



# Preferred Drug List (PDL)

**New York – Medicaid**

Effective Date: 1/1/17





# Preferred Drug List

## INTRODUCTION

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

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

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

## NOTICE

The information contained in this *PDL* and its appendices is provided by UnitedHealthcare Community Plan, solely for the convenience of 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>.

## PREFACE

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

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

The UnitedHealthcare Community Plan *PDL* covers selected over-the-counter (OTC) products. You are encouraged to prescribe OTC medications when clinically appropriate.

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The P&T Committee includes physicians and pharmacists who are not employees or agents of UnitedHealthcare Community Plan or its affiliates. They must adhere to the Ethics Policy standards of the P&T Committee. UnitedHealthcare Community Plan medical directors and pharmacists also participate in the P&T Committee. The P&T Committee meets quarterly to discuss a variety of issues. Those issues pertaining to pharmaceutical selection and pharmacy program management are communicated quarterly. This newsletter is distributed to all participating physicians who have received the *PDL*. *PDL* decisions are also communicated quarterly on the UnitedHealthcare Community Plan internet site.

## OUTPATIENT PRESCRIPTION DRUG BENEFIT-COVERED MEDICATIONS

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

## PRODUCT SELECTION CRITERIA

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

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

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

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

## PDL PRODUCT DESCRIPTIONS

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

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

carvedilol

Coreg

All strengths of Coreg would be covered by this listing.

**Extended-release and delayed-release products require their own entry.**

diltiazem sustained release CARDIZEM SR

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

Neomycin/polymixin B/ Cortisporin  
Hydrocortisone

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

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

citalopram 40 mg tabs

Celexa tabs

## GENERIC SUBSTITUTION

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

Generic substitution is a pharmacy action whereby a generic equivalent is dispensed rather than the brand name product. The PDL indicates generic availability in the "Covered Drug" column.

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

The UnitedHealthcare Community Plan 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
- Immunization agents
- 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: syringes, 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.

### **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 either made in writing by the physician and faxed or called into:

**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 Prior Notification Service at 800-310-6826 with questions concerning the prior authorization process.

### **NON-PDL DRUGS 5-DAY TEMPORARY SUPPLY OVERRIDES**

To ensure the use of PDL drugs, all non- PDL drugs should be discussed with the prescribing physician. **If you cannot speak to the physician immediately, and there is an immediate need for the medication, the claim processing system will accept an override to permit a one-time dispensing of a 5-day supply of the newly prescribed non-PDL drug.** The pharmacy should submit a claim for a 5 day supply, with a PA Type of 8 and Prior Authorization number of "00000000120". Please note that non-preferred drugs are available for a 5-day supply, however availability is subject to the benefit design. For assistance, pharmacies may call 800-310-6826.

**The pharmacy should** 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 800-310-6826.

### **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:

- opiate analgesics
- benzodiazepines

- sedative hypnotic agents
- barbiturates
- select muscle relaxants

Additional fills will require prior authorization. Exceptions apply in opiate class for some diagnoses. 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 Prior Notification Service 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.

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.

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 at 800-310-6826.

### **MEDICATIONS REQUIRING DIAGNOSIS**

UnitedHealthcare Community Plan requires that the diagnosis for prescriptions for ADHD, Antipsychotic, and HIV medications for UnitedHealthcare Community Plan Community Plan members match the FDA-approved use or a use supported by current published evidence.

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).

<b>STEP Drug</b>	<b>First-Line Agent(s)</b>
<b>Amerge</b>	Trial at a minimum dose of 50mg of sumatriptan tablets.
<b>Aricept 23mg</b>	90 day trial of Aricept 10mg daily
<b>Breo Ellipta</b>	1) 30 day trial of one inhaled corticosteroid (e.g. Arnuity Ellipta, Asmanex) OR 2) 60 day trial of a long-acting beta2- agonist (e.g. Arcapta, Striverdi) OR 60 day trial of an orally inhaled anticholinergic agent (e.g. Incruse Ellipta, Atrovent, Combivent, Anoro Ellipta).
<b>calcipotriene cream &amp; oint 0.005%</b>	Trial of two topical corticosteroids
<b>calcitriol 3mcg/gm</b>	Trial of two topical corticosteroids
<b>Ditropan XL</b>	30 day trial of oxybutynin immediate release.
<b>DPP4 Inhibitors (Nesina, Kazano, Oseni)</b>	At least a 90 day trial of 1500mg/day of metformin.
<b>Dulera</b>	1) 30 day trial of one inhaled corticosteroid (e.g. Arnuity Ellipta, Asmanex) OR 2) 60 day trial of a long-acting beta2- agonist (e.g. Arcapta, Striverdi) OR 60 day trial of an orally inhaled anticholinergic agent (e.g. Incruse Ellipta, Atrovent, Combivent, Anoro Ellipta).
<b>Elidel</b>	Trial of two different topical corticosteroids. Step therapy only applies to members 12 years of age and older.
<b>fenofibrate</b>	Fill of a statin or 90 days of gemfibrozil within the previous 180 days.
<b>GLP-1 Agonists (Tanzeum, Victoza)</b>	At least a 90 day trial of 1500mg/day of metformin
<b>midodrine</b>	Trial of fludrocortisone

<b>Optivar</b>	14 day trial of ketotifen within previous 90 days required first.
<b>Ranexa</b>	Trial of one drug from the following classes: beta blockers, calcium channel blockers, long acting nitrates
<b>Renvela</b>	8 week trial of calcium acetate
<b>SGLT-2 Inhibitors (Jardiance, Invokana, Invokamet, Synjardy)</b>	At least a 90 day trial of 1500mg/day of metformin
<b>tacrolimus 0.03%</b>	Trial of two different topical corticosteroids. Step therapy only applies to members 12 years of age and older.
<b>tacrolimus 0.1%</b>	Minimum age of 16. Trial of two different topical corticosteroids.
<b>tolterodine</b>	30 day trial of oxybutynin immediate release. Step Therapy only applies to members less than 65 years of age.
<b>tropium</b>	30 day trial of oxybutynin immediate release. Step Therapy only applies to members less than 65 years of age.
<b>Uloric</b>	8 week trial of up to 600mg of allopurinol required first.
<b>Vancocin</b>	One fill of metronidazole tabs or caps
<b>Xopenex Respules</b>	30 day trial of Albuterol .083% or .5% respules.

## PDL SUGGESTIONS

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

Attn: Director of Pharmacy Services  
UnitedHealthcare Community Plan  
1001 Brinton Road  
Pittsburgh, PA 15221  
Phone: 800-310-6826  
Email: [pdl\\_management@uhc.com](mailto:pdl_management@uhc.com)

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

**EDITOR**

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

UnitedHealthcare Community Plan  
Director of Pharmacy Services  
1001 Brinton Road  
Pittsburgh, PA 15221  
Phone: 800-310-6826

**LEGEND**

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

**NOTICE**

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

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



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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
<b>Antineoplastics &amp; Immunosuppressants</b>			
<b>Antineoplastic Agents</b>			
<b>Alkylating Agents</b>			
altretamine	HEXALEN	brand	
busulfan	MYLERAN	brand	
chlorambucil	LEUKERAN	brand	
cyclophosphamide	CYTOXAN	generic	
estramustine phosphate sodium	EMCYT	brand	
lomustine	GLEOSTINE	brand	
melphalan	ALKERAN	brand	
temozolomide	TEMODAR	generic	PA, SP
<b>Antimetabolites</b>			
capecitabine	XELODA	generic	SP
mercaptopurine	PURINETHOL	generic	
thioguanine	TABLOID	brand	QL
trifluridine/tipiracil	LONSURF	brand	PA, SP
<b>Histone Deacetylase Inhibitors</b>			
panobinostat	FARYDAK	brand	PA, SP
vorinostat	ZOLINZA	brand	PA, SP
<b>Kinase Inhibitor</b>			
afatinib	GILOTRIF	brand	PA, SP
alectinib	ALECENSA	brand	PA, SP
axitinib	INLYTA	brand	PA, SP
bosutinib	BOSULIF	brand	PA, SP
cabozantinib	CABOMETYX COMETRIQ	brand	PA, SP
ceritinib	ZYKADIA	brand	PA, SP
cobimetinib	COTELLIC	brand	PA, SP
crizotinib	XALKORI	brand	PA, SP
dabrafenib	TAFINLAR	brand	PA, SP
dasatinib	SPRYCEL	brand	PA, SP
erlotinib	TARCEVA	brand	PA, SP
everolimus	AFINITOR AFINITOR DISPERZ	brand	PA, SP
gefitinib	IRESSA	brand	PA, SP
ibrutinib	IMBRUVICA	brand	PA, SP
idelalisib	ZYDELIG	brand	PA, SP
imatinib mesylate	GLEEVEC	generic	PA, QL, SP
lapatinib ditosylate	TYKERB	brand	PA, SP
lenvatinib	LENVIMA	brand	PA, SP
nilotinib	TASIGNA	brand	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	Requirements & Limits
palbociclib	IBRANCE	brand	PA, SP
pazopanib	VOTRIENT	brand	PA, SP
ponatinib	ICLUSIG	brand	PA, SP
regorafenib	STIVARGA	brand	PA, SP
ruxolitinib	JAKAFI	brand	PA, SP
sorafenib	NEXAVAR	brand	PA, SP
sunitinib	SUTENT	brand	PA, SP
trametinib	MEKINIST	brand	PA, SP
vandetanib	CAPRELSA	brand	PA, SP
vemurafenib	ZELBORAF	brand	PA, SP
<b>Miscellaneous</b>			
leucovorin	LEUCOVORIN	generic	QL, tabs
venetoclax	VENCLEXTA	brand	PA, SP
<b>Proteasome Inhibitors</b>			
ixazomib	NINLARO	brand	PA, SP
<b>Hormonal Antineoplastic Agents</b>			
<b>Androgen Biosynthesis Inhibitors</b>			
abiraterone	ZYTIGA	brand	PA, SP
<b>Antiandrogens</b>			
bicalutamide	CASODEX	generic	
flutamide	EULEXIN	generic	
<b>Antiestrogens</b>			
tamoxifen	NOLVADEX	generic	
toremifene	FARESTON	brand	
<b>Aromatase Inhibitors</b>			
anastrozole	ARIMIDEX	generic	
exemestane	AROMASIN	generic	
letrozole	FEMARA	generic	
<b>Gonadotropin Releasing Hormone Analog</b>			
leuprolide	LUPRON	generic	PA, SP
leuprolide	LUPRON DEPOT LUPRON DEPOT 6-MONTH LUPRON DEPOT-PED	brand	PA, SP
<b>Progestin</b>			
megestrol acetate	MEGACE	generic	
<b>Immunomodulators</b>			
<b>Interferons</b>			
interferon alfa-2b	INTRON A	brand	PA, SP
peginterferon alfa-2b	SYLATRON	brand	PA, SP
<b>Miscellaneous</b>			
lenalidomide	REVLIMID	brand	PA, SP
pomalidomide	POMALYST	brand	PA, SP
thalidomide	THALOMID	brand	PA, SP

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
<b>Immunosuppressants</b>			
<b>Antimetabolites</b>			
azathioprine	IMURAN	generic	
mycophenolate mofetil	CELLCEPT	generic	SP
mycophenolate sodium	MYFORTIC	generic	SP
<b>Calcineurin Inhibitors</b>			
cyclosporine	SANDIMMUNE	generic	SP
cyclosporine, modified	GENGRAF NEORAL	generic	caps, QL
tacrolimus	HECORIA PROGRAF	generic	SP
<b>Other</b>			
everolimus	ZORTRESS	brand	SP
<b>Rapamycin Derivative</b>			
sirolimus	RAPAMUNE	generic	SP, tabs
sirolimus	RAPAMUNE	brand	solution
<b>Miscellaneous</b>			
alitretinoin 1% gel	PANRETIN	brand	PA
bexarotene caps	TARGRETIN	generic	PA, SP
bexarotene topical gel	TARGRETIN	brand	PA, SP
cysteamine bitartrate	CYSTAGON	brand	SP
etoposide	VEPESID	generic	
hydroxyurea	DROXIA	brand	
hydroxyurea	HYDREA	generic	
mesna	MESNEX	brand	
mitotane	LYSODREN	brand	
octreotide	SANDOSTATIN	generic	SP
olaparib	LYNPARZA	brand	PA, SP
pasireotide	SIGNIFOR	brand	PA, SP
procarbazine	MATULANE	brand	SP
sonidegib	ODOMZO	brand	PA, SP
topotecan	HYCAMTIN	brand	PA, SP
tretinoin	VESANOID	generic	caps, SP
vismodegib	ERIVEDGE	brand	PA, SP
<b>Blood Modifiers - Anticoagulants</b>			
<b>Anticoagulants</b>			
apixaban	ELIQUIS	brand	
edoxaban	SAVAYSA	brand	
enoxaparin	LOVENOX	generic	PA, QL, PA only applies for quantities greater than 14 days
heparin	HEPARIN	generic	

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
rivaroxaban	XARELTO	brand	
warfarin	COUMADIN	generic	
<b>Blood Cell Formation</b>			
darbepoetin alfa	ARANESP	brand	PA, SP
epoetin alfa	EPOGEN PROCRIT	brand	PA, SP
filgrastim	ZARXIO	brand	PA, SP
pegfilgrastim	NEULASTA	brand	PA, SP
plerixafor	MOZOBIL	brand	PA, SP
sargramostim	LEUKINE	brand	PA, SP
<b>Platelet Inhibitors</b>			
anagrelide	AGRYLIN	generic	
aspirin	BAYER ECOTRIN	generic	OTC
cilostazol	PLETAL	generic	
clopidogrel	PLAVIX	generic	QL
dipyridamole	PERSANTINE	generic	
<b>Miscellaneous</b>			
aminocaproic acid	AMICAR	brand	500 mg tabs & syrup only
deferasirox	EXJADE JADENU	brand	PA, SP
pentoxifylline extended-release	TRENTAL	generic	
<b>Cardiovascular Agents</b>			
<b>Ace Inhibitors</b>			
benazepril	LOTENSIN	generic	
captopril	CAPOTEN	generic	
enalapril	VASOTEC	generic	
enalapril oral soln	EPANED	brand	Members ≥ 8 years of age will require prior authorization.
fosinopril	MONOPRIL	generic	QL
lisinopril	ZESTRIL	generic	QL
quinapril	ACCUPRIL	generic	QL
<b>Ace Inhibitor/Diuretic Combinations</b>			
benazepril/ hydrochlorothiazide	LOTENSIN HCT	generic	
captopril/ hydrochlorothiazide	CAPOZIDE	generic	
enalapril/ hydrochlorothiazide	VASERETIC	generic	
fosinopril/ hydrochlorothiazide	MONOPRIL-HCT	generic	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
lisinopril/ hydrochlorothiazide	ZESTORETIC	generic	QL
quinapril/ hydrochlorothiazide	ACCURETIC	generic	QL
<b>Adrenolytics, Central</b>			
clonidine	CATAPRES	generic	tablets
guanfacine	TENEX	generic	
<b>Alpha Blockers</b>			
doxazosin	CARDURA	generic	
prazosin	MINIPRESS	generic	
terazosin	HYTRIN	generic	
<b>Angiotensin II Receptor Blockers (Antagonists)</b>			
losartan	COZAAR	generic	QL
<b>Angiotensin II Receptor Blocker Combinations</b>			
losartan/HCTZ	HYZAAR	generic	QL
<b>Antiarrhythmics and Cardiac Glycosides</b>			
amiodarone tabs	CORDARONE	generic	200 mg and 400 mg
digoxin	LANOXIN	generic	
disopyramide	NORPACE	generic	
disopyramide extended-release	NORPACE CR	brand	
dofetilide	TIKOSYN	generic	
flecainide	TAMBOCOR	generic	
mexiletine	MEXITIL	generic	
propafenone	RYTHMOL	generic	IR only
quinidine gluconate extended-release	QUINIDINE GLUCONATE EXT-REL	generic	
quinidine sulfate	QUINIDINE SULFATE	generic	
quinidine sulfate extended-release	QUINIDINE SULFATE EXT-REL	generic	
<b>Beta Blockers and Beta Blocker/Diuretic Combinations</b>			
acebutalol	SECTRAL	generic	
atenolol	TENORMIN	generic	
atenolol/chlorthalidone	TENORETIC	generic	
bisoprolol	ZEBETA	generic	
bisoprolol/ hydrochlorothiazide	ZIAC	generic	
carvedilol	COREG	generic	QL
labetalol	TRANDATE	generic	
metoprolol	LOPRESSOR	generic	
metoprolol succinate	TOPROL XL	generic	
pindolol	PINDOLOL	generic	
propranolol	INDERAL	generic	IR only

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
triamterene/ hydrochlorothiazide	DYAZIDE MAXZIDE	generic	
<b>Lipid Lowering Agents</b>			
Bile Acid Resin			
cholestyramine	QUESTRAN QUESTRAN-LIGHT	generic	Only the bulk products are covered (cans). Individual packets are not covered.
Fibrates			
fenofibrate	LOFIBRA	generic	ST
gemfibrozil	LOPID	generic	
HMG-CoA Reductase Inhibitors and Combinations			
atorvastatin	LIPITOR	generic	
lovastatin	MEVACOR	generic	QL
simvastatin	ZOCOR	generic	QL
Niacins			
niacin	NIACOR	generic	
niacin extended-release	NIASPAN	generic	
Miscellaneous			
alirocumab	PRALUENT	brand	PA, QL, SP
ezetimibe	ZETIA	brand	PA
<b>Nitrates</b>			
Oral			
isosorbide dinitrate	ISORDIL	generic	
isosorbide dinitrate extended-release	ISOSORBIDE DINITRATE ER	generic	
isosorbide mononitrate	ISMO	generic	
isosorbide mononitrate extended-release	IMDUR	generic	
Sublingual			
isosorbide dinitrate	ISORDIL S.L.	generic	
nitroglycerin	NITROLINGUAL NITROSTAT	generic	
Transdermal			
nitroglycerin	NITREK NITRO-DUR	generic	transdermal, QL
nitroglycerin	NITRO-BID	generic	oint
<b>Potassium-Removing Agents</b>			
patiromer	VELTASSA	brand	PA
sodium polystyrene sulfonate	KAYEXALATE	generic	susp (susp only)
<b>Pulmonary Arterial Hypertension</b>			
ambrisentan	LETAIRIS	brand	PA, SP
bosentan	TRACLEER	brand	PA, SP

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
macitentan	OPSUMIT	brand	PA, SP
riociguat	ADEMPAS	brand	PA, SP
sildenafil	REVATIO	generic	PA, SP, tablets
<b>Miscellaneous</b>			
guanabenz	WYTENSIN	generic	
hydralazine	APRESOLINE	generic	
methyldopa	ALDOMET	generic	
methyldopa/HCTZ	ALDORIL	generic	
midodrine	PROAMATINE	generic	ST
minoxidil	LONITEN	generic	
ranolazine	RANEXA	brand	ST
<b>Central Nervous System</b>			
<b>Alzheimer's Disease</b>			
donepezil	ARICEPT	generic	5 mg and 10 mg, QL, Members <18 years of age will require prior authorization.
donepezil	ARICEPT	generic	23 mg, ST, Members <18 years of age will require prior authorization.
galantamine	RAZADYNE	generic	QL, Members <18 years of age will require prior authorization.
memantine	NAMENDA	generic	QL, Members <18 years of age will require prior authorization.
rivastigmine	EXELON	generic	QL, Members <18 years of age will require prior authorization.
<b>Analgesics</b>			
<b>Barbiturate Non-Narcotic Analgesics</b>			
butalbital/acetaminophen	PHRENILIN	generic	QL
butalbital/acetaminophen	SEDAPAP	generic	QL
butalbital/acetaminophen/ caffeine	FIORICET	generic	QL
butalbital/aspirin/caffeine	FIORINAL	generic	QL
<b>Non-Narcotic Analgesics</b>			
acetaminophen	TYLENOL	generic	OTC
aspirin/acetaminophen/ caffeine	EXCEDRIN MIGRAINE	generic	250-250-65 mg, OTC
tramadol	ULTRAM	generic	QL
<b>NSAIDS</b>			
etodolac	LODINE	generic	IR Only

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
ibuprofen	ADVIL	generic	tabs, chew tabs and susp, OTC
ibuprofen	MOTRIN	generic	tabs, chew tabs and susp
indomethacin	INDOCIN	generic	
ketoprofen	ORUDIS	generic	IR only
ketorolac tromethamine	TORADOL	generic	QL
meloxicam	MOBIC	generic	QL
nabumetone	RELAFEN	generic	
naproxen	NAPROSYN	generic	
naproxen delayed release	ENTERIC COATED-NAPROSYN	generic	
oxaprozin	DAYPRO	generic	
piroxicam	FELDENE	generic	
sulindac	CLINORIL	generic	
<b>Opioids - Narcotic Analgesics</b>			
butalbital/apap/caff/cod	FIORICET W/CODEINE	generic	QL, 50-325-40-30 mg
butalbital/asa/caff/cod	FIORINAL W/CODEINE	generic	QL
butorphanol	STADOL	generic	nasal spray, QL
codeine/acetaminophen	TYLENOL W/CODEINE	generic	QL
codeine sulfate		generic	QL
fentanyl transdermal	DURAGESIC	generic	PA, QL
hydrocodone/ acetaminophen	LORCET	generic	QL
	LORTAB		
	LORTAB ELIXIR		
	NORCO		
	VICODIN		
hydrocodone ER	ZOHYDRO ER	brand	PA, QL
hydromorphone	DILAUDID	generic	QL
meperidine	DEMEROL	generic	QL
methadone	DOLOPHINE	generic	PA, QL
morphine	MSIR	generic	QL
morphine	RMS	generic	QL
morphine extended-release	MS CONTIN	generic	PA, QL
oxycodone	OXYFAST	generic	soln, QL
oxycodone	ROXICODONE	generic	QL
oxycodone/ acetaminophen	PERCOCET	generic	5/325, QL
oxycodone/aspirin	PERCODAN	generic	QL
oxymorphone ER	OXYMORPHONE ER	generic	PA, QL, non-crush resistant
pentazocine/naloxone	TALWIN NX	generic	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
<b>Migraine Acute Therapy</b>			
<b>Ergotamine Derivatives</b>			
dihydroergotamine	D.H.E. 45	generic	inj, QL
dihydroergotamine	MIGRANAL	generic	
ergotamine/caffeine	CAFERGOT	generic	
ergotamine tartrate/ caffeine	MIGERGOT SUPPOSITORIES	brand	QL
<b>Selective Serotonin Agonists</b>			
naratriptan	AMERGE	generic	ST
rizatriptan	MAXALT/MAXALT MLT	generic	QL
sumatriptan	IMITREX	generic	QL
sumatriptan	IMITREX 4 MG AND 6 MG INJ	generic	4 mg and 6 mg inj
<b>Migraine Prophylactic Therapy</b>			
amitriptyline	ELAVIL	generic	
divalproex sodium cap sprinkle	DEPAKOTE SPRINKLE	generic	Members ≥ 8 years of age will require prior authorization.
divalproex sodium delayed-release	DEPAKOTE	generic	Minimum age 2
propranolol	INDERAL	generic	IR only
verapamil	CALAN	generic	
<b>Multiple Sclerosis</b>			
dimethyl fumarate	TECFIDERA	brand	PA, QL, SP
fingolimod	GILENYA	brand	PA, QL, SP
glatiramer acetate	COPAXONE 40MG	brand	40mg, PA, QL, SP
glatiramer acetate	GLATOPA	generic	PA, QL, SP
peginterferon beta-1a	PLEGRIDY	brand	PA, SP
teriflunomide	AUBAGIO	brand	PA, QL, SP
<b>Myasthenia Gravis</b>			
pyridostigmine	MESTINON	generic	tabs
pyridostigmine	MESTINON	brand	syrup
pyridostigmine extended-release	MESTINON TIMESPAN	generic	
<b>Parkinson's Disease</b>			
amantadine	SYMMETREL	generic	except tabs
benztropine	COGENTIN	generic	
carbidopa/levodopa	SINEMET	generic	
carbidopa/levodopa extended-release	SINEMET CR	generic	
entacapone	COMTAN	generic	
pramipexole	MIRAPEX	generic	
ropinirole	REQUIP	generic	

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
selegiline	ELDEPRYL	generic	tabs
tolcapone	TASMAR	generic	
trihexyphenidyl	ARTANE	generic	
<b>Seizures</b>			
carbamazepine	TEGRETOL	generic	
carbamazepine extended-release	CARBATROL TEGRETOL-XR	generic	
clobazam	ONFI	brand	tablets
clonazepam	KLONOPIN	generic	tabs
diazepam	DIASTAT ACUDIAL	generic	rectal gel, QL
divalproex sodium cap sprinkle	DEPAKOTE SPRINKLE	generic	Members ≥ 8 years of age will require prior authorization.
divalproex sodium delayed-release	DEPAKOTE	generic	Minimum age 2
ethosuximide	ZARONTIN	generic	
exogabine	POTIGA	brand	Age Limits Apply
felbamate	FELBATOL	generic	
felbamate oral susp	FELBATOL ORAL SUSP	generic	Members ≥ 8 years of age will require prior authorization.
gabapentin	NEURONTIN	generic	caps and tabs only
lacosamide	VIMPAT	brand	Age Limits Apply
lamotrigine	LAMICTAL	generic	QL
lamotrigine chew dispersible tab	LAMICTAL CD CHEW TAB	generic	Members ≥ 8 years of age will require prior authorization.
lamotrigine starter kit	LAMICTAL STARTER KIT	brand	
levetiracetam	KEPPRA	generic	QL, Maximum age of 9 for solution
methsuximide	CELONTIN	brand	
oxcarbazepine	TRILEPTAL	generic	QL, Maximum age of 9 for suspension
phenobarbital	PHENOBARBITAL	generic	
phenytoin	DILANTIN INFATABS	generic	
phenytoin sodium extended	DILANTIN PHENYTEK	generic	
pregabalin	LYRICA	brand	PA
pregabalin	LYRICA SOLUTION	brand	oral solution, PA
primidone	MYSOLINE	generic	
rufinamide	BANZEL	brand	tablets only, QL
tiagabine	GABITRIL	generic	Age Limits Apply, 2mg & 4mg
tiagabine	GABITRIL	brand	Age Limits Apply, 12 mg & 16mg
topiramate	TOPAMAX	generic	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
topiramate sprinkle caps	TOPAMAX SPRINKLE	generic	Members ≥ 8 years of age will require prior authorization.
valproic acid	DEPAKENE	generic	
vigabatrin oral solution	SABRIL SOLUTION	brand	PA, SP
zonisamide	ZONEGRAN	generic	QL
<b>Miscellaneous</b>			
tetrabenazine	XENAZINE	generic	PA, SP
<b>Dermatology</b>			
<b>Acne Vulgaris</b>			
Oral			
isotretinoin	ACUTANE	generic	PA
Topical			
azelaic acid	FINACEA	brand	gel
benzoyl peroxide	BENZAC AC	generic	
clindamycin	CLEOCIN T	generic	gel
clindamycin	CLEOCIN T	generic	lotion
clindamycin	CLEOCIN T	generic	soln
erythromycin	ERYGEL	generic	gel 2%
erythromycin	T-STAT	generic	soln
salicylic acid	NEUTROGENA OIL FREE ACNE WASH	generic	liquid 2%, OTC
sulfacetamide/sulfur	SULFACET-R	generic	lotion
sulfacetamide/sulfur	PLEXION	generic	
	ATRALIN		
tretinoin	AVITA RETIN-A	generic	
<b>Bacterial Infections</b>			
bacitracin	BACITRACIN	generic	OTC
gentamicin	GENTAK	generic	
mupirocin	BACTROBAN	generic	ointment, 22 gram tube only
neomycin/polymyxin B/ bacitracin	NEOSPORIN	generic	OTC
silver sulfadiazine	SILVADENE	generic	
<b>Corticosteroids</b>			
Low Potency			
alclometasone	ACLOVATE	generic	0.05% crm/oint
fluocinolone acetonide	DERMA-SMOOTH OIL/FS	generic	oil 0.01%
fluocinolone acetonide	SYNALAR	generic	soln/crm 0.01%
hydrocortisone	CORTIZONE	generic	crm, oint, lot OTC
hydrocortisone	HYTONE	generic	crm 0.5%, 1%, & 2.5%

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
hydrocortisone	HYTONE	generic	lotion 1% & 2.5%
hydrocortisone/aloe	CORTIZONE-10 INTENSIVE HEALING	generic	crm 0.5% & 1%, OTC
<b>Medium Potency</b>			
betamethasone val	BETA-VAL	generic	crm/oint/lotion 0.1%
fluocinolone acetonide	SYNALAR	generic	crm, oint 0.025%
flurandrenolide	CORDRAN	brand	tape
fluticasone propionate	CUTIVATE	generic	crm 0.05%, oint 0.005%
hydrocortisone butyrate	LOCOID	generic	crm/oint/soln 0.1%
hydrocortisone valerate	WESTCORT	generic	crm 0.2%
mometasone furoate	ELOCON	generic	crm/oint/soln 0.1%
prednicarbate	DERMATOP	generic	crm 0.1%
triamcinolone acetonide	KENALOG	generic	crm/lot/oint 0.025%
triamcinolone acetonide	KENALOG	generic	crm/oint/lotion 0.1%
<b>High Potency</b>			
betamethasone augmented dip	DIPROLENE	generic	lotion 0.05%
betamethasone augmented dip	DIPROLENE AF	generic	crm 0.05%
betamethasone dipropionate		generic	crm/lotion/oint 0.05%
fluocinonide	LIDEX	generic	crm/oint/gel/soln 0.05%
fluocinonide emulsified base	LIDEX E	generic	crm 0.05%
triamcinolone acetonide	KENALOG	generic	crm 0.5%
<b>Very High Potency</b>			
betamethasone dip augmented	DIPROLENE	generic	gel 0.05%
betamethasone dip augmented	DIPROLENE	generic	ointment 0.05%
clobetasol propionate	TEMOVATE	generic	soln 0.05%
halobetasol	ULTRAVATE	generic	cream
<b>Fungal Infections</b>			
ciclopirox	PENLAC SOLUTION 8%	generic	
clotrimazole	LOTRIMIN AF	generic	OTC
clotrimazole	MYCELEX	generic	
clotrimazole with betamethasone	LOTRISONE	generic	
ketoconazole	NIZORAL	generic	
miconazole	DESENEX	generic	2% OTC
miconazole	MICATIN	generic	OTC
miconazole	MONISTAT-DERM	generic	
nystatin	MYCOSTATIN	generic	

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
terbinafine	LAMISIL AT	generic	OTC
tolnaftate	TINACTIN	generic	OTC
<b>Psoriasis</b>			
acitretin	SORIATANE	generic	oral caps, PA
calcipotriene	DOVONEX	generic	crm/oint, ST
calcipotriene	DOVONEX	generic	soln
calcitriol	VECTICAL	generic	ST
methoxsalen	OXSORALEN-ULTRA	generic	
salicylic acid	SCALPICIN	generic	liquid 3%
<b>Rosacea</b>			
brimonidine	MIRVASO	brand	PA
	METROCREAM		
metronidazole	METROGEL	generic	
	METROLOTION		
<b>Scabies and Pediculosis</b>			
crotamiton	EURAX	brand	
malathion	OVIDE	generic	
permethrin	ELIMITE	generic	5%, QL
permethrin	NIX CREME RINSE	generic	1%, OTC
pyrethrins/piperonyl but.	RID SHAMPOO/ BUTOXIDE SHAMPOO	generic	4% OTC
<b>Viral Infections</b>			
podofilox	CONDYLOX SOL	generic	sol
salicylic acid 17%/ collodion	DUOFILM	generic	OTC
<b>Miscellaneous</b>			
aluminum acetate		brand	soln/cream, OTC
ammonium lactate	LAC-HYDRIN	generic	crm 12%, lotion 5% & 12%
ammonium lactate	LACTINOL	generic	lotion 10%
becaplermin gel	REGRANEX	brand	PA
calamine		brand	lotion/ointment, OTC
collagenase oint	SANTYL	brand	QL
fluorouracil	CARAC	generic	0.5% cream
fluorouracil	EFUDEX	generic	
fluorouracil	FLUOROPLEX	brand	1% cream
hexachlorophene	PHISOHEX	brand	
	PROCTOSOL HC CREAM 2.5%		
hydrocortisone	PROCTOZONE CREAM-HC 2.5%	generic	
	ANUSOL HC 2.5%		
imiquimod 5% cream	ALDARA	generic	PA

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
ketoconazole	NIZORAL SHAMPOO	generic	shampoo 2%
lidocaine	LIDAMANTEL	generic	3% cream
lidocaine	LMX-4	generic	4% cream (15 gm tubes), QL
lidocaine	XYLOCAINE	generic	jelly 2%
lidocaine/prilocaine	EMLA	generic	2.5% cream
nitroglycerin	RECTIV	brand	0.4% rectal ointment, PA
pimecrolimus	ELIDEL	brand	cream QL, ST, Step therapy is not required for members ages 2-11; not covered for members less than 2 years of age
selenium sulfide	SELSUN	generic	lotion 2.5%
tacrolimus	PROTOPIC 0.03%	generic	ointment 0.03% ST, Step therapy is not required for members ages 2-11; not covered for members less than 2 years of age
tacrolimus	PROTOPIC 0.1%	generic	ointment 0.1%, ST (minimum age 16)
urea 10%, urea 20%	UREA 10% CREAM UREA 20% CREAM UREA 10% LOTION	brand	
urea 40%	UREA 40% LOTION	generic	lotion
<b>Ear, Nose &amp; Throat</b>			
<b>Ear</b>			
acetic acid	VOSOL OTIC	generic	otic
acetic acid/ aluminum acetate	DOMEBORO OTIC	generic	
acetic acid/ hydrocortisone	VOSOL HC OTIC	generic	
benzocaine/antipyrine	BENZOTIC	generic	
carbamide peroxide	DEBROX	generic	6.5%, OTC
ciprofloxacin/ dexamethasone	CIPRODEX	brand	PA
neomycin/polymyxin B/ hydrocortisone	CORTISPORIN OTIC	generic	otic
ofloxacin	FLOXIN OTIC	generic	
<b>Nose</b>			
<b>Antihistamines - First Generation, Sedating</b>			
chlorpheniramine extended-release	CHLOR-TRIMETON ALLERGY	generic	12 mg, OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
chlorpheniramine maleate	CHLOR-TRIMETON SYRUP	generic	2 mg/5 ml, OTC
clemastine	CLEMASTINE	generic	
cyproheptadine	CYPROHEPTADINE	generic	
diphenhydramine		generic	
diphenhydramine	BENADRYL	generic	OTC
hydroxyzine HCL	ATARAX	generic	
hydroxyzine pamoate	VISTARIL	generic	
<b>Antihistamines - Second Generation, Nonsedating</b>			
cetirizine	ZYRTEC	generic	OTC
cetirizine chew tab	ZYRTEC CHEWABLE TABLET	generic	OTC, Members ≥ 8 years of age will require prior authorization.
levocetirizine	XYZAL	generic	tabs
loratadine	ALAVERT CLARITIN	generic	OTC
<b>Antihistamines - Others Antihistamine/Decongestant Combinations</b>			
azelastine	ASTELIN	generic	spray
<b>Antihistamine/Decongestant Combinations - First Generation</b>			
chlorpheniramine/ phenylephrine/ pyrilamine	TRIOTANN	generic	
chlorpheniramine/ pseudoephedrine	ACTIFED	generic	OTC
<b>Antihistamine/Decongestant Combinations - Second Generation</b>			
cetirizine hydrochloride/ pseudoephedrine hydrochloride 12 hours extended-release	ZYRTEC-D	generic	5 mg-120 mg tablet
loratadine/ pseudoephedrine extended-release	ALAVERT-D ALAVERT ALRG TAB/SINUS ALLERGY/CONG	generic	OTC
<b>Nasal Steroids</b>			
fluticasone	FLONASE	generic	
triamcinolone nasal spray	NASACORT ALLERGY 24 HOUR	brand	OTC
<b>Miscellaneous Nasal</b>			
cromolyn sodium	NASALCROM	generic	OTC
ipratropium nasal	ATROVENT NASAL SPRAY	generic	QL
saline nasal spray 0.65%	OCEAN NASAL SPRAY	generic	OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
<b>Miscellaneous Nasal Decongestants</b>			
oxymetazoline	AFRIN	generic	OTC
phenylephrine	NEO-SYNEPHRINE DIMEATAPP DRO DECONGES	generic	OTC
<b>Throat and Mouth</b>			
chlorhexidine gluconate	PERIDEX	generic	
lidocaine viscous	XYLOCAINE	generic	
pilocarpine	SALAGEN	generic	
triamcinolone	KENALOG IN ORABASE	generic	paste
<b>Endocrinology</b>			
<b>Adrenal Corticosteroids</b>			
cortisone acetate		generic	
dexamethasone	DECADRON	generic	
fludrocortisone	FLORINEF	generic	
hydrocortisone	CORTEF	generic	
methylprednisolone	MEDROL	generic	4mg, 8mg, 16mg, 32mg
methylprednisolone	MEDROL	brand	2mg
prednisolone			
prednisolone	PRELONE	generic	syrup
prednisolone sodium phosphate	ORAPRED PEDIAPRED	generic	
prednisone	DELTASONE	generic	
<b>Androgens</b>			
testosterone cypionate	DEPO-TESTOSTERONE	generic	
testosterone enanthate	DELATESTRYL	generic	Vials only. Disposable syringes not covered.
testosterone gel topical tube, packet, and pump bottle	TESTOSTERONE 1% TOPICAL GEL	generic	PA
<b>Diabetes Mellitus</b>			
<b>Glucose Elevating Agents</b>			
glucagon, human recombinant	GLUCAGON	brand	QL
<b>Insulins</b>			
insulin aspart	NOVOLOG	brand	QL, vials
insulin aspart protamine 70%/ insulin aspart 30%	NOVOLOG MIX 70/30	brand	QL, vials
insulin glargine	BASAGLAR	brand	

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
insulin glargine 300 unit/ml	TOUJEO SOLOSTAR	brand	
insulin human	NOVOLIN R	brand	OTC, QL, vials
insulin human	RELION R	brand	OTC, QL, vials
insulin isophane	HUMULIN N	brand	OTC, QL, vials
insulin isophane human	NOVOLIN N	brand	OTC, QL, vials
insulin isophane human	RELION N	brand	OTC, QL, vials
insulin isophane human 70%/regular 30%	NOVOLIN 70/30	brand	OTC, QL, vials
insulin isophane human 70%/regular 30%	RELION 70/30	brand	OTC, QL, vials
insulin isophane/regular	HUMULIN 70/30	brand	OTC, QL, vials
insulin lispro pro/lispro	HUMALOG MIX 50/50	brand	QL, vials
insulin lispro prot/lispro	HUMALOG MIX 75/25	brand	QL, vials
insulin lispro	HUMALOG	brand	QL, vials
insulin regular	HUMULIN R	brand	OTC, QL, vials
<b>Monitoring - Strips and Kits/Diabetic Supplies</b>			
ONE TOUCH SYSTEMS (ULTRA 2, ULTRAMINI, VERIO, VERIO FLEX, VERIO IQ, VERIO SYNC)		brand	QL for insulin dependent or pregnant members: allow testing up to 6 times per day
ONE TOUCH TEST STRIPS (ULTRA, VERIO)		brand	QL for non-insulin dependent members: allow once daily testing
<b>Oral Agents</b>			
acarbose	PRECOSE	generic	
alogliptin	NESINA	generic	ST
alogliptin/metformin	KAZANO	generic	ST
alogliptin/pioglitazone	OSENI	generic	ST
canagliflozin	INVOKANA	brand	ST
canagliflozin/metformin	INVOKAMET	brand	ST
chlorpropamide	DIABINESE	generic	
empagliflozin	JARDIANCE	brand	ST
empagliflozin/metformin	SYNJARDY	brand	ST
glimepiride	AMARYL	generic	
glipizide	GLUCOTROL	generic	
glipizide extended-release	GLUCOTROL XL	generic	
glyburide	MICRONASE	generic	
glyburide, micronized	GLYNASE	generic	
metformin	GLUCOPHAGE	generic	
metformin ER	GLUCOPHAGE ER	generic	
metformin/glyburide	GLUCOVANCE	generic	
nateglinide	STARLIX	generic	

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
pioglitazone	ACTOS	generic	QL
repaglinide	PRANDIN	generic	
tolazamide	TOLINASE	generic	
tolbutamide	TOLBUTAMIDE	generic	
<b>Miscellaneous Antidiabetic Agents</b>			
albiglutide	TANZEUM	brand	ST
liraglutide	VICTOZA	brand	ST
pramlintide	SYMLIN	brand	PA
<b>Growth Stimulating Agents</b>			
mecasermin	INCRELEX	brand	PA, SP
somatropin	NUTROPIN AQ NUSPIN	brand	PA, SP
<b>Osteoporosis</b>			
alendronate	FOSAMAX	generic	QL
calcitonin-salmon	MIACALCIN	generic	nasal spray, QL
calcitonin-salmon	FORTICAL	brand	nasal spray, QL
etidronate	DIDRONEL	generic	
raloxifene	EVISTA	generic	
teriparatide inj	FORTEO	brand	PA, SP
<b>Thyroid Disease</b>			
levothyroxine	LEVOXYL	generic	
levothyroxine	SYNTHROID	generic	
liothyronine	CYTOMEL	generic	
liotrix	THYROLAR	brand	
methimazole	TAPAZOLE	generic	
propylthiouracil	PROPYLTHIOURACIL	generic	
<b>Miscellaneous</b>			
asfotase alfa	STRENSIQ	brand	PA, SP
cabergoline	DOSTINEX	generic	
cholic acid	CHOLBAM	brand	PA, SP
desmopressin	DDAVP	generic	QL
methylergonovine	METHERGINE	generic	
mifepristone	KORLYM	brand	PA, SP
pegvisomant	SOMAVERT	brand	PA, SP
sapropterin	KUVAN	brand	PA, SP
sapropterin powder	KUVAN POWDER FOR SOLUTION	brand	PA, SP
uridine	VISTOGARD	brand	SP
<b>Gastrointestinal</b>			
<b>Constipation/Laxatives</b>			
casanthranol-docusate sodium		generic	OTC
docusate calcium plus		generic	OTC

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
famotidine	PEPCID PEPCID AC	generic	OTC Pepcid AC 10 mg and 20 mg also covered/ encouraged with written prescription.
lansoprazole	PREVACID	generic	
lansoprazole delayed-release	PREVACID SOLUTAB	generic	orally disintegrating tabs, Members ≥ 2 years of age will require prior authorization. QL
omeprazole delayed-release	PRILOSEC	generic	Capsules only, QL
pantoprazole	PROTONIX	generic	
ranitidine	ZANTAC	generic	150 mg tabs
ranitidine syrup	ZANTAC	generic	
sucralfate	CARAFATE	generic	
sucralfate	CARAFATE SUSPENSION	generic	suspension, Members 10 years of age up to 65 years of age will require prior authorization.
<b>Gastrointestinal Spasm</b>			
dicyclomine	BENTYL	generic	tablets only
glycopyrrolate	ROBINUL	generic	
hyoscyamine sulfate	LEVSIN	generic	
hyoscyamine sulfate extended-release	LEVSINEX	generic	
<b>Inflammatory Bowel Disease</b>			
balsalazide	COLAZAL	generic	
budesonide	ENTOCORT EC	generic	PA
hydrocortisone	COLOCORT	generic	enema
mesalamine extended-release	APRISO DELZICOL	brand	
mesalamine	ROWASA	generic	enema only
mesalamine supp	CANASA	brand	
olsalazine sodium	DIPENTUM	brand	
sulfasalazine	AZULFIDINE	generic	
sulfasalazine delayed-release	AZULFIDINE EN-TABS	generic	
<b>Pancreatic Enzymes</b>			
pancrelipase	CREON CREON 3000 UNIT ZENPEP	brand	

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
<b>Probiotic Supplementation</b>			
acidophilus	ACIDOPHILUS	brand	caps and tabs, OTC
acidophilus	ACIDOPHILUS XTRA	brand	OTC
acidophilus/bifidus	ACIDOPHILUS/ BIFIDUS WAFER	generic	OTC
acidophilus/citrus pectin	ACIDOPHILUS/ CITRUS PECTIN	generic	tabs, OTC
acidophilus/pectin	ACIDOPHILUS/PECTIN	generic	caps, OTC
lactobacillus	FLORANEX	generic	chewable tablets, OTC
probiotic product	PROBIOTIC FORMULA	brand	caps, OTC
<b>Miscellaneous</b>			
atropine sulfate	SALTROPINE	brand	
misoprostol	CYTOTEC	generic	
naloxegol	MOVANTIK	brand	PA
teduglutide	GATTEX	brand	PA, SP
ursodiol	ACTIGALL URSO URSO FORTE	generic	
<b>Infectious Diseases</b>			
<b>Anthelmintics</b>			
albendazole	ALBENZA	brand	
ivermectin	STROMEKTOL	brand	
praziquantel	BILTRICIDE	brand	PA
<b>Antibacterials</b>			
<b>Antituberculosis Agents</b>			
aminosalicylic acid	PASER	brand	
cycloserine	SEROMYCIN	generic	
ethambutol	MYAMBUTOL	generic	
ethionamide	TRECTOR	brand	
isoniazid	ISONIAZID	generic	
pyrazinamide	PYRAZINAMIDE	generic	
rifabutin	MYCOBUTIN	generic	
rifampin	RIFADIN	generic	
rifapentine	PRIFTIN	brand	
<b>Cephalosporins - First Generation</b>			
cefadroxil	DURICEF	generic	
cephalexin	KEFLEX	generic	tabs are not covered

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
<b>Cephalosporins - Second Generation</b>			
cefaclor	CECLOR	generic	
cefprozil	CEFZIL	generic	
cefuroxime axetil	CEFTIN	generic	tabs
cefuroxime axetil	CEFTIN	brand	suspension
<b>Cephalosporins - Third Generation</b>			
cefdinir	OMNICEF	generic	
cefixime	SUPRAX	brand	400 mg caps only, QL
<b>Fluoroquinolones</b>			
ciprofloxacin	CIPRO	generic	
levofloxacin	LEVAQUIN	generic	tablets only
ofloxacin	FLOXIN	generic	tabs
<b>Macrolides</b>			
azithromycin	ZITHROMAX	generic	QL
clarithromycin	BIAXIN	generic	
clarithromycin ER	BIAXIN XL	generic	
erythromycin delayed-release	ERYC	generic	
erythromycin delayed-release	ERY-TAB	brand	
erythromycin ethylsuccinate	E.E.S.	generic	
erythromycin stearate	ERYTHROCIN	generic	
erythromycin/sulfisoxazole	PEDIAZOLE	generic	
fidaxomicin	DIFICID	brand	PA
<b>Penicillins</b>			
amoxicillin	AMOXICILLIN CAPSULES AND CHEWABLES	generic	Except 500 mg and 875 mg film-coated tabs.
amoxicillin	AMOXIL SUSP	generic	suspension
amoxicillin/clavulanate	AUGMENTIN	generic	
ampicillin	PRINCIPEN	generic	
dicloxacillin	DICLOXACILLIN	generic	
penicillin VK	VEETIDS	generic	
<b>Sulfonamides</b>			
sulfamethoxazole/ trimethoprim, DS	BACTRIM BACTRIM DS	generic	
<b>Tetracyclines</b>			
doxycycline monohydrate	DOXYCYCLINE MONOHYDRATE	generic	
minocycline	MINOCIN	generic	capsules, except 75 mg
<b>Miscellaneous</b>			
vancomycin HCl	VANCOGIN HCL	generic	cap, ST

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
<b>Antifungals</b>			
clotrimazole	MYCELEX	generic	troches
fluconazole	DIFLUCAN	generic	QL
griseofulvin microsize	GRIFULVIN V	generic	
griseofulvin ultramicrosize	GRIS-PEG	generic	
itraconazole	SPORANOX	generic	caps, PA, QL
itraconazole	SPORANOX	brand	soln, PA, QL
ketoconazole	NIZORAL	generic	
nystatin	MYCOSTATIN	generic	
terbinafine	LAMISIL	generic	QL
voriconazole	VFEND	generic	PA
<b>Antiprotozoals</b>			
atovaquone	MEPRON	generic	PA
miltefosine	IMPAVIDO	brand	PA
nitazoxanide suspension	ALINIA SUSPENSION	brand	Members ≥ 8 years of age will require prior authorization.
nitazoxanide tablet	ALINIA	brand	PA
<b>Antivirals</b>			
<b>Cytomegalovirus Treatment</b>			
ganciclovir	CYTOVENE	generic	
valganciclovir	VALCYTE	generic	tabs only
<b>Hepatitis Treatment</b>			
adefovir	HEPSERA	generic	SP
elbasvir/grazoprevir	ZEPATIER	brand	PA, SP, preferred for Genotypes 1 & 4
entecavir	BARACLUDE	brand	SP
interferon alfa-2b	INTRON A	brand	PA, SP
lamivudine	EPIVIR HBV	brand	SP, solution
lamivudine	EPIVIR HBV	generic	SP, tablets
peginterferon alfa-2a	PEGASYS	brand	PA, SP
peginterferon alfa-2a	PEGASYS PROCLICK	brand	PA, SP
ribavirin	REBETOL/COPEGUS	generic	200 mg caps and tabs only, PA, SP
sofosbuvir	SOVALDI	brand	PA, SP, preferred for Genotype 2
sofosbuvir/velpatasvir	EPCLUSA	brand	PA, SP, preferred for Genotypes 2, 3, 5, & 6
<b>Herpes Treatment</b>			
acyclovir	ZOVIRAX	generic	caps, tabs, suspension
valacyclovir	VALTREX	generic	
<b>Influenza Treatment</b>			
amantadine	SYMMETREL	generic	except tabs
oseltamivir	TAMIFLU	brand	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
rimantadine	FLUMADINE	generic	
zanamivir	RELENZA	brand	QL
<b>Non-Nucleoside Reverse Transcriptase Inhibitors - Diagnosis required</b>			
delavirdine	RESCRIPTOR	brand	SP
efavirenz	SUSTIVA	brand	SP
nevirapine	VIRAMUNE	generic	SP
nevirapine ER	VIRAMUNE XR	brand	SP
rilpivirine	EDURANT	brand	SP
<b>Nucleoside Analogues Nucleoside Reverse-Transcriptase Inhibitors/and Combinations - Diagnosis required</b>			
abacavir	ZIAGEN	generic	SP
abacavir/lamivudine	EPZICOM	generic	SP
abacavir/lamivudine/ zidovudine	TRIZIVIR	generic	SP
didanosine	VIDEX	brand	SP
didanosine delayed-release	VIDEX EC	generic	SP
emtricitabine	EMTRIVA	brand	SP
emtricitabine/rilpivirine/ tenofovir	COMPLERA	brand	PA, SP
lamivudine	EPIVIR	generic	SP
lamivudine/zidovudine	COMBIVIR	generic	SP
stavudine	ZERIT	generic	SP
zidovudine	RETROVIR	generic	SP
<b>Nucleoside/Nucleotide Reverse-Transcriptase Inhibitor Combination - Diagnosis required</b>			
cobicistat/elvitegravir/ emtricitabine/tenofovir	STRIBILD	brand	PA, SP
efavirenz/emtricitabine/ tenofovir	ATRIPLA	brand	SP
emtricitabine/tenofovir	TRUVADA	brand	SP
emtricitabine/rilpivirine/ tenofovir	ODEFSEY	brand	
<b>Nucleotide Analogues Nucleotide Reverse-Transcriptase Inhibitor - Diagnosis required</b>			
tenofovir	VIREAD	brand	SP
<b>Protease Inhibitors - Diagnosis required</b>			
atazanavir	REYATAZ	brand	SP
atazanavir	REYATAZ POWDER PACKET	brand	Members ≥ 8 years of age will require prior authorization, SP
darunavir	PREZISTA	brand	SP
fosamprenavir	LEXIVA	brand	SP
indinavir	CRIXIVAN	brand	SP
lopinavir/ritonavir	KALETRA	brand	SP
nelfinavir	VIRACEPT	brand	SP

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
ritonavir	NORVIR	brand	SP
saquinavir mesylate	INVIRASE	brand	SP
tipranavir	APTIVUS	brand	SP
<b>Miscellaneous</b>			
elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide fumarate	GENVOYA	brand	PA, SP
<b>Miscellaneous</b>			
abacavir/dolutegravir/ lamivudine	TRIUMEQ	brand	Diagnosis required, SP
atazanavir/cobicistat	EVOTAZ	brand	SP
bedaquiline	SIRTURO	brand	
chloroquine phosphate	ARALEN	generic	
clindamycin	CLEOCIN	generic	150 mg and 300 mg only
cobicistat	TYBOST	brand	SP
dapsone	DAPSONE	brand	
darunavir/cobicistat	PREZCOBIX	brand	SP
dolutegravir	TIVICAY	brand	Diagnosis required, SP
etravirine	INTELENCE	brand	Diagnosis required, SP
hydroxychloroquine	PLAQUENIL	generic	
interferon gamma-1b	ACTIMMUNE	brand	PA, SP
linezolid	ZYVOX	generic	PA
maraviroc	SELZENTRY	brand	Diagnosis required, SP
mefloquine	LARIAM	generic	
metronidazole	FLAGYL	generic	tabs only
neomycin sulfate		brand	
nitrofurantoin extended-release	MACROBID	generic	
nitrofurantoin macrocrystals	MACRODANTIN	generic	
nitrofurantoin susp	FURADANTIN SUSP 25 MG/5 ML	generic	Members ≥ 8 years of age will require prior authorization.
palivizumab	SYNAGIS	brand	PA, SP
paromomycin	HUMATIN	generic	
povidone-iodine		generic	OTC
primaquine		generic	
pyrimethamine	DARAPRIM	brand	PA, SP
raltegravir	ISENTRESS	brand	Diagnosis required, SP
raltegravir	ISENTRESS CHEWABLE	brand	Chewable tablet; Diagnosis required, SP
raltegravir susp	ISENTRESS SUSP	brand	Members ≥ 2 years of age will require prior authorization.
trimethoprim	TRIMETHOPRIM	generic	Diagnosis required, SP. tabs only

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
<b>Musculoskeletal</b>			
<b>Arthritis</b>			
<b>Disease Modifying Anti-Rheumatic Drugs</b>			
adalimumab	HUMIRA	brand	PA, SP
anakinra	KINERET	brand	PA, SP
auranofin	RIDAURA	brand	
azathioprine	IMURAN	generic	
canakinumab	ILARIS	brand	PA, SP
certolizumab pegol	CIMZIA	brand	PA, SP
etanercept	ENBREL	brand	PA, SP
hydroxychloroquine	PLAQUENIL	generic	
leflunomide	ARAVA	generic	
methotrexate		generic	
penicillamine	DEPEN TITRATABLE	brand	PA, SP
secukinumab	COSENTYX	brand	PA, SP
sulfasalazine	AZULFIDINE	generic	
sulfasalazine delayed-release	AZULFIDINE EN-TABS	generic	
<b>NSAIDs and Other Analgesics</b>			
acetaminophen	TYLENOL	generic	OTC
aspirin	BAYER ECOTRIN	generic	OTC
capsaicin	CAPSAGEL CAPZASIN-P CASTIVA	brand	OTC, gel, lotion, 0.035% cream
capsaicin		generic	OTC, 0.025%, 0.075%, & 0.1% cream
celecoxib	CELEBREX	generic	PA, QL
diclofenac 1% gel	VOLTAREN 1% TOPICAL GEL	generic	PA
etodolac	LODINE	generic	IR only
ibuprofen	ADVIL	generic	tabs, chew tabs and susp, OTC
ibuprofen	MOTRIN	generic	tabs, chew tabs and susp
indomethacin	INDOCIN	generic	
ketoprofen	ORUDIS	generic	IR only
meloxicam	MOBIC	generic	QL
naproxen	NAPROSYN	generic	
naproxen delayed release	ENTERIC COATED- NAPROSYN	generic	
oxaprozin	DAYPRO	generic	
piroxicam	FELDENE	generic	

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
salsalate	DISALCID	generic	QL
sulindac	CLINORIL	generic	
<b>Gout</b>			
allopurinol	ZYLOPRIM	generic	
colchicine	MITIGARE	brand	
febuxostat	ULORIC	brand	ST
probenecid	PROBENECID	generic	
<b>Skeletal Muscle Relaxants</b>			
<b>Muscle Spasm</b>			
chlorzoxazone	PARAFON FORTE DSC	generic	
cyclobenzaprine	FLEXERIL	generic	5mg & 10mg
methocarbamol	ROBAXIN	generic	
orphenadrine extended-release	NORFLEX	generic	
<b>Spasticity</b>			
baclofen	BACLOFEN	generic	
dantrolene	DANTRIUM	generic	
diazepam	VALIUM	generic	QL
tizanidine	ZANAFLEX	generic	tabs only, QL
<b>OB-GYN</b>			
<b>Contraceptives</b>			
<b>Biphasic</b>			
desogestrel/EE	MIRCETTE	generic	QL
norethindrone/EE	ORTHO-NOVUM 10/11	generic	QL
<b>Emergency Contraception</b>			
levonorgestrel	PLAN B ONE STEP	generic	
<b>Extended Cycle</b>			
levonorgestrel/EE	SEASONALE	generic	QL
<b>Injectable</b>			
medroxyprogesterone acetate	DEPO-PROVERA	generic	QL
<b>Intravaginal</b>			
etonogestrel/EE	NUVARING	brand	ring, QL
ortho diaphragm	ORTHO COIL	brand	QL
	ORTHO FLAT		
	ORTHO FLEX		
<b>Monophasic - 20 mcg Estrogen</b>			
levonorgestrel/EE	ALESSE	generic	0.1/20, QL
norethindrone acetate/EE	LOESTRIN 1/20	generic	1/20, QL
norethindrone acetate/EE/ iron	LOESTRIN FE 1/20	generic	1/20, QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
<b>Monophasic - 30 mcg Estrogen</b>			
desogestrel/EE	ORTHO-CEPT	generic	0.15/30, QL
levonorgestrel/EE	NORDETTE	generic	0.15/30, QL
norethindrone acetate/EE	LOESTRIN 1.5/30	generic	1.5/30, QL
norethindrone acetate/EE/ iron	LOESTRIN FE 1.5/30	generic	1.5/30, QL
norgestrel/EE	LO/OVRAL	generic	0.3/30, QL
<b>Monophasic - 35 mcg Estrogen</b>			
ethynodiol diacetate/EE	ZOVIA 1/35	generic	1/35, QL
norethindrone/EE	BALZIVA	generic	0.4/35, QL
norethindrone/EE	MODICON	generic	0.5/35, QL
norethindrone/EE	ORTHO-NOVUM 1/35	generic	1/35, QL
norgestimate/EE	ORTHO-CYCLEN	generic	0.25/35, QL
<b>Monophasic - 50 mcg Estrogen</b>			
ethynodiol diacetate/EE	ZOVIA 1/50	generic	1/50, QL
norethindrone/EE	OVCON 50	generic	1/50, QL
norethindrone/ME	ORTHO-NOVUM 1/50	generic	1/50, QL
norgestrel/EE	OVRAL	generic	0.5/50, QL
<b>Progestin</b>			
norethindrone	ORTHO MICRONOR	generic	
<b>Transdermal</b>			
norelgestromin/EE	ORTHO EVRA	generic	
<b>Triphasic</b>			
desogestrel/EE	CYCLESSA	generic	QL
levonorgestrel/EE	TRIVORA	generic	QL
norethindrone acetate/EE/iron	ESTROSTEP FE	generic	QL
norethindrone/EE	ORTHO-NOVUM 7/7/7	generic	QL
norethindrone/EE	TRI-NORINYL	generic	QL
norgestimate/EE	ORTHO TRI-CYCLEN	generic	QL
norgestimate/EE	ORTHO TRI-CYCLEN LO	brand	QL
<b>Endometriosis</b>			
danazol	DANOCRINE	generic	Gender edits apply: for female patients only.
<b>Hormone Therapy/Menopause</b>			
<b>Estrogens - Intravaginal</b>			
estradiol	ESTRACE CRM	brand	
estrogens, conjugated	PREMARIN	brand	crm
<b>Estrogens - Oral</b>			
estradiol	ESTRACE	generic	
estrogens, conjugated	PREMARIN	brand	
estrogens, conjugated, synthetic A	CENESTIN	brand	

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
estrogens, conjugated, synthetic B	ENJUVIA	brand	
estropipate	OGEN	generic	
<b>Estrogens - Transdermal</b>			
estradiol	CLIMARA	generic	QL
<b>Estrogen/Progestin</b>			
estrogens, conjugated/ medroxyprogesterone	PREMPHASE PREMPRO	brand	
<b>Progestins</b>			
medroxyprogesterone acetate	PROVERA	generic	
norethindrone acetate	AYGESTIN	generic	
<b>Vaginal Infections</b>			
<b>Oral</b>			
fluconazole	DIFLUCAN	generic	QL
metronidazole	FLAGYL	generic	tabs
<b>Vaginal</b>			
clindamycin	CLEOCIN	generic	crm
clotrimazole	GYNE-LOTRIMIN	generic	OTC
metronidazole	METROGEL-VAGINAL METROGEL 1%	generic	
miconazole	MONISTAT	generic	OTC
miconazole	MONISTAT 3	generic	
terconazole	TERAZOL 3/7	generic	crm
<b>Miscellaneous</b>			
conjugated estrogen/ bazedoxifene	DUAVEE	brand	
methylergonovine	METHERGINE	generic	
tranexamic acid	LYSTEDA	generic	PA
<b>Ophthalmic</b>			
<b>Allergy</b>			
azelastine	OPTIVAR	generic	ST
cromolyn sodium	CROLOM	generic	QL
ketotifen	ALAWAY OTC	brand	
naphazoline/glycerin	CLEAR EYES REDNESS RELIEF	generic	
naphazoline HCL	VASOCLEAR	generic	soln 0.02%
naphazoline/zinc sulfate	VASOCLEAR A	brand	OTC
tetrahydrozoline/ zinc sulfate	VISINE-AC	generic	

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
<b>Anti-Inflammatories</b>			
<b>Nonsteroidal</b>			
diclofenac sodium	VOLTAREN	generic	
flurbiprofen	OCUFEN	generic	
ketorolac	ACULAR/ACULAR LS	generic	
<b>Steroidal</b>			
dexamethasone sodium phosphate	DEXASOL	generic	
fluorometholone	FML	brand	oint 0.1%
fluorometholone	FML FORTE	brand	susp 0.25%
fluorometholone	FML LIQUIFILM	generic	susp 0.1%
prednisolone acetate	PRED FORTE	generic	1%
prednisolone acetate	PRED MILD	brand	0.12%
prednisolone phosphate	INFLAMASE FORTE	generic	1%
rimexolone	VEXOL	brand	
<b>Anti-Infective/Anti-Inflammatory Combinations</b>			
bacitracin/polymyxin/ neomycin/hc	CORTISPORIN	generic	ointment
gentamicin/prednisolone acetate	PRED-G	brand	
neomycin/polymyxin B/ dexamethasone	MAXITROL	generic	
neomycin/polymyxin B/ hydrocortisone	CORTISPORIN	generic	suspension
sulfacetamide/pred phos	VASOCIDIN	generic	10%/0.25%
tobramycin/ dexamethasone	TOBRADEX	generic	
<b>Glaucoma</b>			
<b>Beta-Blockers</b>			
carteolol		generic	
levobunolol	BETAGAN	generic	ophthalmic solution
metipranolol	OPTIPRANOLOL	generic	0.3% ophthalmic solution
timolol	TIMOPTIC XE	generic	gel forming solution
timolol maleate	TIMOPTIC	generic	
<b>Carbonic Anhydrase Inhibitors</b>			
dorzolamide	TRUSOPT	generic	
<b>Carbonic Anhydrase Inhibitor/Beta-Blocker Combination</b>			
dorzolamide/ timolol maleate	COSOPT	generic	
<b>Cholinesterase Inhibitor</b>			
ecothiophate	PHOSPHOLINE IODINE	brand	
<b>Mydriatics</b>			
atropine	ISOPTO ATROPINE	generic	

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
cyclopentolate	CYCLOGYL	generic	1%
homatropine	ISOPTO HOMATROPINE	generic	5%
homatropine	ISOPTO HOMATROPINE	brand	2%
scopolamine	ISOPTO HYOSCINE	brand	
tropicamide	MYDRIACYL	generic	0.5%
<b>Oral</b>			
acetazolamide	ACETAZOLAMIDE	generic	
acetazolamide extended-release	DIAMOX SEQUELS	generic	
<b>Prostaglandins</b>			
latanoprost	XALATAN	generic	QL
methazolamide	NEPTAZANE	generic	
<b>Topical - Parasympathomimetics</b>			
pilocarpine	ISOPTO CARPINE	generic	
pilocarpine	PILOPINE HS GEL	brand	
<b>Topical - Sympathomimetics</b>			
brimonidine	ALPHAGAN P	brand	0.1%
brimonidine	ALPHAGAN P	generic	0.15%
brimonidine	ALPHAGAN	generic	0.2%
<b>Infections</b>			
<b>Bacterial</b>			
bacitracin		generic	
ciprofloxacin	CILOXAN	generic	solution
ciprofloxacin	CILOXAN	brand	ointment
erythromycin	ERYTHROMYCIN	generic	
gatifloxin	ZYMAR	brand	PA
gentamicin	GENTAK	generic	
neomycin/bacitracin/ polymyxin	NEOSPORIN	generic	ointment
neomycin/polymyxin B/ gramicidin	NEOSPORIN	generic	solution
ofloxacin	OCUFLOX	generic	
polymyxin B/bacitracin	POLYSPORIN	generic	
polymyxin B/trimethoprim	POLYTRIM	generic	
sulfacetamide	BLEPH-10	generic	oint/soln
tobramycin	TOBEX	generic	
<b>Viral</b>			
trifluridine	VIROPTIC	generic	
<b>Miscellaneous Ophthalmics</b>			
cysteamine 0.44% ophthalmic solution	CYSTARAN	brand	PA, SP
sodium chloride hypertonic	MURO 128	generic	soln 5%

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

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
<b>Narcotic Antagonists</b>			
buprenorphine	SUBUTEX	generic	PA, QL
buprenorphine/naloxone	SUBOXONE	brand	PA, QL
naloxone	NALOXONE INJ	generic	QL
naloxone	NARCAN NASAL SPRAY	brand	
naltrexone	REVIA	generic	
naltrexone extended-release inj	VIVITROL	brand	PA
<b>Psychoses - Diagnosis required</b>			
<b>Atypicals</b>			
aripiprazole	ABILIFY TABLETS	generic	Age Limit Applies, tablets, PA, QL, Certain daily doses require half tablet dosing: 5 mg once daily – must be dosed as 10 mg tablet, ½ tab once daily 10 mg once daily – must be dosed as 20 mg tablet, ½ tab once daily 15 mg once daily – must be dosed as 30 mg tablet, ½ tab once daily
aripiprazole ER injection	ABILIFY MAINTENA	brand	Age Limit Applies, PA, QL
clozapine	CLOZARIL	generic	25mg, 50mg, 100mg only, Age Limit Applies, QL
olanzapine	ZYPREXA	generic	Age Limit Applies, tablets, QL
paliperidone	INVEGA SUSTENNA	brand	Age Limit Applies, PA, QL
paliperidone	INVEGA TRINZA	brand	Age Limit Applies, PA
quetiapine	SEROQUEL	generic	Age Limit Applies, QL
risperidone	RISPERDAL	generic	Age Limit Applies, QL, (Not M-Tabs)
risperidone	RISPERDAL CONSTA	brand	Age Limit Applies, PA, QL
risperidone oral soln	RISPERDAL SOLUTION	generic	QL, Members ≥ 8 years of age will require prior authorization.
ziprasidone	GEODON	generic	Age Limit Applies, QL
<b>Smoking Cessation</b>			
bupropion hcl (smoking deterrent) tab SR 12hr	ZYBAN	generic	
nicotine	NICODERM CQ	generic	patches, QL
nicotine inhaler	NICOTROL INHALER	brand	QL
nicotine nasal spray	NICOTROL NASAL	brand	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
nicotine polacrilex gum	NICORETTE OTC	generic	QL
nicotine polacrilex lozenge	COMMITT OTC	generic	QL
varenicline	CHANTIX	brand	QL
<b>Miscellaneous</b>			
chlorpromazine	THORAZINE	generic	
dextromethorphan/ quinidine	NUEDEXTA	brand	PA
fluphenazine	PROLIXIN	generic	
fluphenazine decanoate	PROLIXIN DECANOATE	generic	
haloperidol	HALDOL	generic	
haloperidol decanoate	HALDOL DECANOATE	generic	
loxapine	LOXITANE	generic	
perphenazine	TRILAFON	generic	
pimozide	ORAP	generic	
thioridazine	MELLARIL	generic	
thiothixene	NAVANE	generic	
trifluoperazine	STELAZINE	generic	
<b>Respiratory Drugs</b>			
<b>Antitussives, Decongestants, Expectorants and Combinations</b>			
benzonatate	TESSALON	generic	
brompheniramine & phenylephrine	DIMETAPP CLD ELX/ ALLERGY	generic	
brompheniramine/ pseudoephedrine	ACCUHIST DROPS UNI-HIST DROPS	generic	
brompheniramine/ pseudoephedrine/ dextromethorphan	BROMFED DM	generic	syrup
chlorphen tan/ carbetapentane tan	TUSSI-12 S	generic	susp
chlorphen tan/pyrilamine tan/PE tan	TRITANN PEDIATRIC SUSP R-TANNAMINE	generic	susp
chlorpheniramine/ dextromethorphan	ROBITUSSIN PED LIQ CGH/COLD ROBITUSSIN LIQ CGH/CLD DIMETAPP SYP CGH/CLD CORICIDIN TAB CGH/CLD	generic	
chlorpheniramine maleate phenylephrine HCL	ED A-HIST TABLETS AND LIQUID	generic	

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
chlorpheniramine/ phenylephrine	RONDEC DROPS CARDEC DRO	generic	liquid
chlorpheniramine/ phenylephrine	RONDEC SYRUP CARDEC SYP	generic	syrup
chlorpheniramine/ pseudoephedrine	LOHIST-D	generic	
chlorpheniramine tan/ phenylephrine tan	RYNATAN PEDIATRIC SUSP	generic	susp
codeine/ chlorpheniramine/ pseudoephedrine	DIHISTINE DH PHENYLHIST LIQ DH	generic	
codeine/guaifenesin	GUIATUSS AC GG/CODEINE M-CLEAR WC	generic	QL
codeine/guaifenesin/ pseudoephedrine	GUIATUSS DAC	generic	
codeine/promethazine	PROMETHAZINE W/CODEINE	generic	QL
codeine/promethazine/ phenylephrine	PROMETHAZINE VC W/CODEINE	generic	QL
dextromethorphan/ brompheniramine/ pseudoephedrine	BROMETANE DX	generic	
dextromethorphan- guaifenesin	DURATUSS DM ELX	generic	soln 25-225 mg/5 ml
dextromethorphan/ guaifenesin	GG/DM CR MUCINEX DM ROBITUSSIN DM TUSSIN DM	generic	OTC
dextromethorphan- guaifenesin	ROBITUSSIN LIQ CGH/ CONG	generic	liq 10-200 mg/ 5 ml
dextromethorphan hbr	ROBITUSSIN SYP MAX-ST ROBITUSSIN PED SYP	generic	syrup
dextromethorphan polistirex extended-release	DELSYM	brand	OTC
dextromethorphan/ promethazine	PHENERGAN DM PROMETHAZINE SYP DM	generic	
guaifenesin	ROBITUSSIN	generic	OTC
guaifenesin	ROBITUSSIN SYP CHST CNG	generic	syrup 100 mg/5 ml

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
guaifenesin extended-release	MUCINEX	generic	OTC
guaifenesin/ pseudoephedrine	ROBITUSSIN PE PSE/GG	generic	syrup, OTC
guaifenesin/ pseudoephedrine/ dextromethorphan	ROBITUSSIN CF	generic	
guaifenesin/ pseudoephedrine extended-release	MUCINEX D	generic	OTC
hydrocodone/homatropine	HYCODAN HYDROMET SYP HYDROCODONE/ TAB HOMATROP	generic	
loratadine & pseudoephedrine SR 24hr	CLARITIN-D	generic	
phenylephrine/ brompheniramine/ dextromethorphan		generic	OTC
phenylephrine/ chlorpheniramine	QUAL-TUSSIN SYP DC	generic	
phenylephrine/ chlorpheniramine/ dextromethorphan	RONDEC DM STATUSS DM SYP CARDEC DM SYP MINUTUSS DR SYP	generic	syrup
phenylephrine/ chlorpheniramine/ dextromethorphan	RONDEC DM DROPS CARDEC DM DRO ROBITUSSIN LIQ CGH/ALRG	generic	liquid
phenylephrine/ chlorpheniramine/ dihydrocodeine	DIHYDRO-PE SYP	generic	
phenylephrine/ dextromethorphan	DIMETAPP DRO DCON/CGH	generic	
phenylephrine/ dextromethorphan/ guaifenesin	ROBITUSSIN LIQ CGH/CLD	generic	
phenylephrine/ephed/ CPM w/carbetapentane	RYNATUSS PEDIATRIC SUSP	generic	susp

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
phenylephrine/guaifenesin	ROBITUSSIN LIQ HD/CHST	generic	
phenylephrine/ hydrocodone/ guaifenesin	QUAL-TUSSIN SYP DC	generic	
phenylephrine/pyrilamine w/hydrocodone	CODIMAL DH	generic	syrup
promethazine & phenylephrine	PROMETH VC SYP 6.25-5/5	generic	syrup 6.25-5 mg/ 5 mg
pseudoephedrine/ acetaminophen/ dextromethorphan	MAPAP COLD TAB	generic	
pseudoephedrine/ chlorpheniramine/ dextromethorphan	PEDIACARE LIQ MULTI-SY ROBITUSSIN LIQ PED NGHT	generic	
pseudoephedrine/ dextromethorphan/ guaifenesin	MULTI SYMPTOM TAB COLD RLF	generic	
pseudoephedrine/ ibuprofen	CHILD IBUPRO SUS COLD IBUOROFEN TAB COLD/SIN	generic	
pseudoephedrine tan/ dexchlorphen tan/ DM tan	TANAFED DMX SUSPENSION TRI-FED X	generic	susp
pyrilamine tan/phenyleph tan	RYNA-12 S	generic	susp
tripolidine/ pseudoephedrine	TRIPROL/PSE SYP APHEDRID TAB	generic	
<b>Asthma/COPD</b>			
<b>Inhalers - Beta Agonists</b>			
albuterol sulfate	VENTOLIN HFA	brand	QL
indacaterol	ARCAPTA NEOHALER	brand	
olodaterol	STRIVERDI RESPIMAT	brand	
<b>Inhalers - Corticosteroids</b>			
fluticasone furoate	ARNUITY ELLIPTA	brand	QL
mometasone	ASMANEX TWISTHALER	brand	QL
mometasone inhalation	ASMANEX HFA	brand	QL
<b>Inhalers - Corticosteroid/Beta Agonist Combinations</b>			
fluticasone/vilanterol	BREO ELLIPTA	brand	ST
mometasone/formoterol	DULERA	brand	ST

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
<b>Inhalers - Others</b>			
ipratropium/albuterol	COMBIVENT	brand	QL
ipratropium/albuterol	COMBIVENT RESPIMAT	brand	inhaler
ipratropium HFA	ATROVENT HFA	brand	
omalizumab	XOLAIR	brand	PA, SP
umeclidinium inhalation	INCRUSE ELLIPTA	brand	
umeclidinium/vilanterol	ANORO ELLIPTA	brand	
<b>Inhalers for Nebulization</b>			
albuterol	ACCUNEB	generic	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	soln 0.083%, 0.5%
budesonide	PULMICORT RESPULES	generic	susp, Members ≥ 5 years of age will require prior authorization. QL
cromolyn	INTAL	generic	soln, QL
ipratropium	ATROVENT	generic	soln, QL
ipratropium/albuterol	DUONEB	generic	soln
levalbuterol HCl	XOPENEX RESPULES	generic	QL, ST
<b>Oral Agents - Beta Agonists</b>			
metaproterenol	METAPROTERENOL SYRUP	generic	
terbutaline	BRETHINE	generic	
<b>Oral Agents - Leukotriene Modifiers</b>			
montelukast	SINGULAIR	generic	QL
<b>Oral Agents - Theophylline</b>			
theophylline	THEOPHYLLINE	generic	liquid
theophylline extended-release	THEO-24	brand	caps
theophylline extended-release	THEOCHRON UNIPHYL	generic	tabs
<b>Urological</b>			
<b>Symptomatic Benign Prostatic Hypertrophy</b>			
alfuzosin ER	UROXATRAL	generic	
doxazosin	CARDURA	generic	
finasteride	PROSCAR	generic	
tamsulosin	FLOMAX	generic	
terazosin	HYTRIN	generic	
<b>Miscellaneous</b>			
bethanechol	URECHOLINE	generic	

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
hyoscyamine, methenamine, phenyl salicylate, sodium phosphate monobasic, methylene blue	UTIRA C	brand	
methenamine hippurate	HIPREX UREX	generic	
oxybutynin chloride	DITROPAN XL	generic	QL, ST
oxybutynin IR	DITROPAN	generic	
phenazopyridine	PYRIDIUM	generic	
potassium citrate	UROCIT-K	generic	
propantheline		generic	
sodium citrate/citric acid	BICITRA	generic	
tolterodine	DETROL	generic	ST
tropium	SANCTURA	generic	ST
<b>Vitamins and Minerals</b>			
calcitriol	ROCALTROL	generic	
calcitriol oral soln	ROCALTROL SOLUTION	generic	Members ≥ 8 years of age will require prior authorization.
calcium	OS-CAL	generic	OTC
cholecalciferol	BIO-D DRO-MULSION	generic	drops 400 unit/0.03 ml, OTC
cholecalciferol	BIO-D-MULSIO DRO FORTE	generic	drops 2000 unit/0.03 ml, OTC
cholecalciferol	D3-50 CAP	brand	cap 50000 unit, OTC
cholecalciferol	VITAMIN D 400 UNIT	generic	cap & tab 400 unit, OTC
cholecalciferol	VITAMIN D 2000 UNIT	generic	cap & tab 2000 unit, OTC
cholecalciferol	VITAMIN D 1000 UNIT	generic	cap & tab 1000 unit, OTC
cyanocobalamin	VITAMIN B-12	generic	inj
electrolyte	PEDIALYTE	generic	soln, oral, OTC
ergocalciferol (D2)	DRISDOL	generic	
ferrous bisglycinate/ polysaccharides iron	NIFEREX	generic	caps, OTC
ferrous sulfate	FEOSOL	generic	OTC
fluoride	GEL-KAM LURIDE LURIDE LOZI-TABS PHOS-FLUR PREVIDENT	generic	
folic acid	FOLIC ACID	generic	
magnesium oxide	MAG-OX	generic	OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
multivitamins/ fluoride/±iron	POLY-VI-FLOR	generic	
multivitamins/minerals	CENTRUM	generic	OTC
phytonadione	MEPHYTON	brand	
polysaccharide iron complex	NIFEREX	generic	elixir, OTC
prenat-FE Bis-FE prot succ-FA-CA & omega 3	COMPLETE NATALCARE PAK DHA	brand	
prenat-FE Bis-FE prot succ-FA-CA & omega 3	TRUST NATALCARE PAK DHA	brand	
prenat-FE Bis-FE prot succ-FA-CA & omega 3	PRUET DHA PAK SETONET PAK	brand	
prenat-FE bis-FE prot succ-FA-CA & omega DR	PRUET DHAEC PAK	brand	
prenat w/o A w/fecbn-fegl- DSS-FA & DHA	FOLTABS PAK PLUS DHA RE OB + DHA PAK	brand	
prenatal vit w/FE bisglycinate chelate-FA	GENTEX ADE 28-1 MG	brand	
prenatal vit w/FE bisglycinate chelate-FA	VINATE AZ EX	brand	
prenatal vit w/FE bisglycinate chelate-FA	VINATE II	brand	
prenatal vit w/FE polysac cmplx-FA	EDGE OB CHW	brand	
prenatal vit w/iron carbonyl-FA	ATABEX PRENATAL	brand	
prenatal vitamins w/folic acid	PRENATAL VITAMINS W/ FOLIC ACID CENOGEN OB/ULTRA MATERNA NATALCARE NESTABSCBF/FA/RX NIFEREX-PN FORTE	generic	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
prenatal vit w/o vit a w/fe bisglycinate-fa tab 32-1 mg	NESTABS	brand	
prenatal w/o A w/FE carbonyl-FE gluc-DSS-FA	FOLTABS PRENATAL TRI RX	brand	
vitamin A		generic	OTC
vitamin ADC/fluoride/±iron drops	TRI-VI-FLOR	generic	
vitamin B complex/ vitamin C/folic acid	NEPHROCAPS	generic	
vitamin B-1		generic	OTC
vitamin B-6		generic	OTC
vitamin C		generic	OTC
vitamins pediatric	TRI-VI-SOL	generic	members <3 years old, OTC
zinc		generic	OTC
<b>Potassium</b>			
phosphorus	K-PHOS NEUTRAL	generic	tabs
potassium acid phosphate	K-PHOS ORIGINAL	brand	
potassium bicarbonate/ potassium citrate effervescent	K-LYTE	generic	tabs
potassium chloride	K-LOR	generic	powder
potassium chloride	POTASSIUM CHLORIDE	generic	liquid
potassium chloride extended-release	K-DUR 10 K-DUR 20 KLOR-CON 8 KLOR-CON 10	generic	tabs
potassium chloride extended-release	MICRO-K 10	generic	caps
<b>Miscellaneous</b>			
<b>Anaphylaxis</b>			
epinephrine	EPIPEN EPIPEN JR.	generic	QL
<b>Antidotes</b>			
acetylcysteine	CETYLEV	brand	
succimer	CHEMET	brand	QL
<b>Cystic Fibrosis</b>			
acetylcysteine	MUCOMYST	generic	
aztreonam	CAYSTON	brand	PA, SP
dornase alfa	PULMOZYME	brand	PA, SP

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Generic Drug Name	Brand Drug Name	Covered Drug	Requirements & Limits
ivacaftor	KALYDECO KALYDECO GRANULES	brand	PA, SP
lumacaftor/ivacaftor	ORKAMBI	brand	PA, SP
sodium chloride for nebulizer	HYPERSAL NEBUSAL	generic	
tobramycin neb soln	BETHKIS	brand	PA, SP
<b>Hereditary Angioedema</b>			
C1 Inhibitor, Human	BERINERT	brand	PA, SP
icatibant	FIRAZYR	brand	PA, SP
<b>Hyperphosphatemia</b>			
calcium acetate	PHOSLO	generic	667 mg tablet only
cinacalcet	SENSIPAR	brand	PA
sevelamer	REVELA	brand	ST
<b>Idiopathic Pulmonary Fibrosis (IPF)</b>			
nintedanib	OFEV	brand	PA, SP
pirfenidone capsule	ESBRIET	brand	PA, SP
<b>Immune Thrombocytopenic Purpura</b>			
eltrombopag	PROMACTA	brand	PA, SP
<b>Medical Devices</b>			
insulin syringes			QL
lancets			QL
spacers			QL
<b>Metabolic Modifiers</b>			
carglumic acid	CARBAGLU	brand	PA, SP
glycerol phenylbutyrate	RAVICTI	brand	PA, SP
sodium phenylbutyrate oral powder	BUPHENYL ORAL POWDER	generic	PA, SP
<b>Vaccine</b>			
diphtheria-tetanus tox adsorbed (dt) im	DIP/TET PED INJ	brand	QL
hepatitis a vaccine susp	HAVRIX VAQTA	brand	QL
hepatitis b vaccine (recombinant)	ENGERIX-B RECOMBIVAX HB	brand	QL
human papillomavirus (hpv) 9-valent recomb vac	GARDASIL 9	brand	QL
human papillomavirus (hpv) bival (type 16, 18) recomb vac	CERVARIX	brand	QL
human papillomavirus (hpv) quadrivalent recombinant vac	GARDASIL	brand	QL

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

benzoyl peroxide crm, gel, lotion	CLEARASIL
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**Antifungals**

clotrimazole	MICATIN
miconazole crm	LOTRIMIN AF
tolnaftate	TINACTIN

vaginal products	MONISTAT GYNE-LOTRIMIN
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**Atopic Dermatitis**

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

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

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

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Generic Drug Name	Brand Drug Name Examples
<b>Cold/Cough</b>	
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
<b>Diabetes</b>	
alcohol swabs	CURITY ALCOHOL PADS
glucose oral tablets	
insulin (vials only)	HUMULIN NOVOLIN
<b>Earwax Removal Products</b>	
carbamide peroxide	DEBROX
<b>Family Planning</b>	
condoms - male	TROJAN KIMONO LIFESTYLES TRUSTEX DUREX FANTASY
contraceptive foam	DELFEN
contraceptive gel	GYNOL II
<b>First Aid</b>	
Burow's soln, wet dressings	DOMEBORO
dermatological baths	COLLOIDAL OATMEAL BATHS
hydrocortisone crm, oint	CORTAID
topical antibacterials	NEOSPORIN BACITRACIN

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Generic Drug Name	Brand Drug Name Examples
<b>Gastrointestinal</b>	
antacids liquids, chew tabs	MYLANTA LIQUID MAALOX LIQUID TUMS
antidiarrheals	IMODIUM A-D KAOPECTATE
electrolyte rehydrating soln	PEDIALYTE
famotidine	PEPCID AC
laxative enemas	FLEET ENEMA
laxatives	DULCOLAX FLEET PHOSPHO-SODA
psyllium	METAMUCIL
rectal crm, suppositories	PREPARATION H
simethicone	MYLICON
stool softeners	COLACE
sugar+orthophosphoric acid	EMETROL
<b>Lice Products</b>	
permethrin	NIX
piperonyl butoxide gel, liquid shampoo	PIPERONYL BUTOXIDE
<b>Motion Sickness</b>	
dimenhydrinate	DRAMAMINE
meclizine	BONINE
<b>Ophthalmics</b>	
allergic conjunctivitis	ALAWAY
artificial tears	HYPOTEARNS
decongestants	VISINE MURINE NAPHCON A
<b>Pain</b>	
acetaminophen tabs, liquid, drops, suppositories, chew tabs	TYLENOL
aspirin tabs, EC tabs, chew tabs	BAYER ECOTRIN
aspirin with buffers tabs	ADVIL MOTRIN IB

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Generic Drug Name	Brand Drug Name Examples
<b>Smoking Cessation Products</b>	
nicotine	COMMIT LOZENGES (QUANTITY LIMIT) NICODERM CQ (QUANTITY LIMIT) NICOTINE GUM (QUANTITY LIMIT) NICOTROL (QUANTITY LIMIT)
<b>Vitamins/Minerals</b>	
calcium	OS-CAL CALTRATE TUMS
iron ferrous fumarate, ferrous, gluconate, errous sulfate, ferrous bis-glycinate chelate and polysaccharide iron caps	FERGON FEOSOL
iron polysaccharides	NIFEREX
magnesium oxide	MAG-OX
vitamin D 400 IU	VITAMIN D 400 IU
vitamins pediatric members <3 years old	VI-DAYLIN POLY-VI-SOL TRI-VI-SOL
vitamins prenatal	STUART PRENATAL
<b>Warts</b>	
salicylic acid 17%/collodion	DUOFILM
<b>Miscellaneous</b>	
fluoride dental rinse	PHOS-FLUR

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

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