal spray 0.65%	OCEAN NASAL SPRAY	generic	1	OTC
Miscellaneous Nasal Decongestants				
oxymetazoline	AFRIN	generic	1	OTC
phenylephrine	NEO-SYNEPHRINE DIMEATAPP DRO DECONGES	generic	1	OTC
Throat and Mouth				
chlorhexidine gluconate	PERIDEX	generic	1	
lidocaine viscous	XYLOCAINE	generic	1	
pilocarpine	SALAGEN	generic	1	
triamcinolone	KENALOG IN ORABASE	generic	1	paste
Endocrinology				
Adrenal Corticosteroids				
cortisone acetate		generic	1	
dexamethasone	DECADRON	generic	1	
fludrocortisone	FLORINEF	generic	1	
hydrocortisone	CORTEF	generic	1	
methylprednisolone	MEDROL	generic	1	4mg, 8mg, 16mg, 32mg
prednisolone				
prednisolone	PRELONE	generic	1	syrup
prednisolone sodium phosphate	ORAPRED PEDIAPRED	generic	1	
prednisone	DELTASONE	generic	1	
Androgens				
testosterone cypionate	DEPO-TESTOSTERONE	generic	1	
testosterone enanthate	DELATESTRYL	generic	1	Vials only. Disposable syringes not covered.
testosterone gel topical tube, packet, and pump bottle	TESTOSTERONE 1% TOPICAL GEL	generic	1	PA
Diabetes Mellitus				
Glucose Elevating Agents				
glucagon, human recombinant	GLUCAGON	brand	2	QL
Insulin Combinations				
insulin glargine/lixisenatide	SOLIQUA	brand	2	ST

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Insulins				
insulin aspart	NOVOLOG	brand	2	QL, vials
insulin aspart protamine 70%/insulin aspart 30%	NOVOLOG MIX 70/30	brand	2	QL, vials
insulin glargine	BASAGLAR	brand	2	
insulin glargine 300 units/ml	TOUJEO SOLOSTAR	brand	2	
insulin human	NOVOLIN R	brand	2	OTC, QL, vials
insulin human	RELION R	brand	2	OTC, QL, vials
insulin isophane	HUMULIN N	brand	2	OTC, QL, vials
insulin isophane human	NOVOLIN N	brand	2	OTC, QL, vials
insulin isophane human	RELION N	brand	2	OTC, QL, vials
insulin isophane human 70%/regular 30%	NOVOLIN 70/30	brand	2	OTC, QL, vials
insulin isophane human 70%/regular 30%	RELION 70/30	brand	2	OTC, QL, vials
insulin isophane/regular	HUMULIN 70/30	brand	2	OTC, QL, vials
insulin lispro pro/lispro	HUMALOG MIX 50/50	brand	2	QL, vials
insulin lispro prot/lispro	HUMALOG MIX 75/25	brand	2	QL, vials
insulin lispro	HUMALOG	brand	2	QL, vials
insulin regular	HUMULIN R	brand	2	OTC, QL, vials
Monitoring- Strips and Kits/Diabetic Supplies				
ONE TOUCH SYSTEMS (ULTRA 2, ULTRAMINI, VERIO, VERIO FLEX, VERIO IQ, VERIO SYNC)		brand	2	QL for insulin dependent or pregnant members: allow testing up to 6 times per day
ONE TOUCH TEST STRIPS (ULTRA, VERIO)		brand	2	QL for non-insulin dependent members: allow once daily testing
Oral Agents				
acarbose	PRECOSE	generic	1	
alogliptin	NESINA	generic	1	ST
alogliptin/metformin	KAZANO	generic	1	ST
alogliptin/pioglitazone	OSENI	generic	1	ST
canagliflozin	INVOKANA	brand	2	ST
canagliflozin/metformin	INVOKAMET	brand	2	ST
canagliflozin/metformin extended-release	INVOKAMET XR	brand	2	ST
chlorpropamide	DIABINESE	generic	1	
empagliflozin	JARDIANCE	brand	2	ST

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
empagliflozin/metformin	SYNJARDY	brand	2	ST
empagliflozin/metformin extended-release	SYNJARDY XR	brand	2	ST
glimepiride	AMARYL	generic	1	
glipizide	GLUCOTROL	generic	1	
glipizide extended-release	GLUCOTROL XL	generic	1	
glyburide	MICRONASE	generic	1	
glyburide, micronized	GLYNASE	generic	1	
metformin	GLUCOPHAGE	generic	1	
metformin ER	GLUCOPHAGE ER	generic	1	
metformin/glyburide	GLUCOVANCE	generic	1	
nateglinide	STARLIX	generic	1	
pioglitazone	ACTOS	generic	1	QL
repaglinide	PRANDIN	generic	1	
tolazamide	TOLINASE	generic	1	
tolbutamide	TOLBUTAMIDE	generic	1	
Miscellaneous Antidiabetic Agents				
albiglutide	TANZEUM	brand	2	ST
dulaglutide	TRULICITY	brand	2	ST
lixisenatide	ADLYXIN	brand	2	ST
pramlintide	SYMLIN	brand	2	PA
Growth Stimulating Agents				
mecasermin	INCRELEX	brand	2	PA, SP
somatropin	ZOMACTON	brand	2	PA, SP
Lipodystrophy Agents				
tesamorelin	EGRIFTA	brand	2	Diagnosis Required, SP
Osteoporosis				
abaloparatide inj	TYMLOS	brand	2	PA, SP
alendronate	FOSAMAX	generic	1	QL
calcitonin-salmon	MIACALCIN	brand	2	inj
calcitonin-salmon	MIACALCIN	generic	1	nasal spray, QL
calcitonin-salmon	FORTICAL	brand	2	nasal spray, QL
etidronate	DIDRONEL	generic	1	
raloxifene	EVISTA	generic	1	
Thyroid Disease				
levothyroxine	LEVOXYL	generic	1	
levothyroxine	SYNTHROID	generic	1	
liothyronine	CYTOMEL	generic	1	
liotrix	THYROLAR	brand	2	
methimazole	TAPAZOLE	generic	1	
propylthiouracil	PROPYLTHIOURACIL	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Miscellaneous				
asfotase alfa	STRENSIQ	brand	2	PA, SP
cabergoline	DOSTINEX	generic	1	
cholic acid	CHOLBAM	brand	2	PA, SP
desmopressin	DDAVP	generic	1	QL
methylergonovine	METHERGINE	generic	1	
mifepristone	KORLYM	brand	2	PA, SP
nitisinone	ORFADIN	brand	2	Diagnosis Required, SP
pegvisomant	SOMAVERT	brand	2	PA, SP
sapropterin	KUVAN	brand	2	Diagnosis Required, SP
uridine	VISTOGARD	brand	2	
Gastrointestinal				
Constipation/Laxatives				
casanthranol-docusate sodium		generic	1	OTC
docusate calcium plus		generic	1	OTC
docusate potasssium		generic	1	OTC
docusate sodium	COLACE	generic	1	OTC
glycerin	GLYCERIN SUPPOSITORY	generic	1	suppository, OTC
lactulose	ENULOSE	generic	1	
linaclotide	LINZESS	brand	2	Diagnosis Required
peg 3350/electrolytes	COLYTE	generic	1	
peg 3350/sodium bicarbonate/sodium chloride	TRILYTE	generic	1	
peg 3350/sodium bicarbonate/sodium chloride/potassium chloride	NULYTELY	generic	1	
polyethylene glycol 3350	MIRALAX	generic	1	
sennosides	SENOKOT	generic	1	8.6 mg tab, OTC
Diarrhea				
crofelemer	MYTESI	brand	2	Diagnosis Required, QL
diphenoxylate/atropine	LOMOTIL	generic	1	
loperamide	IMODIUM A-D	generic	1	OTC
loperamide	LOPERAMIDE	generic	1	
Emesis				
aprepitant	EMEND	generic	1	QL applies to 40 mg, 80 mg and 80-125 mg
dronabinol	MARINOL	generic	1	PA

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

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Home Infusion Drugs				
Analgesics - NSAIDS				
ketorolac tromethamine im inj	KETOROLAC INJ	brand	2	30 mg/ml, Limited to 14 days supply every 30 days.
ketorolac tromethamine inj	KETOROLAC INJ	brand	2	30 mg/ml, Limited to 14 days supply every 30 days.
Analgesics - OPIOD				
fentanyl citrate inj	FENTANYL CIT INJ	brand	2	0.05 mg/ml, Limited to 14 days supply every 30 days.
morphine sulfate inj	ASTRAMOR INJ	brand	2	4 mg/ml, Limited to 14 days supply every 30 days.
morphine sulfate inj	DURAMORPH INJ	brand	2	10 mg/ml, Limited to 14 days supply every 30 days.
morphine sulfate inj	MORPHINE SUL INJ	brand	2	2 mg/ml, Limited to 14 days supply every 30 days.
morphine sulfate inj	MORPHINE SUL INJ	brand	2	15 mg/ml, Limited to 14 days supply every 30 days.
morphine sulfate iv soln	MORPHINE SUL INJ	brand	2	50 mg/ml, Limited to 14 days supply every 30 days.
Antibiotics				
amikacin sulfate inj	AMIKACIN INJ	brand	2	250 mg/ml, Limited to 14 days supply every 30 days.
cefazolin sodium for inj	ANCEF INJ	brand	2	1 gm, Limited to 14 days supply every 30 days.
ceftriaxone sodium for inj	CEFTRIAZONE INJ	brand	2	1 gm, Limited to 14 days supply every 30 days.
ceftriaxone sodium for inj	CEFTRIAZONE INJ	brand	2	2 gm, Limited to 14 days supply every 30 days.
ceftriaxone sodium for inj	CEFTRIAZONE INJ	brand	2	500 mg, Limited to 14 days supply every 30 days.

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
ceftriaxone sodium for iv soln 1 gm and dextrose 3.74%	CEFTRIAX/DEX INJ	brand	2	Limited to 14 days supply every 30 days.
ceftriaxone sodium in dextrose inj	CEFTRIAZONE/INJ DEX	brand	2	20 mg/ml, Limited to 14 days supply every 30 days.
ciprofloxacin 0.2% in d5w	CIPRO I.V. SOL	brand	2	Limited to 14 days supply every 30 days.
ciprofloxacin iv soln 1%	CIPRO I.V. INJ	brand	2	Limited to 14 days supply every 30 days.
clindamycin phosphate inj	CLEOCIN PHOS INJ	brand	2	150 mg/ml, Limited to 14 days supply every 30 days.
imipenem-cilastatin intravenous for soln	IMIPENEM/CIL INJ	brand	2	500 mg, Limited to 14 days supply every 30 days.
levofloxacin in d5w iv soln		brand	2	5 mg/ml, Limited to 14 days supply every 30 days.
levofloxacin iv soln	LEVAQUIN INJ	brand	2	25 mg/ml, Limited to 14 days supply every 30 days.
piperacillin sodium-tazobactam sodium for inj	PIPER/TAZOBA INJ	brand	2	3-0.375 gm, Limited to 14 days supply every 30 days.
piperacillin sodium-tazobactam sodium for inj	PIPER/TAZOBA INJ	brand	2	4-0.5 gm, Limited to 14 days supply every 30 days.
piperacillin sodium-tazobactam sodium in dex iv sol	ZOSYN SOL	brand	2	3-0.375 gm/50 ml, Limited to 14 days supply every 30 days.
vancomycin hcl for inj	VANCOCIN HCL INJ	brand	2	500 mg, Limited to 14 days supply every 30 days.
vancomycin hcl for inj	VANCOCIN HCL INJ	brand	2	1000 mg, Limited to 14 days supply every 30 days.
vancomycin hcl in dextrose inj	VANCOCIN/DEX INJ	brand	2	500 mg/100 ml, Limited to 14 days supply every 30 days.

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Antihistamines				
diphenhydramine hcl inj	BENA-D-50 INJ	brand	2	50 mg/ml, Limited to 14 days supply every 30 days.
promethazine hcl inj	ANERGAN 25 INJ	brand	2	25 mg/ml, Limited to 14 days supply every 30 days.
Diuretics				
furosemide inj	DIAQUA-2 INJ	brand	2	10 mg/ml, Limited to 14 days supply every 30 days.
Electrolyte Mixtures				
dextrose 5% w/ sodium chloride 0.45%	D5W/NAACL INJ	brand	2	Limited to 14 days supply every 30 days.
Genitourinary Irrigants				
sodium chloride irrigation soln 0.9%		brand	2	Limited to 14 days supply every 30 days.
Minerals & Electrolytes				
sodium chloride inj	BD POSIFLUSH INJ	brand	2	0.9%, Limited to 14 days supply every 30 days.
sodium chloride inj	SOD CHLORIDE INJ	brand	2	0.45%, Limited to 14 days supply every 30 days.
sodium chloride iv soln	SOD CHLORIDE INJ	brand	2	0.9%, Limited to 14 days supply every 30 days.
Nutrients				
dextrose inj	DEXTROSE INJ	brand	2	5%, Limited to 14 days supply every 30 days.
dextrose inj	DEXTROSE INJ	brand	2	50%, Limited to 14 days supply every 30 days.
Vitamins				
phytonadione inj	AQUA-MEPHYTO INJ	brand	2	10 mg/ml, Limited to 14 days supply every 30 days.
Infectious Diseases				
Anthelmintics				
albendazole	ALBENZA	brand	2	PA
ivermectin	STROMEKTOL	brand	2	
praziquantel	BILTRICIDE	brand	2	Diagnosis Required

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
pyrantel pamoate	PIN-X	brand	2	chewable tablets, suspension
pyrantel pamoate	REESE'S PINWORM MEDICINE	brand	2	tablets, suspension
Antibacterials				
Antituberculosis Agents				
aminosalicylic acid	PASER	brand	2	
cycloserine	SEROMYCIN	generic	1	
ethambutol	MYAMBUTOL	generic	1	
ethionamide	TRECATOR	brand	2	
isoniazid	ISONIAZID	generic	1	
pyrazinamide	PYRAZINAMIDE	generic	1	
rifabutin	MYCOBUTIN	generic	1	
rifampin	RIFADIN	generic	1	
rifapentine	PRIFTIN	brand	2	
Cephalosporins - First Generation				
cefadroxil	DURICEF	generic	1	
cephalexin	KEFLEX	generic	1	tabs are not covered
Cephalosporins - Second Generation				
cefaclor	CECLOR	generic	1	
cefprozil	CEFZIL	generic	1	
cefuroxime axetil	CEFTIN	generic	1	tabs
cefuroxime axetil	CEFTIN	brand	2	suspension
Cephalosporins - Third Generation				
cefdinir	OMNICEF	generic	1	
cefixime	SUPRAX	brand	2	400 mg caps only, QL
Fluoroquinolones				
ciprofloxacin	CIPRO	generic	1	
levofloxacin	LEVAQUIN	generic	1	tablets only
ofloxacin	FLOXIN	generic	1	tabs
Macrolides				
azithromycin	ZITHROMAX	generic	1	QL
clarithromycin	BIAXIN	generic	1	
clarithromycin ER	BIAXIN XL	generic	1	
erythromycin delayed-release	ERYC	generic	1	
erythromycin delayed-release	ERY-TAB	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
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 SUSP	generic	1	suspension
amoxicillin/clavulanate	AUGMENTIN	generic	1	
ampicillin	PRINCIPEN	generic	1	
dicloxacillin	DICLOXACILLIN	generic	1	
penicillin VK	VEETIDS	generic	1	
Sulfonamides				
sulfamethoxazole/trimethoprim, DS	BACTRIM BACTRIM DS	generic	1	
Tetracyclines				
doxycycline monohydrate	DOXYCYCLINE MONOHYDRATE	generic	1	50mg & 100mg caps
minocycline	MINOCIN	generic	1	capsules, except 75 mg
Miscellaneous				
vancomycin HCl	VANCOGIN HCL	generic	1	cap, ST
Antifungals				
clotrimazole	MYCELEX	generic	1	troches
fluconazole	DIFLUCAN	generic	1	QL
griseofulvin microsize	GRIFULVIN V	generic	1	
griseofulvin ultramicrosize	GRIS-PEG	generic	1	
itraconazole	SPORANOX	generic	1	caps, PA, QL
itraconazole	SPORANOX	brand	2	soln, PA, QL
ketoconazole	NIZORAL	generic	1	
nystatin	MYCOSTATIN	generic	1	
terbinafine	LAMISIL	generic	1	QL
voriconazole	VFEND	generic	1	PA
Antiprotozoals				
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.

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
nitazoxanide tablet	ALINIA	brand	2	PA
Antivirals				
Cytomegalovirus Treatment				
ganciclovir	CYTOVENE	generic	1	
valganciclovir	VALCYTE	generic	1	tabs only
Hepatitis Treatment				
entecavir	BARACLUDE	generic	1	SP
glecaprevir/pibrentasvir	MAVYRET	brand	2	PA, SP, preferred for Genotypes 1, 2, 3, 4, 5, & 6
interferon alfa-2b	INTRON A	brand	2	PA, SP
lamivudine	EPIVIR HBV	generic	1	tabs, SP, QL
lamivudine	EPIVIR HBV	brand	2	solution, SP, QL
peginterferon alfa-2a	PEGASYS	brand	2	PA, SP
peginterferon alfa-2a	PEGASYS PROCLICK	brand	2	PA, SP
ribavirin	REBETOL/COPEGUS	generic	1	200 mg caps and tabs only, SP
Herpes Treatment				
acyclovir	ZOVIRAX	generic	1	caps, tabs, suspension
docosanol	ABREVA OTC CREAM	brand	2	
valacyclovir	VALTREX	generic	1	
Influenza Treatment				
amantadine	SYMMETREL	generic	1	except tabs
oseltamivir	TAMIFLU	generic	1	capsules, QL
rimantadine	FLUMADINE	generic	1	
zanamivir	RELENZA	brand	2	QL
Integrase Inhibitors				
dolutegravir	TIVICAY	brand	2	QL
raltegravir	ISENTRESS	brand	2	QL
raltegravir	ISENTRESS CHEWABLE	brand	2	chewable tablet, QL
raltegravir	ISENTRESS HD	brand	2	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
lamivudine	EPIVIR	generic	1	QL
lamivudine/zidovudine	COMBIVIR	generic	1	QL
stavudine	ZERIT	generic	1	QL
zalcitabine	HIVID	brand	2	QL
zidovudine	RETROVIR	generic	1	QL
Nucleoside/Nucleotide Reverse-Transcriptase Inhibitor Combination				
bictegravir/emtricitabine/ tenofovir	BIKTARVY	brand	2	QL
efavirenz/emtricitabine/ tenofovir	ATRIPLA	brand	2	QL
emtricitabine/rilpivirine/ tenofovir	ODEFSEY	brand	2	QL
emtricitabine/tenofovir alafenamide	DESCOVY	brand	2	QL
emtricitabine/tenofovir disoproxil	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	Members ≥ 8 years of age will require prior authorization, QL
atazanavir/cobicistat	EVOTAZ	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, QL
nelfinavir	VIRACEPT	brand	2	QL
ritonavir	NORVIR	brand	2	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
saquinavir mesylate	INVIRASE	brand	2	QL
tipranavir	APTIVUS	brand	2	
Miscellaneous				
abacavir/dolutegravir/ lamivudine	TRIUMEQ	brand	2	QL
cobicistat/elvitegravir/ emtricitabine/tenofovir	STRIBILD	brand	2	QL
cobicistat	TYBOST	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	QL
maraviroc	SELZENTRY	brand	2	QL
Miscellaneous				
bedaquiline	SIRTURO	brand	2	
chloroquine phosphate	ARALEN	generic	1	
clindamycin	CLEOCIN	generic	1	150mg and 300mg only
dapsone	DAPSONE	brand	2	
hydroxychloroquine	PLAQUENIL	generic	1	
linezolid	ZYVOX	generic	1	PA
mefloquine	LARIAM	generic	1	
metronidazole	FLAGYL	generic	1	tabs only
neomycin sulfate		brand	2	
nitrofurantoin extended-release	MACROBID	generic	1	
nitrofurantoin macrocrystals	MACRODANTIN	generic	1	
nitrofurantoin susp	FURADANTIN SUSP 25 MG/5 ML	generic	1	Members ≥ 8 years of age will require prior authorization.
palivizumab	SYNAGIS	brand	2	PA, SP
paromomycin	HUMATIN	generic	1	
povidone-iodine		generic	1	OTC
primaquine		generic	1	
pyrimethamine	DARAPRIM	brand	2	PA, SP
trimethoprim	TRIMETHOPRIM	generic	1	tabs only

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Musculoskeletal				
Arthritis				
Disease Modifying Anti-Rheumatic Drugs				
adalimumab	HUMIRA	brand	2	PA, SP
anakinra	KINERET	brand	2	PA, SP
apremilast	OTEZLA	brand	2	PA, SP
auranofin	RIDAURA	brand	2	
azathioprine	IMURAN	generic	1	
azathioprine	AZASAN	brand	2	
canakinumab	ILARIS	brand	2	PA, SP
certolizumab pegol	CIMZIA	brand	2	PA, SP
etanercept	ENBREL	brand	2	PA, SP
hydroxychloroquine	PLAQUENIL	generic	1	
leflunomide	ARAVA	generic	1	
methotrexate		generic	1	
penicillamine	DEPEN TITRATABLE	brand	2	Diagnosis Required, SP
sarilumab	KEVZARA	brand	2	PA, QL, SP
secukinumab	COSENTYX	brand	2	PA, SP
sulfasalazine	AZULFIDINE	generic	1	
sulfasalazine delayed-release	AZULFIDINE EN-TABS	generic	1	
NSAIDs and Other Analgesics				
acetaminophen	TYLENOL	generic	1	OTC
aspirin	BAYER	generic	1	OTC
	ECOTRIN			
capsaicin	CAPSAGEL	brand	2	OTC, gel, lotion, 0.035% cream
	CAPZASIN-P			
	CASTIVA			
capsaicin		generic	1	OTC, 0.025%, 0.075%, & 0.1% cream
celecoxib	CELEBREX	generic	1	PA, QL
diclofenac 1% gel	VOLTAREN 1% TOPICAL GEL	generic	1	PA
diclofenac potassium	CATAFLAM	generic	1	
diclofenac sodium delayed-release	VOLTAREN	generic	1	
diclofenac sodium extended-release	VOLTAREN XR	generic	1	
etodolac	LODINE	generic	1	IR only

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
ibuprofen	ADVIL	generic	1	tabs, chew tabs and susp, OTC
ibuprofen	MOTRIN	generic	1	tabs, chew tabs and susp
indomethacin	INDOCIN	generic	1	
ketoprofen	ORUDIS	generic	1	IR only
meloxicam	MOBIC	generic	1	QL
naproxen	NAPROSYN	generic	1	
naproxen delayed release	ENTERIC COATED-NAPROSYN	generic	1	
oxaprozin	DAYPRO	generic	1	
piroxicam	FELDENE	generic	1	
salsalate	DISALCID	generic	1	QL
sulindac	CLINORIL	generic	1	
Gout				
allopurinol	ZYLOPRIM	generic	1	
colchicine	MITIGARE	brand	2	
febuxostat	ULORIC	brand	2	ST
probenecid	PROBENECID	generic	1	
Skeletal Muscle Relaxants				
Muscle Spasm				
chlorzoxazone	PARAFON FORTE DSC	generic	1	
cyclobenzaprine	FLEXERIL	generic	1	5mg & 10mg
methocarbamol	ROBAXIN	generic	1	
orphenadrine extended-release	NORFLEX	generic	1	
Spasticity				
baclofen	BACLOFEN	generic	1	
dantrolene	DANTRIUM	generic	1	
diazepam	VALIUM	generic	1	QL
tizanidine	ZANAFLEX	generic	1	tabs only, QL
OB-GYN				
Contraceptives				
Biphasic				
desogestrel/EE	MIRCETTE	generic	1	QL
norethindrone/EE	ORTHO-NOVUM 10/11	generic	1	QL
Emergency Contraception				
levonorgestrel	PLAN B ONE STEP	generic	1	
Extended Cycle				
levonorgestrel/EE	SEASONALE	generic	1	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Injectable				
medroxyprogesterone acetate	DEPO-PROVERA	generic	1	QL
Intrauterine Devices				
copper IUD	PARAGARD	brand	2	QL
levonorgestrel releasing IUD	LILETTA MIRENA SKYLA	brand	2	QL
Intravaginal				
etonogestrel/EE	NUVARING ORTHO COIL	brand	2	ring, QL
ortho diaphragm	ORTHO FLAT ORTHO FLEX	brand	2	QL
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	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Subcutaneous Implants				
etonogestrel subdermal implant	NEXPLANON	brand	2	QL
Transdermal				
norelgestromin/EE	ORTHO EVRA XULANE	generic	1	
Triphasic				
desogestrel/EE	CYCLESSA	generic	1	QL
levonorgestrel/EE	TRIVORA	generic	1	QL
norethindrone acetate/EE/iron	ESTROSTEP FE	generic	1	QL
norethindrone/EE	ORTHO-NOVUM 7/7/7	generic	1	QL
norethindrone/EE	TRI-NORINYL	generic	1	QL
norgestimate/EE	ORTHO TRI-CYCLEN	generic	1	QL
Endometriosis				
danazol	DANOCRINE	generic	1	
Hormone Therapy/Menopause				
Estrogens - Intravaginal				
estradiol	ESTRACE CRM	brand	2	
estrogens, conjugated	PREMARIN	brand	2	crm
yuvafem or estradiol vaginal tablet	VAGIFEM	generic	1	QL
Estrogens - Oral				
estradiol	ESTRACE	generic	1	
estrogens, conjugated	PREMARIN	brand	2	
estropipate	OGEN	generic	1	
Estrogens - Transdermal				
estradiol	CLIMARA	generic	1	QL
Estrogen/Progestin				
estrogens, conjugated/ medroxyprogesterone	PREMPHASE PREMPRO	brand	2	
Progestins				
medroxyprogesterone acetate	PROVERA	generic	1	
norethindrone acetate	AYGESTIN	generic	1	
progesterone micronized cap	PROMETRIUM	generic	1	Diagnosis Required
Ovulation Stimulants				
choriogonadotropin alfa	OVIDREL	brand	2	Diagnosis Required
chorionic gonadotropin	NOVAREL	brand	2	Diagnosis Required

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Vaginal Infections				
Oral				
fluconazole	DIFLUCAN	generic	1	QL
metronidazole	FLAGYL	generic	1	tabs
Vaginal				
clindamycin	CLEOCIN	generic	1	crm
clotrimazole	GYNE-LOTRIMIN	generic		OTC
metronidazole	METROGEL-VAGINAL METROGEL 1%	generic	1	
miconazole	MONISTAT	generic	1	OTC
miconazole	MONISTAT 3	generic	1	
terconazole	TERAZOL 3/7	generic	1	crm
Miscellaneous				
conjugated estrogen/ bazedoxifene	DUAVEE	brand	2	
methylergonovine	METHERGINE	generic	1	
tranexamic acid	LYSTEDA	generic	1	PA
Ophthalmic				
Allergy				
azelastine	OPTIVAR	generic	1	ST
cromolyn sodium	CROLOM	generic	1	QL
ketotifen	ALAWAY OTC	generic	1	
naphazoline HCL	VASOCLEAR	generic	1	soln 0.02%
naphazoline/glycerin	CLEAR EYES REDNESS RELIEF	generic	1	
naphazoline/zinc sulfate	VASOCLEAR A	brand	2	OTC
tetrahydrozoline/ zinc sulfate	VISINE-AC	generic	1	
Anti-Inflammatories				
Anti-Infective/Anti-Inflammatory Combinations				
bacitracin/polymyxin/ neomycin/hc	CORTISPORIN	generic	1	ointment
gentamicin/prednisolone acetate	PRED-G	brand	2	
neomycin/polymyxin B/ dexamethasone	MAXITROL	generic	1	
neomycin/polymyxin B/ hydrocortisone	CORTISPORIN	generic	1	suspension

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
sulfacetamide/pred. phos.	VASOCIDIN	generic	1	10%/0.25%
tobramycin/ dexamethasone	TOBRADEX	generic	1	
Nonsteroidal				
diclofenac sodium	VOLTAREN	generic	1	
flurbiprofen	OCUFEN	generic	1	
ketorolac	ACULAR/ACULAR LS	generic	1	
Steroidal				
dexamethasone sodium phosphate	DEXASOL	generic	1	
fluorometholone	FML	brand	2	oint 0.1%
fluorometholone	FML FORTE	brand	2	susp 0.25%
fluorometholone	FML LIQUIFILM	generic	1	susp 0.1%
prednisolone acetate	PRED MILD	brand	2	0.12%
prednisolone acetate	PRED FORTE	generic	1	1%
prednisolone phosphate	INFLAMASE FORTE	generic	1	1%
Glaucoma				
Beta-Blockers				
carteolol		generic	1	
levobunolol	BETAGAN	generic	1	ophthalmic solution
metipranolol	OPTIPRANOLOL	generic	1	0.3% ophthalmic solution
timolol	TIMOPTIC XE	generic	1	gel forming solution
timolol maleate	TIMOPTIC	generic	1	
Carbonic Anhydrase Inhibitors				
dorzolamide	TRUSOPT	generic	1	
Carbonic Anhydrase Inhibitor/Beta-Blocker Combination				
dorzolamide/ timolol maleate	COSOPT	generic	1	
Cholinesterase Inhibitor				
ecothiophate	PHOSPHOLINE IODINE	brand	2	
Mydriatics				
atropine	ISOPTO ATROPINE	generic	1	
cyclopentolate	CYCLOGYL	generic	1	1%
Oral				
acetazolamide	ACETAZOLAMIDE	generic	1	
acetazolamide extended-release	DIAMOX SEQUELS	generic	1	
methazolamide	NEPTAZANE	generic	1	
Prostaglandins				
latanoprost	XALATAN	generic	1	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Topical - Parasympathomimetics				
pilocarpine	ISOPTO CARPINE	generic	1	
pilocarpine	PILOPINE HS GEL	brand	2	
Topical - Sympathomimetics				
brimonidine	ALPHAGAN P	brand	2	0.1%
brimonidine	ALPHAGAN P	generic	1	0.15%
brimonidine	ALPHAGAN	generic	1	0.2%
Immunologic Agents				
lifitegrast	XIIDRA	brand	2	PA
Infections				
Bacterial				
bacitracin		generic	1	
ciprofloxacin	CILOXAN	generic	1	solution
ciprofloxacin	CILOXAN	brand	2	ointment
erythromycin	ERYTHROMYCIN	generic	1	
gentamicin	GENTAK	generic	1	
neomycin/bacitracin/ polymyxin	NEOSPORIN	generic	1	ointment
neomycin/polymyxin B/ gramicidin	NEOSPORIN	generic	1	solution
ofloxacin	OCUFLOX	generic	1	
polymyxin B/bacitracin	POLYSPORIN	generic	1	
polymyxin B/trimethoprim	POLYTRIM	generic	1	
sulfacetamide	BLEPH-10	generic	1	oint/soln
tobramycin	TOBREX	generic	1	
Viral				
trifluridine	VIROPTIC	generic	1	
Miscellaneous Ophthalmics				
cysteamine 0.44% ophthalmic solution	CYSTARAN	brand	2	Diagnosis Required, SP
sodium chloride hypertonic	MURO 128	generic	1	soln 5%
Psychiatric				
Alcohol Deterrents				
acamprosate	CAMPRAL	brand	2	
disulfiram	ANTABUSE	generic	1	
naltrexone	REVIA	generic	1	

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

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Non-Benzodiazepines				
chloral hydrate	CHLORAL HYDRATE	generic	1	
diphenhydramine	NYTOL QUICK CAPS	generic	1	OTC
doxylamine succinate	UNISOM	generic	1	25mg, OTC, QL
zaleplon	SONATA	generic	1	QL
zolpidem	AMBIEN	generic	1	QL
Narcotic Antagonists				
buprenorphine	SUBUTEX	generic	1	PA, QL
buprenorphine/naloxone	SUBOXONE	brand	2	2 mg and 8 mg film only, PA, QL
naloxone	NALOXONE INJ	generic	1	QL
naloxone	NARCAN NASAL SPRAY	brand	2	
naltrexone	REVIA	generic	1	
Psychoses				
Atypicals				
aripiprazole	ABILIFY	generic	1	tablets
aripiprazole	ABILIFY DISCMELT	brand	2	
aripiprazole ER injection	ABILIFY MAINTENA	brand	2	
aripiprazole injection	ARISTADA	brand	2	
asenapine	SAPHRIS	brand	2	
clozapine	CLOZARIL	brand /	1 & 2	
	FAZACLO	generic		
clozapine oral suspension	VERSACLOZ	brand	2	
iloperidone	FANAPT	brand	2	
lurasidone	LATUDA	brand	2	
olanzapine	ZYPREXA	generic	1	tablets
olanzapine	ZYPREXA RELPREVV	brand	2	
olanzapine	ZYPREXA ZYDIS	brand/ generic	1 & 2	
paliperidone	INVEGA	generic	1	
paliperidone	INVEGA SUSTENNA	brand	2	
paliperidone	INVEGA TRINZA	brand	2	
quetiapine	SEROQUEL	brand/ generic	1 & 2	
quetiapine	SEROQUEL XR	brand/ generic	1 & 2	
risperidone	RISPERDAL	generic	1	(Not M-Tabs)
risperidone	RISPERDAL CONSTA	brand	2	
risperidone oral soln	RISPERDAL SOLUTION	brand/ generic	1 & 2	
ziprasidone	GEODON	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Smoking Cessation				
nicotine	NICODERM CQ	generic	1	patches, QL
nicotine polacrilex gum	NICORETTE OTC	generic	1	QL
nicotine polacrilex lozenge	COMMITT OTC	generic	1	QL
varenicline	CHANTIX	brand	2	QL
Weight Loss				
orlistat	ALLI	brand	2	OTC
Miscellaneous				
chlorpromazine	THORAZINE	generic	1	
dextromethorphan/ quinidine	NUEDEXTA	brand	2	Diagnosis Required
fluphenazine	PROLIXIN	generic	1	
fluphenazine decanoate	PROLIXIN DECANOATE	generic	1	
haloperidol	HALDOL	generic	1	
haloperidol decanoate	HALDOL DECANOATE	generic	1	
loxapine	LOXITANE	generic	1	
molindone	MOBAN	brand	2	
perphenazine	TRILAFON	generic	1	
pimozide	ORAP	generic	1	
prochlorperazine	COMPAZINE	generic	1	
thioridazine	MELLARIL	generic	1	
thiothixene	NAVANE	generic	1	
trifluoperazine	STELAZINE	generic	1	
Respiratory Drugs				
Antitussives, Decongestants, Expectorants and Combinations				
benzonatate	TESSALON	generic	1	
brompheniramine & phenylephrine	DIMETAPP CLD ELX/ALLERGY	generic	1	
brompheniramine/ pseudoephedrine	ACCUHIST DROPS UNI-HIST DROPS	generic	1	
brompheniramine/ pseudoephedrine/ dextromethorphan	BROMFED DM	generic	1	syrup
chlorphen tan/ carbetapentane tan	TUSSI-12 S	generic	1	susp
chlorphen tan/ pyrilamine tan/PE tan	TRIOTANN PEDIATRIC SUSP R-TANNAMINE	generic	1	susp

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
chlorpheniramine/ dextromethorphan	ROBITUSSIN PED LIQ CGH/COLD	generic	1	
	ROBITUSSIN LIQ CGH/CLD			
	DIMETAPP SYP CGH/CLD			
	CORICIDIN TAB CGH/CLD			
chlorpheniramine maleate phenylephrine HCL	ED A-HIST TABLETS AND LIQUID	generic	1	
chlorpheniramine/ phenylephrine	RONDEC DROPS	generic	1	liquid
	CARDEC DRO			
chlorpheniramine/ phenylephrine	RONDEC SYRUP	generic	1	liquid
	CARDEC SYP			
chlorpheniramine/ pseudoephedrine	CPM/PSE	generic	1	
	LOHIST-D			
chlorpheniramine tan/ phenylephrine tan	RYNATAN PEDIATRIC SUSP	generic	1	susp
codeine/ chlorpheniramine/ pseudoephedrine	DIHISTINE DH	generic	1	
	PHENYLHIST LIQ DH			
codeine/guaifenesin	GUIATUSS AC	generic	1	QL
	GG/CODEINE			
	M-CLEAR WC			
codeine/guaifenesin/ pseudoephedrine	GUIATUSS DAC	generic	1	
codeine/promethazine	PROMETHAZINE W/CODEINE	generic	1	QL
codeine/promethazine/ phenylephrine	PROMETHAZINE VC W/CODEINE	generic	1	QL
dextromethorphan/ brompheniramine/ pseudoephedrine	BROMETANE DX	generic	1	
dextromethorphan- guaifenesin	DURATUSS DM ELX	generic	1	soln 25-225 mg/5 ml

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
dextromethorphan/ guaifenesin	GG/DM CR MUCINEX DM ROBITUSSIN DM TUSSIN DM	generic	1	OTC
dextromethorphan- guaifenesin	ROBITUSSIN LIQ CGH/ CONG	generic	1	liq 10-200 mg/ 5 ml
dextromethorphan hbr	ROBITUSSIN SYP MAX-ST ROBITUSSIN PED SYP	generic	1	syrup
dextromethorphan polistirex extended-release	DELSYM	brand	2	OTC
dextromethorphan/ promethazine	PHENERGAN DM PROMETHAZINE SYP DM	generic	1	
guaifenesin	ROBITUSSIN SYP CHST CNG	generic	1	syrup 100 mg/5 ml
guaifenesin	ROBITUSSIN	generic	1	OTC
guaifenesin extended-release	MUCINEX	generic	1	OTC
guaifenesin/ pseudoephedrine	ROBITUSSIN PE PSE/GG	generic	1	syrup, OTC
guaifenesin/ pseudoephedrine/ dextromethorphan	ROBITUSSIN CF	generic	1	
guaifenesin/ pseudoephedrine extended-release	MUCINEX D	generic	1	OTC
hydrocodone/ homatropine	HYCODAN HYDROMET SYP HYDROCODONE/ TAB HOMATROP	generic	1	
loratadine & pseudoephedrine SR 24 hr	CLARITIN-D	generic	1	
phenylephrine/ brompheniramine/ dextromethorphan		generic	1	OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
phenylephrine/ chlorpheniramine/ dextromethorphan	RONDEC DM STATUSS DM SYP CARDEC DM SYP MINUTUSS DR SYP	generic	1	syrup
phenylephrine/ chlorpheniramine/ dextromethorphan	RONDEC DM DROPS CARDEC DM DRO ROBITUSSIN LIQ CGH/ALRG	generic	1	liquid
phenylephrine/ chlorpheniramine/ dihydrocodeine	DIHYDRO-PE SYP	generic	1	
phenylephrine/ dextromethorphan	DIMETAPP DRO DCON/CGH	generic	1	
phenylephrine/ dextromethorphan/ guaifenesin	ROBITUSSIN LIQ CGH/CLD	generic	1	
phenylephrine/ ephed/CPM w/carbetapentane	RYNATUSS PEDIATRIC SUSP	generic	1	susp
phenylephrine/guaifenesin	ROBITUSSIN LIQ HD/CHST	generic	1	
phenylephrine/pyrilamine w/hydrocodone	CODIMAL DH	generic	1	syrup
promethazine & phenylephrine	PROMETH VC SYP 6.25-5/5	generic	1	syrup 6.25-5 mg/ 5 mg
pseudoephedrine/ acetaminophen/ dextromethorphan	MAPAP COLD TAB	generic	1	
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
pyrilamine tan/ phenyleph tan	RYNA-12 S	generic	1	susp
tripolidine/ pseudoephedrine	TRIPROL/PSE SYP APHEDRID TAB	generic	1	
Asthma/COPD				
Inhalers - Beta Agonists				
albuterol sulfate	VENTOLIN HFA	brand	2	QL
indacaterol	ARCAPTA NEOHALER	brand	2	
olodaterol	STRIVERDI RESPIMAT	brand	2	
Inhalers - Corticosteroids				
beclomethasone	QVAR REDIHALER	brand	2	QL
fluticasone furoate	ARNUITY ELLIPTA	brand	2	QL
fluticasone HFA	FLOVENT HFA	brand	2	QL, Age Limit Applies
Inhalers - Corticosteroid/Beta Agonist Combinations				
fluticasone/salmeterol	AIRDUO RESPICLICK	generic	1	QL
fluticasone/vilanterol	BREO ELLIPTA	brand	2	ST
Inhalers - Others				
ipratropium/albuterol	COMBIVENT RESPIMAT	brand	2	inhaler
ipratropium HFA	ATROVENT HFA	brand	2	
omalizumab	XOLAIR	brand	2	PA, SP
tiotropium/olodaterol	STIOLTO RESPIMAT	brand	2	QL
umeclidinium inhalation	INCRUSE ELLIPTA	brand	2	
Inhalers for Nebulization				
albuterol	ACCUNEB	generic	1	0.63 mg/3 ml and 1.25 mg /3 ml, Covered for members less than 8 years of age. Members ≥ 8 years of age will require prior authorization.
albuterol	PROVENTIL	generic	1	soln 0.083%, 0.5%

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
budesonide	PULMICORT RESPULES	generic	1	susp, Members ≥ 5 years of age will require prior authorization. QL
cromolyn	INTAL	generic	1	soln, QL
ipratropium	ATROVENT	generic	1	soln, QL
ipratropium/albuterol	DUONEB	generic	1	soln
levalbuterol HCl	XOPENEX RESPULES	generic	1	QL, ST
Oral Agents - Beta Agonists				
metaproterenol	METAPROTERENOL SYRUP	generic	1	
terbutaline	BRETHINE	generic	1	
Oral Agents - Leukotriene Modifiers				
montelukast	SINGULAIR	generic	1	QL
Oral Agents - Theophylline				
theophylline	THEOPHYLLINE	generic	1	liquid
theophylline extended-release	THEO-24	brand	2	caps
theophylline extended-release	THEOCHRON UNIPHYL	generic	1	tabs
Urological				
Symptomatic Benign Prostatic Hypertrophy				
alfuzosin ER	UROXATRAL	generic	1	
doxazosin	CARDURA	generic	1	
finasteride	PROSCAR	generic	1	
tamsulosin	FLOMAX	generic	1	
terazosin	HYTRIN	generic	1	
Miscellaneous				
bethanechol	URECHOLINE	generic	1	
hyoscyamine, methenamine, phenyl salicylate, sodium phosphate monobasic, methylene blue	UTIRA C	brand	2	
methenamine hippurate	HIPREX UREX	generic	1	
oxybutynin chloride	DITROPAN XL	generic	1	QL
oxybutynin IR	DITROPAN	generic	1	
oxybutynin patch	OXYTROL FOR WOMEN OTC PATCH	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
pentosan polysulfate sodium	ELMIRON	brand	2	Diagnosis Required, QL
potassium citrate	UROCIT-K	generic	1	
propantheline		generic	1	
phenazopyridine	PYRIDIUM	generic	1	
sodium citrate/citric acid	BICITRA	generic	1	
tolterodine	DETROL	generic	1	ST
tropium	SANCTURA	generic	1	ST
Vitamins and Minerals				
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
fluoride	GEL-KAM LURIDE LURIDE LOZI-TABS PREVIDENT PHOS-FLUR	generic	1	
folic acid	FOLIC ACID	generic	1	
magnesium oxide	MAG-OX	generic	1	OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
multivitamins/ fluoride/±iron	POLY-VI-FLOR	generic	1	
multivitamins/minerals	CENTRUM	generic	1	OTC
phytonadione	MEPHYTON	brand	2	
prenat-FE Bis-FE prot succ-FA-CA & omega 3	COMPLETE NATALCARE PAK DHA	brand	2	
prenat-FE Bis-FE prot succ-FA-CA & omega 3	TRUST NATALCARE PAK DHA	brand	2	
prenat-FE Bis-FE prot succ-FA-CA & omega 3	PRUET DHA PAK SETONET PAK	brand	2	
prenat-FE bis-FE prot succ-FA-CA & omega DR	PRUET DHAEC PAK	brand	2	
prenat w/o A w/fecbn-fegl- DSS-FA & DHA	FOLTABS PAK PLUS DHA RE OB + DHA PAK	brand	2	
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 cplx-FA	EDGE OB CHW	brand	2	
prenatal vit w/iron carbonyl-FA	ATABEX PRENATAL	brand	2	
prenatal vitamins w/folic acid	PRENATAL VITAMINS W/ FOLIC ACID MATERNA NESTABS	generic	1	QL
prenatal w/o A w/FE carbonyl-FE gluc-DSS-FA	FOLTABS PRENATAL TRI RX	brand	2	
vitamin A		generic	1	OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
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
Potassium				
phosphorus	K-PHOS NEUTRAL	generic	1	tabs
potassium acid phosphate	K-PHOS ORIGINAL	brand	2	
potassium bicarbonate/ potassium citrate effervescent	K-LYTE	generic	1	tabs
potassium chloride	K-LOR	generic	1	powder
potassium chloride	POTASSIUM CHLORIDE	generic	1	liquid
potassium chloride extended-release	K-DUR 10 K-DUR 20 KLOR-CON 8 KLOR-CON 10	generic	1	tabs
potassium chloride extended-release	MICRO-K 10	generic	1	caps
Miscellaneous				
Anaphylaxis				
epinephrine	EPIPEN EPIPEN JR.	generic	1	QL
Antidotes				
acetylcysteine	CETYLEV	brand	2	
succimer	CHEMET	brand	2	QL
Cystic Fibrosis				
acetylcysteine	MUCOMYST	generic	1	
aztreonam	CAYSTON	brand	2	Diagnosis Required, SP
dornase alfa	PULMOZYME	brand	2	Diagnosis Required, SP
ivacaftor	KALYDECO KALYDECO GRANULES	brand	2	PA, SP
lumacaftor/ivacaftor	ORKAMBI	brand	2	PA, SP

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
sodium chloride for nebulizer	HYPERSAL NEBUSAL	generic	1	
tobramycin neb soln	BETHKIS	brand	2	Diagnosis Required, SP
Hereditary Angioedema				
icatibant	FIRAZYR	brand	2	PA, SP
c1 esterase inhibitor, human	BERINERT	generic	1	PA, SP
c1 esterase inhibitor, human	HAEGARDA	brand	2	PA, QL, SP
Hyperphosphatemia				
calcium acetate	PHOSLO	generic	1	667 mg tablet only
cinacalcet	SENSIPAR	brand	2	PA
sevelamer	REVELA	generic	1	ST
Idiopathic Pulmonary Fibrosis (IPF)				
nintedanib	OFEV	brand	2	PA, SP
pirfenidone capsule	ESBRIET	brand	2	PA, SP
Immune Thrombocytopenic Purpura				
eltrombopag	PROMACTA	brand	2	PA, SP
Medical Devices				
insulin syringes				QL
lancets				QL
spacers				QL
Metabolic Modifiers				
carglumic acid	CARBAGLU	brand	2	PA, SP
glycerol phenylbutyrate	RAVICTI	brand	2	PA, SP
sodium phenylbutyrate	BUPHENYL	generic	1	Diagnosis Required, SP
Vaccine				
diphtheria-tetanus tox adsorbed (dt) im	DIP/TET PED INJ	brand	2	QL
hepatitis a vaccine susp	HAVRIX VAQTA	brand	2	QL
hepatitis b vaccine (recombinant)	ENGERIX-B RECOMBIVAX HB	brand	2	QL
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	4	QL
influenza virus vaccine recombinant hemagglutinin (ha)	FLUBLOK	brand	4	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
influenza virus vaccine split	AFLURIA FLUZONE SPLT	brand	4	QL
influenza virus vaccine split high-dose pf	FLUZONE HD PF	brand	4	QL
influenza virus vaccine split pf	AFLURIA PF	brand	4	QL
influenza virus vaccine split quadrivalent	FLUARIX QUAD FLULAVAL QUAD FLUZONE QUAD	brand	4	QL
influenza virus vaccine tiss-cult subunit	FLUCELVAX	brand	4	QL
influenza virus vaccine types a&b surface antigen	FLUVIRIN	brand	4	QL
measles, mumps & rubella virus vaccines for inj	M-M-R II	brand	4	QL
meningococcal (a, c, y, and w-135)	MENOMUNE	brand	4	QL
meningococcal (a, c, y, and w-135) conjugate vaccine	MENACTRA	brand	4	QL
meningococcal (a, c, y, and w-135) oligo conj vac for inj	MENVEO	brand	4	QL
pneumococcal 13-valent conjugate	PREVNAR 13	brand	4	QL
pneumococcal vaccine polyvalent	PNEUMOVAX PNEUMOVAX 23	brand	4	QL
tet tox-diph-acell pertuss ad	ADACEL BOOSTRIX	brand	4	QL
tetanus-diphtheria toxoids (td)	TENIVAC TET/DIP TOX INJ	brand	4	QL
tetanus immune globulin (human)	HYPERTET S/D	brand	4	QL
typhoid vaccine	VIVOTIF BERNA	brand	4	capsules
varicella virus vac live for subcutaneous	VARIVAX	brand	4	QL
zoster vaccine live	ZOSTAVAX	brand	4	QL, Age Limits Apply

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Generic Drug Name	Brand Drug Name Examples
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OTC MEDICATIONS

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

Acne

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

Antifungals

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

Antivirals

docosanol	ABREVA OTC CREAM
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Atopic Dermatitis

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

Antihistamines

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

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

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

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Generic Drug Name	Brand Drug Name Examples
antidiarrheals	IMODIUM A-D KAOPECTATE
electrolyte rehydrating soln	PEDIALYTE
famotidine	PEPCID AC
laxative enemas	FLEET ENEMA
laxatives	DULCOLAX FLEET PHOSPHO-SODA
psyllium	METAMUCIL
rectal crm, suppositories	PREPARATION H
simethicone	MYLICON
stool softeners	COLACE
sugar+orthophosphoric acid	EMETROL
Insomnia	
doxylamine succinate	UNISOM
Lice Products	
permethrin	NIX
pyrethrins/piperonyl butoxide shampoo	RID SHAMPOO
Motion Sickness	
dimenhydrinate	DRAMAMINE
meclizine	BONINE
Ophthalmics	
allergic conjunctivitis	ALAWAY
artificial tears	HYPOTEARNS VISINE
decongestants	MURINE NAPHCON A
Pain	
acetaminophen tabs, liquid, chew tabs, drops, suppositories	TYLENOL
aspirin tabs, EC tabs, chew tabs	BAYER ECOTRIN
aspirin with buffers tabs	
ibuprofen tabs, chew tabs, susp, and drops	ADVIL MOTRIN IB
Smoking Cessation Products	
nicotine	COMMIT LOZENGES (QUANTITY LIMIT) NICODERM CQ (QUANTITY LIMIT) NICOTINE GUM (QUANTITY LIMIT) NICOTROL (QUANTITY LIMIT)

OTC = Over the Counter

PA = Prior Authorization required

QL = Quantity Limit

ST = Step Therapy

SP = Specialty Pharmacy

Generic Drug Name	Brand Drug Name Examples
Urological	
oxybutynin patch	OXYTROL FOR WOMEN OTC PATCH
Vitamins/Minerals	
b-complex	B-COMPLEX VITAMIN TAB
	OS-CAL
calcium	CALTRATE
	TUMS
iron	FERGON
ferrous fumarate, ferrous gluconate, ferrous sulfate, ferrous bis-glycinate chelate and polysaccharide iron caps	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
Warts	
salicylic acid 17%/collodion	DUOFILM
Miscellaneous	
fluoride dental rinse	PHOS-FLUR

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Index of Covered Drugs

A

abacavir	35, 36	ACTOS.	25	alginate acid/sodium bicarbonate	27
abacavir/dolutegravir/ lamivudine.	36	ACULAR/ACULAR LS	42	ALINIA	33, 34
abacavir/lamivudine	35	acyclovir	34	ALINIA SUSPENSION	33
abacavir/lamivudine/ zidovudine.	35	ADACEL	57	alirocumab	11
abaloparatide inj	25	ADALAT CC	10	alitretinoin 1% gel.	6
ABILIFY	46	adalimumab	37	ALKERAN	4
ABILIFY DISCMELT.	46	adapalene gel.	18, 58	allergic conjunctivitis	60
ABILIFY MAINTENA	46	ADDERALL	44	ALLERGY/CONG.	22, 58
abiraterone	5	ADDERALL XR	44	ALLI	47
ABREVA OTC CREAM.	34, 58	ADEMPAS.	12	allopurinol	38
ABSORICA	17	ADLYXIN.	25	alogliptin.	24
acamprosate	43	ADVIL	13, 38, 60	alogliptin/metformin	24
acarbose.	24	afatinib.	4	alogliptin/pioglitazone	24
ACCUHIST DROPS.	47	AFINITOR	4	ALPHAGAN	43
ACCUNEB.	51	AFINITOR DISPERZ	4	ALPHAGAN P.	43
ACCUPRIL	8	AFLURIA.	57	alprazolam.	44
ACCURETIC.	8	AFLURIA PF.	57	ALTACE	8
acebutolol	9	AFRIN	23, 59	altretamine.	4
acetaminophen	13, 14, 37, 50, 60	AGRYLIN	7	alumina/magnesia	27
acetaminophen tabs, liquid, chew tabs,drops, suppositories	60	AIRDUO RESPICLICK	51	alumina/magnesia/ simethicone	27
acetazolamide.	42	AKINETON	15	aluminum acetate.	20, 21
acetazolamide extended-release	42	ALAVERT	22, 58	aluminum chloride topical solution	20
acetic acid.	21	ALAVERT ALRG TAB/ SINUS	22, 58	ALUNBRIG	4
acetic acid/aluminum acetate.	21	ALAVERT D	58	amantadine	15, 34
acetic acid/hydrocortisone.	21	ALAVERT-D	22	AMARYL.	25
acetylcysteine	55	ALAWAY.	41, 60	AMBIEN	46
acidophilus	28	ALAWAY OTC.	41	ambrisentan.	12
ACIDOPHILUS XTRA.	28	albendazole	31	AMERGE	14
acidophilus/bifidus	28	ALBENZA	31	AMICAR	8
ACIDOPHILUS/BIFIDUS WAFER	28	albiglutide	25	AMIKACIN INJ	29
acidophilus/citrus pectin.	28	albuterol	51, 52	amikacin sulfate inj	29
acidophilus/pectin	28	albuterol sulfate	51	amiloride.	10
acitretin	19	alclometasone	18	amiloride/hydrochlorothiazide	10
ACLOVATE	18	alcohol swabs.	59	aminocaproic acid	8
ACTIFED.	22, 58	ALDACTAZIDE	10	aminosalicylic acid	32
ACTIGALL.	28	ALDACTONE	10	amiodarone tabs	9
		ALDARA.	20	amitriptyline	15, 45
		ALDOMET.	12	amitriptyline/perphenazine	45
		ALDORIL	12	amlodipine	10
		ALECENSA	4	ammonium lactate	20
		alectinib	4	AMNESTEEM	17
		alendronate	25	amoxapine.	45
		ALESSE	39	amoxicillin	33
		alfuzosin ER.	52		

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

Index of Covered Drugs

AMOXICILLIN CAPSULES AND CHEWABLES	33	asenapine	46	bacitracin/polymyxin/ neomycin/hc	41
amoxicillin/clavulanate	33	asfotase alfa	26	baclofen	38
AMOXIL SUSP	33	aspirin	7, 13, 14, 37, 60	BACTRIM	33
amphetamine/ dextroamphetamine mixed salts	44	aspirin tabs, EC tabs, chew tabs	60	BACTRIM DS	33
amphetamine/ dextroamphetamine mixed salts extended-release	44	aspirin with buffers tabs	60	BACTROBAN	18
ampicillin	33	aspirin/acetaminophen/ caffeine	13	balsalazide	28
anagrelide	7	ASTELIN.	22	BALZIVA.	39
anakinra	37	ASTRAMOR INJ	29	BANZEL	17
anastrozole	5	ATABEX PRENATAL	54	BARACLUDGE	34
ANCEF INJ	29	ATARAX	22	BASAGLAR	24
ANERGAN 25 INJ	31	atazanavir	35	BAYER.	7, 37, 60
ANTABUSE	43	atazanavir/cobicistat	35	BD POSIFLUSH INJ	31
antacids liquids, chew tabs	59	atenolol	9	becaplermin gel.	20
antidiarrheals	60	atenolol/chlorthalidone.	9	beclomethasone	51
antihistamines 2, 21, 22, 31, 58		ATIVAN	44	bedaquiline	36
antitussives	3, 47, 59	atorvastatin	11	BENA-D-50 INJ	31
ANTIVERT.	27	atropine	26, 28, 42	BENADRYL	22, 58
ANUSOL HC 2.5%	20	atropine sulfate	28	benazepril	8
APHEDRID TAB.	51	ATROVENT	23, 51, 52	benazepril/hydrochlorothiazide	8
apixaban.	7	ATROVENT HFA	51	BENTYL	27
apremilast	37	ATROVENT NASAL SPRAY	23	BENZAC AC.	18
aprepitant	26	AUBAGIO	15	benznidazole	33
APRESOLINE	12	AUGMENTIN	33	benzocaine/antipyrine	21
APRISO	28	auranofin	37	benzonatate	47
APTIVUS.	36	AVITA	18	BENZOTIC.	21
AQUA-MEPHYTO INJ	31	axitinib	4	benzoyl peroxide	18, 58
ARALEN.	36	AYGESTIN.	40	benzoyl peroxide crm, gel, lotion.	58
ARANESP.	7	AZASAN.	37	benztropine	15
ARAVA.	37	azathioprine	6, 37	BERINERT.	56
ARCAPTA NEOHALER.	51	azathioprine.	37	BETA-VAL	18
ARICEPT	12	azelaic acid	18	BETACARE CREAM AND LOTION	58
ARIMIDEX.	5	azelastine	22, 41	BETAGAN	42
aripiprazole	46	azithromycin.	32	betamethasone augmented dip	19
aripiprazole ER injection	46	aztreonam	55	betamethasone dip augmented	19
aripiprazole injection	46	AZULFIDINE	28, 37	betamethasone dipropionate	19
ARISTADA.	46	AZULFIDINE EN-TABS	28, 37	betamethasone val	18
armodafinil	13			BETAPACE	9
ARNUITY ELLIPTA	51			BETAPACE AF	9
AROMASIN	5			betaxolol.	9
ARTANE	16			bethanechol.	52
artificial tears	60			BETHKIS	56

B

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

Index of Covered Drugs

betrixaban	7	BUSPAR	44	captopril/hydrochlorothiazide .8
BEVYXXA	7	buspirone	44	CAPZASIN-P
bexarotene caps and topical gel	6	busulfan	4	CARAFATE
BIAXIN	32	butalbital/acetaminophen . . 13		CARAFATE SUSPENSION . . 27
BIAXIN XL	32	butalbital/acetaminophen/ caffeine	13	CARBAGLU
bicalutamide	5	butalbital/apap/caff/cod . . 14		carbamazepine
BICITRA	53	butalbital/asa/caff/cod . . . 14		carbamazepine extended- release
bictegravir/emtricitabine/ tenofovir	35	butalbital/aspirin/caffeine . . 13		21, 59
BIKTARVY	35	butorphanol	14	CARBATROL
BILTRICIDE	31			16
BIO-D DRO-MULSION	53			carbidopa/levodopa
BIO-D-MULSIO DRO FORTE 53				15
biperiden	15			carbidopa/levodopa extended- release
bisoprolol	9			15
bisoprolol/hydrochlorothiazide 9				CARDEC DM DRO
BLEPH-10	43			50
BONINE	60			CARDEC DM SYP
BOOSTRIX	57			50
bosentan	12			CARDEC DRO
BOSULIF	4			48
bosutinib	4			CARDEC SYP
BREO ELLIPTA	51			48
BRETHINE	52			CARDENE
brigatinib	4			10
BRILINTA	7			CARDIZEM
brimonidine	20, 43			10
BROMETANE DX	48			CARDIZEM CD
BROMFED DM	47			10
brompheniramine & phenylephrine	47			CARDIZEM SR
brompheniramine/ pseudoephedrine 47, 48, 58				10
brompheniramine/ pseudoephedrine/ dextromethorphan	47			CARDURA
budesonide	28, 52			8, 52
bumetanide	10			carglumic acid
BUMEX	10			56
BUPHENYL	56			carteolol
buprenorphine	46			42
buprenorphine/naloxone . . 46				carvedilol
bupropion	45			9
bupropion extended-release 45				casanthranol-docusate sodium
Burow's soln, wet dressings . 59				26
				CASODEX
				5
				CASTIVA
				37
				CATAFLAM
				13, 37
				CATAPRES
				8
				CAYSTON
				55
				CECLOR
				32
				cefaclor
				32
				cefadroxil
				32
				cefazolin sodium for inj. . . . 29
				cefdinir
				32
				cefixime
				32
				cefprozil
				32
				CEFTIN
				32
				CEFTRIAX/DEX INJ
				30
				CEFTRIAXONE INJ
				29, 30
				ceftriaxone sodium for inj . . 29
				ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% . 30

C

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

Index of Covered Drugs

ceftriaxone sodium in dextrose inj	30	chlorpheniramine maleate	22, 48	CLEAR EYES REDNESS RELIEF	41
CEFTRIAZONE/INJ DEX.	30	chlorpheniramine maleate phenylephrine HCL.	48	CLEARASIL	58
cefuroxime axetil	32	chlorpheniramine tan/ phenylephrine tan	48	clemastine.	22
CEFZIL.	32	chlorpheniramine/ dextromethorphan	48, 50	CLEOCIN	18, 30, 36, 41
CELEBREX	37	chlorpheniramine/ phenylephrine.	22, 48	CLEOCIN PHOS INJ	30
celecoxib	37	chlorpheniramine/ pyrilamine	22	CLEOCIN T	18
CELEXA	45	chlorpheniramine/ pseudoephedrine 22, 48, 58	22, 48, 58	CLIMARA	40
CELLCEPT	6	chlorpromazine	47	clindamycin	18, 30, 36, 41
CELONTIN	16	chlorpropamide	24	clindamycin phosphate inj	30
CENTRUM	54	chlorthalidone.	9, 10	CLINORIL	13, 38
cephalexin.	32	chlorzoxazone.	38	clobazam	16
ceritinib	4	CHOLBAM	26	clobetasol propionate	19
certolizumab pegol	37	cholecalciferol.	53	clonazepam	16, 44
CETAPHIL CREAM AND LOTION	58	cholestyramine	11	clonidine.	8
cetirizine	22, 58	cholic acid.	26	clopidogrel	7
cetirizine chew tab	22	choriogonadotropin alfa	40	clorazepate	44
cetirizine hydrochloride/ pseudoephedrine hydrochloride 12 hours extended-release	22	chorionic gonadotropin	40	clotrimazole	19, 33, 41, 58
cetirizine/pseudoephedrine OTC	58	ciclopirox	19	clotrimazole with betamethasone	19
CETYLEV	55	cilostazol.	7	clozapine	46
CHANTIX	47	CILOXAN	43	clozapine oral suspension	46
CHEMET	55	cimetidine	27	CLOZARIL.	46
CHILD IBUPRO SUS COLD	51	CIMZIA.	37	cobicistat	35, 36
CHLOR-TRIMETON 21, 22, 58	21, 22, 58	cinacalcet	56	cobicistat/elvitegravir/ emtricitabine/tenofovir	36
CHLOR-TRIMETON ALLERGY	21	CIPRO	30, 32	cobimetinib	4
CHLOR-TRIMETON SYRUP	22	CIPRO I.V. INJ.	30	codeine sulfate	14
chloral hydrate	46	CIPRO I.V. SOL	30	codeine/acetaminophen.	14
chlorambucil	4	CIPRODEX	21	codeine/chlorpheniramine/ pseudoephedrine.	48
chlordiazepoxide	44	ciprofloxacin.	21, 30, 32, 43	codeine/guaifenesin	48
chlorhexidine gluconate	23	ciprofloxacin 0.2% in d5w	30	codeine/guaifenesin/ pseudoephedrine.	48
chloroquine phosphate.	36	ciprofloxacin iv soln 1%	30	codeine/promethazine	48
chlorothiazide	10	ciprofloxacin/ dexamethasone.	21	codeine/promethazine/ phenylephrine.	48
chloroxine	20	citalopram	45	CODIMAL DH.	50
chlorphen tan/carbetapentane tan	47	CLARAVIS.	17	COGENTIN	15
chlorphen tan/pyrilamine tan/PE tan	47	clarithromycin	32	COLACE.	26, 60
chlorpheniramine extended- release.	21	clarithromycin ER.	32	COLAZAL	28
		CLARITIN	22, 58	colchicine	38
		CLARITIN-D	49	collagenase oint	20
				COLLOIDAL OATMEAL BATHS.	59
				COLOCORT.	28

ALL CAPS = Brand-name drug

lower case = Generic drug

Index of Covered Drugs

COLYTE	26	CURITY ALCOHOL PADS	59	DELATESTRYL	23	
COMBIVENT RESPIMAT.	51	CUTIVATE	18	delavirdine.	34	
COMBIVIR.	35	cyanocobalamin	53	DELFEN	59	
COMETRIQ	4	CYCLESSA	40	DELSYM.	49, 59	
COMMIT LOZENGES	60	cyclobenzaprine	38	DELTASONE	23	
COMMIT OTC	47	CYCLOGYL	42	DELZICOL.	28	
COMPAZINE	27, 47	cyclopentolate.	42	DEMADEX.	11	
COMPLERA.	35	cyclophosphamide	4	DEMEROL.	14	
COMPLETE NATALCARE PAK		cycloserine	32	DEPAKENE	17	
DHA	54	cyclosporine.	6	DEPAKOTE	15, 16, 44	
COMTAN	15	cyclosporine, modified	6	DEPAKOTE		
condoms-male	59	CYMBALTA	45	SPRINKLE.	15, 16, 44	
CONDYLOX SOL	20	cyproheptadine	22	DEPEN TITRATABLE.	37	
conjugated estrogen/ bazedoxifene	41	CYSTAGON	6	DEPO-PROVERA	39	
contraceptive foam	59	CYSTARAN	43	DEPO-TESTOSTERONE	23	
contraceptive gel	59	cysteamine 0.44% ophthalmic solution	43	DERMA-SMOOTH OIL/FS	18	
COPAXONE 40mg	15	cysteamine bitartrate	6	DERMAPHOR OINTMENT.	58	
copper IUD	39	CYTOMEL.	25	dermatological baths	59	
CORDARONE.	9	CYTOTEC	28	DERMATOP	19	
COREG	9	CYTOVENE	34	DESCOVY	35	
CORICIDIN TAB CGH/CLD	48	CYTOXAN.	4	DESENX	19	
CORTAID	59	D			desipramine.	45
CORTEF.	23	D3-50 CAP	53	desmopressin.	26	
cortisone acetate	23	D5W/NAACL INJ.	31	desogestrel/EE	38-40	
CORTISPORIN	21, 41	D.H.E. 45	14	DESYREL	45	
CORTISPORIN OTIC	21	dabrafenib.	4	DETROL.	53	
CORTIZONE	18	daclizumab	15	dexamethasone. 21, 23, 41, 42		
CORTIZONE-10 INTENSIVE		DALMANE.	45	dexamethasone sodium		
HEALING	18	danazol	40	phosphate.	42	
COSENTYX	37	DANOCRINE	40	DEXASOL	42	
COSOPT.	42	DANTRIUM	38	dextromethorphan hbr	49	
COTELLIC.	4	dantrolene.	38	dextromethorphan polistirex extended-release	49	
COUMADIN	7	dapsone	36	dextromethorphan- guaifenesin	48	
COZAAR	9	DARAPRIM	36	dextromethorphan/ brompheniramine/ pseudoephedrine.	48	
CPM/PSE	48	darbepoetin alfa.	7	dextromethorphan/ guaifenesin	49, 50	
CREON	28	darunavir	35, 36	dextromethorphan/ promethazine	49	
CREON 3000 UNIT.	28	darunavir/cobicistat	36	dextromethorphan/quinidine 47		
crisaborole	20	dasatinib.	4	dextrose 5% w/ sodium chloride 0.45%	31	
CRIXIVAN	35	DAYPRO.	13, 38	dextrose inj	30, 31	
crizotinib.	4	DDAVP.	26			
crofelemer.	26	DEBROX.	21, 59			
CROLOM	41	DECADRON.	23			
cromolyn.	23, 41, 52	decongestants	3, 23, 47, 60			
cromolyn sodium	23, 41	deferasirox.	8			
crotamiton.	20					

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

Index of Covered Drugs

DIABINESE	24	diphenoxylate/atropine.	26	DUOFILM	20, 61
DIAMOX SEQUELS.	42	diphtheria-tetanus tox		DUONEB	52
DIAQUA-2 INJ.	31	adsorbed (dt) im	56	DURAGESIC	14
DIASTAT ACUDIAL	16	DIPROLENE.	19	DURAMORPH INJ	29
diazepam	16, 38, 44	DIPROLENE AF.	19	DURATUSS DM ELX	48
diclofenac 1% gel.	37	dipyridamole	7	DUREX	59
diclofenac potassium.	13, 37	DISALCID	38	DURICEF	32
diclofenac sodium	13, 37, 42	disopyramide	9	DYAZIDE.	11
diclofenac sodium delayed-		disopyramide			
release.	13, 37	extended-release	9		
diclofenac sodium extended-		disulfiram	43		
release.	13, 37	DITROPAN	52		
dicloxacillin	33	DITROPAN XL.	52		
dicyclomine	27	DIURIL.	10		
didanosine	35	DIURIL ORAL SUSPENSION	10		
didanosine delayed-release .	35	divalproex sodium cap			
DIDRONEL	25	sprinkle	15, 16, 44		
DIFFERIN OTC GEL 0.1%18,	58	divalproex sodium delayed-			
DIFICID	33	release.	15, 16, 44		
DIFLUCAN.	33, 41	docosanol	34, 58		
digoxin.	9	docusate calcium plus	26		
DIHISTINE DH.	48	docusate potasssium.	26		
DIHYDRO-PE SYP	50	docusate sodium	26		
dihydroergotamine	14	dofetilide.	9		
DILACOR XR	10	dolutegravir	34, 36		
DILANTIN	17	dolutegravir/rilpivirine	36		
DILANTIN INFATABS.	17	DOMBORO	21, 59		
DILAUDID	14	DOMBORO OTIC	21		
diltiazem.	10	donepezil	12		
diltiazem extended-release. .	10	dornase alfa	55		
diltiazem sustained-release .	10	dorzolamide.	42		
DIMEATAPP DRO		dorzolamide/timolol maleate	42		
DECONGES.	23	DOSTINEX	26		
dimenhydrinate	60	DOVONEX.	19		
DIMETAPP . 47, 48, 50, 58, 59		doxazosin	8, 52		
DIMETAPP CLD ELX/		doxepin	45		
ALLERGY	47	doxycycline monohydrate . .	33		
DIMETAPP DRO DCON/		doxylamine succinate	46, 60		
CGH	50	DRAMAMINE	60		
DIMETAPP DRO DECONGES	59	DRISDOL	53		
DIMETAPP SYP CGH/CLD . 48		dronabinol.	26		
dimethyl fumarate.	15	DROXIA	6		
DIP/TET PED INJ.	56	DUAVEE	41		
DIPENTUM	28	dulaglutide	25		
diphenhydramine.	22, 31, 46	DULCOLAX	60		
diphenhydramine hcl inj . . .	31	duloxetine	45		

E

E-OINTMENT	58
E.E.S..	33
ecothiophate	42
ECOTRIN	7, 37, 60
ED A-HIST TABLETS AND	
LIQUID.	48
EDGE OB CHW.	54
edoxaban	7
EDURANT.	34
efavirenz.	34, 35
efavirenz/emtricitabine/	
tenofovir	35
EFFEXOR	45
EFFEXOR XR	45
EFFIENT.	7
EFUDEX	20
EGRIFTA.	25
ELAVIL.	15, 45
ELDEPRYL	16
electrolyte	2, 31, 53, 60
electrolyte rehydrating soln. .	60
ELIDEL.	21
ELIMITE	20
ELIQUIS	7
ELMIRON	53
ELOCON	19
eltrombopag.	56
elvitegravir/cobicistat/	
emtricitabine/tenofovir	
alafenamide fumarate	36
EMCYT	4
EMEND	26
EMETROL.	60
EMLA	21
emollients	58
empagliflozin	24, 25

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

Index of Covered Drugs

empagliflozin/metformin . . . 25	erythromycin delayed-release 32	F
empagliflozin/metformin extended-release 25	erythromycin ethylsuccinate . 33	
emtricitabine 35, 36	erythromycin stearate. 33	
emtricitabine/rilpivirine/ tenofovir 35	erythromycin/sulfisoxazole. . 33	
emtricitabine/tenofovir alafenamide 35, 36	ESBRIET. 56	
emtricitabine/tenofovir disoproxil 35	escitalopram 45	
emtricitabinerilpivirine/ tenofovir 35	ESGIC 13	
EMTRIVA 35	ESKALITH CR. 44	
enalapril 8	esomeprazole 27	
enalapril oral soln. 8	esomeprazole granules . . . 27	
enalapril/hydrochlorothiazide . 8	ESTRACE 40	
ENBREL 37	ESTRACE CRM. 40	
enfuvirtide 36	estradiol 40	
ENGERIX-B 56	estramustine phosphate sodium 4	
enoxaparin 7	estrogens, conjugated . . . 40	
entacapone 15	estrogens, conjugated/ medroxyprogesterone . . 40	
entecavir 34	estropipate 40	
ENTERIC COATED- NAPROSYN 13, 38	ESTROSTEP FE 40	
ENTOCORT EC. 28	etanercept 37	
ENTRESTO 9	ethambutol 32	
ENULOSE 26	ethionamide 32	
EPANED 8	ethosuximide 16	
epinephrine 55	ethynodiol diacetate/EE . . 39	
EPIPEN 55	etidronate 25	
EPIPEN JR. 55	etodolac 13, 37	
EPIVIR 34, 35	etonogestrel subdermal implant 40	
EPIVIR HBV 34	etonogestrel/EE. 39	
epoetin alfa 7	etoposide 6	
EPOGEN 7	etravirine. 34	
EPZICOM 35	EUCRISA 20	
ergocalciferol (D2) 53	EULEXIN. 5	
ergotamine tartrate/caffeine . 14	EURAX. 20	
ergotamine/caffeine 14	everolimus. 4, 6	
ERIVEDGE 7	EVISTA. 25	
erlotinib 4	EVOTAZ 35	
ERY-TAB 32	EXCEDRIN MIGRAINE 13	
ERYC 32	EXELON 12	
ERYGEL 18	exemestane 5	
ERYTHROCIN. 33	EXJADE 8	
erythromycin . . . 18, 32, 33, 43	exogabine 16	
	ezetimibe 11	famotidine 27, 60
		FANAPT 46
		FANTASY 59
		FARESTON 5
		FARYDAK 4
		FAZACLO 46
		febuxostat 38
		felbamate 16
		felbamate oral susp. 16
		FELBATOL 16
		FELBATOL ORAL SUSP. . . . 16
		FELDENE 13, 38
		felodipine extended-release . 10
		FEMARA. 5
		fenofibrate 11
		FENTANYL CIT INJ. 29
		fentanyl citrate inj 29
		fentanyl transdermal 14
		FEOSOL 53, 61
		FERGON 61
		ferrous bis-glycinate chelate . 61
		ferrous fumarate 61
		ferrous gluconate 61
		ferrous sulfate 53, 61
		fidaxomicin 33
		filgrastim 7
		FINACEA 18
		finasteride 52
		fingolimod 15
		FIORICET 13, 14
		FIORICET W/CODEINE 14
		FIORINAL 13, 14
		FIORINAL W/CODEINE 14
		FIRAZYR 56
		FLAGYL 36, 41
		flecainide 9
		FLEET ENEMA 60
		FLEET PHOSPHO-SODA 60
		FLEXERIL 38
		FLOMAX. 52
		FLONASE 22
		FLORANEX 28
		FLORINEF 23
		FLOVENT HFA 51

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

Index of Covered Drugs

FLOXIN	21, 32	FURADANTIN SUSP		glyburide.	25
FLOXIN OTIC	21	25 MG/5 ML	36	glyburide, micronized.	25
FLUARIX QUAD.	57	furosemide	10, 31	glycerin	26, 41, 58
FLUBLOK	56	furosemide inj.	31	GLYCERIN SUPPOSITORY	26
FLUCELVAX.	57	FUZEON.	36	GLYCERIN TOPICAL	58
fluconazole	33, 41			glycerol phenylbutyrate.	56
fludrocortisone	23			glycopyrrolate	28
FLULAVAL QUAD.	57	G		GLYNASE	25
FLUMADINE.	34	gabapentin	16	GRIFULVIN V	33
fluocinolone acetonide	18	GABITRIL	17	GRIS-PEG	33
fluocinonide	19	galantamine	12	griseofulvin microsize.	33
fluocinonide emulsified base	19	ganciclovir	34	griseofulvin ultramicrosize	33
fluoride.	53-55, 61	GARDASIL	56	guaifenesin	48-50
fluoride dental rinse	61	GARDASIL 9	56	guaifenesin extended-release	49
fluorometholone	42	GATTEX	28	guaifenesin/ pseudoephedrine.	48, 49
fluorouracil	20	gefitinib	4	guaifenesin/pseudoephedrine extended-release	49
fluoxetine	45	GEL-KAM	53	guaifenesin/pseudoephedrine/ dextromethorphan	49
fluphenazine	47	gemfibrozil.	11	guanabenz	12
fluphenazine decanoate	47	GENGRAF.	6	guanfacine	8, 44
flurazepam	45	GENTAK.	18, 43	guanfacine ER	44
flurbiprofen	42	gentamicin	18, 41, 43	GUIATUSS AC	48
flutamide.	5	gentamicin/prednisolone acetate.	41	GUIATUSS DAC.	48
fluticasone.	18, 22, 51	GENTEX ADE 28-1 MG	54	GYNE-LOTRIMIN	41, 58
fluticasone furoate	51	GENVOYA	36	GYNOL II	59
fluticasone HFA	51	GEODON	46		
fluticasone propionate	18	GG/CODEINE.	48	H	
fluticasone/salmeterol	51	GG/DM CR	49	HAEGARDA	56
fluticasone/vilanterol	51	GILENYA	15	HALCION	45
FLUVIRIN	57	GILOTRIF	4	HALDOL.	47
fluvoxamine	44	glatiramer acetate.	15	HALDOL DECANOATE.	47
FLUZONE HD PF	57	GLATOPA	15	halobetasol	19
FLUZONE QUAD	57	glecaprevir/pibrentasvir	34	haloperidol	47
FLUZONE SPLT.	57	GLEEVEC	5	haloperidol decanoate	47
FML	42	GLEOSTINE.	4	HAVRIX	56
FML FORTE.	42	glimepiride	25	HECORIA	6
FML LIQUIFILM.	42	glipizide	25	heparin	7
folic acid	53-55	glipizide extended-release	25	hepatitis a vaccine susp	56
FOLTABS PAK PLUS DHA RE OB + DHA PAK	54	GLUCAGON.	23	hepatitis b vaccine (recombinant).	56
FOLTABS PRENATAL	54	glucagon, human recombinant.	23	hepatitis b vaccine recombinant adjuvanted	56
FORTICAL.	25	GLUCOPHAGE	25	HEPLISAV-B	56
FOSAMAX.	25	GLUCOPHAGE ER	25	HEXALEN	4
fosamprenavir.	35	glucose oral tablets.	59		
fosinopril.	8	GLUCOTROL	25		
fosinopril/hydrochlorothiazide	8	GLUCOTROL XL	25		
		GLUCOVANCE	25		

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

Index of Covered Drugs

HIPREX	52	HYPERSAL	56	INFLAMASE FORTE	42
HIVID.	35	HYPERTET S/D.	57	influenza virus vaccine	
HUMALOG	24	HYPOTEARs	60	recombinant hemagglutinin	
HUMALOG MIX 50/50	24	HYTONE.	18	(ha).	56
HUMALOG MIX 75/25	24	HYTRIN	8, 52	influenza virus vaccine split	57
human papillomavirus (hpv)		HYZAAR.	9	influenza virus vaccine split high-	
9-valent recomb vac	56			dose pf	57
human papillomavirus (hpv)				influenza virus vaccine split pf57	
quadrivalent recombinant				influenza virus vaccine split	
vac	56			quadrivalent.	57
HUMATIN	36			influenza virus vaccine tiss-cult	
HUMIRA	37			subunit.	57
HUMULIN	24, 59			influenza virus vaccine types	
HUMULIN 70/30	24			a&b surface antigen	57
HUMULIN N.	24			INGREZZA	17
HUMULIN R.	24			INLYTA.	4
HYCODAN.	49			insulin (vials only)	59
hydralazine	12			insulin aspart	24
HYDREA.	6			insulin aspart protamine 70%/	
hydrochlorothiazide.	8-11			insulin aspart 30%	24
hydrocodone ER	14			insulin glargine	23, 24
hydrocodone/				insulin glargine 300 units/ml	24
acetaminophen	14			insulin glargine/lixisenatide	23
hydrocodone/homatropine	49			insulin human	24
HYDROCODONE/TAB				insulin isophane.	24
HOMATROP	49			insulin isophane human	24
hydrocortisone	18, 20, 21, 23,			insulin isophane human 70%/	
28, 41, 59				regular 30%.	24
hydrocortisone butyrate	18			insulin isophane/regular	24
hydrocortisone crm, oint	59			insulin lisopro pro/lispro	24
hydrocortisone valerate	18			insulin lisopro prot/lispro.	24
hydrocortisone/aloe	18			insulin lispro.	24
HYDROMET SYP.	49			insulin regular	24
hydromorphone.	14			insulin syringes	56
hydroxychloroquine.	36, 37			INTAL	52
hydroxyurea	6			INTELENCE.	34
hydroxyzine HCL	22			interferon alfa-2b	6, 34
hydroxyzine pamoate.	22			INTRON A.	6, 34
hyoscyamine sulfate	28			INTUNIV	44
hyoscyamine sulfate extended-				INVEGA	46
release.	28			INVEGA SUSTENNA	46
hyoscyamine, methenamine,				INVEGA TRINZA	46
phenyl salicylate, sodium				INVIRASE	36
phosphate monobasic,				INVOKAMET	24
methylene blue	52			INVOKAMET XR	24
HYPERCARE 15%	20			INVOKANA	24

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

Index of Covered Drugs

ipratropium	23, 51, 52	KAYEXALATE	12	LARIAM	36
ipratropium HFA	51	KAZANO	24	LASIX	10
ipratropium nasal	23	KEFLEX	32	latanoprost	42
ipratropium/albuterol	51, 52	KENALOG	19, 23	LATUDA	46
IRESSA	4	KENALOG IN ORABASE	23	laxative enemas	60
iron	39, 40, 54, 55, 61	KEPPRA	16	laxatives	2, 26, 60
ISENTRESS	34	KERLONE	9	leflunomide	37
ISENTRESS CHEWABLE	34	ketoconazole	19, 20, 33	lenalidomide	6
ISENTRESS HD	34	ketoprofen	13, 38	lenvatinib	5
ISMO	11	ketorolac	13, 29, 42	LENVIMA	5
isoniazid	32	KETOROLAC INJ	29	LETAIRIS	12
ISOPTO ATROPINE	42	ketorolac tromethamine	13, 29	letrozole	5
ISOPTO CARPINE	43	ketorolac tromethamine im inj	29	leucovorin	5
ISORDIL	11	ketorolac tromethamine inj	29	LEUKERAN	4
ISORDIL S.L.	11	ketotifen	41	LEUKINE	7
isosorbide dinitrate	11	KEVZARA	37	leuprolide	5
ISOSORBIDE DINITRATE ER	11	KIMONO	59	levabuterol HCl	52
isosorbide dinitrate extended-		KINERET	37	LEVAQUIN	30, 32
release	11	KLONOPIN	16, 44	LEVAQUIN INJ	30
isosorbide mononitrate	11	KLOR-CON 10	55	levetiracetam	16
isosorbide mononitrate		KLOR-CON 8	55	levobunolol	42
extended-release	11	KORLYM	26	levocetirizine	22
isotretinoin	17	KUVAN	26	levofloxacin	30, 32
itraconazole	33			levofloxacin in d5w iv soln	30
ivacaftor	55			levofloxacin iv soln	30
ivermectin	31			levonorgestrel	38-40
ixazomib	5			levonorgestrel releasing IUD	39
				levonorgestrel/EE	38-40
				levothyroxine	25
				LEVOXYL	25
				LEVSIN	28
				LEVSINEX	28
				LEXAPRO	45
				LEXIVA	35
				LIBRIUM	44
				LIDAMANTEL	21
				LIDEX	19
				LIDEX E	19
				lidocaine	21, 23
				lidocaine patch	21
				lidocaine viscous	23
				lidocaine/prilocaine	21
				LIDODERM	21
				LIFESTYLES	59
				lifitegrast	43
				LILETTA	39

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

Index of Covered Drugs

linaclotide	26	losartan/HCTZ	9	MAXALT/MAXALT MLT	14	
linezolid	36	LOTENSIN	8	MAXITROL	41	
LINZESS	26	LOTENSIN HCT	8	MAXZIDE	11	
liothyronine	25	LOTRIMIN AF	19, 58	measles, mumps & rubella virus vaccines for inj	57	
liotrix	25	LOTRISONE	19	mecasermin	25	
LIPITOR	11	lovastatin	11	meclizine	27, 60	
lisdexamfetamine	44	LOVAZA	11	MEDROL	23	
lisdexamfetamine chewable tab	44	LOVENOX	7	medroxyprogesterone acetate	39, 40	
lisinopril	8, 83	loxapine	47	mefloquine	36	
lisinopril/hydrochlorothiazide .	8	LOXITANE	47	MEGACE	6	
lithium carbonate	44	LOZOL	10	megestrol acetate	6	
lithium carbonate extended- release	44	LUDIOMIL	45	MEKINIST	5	
LITHOBID	44	lumacaftor/ivacaftor	55	MELLARIL	47	
lixisenatide	23, 25	LUPRON	5	meloxicam	13, 38	
LMX-4	21	LUPRON DEPOT	5	melphalan	4	
LO/OVRAL	39	LUPRON DEPOT 6-MONTH .	5	memantine	12	
LOCOID	18	LUPRON DEPOT-PED	5	MENACTRA	57	
LODINE	13, 37	lurasidone	46	meningococcal (a, c, y, and w-135)	57	
LOESTRIN 1/20	39	LURIDE	53	meningococcal (a, c, y, and w-135) conjugate vaccine	57	
LOESTRIN 1.5/30	39	LURIDE LOZI-TABS	53	meningococcal (a, c, y, and w-135) oligo conj vac for inj	57	
LOESTRIN FE 1/20	39	LUVOX	44	MENOMUNE	57	
LOESTRIN FE 1.5/30	39	LYNPARZA	6	MENVEO	57	
LOFIBRA	11	LYRICA	17	meperidine	14	
LOHIST-D	48	LYRICA SOLUTION	17	MEPHYTON	54	
LOMOTIL	26	LYSODREN	6	MEPRON	33	
lomustine	4	LYSTEDA	41	mercaptopurine	4	
LONITEN	12	M			mesalamine	28
LONSURF	4	M-CLEAR WC	48	mesalamine extended-release	28	
loperamide	26	M-M-R II	57	mesalamine supp	28	
LOPID	11	MAALOX	27, 59	mesna	5	
lopinavir/ritonavir	35	MAALOX LIQUID	59	MESNEX	5	
LOPRESSOR	9	macitentan	12	MESTINON	15	
loratadine	22, 49, 58	MACROBID	36	MESTINON TIMESPAN	15	
loratadine & pseudoephedrine SR 24 hr.	49	MACRODANTIN	36	METADATE CD	44	
loratadine/ pseudoephedrine 22, 49, 58		MAG-OX	53, 61	METADATE ER	44	
loratadine/pseudoephedrine extended-release	22	magnesium oxide	53, 61	METAMUCIL	60	
lorazepam	44	malathion	20	metaproterenol	52	
LORCET	14	MAPAP COLD TAB	50	METAPROTERENOL SYRUP	52	
LORTAB	14	maprotiline	45			
LORTAB ELIXIR	14	maraviroc	36			
losartan	9	MARINOL	26			
		MATERNA	54			
		MATULANE	7			
		MAVIK	8			
		MAVYRET	34			

ALL CAPS = Brand-name drug

lower case = Generic drug

Index of Covered Drugs

metformin	24, 25	MINIPRESS	8	mupirocin	18
metformin ER	25	MINOCIN	33	MURINE	60
metformin/glyburide	25	minocycline	33	MURO 128	43
methazolamide	42	minoxidil	12	MYAMBUTOL	32
methenamine hippurate	52	MINUTUSS DR SYP	50	MYCELEX	19, 33
METHERGINE	26, 41	MIRALAX	26	MYCOBUTIN	32
methimazole	25	MIRAPEX	15	mycophenolate mofetil	6
methocarbamol	38	MIRCETTE	38	mycophenolate sodium	6
methotrexate	37	MIRENA	39	MYCOSTATIN	19, 33
methoxsalen	20	mirtazapine	45	MYFORTIC	6
methsuximide	16	MIRVASO	20	MYLANTA	27, 59
methyldopa	12	misoprostol	28	MYLANTA LIQUID	59
methyldopa/HCTZ	12	MITIGARE	38	MYLERAN	4
methylergonovine	26, 41	mitotane	6	MYLICON	60
methylphenidate	44	MOBAN	47	MYORISAN	17
methylphenidate extended- release	44	MOBIC	13, 38	MYSOLINE	17
methylprednisolone	23	MODICON	39	MYTESI	26
metipranolol	42	MODURETIC	10		
metoclopramide	27	molindone	47	N	
metolazone	10	mometasone	19	nabumetone	13
metoprolol	9	mometasone furoate	19	naloxegol	28
metoprolol succinate	9	MONISTAT	41, 58	naloxone	14, 46
METROCREAM	20	MONISTAT 3	41	NALOXONE INJ.	46
METROGEL	20, 41	MONISTAT-DERM	19	naltrexone	43, 46
METROGEL 1%	41	MONOPRIL	8	NAMENDA	12
METROGEL-VAGINAL	41	MONOPRIL-HCT	8	naphazoline HCL	41
METROLOTION	20	montelukast	52	naphazoline/glycerin	41
metronidazole	20, 36, 41	morphine	14, 29	naphazoline/zinc sulfate	41
MEVACOR	11	morphine extended-release	14	NAPHCAN A	60
mexiletine	9	MORPHINE SUL INJ	29	NAPROSYN	13, 38
MEXITIL	9	morphine sulfate inj.	29	naproxen	13, 38
MIACALCIN	25	morphine sulfate iv soln	29	naproxen delayed release	13, 38
MICATIN	19, 58	MOTRIN	13, 38, 60	naratriptan	14
miconazole	19, 41, 58	MOTRIN IB	60	NARCAN NASAL SPRAY	46
miconazole crm	58	MOVANTIK	28	NASACORT ALLERGY 24 HOUR	22
MICRO-K 10	55	MOZOBIL	7	nasal sprays	59
MICRONASE	25	MS CONTIN	14	NASALCROM	23
MICROZIDE	10	MSIR	14	nateglinide	25
MIDAMOR	10	MUCINEX	49	NAVANE	47
midodrine	12	MUCINEX D	49	NEBUSAL	56
midostaurin	5	MUCINEX DM	49	nelfinavir	35
mifepristone	26	MUCOMYST	55	NEO-SYNEPHRINE	23, 59
MIGERGOT SUPPOSITORIES	14	MULTI SYMPTOM TAB COLD RLF	50	neomycin sulfate	36
miltefosine	33	multivitamins/fluoride/±iron	54	neomycin/bacitracin/ polymyxin	43
		multivitamins/minerals	54		

ALL CAPS = Brand-name drug

lower case = Generic drug

Index of Covered Drugs

neomycin/polymyxin B/ bacitracin	18	niraparib	6	NUEDEXTA	47
neomycin/polymyxin B/ dexamethasone.	41	nitazoxanide suspension.	33	NULYTELY.	26
neomycin/polymyxin B/ gramicidin.	43	nitazoxanide tablet	34	NUVARING	39
neomycin/polymyxin B/ hydrocortisone	21, 41	nitisinone	26	NUVIGIL	13
NEORAL.	6	NITREK	11	NYMALIZE	10
NEOSPORIN	18, 43, 59	NITRO-BID	11	nystatin	19, 33
NEPHROCAPS	55	NITRO-DUR	11	NYTOL QUICK CAPS	46
NEPTAZANE	42	nitrofurantoin extended-release	36		
NESINA	24	nitrofurantoin macrocrystals	36	O	
NESTABS	54	nitrofurantoin susp	36	OCEAN NASAL SPRAY	23
NEULASTA	7	nitroglycerin	11, 21	octreotide	6
NEUMEGA	7	NITROLINGUAL	11	OCUFEN.	42
NEURONTIN	16	NITROSTAT	11	OCUFLOX	43
NEUTROGENA OIL FREE ACNE WASH	18	NIX	20, 60	ODEFSEY	35
nevirapine	34	NIX CREME RINSE.	20	ODOMZO	7
nevirapine ER	34	NIZORAL	19, 20, 33	OFEV	56
NEXAVAR	5	NIZORAL SHAMPOO	20	ofloxacin.	21, 32, 43
NEXIUM 24HR OTC	27	NOLVADEX	5	OGEN	40
NEXIUM DELAYED RELEASE PACKET	27	NORCO	14	olanzapine.	46
NEXPLANON	40	NORDETTE	39	olaparib	6
niacin	11	norelgestromin/EE	40	olodaterol	51
niacin extended-release	11	norethindrone	38-40	olsalazine sodium.	28
NIACOR	11	norethindrone acetate	39, 40	omalizumab	51
NIASPAN	11	norethindrone acetate/ EE	39, 40	omega 3 acid ethyl esters	11
nicardipine	10	norethindrone acetate/ EE/iron	39, 40	omeprazole delayed-release	27
NICODERM CQ.	47, 60	norethindrone/EE.	38-40	OMNICEF	32
NICORETTE OTC.	47	norethindrone/ME	39	ondansetron.	27
nicotine	47, 60	NORFLEX	38	One Touch Systems	24
NICOTINE GUM.	60	norgestimate/EE	39, 40	One Touch Test Strips	24
nicotine polacrilex gum.	47	norgestrel/EE	39	ONFI	16
NICOTROL	60	NORPACE.	9	oprelvekin	7
nifedipine	10	NORPACE CR	9	OPSUMIT	12
nifedipine extended-release	10	NORPRAMIN	45	OPTIPRANOLOL	42
nilotinib	5	nortriptyline	45	OPTIVAR	41
nimodipine	10	NORVASC.	10	ORAP	47
nimodipine oral soln	10	NORVIR	35	ORAPRED.	23
NIMOTOP	10	NOVAREL	40	ORFADIN	26
NINLARO	5	NOVOLIN	24, 59	ORKAMBI	55
nintedanib	56	NOVOLIN 70/30	24	orlistat	47
		NOVOLIN N	24	orphenadrine extended-release	38
		NOVOLIN R	24	ORTHO COIL	39
		NOVOLOG	24	ortho diaphragm	39
		NOVOLOG MIX 70/30	24	ORTHO EVRA	40
				ORTHO FLAT	39
				ORTHO FLEX.	39

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

Index of Covered Drugs

ORTHO MICRONOR	39	paroxetine	45	phenylephrine/ brompheniramine/ dextromethorphan	49
ORTHO TRI-CYCLEN	40	PASER	32	phenylephrine/ chlorpheniramine/ dextromethorphan	50
ORTHO-CEPT	39	pasireotide.	6	phenylephrine/ chlorpheniramine/ dihydrocodeine	50
ORTHO-CYCLEN	39	patiromer	12	phenylephrine/ dextromethorphan	50
ORTHO-NOVUM 1/35	39	PAXIL	45	phenylephrine/ guaifenesin	50
ORTHO-NOVUM 1/50	39	pazopanib	5	phenylephrine/ephed/CPM w/ carbetapentane	50
ORTHO-NOVUM 10/11	38	PEDIACARE LIQ MULTI-SY	50	phenylephrine/guaifenesin	50
ORTHO-NOVUM 7/7/7	40	PEDIALYTE	53, 60	phenylephrine/pyrilamine w/ hydrocodone	50
ORUDIS	13, 38	PEDIAPRED	23	PHENYLHIST LIQ DH	48
OS-CAL	53, 61	PEDIAZOLE	33	PHENYTEK	17
oseltamivir	34	peg 3350/electrolytes	26	phenytoin	17
OSENI	24	peg 3350/sodium bicarbonate/ sodium chloride	26	phenytoin sodium extended	17
OTEZLA	37	peg 3350/sodium bicarbonate/ sodium chloride/potassium chloride	26	PHOS-FLUR	53, 61
OVCON 50	39	PEGASYS	34	PHOSLO	56
OVIDE	20	PEGASYS PROCLICK	34	PHOSPHOLINE IODINE	42
OVIDREL	40	pegfilgrastim	7	phosphorus	55
OVRAL	39	peginterferon alfa-2a	34	PHRENILIN	13
oxaprozin	13, 38	peginterferon alfa-2b	6	phytonadione	31, 54
oxazepam	44	peginterferon beta-1a	15	phytonadione inj	31
oxcarbazepine	16	pegvisomant	26	pilocarpine	23, 43
OXSORALEN-ULTRA	20	penicillamine	37	PILOPINE HS GEL	43
oxybutynin chloride	52	penicillin VK	33	pimecrolimus	21
oxybutynin IR	52	PENLAC SOLUTION 8%	19	pimozide	47
oxybutynin patch	52, 61	pentazocine/naloxone	14	PIN-X	32
oxycodone	14	pentosan polysulfate sodium	53	pioglitazone	24, 25
oxycodone/acetaminophen	14	pentoxifylline extended-release	8	PIPER/TAZOBA INJ	30
oxycodone/aspirin	14	PEPCID	27, 60	piperacillin sodium-tazobactam sodium for inj	30
OXYFAST	14	PEPCID AC	27, 60	piperacillin sodium-tazobactam sodium in dex iv sol	30
oxymetazoline	23	PERCOCET	14	pirfenidone capsule	56
oxymorphone ER	14	PERCODAN	14	piroxicam	13, 38
OXYTROL FOR WOMEN OTC PATCH	52, 61	PERIDEX	23	PLAN B ONE STEP	38
		permethrin	20, 60	PLAQUENIL	36, 37
		perphenazine	45, 47	PLAVIX	7
		PERSANTINE	7		
		phenazopyridine	53		
		PHENERGAN	27, 49		
		PHENERGAN DM	49		
		phenobarbital	17		
		phenylephrine	22, 23, 47-50		

P

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

Index of Covered Drugs

PLEGRIDY	15	prednisolone acetate	41, 42	prochlorperazine	27, 47
PLENDIL	10	prednisolone phosphate . . .	42	PROCRIT	7
plerixafor	7	prednisolone sodium		PROCTOSOL HC CREAM	
PLETAL	7	phosphate	23	2.5%	20
PLEXION	18	prednisone	23	PROCTOZONE CREAM-HC	
pneumococcal 13-valent		pregabalin	17	2.5%	20
conjugate	57	PRELONE	23	progesterone micronized cap	40
pneumococcal vaccine		PREMARIN	40	PROGRAF	6
polyvalent	57	PREMPHASE	40	PROLIXIN	47
PNEUMOVAX	57	PREMPRO	40	PROLIXIN DECANOATE	47
PNEUMOVAX 23	57	prenat w/o A w/fecbn-fegl-DSS-		PROMACTA	56
podofilox	20	FA & DHA	54	PROMETH VC SYP 6.25-5/5	50
POLY-VI-FLOR	54	prenat-FE Bis-FE prot succ-FA-		promethazine	27, 31, 48-50
POLY-VI-SOL	61	CA & omega 3	54	promethazine &	
polyethylene glycol 3350 . . .	26	prenat-FE bis-FE prot succ-FA-		phenylephrine	48, 50
polymyxin B/bacitracin	18, 43	CA & omega DR	54	promethazine hcl inj	31
polymyxin B/trimethoprim . . .	43	prenatal vit w/FE bisglycinate		PROMETHAZINE SYP DM . . .	49
polysaccharide iron caps . . .	61	chelate-FA	54	PROMETHAZINE VC W/	
POLYSPORIN	43	prenatal vit w/FE polysac cmplx-		CODEINE	48
POLYTRIM	43	FA	54	PROMETHAZINE	
pomalidomide	7	prenatal vit w/iron carbonyl-		W/CODEINE	48
POMALYST	7	FA	54	PROMETRIUM	40
ponatinib	5	PRENATAL VITAMINS W/		propafenone	9
potassium acid phosphate . . .	55	FOLIC ACID	54	propranethine	53
potassium bicarbonate/		prenatal vitamins w/folic acid	54	propranolol	9, 15
potassium citrate		prenatal w/o A w/FE carbonyl-		propranolol ER 24hr	9
effervescent	55	FE gluc-DSS-FA	54	propranolol/HCTZ	9
potassium chloride	26, 55	PREPARATION H	60	propylthiouracil	25
potassium chloride extended-		PREVACID	27	PROSCAR	52
release	55	PREVACID SOLUTAB	27	PROTONIX	27
potassium citrate	53, 55	PREVIDENT	53	PROTOPIC 0.03%	21
POTIGA	16	PREVNAR 13	57	PROTOPIC 0.1%	21
povidone-iodine	36	PREZCOBIX	36	PROVENTIL	51
PRALUENT	11	PREZISTA	35	PROVERA	40
pramipexole	15	PRIFTIN	32	PROZAC	45
pramlintide	25	PRILOSEC	27	PRUET DHA PAK SETONET	
PRANDIN	25	primaquine	36	PAK	54
prasugrel	7	primidone	17	PRUET DHAEC PAK	54
praziquantel	31	PRINCIPEN	33	PSE/GG	49
prazosin	8	PROAMATINE	12	pseudoephedrine tan/	
PRECOSE	24	probenecid	38	dexchlorphen tan/	
PRED FORTE	42	PROBIOTIC FORMULA	28	DM tan	51
PRED MILD	42	probiotic product	28	pseudoephedrine/	
PRED-G	41	procarbazine	7	acetaminophen/	
prednicarbate	19	PROCARDIA	10	dextromethorphan	50
prednisolone	23, 41, 42	PROCARDIA XL	10		

ALL CAPS = Brand-name drug

lower case = Generic drug

Index of Covered Drugs

pseudoephedrine/ chlorpheniramine/ dextromethorphan	50	pseudoephedrine/ dextromethorphan/ guaifenesin	50	pseudoephedrine/ibuprofen	51	psyllium	60	PULMICORT RESPULES	52	PULMOZYME	55	PURINETHOL	4	pyrazinamide	32	pyrantel pamoate	32	PYRAZINAMIDE	32	pyrethrins/piperonyl butoxide shampoo	20, 60	PYRIDIUM	53	pyridostigmine	15	pyridostigmine extended-release	15	pyrilamine tan/phenyleph tan	51	pyrimethamine	36	ranitidine syrup	27	ranolazine	12	RAPAMUNE	6	RAVICTI	56	RAZADYNE	12	REBETOL/COPEGUS	34	RECOMBIVAX HB	56	rectal crm, suppositories	60	RECTIV	21	REESE'S PINWORM MEDICINE	32	REGLAN	27	regorafenib	5	REGRANEX	20	RELAFEN	13	RELENZA	34	RELION 70/30	24	RELION N	24	RELION R	24	REMERON	45	REVELA	56	repaglinide	25	REQUIP	16	RESCRIPTOR	34	RESTORIL	45	RETIN-A	18	RETROVIR	35	REVATIO	12	REVATIO SUSPENSION	12	REVIA	43, 46	REVLIMID	6	REYATAZ	35	REYATAZ POWDER PACKET	35	ribavirin	34	RID SHAMPOO	20, 60	RIDAURA	37	rifabutin	32	RIFADIN	32	rifampin	32	rifapentine	32	rilpivirine	34, 35	RILUTEK	13	riluzole	13	rimantadine	34	riociguat	12	RISPERDAL	46	RISPERDAL CONSTA	46	RISPERDAL SOLUTION	46	risperidone	46	risperidone oral soln	46	RITALIN	44	RITALIN LA	44	RITALIN-SR	44	ritonavir	35	rivaroxaban	7	rivastigmine	12	rizatriptan	14	RMS	14	ROBAXIN	38	ROBINUL	28	ROBITUSSIN	48-50, 59	ROBITUSSIN CF	49, 59	ROBITUSSIN DM	49, 59	ROBITUSSIN LIQ CGH/ ALRG	50	ROBITUSSIN LIQ CGH/ CLD	48, 50	ROBITUSSIN LIQ CGH/ CONG	49	ROBITUSSIN LIQ HD/CHST	50	ROBITUSSIN LIQ PED NGHT	50	ROBITUSSIN PE	49, 59	ROBITUSSIN PED LIQ CGH/ COLD	48	ROBITUSSIN PED SYP	49	ROBITUSSIN SYP CHST CNG	49	ROBITUSSIN SYP MAX-ST	49	ROCALTROL	53	ROCALTROL SOLUTION	53	rolapitant	27	RONDEC DM	50	RONDEC DM DROPS	50	RONDEC DROPS	48	RONDEC SYRUP	48	ropinirole	16	ROWASA	28	ROXICODONE	14	RUBRACA	7	rucaparib	7
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Q

QUESTRAN	11
QUESTRAN-LIGHT	11
quetiapine	46
quinapril	8
quinapril/hydrochlorothiazide	8
QUINIDINE GLUCONATE EXT- REL	9
quinidine gluconate extended- release	9
quinidine sulfate	9
QUINIDINE SULFATE EXT-REL	9
quinidine sulfate extended- release	9
QVAR REDHALER	51

R

R-TANNAMINE	47
raloxifene	25
raltegravir	34
ramipril	8
RANEXA	12
ranitidine	27

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

Index of Covered Drugs

rufinamide	17	sevelamer	56	stool softeners	60
ruxolitinib	5	SIGNIFOR	6	STRENSIQ.	26
RYDAPT	5	sildenafil	12	STRIBILD	36
RYNA-12 S	51	SILVADENE	18	STRIVERDI RESPIMAT	51
RYNATAN PEDIATRIC SUSP	48	silver sulfadiazine	18	STROMECTOL	31
RYNATUSS PEDIATRIC		simethicone	27, 60	STUART PRENATAL	61
SUSP	50	simvastatin.	11	SUBOXONE	46
RYTHMOL.	9	SINEMET	15	SUBUTEX	46
S					
SABRIL SOLUTION.	17	SINEMET CR	15	succimer.	55
sacubitril/valsartan	9	SINEQUAN	45	sucralfate	27
SAL-TROPINE	28	SINGULAIR	52	sugar+orthophosphoric acid	60
SALAGEN	23	sirolimus.	6	sulcralfate	27
salicylic acid.	18, 20, 61	SIRTURO	36	SULFACET-R	18
salicylic acid 17%/		SKYLA.	39	sulfacetamide	18, 42, 43
collodion	20, 61	SOD CHLORIDE INJ	31	sulfacetamide/pred. phos.	42
saline nasal spray 0.65%.	23	sodium chloride for nebulizer	56	sulfacetamide/sulfur	18
salsalate	38	sodium chloride hypertonic .	43	sulfamethoxazole/	
SANCTURA	53	sodium chloride inj	31	trimethoprim, DS	33
SANDIMMUNE	6	sodium chloride irrigation soln		sulfasalazine.	28, 37
SANDOSTATIN	6	0.9%	31	sulfasalazine	
SANTYL	20	sodium chloride iv soln.	31	delayed-release	28, 37
SAPHRIS	46	sodium citrate/citric acid.	53	sulindac	13, 38
sapropterin	26	sodium phenylbutyrate.	56	sumatriptan	15
saquinavir mesylate.	36	sodium polystyrene sulfonate	12	sunitinib	5
sargramostim	7	SOLQUA	23	SUPRAX.	32
sarilumab	37	somatropin	25	SUSTIVA.	34
SAVAYSA	7	SOMAVERT	26	SUTENT	5
SCALPICIN	20	SONATA	46	SYLATRON	6
SEASONALE	38	sonidegib	7	SYMLIN	25
SECTRAL	9	sorafenib.	5	SYMMETREL	15, 34
secukinumab	37	SORIATANE	19	SYNAGIS	36
SEDAPAP	13	sotalol	9	SYNALAR	18
selegiline	16	sotalol AF	9	SYNJARDY	25
selenium sulfide.	21	spacers	56	SYNJARDY XR	25
SELSUN	21	spironolactone	10	SYNTHROID	25
SELZENTRY	36	spironolactone/		T	
sennosides	26	hydrochlorothiazide	10	T-STAT	18
SENOKOT	26	SPORANOX.	33	TABLOID.	4
SENSIPAR.	56	SPRYCEL	4	tacrolimus	6, 21
SERAX.	44	STADOL	14	TAFINLAR	4
SEROMYCIN	32	STARLIX.	25	TAGAMET	27
SEROQUEL	46	STATUSS DM SYP	50	TALWIN NX	14
SEROQUEL XR	46	stavudine	35	TAMBOCOR	9
sertraline.	45	STELAZINE	47	TAMIFLU.	34
		STIOLTO RESPIMAT	51		
		STIVARGA.	5		

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Index of Covered Drugs

tamoxifen	5	THALOMID	6	TOUJEO SOLOSTAR	24
tamsulosin	52	THEO-24	52	TRACLEER	12
TANAFED DMX SUSPENSION	51	THEOCHRON	52	tramadol	13
TANZEUM	25	theophylline	52	trametinib	5
TAPAZOLE	25	theophylline extended-release	52	TRANDATE	9
TARCEVA	4	thioguanine	4	trandolapril	8
TARGRETIN	6	thioridazine	47	tranexamic acid	41
TASIGNA	5	thiothixene	47	TRANXENE	44
TASMAR	16	THORAZINE	47	tranylcypromine	45
TECFIDERA	15	THYROLAR	25	trazodone	45
teduglutide	28	tiagabine	17	TRECTOR	32
TEGRETOL	16	TIAZAC	10	TRENTAL	8
TEGRETOL-XR	16	ticagrelor	7	tretinoin	7, 18
temazepam	45	TIGAN	27	TRI RX	54
TEMODAR	4	TIKOSYN	9	TRI-FED X	51
TEMOVATE	19	timolol	42	TRI-NORINYL	40
temozolomide	4	timolol maleate	42	TRI-VI-FLOR	55
TENEX	8	TIMOPTIC	42	TRI-VI-SOL	55, 61
TENIVAC	57	TIMOPTIC XE	42	triamcinolone	19, 22, 23
tenofovir	35, 36	TINACTIN	19, 58	triamcinolone acetonide	19
TENORETIC	9	tiotropium/olodaterol	51	triamcinolone nasal spray	22
TENORMIN	9	tipranavir	36	triamterene/ hydrochlorothiazide	11
TERAZOL 3/7	41	TIVICAY	34	TRIAVIL	45
terazosin	8, 52	tizanidine	38	triazolam	45
terbinafine	19, 33	TOBRADEX	42	trifluoperazine	47
terbutaline	52	tobramycin	42, 43, 56	trifluridine	4, 43
terconazole	41	tobramycin neb soln	56	trifluridine/tipiracil	4
teriflunomide	15	tobramycin/dexamethasone	42	trihexyphenidyl	16
tesamorelin	25	TOBREX	43	TRILAFON	47
TESSALON	47	TOFRANIL	45	TRILEPTAL	16
TESTOSTERONE 1% TOPICAL GEL	23	tolazamide	25	TRILYTE	26
testosterone cypionate	23	tolbutamide	25	trimethobenzamide	27
testosterone enanthate	23	tolcapone	16	trimethoprim	33, 36, 43
testosterone gel topical tube, packet, and pump bottle	23	TOLINASE	25	TRIOTANN	22, 47
tet tox-diph-acell pertuss ad	57	tolnaftate	19, 58	TRIOTANN PEDIATRIC SUSP47	47
TET/DIP TOX INJ	57	tolterodine	53	tripolidine/pseudoephedrine	51
tetanus immune globulin (human)	57	TOPAMAX	17	TRIPROL/PSE SYP	51
tetanus-diphtheria toxoids (td)	57	TOPAMAX SPRINKLE	17	TRIUMEQ	36
tetrabenazine	17	topical antibacterials	59	TRIVORA	40
tetrahydrozoline/zinc sulfate	41	topiramate	17	TRIZIVIR	35
thalidomide	6	topiramate sprinkle caps	17	TROJANS	59
		TOPROL XL	9	trosipium	53
		TORADOL	13	TRULICITY	25
		toremifene	5	TRUSOPT	42
		torseamide	11		

ALL CAPS = Brand-name drug

lower case = Generic drug

Index of Covered Drugs

TRUST NATALCARE	VALCYTE	34	VIDEX EC	35
PAK DHA	valganciclovir	34	vigabatrin oral solution	17
TRUSTEX	VALIUM	38, 44	VIMPAT	16
TRUVADA	valproic acid.	17	VINATE AZ EX	54
TUMS	VALTREX	34	VINATE II	54
TUSSI-12 S	VANCOCIN HCL	30, 33	VIRACEPT.	35
TUSSIN DM	VANCOCIN HCL INJ	30	VIRAMUNE	34
TYBOST	VANCOCIN/DEX INJ	30	VIRAMUNE XR	34
TYKERB	vancomycin HCl	30, 33	VIREAD	35
TYLENOL	vancomycin hcl for inj	30	VIROPTIC	43
TYLENOL W/CODEINE	vancomycin hcl in		VISINE	60
TYMLOS	dextrose inj	30	VISINE-AC	41
typhoid vaccine	vandetanib.	5	vismodegib	7
	VAQTA	56	VISTARIL	22
	varenicline	47	VISTOGARD.	26
	varicella virus vac live for		vitamin A	54
	subcutaneous.	57	vitamin ADC/fluoride/±iron	
	VARIVAX.	57	drops	55
	VARUBI	27	vitamin B complex/vitamin C/	
	VASERETIC	8	folic acid.	55
	VASOCIDIN	42	vitamin B-1	55
	VASOCLEAR	41	VITAMIN B-12.	53
	VASOCLEAR A	41	vitamin B-6	55
	VASOTEC	8	vitamin C	55
	VECTICAL.	20	VITAMIN D 1000 UNIT	53
	VEETIDS.	33	VITAMIN D 2000 UNIT	53
	VELTASSA.	12	vitamin D 400 IU	61
	vemurafenib	5	VITAMIN D 400 UNIT.	53
	VENCLEXTA	5	vitamins pediatric	55, 61
	venetoclax.	5	vitamins pediatric members <3	
	venlafaxine	45	years old.	61
	venlafaxine XR	45	vitamins prenatal	61
	VENTOLIN HFA.	51	VIVOTIF BERNA	57
	VEPESID.	6	VOLTAREN	13, 37, 42
	verapamil	10, 15	VOLTAREN 1% TOPICAL	
	verapamil extended-release	10	GEL	37
	VERIO	24	VOLTAREN XR	13, 37
	VERIO, VERIO FLEX, VERIO IQ,		voriconazole.	33
	VERIO SYNC	24	vorinostat	4
	VERSACLOZ	46	VOSOL HC OTIC	21
	VESANOID	7	VOSOL OTIC	21
	VFEND.	33	VOTRIENT.	5
	VI-DAYLIN	61	VYVANSE	44
	VICODIN.	14	VYVANSE CHEWABLE	44
	VICODIN ES.	14		
	VIDEX	35		

U

V

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

Index of Covered Drugs

W	
warfarin	7
WELLBUTRIN.	45
WELLBUTRIN SR.	45
WELLBUTRIN XL.	45
WESTCORT.	18
WYTENSIN	12
X	
XALATAN	42
XALKORI	4
XANAX.	44
XARELTO	7
XELODA	4
XENAZINE.	17
XIIDRA.	43
XOLAIR	51
XOPENEX RESPULES	52
XULANE.	40
XYLOCAINE.	21, 23
XYZAL.	22
Y	
yuvaferm or estradiol vaginal tablet.	40
Z	
zalcitabine.	35
zaleplon	46
ZANAFLEX	38
zanamivir	34
ZANTAC	27
ZARONTIN	16
ZAROXOLYN	10
ZARXIO	7
ZEBETA	9
ZEBUTAL	13
ZEJULA	6
ZELBORAF	5
ZENPEP	28
ZENTANE	17
ZERIT	35
ZESTORETIC	8
ZESTRIL.	8
ZETIA	11

ZIAC	9
ZIAGEN	35
zidovudine.	35
ZINBRYTA.	15
zinc.	41, 55
ziprasidone	46
ZITHROMAX	32
ZOCOR	11
ZOFRAN.	27
ZOFRAN ODT.	27
ZOHYDRO ER	14
ZOLINZA	4
ZOLOFT	45
zolpidem.	46
ZOMACTON	25
ZONEGRAN.	17
zonisamide	17
ZORTRESS	6
ZOSTAVAX	57
zoster vaccine live.	57
ZOSYN SOL.	30
ZOVIA 1/35	39
ZOVIA 1/50	39
ZOVIRAX	34
ZYDELIG TABLET	5
ZYKADIA	4
ZYLOPRIM	38
ZYPREXA	46
ZYPREXA RELPREVV	46
ZYPREXA ZYDIS	46
ZYRTEC.	22, 58
ZYRTEC CHEWABLE TABLET	22
ZYRTEC D.	58
ZYRTEC-D.	22
ZYTIGA	5
ZYVOX.	36

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“My Medications” worksheet

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

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

