



Preferred Drug List (PDL)

Pennsylvania –
UnitedHealthcare Community Plan
for Families

Effective Date: 1/1/18



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

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

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

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

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

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



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

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注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-414-9025, TTY/PA RELAY: 711**。

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

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

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

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

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

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



Preferred Drug List

INTRODUCTION

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

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

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

NOTICE

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

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

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

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

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

PREFACE

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

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

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

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

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

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

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

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

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

DRUG EFFICACY STUDY IMPLEMENTATION (DESI) DRUGS

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

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

PLAN EXCLUSIONS

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

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

DAYS SUPPLY DISPENSING LIMITATIONS

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

MANDATORY GENERIC SUBSTITUTION

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

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

PRIOR AUTHORIZATION OF NON-PDL MEDICATIONS

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

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

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

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

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

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

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

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

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

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

QUANTITY LIMITATIONS (QL)

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

Quantity limits based on Efficient Medication Dosing

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

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

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

Specialty Pharmaceutical Management Program

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

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

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

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

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

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

MEDICATIONS REQUIRING DIAGNOSIS

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

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

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

STEP THERAPY (ST)

The following PDL drugs are routinely covered only after a sufficient trial of an indicated first-line agent has been adequately tried and failed. These medications may also be requested through the Prior authorization process. While lower cost PDL alternatives may be appropriate in many instances, other non- PDL alternatives are available with prior authorization (PA).

STEP Drug	First-Line Agent(s)
Amerge	Trial at a minimum dose of 50mg of sumatriptan tablets.
Aricept 23mg	90 day trial of Aricept 10mg daily
Breo Ellipta	1) 30 day trial of one inhaled corticosteroid (e.g. Arnuity Ellipta, Asmanex) OR 2) 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).
calcipotriene cream & oint 0.005%	Trial of two topical corticosteroids
calcitriol 3mcg/gm	Trial of two topical corticosteroids
DPP4 Inhibitors (Nesina, Kazano, Oseni)	At least a 90 day trial of 1500mg/day of metformin.

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

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

PDL SUGGESTIONS

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

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

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

EDITOR

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

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

LEGEND

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

NOTICE

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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.

Table of Contents

Antineoplastics & Immunosuppressants . . .	4	Dermatology	17
Antineoplastic Agents	4	Acne Vulgaris	17
Hormonal Antineoplastic Agents	5	Bacterial Infections	17
Immunomodulators	6	Corticosteroids	17
Immunosuppressants	6	Fungal Infections	18
Miscellaneous	6	Psoriasis	19
		Rosacea	19
Blood Modifiers - Anticoagulants	7	Scabies and Pediculosis	19
Anticoagulants	7	Viral Infections	19
Blood Cell Formation	7	Miscellaneous	19
Platelet Inhibitors	7		
Miscellaneous	7	Ear, Nose & Throat	20
		Ear	20
Cardiovascular Agents	8	Nose	21
Ace Inhibitors	8	Throat and Mouth	22
Ace Inhibitor/Diuretic Combinations	8		
Adrenolytics, Central	8	Endocrinology	22
Alpha Blockers	8	Adrenal Corticosteroids	22
Angiotensin II Receptor Blockers (Antagonists)	8	Androgens	23
Angiotensin II Receptor Blocker Combinations	9	Diabetes Mellitus	23
Antiarrhythmics and Cardiac Glycosides	9	Growth Stimulating Agents	25
Beta Blockers and Beta Blocker/Diuretic Combinations	9	Osteoporosis	25
Calcium Channel Blockers	9	Thyroid Disease	25
Diuretics	10	Miscellaneous	25
Lipid Lowering Agents	10		
Nitrates	11	Gastrointestinal	25
Potassium-Removing Agents	11	Constipation/Laxatives	25
Pulmonary Arterial Hypertension	11	Diarrhea	26
Miscellaneous	12	Emesis	26
		Gastroesophageal Reflux Disease (Gerd)/ Peptic Ulcers	26
Central Nervous System	12	Gastrointestinal Spasm	27
Alzheimer's Disease	12	Inflammatory Bowel Disease	27
Amyotrophic Lateral Sclerosis (ALS)	12	Pancreatic Enzymes	28
Analeptics	12	Probiotic Supplementation	28
Analgesics	12	Miscellaneous	28
Migraine Acute Therapy	14		
Migraine Prophylactic Therapy	14	Infectious Diseases	28
Multiple Sclerosis	14	Anthelmintics	28
Myasthenia Gravis	15	Antibacterials	29
Parkinson's Disease	15	Antifungals	30
Seizures	15	Antiprotozoals	30
Miscellaneous	16	Antivirals	30
		Miscellaneous	33

Musculoskeletal	33	Vitamins and Minerals	50
Arthritis	33	Potassium	52
Gout	35	Miscellaneous	53
Skeletal Muscle Relaxants	35	Anaphylaxis	53
OB-GYN	35	Antidotes	53
Contraceptives	35	Cystic Fibrosis	53
Endometriosis	36	Hereditary Angioedema	53
Hormone Therapy/Menopause	37	Hyperphosphatemia	53
Vaginal Infections	37	Idiopathic Pulmonary Fibrosis (IPF)	53
Miscellaneous	37	Immune Thrombocytopenic Purpura	53
Ophthalmic	38	Medical Devices	53
Allergy	38	Metabolic Modifiers	53
Anti-Inflammatories	38	Vaccine	54
Glaucoma	39	OTC MEDICATIONS	56
Immunologic Agents	39	Acne	56
Infections	39	Antifungals	56
Miscellaneous	40	Antivirals	56
Psychiatric	40	Atopic Dermatitis Antivirals	56
Alcohol Deterrents	40	Cough/Cold Allergy	57
Anxiety	40	Diabetes	57
Attention Deficit Hyperactivity Disorder (ADHD)	40	Earwax Removal Products	57
Bipolar Disorder	41	Family Planning	57
Depression	41	First Aid	57
Insomnia	42	Gastrointestinal	58
Narcotic Antagonists	42	Insect Repellents	58
Psychoses	43	Insomnia	58
Smoking Cessation	44	Lice Products	58
Miscellaneous	44	Motion Sickness	58
Respiratory Drugs	45	Ophthalmics	58
Antitussives, Decongestants, Expectorants and Combinations	45	Pain	59
Asthma/COPD	48	Smoking Cessation Products	59
Urological	49	Urological	59
Symptomatic Benign Prostatic Hypertrophy	49	Vitamins/Minerals	59
Miscellaneous	50	Warts	59
		Miscellaneous	59
		Index of Covered Drugs	60

Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Antineoplastics & Immunosuppressants				
Antineoplastic Agents				
Alkylating Agents				
altretamine	HEXALEN	brand	2	
busulfan	MYLERAN	brand	2	
chlorambucil	LEUKERAN	brand	2	
cyclophosphamide	CYTOXAN	generic	1	
estramustine phosphate sodium	EMCYT	brand	2	
lomustine	GLEOSTINE	brand	2	
melphalan	ALKERAN	brand	2	
temozolomide	TEMODAR	generic	1	PA, SP
Antimetabolites				
capecitabine	XELODA	generic	1	SP
mercaptopurine	PURINETHOL	generic	1	
thioguanine	TABLOID	brand	2	QL
trifluridine/tipiracil	LONSURF	brand	2	PA, SP
Histone Deacetylase Inhibitors				
panobinostat	FARYDAK	brand	2	PA, SP
vorinostat	ZOLINZA	brand	2	PA, SP
Kinase Inhibitor				
afatinib	GILOTRIF	brand	2	PA, SP
alecetinib	ALECENSA	brand	2	PA, SP
axitinib	INLYTA	brand	2	PA, SP
bosutinib	BOSULIF	brand	2	PA, SP
brigatinib	ALUNBRIG	brand	2	PA, SP
cabozantinib	COMETRIQ	brand	2	PA, SP
	CABOMETYX			
ceritinib	ZYKADIA	brand	2	PA, SP
cobimetinib	COTELLIC	brand	2	PA, SP
crizotinib	XALKORI	brand	2	PA, SP
dabrafenib	TAFINLAR	brand	2	PA, SP
dasatinib	SPRYCEL	brand	2	PA, SP
erlotinib	TARCEVA	brand	2	PA, SP
everolimus	AFINITOR	brand	2	PA, SP
	AFINITOR DISPERZ			
gefitinib	IRESSA	brand	2	PA, SP
ibrutinib	IMBRUVICA	brand	2	PA, SP
idelalisib	ZYDELIG	brand	2	PA, SP
imatinib mesylate	GLEEVEC	generic	1	PA, QL, SP

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Progestin				
megestrol acetate	MEGACE	generic	1	
Immunomodulators				
Interferons				
interferon alfa-2b	INTRON A	brand	2	PA, SP
peginterferon alfa-2b	SYLATRON	brand	2	PA, SP
Miscellaneous				
lenalidomide	REVLIMID	brand	2	PA, SP
pomalidomide	POMALYST	brand	2	PA, SP
thalidomide	THALOMID	brand	2	PA, SP, QL
Immunosuppressants				
Antimetabolites				
azathioprine	IMURAN	generic	1	
mycophenolate mofetil	CELLCEPT	generic	1	
mycophenolate sodium	MYFORTIC	generic	1	
Calcineurin Inhibitors				
cyclosporine	SANDIMMUNE	generic	1	
cyclosporine, modified	GENGRAF	generic	1	caps, QL
	NEORAL			
tacrolimus	HECORIA	generic	1	
	PROGRAF			
Rapamycin Derivative				
sirolimus	RAPAMUNE	generic	1	tabs
sirolimus	RAPAMUNE	brand	2	soln
Other				
everolimus	ZORTRESS	brand	2	
Miscellaneous				
alitretinoin 1% gel	PANRETIN	brand	2	PA
bexarotene caps	TARGRETIN	generic	1	PA, SP, caps
bexarotene topical gel	TARGRETIN	brand	2	PA, SP, gel
cysteamine bitartrate	CYSTAGON	brand	2	SP
etoposide	VEPESID	generic	1	
hydroxyurea	DROXIA	brand	2	
hydroxyurea	HYDREA	generic	1	
interferon gamma-1b	ACTIMMUNE	brand	2	PA, SP
mitotane	LYSODREN	brand	2	
niraparib	ZEJULA	brand	2	PA, SP
octreotide	SANDOSTATIN	generic	1	SP
olaparib	LYNPARZA	brand	2	PA, SP
pasireotide	SIGNIFOR	brand	2	PA, SP
procarbazine	MATULANE	brand	2	SP

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

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

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

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

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Miscellaneous				
guanabenz	WYTENSIN	generic	1	
hydralazine	APRESOLINE	generic	1	
methyldopa	ALDOMET	generic	1	
methyldopa/HCTZ	ALDORIL	generic	1	
midodrine	PROAMATINE	generic	1	
minoxidil	LONITEN	generic	1	
ranolazine	RANEXA	brand	2	ST
Central Nervous System				
Alzheimer's Disease				
donepezil	ARICEPT	generic	1	5 mg and 10 mg, QL, Members <18 years of age will require prior authorization.
donepezil	ARICEPT	generic	1	23 mg, ST, Members <18 years of age will require prior authorization.
galantamine	RAZADYNE	generic	1	QL, Members <18 years of age will require prior authorization.
memantine	NAMENDA	generic	1	QL, Members <18 years of age will require prior authorization.
rivastigmine	EXELON	generic	1	QL, Members <18 years of age will require prior authorization.
Amyotrophic Lateral Sclerosis (ALS)				
riluzole	RILUTEK	brand	2	
Analeptics				
armodafinil	NUVIGIL	generic	1	Diagnosis Required, QL
Analgesics				
Barbiturate Non-Narcotic Analgesics				
butalbital/acetaminophen	PHRENILIN	generic	1	QL
butalbital/acetaminophen	SEDAPAP	generic	1	QL
butalbital/acetaminophen/ caffeine	FIORICET	generic	1	QL
butalbital/aspirin/caffeine	FIORINAL	generic	1	QL

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
hydrocodone ER	ZOHYDRO ER	brand	2	PA
hydromorphone	DILAUDID	generic	1	QL
meperidine	DEMEROL	generic	1	QL
morphine	MSIR	generic	1	QL
morphine	RMS	generic	1	QL
morphine extended-release	MS CONTIN	generic	1	PA, QL
oxycodone	OXYFAST	generic	1	soln, QL
oxycodone	ROXICODONE	generic	1	QL
oxycodone/ acetaminophen	PERCOCET	generic	1	5/325, QL
oxycodone/aspirin	PERCODAN	generic	1	QL
oxymorphone ER	OXYMORPHONE ER	generic	1	PA, QL, non-crush resistant
pentazocine/naloxone	TALWIN NX	generic	1	QL
Migraine Acute Therapy				
Ergotamine Derivatives				
dihydroergotamine	D.H.E. 45	generic	1	inj, QL
dihydroergotamine	MIGRANAL	generic	1	
ergotamine/caffeine	CAFERGOT	generic	1	
ergotamine tartrate/ caffeine	MIGERGOT SUPPOSITORIES	brand	2	QL
Selective Serotonin Agonists				
naratriptan	AMERGE	generic	1	ST
rizatriptan	MAXALT/MAXALT MLT	generic	1	QL
sumatriptan	IMITREX	generic	1	QL
sumatriptan	IMITREX 4 MG AND 6 MG INJ	generic	1	4 mg and 6 mg inj
Migraine Prophylactic Therapy				
amitriptyline	ELAVIL	generic	1	
divalproex sodium cap sprinkle	DEPAKOTE SPRINKLE	generic	1	Members ≥ 8 years of age will require prior authorization.
divalproex sodium delayed-release	DEPAKOTE	generic	1	Minimum age 2
propranolol	INDERAL	generic	1	IR only
verapamil	CALAN	generic	1	
Multiple Sclerosis				
daclizumab	ZINBRYTA	brand	2	PA, QL, SP
dimethyl fumarate	TECFIDERA	brand	2	PA, QL, SP

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
felbamate oral susp	FELBATOL ORAL SUSP	generic	1	QL, suspension, Members ≥ 8 years of age will require prior authorization.
gabapentin	NEURONTIN	generic	1	caps and tabs only
lacosamide	VIMPAT	brand	2	Age Limits Apply
lamotrigine	LAMICTAL	generic	1	QL
lamotrigine chew dispersible tab	LAMICTAL CD CHEW TAB	generic	1	Members ≥ 8 years of age will require prior authorization.
lamotrigine starter kit	LAMICTAL STARTER KIT	brand	2	
levetiracetam	KEPPRA	generic	1	QL, Maximum age of 9 for solution
methsuximide	CELONTIN	brand	2	
oxcarbazepine	TRILEPTAL	generic	1	QL, Maximum age of 9 for suspension
phenobarbital	PHENOBARBITAL	generic	1	
phenytoin	DILANTIN INFATABS	generic	1	
phenytoin sodium extended	DILANTIN PHENYTEK	generic	1	
pregabalin	LYRICA	brand	2	PA
pregabalin	LYRICA SOLUTION	brand	2	oral solution, PA
primidone	MYSOLINE	generic	1	
rufinamide	BANZEL	brand	2	Diagnosis Required, QL
tiagabine	GABITRIL	generic	1	Age Limits Apply, 2mg & 4mg
tiagabine	GABITRIL	brand	2	Age Limits Apply, 12mg & 16mg
topiramate	TOPAMAX	generic	1	QL
topiramate sprinkle caps	TOPAMAX SPRINKLE	generic	1	QL, Members ≥ 8 years of age will require prior authorization.
valproic acid	DEPAKENE	generic	1	
vigabatrin oral solution	SABRIL SOLUTION	brand	2	PA, SP
zonisamide	ZONEGRAN	generic	1	QL
Miscellaneous				
deutetrabenazine	AUSTEDO	brand	2	PA
tetrabenazine	XENAZINE	generic	1	PA, SP

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
fluocinolone acetonide	SYNALAR	generic	1	soln/crm 0.01%
hydrocortisone	CORTIZONE	generic	1	crm, oint, lot OTC
hydrocortisone	HYTONE	generic	1	crm 0.5%, 1%, & 2.5%
hydrocortisone	HYTONE	generic	1	lotion 1% & 2.5%
hydrocortisone/aloe	CORTIZONE-10 INTENSIVE HEALING	generic	1	crm 0.5% & 1%, OTC
Medium Potency				
betamethasone val	BETA-VAL	generic	1	crm/oint/lotion 0.1%
fluocinolone acetonide	SYNALAR	generic	1	crm, oint 0.025%
fluticasone propionate	CUTIVATE	generic	1	crm 0.05%, oint 0.005%
hydrocortisone butyrate	LOCOID	generic	1	crm/oint/soln 0.1%
hydrocortisone valerate	WESTCORT	generic	1	crm 0.2%
mometasone furoate	ELOCON	generic	1	crm/oint/soln 0.1%
prednicarbate	DERMATOP	generic	1	crm 0.1%
triamcinolone acetonide	KENALOG	generic	1	crm/lot/oint 0.025%
triamcinolone acetonide	KENALOG	generic	1	crm/oint/lotion 0.1%
High Potency				
betamethasone augmented dip	DIPROLENE	generic	1	lotion 0.05%
betamethasone augmented dip	DIPROLENE AF	generic	1	crm 0.05%
betamethasone dipropionate		generic	1	crm/lotion/oint 0.05%
fluocinonide	LIDEX	generic	1	crm/oint/gel/soln 0.05%
fluocinonide emulsified base	LIDEX E	generic	1	crm 0.05%
triamcinolone acetonide	KENALOG	generic	1	crm 0.5%
Very High Potency				
betamethasone dip augmented	DIPROLENE	generic	1	gel 0.05%
betamethasone dip augmented	DIPROLENE	generic	1	oint 0.05%
clobetasol propionate	TEMOVATE	generic	1	soln 0.05%
halobetasol	ULTRAVATE	generic	1	cream
Fungal Infections				
ciclopirox	PENLAC SOLUTION 8%	generic	1	
clotrimazole	LOTRIMIN AF	generic	1	OTC
clotrimazole	MYCELEX	generic	1	
clotrimazole with betamethasone	LOTRISONE	generic	1	

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
chloroxine	CAPITROL	generic	1	
collagenase oint	SANTYL	brand	2	QL
crisaborole	EUCRISA	brand	2	2% ointment, ST
fluorouracil	EFUDEX	generic	1	
hydrocortisone	PROCTOSOL HC CREAM 2.5%	generic	1	
	PROCTOZONE CREAM-HC 2.5%			
	ANUSOL HC 2.5%			
imiquimod 5% cream	ALDARA	generic	1	
ketoconazole	NIZORAL SHAMPOO	generic	1	shampoo 2%
lidocaine	LIDAMANTEL	generic	1	3% cream
lidocaine	LMX-4	generic	1	4% cream (15 gm tubes), QL
lidocaine	XYLOCAINE	generic	1	jelly 2%
lidocaine patch	LIDODERM	generic	1	Diagnosis Required, QL
lidocaine/prilocaine	EMLA	generic	1	2.5% cream
nitroglycerin	RECTIV	brand	2	Diagnosis Required, QL, 0.4% rectal ointment
pimecrolimus	ELIDEL	brand	2	cream, QL, ST, not covered for members less than 2 years of age
selenium sulfide	SELSUN	generic	1	lotion 2.5%
tacrolimus	PROTOPIC 0.03%	generic	1	ointment 0.03%, QL, ST, not covered for members less than 2 years of age
tacrolimus	PROTOPIC 0.1%	generic	1	ointment 0.1%, ST (minimum age 16)
urea 10%, urea 20%	UREA 10% CREAM	brand	2	
	UREA 20% CREAM			
	UREA 10% LOTION			
urea 40%	UREA 40% LOTION	generic	1	lotion
Ear, Nose & Throat				
Ear				
acetic acid	VOSOL OTIC	generic	1	otic
acetic acid/ aluminum acetate	DOMBORO OTIC	generic	1	

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Antihistamine/Decongestant Combinations - Second Generation				
cetirizine hydrochloride/ pseudoephedrine hydrochloride 12 hours extended-release	ZYRTEC-D	generic	1	5 mg-120 mg tablet
loratadine/ pseudoephedrine extended-release	ALAVERT-D ALAVERT ALRG TAB/SINUS ALLERGY/CONG	generic	1	OTC
Nasal Steroids				
fluticasone	FLONASE	generic	1	
triamcinolone nasal spray	NASACORT ALLERGY 24 HOUR	brand	2	OTC
Miscellaneous Nasal				
cromolyn sodium	NASALCROM	generic	1	OTC
ipratropium nasal	ATROVENT NASAL SPRAY	generic	1	QL
saline nasal spray 0.65%	OCEAN NASAL SPRAY	generic	1	OTC
Miscellaneous Nasal Decongestants				
oxymetazoline	AFRIN	generic	1	OTC
phenylephrine	NEO-SYNEPHRINE DIMEATAPP DRO DECONGES	generic	1	OTC
Throat and Mouth				
chlorhexidine gluconate	PERIDEX	generic	1	
lidocaine viscous	XYLOCAINE	generic	1	
pilocarpine	SALAGEN	generic	1	
triamcinolone	KENALOG IN ORABASE	generic	1	paste
Endocrinology				
Adrenal Corticosteroids				
cortisone acetate		generic	1	
dexamethasone	DECADRON	generic	1	
fludrocortisone	FLORINEF	generic	1	
hydrocortisone	CORTEF	generic	1	
methylprednisolone	MEDROL	generic	1	4mg, 8mg, 16mg, 32mg
prednisolone				
prednisolone	PRELONE	generic	1	syrup
prednisolone sodium phosphate	ORAPRED PEDIAPRED	generic	1	
prednisone	DELTASONE	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Androgens				
testosterone cypionate	DEPO-TESTOSTERONE	generic	1	
testosterone enanthate	DELATESTRYL	generic	1	Vials only. Disposable syringes not covered.
testosterone gel topical tube, packet, and pump bottle	TESTOSTERONE 1% TOPI- CAL GEL	generic	1	PA
Diabetes Mellitus				
Glucose Elevating Agents				
glucagon, human recombinant	GLUCAGON	brand	2	QL
Insulin Combinations				
insulin glargine/lixisenatide	SOLIQUA	brand	2	ST
Insulins				
insulin aspart	NOVOLOG	brand	2	QL, vials
insulin aspart	NOVOLOG FLEXPEN	brand	2	QL
insulin aspart protamine 70%/ insulin aspart 30%	NOVOLOG MIX 70/30	brand	2	QL, vials
insulin glargine	BASAGLAR	brand	2	
insulin glargine 300 unit/ml	TOUJEO SOLOSTAR	brand	2	
insulin human	NOVOLIN R	brand	2	OTC, QL, vials
insulin human	RELION R	brand	2	OTC, QL, vials
insulin isophane	HUMULIN N	brand	2	OTC, QL, vials
insulin isophane human	NOVOLIN N	brand	2	OTC, QL, vials
insulin isophane human	RELION N	brand	2	OTC, QL, vials
insulin isophane human 70%/regular 30%	NOVOLIN 70/30	brand	2	OTC, QL, vials
insulin isophane human 70%/regular 30%	RELION 70/30	brand	2	OTC, QL, vials
insulin isophane/regular	HUMULIN 70/30	brand	2	OTC, QL, vials
insulin lispro pro/lispro	HUMALOG MIX 50/50	brand	2	QL, vials
insulin lispro prot/lispro	HUMALOG MIX 75/25	brand	2	QL, vials
insulin lispro	HUMALOG	brand	2	QL, vials
insulin lispro	HUMALOG CARTRIDGE	brand	2	QL
insulin lispro	HUMALOG KWIKPEN	brand	2	QL
insulin regular	HUMULIN R	brand	2	OTC, QL, vials

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Monitoring - Strips and Kits/Diabetic Supplies				
ONE TOUCH SYSTEMS(ULTRA 2, ULTRAMINI, VERIO, VERIO FLEX, VERIO IQ, VERIO SYNC)		brand	2	QL for insulin dependent or pregnant members: allow testing up to 6 times per day
ONE TOUCH TEST STRIPS (ULTRA, VERIO)		brand	2	QL for non-insulin dependent members: allow once daily testing
Oral Agents				
acarbose	PRECOSE	generic	1	
alogliptin	NESINA	generic	1	ST
alogliptin/metformin	KAZANO	generic	1	ST
alogliptin/pioglitazone	OSENI	generic	1	ST
canagliflozin	INVOKANA	brand	2	ST
canagliflozin/metformin	INVOKAMET	brand	2	ST
canagliflozin/metformin extended-release	INVOKAMET XR	brand	2	ST
chlorpropamide	DIABINESE	generic	1	
empagliflozin	JARDIANCE	brand	2	ST
empagliflozin/metformin	SYNJARDY	brand	2	ST
empagliflozin/metformin extended-release	SYNJARDY XR	brand	2	ST
glimepiride	AMARYL	generic	1	
glipizide	GLUCOTROL	generic	1	
glipizide extended-release	GLUCOTROL XL	generic	1	
glyburide	MICRONASE	generic	1	
glyburide, micronized	GLYNASE	generic	1	
metformin	GLUCOPHAGE	generic	1	
metformin ER	GLUCOPHAGE ER	generic	1	
metformin/glyburide	GLUCOVANCE	generic	1	
nateglinide	STARLIX	generic	1	
pioglitazone	ACTOS	generic	1	QL
repaglinide	PRANDIN	generic	1	
tolazamide	TOLINASE	generic	1	
tolbutamide	TOLBUTAMIDE	generic	1	
Miscellaneous Antidiabetic Agents				
albiglutide	TANZEUM	brand	2	ST
dulaglutide	TRULICITY	brand	2	ST
lixisenatide	ADLYXIN	brand	2	ST
pramlintide	SYMLIN	brand	2	PA

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Growth Stimulating Agents				
mecasermin	INCRELEX	brand	2	PA, SP
somatropin	NUTROPIN AQ NUSPIN	brand	2	PA, SP
Osteoporosis				
abaloparatide inj	TYMLOS	brand	2	PA, SP
alendronate	FOSAMAX	generic	1	QL
calcitonin-salmon	MIACALCIN	brand	2	inj
calcitonin-salmon	MIACALCIN	generic	1	nasal spray, QL
calcitonin-salmon	FORTICAL	brand	2	nasal spray, QL
etidronate	DIDRONEL	generic	1	
raloxifene	EVISTA	generic	1	
Thyroid Disease				
levothyroxine	LEVOXYL	generic	1	
levothyroxine	SYNTHROID	generic	1	
liothyronine	CYTOMEL	generic	1	
liotrix	THYROLAR	brand	2	
methimazole	TAPAZOLE	generic	1	
propylthiouracil	PROPYLTHIOURACIL	generic	1	
Miscellaneous				
asfotase alfa	STRENSIQ	brand	2	PA, SP
cabergoline	DOSTINEX	generic	1	
cholic acid	CHOLBAM	brand	2	PA, SP
desmopressin	DDAVP	generic	1	QL
methylergonovine	METHERGINE	generic	1	
mifepristone	KORLYM	brand	2	PA, SP
nitisinone	ORFADIN	brand	2	PA, SP
pegvisomant	SOMAVERT	brand	2	PA, SP
sapropterin	KUVAN	brand	2	PA, SP
sapropterin powder	KUVAN POWDER FOR SOLUTION	brand	2	PA, SP
uridine	VISTOGARD	brand	2	
Gastrointestinal				
Constipation/Laxatives				
casanthranol-docusate sodium		generic	1	OTC
docusate calcium plus		generic	1	OTC
docusate potasssium		generic	1	OTC
docusate sodium	COLACE	generic	1	OTC
lactulose	ENULOSE	generic	1	
linaclotide	LINZESS	brand	2	Diagnosis Required, QL

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

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

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

pancrelipase	CREON CREON 3000 UNIT ZENPEP	brand	2	
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Probiotic Supplementation

acidophilus	ACIDOPHILUS XTRA	brand	2	OTC
acidophilus	ACIDOPHILUS	brand	2	caps and tabs, OTC
acidophilus/bifidus	ACIDOPHILUS/BIFIDUS WAFER	generic	1	OTC
acidophilus/citrus pectin	ACIDOPHILUS/CITRUS PECTIN	generic	1	tabs, OTC
acidophilus/pectin	ACIDOPHILUS/PECTIN	generic	1	caps, OTC
lactobacillus	FLORANEX	generic	1	chewable tabs, OTC
probiotic product	PROBIOTIC FORMULA	brand	2	caps, OTC

Miscellaneous

atropine sulfate	SAL-TROPINE	brand	2	
misoprostol	CYTOTEC	generic	1	
naloxegol	MOVANTIK	brand	2	Diagnosis Required, QL
teduglutide	GATTEX ACTIGALL	brand	2	PA, SP
ursodiol	URSO URSO FORTE	generic	1	

Infectious Diseases

Anthelmintics

albendazole	ALBENZA	brand	2	PA
ivermectin	STROMEKTOL	brand	2	
praziquantel	BILTRICIDE	brand	2	Diagnosis Required, QL
pyrantel pamoate	PIN-X	brand	2	chewable tablets, suspension
pyrantel pamoate	REESE'S PINWORM MEDICINE	brand	2	tablets, suspension

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Penicillins				
amoxicillin	AMOXICILLIN CAPSULES AND CHEWABLES	generic	1	Except 500 mg and 875 mg film-coated tabs.
amoxicillin	AMOXIL SUSP	generic	1	suspension
amoxicillin/clavulanate	AUGMENTIN	generic	1	
ampicillin	PRINCIPEN	generic	1	
dicloxacillin	DICLOXACILLIN	generic	1	
penicillin VK	VEETIDS	generic	1	
Sulfonamides				
sulfamethoxazole/trimethoprim, DS	BACTRIM BACTRIM DS	generic	1	
Tetracyclines				
doxycycline monohydrate	DOXYCYCLINE MONOHYDRATE	generic	1	50mg & 100mg caps
minocycline	MINOCIN	generic	1	capsules, except 75 mg
Miscellaneous				
vancomycin HCl	VANCOGIN HCL	generic	1	cap, ST
Antifungals				
clotrimazole	MYCELEX	generic	1	troches
fluconazole	DIFLUCAN	generic	1	QL
griseofulvin microsize	GRIFULVIN V	generic	1	
griseofulvin ultramicrosize	GRIS-PEG	generic	1	
itraconazole	SPORANOX	generic	1	caps, PA, QL
itraconazole	SPORANOX	brand	2	soln, PA, QL
ketoconazole	NIZORAL	generic	1	
nystatin	MYCOSTATIN	generic	1	
terbinafine	LAMISIL	generic	1	QL
voriconazole	VFEND	generic	1	PA
Antiprotozoals				
atovaquone	MEPRON	generic	1	PA
miltefosine	IMPAVIDO	brand	2	PA
nitazoxanide suspension	ALINIA SUSPENSION	brand	2	Members ≥ 8 years of age will require prior authorization.
nitazoxanide tablet	ALINIA	brand	2	PA
Antivirals				
Cytomegalovirus Treatment				
ganciclovir	CYTOVENE	generic	1	
valganciclovir	VALCYTE	generic	1	tabs only

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Hepatitis Treatment				
entecavir	BARACLUDE	generic	1	SP
glecaprevir/pibrentasvir	MAVYRET	brand	2	PA, SP, preferred for Genotypes 1, 2, 3, 4, 5, & 6
interferon alfa-2b	INTRON A	brand	2	PA, SP
lamivudine	EPIVIR HBV	generic	1	tabs, SP
lamivudine	EPIVIR HBV	brand	2	solution, SP
peginterferon alfa-2a	PEGASYS	brand	2	PA, SP
peginterferon alfa-2a	PEGASYS PROCLICK	brand	2	PA, SP
ribavirin	REBETOL/COPEGUS	generic	1	200 mg caps and tabs only, SP
Herpes Treatment				
acyclovir	ZOVIRAX	generic	1	caps, tabs, suspension
docosanol	ABREVA OTC CREAM	brand	2	
valacyclovir	VALTRES	generic	1	
Influenza Treatment				
amantadine	SYMMETREL	generic	1	except tabs
oseltamivir	TAMIFLU	generic	1	capsules, QL
rimantadine	FLUMADINE	generic	1	
zanamivir	RELENZA	brand	2	QL
Integrase Inhibitors				
dolutegravir	TIVICAY	brand	2	Diagnosis required
raltegravir	ISENTRESS	brand	2	Diagnosis required
raltegravir	ISENTRESS CHEWABLE	brand	2	chewable tablet, Diagnosis required
raltegravir	ISENTRESS HD	brand	2	Diagnosis required
raltegravir susp	ISENTRESS SUSP	brand	2	Members ≥ 2 years of age will require prior authorization. Diagnosis required.
Non-Nucleoside Reverse Transcriptase Inhibitors - Diagnosis required				
delavirdine	RESCRIPTOR	brand	2	
efavirenz	SUSTIVA	brand	2	
etravirine	INTELENCE	brand	2	
nevirapine	VIRAMUNE	generic	1	
nevirapine ER	VIRAMUNE XR	brand	2	
rilpivirine	EDURANT	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Nucleoside Analogues Nucleoside Reverse - Transcriptase Inhibitors/and Combinations – Diagnosis required				
abacavir	ZIAGEN	generic	1	
abacavir/lamivudine	EPZICOM	generic	1	
abacavir/lamivudine/ zidovudine	TRIZIVIR	generic	1	
didanosine	VIDEX	brand	2	
didanosine delayed-release	VIDEX EC	generic	1	
emtricitabine	EMTRIVA	brand	2	
lamivudine	EPIVIR	generic	1	
lamivudine/zidovudine	COMBIVIR	generic	1	
stavudine	ZERIT	generic	1	
zalcitabine	HIVID	brand	2	
zidovudine	RETROVIR	generic	1	
Nucleoside/Nucleotide Reverse - Transcriptase Inhibitor Combination – Diagnosis required				
efavirenz/emtricitabine/ tenofovir	ATRIPLA	brand	2	
emtricitabine/rilpivirine/ tenofovir	ODEFSEY	brand	2	
emtricitabine/tenofovir alafenamide	DESCOVY	brand	2	QL
emtricitabine/tenofovir disoproxil	TRUVADA	brand	2	Diagnosis to drug match not required
Nucleotide Analogues Nucleotide Reverse - Transcriptase Inhibitor – Diagnosis required				
tenofovir	VIREAD	brand	2	
Protease Inhibitors – Diagnosis required				
atazanavir	REYATAZ	brand	2	
atazanavir	REYATAZ POWDER PACKET	brand	2	Members ≥ 8 years of age will require prior authorization
darunavir	PREZISTA	brand	2	
fosamprenavir	LEXIVA	brand	2	
indinavir	CRIXIVAN	brand	2	
lopinavir/ritonavir	KALETRA	brand	2	tablets
lopinavir/ritonavir	KALETRA	generic	1	solution
nelfinavir	VIRACEPT	brand	2	
ritonavir	NORVIR	brand	2	
saquinavir mesylate	INVIRASE	brand	2	
tipranavir	APTIVUS	brand	2	

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

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

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Monophasic - 20 mcg Estrogen				
levonorgestrel/EE	ALESSE	generic	1	0.1/20, QL
norethindrone acetate/EE	LOESTRIN 1/20	generic	1	1/20, QL
norethindrone acetate/EE/ iron	LOESTRIN FE 1/20	generic	1	1/20, QL
Monophasic - 30 mcg Estrogen				
desogestrel/EE	ORTHO-CEPT	generic	1	0.15/30, QL
levonorgestrel/EE	NORDETTE	generic	1	0.15/30, QL
norethindrone acetate/EE	LOESTRIN 1.5/30	generic	1	1.5/30, QL
norethindrone acetate/EE/ iron	LOESTRIN FE 1.5/30	generic	1	1.5/30, QL
norgestrel/EE	LO/OVRAL	generic	1	0.3/30, QL
Monophasic - 35 mcg Estrogen				
ethynodiol diacetate/EE	ZOVIA 1/35	generic	1	1/35, QL
norethindrone/EE	BALZIVA	generic	1	0.4/35, QL
norethindrone/EE	MODICON	generic	1	0.5/35, QL
norethindrone/EE	ORTHO-NOVUM 1/35	generic	1	1/35, QL
norgestimate/EE	ORTHO-CYCLEN	generic	1	0.25/35, QL
Monophasic - 50 mcg Estrogen				
ethynodiol diacetate/EE	ZOVIA 1/50	generic	1	1/50, QL
norethindrone/EE	OVCON 50	generic	1	1/50, QL
norethindrone/ME	ORTHO-NOVUM 1/50	generic	1	1/50, QL
norgestrel/EE	OVRAL	generic	1	0.5/50, QL
Progestin				
norethindrone	ORTHO MICRONOR	generic	1	
Transdermal				
norelgestromin/EE	ORTHO EVRA XULANE	generic	1	
Triphasic				
desogestrel/EE	CYCLESSA	generic	1	QL
levonorgestrel/EE	TRIVORA	generic	1	QL
norethindrone acetate/EE/iron	ESTROSTEP FE	generic	1	QL
norethindrone/EE	TRI-NORINYL	generic	1	QL
norethindrone/EE	ORTHO-NOVUM 7/7/7	generic	1	QL
norgestimate/EE	ORTHO TRI-CYCLEN	generic	1	QL
Endometriosis				
danazol	DANOCRINE	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Hormone Therapy/Menopause				
Estrogens - Intravaginal				
estradiol	ESTRACE CRM	brand	2	
estrogens, conjugated	PREMARIN	brand	2	crm
Estrogens - Oral				
estradiol	ESTRACE	generic	1	
estrogens, conjugated	PREMARIN	brand	2	
estropipate	OGEN	generic	1	
Estrogens - Transdermal				
estradiol	CLIMARA	generic	1	QL
Estrogen/Progestin				
estrogens, conjugated/ medroxyprogesterone	PREMPHASE PREMPRO	brand	2	
Progestins				
medroxyprogesterone acetate	PROVERA	generic	1	
norethindrone acetate	AYGESTIN	generic	1	
progesterone micronized cap	PROMETRIUM	generic	1	Diagnosis Required, QL
Vaginal Infections				
Oral				
fluconazole	DIFLUCAN	generic	1	QL
metronidazole	FLAGYL	generic	1	tabs
Vaginal				
clotrimazole	GYNE-LOTRIMIN	generic	1	OTC
clindamycin	CLEOCIN	generic	1	crm
metronidazole	METROGEL-VAGINAL METROGEL 1%	generic	1	
miconazole	MONISTAT	generic	1	OTC
miconazole	MONISTAT 3	generic	1	
terconazole	TERAZOL 3/7	generic	1	crm
Miscellaneous				
onjugated estrogen/ bazedoxifene	DUAVEE	brand	2	
methylergonovine	METHERGINE	generic	1	
tranexamic acid	LYSTEDA	generic	1	PA

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Ophthalmic				
Allergy				
azelastine	OPTIVAR	generic	1	ST
cromolyn sodium	CROLOM	generic	1	QL
ketotifen	ALAWAY OTC	generic	1	
naphazoline/glycerin	CLEAR EYES REDNESS RELIEF	generic	1	
naphazoline HCL	VASOCLEAR	generic	1	soln 0.02%
naphazoline/zinc sulfate	VASOCLEAR A	brand	2	OTC
tetrahydrozoline/ zinc sulfate	VISINE-AC	generic	1	
Anti-Inflammatories				
Nonsteroidal				
diclofenac sodium	VOLTAREN	generic	1	
flurbiprofen	OCUFEN	generic	1	
ketorolac	ACULAR/ACULAR LS	generic	1	
Steroidal				
dexamethasone sodium phosphate	DEXASOL	generic	1	
fluorometholone	FML	brand	2	oint 0.1%
fluorometholone	FML FORTE	brand	2	susp 0.25%
fluorometholone	FML LIQUIFILM	generic	1	susp 0.1%
prednisolone acetate	PRED FORTE	generic	1	1%
prednisolone acetate	PRED MILD	brand	2	0.12%
prednisolone phosphate	INFLAMASE FORTE	generic	1	1%
Anti-Infective/Anti-Inflammatory Combinations				
bacitracin/polymyxin/ neomycin/hc	CORTISPORIN	generic	1	ointment
gentamicin/prednisolone acetate	PRED-G	brand	2	
neomycin/polymyxin B/ dexamethasone	MAXITROL	generic	1	
neomycin/polymyxin B/ hydrocortisone	CORTISPORIN	generic	1	suspension
sulfacetamide/pred phos	VASOCIDIN	generic	1	10%/0.25%
tobramycin/ dexamethasone	TOBRADEX	generic	1	

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
erythromycin	ERYTHROMYCIN	generic	1	
gentamicin	GENTAK	generic	1	
neomycin/bacitracin/ polymyxin	NEOSPORIN	generic	1	ointment
neomycin/polymyxin B/ gramicidin	NEOSPORIN	generic	1	solution
ofloxacin	OCUFLOX	generic	1	
polymyxin B/bacitracin	POLYSPORIN	generic	1	
polymyxin B/trimethoprim	POLYTRIM	generic	1	
sulfacetamide	BLEPH-10	generic	1	oint/soln
tobramycin	TOBREX	generic	1	
Viral				
trifluridine	VIROPTIC	generic	1	
Miscellaneous				
cysteamine 0.44% ophthalmic solution	CYSTARAN	brand	2	PA, SP
sodium chloride hypertonic	MURO 128	generic	1	soln 5%
Psychiatric				
Alcohol Deterrents				
acamprosate	CAMPRAL	brand	2	
disulfiram	ANTABUSE	generic	1	
naltrexone	REVIA	generic	1	
Anxiety				
Benzodiazepines				
alprazolam	XANAX	generic	1	QL, IR only
chlordiazepoxide	LIBRIUM	generic	1	
clonazepam	KLONOPIN	generic	1	not wafers
clorazepate	TRANXENE	generic	1	
diazepam	VALIUM	generic	1	QL
lorazepam	ATIVAN	generic	1	QL
oxazepam	SERAX	generic	1	QL
Miscellaneous				
bupirone	BUSPAR	generic	1	
fluvoxamine	LUVOX	generic	1	
Attention Deficit Hyperactivity Disorder (ADHD) – Diagnosis required				
amphetamine/ dextroamphetamine mixed salts	ADDERALL	generic	1	Age Limits Apply, QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
amphetamine/ dextroamphetamine mixed salts extended-release	ADDERALL XR (BRAND ADDERALL XR IS PREFERRED)	brand	2	Age Limits Apply, QL
guanfacine ER	INTUNIV	generic	1	
lisdexamfetamine	VYVANSE	brand	2	Age Limits Apply, QL
lisdexamfetamine chewable tab	VYVANSE CHEWABLE	brand	2	Diagnosis Required
methylphenidate	RITALIN	generic	1	Age Limits Apply, tabs only, QL
methylphenidate extended-release	CONCERTA	generic	1	Age Limits Apply, QL
methylphenidate extended-release	METADATE ER RITALIN-SR RITALIN LA	generic	1	Age Limits Apply, QL
Bipolar Disorder				
divalproex sodium cap sprinkle	DEPAKOTE SPRINKLE	generic	1	Members ≥ 8 years of age will require prior authorization.
divalproex sodium delayed-release	DEPAKOTE	generic	1	Minimum age 2
lithium carbonate	LITHIUM CARBONATE	generic	1	
lithium carbonate extended-release	ESKALITH CR LITHOBID	generic	1	
Depression				
Monoamine Oxidase Inhibitor (MAOI)				
tranylcypromine	PARNATE	generic	1	
Selective Serotonin Reuptake Inhibitor (SSRIs)				
citalopram	CELEXA	generic	1	QL
escitalopram	LEXAPRO	generic	1	tablets, QL
fluoxetine	PROZAC	generic	1	10 mg and 20 mg caps and 20 mg soln only
paroxetine	PAXIL	generic	1	tablets
sertraline	ZOLOFT	generic	1	tablets, QL
Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)				
duloxetine	CYMBALTA	generic	1	QL
venlafaxine	EFFEXOR	generic	1	QL
venlafaxine XR	EFFEXOR XR	generic	1	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Tricyclic Antidepressants (TCAs)				
amitriptyline	ELAVIL	generic	1	tablets
amoxapine		generic	1	
desipramine	NORPRAMIN	generic	1	
doxepin	SINEQUAN	generic	1	
imipramine HCL	TOFRANIL	generic	1	tablets
nortriptyline	PAMELOR	generic	1	
Tricyclic Antidepressant/Phenothiazine Combination				
amitriptyline/perphenazine	TRIAVIL	generic	1	Members <18 years of age will require prior authorization
Miscellaneous Agents				
bupropion	WELLBUTRIN	generic	1	
bupropion extended-release	WELLBUTRIN SR	generic	1	QL
bupropion extended-release	WELLBUTRIN XL	generic	1	150 mg and 300 mg
maprotiline	LUDIOMIL	generic	1	
mirtazapine	REMERON	generic	1	tabs (not soltabs)
trazodone	DESYREL	generic	1	50mg, 100mg, & 150mg only
Insomnia				
Benzodiazepines				
flurazepam	DALMANE	generic	1	QL
temazepam	RESTORIL	generic	1	15 mg and 30 mg only, QL
triazolam	HALCION	generic	1	QL
Non-Benzodiazepines				
chloral hydrate	CHLORAL HYDRATE	generic	1	
doxylamine succinate	UNISOM	generic	1	25mg, OTC, QL
diphenhydramine	NYTOL QUICK CAPS	generic	1	OTC
zaleplon	SONATA	generic	1	QL
zolpidem	AMBIEN	generic	1	QL
Narcotic Antagonists				
buprenorphine	SUBUTEX	generic	1	PA, QL
buprenorphine/naloxone	SUBOXONE	brand	2	2 mg and 8 mg film only, PA, QL
naloxone	NALOXONE INJ	generic	1	
naloxone	NARCAN NASAL SPRAY	brand	2	
naltrexone	REVIA	generic	1	

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

Atypicals

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Smoking Cessation				
nicotine	NICODERM CQ	generic	1	patches, QL
nicotine polacrilex gum	NICORETTE OTC	generic	1	QL
nicotine polacrilex lozenge	COMMITT OTC	generic	1	QL
varenicline	CHANTIX	brand	2	QL
Miscellaneous				
chlorpromazine	THORAZINE	generic	1	QL, Members <18 years of age will require prior authorization
dextromethorphan/ quinidine	NUDEXTA	brand	2	Diagnosis Required, QL
fluphenazine	PROLIXIN	generic	1	QL, Members <18 years of age will require prior authorization
fluphenazine decanoate	PROLIXIN DECANOATE	generic	1	
haloperidol	HALDOL	generic	1	QL, Members <18 years of age will require prior authorization
haloperidol decanoate	HALDOL DECANOATE	generic	1	
loxapine	LOXITANE	generic	1	QL, Members <18 years of age will require prior authorization
perphenazine	TRILAFON	generic	1	QL, Members <18 years of age will require prior authorization
pimozide	ORAP	generic	1	QL, Members <18 years of age will require prior authorization
thioridazine	MELLARIL	generic	1	QL, Members <18 years of age will require prior authorization
thiothixene	NAVANE	generic	1	QL, Members <18 years of age will require prior authorization
trifluoperazine	STELAZINE	generic	1	QL, Members <18 years of age will require prior authorization

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Respiratory Drugs				
Antitussives, Decongestants, Expectorants and Combinations				
benzonatate	TESSALON	generic	1	
brompheniramine & phenylephrine	DIMETAPP CLD ELX/ ALLERGY	generic	1	
brompheniramine/ pseudoephedrine	ACCUHIST DROPS UNI-HIST DROPS	generic	1	
brompheniramine/ pseudoephedrine/ dextromethorphan	BROMFED DM	generic	1	syrup
chlorphen tan/pyrilamine tan/PE tan	TRIOTANN PEDIATRIC SUSP R-TANNAMINE	generic	1	susp
chlorphen tan/ carbetapentane tan	TUSSI-12 S	generic	1	susp
chlorpheniramine/ dextromethorphan	ROBITUSSIN PED LIQ CGH/COLD ROBITUSSIN LIQ CGH/CLD DIMETAPP SYP CGH/CLD CORICIDIN TAB CGH/CLD	generic	1	
chlorpheniramine maleate phenylephrine HCL	ED A-HIST TABLETS AND LIQUID	generic	1	
chlorpheniramine/ pseudoephedrine	LOHIST-D	generic	1	
chlorpheniramine/ phenylephrine	RONDEC DROPS CARDEC DRO	generic	1	liquid
chlorpheniramine/ phenylephrine	RONDEC SYRUP CARDEC SYP	generic	1	syrup
chlorpheniramine tan/ phenylephrine tan	RYNATAN PEDIATRIC SUSP	generic	1	susp
codeine/ chlorpheniramine/ pseudoephedrine	DIHISTINE DH PHENYLHIST LIQ DH	generic	1	
codeine/guaifenesin	GUIATUSS AC GG/CODEINE M-CLEAR WC	generic	1	QL

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

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

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

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Miscellaneous				
bethanechol	URECHOLINE	generic	1	
hyoscyamine, methenamine, phenyl salicylate, sodium phosphate monobasic, methylene blue	UTIRA C	brand	2	
methenamine hippurate	HIPREX UREX	generic	1	
oxybutynin chloride	DITROPAN XL	generic	1	QL
oxybutynin IR	DITROPAN	generic	1	
oxybutynin patch	OXYTROL FOR WOMEN OTC PATCH	brand	2	
pentosan polysulfate sodium	ELMIRON	brand	2	Diagnosis Required, QL
phenazopyridine	PYRIDIUM	generic	1	
potassium citrate	UROCIT-K	generic	1	
propantheline		generic	1	
sodium citrate/citric acid	BICITRA	generic	1	
tolterodine	DETROL	generic	1	ST
tropium	SANCTURA	generic	1	ST
Vitamins and Minerals				
b-complex	B-COMPLEX VITAMIN TAB	generic	1	OTC, QL
calcitriol	ROCALTROL	generic	1	
calcitriol oral soln	ROCALTROL SOLUTION	generic	1	Members ≥ 8 years of age will require prior authorization.
calcium	OS-CAL	generic	1	OTC
cholecalciferol	VITAMIN D 400 UNIT	generic	1	caps & tabs 400 unit, OTC
cholecalciferol	VITAMIN D 2000 UNIT	generic	1	caps & tabs 2000 unit, OTC
cholecalciferol	BIO-D DRO-MULSION	generic	1	drops 400 unit/0.03 ml, OTC
cholecalciferol	BIO-D-MULSIO DRO FORTE	generic	1	drops 2000 unit/0.03 ml, OTC
cholecalciferol	D3-50 CAP	brand	2	cap 50000 unit, OTC
cholecalciferol	VITAMIN D 1000 UNIT	generic	1	caps & tabs 1000 unit, OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
cyanocobalamin	VITAMIN B-12	generic	1	inj
electrolyte	PEDIALYTE	generic	1	soln, oral, OTC
ergocalciferol (D2)	DRISDOL	generic	1	
ferrous sulfate	FEOSOL	generic	1	OTC
fluoride	GEL-KAM	generic	1	
	LURIDE			
	LURIDE LOZI-TABS			
	PREVIDENT			
	PHOS-FLUR			
folic acid	FOLIC ACID	generic	1	
magnesium oxide	MAG-OX	generic	1	OTC
multivitamins/ fluoride/±iron	POLY-VI-FLOR	generic	1	
multivitamins/minerals	CENTRUM	generic	1	OTC
phytonadione	MEPHYTON	brand	2	
prenat-FE Bis-FE prot succ-FA-CA & omega 3	COMPLETE NATALCARE PAK DHA	brand	2	
prenat-FE Bis-FE prot succ-FA-CA & omega 3	PRUET DHA PAK SETONET PAK	brand	2	
prenat-FE Bis-FE prot succ-FA-CA & omega 3	TRUST NATALCARE PAK DHA	brand	2	
prenat-FE bis-FE prot succ-FA-CA & omega DR	PRUET DHAEC PAK	brand	2	
prenat w/o A w/fecbn-fegl-DSS-FA & DHA	FOLTABS PAK PLUS DHA RE OB + DHA PAK	brand	2	
prenatal vit w/FE bisglycinate chelate-FA	GENTEX ADE 28-1 MG	brand	2	
prenatal vit w/FE bisglycinate chelate-FA	VINATE AZ EX	brand	2	
prenatal vit w/FE bisglycinate chelate-FA	VINATE II	brand	2	

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Miscellaneous				
Anaphylaxis				
epinephrine	EIPEN EIPEN JR.	generic	1	QL
Antidotes				
acetylcysteine	CETYLEV	brand	2	
succimer	CHEMET	brand	2	QL
Cystic Fibrosis				
acetylcysteine	MUCOMYST	generic	1	
aztreonam	CAYSTON	brand	2	PA, SP
dornase alfa	PULMOZYME	brand	2	PA, SP
ivacaftor	KALYDECO KALYDECO GRANULES	brand	2	PA, SP
lumacaftor/ivacaftor	ORKAMBI	brand	2	PA, SP
sodium chloride for nebulizer	HYPERSAL NEBUSAL	generic	1	
tobramycin neb soln	BETHKIS	brand	2	PA, SP
Hereditary Angioedema				
icatibant	FIRAZYR	brand	2	PA, SP
C1 Inhibitor, Human	BERINERT	brand	2	PA, SP
Hyperphosphatemia				
calcium acetate		generic	1	667 mg tablet only
cinacalcet	SENSIPAR	brand	2	PA
sevelamer	REVELA	brand	2	ST
Idiopathic Pulmonary Fibrosis (IPF)				
nintedanib	OFEV	brand	2	PA, SP
pirfenidone capsule	ESBRIET	brand	2	PA, SP
Immune Thrombocytopenic Purpura				
eltrombopag	PROMACTA	brand	2	PA, SP
Medical Devices				
insulin syringes				QL
lancets				QL
Spacers				QL
Metabolic Modifiers				
carglumic acid	CARBAGLU	brand	2	PA, SP
glycerol phenylbutyrate	RAVICTI	brand	2	PA, SP
sodium phenylbutyrate oral powder	BUPHENYL ORAL POWDER	generic	1	PA, SP

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

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

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Generic Drug Name	Brand Drug Name Examples
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OTC MEDICATIONS

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

Acne

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

Antifungals

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

Antivirals

docosanol	ABREVA OTC CREAM
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Atopic Dermatitis Antivirals

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

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

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

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

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Generic Drug Name	Brand Drug Name Examples
Gastrointestinal	
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
Insect Repellents	
DEET	CUTTER BACKWOODS 25% CUTTER SKINSATIONS PUMP 7% OFF ACTIVE 15% OFF DEEP WOODS 25% OFF SMOOTH/DRY 15% REPEL SPORTS 25%, 40%
Insomnia	
doxylamine succinate	UNISOM
Lice Products	
permethrin	NIX
pyrethrins/piperonyl butoxide liquid shampoo	RID SHAMPOO
Motion Sickness	
dimenhydrinate	DRAMAMINE
meclizine	BONINE
Ophthalmics	
allergic conjunctivitis	ALAWAY
artificial tears	HYPOTEARs VISINE
decongestants	MURINE NAPHCON A

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

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Index of Covered Drugs

A	
abacavir	32, 33
abacavir/dolutegravir/ lamivudine	33
abacavir/lamivudine	32
abacavir/lamivudine/ zidovudine	32
abaloparatide inj	25
ABILIFY MAINTENA	43
ABILIFY TABLETS	43
abiraterone	5
ABREVA OTC CREAM	31, 56
ABSORICA	17
acamprosate	40
acarbose	24
ACCUHIST DROPS	45
ACCUNEB	49
ACCUPRIL	8
ACCURETIC	8
acebutolol	9
acetaminophen	12-14, 34, 47, 59
acetaminophen tabs, liquid, drops, suppositories, chew tabs	59
acetazolamide	39
acetazolamide extended-release	39
acetic acid	20, 21
acetic acid/aluminum acetate	20
acetic acid/hydrocortisone	21
acetylcysteine	53
acidophilus	28
ACIDOPHILUS XTRA	28
acidophilus/bifidus	28
ACIDOPHILUS/BIFIDUS WAFER	28
acidophilus/citrus pectin	28
acidophilus/pectin	28
acitretin	19
ACLOVATE	17
ACTIFED	21, 56
ACTIGALL	28
ACTIMMUNE	6
ACTOS	24
ACULAR/ACULAR LS	38
acyclovir	31
ADACEL	55
ADALAT CC	10
adalimumab	33
adapalene gel	17, 56
ADDERALL	40, 41
ADDERALL XR	41
ADEMPAS	11
ADLYXIN	24
ADVIL	13, 34, 59
afatinib	4
afinitor	4
AFINITOR DISPERZ	4
AFLURIA	54
AFLURIA PF	54
AFRIN	22, 57
AGRYLIN	7
AIRDUO RESPICLICK	48
AKINETON	15
ALAVERT	21, 22, 56
alavert alrg tab/sinus	22, 56
ALAVERT D	56
ALAVERT-D	22
ALAWAY	38, 58
ALAWAY OTC	38
albendazole	28
ALBENZA	28
albiglutide	24
albuterol	48, 49
albuterol sulfate	48
alclometasone	17
alcohol swabs	57
ALDACTAZIDE	10
ALDACTONE	10
ALDARA	20
ALDOMET	12
aldoril	12
ALECENSA	4
alectinib	4
alendronate	25
ALESSE	36
alfuzosin ER	49
alginic acid/sodium bicarbonate	26
ALINIA	30
ALINIA SUSPENSION	30
alirocumab	11
alitretinoin 1% gel	6
ALKERAN	4
allergic conjunctivitis	58
allerGy/cong	22, 56
allopurinol	35
alogliptin	24
alogliptin/metformin	24
alogliptin/pioglitazone	24
ALPHAGAN	39
ALPHAGAN P	39
alprazolam	40
ALTACE	8
altretamine	4
alumina/magnesia	26
alumina/magnesia/ simethicone	26
aluminum acetate	19, 20
aluminum chloride topical solution	19
ALUNBRIG	4
amantadine	15, 31
AMARYL	24
AMBIEN	42
ambrisentan	11
Amerge	14
AMICAR	7
amiloride	10
amiloride/ hydrochlorothiazide	10
aminocaproic acid	7
aminosalicylic acid	29
amiodarone tabs	9
amitriptyline	14, 42
amitriptyline/perphenazine	42
amlodipine	9
ammonium lactate	19
AMNESTEEM	17
amoxapine	42
amoxicillin	30
AMOXICILLIN capsules and chewables	30
amoxicillin/clavulanate	30
Amoxil Susp	30

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

Index of Covered Drugs

amphetamine/ dextroamphetamine mixed salts	40, 41	amphetamine/ dextroamphetamine mixed salts extended-release . . .	41	ampicillin	30	anagrelide	7	anakinra	33	anastrozole	5	ANORO ELLIPTA	48	ANTABUSE	40	antacids liquids, chew tabs . .	58	antidiarrheals	58	antihistamines	21, 56	antitussive	57	ANTIVERT	26	ANUSOL HC 2.5%	20	aphedrid tab	48	apixaban	7	apremilast	33	aprepitant	26	APRESOLINE	12	APRISO	27	APTIVUS	32	ARALEN	33	ARANESP	7	ARAVA	34	ARCAPTA NEOHALER	48	ARICEPT	12	ARIMIDEX	5	aripiprazole	43	aripiprazole ER injection . . .	43	aripiprazole injection	43	ARISTADA	43	armodafinil	12	ARNUITY ELLIPTA	48	AROMASIN	5	ARTANE	15	artificial tears	58	asfotase alfa	25	ASMANEX HFA	48	Asmanex Twisthaler	48	aspirin	7, 12-14, 34, 59	aspirin tabs, EC tabs, chew tabs	59	aspirin with buffers tabs	59	aspirin/acetaminophen/ caffeine	13	ASTELIN	21	Atabex Prenatal	52	ATARAX	21	atazanavir	32	atenolol	9	atenolol/chlorthalidone	9	ATIVAN	40	atorvastatin	11	atovaquone	30	ATRIPLA	32	atropine	26, 28, 39	atropine sulfate	28	ATROVENT	22, 48, 49	ATROVENT HFA	48	ATROVENT NASAL SPRAY	22	AUBAGIO	15	AUGMENTIN	30	auranofin	33	AUSTEDO	16	AVITA	17	axitinib	4	AYGESTIN	37	azathioprine	6, 33	azelaic acid	17	azelastine	21, 38	azithromycin	29	aztreonam	53	AZULFIDINE	27, 34	AZULFIDINE EN-TABS	27, 34	B	b-complex	50, 59	B-COMPLEX VITAMIN TAB	50, 59	bacitracin	17, 38-40, 57	bacitracin/polymyxin/neomycin/ hc	38	baclofen	35	BACTRIM	30	BACTRIM DS	30	BACTROBAN	17	balsalazide	27	BALZIVA	36	Banzel	16	BARACLUDE	31	BASAGLAR	23	BAYER	7, 34, 59	becaplermin gel	19	bedaquiline	33	BENADRYL	21, 56	benazepril	8	benazepril/ hydrochlorothiazide	8	BENTYL	27	BENZAC AC	17	benzocaine/antipyrine	21	benzonatate	45	BENZOTIC	21	benzoyl peroxide	17, 56	benzoyl peroxide crm, gel, lotion	56	benztropine	15	BERINERT	53	BETA-VAL	18	BETACARE CREAM AND LOTION	56	betagan	39	betamethasone augmented dip	18	betamethasone dip augmented	18	betamethasone dipropionate	18	betamethasone val	18	BETAPACE	9	BETAPACE AF	9	betaxolol	9	bethanechol	50	BETHKIS	53	bexarotene caps	6	bexarotene topical gel	6	Biaxin	29	BIAXIN XL	29	bicalutamide	5	BICITRA	50	BILTRICIDE	28	BIO-D DRO-MULSION	50	BIO-D-MULSIO DRO FORTE	50	biperiden	15	bisoprolol	9
--	--------	---	----	----------------------	----	----------------------	---	--------------------	----	-----------------------	---	-------------------------	----	--------------------	----	---------------------------------	----	--------------------------	----	--------------------------	--------	-----------------------	----	--------------------	----	--------------------------	----	------------------------	----	--------------------	---	----------------------	----	----------------------	----	----------------------	----	------------------	----	-------------------	----	------------------	----	-------------------	---	-----------------	----	----------------------------	----	-------------------	----	--------------------	---	------------------------	----	---------------------------------	----	----------------------------------	----	--------------------	----	-----------------------	----	---------------------------	----	--------------------	---	------------------	----	----------------------------	----	-------------------------	----	-----------------------	----	------------------------------	----	-------------------	------------------	---	----	-----------------------------------	----	--	----	-------------------	----	---------------------------	----	------------------	----	----------------------	----	--------------------	---	-----------------------------------	---	------------------	----	------------------------	----	----------------------	----	-------------------	----	--------------------	------------	----------------------------	----	--------------------	------------	------------------------	----	------------------------------	----	-------------------	----	---------------------	----	---------------------	----	-------------------	----	-----------------	----	--------------------	---	--------------------	----	------------------------	-------	------------------------	----	----------------------	--------	------------------------	----	---------------------	----	----------------------	--------	------------------------------	--------	----------	---------------------	--------	------------------------------------	--------	----------------------	---------------	--	----	--------------------	----	-------------------	----	----------------------	----	---------------------	----	-----------------------	----	-------------------	----	------------------	----	---------------------	----	--------------------	----	-----------------	-----------	---------------------------	----	-----------------------	----	--------------------	--------	----------------------	---	--	---	------------------	----	---------------------	----	---------------------------------	----	-----------------------	----	--------------------	----	----------------------------	--------	--	----	-----------------------	----	--------------------	----	--------------------	----	--	----	-------------------	----	--	----	--	----	----------------------------	----	-----------------------------	----	--------------------	---	-----------------------	---	---------------------	---	-----------------------	----	-------------------	----	---------------------------	---	----------------------------------	---	------------------	----	---------------------	----	------------------------	---	-------------------	----	----------------------	----	-----------------------------	----	------------------------	----	---------------------	----	----------------------	---

ALL CAPS = Brand-name drug

lower case = Generic drug

Index of Covered Drugs

bisoprolol/hydrochlorothiazide	9	CAFERGOT	14	CARDIZEM SR	10
BLEPH-10	40	calamine	19	CARDURA	8, 49
BONINE	58	CALAN	10, 14	carglumic acid	53
BOOSTRIX	55	CALAN SR	10	carteolol	39
bosentan	11	calcipotriene	19	carvedilol	9
BOSULIF	4	calcitonin-salmon	25	casanthranol-docusate	
bosutinib	4	calcitriol	19, 50	sodium	25
BREO ELLIPTA	48	calcitriol oral soln	50	CASODEX	5
BRETHINE	49	calcium	2, 9, 25, 50, 53, 59	CASTIVA	34
brigatinib	4	calcium acetate	53	CATAFLAM	13, 34
BRILINTA	7	CALTRATE	59	CATAPRES	8
brimonidine	19, 39	campral	40	CAYSTON	53
BROMETANE DX	46	canagliflozin	24	CECLOR	29
bromfed dm	45	canagliflozin/metformin	24	cefaclor	29
brompheniramine &		canagliflozin/metformin		cefadroxil	29
phenylephrine	45	extended-release	24	cefdinir	29
brompheniramine/		canakinumab	34	cefixime	29
pseudoephedrine	45, 46, 56	CANASA	27	cefprozil	29
brompheniramine/		capecitabine	4	CEFTIN	29
pseudoephedrine/		CAPITROL	20	cefuroxime axetil	29
dextromethorphan	45	CAPOTEN	8	CEFZIL	29
budesonide	27, 49	CAPOZIDE	8	Celebrex	34
bumetanide	10	CAPRELSA	5	celecoxib	34
BUMEX	10	CAPSAGEL	34	CELEXA	41
BUPHENYL ORAL POWDER	53	capsaicin	34	CELLCEPT	6
buprenorphine	42	captopril	8	CELONTIN	16
buprenorphine/naloxone	42	captopril/hydrochlorothiazide	8	CENTRUM	51
bupropion	42	CAPZASIN-P	34	cephalexin	29
bupropion extended-release	42	CARAFATE	27	ceritinib	4
Burow's soln, wet dressings	57	CARAFATE SUSPENSION	27	certolizumab pegol	34
BUSPAR	40	CARBAGLU	53	CETAPHIL CREAM AND	
buspirone	40	carbamazepine	15	LOTION	56
busulfan	4	carbamazepine extended-		cetirizine	21, 22, 56
butalbital/acetaminophen	12	release	15	cetirizine chew tab	21
butalbital/acetaminophen/		carbamide peroxide	21, 57	cetirizine hydrochloride/	
caffeine	12	CARBATROL	15	pseudoephedrine	
butalbital/apap/caff/cod	13	carbidopa/levodopa	15	hydrochloride 12 hours	
butalbital/asa/caff/cod	13	carbidopa/levodopa extended-		extended-release	22
butalbital/aspirin/caffeine	12	release	15	cetirizine/pseudoephedrine	
butorphanol	13	cardec dm dro	47	OTC	56
		cardec dm syp	47	CETYLEV	53
		cardec dro	45	CHANTIX	44
		cardec syp	45	CHEMET	53
		CARDENE	9	child ibupro sus cold	48
		CARDIZEM	10	CHLOR-TRIMETON	21, 56
		CARDIZEM CD	10		

C

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

Index of Covered Drugs

CHLOR-TRIMETON	CIPRODEX.	21	colchicine.	35
ALLERGY	ciprofloxacin	21, 29, 39	collagenase oint	20
CHLOR-TRIMETON SYRUP .	ciprofloxacin/ dexamethasone	21	COLLOIDAL OATMEAL BATHS	57
chloral hydrate.	citalopram	41	COLOCORT.	27
chlorambucil	CLARAVIS	17	COLYTE.	26
chlordiazepoxide.	clarithromycin	29	COMBIVENT RESPIMAT.	48
chlorhexidine gluconate.	clarithromycin ER	29	COMBIVIR	32
chloroquine phosphate	CLARITIN.	21, 56	COMETRIQ	4
chlorothiazide	CLARITIN-D.	47	COMMIT LOZENGES.	59
chloroxine	CLEAR EYES REDNESS RELIEF.	38	COMMIT OTC.	44
chlorphen tan/carbetapentane tan.	CLEARASIL.	56	COMPАЗINE	26
chlorphen tan/pyrilamine tan/ PE tan.	clemastine	21	Complete Natalcare Pak DHA	51
chlorpheniramine extended- release	CLEOCIN	17, 33, 37	COMTAN	15
chlorpheniramine maleate	CLEOCIN T	17	CONCERTA.	41
chlorpheniramine maleate phenylephrine HCL	CLIMARA.	37	condom-male	57
chlorpheniramine tan/ phenylephrine tan.	clindamycin	17, 33, 37	CONDYLOX SOL	19
chlorpheniramine/ dextromethorphan.	CLINORIL.	13, 35	contraceptive foam.	57
chlorpheniramine/ phenylephrine.	clobazam	15	contraceptive gel.	57
chlorpheniramine/ phenylephrine/ pyrilamine	clobetasol propionate.	18	COPAXONE 40 mg	15
chlorpheniramine/ pseudoephedrine.	clonazepam.	15, 40	CORDARONE	9
chlorpromazine.	clonidine.	8	COREG	9
chlorpropamide.	clopidogrel.	7	coricidin tab cgh/cld	45
chlorthalidone	clorazepate	40	CORTAID	57
chlorzoxazone.	clotrimazole	18, 30, 37, 56	CORTEF.	22
CHOLBAM.	clotrimazole with betamethasone.	18	cortisone acetate	22
cholecalciferol	clozapine	43	CORTISPORIN	21, 38
cholestyramine	CLOZARIL	43	CORTISPORIN OTIC	21
cholic acid	cobicistat	33	CORTIZONE	18
ciclopirox	cobimetinib	4	CORTIZONE-10 INTENSIVE HEALING.	18
cilostazol	codeine sulfate	13	COSENTYX.	34
CILOXAN	codeine/acetaminophen.	13	COSOPT	39
cimetidine	codeine/chlorpheniramine/ pseudoephedrine.	45	COTELLIC	4
CIMZIA	codeine/guaifenesin.	45, 46	CoUMADIN	7
cinacalcet.	codeine/guaifenesin/ pseudoephedrine.	46	COZAAR	8
CIPRO	codeine/promethazine.	46	creon	28
	codeine/promethazine/ phenylephrine.	46	CREON 3000 UNIT	28
	CODIMAL DH	47	crisaborole.	20
	COGENTIN	15	CRIXIVAN.	32
	COLACE	25, 58	crizotinib.	4
	COLAZAL	27	crofelemer	26
			CROLOM.	38
			cromolyn	22, 38, 49
			cromolyn sodium	22, 38

ALL CAPS = Brand-name drug

lower case = Generic drug

Index of Covered Drugs

crotamiton	19	DEBROX	21, 57	dextromethorphan/ promethazine	46
CURITY ALCOHOL PADS	57	DECADRON	22	dextromethorphan/quinidine	44
CUTIVATE	18	decongestants	3, 22, 45, 58	DIABINESE	24
CUTTER BACKWOODS 25%	58	DEET	58	DIAMOX SEQUELS	39
CUTTER SKINSATIONS PUMP 7%	58	deferasirox	7	DIASTAT ACUDIAL	15
cyanocobalamin	51	DELATESTRYL	23	diazepam	15, 35, 40
CYCLESSA	36	delavirdine	31	diclofenac 1% gel	34
cyclobenzaprine	35	DELFEN	57	diclofenac potassium	13, 34
CYCLOGYL	39	DELSYM	46, 57	diclofenac sodium	13, 34, 38
cyclopentolate	39	DELTASONE	22	diclofenac sodium delayed- release	13, 34
cyclophosphamide	4	DELZICOL	27	diclofenac sodium extended- release	13, 34
cycloserine	29	DEMADEX	10	dicloxacin	30
cyclosporine	6	DEMEROL	14	dicyclomine	27
cyclosporine, modified	6	DEPAKENE	16	didanosine	32
CYMBALTA	41	DEPAKOTE	14, 15, 41	didanosine delayed-release	32
cyproheptadine	21	DEPAKOTE SPRINKLE	14, 15, 41	DIDRONEL	25
CYSTAGON	6	DEPEN TITRATABLE	34	DIFFERIN OTC GEL 0.1%	17, 56
CYSTARAN	40	DEPO-PROVERA	35	DIFICID	29
cysteamine 0.44% ophthalmic solution	40	DEPO-TESTOSTERONE	23	DIFLUCAN	30, 37
cysteamine bitartrate	6	DERMA-SMOOTH OIL/FS	17	digoxin	9
CYTOMEL	25	DERMAPHOR OINTMENT	56	DIHISTINE DH	45
CYTOTEC	28	dermatological baths	57	dihydro-pe syp	47
CYTOVENE	30	DERMATOP	18	dihydroergotamine	14
CYTOXAN	4	DESCOVY	32	DILACOR XR	10
D					
D3-50 CAP	50	DESENVY	19	DILANTIN	16
D.H.E. 45	14	desipramine	42	DILANTIN INFATABS	16
dabrafenib	4	desmopressin	25	DILAUDID	14
daclizumab	14	desogestrel/EE	35, 36	diltiazem	10
DALMANE	42	DESYREL	42	diltiazem extended-release	10
danazol	36	DETROL	50	diltiazem sustained-release	10
DANOCRINE	36	deutetrabenazine	16	dimeatapp dro deconges	22
DANTRIUM	35	dexamethasone	21, 22, 38	dimenhydrinate	58
dantrolene	35	dexamethasone sodium phosphate	38	DIMETAPP	45, 47, 56, 57
dapsone	33	DEXASOL	38	dimetapp cld elx/allergy	45
Daraprim	33	dextromethorphan hbr	46	dimetapp dro dcon/cgh	47
darbepoetin alfa	7	dextromethorphan polistirex extended-release	46	DIMETAPP DRO DECONGES	57
darunavir	32, 33	dextromethorphan- guaifenesin	46	dimetapp syp cgh/cld	45
darunavir/cobicistat	33	dextromethorphan/ brompheniramine/ pseudoephedrine	46	dimethyl fumarate	14
dasatinib	4	dextromethorphan/ guaifenesin	46-48	DIP/TET PED INJ	54
DAYPRO	13, 34			DIPENTUM	27
DDAVP	25			diphenhydramine	21, 42
				diphenoxylate/atropine	26

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

Index of Covered Drugs

diphtheria-tetanus tox adsorbed (dt) im.	54	DUONEB	49	emtricitabine	32, 33
DIPROLENE	18	DURAGESIC	13	emtricitabine/rilpivirine/ tenofovir	32
DIPROLENE AF	18	Duratuss dm elx	46	emtricitabine/tenofovir alafenamide	32, 33
dipyridamole	7	DUREX	57	emtricitabine/tenofovir disoproxil	32
DISALCID	35	DURICEF	29	EMTRIVA	32
disopyramide	9	DYAZIDE	10	enalapril	8
disopyramide extended-release	9	E		enalapril oral soln	8
disulfiram	40	E-OINTMENT	56	enalapril/hydrochlorothiazide .	8
DITROPAN	50	E.E.S.	29	ENBREL	34
Ditropan XI	50	ecothiophate	39	enfuvirtide	33
DIURIL	10	ECOTRIN	7, 34, 59	ENGERIX-B 10	54
DIURIL ORAL SUSPENSION	10	Ed A-Hist tablets and liquid .	45	ENGERIX-B 20	54
divalproex sodium cap sprinkle	14, 15, 41	Edge OB Chw	52	enoxaparin	7
divalproex sodium delayed- release	14, 15, 41	edoxaban	7	entacapone	15
docosanol	31, 56	EDURANT	31	entecavir	31
docusate calcium plus	25	efavirenz	31, 32	ENTERIC COATED- NAPROSYN	13, 34
docusate potasssium	25	efavirenz/emtricitabine/ tenofovir	32	ENTOCORT EC	27
docusate sodium	25	EFFEXOR	41	ENULOSE	25
dofetilide	9	EFFEXOR XR	41	EPANED	8
dolutegravir	31, 33	EFFIENT	7	epinephrine	53
dolutegravir/rilpivirine	33	EFUDEX	20	EPIPEN	53
DOMEBORO	20, 57	ELAVIL	14, 42	EPIPEN JR	53
DOMEBORO OTIC	20	ELDEPRYL	15	EPIVIR	31, 32
donepezil	12	electrolyte	51, 58	Epivir HBV	31
dornase alfa	53	electrolyte rehydrating soln .	58	epoetin alfa	7
dorzolamide	39	ELIDEL	20	EPOGEN	7
dorzolamide/timolol maleate	39	ELIMITE	19	EPZICOM	32
DOSTINEX	25	ELIQUIS	7	ergocalciferol (D2)	51
DOVONEX	19	ELMIRON	50	ergotamine tartrate/caffeine .	14
doxazosin	8, 49	ELOCON	18	ergotamine/caffeine	14
doxepin	42	eltrombopag	53	ERIVEDGE	7
doxycycline monohydrate . .	30	elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide fumarate . . .	33	erlotinib	4
doxylamine succinate . . .	42, 58	EMCYT	4	ERY-TAB	29
DRAMAMINE	58	EMEND	26	ERYC	29
DRISDOL	51	EMETROL	58	ERYGEL	17
dronabinol	26	Emla	20	ERYTHROCIN	29
droxia	6	emollients	56	erythromycin	17, 29, 40
DUAVEE	37	empagliflozin	24	erythromycin delayed-release	29
dulaglutide	24	empagliflozin/metformin . . .	24	erythromycin ethylsuccinate .	29
DULCOLAX	58	empagliflozin/metformin extended-release	24	erythromycin stearate	29
duloxetine	41	EMTROL	58	erythromycin/sulfisoxazole . .	29
DUOFILM	59	emtricitabine	49	ESBRIET	53

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

Index of Covered Drugs

IMDUR	11	insulin lisopro pro/lispro	23	ixazomib	5
imipramine HCL	42	insulin lisopro prot/lispro	23	J	
imiquimod 5% cream	20	insulin lispro	23	JADENU	7
IMITREX	14	insulin regular	23	JAKAFI	5
IMITREX 4 mg and 6 mg INJ	14	insulin syringes	53	JARDIANCE	24
IMODIUM A-D	26, 58	INTAL	49	JULUCA	33
IMPAVIDO	30	INTELENCE	31	K	
IMURAN	6, 33	interferon alfa-2b	6, 31	K-DUR 10	52
INCRELEX	25	interferon gamma-1b	6	K-DUR 20	52
INCRUSE ELLIPTA	48	INTRON A	6, 31	K-LOR	52
indacaterol	48	Intuniv	41	K-LYTE	52
indapamide	10	Invega Sustenna	43	K-PHOS NEUTRAL	52
INDERAL	9, 14	INVEGA TRINZA	43	K-PHOS ORIGINAL	52
INDERAL LA	9	INVIRASE	32	KALETRA	32
INDERIDE	9	INVOKAMET	24	KALYDECO	53
indinavir	32	INVOKAMET XR	24	KALYDECO GRANULES	53
INDOCIN	13, 34	INVOKANA	24	KAOPECTATE	58
indomethacin	13, 34	ipratropium	22, 48, 49	KAYEXALATE	11
INFLAMASE FORTE	38	ipratropium HFA	48	KAZANO	24
influenza virus vaccine		ipratropium nasal	22	KEFLEX	29
recombinant hemagglutinin		ipratropium/albuterol	48, 49	KENALOG	18, 22
(ha)	54	IRESSA	4	KENALOG IN ORABASE	22
influenza virus vaccine split	54	iron	59	Keppra	16
influenza virus vaccine split high-		ISENTRESS	31	KERLONE	9
dose pf	54	ISENTRESS CHEWABLE	31	ketoconazole	19, 20, 30
influenza virus vaccine split		ISENTRESS HD	31	ketoprofen	13, 34
quadrivalent	54	ISENTRESS SUSP	31	ketorolac	13, 38
influenza virus vaccine tiss-cult		ISMO	11	ketorolac tromethamine	13
subunit	54	isoniazid	29	ketotifen	38
influenza virus vaccine types		ISOPTO ATROPINE	39	KIMONO	57
a&b surface antigen	54	ISOPTO CARPINE	39	KINERET	33
INLYTA	4	ISOPTO HOMATROPINE	39	KLONOPIN	15, 40
insulin (vials only)	57	ISOPTO HYOSCINE	39	KLOR-CON 10	52
insulin aspart	23	ISORDIL	11	KLOR-CON 8	52
insulin aspart protamine 70%/		ISORDIL S.L.	11	KORLYM	25
insulin aspart 30%	23	isosorbide dinitrate	11	KUVAN	25
Insulin Combinations	23	ISOSORBIDE DINITRATE ER	11	KUVAN POWDER FOR	
insulin glargine	23	release	11	SOLUTION	25
insulin glargine 300 unit/ml	23	isosorbide dinitrate extended-		L	
insulin glargine/lixisenatide	23	release	11	labetalol	9
insulin human	23	isosorbide mononitrate	11	LAC-HYDRIN	19
insulin isophane	23	isosorbide mononitrate		lacosamide	16
insulin isophane human	23	extended-release	11	LACTINOL	19
insulin isophane human 70%/		isotretinoin	17		
regular 30%	23	itraconazole	30		
insulin isophane/regular	23	ivacaftor	53		
		ivermectin	28		

ALL CAPS = Brand-name drug

lower case = Generic drug

Index of Covered Drugs

lactobacillus	28	LEXIVA	32	loratadine	21, 22, 47, 56
lactulose	25	LIBRIUM	40	loratadine & pseudoephedrine	
LAMICTAL	16	lidamantel	20	SR 24hr	47
LAMICTAL CD CHEW TAB . .	16	LIDEX	18	loratadine/pseudoephedrine	
LAMICTAL STARTER KIT . . .	16	LIDEX E	18	22, 47, 56
LAMISIL	19, 30	lidocaine	20, 22	loratadine/pseudoephedrine	
LAMISIL AT	19	lidocaine patch	20	extended-release	22
lamivudine	31-33	lidocaine viscous	22	lorazepam	40
lamivudine/zidovudine	32	lidocaine/prilocaine	20	LORCET	13
lamotrigine	16	LIDODERM	20	LORTAB	13
lamotrigine chew dispersable		LIFESTYLES	57	LORTAB ELIXIR	13
tab	16	lifitegrast	39	losartan	8, 9
lamotrigine starter kit	16	linaclotide	25	losartan/HCTZ	9
lancets	53	linezolid	33	LOTENSIN	8
LANOXIN	9	LINZESS	25	LOTENSIN HCT	8
lansoprazole	27	liothyronine	25	LOTRIMIN AF	18, 56
lansoprazole delayed-release	27	liotrix	25	Lotrisone	18
lapatinib ditosylate	5	LIPITOR	11	lovastatin	11
LARIAM	33	lisdexamfetamine	41	LOVAZA	11
LASIX	10	lisdexamfetamine		LOVENOX	7
latanoprost	39	chewable tab	41	loxapine	44
laxative enemas	58	lisinopril	8, 80	LOXITANE	44
laxatives	2, 25, 58	lisinopril/hydrochlorothiazide .	8	LOZOL	10
leflunomide	34	lithium carbonate	41	LUDIOMIL	42
lenalidomide	6	lithium carbonate extended-		lumacaftor/ivacaftor	53
lenvatinib	5	release	41	Lupron	5
LENVIMA	5	LITHOBID	41	Lupron Depot	5
LETAIRIS	11	lixisenatide	23, 24	LUPRON DEPOT 6-MONTH . .	5
letrozole	5	LMX-4	20	Lupron Depot-PED	5
leucovorin	5	LO/OVRAL	36	LURIDE	51
LEUKERAN	4	LOCOID	18	LURIDE LOZI-TABS	51
leukine	7	LODINE	13, 34	LUVOX	40
leuprolide	5	LOESTRIN 1/20	36	LYNPARZA	6
levabuterol HCl	49	LOESTRIN 1.5/30	36	LYRICA	16
Levaquin	29	LOESTRIN FE 1/20	36	LYRICA SOLUTION	16
levetiracetam	16	LOESTRIN FE 1.5/30	36	LYSODREN	6
levobunolol	39	LOFIBRA	11	Lysteda	37
levocetirizine	21	LOHIST-D	45		
levofloxacin	29	LOMOTIL	26		
levonorgestrel	35, 36	lomustine	4		
levonorgestrel/EE	35, 36	LONITEN	12		
levothyroxine	25	LONSURF	4		
LEVOXYL	25	loperamide	26		
LEVSIN	27	LOPID	11		
LEVSINEX	27	lopinavir/ritonavir	32		
LEXAPRO	41	LOPRESSOR	9		

M

m-clear wc	45
M-M-R II	54
MAALOX	26, 58
MAALOX LIQUID	58
macitentan	11
MACROBID	33
MACRODANTIN	33

ALL CAPS = Brand-name drug

lower case = Generic drug

Index of Covered Drugs

MAG-OX.	51, 59	mesalamine		MICATIN.	19, 56
magnesium oxide.	51, 59	extended-release	27	miconazole	19, 37, 56
malathion	19	mesalamine supp.	27	miconazole crm	56
mapap cold tab.	47	mesna.	5	MICRO-K 10	52
maprotiline.	42	MESNEX	5	MICRONASE.	24
maraviroc	33	MESTINON	15	Microzide.	10
MARINOL.	26	MESTINON TIMESPAN	15	MIDAMOR	10
Materna	52	MetaDaTe ER	41	midodrine.	12
MATULANE.	6	METAMUCIL	58	midostaurin	5
MAVIK.	8	metaproterenol	49	mifepristone.	25
MAVYRET	31	metaproterenol syrup.	49	MIGERGOT	
MAXALT/MAXALT MLT.	14	metformin.	24	SUPPOSITORIES	14
MAXITROL.	38	metformin ER	24	MIGRANAL	14
MAXZIDE.	10	metformin/glyburide.	24	miltefosine	30
measles, mumps & rubella virus		methazolamide	39	MINIPRESS	8
vaccines for inj	54	methenamine	50	MINOCIN	30
mecasermin.	25	methenamine hippurate.	50	minocycline	30
meclizine	26, 58	METHERGINE.	25, 37	minoxidil.	12
MEDROL	22	methimazole	25	minutuss dr syp.	47
medroxyprogesterone		methocarbamol.	35	MIRALAX.	26
acetate	35, 37	methotrexate	34	MIRAPEX.	15
mefloquine.	33	methoxsalen	19	MIRCETTE.	35
MEGACE	6	methsuximide	16	mirtazapine	42
megestrol acetate.	6	methyldopa	12	Mirvaso.	19
MEKINIST	5	methyldopa/HCTZ	12	misoprostol	28
MELLARIL.	44	methylene blue	50	MITIGARE	35
meloxicam	13, 34	methylergonovine	25, 37	mitotane	6
melphalan	4	methylphenidate	41	MOBIC	13, 34
memantine.	12	methylphenidate extended-		MODICON	36
MENACTRA.	54	release	41	MODURETIC.	10
meningococcal (a, c, y, and		methylprednisolone	22	mometasone	18, 48
w-135)	54, 55	metipranolol.	39	mometasone furoate	18
meningococcal (a, c, y, and		metoclopramide	26	mometasone inhalation	48
w-135) conjugate		metolazone	10	MONISTAT.	37, 56
vaccine.	54	metoprolol	9	MONISTAT 3	37
meningococcal (a, c, y, and		metoprolol succinate	9	MONISTAT-DERM.	19
w-135) oligo conj vac		METROCREAM	19	MONOPRIL	8
for inj.	55	METROGEL.	19, 37	MONOPRIL-HCT	8
MENOMUNE.	54	metrogel 1%	37	montelukast.	49
MENVEO	55	METROGEL-VAGINAL	37	morphine	14
mepiperidine.	14	METROLOTION	19	morphine extended-release.	14
MEPHYTON	51	metronidazole	19, 33, 37	MOTRIN.	13, 34, 59
MEPRON	30	MEVACOR.	11	MOTRIN IB	59
mercaptapurine.	4	mexiletine.	9	MOVANTIK	28
mesalamine	27	MEXITIL	9	mozobil.	7
		MIACALCIN	25	MS CONTIN.	14

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

Index of Covered Drugs

MSIR	14	nateglinide	24	nicotine polacrilex lozenge . .	44
MUCINEX	46	NATROBA	19	NICOTROL	59
mucinex d	46	NAVANE	44	nifedipine	9, 10
MUCINEX DM	46	NEBUSAL	53	nifedipine extended-release .	10
MUCOMYST	53	nelfinavir	32	nilotinib	5
multi symptom tab cold rlf . .	48	NEO-SYNEPHRINE	22, 57	nimodipine	10
multivitamins/fluoride/±iron .	51	neomycin sulfate	33	nimodipine oral soln	10
multivitamins/minerals	51	neomycin/bacitracin/ polymyxin	40	NIMOTOP	10
mupirocin	17	neomycin/polymyxin B/ bacitracin	17	NINLARO	5
MURINE	58	neomycin/polymyxin B/ dexamethasone	38	nintedanib	53
MURO 128	40	neomycin/polymyxin B/ gramicidin	40	niraparib	6
MYAMBUTOL	29	neomycin/polymyxin B/ hydrocortisone	21, 38	nitazoxanide suspension . . .	30
MYCELEX	18, 30	NEORAL	6	nitazoxanide tablet	30
MYCOBUTIN	29	NEOSPORIN	17, 40, 57	nitisinone	25
mycophenolate mofetil	6	NEPTAZANE	39	NITREK	11
mycophenolate sodium	6	NESINA	24	NITRO-BID	11
MYCOSTATIN	19, 30	Nestabs	52	NITRO-DUR	11
MYFORTIC	6	NEULASTA	7	nitrofurantoin extended-release	33
MYLANTA	26, 58	NEUMEGA	7	nitrofurantoin macrocrystals .	33
MYLANTA LIQUID	58	NEURONTIN	16	nitrofurantoin susp	33
MYLERAN	4	NEUTROGENA OIL FREE ACNE WASH	17	nitroglycerin	11, 20
MYLICON	58	nevirapine	31	NITROLINGUAL	11
MYORISAN	17	nevirapine ER	31	NITROSTAT	11
MYSOLINE	16	NEXAVAR	5	NIX19, 58	
MYTESI	26	NEXIUM 24HR OTC	26	NIX CREME RINSE	19
N					
nabumetone	13	NEXIUM DELAYED RELEASE PACKET	26	NIZORAL	19, 20, 30
naloxegol	28	nfluenza virus vaccine split pf	54	NIZORAL SHAMPOO	20
naloxone	14, 42	niacin	11	NOLVADEX	5
NALOXONE INJ	42	niacin extended-release	11	NORCO	13
naltrexone	40, 42	NIACOR	11	NORDETTE	36
NAMENDA	12	NIASPAN	11	norelgestromin/EE	36
naphazoline HCL	38	nicardipine	9	norethindrone	35-37
naphazoline/glycerin	38	Nicoderm CQ	44, 59	norethindrone acetate	36, 37
naphazoline/zinc sulfate . . .	38	NICORETTE OTC	44	norethindrone acetate/EE . .	36
NAPHCON A	58	nicotine	44, 59	norethindrone acetate/ EE/iron	36
NAPROSYN	13, 34	NICOTINE GUM	59	norethindrone/EE	35, 36
naproxen	13, 34	nicotine polacrilex gum	44	norethindrone/ME	36
naproxen delayed release	13, 34			NORFLEX	35
naratriptan	14			norgestimate/EE	36
NARCAN NASAL SPRAY	42			norgestrel/EE	36
NASACORT ALLERGY 24 Hour	22			NORPACE	9
nasal sprays	57			NORPACE CR	9
Nasalcrom	22			NORPRAMIN	42
				nortriptyline	42

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

Index of Covered Drugs

NORVASC	9
NORVIR	32
NOVOLIN	23, 57
NOVOLIN 70/30	23
NOVOLIN N	23
NOVOLIN R	23
NOVOLOG	23
NOVOLOG FLEXPEN	23
NOVOLOG MIX 70/30	23
Nuedexta	44
NULYTELY	26
NUTROPIN AQ NUSPIN	25
NUVARING	35
NUVIGIL	12
NYMALIZE	10
nystatin	19, 30
NYTOL QUICK CAPS	42

O

OCEAN NASAL SPRAY	22
octreotide	6
OCUFEN	38
OCUFLOX	40
ODEFSEY	32
ODOMZO	7
OFEV	53
OFF ACTIVE 15%	58
OFF DEEP WOODS 25%	58
OFF SMOOTH/DRY 15%	58
ofloxacin	21, 29, 40
OGEN	37
olanzapine	43
olaparib	6
olodaterol	48
olsalazine sodium	27
omalizumab	48
omega 3 acid ethyl esters	11
omeprazole delayed-release	27
OMNICEF	29
ondansetron	26
One Touch Systems	24
One Touch Test Strips	24
ONFI	15
onjugated estrogen/ bazedoxifene	37
oprelvekin	7

OPSUMIT	11
OPTIPRANOLOL	39
optivar	38
ORAP	44
ORAPRED	22
ORFADIN	25
ORKAMBI	53
orphenadrine extended-release	35
Ortho Coil	35
ortho diaphragm	35
ORTHO EVRA	36
Ortho Flat	35
Ortho Flex	35
ORTHO MICRONOR	36
ORTHO TRI-CYCLEN	36
ORTHO-CEPT	36
ORTHO-CYCLEN	36
ORTHO-NOVUM 1/35	36
ORTHO-NOVUM 1/50	36
ORTHO-NOVUM 10/11	35
ORTHO-NOVUM 7/7/7	36
ORUDIS	13, 34
OS-CAL	50, 59
oseltamivir	31
OSENI	24
OTEZLA	33
OVCON 50	36
OVIDE	19
OVRAL	36
oxaprozin	13, 34
oxazepam	40
oxcarbazepine	16
OXSORALEN-ULTRA	19
oxybutynin chloride	50
oxybutynin IR	50
oxybutynin patch	50, 59
oxycodone	14
oxycodone/acetaminophen	14
oxycodone/aspirin	14
OXYFAST	14
oxymetazoline	22
oxymorphone ER	14
OXYTROL FOR WOMEN OTC PATCH	50, 59

P

palbociclib	5
paliperidone	43
palivizumab	33
PAMELOR	42
pancrelipase	28
panobinostat	4
PANRETIN	6
pantoprazole	27
PARAFON FORTE DSC	35
PARNATE	41
paromomycin	33
paroxetine	41
PASER	29
pasireotide	6
patiromer	11
PAXIL	41
pazopanib	5
pediacare liq multi-sy	48
PEDIALYTE	51, 58
PEDIAPRED	22
PEDIAZOLE	29
peg 3350/electrolytes	26
peg 3350/sodium bicarbonate/ sodium chloride	26
peg 3350/sodium bicarbonate/ sodium chloride/potassium chloride	26
PEGASYS	31
PEGASYS PROCLICK	31
pegfilgrastim	7
peginterferon alfa-2a	31
peginterferon alfa-2b	6
peginterferon beta-1a	15
pegvisomant	25
penicillamine	34
penicillin VK	30
PENLAC SOLUTION 8%	18
pentazocine/naloxone	14
pentosan polysulfate sodium	50
pentoxifylline extended-release	8
PEPCID	27, 58
PEPCID AC	27, 58
PERCOCET	14

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

Index of Covered Drugs

PERCODAN.....	14	piroxicam.....	13, 35	PRED-G.....	38
PERIDEX.....	22	PLAN B ONE STEP.....	35	prednicarbate.....	18
permethrin.....	19, 58	PLAQUENIL.....	33, 34	prednisolone.....	22, 38
perphenazine.....	42, 44	PLAVIX.....	7	prednisolone acetate.....	38
PERSANTINE.....	7	PLEGRIDY.....	15	prednisolone phosphate....	38
phenazopyridine.....	50	PLENDIL.....	9	prednisolone sodium	
PHENERGAN.....	26, 46	plerixafor.....	7	phosphate.....	22
PHENERGAN DM.....	46	PLETAL.....	7	prednisone.....	22
phenobarbital.....	16	PLEXION.....	17	pregabalin.....	16
phenyl salicylate.....	50	pneumococcal 13-valent		PRELONE.....	22
phenylephrine... 21, 22, 45-47		conjugate.....	55	PREMARIN.....	37
phenylephrine/		pneumococcal vaccine		PREMPHASE.....	37
brompheniramine/		polyvalent.....	55	PREMPRO.....	37
dextromethorphan.....	47	PNEUMOVAX.....	55	prenat w/o A w/fecbn-fegl-DSS-	
phenylephrine/		PNEUMOVAX 23.....	55	FA & DHA.....	51
chlorpheniramine/		podofilox.....	19	prenat-FE Bis-FE prot succ-FA-	
dextromethorphan.....	47	POLY-VI-FLOR.....	51	CA & omega 3.....	51
phenylephrine/		POLY-VI-SOL.....	59	prenat-FE bis-FE prot succ-FA-	
chlorpheniramine/		polyethylene glycol 3350... 26		CA & omega DR.....	51
dihydrocodeine.....	47	polymyxin B/bacitracin .. 17, 40		prenatal vit w/FE bisglycinate	
phenylephrine/		polymyxin B/trimethoprim... 40		chelate-FA.....	51
dextromethorphan.....	47	polysaccharide iron caps... 59		prenatal vit w/FE polysac	
phenylephrine/		POLYSPORIN.....	40	cmplx-FA.....	52
dextromethorphan/		POLYTRIM.....	40	prenatal vit w/iron	
guaifenesin.....	47	pomalidomide.....	6	carbonyl-FA.....	52
phenylephrine/ephed/CPM w/		POMALYST.....	6	PRENATAL VITAMINS	
carbetapentane.....	47	ponatinib.....	5	w/ FOLIC ACID.....	52
phenylephrine/guaifenesin .. 47		potassium acid phosphate .. 52		prenatal vitamins	
phenylephrine/pyrilamine w/		potassium bicarbonate/		w/folic acid.....	52
hydrocodone.....	47	potassium citrate		prenatal w/o A w/FE carbonyl-	
phenylhist liq dh.....	45	effervescent.....	52	FE gluc-DSS-FA.....	52
PHENYTEK.....	16	potassium chloride..... 26, 52		PREPARATION H.....	58
phenytoin.....	16	potassium chloride ext-rel .. 52		PREVACID.....	27
phenytoin sodium extended . 16		potassium citrate..... 50, 52		PREVACID SOLUTAB.....	27
PHOS-FLUR.....	51, 59	POTIGA.....	15	PREVIDENT.....	51
PHOSPHOLINE IODINE 39		povidone-iodine.....	33	PREVNAR 13.....	55
phosphorus.....	52	PRALUENT.....	11	prezcobix.....	33
PHRENILIN.....	12	pramipexole.....	15	PREZISTA.....	32
phytonadione.....	51	pramlintide.....	24	PRIFTIN.....	29
pilocarpine.....	22, 39	PRANDIN.....	24	PRILOSEC.....	27
PILOPINE HS GEL.....	39	prasugrel.....	7	primaquine.....	33
pimecrolimus.....	20	praziquantel.....	28	primidone.....	16
pimozide.....	44	prazosin.....	8	PRINCIPEN.....	30
PIN-X.....	28	precose.....	24	PROAMATINE.....	12
pioglitazone.....	24	PRED FORTE.....	38	probenecid.....	35
pirfenidone capsule.....	53	PRED MILD.....	38	PROBIOTIC FORMULA.....	28

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

Index of Covered Drugs

probiotic product	28	pseudoephedrine/ chlorpheniramine/ dextromethorphan	48	RANEXA	12
procarbazine	6	pseudoephedrine/ dextromethorphan/ guaifenesin	48	ranitidine	27
PROCARDIA	9, 10	pseudoephedrine/ibuprofen	48	ranitidine syrup	27
PROCARDIA XL	10	psyllium	58	ranolazine	12
prochlorperazine	26	PULMICORT RESPULES	49	RAPAMUNE	6
PROCRIT	7	PULMOZYME	53	RAVICTI	53
PROCTOSOL HC CREAM 2.5%	20	PURINETHOL	4	RAZADYNE	12
PROCTOZONE CREAM-HC 2.5%	20	pyrantel pamoate	28	REBETOL/COPEGUS	31
progesterone micronized cap	37	pyrazinamide	29	RECOMBIVAX HB	54
PROGRAF	6	pyrethrins/piperonyl butoxide liquid shampoo	58	rectal crm, suppositories	58
PROLIXIN	44	pyrethrins/piperonyl butoxide shampoo	19	RECTIV	20
PROLIXIN DECANOATE	44	PYRIDIDIUM	50	REESE'S PINWORM MEDICINE	28
PROMACTA	53	pyridostigmine	15	REGLAN	26
prometh vc syp 6.25-5/5	47	pyridostigmine extended-release	15	regorafenib	5
promethazine	26, 46, 47	pyrilamine tan/phenyleph tan	48	REGRANEX	19
promethazine & phenylephrine	46, 47	pyrimethamine	33	RELAFEN	13
promethazine syp dm	46			RELENZA	31
PROMETHAZINE VC w/ CODEine	46			Relion 70/30	23
PROMETHAZINE w/CODEINE	46			Relion N	23
PROMETRIUM	37			Relion R	23
propafenone	9			REMERON	42
propantheline	50			Renvela	53
propranolol	9, 14			repaglinide	24
propranolol ER 24HR	9			REPEL SPORTS 25%, 40%	58
propranolol/HCTZ	9			REQUIP	15
propylthiouracil	25			RESCRIPTOR	31
PROSCAR	49			RESTORIL	42
Protonix	27			RETIN-A	17
Protopic 0.03%	20			RETROVIR	32
Protopic 0.1%	20			REVATIO	11
PROVENTIL	49			REVI A	40, 42
PROVERA	37			REVLIMID	6
PROZAC	41			REYATAZ	32
Pruet DHA Pak Setonet Pak	51			REYATAZ POWDER PACKET	32
Pruet DHAEC Pak	51			ribavirin	31
pse/GG	46			RID SHAMPOO	19, 58
pseudoephedrine tan/ dexchlorphen tan/DM tan	48			RIDAURA	33
pseudoephedrine/ acetaminophen/ dextromethorphan	47			rifabutin	29
				RIFADIN	29
				rifapentine	29
				rifapin	29
				rilpivirine	31, 32
				RILUTEK	12
				riluzole	12

Q

QUESTRAN	10
QUESTRAN-LIGHT	10
quetiapine	43
quinapril	8
quinapril/hydrochlorothiazide	8
QUINIDINE GLUCONATE EXT- REL	9
quinidine gluconate extended- release	9
quinidine sulfate	9
QUINIDINE SULFATE EXT-REL	9
quinidine sulfate extended- release	9

R

r-tannamine	45
raloxifene	25
raltegravir	31
raltegravir susp	31
ramipril	8

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

Index of Covered Drugs

sucralfate	27	TASMAR	15	tiagabine	16	
sugar+orthophosphoric acid	58	TECFIDERA	14	TIAZAC	10	
sulcralfate	27	teduglutide	28	ticagrelor	7	
SULFACET-R	17	TEGRETOL	15	Tigan	26	
sulfacetamide	17, 38, 40	TEGRETOL-XR	15	tikosyn	9	
sulfacetamide/pred phos . . .	38	temazepam	42	timolol	39	
sulfacetamide/sulfur	17	TEMODAR	4	timolol maleate	39	
sulfamethoxazole/ trimethoprim, DS	30	TEMOVATE	18	TIMOPTIC	39	
sulfasalazine	27, 34	temozolomide	4	timoptic xe	39	
sulfasalazine delayed-release	27, 34	TENEX	8	TINACTIN	19, 56	
sulindac	13, 35	TENIVAC	55	tipranavir	32	
sumatriptan	14	tenofovir	32, 33	TIVICAY	31	
sunitinib	5	TENORETIC	9	tizanidine	35	
SUPRAX	29	TENORMIN	9	TOBRADEX	38	
SUSTIVA	31	TERAZOL 3/7	37	tobramycin	38, 40, 53	
SUTENT	5	terazosin	8, 49	tobramycin neb soln	53	
SYLATRON	6	terbinafine	19, 30	tobramycin/dexamethasone .	38	
SYMLIN	24	terbutaline	49	TOBREX	40	
SYMMETREL	15, 31	terconazole	37	TOFRANIL	42	
Synagis	33	teriflunomide	15	tolazamide	24	
SYNALAR	18	TESSALON	45	tolbutamide	24	
SYNJARDY	24	TESTOSTERONE 1% TOPICAL GEL	23	tolcapone	15	
SYNJARDY XR	24	testosterone cypionate	23	TOLINASE	24	
SYNTHROID	25	testosterone enanthate	23	tolnaftate	19, 56	
			testosterone gel topical tube, packet, and pump bottle .	23	tolterodine	50
			tet tox-diph-acell pertuss ad .	55	TOPAMAX	16
			TET/DIP TOX INJ	55	TOPAMAX SPRINKLE	16
			tetanus immune globulin (human)	55	topical antibacterials	57
			tetanus-diphtheria toxoids (td)	55	topiramate	16
T-STAT	17	tetrabenazine	16	topiramate sprinkle caps	16	
TABLOID	4	tetrahydrozoline/zinc sulfate .	38	topotecan	7	
tacrolimus	6, 20	thalidomide	6	TOPROL XL	9	
TAFINLAR	4	THALOMID	6	Toradol	13	
TAGAMET	26	THEO-24	49	toremifene	5	
TALWIN NX	14	THEOCHRON	49	torsemide	10	
tambocor	9	theophylline	49	TOUJEO SOLOSTAR	23	
TAMIFLU	31	theophylline extended-release	49	TRACLEER	11	
tamoxifen	5	thioguanine	4	tramadol	13	
tamsulosin	49	thioridazine	44	trametinib	5	
TANAFED DMX SUSPENSION	48	thiothixene	44	TRANDATE	9	
TANZEUM	24	THORAZINE	44	trandolapril	8	
TAPAZOLE	25	THYROLAR	25	tranexamic acid	37	
tarceva	4			TRANXENE	40	
TARGRETIN	6			tranylcypromine	41	
TASIGNA	5			trazodone	42	
				TRECTOR	29	

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

Index of Covered Drugs

TRENTAL	8
tretinoin	7, 17
Tri RX	52
tri-fed x	48
TRI-NORINYL	36
TRI-VI-FLOR	52
TRI-VI-SOL	52, 59
triamcinolone	18, 22
triamcinolone acetonide	18
triamcinolone nasal spray	22
triamterene/ hydrochlorothiazide	10
TRIAVIL	42
triazolam	42
trifluoperazine	44
trifluridine	4, 40
trifluridine/tipiracil	4
trihexyphenidyl	15
TRILAFON	44
TRILEPTAL	16
TRILYTE	26
trimethobenzamide	26
trimethoprim	30, 33, 40
TRIOTANN	21, 45
TRIOTANN PEDIATRIC SUSP	45
tripolidine/pseudoephedrine	48
triprol/pse syp	48
TRIUMEQ	33
TRIVORA	36
TRIZIVIR	32
Trojan	57
tropium	50
TRULICITY	24
TRUSOPT	39
Trust Natalcare Pak DHA	51
TRUSTEX	57
TRUVADA	32
TUMS	58, 59
TUSSI-12 S	45
tussin dm	46
TYBOST	33
TYKERB	5
TYLENOL	13, 34, 59
TYLENOL w/CODEINE	13
TYMLOS	25
typhoid vaccine	55

U

Uloric	35
ULTRA	24
ULTRA 2	24
Ultram	13
ULTRAMINI	24
ULTRAVATE	18
umeclidinium inhalation	48
umeclidinium/vilanterol	48
uni-hist drops	45
UNIPHYL	49
UNISOM	42, 58
UREA 10% CREAM	20
UREA 10% LOTION	20
urea 10%, urea 20%	20
UREA 20% CREAM	20
urea 40%	20
Urea 40% lotion	20
URECHOLINE	50
UREX	50
uridine	25
UROCIT-K	50
UROXATRAL	49
URSO	28
URSO FORTE	28
ursodiol	28
Utira C	50

V

vaginal products	56
valacyclovir	31
VALCYTE	30
valganciclovir	30
VALIUM	35, 40
valproic acid	16
Valtrex	31
VANCOGIN HCl	30
vancomycin HCl	30
vandetanib	5
VAQTA	54
varenicline	44
varicella virus vac live for subcutaneous	55
VARIVAX	55
VARUBI	26
VASERETIC	8

VASOCIDIN	38
VASOCLEAR	38
VASOCLEAR A	38
VASOTEC	8
vectical	19
VEETIDS	30
VELTASSA	11
vemurafenib	5
VENCLEXTA	5
venetoclax	5
venlafaxine	41
venlafaxine XR	41
VENTOLIN HFA	48
VEPESID	6
verapamil	10, 14
verapamil extended-release	10
VERIO	24
VERIO, VERIO FLEX, VERIO IQ, VERIO SYNC	24
VESANOID	7
VFEND	30
VI-DAYLIN	59
VICODIN	13
VICODIN ES	13
VIDEX	32
VIDEX EC	32
vigabatrin oral solution	16
vimpat	16
Vinate AZ EX	51
Vinate II	51
VIRACEPT	32
VIRAMUNE	31
Viramune XR	31
VIREAD	32
VIROPTIC	40
VISINE	58
VISINE-AC	38
vismodegib	7
VISTARIL	21
VISTOGARD	25
vitamin A	52
vitamin ADC/fluoride/±iron drops	52
vitamin B complex/vitamin C/ folic acid	52
vitamin B-1	52

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

Index of Covered Drugs

VITAMIN B-12	51
vitamin B-6.....	52
vitamin C	52
VITAMIN D 1000 UNIT.....	50
VITAMIN D 2000 UNIT.....	50
vitamin D 400 IU.....	59
VITAMIN D 400 UNIT.....	50
vitamins pediatric	52, 59
vitamins pediatric members	
<3 years old.....	59
vitamins prenatal.....	59
VIVOTIF BERNA	55
VOLTAREN	13, 34, 38
VOLTAREN 1% TOPICAL	
GEL	34
VOLTAREN XR	13, 34
voriconazole	30
vorinostat	4
VOSOL HC OTIC	21
VOSOL OTIC.....	20
Votrient.....	5
Vyvanse	41
VYVANSE CHEWABLE	41

W

warfarin	7
WELLBUTRIN	42
WELLBUTRIN SR.....	42
WELLBUTRIN XL	42
WESTCORT.....	18
WYTENSIN	12

X

XALATAN.....	39
XALKORI	4
XANAX.....	40
XARELTO.....	7
XELODA	4
XENAZINE.....	16
XIIDRA	39
XOLAIR	48
XOPENEX Respules.....	49
XULANE.....	36
XYLOCAINE.....	20, 22
XYZAL	21

Z

zalcitabine	32
zaleplon	42
ZANAFLEX	35
zanamivir	31
ZANTAC	27
ZARONTIN	15
ZAROXOLYN.....	10
ZARXIO	7
ZEBETA	9
ZEJULA	6
ZELBORAF	5
zenpep	28
ZENTANE.....	17
ZERIT	32
ZESTORETIC	8
ZESTRIL.....	8
ZETIA	11
ZIAC	9
ZIAGEN	32
zidovudine	32
ZINBRYTA	14
zinc	38, 52
ziprasidone	43
ZITHROMAX.....	29
ZOCOR.....	11
ZOFRAN.....	26
ZOFRAN ODT	26
ZOHYDRO ER.....	14
ZOLINZA	4
ZOLOFT	41
zolpidem	42
ZONEGRAN	16
zonisamide	16
Zortress	6
ZOSTAVAX.....	55
zoster vaccine live.....	55
ZOVIA 1/35.....	36
ZOVIA 1/50.....	36
Zovirax	31
ZYDELIG	4
ZYKADIA	4
ZYLOPRIM.....	35
ZYPREXA	43
zyrtec	21, 56

ZYRTEC CHEWABLE	
TABLET	21
ZYRTEC D.....	56
ZYRTEC-D.....	22
ZYTIGA	5
ZYVOX.....	33

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“My Medications” worksheet

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

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

