



# Preferred Drug List (PDL)

Health Plan of Nevada

Effective Date: 2/1/18



HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company



## **Health Plan of Nevada Medicaid Preferred Drug List**

### **Frequently Asked Questions (FAQ)**

Find answers here to questions you have about this **Health Plan of Nevada Medicaid Preferred Drug List**. You can read all of the FAQ to learn more, or look for a question and answer.

#### **1. What drugs are on the Preferred Drug List? (We call the Preferred Drug List the “Drug List” for short.)**

The drugs on Preferred Drug List that starts on page <4> are the drugs covered by **Health Plan of Nevada Medicaid**. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies”.

**Health Plan of Nevada Medicaid** will cover all medically necessary drugs if:

- your doctor or other prescriber says you need them to get better or stay healthy,  
*and*
- you fill the prescription at a **Health Plan of Nevada Medicaid** network pharmacy.

**Health Plan of Nevada Medicaid** may have additional steps to access certain drugs (see question <#5> below).

You can also see an up-to-date drug list on our website at

<https://www.hpnmedicaidnvcheckup.com/Member> or you can call Member Services at <1-800-962-8074 TTY 711>.

#### **2. Does the Preferred Drug List ever change?**

Yes. **Health Plan of Nevada Medicaid** may add or remove drugs on the Preferred Drug List during the year. Generally, the Preferred Drug List will only change if:

- a cheaper drug comes along that works as well as a drug on the Preferred Drug List now, *or*
- we learn that a drug is not safe.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval for a drug. (*Prior approval* is permission from **Health Plan of Nevada Medicaid** before you can get a drug.)
- Add or change the amount of a drug you can get (called “quantity limits”).
- Add or change step therapy restrictions on a drug. (*Step therapy* means you must try one drug before we will cover another drug.)

Questions 3, 4, and 7 below have more information on what happens when the Preferred Drug List changes.

You can always check the up-to-date Preferred Drug List online at <https://www.hpnmedicaidnvcheckup.com/Member> or you can also call Member Services to check the current Preferred Drug List at <1-800-962-8074 TTY 711>.

### **3. What happens when another drug comes along that works as well as a drug on the Preferred Drug List now?**

If you are taking a drug that is removed because another drug that works just as well is available, we will tell you. You will get a letter letting you know about the change. We will also tell you what alternate drugs are available to you. Contact your doctor or other prescriber to make sure another drug will work for you.

### **4. What happens when we find out a drug is not safe?**

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the Preferred Drug List right away. We will also send you a letter telling you that. Contact your doctor or other prescriber and ask about your other options.

### **5. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?**

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases your doctor must do something before you can get the drug. For example:

- Prior approval (or prior authorization): For some drugs, your doctor or other prescriber must get approval from **Health Plan of Nevada Medicaid** before you fill your prescription. If you don't get approval, **Health Plan of Nevada Medicaid** may not cover the drug.
- Quantity limits: Sometimes **Health Plan of Nevada Medicaid** limits the amount of a drug you can get.

- Step therapy: Sometimes **Health Plan of Nevada Medicaid** requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can also get more information by visiting our website at <https://www.hpnmedicaidnvcheckup.com/Member>. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also call Member Services and ask us to send you information about our prior authorization and step therapy restrictions.

#### **6. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?**

The Preferred Drug List on pages <4 – 59> has a column labeled “Requirements and Limits”.

#### **7. What happens if we change our rules on how we cover some drugs?**

**For example, if we add prior authorization (approval), quantity limits, and/or step therapy restrictions on a drug.**

We will tell you if we add prior approval, quantity limits, and/or step therapy restrictions on a drug. We will tell you before the restriction is added. This gives you time to talk to your doctor or other prescriber about what to do next.

#### **8. How can you find a drug on the Preferred Drug List?**

There are two ways to find a drug:

- You can search by medical condition.

To search by medical condition, find the section labeled “List of drugs by medical condition” on pages <2 – 3>. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat.

For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

- You can also search for drugs alphabetically.

To search alphabetically, go to the Index of Covered Drugs starting on page <60>.

Find the name of your drug. The page number where you can find the drug will be next to it.

### **9. What if the drug you want to take is not on the Preferred Drug List?**

If you don't see your drug on the Preferred Drug List, call Member Services and ask about it. If you learn that **Health Plan of Nevada Medicaid** does not prefer the drug, you can do one of these things:

- Ask Member Services for a list of drugs that are similar to the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Preferred Drug List that is like the one you want to take. *Or*
- You can ask the health plan to make an exception to cover your drug. Please see question 11 for more information about exceptions.

### **10. What if you just joined Health Plan of Nevada Medicaid and can't find your drug on the Preferred Drug List or have a problem getting your drug?**

We can help. We may cover a temporary 30-day supply of your drug during the first 30 days you are a member of **Health Plan of Nevada Medicaid**. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Preferred Drug List you can take instead, or whether to request an exception.

### **11. Can you ask for an exception to cover your drug?**

Yes. Your doctor can ask **Health Plan of Nevada Medicaid** to make an exception to cover a drug that is not on the Preferred Drug List.

Your doctor can also ask us to change the rules on your drug.

- For example, we may limit the amount of a drug we will cover. If your drug has a limit, your doctor can ask us to change the limit and cover more.
- Other examples: Your doctor can ask us to drop step therapy restrictions or prior approval requirements.

### **12. How long does it take to get an exception?**

First, we must receive some information from your doctor supporting your request for an exception. After we receive the information, we will give you a decision on your exception request within the timeframes required by the state, generally within 24 hours.

### **13. How can you ask for an exception?**

To ask for an exception, you can do one of two things:

- Call Member Services. A Member Services representative will work with you and your doctor to help ask for an exception.
- Call your doctor and ask them to request an exception by calling the **Health Plan of Nevada Medicaid Pharmacy Services** at <1-800-443-8197>, or they can fax a request to <866-997-9672>.

### **14. What are generic drugs?**

*Generic drugs* are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). In most instances **Health Plan of Nevada Medicaid** covers generic drugs first. If your doctor feels a brand name drug is medically necessary, you will need to ask your doctor to submit for prior approval.

### **15. What are OTC drugs?**

*OTC* stands for "over-the-counter." **Health Plan of Nevada Medicaid** prefers some OTC drugs when they are written as prescriptions by your provider.

You can read the **Health Plan of Nevada Medicaid** Preferred Drug List to see what OTC drugs are preferred.

### **16. Does Health Plan of Nevada Medicaid cover OTC non-drug products?**

**Health Plan of Nevada Medicaid** covers some OTC non-drug products when they are written as prescriptions by your provider.

You can read the **Health Plan of Nevada Medicaid** Preferred Drug List to see what OTC non-drug products are covered.

### **17. What is a Specialty Pharmacy Medication?**

A specialty pharmacy medication is a drug that generally has one or more of the following characteristics:

- It's used by a small number of people
- It treats rare, chronic, and/or potentially life-threatening diseases

- It has special storage or handling requirements such as needing to be refrigerated
- It may need close monitoring, ongoing clinical support and management, and complete patient education and engagement
- It's a high cost medication
- It may not be available at retail pharmacies
- It may be oral, injectable, or inhaled

Specialty pharmacy medications are available through our specialty pharmacy network. If you have questions, call Member Services at <1-800-962-8074, TTY 711>.

### **List of Preferred Drugs**

The List of Preferred Drugs that begins on page <4> gives you information about the drugs covered by **Health Plan of Nevada Medicaid**. If you have trouble finding your drug in the list, turn to the Index that begins on page <60>.

The first column of the chart lists the generic name of the drug. The second column of the chart lists brand name drugs. Brand name drugs are capitalized (e.g., CRESTOR). The third column in the list tells you if the preferred drug covered is the brand or generic version.

The information in the "Requirements & Limits" column tells you if **Health Plan of Nevada Medicaid** has any rules for covering your drug.

### **Utilization Management Restrictions**

#### **PA - Prior approval (or prior authorization)**

For some drugs, your doctor or other prescriber must get approval from **Health Plan of Nevada Medicaid** before you fill your prescription. If you don't get approval, **Health Plan of Nevada Medicaid** may not cover the drug.

#### **QL - Quantity limits**

Sometimes **Health Plan of Nevada Medicaid** limits the amount of a drug you can get.

#### **ST - Step therapy**



Sometimes **Health Plan of Nevada Medicaid** requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then your doctor can ask for approval to cover the second.

### **Other special requirements for coverage**

#### **SP – Specialty Pharmacy**

Drug needs to be accessed through a network Specialty Pharmacy. Specialty Pharmacy Drugs may require extra handling, provider coordination or patient education that can't be done at a network retail pharmacy.

### **Drug Tiers**

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

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

### **[ABBREVIATIONS]**

OTC = Over the Counter  
PA = Prior Authorization required  
QL = Quantity Limit  
ST = Step Therapy  
SP = Specialty Pharmacy

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Antineoplastics &amp; Immunosuppressants</b>				
<b>Antineoplastic Agents</b>				
Alkylating Agents				
altretamine	HEXALEN	brand	2	
busulfan	MYLERAN	brand	2	
chlorambucil	LEUKERAN	brand	2	
cyclophosphamide	CYTOXAN	generic	1	
estramustine phosphate sodium	EMCYT	brand	2	
lomustine	GLEOSTINE	brand	2	
melphalan	ALKERAN	brand	2	
temozolomide	TEMODAR	generic	1	PA, SP
Antimetabolites				
capecitabine	XELODA	generic	1	SP
mercaptopurine	PURINETHOL	generic	1	
thioguanine	TABLOID	brand	2	QL
trifluridine/tipiracil	LONSURF	brand	2	PA, SP
Histone Deacetylase Inhibitors				
panobinostat	FARYDAK	brand	2	PA, SP
vorinostat	ZOLINZA	brand	2	PA, SP
Kinase Inhibitor				
afatinib	GILOTRIF	brand	2	PA, SP
alectinib	ALECENSA	brand	2	PA, SP
axitinib	INLYTA	brand	2	PA, SP
bosutinib	BOSULIF	brand	2	PA, SP
brigatinib	ALUNBRIG	brand	2	PA, SP
cabozantinib	COMETRIQ	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
	AFINITOR			
everolimus	AFINITOR DISPERZ	brand	2	PA, SP
gefitinib	IRESSA	brand	2	PA, SP
ibrutinib	IMBRUVICA	brand	2	PA, SP
idelalisib	ZYDELIG	brand	2	PA, SP
imatinib mesylate	GLEEVEC	generic	1	PA, QL, SP
lapatinib ditosylate	TYKERB	brand	2	PA, SP

OTC = Over the Counter

ST = Step Therapy

PA = Prior Authorization required

SP = Specialty Pharmacy

QL = Quantity Limit

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Immunomodulators</b>				
Interferons				
interferon alfa-2b	INTRON A	brand	2	PA, SP
peginterferon alfa-2b	SYLATRON	brand	2	PA, SP
Miscellaneous				
lenalidomide	REVLIMID	brand	2	PA, SP
pomalidomide	POMALYST	brand	2	PA, SP
thalidomide	THALOMID	brand	2	PA, QL
<b>Immunosuppressants</b>				
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			
Other				
everolimus	ZORTRESS	brand	2	
Rapamycin Derivative				
sirolimus	RAPAMUNE	generic	1	tabs
sirolimus	RAPAMUNE	brand	2	soln
<b>Miscellaneous</b>				
alitretinoin 1% gel	PANRETIN	brand	2	PA
bexarotene caps and topical gel	TARGRETIN	brand	2	PA
cysteamine bitartrate	CYSTAGON	brand	2	
etoposide	VEPESID	generic	1	
hydroxyurea	DROXIA	brand	2	
hydroxyurea	HYDREA	generic	1	
mitotane	LYSODREN	brand	2	
niraparib	ZEJULA	brand	2	PA, SP
octreotide	SANDOSTATIN	generic	1	
olaparib	LYNPARZA	brand	2	PA, SP
pasireotide	SIGNIFOR	brand	2	PA, SP
procarbazine	MATULANE	brand	2	
rucaparib	RUBRACA	brand	2	PA, SP

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

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Alpha Blockers</b>				
doxazosin	CARDURA	generic	1	
prazosin	MINIPRESS	generic	1	
terazosin	HYTRIN	generic	1	
<b>Angiotensin II Receptor Blockers (Antagonists)</b>				
losartan	COZAAR	generic	1	QL
<b>Angiotensin II Receptor Blocker Combinations</b>				
losartan/HCTZ	HYZAAR	generic	1	QL
<b>Antiarrhythmics and Cardiac Glycosides</b>				
amiodarone tabs	CORDARONE	generic	1	200 mg and 400 mg
digoxin	LANOXIN	generic	1	
disopyramide	NORPACE	generic	1	
disopyramide extended-release	NORPACE CR	brand	2	
dofetilide	TIKOSYN	generic	1	
flecainide	TAMBOCOR	generic	1	
mexiletine	MEXITIL	generic	1	
propafenone	RYTHMOL	generic	1	IR only
quinidine gluconate extended-release	QUINIDINE GLUCONATE EXT-REL	generic	1	
quinidine sulfate	QUINIDINE SULFATE	generic	1	
quinidine sulfate extended-release	QUINIDINE SULFATE EXT-REL	generic	1	
<b>Beta Blockers and Beta Blocker/Diuretic Combinations</b>				
acebutolol	SECTRAL	generic	1	
atenolol	TENORMIN	generic	1	
atenolol/chlorthalidone	TENORETIC	generic	1	
betaxolol	KERLONE	generic	1	
bisoprolol	ZEBETA	generic	1	
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, Diagnosis Required, QL
propranolol/HCTZ	INDERIDE	generic	1	
sotalol	BETAPACE	generic	1	
sotalol AF	BETAPACE AF	generic	1	

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
toremide	DEMADEX	generic	1	
triamterene/ hydrochlorothiazide	DYAZIDE MAXZIDE	generic	1	
<b>Lipid Lowering Agents</b>				
Bile Acid Resin				
cholestyramine	QUESTRAN QUESTRAN-LIGHT	generic	1	Only the bulk products are covered (cans). Individual packets are not covered.
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
<b>Nitrates</b>				
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		
Sublingual				
isosorbide dinitrate	ISORDIL S.L.	generic	1	
nitroglycerin	NITROLINGUAL	generic	1	
nitroglycerin	NITROSTAT	generic	1	
Transdermal				
nitroglycerin	NITREK NITRO-DUR	generic	1	transdermal, QL
nitroglycerin	NITRO-BID	generic	1	oint

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Potassium-Removing Agents</b>				
patiromer	VELTASSA	brand	2	PA
sodium polystyrene sulfonate	KAYEXALATE	generic	1	susp (susp only)
<b>Pulmonary Arterial Hypertension</b>				
ambrisentan	LETAIRIS	brand	2	Diagnosis Required, SP
bosentan	TRACLEER	brand	2	Diagnosis Required, SP
macitentan	OPSUMIT	brand	2	Diagnosis Required, SP
riociguat	ADEMPAS	brand	2	Diagnosis Required, SP
sildenafil	REVATIO	generic	1	Diagnosis Required, SP, tab
sildenafil	REVATIO SUSPENSION	brand	2	Diagnosis Required, SP, suspension
<b>Miscellaneous</b>				
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
<b>Central Nervous System</b>				
<b>Alzheimer's Disease</b>				
donepezil	ARICEPT	generic	1	5 mg and 10 mg, QL, Members <18 years of age will require prior authorization.
donepezil	ARICEPT	generic	1	23 mg, ST, Members <18 years of age will require prior authorization.
galantamine	RAZADYNE	generic	1	QL, Members <18 years of age will require prior authorization.
memantine	NAMENDA	generic	1	QL, Members <18 years of age will require prior authorization.
rivastigmine	EXELON	generic	1	QL, Members <18 years of age will require prior authorization.

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Amyotrophic Lateral Sclerosis (ALS)</b>				
riluzole	RILUTEK	brand	2	
<b>Analeptics</b>				
armodafinil	NUVIGIL	generic	1	Diagnosis Required, QL
<b>Analgesics</b>				
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
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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
codeine sulfate		generic	1	QL
codeine/acetaminophen	TYLENOL W/CODEINE	generic	1	QL
fentanyl transdermal	DURAGESIC	generic	1	PA, QL
	LORCET			
	LORTAB			
hydrocodone/ acetaminophen	LORTAB ELIXIR	generic	1	QL
	NORCO			
	VICODIN			
	VICODIN ES			
hydrocodone ER	ZOHYDRO ER	brand	2	PA
hydromorphone	DILAUDID	generic	1	QL
meperidine	DEMEROL	generic	1	QL
morphine	MSIR	generic	1	QL
morphine	RMS	generic	1	QL
morphine extended-release	MS CONTIN	generic	1	PA, QL
oxycodone	OXYFAST	generic	1	soln, QL
oxycodone	ROXICODONE	generic	1	QL , 5mg, 15mg, 30mg
oxycodone/ acetaminophen	PERCOCET	generic	1	5/325, QL
oxycodone/aspirin	PERCODAN	generic	1	QL
oxymorphone ER	OXYMORPHONE ER	generic	1	PA, QL, non-crush resistant
pentazocine/naloxone	TALWIN NX	generic	1	QL
<b>Migraine Acute Therapy</b>				
Ergotamine Derivatives				
dihydroergotamine	D.H.E. 45	generic	1	inj, QL
dihydroergotamine	MIGRANAL	generic	1	
ergotamine/caffeine	CAFERGOT	generic		
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, QL
sumatriptan	IMITREX NASAL	generic	1	QL

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
selegiline	ELDEPRYL	generic	1	
tolcapone	TASMAR	generic	1	
trihexyphenidyl	ARTANE	generic	1	
<b>Seizures</b>				
carbamazepine	TEGRETOL	generic	1	
carbamazepine extended-release	CARBATROL TEGRETOL-XR	generic	1	
clobazam	ONFI	brand	2	Diagnosis Required, QL
clonazepam	KLONOPIN	generic	1	tabs
diazepam	DIASTAT ACUDIAL	generic	1	rectal gel, QL
divalproex sodium cap sprinkle	DEPAKOTE SPRINKLE	generic	1	Members ≥ 8 years of age will require prior authorization.
divalproex sodium delayed-release	DEPAKOTE	generic	1	Minimum age 2
ethosuximide	ZARONTIN	generic	1	
exogabine	POTIGA	brand	2	Age Limits Apply
felbamate	FELBATOL	generic	1	QL
felbamate oral susp	FELBATOL ORAL SUSP	generic	1	Members ≥ 8 years of age will require prior authorization.
gabapentin	NEURONTIN	generic	1	caps and tabs only
lacosamide	VIMPAT	brand	2	Age Limits Apply, PA, QL
lamotrigine	LAMICTAL	generic	1	QL
lamotrigine chew dispersable 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			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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
primidone	MYSOLINE	generic	1	
rufinamide	BANZEL	brand	2	Diagnosis Required, QL
tiagabine	GABITRIL	generic	1	Age Limits Apply, 2mg & 4mg
tiagabine	GABITRIL	brand	2	Age Limits Apply, 12mg & 16mg
topiramate	TOPAMAX	generic	1	QL
topiramate sprinkle caps	TOPAMAX SPRINKLE	generic	1	QL, Members ≥ 8 years of age will require prior authorization.
valproic acid	DEPAKENE	generic	1	
vigabatrin oral solution	SABRIL SOLUTION	brand	2	PA, SP
zonisamide	ZONEGRAN	generic	1	QL
<b>Miscellaneous</b>				
deutetrabenazine	AUSTEDO	brand	2	PA
tetrabenazine	XENAZINE	generic	1	Diagnosis Required, SP
<b>Dermatology</b>				
<b>Acne Vulgaris</b>				
Oral				
isotretinoin	ABSORICA AMNESTEEM CLARAVIS MYORISAN ZENTANE	generic	1	PA
Topical				
adapalene gel	DIFFERIN OTC GEL 0.1%	brand	2	
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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Bacterial Infections</b>				
bacitracin	BACITRACIN	generic	1	OTC
gentamicin	GENTAK	generic	1	
mupirocin	BACTROBAN	generic	1	ointment, 22 gram tube only
neomycin/polymyxin B/ bacitracin	NEOSPORIN	generic	1	OTC
silver sulfadiazine	SILVADENE	generic	1	
<b>Corticosteroids</b>				
<i>Low Potency</i>				
alclometasone	ACLOVATE	generic	1	0.05% crm/oint
fluocinolone acetonide	DERMA-SMOOTHIE OIL/FS	generic	1	oil 0.01%
fluocinolone acetonide	SYNALAR	generic	1	soln/crm 0.01%
hydrocortisone	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
<i>Medium Potency</i>				
betamethasone val	BETA-VAL	generic	1	crm/oint/lotion 0.1%
fluocinolone acetonide	DERMA-SMOOTHIE OIL/FS	generic	1	oil 0.01%
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%
<i>High Potency</i>				
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%

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
fluocinonide emulsified base	LIDEX E	generic	1	crm 0.05%
triamcinolone acetonide	KENALOG	generic	1	crm 0.5%
<b>Very High Potency</b>				
betamethasone dip augmented	DIPROLENE	generic	1	gel 0.05%
betamethasone dip augmented	DIPROLENE	generic	1	oint 0.05%
clobetasol propionate	TEMOVATE	generic	1	soln 0.05%
halobetasol	ULTRAVATE	generic	1	cream
<b>Fungal Infections</b>				
ciclopirox	PENLAC SOLUTION 8%	generic	1	
clotrimazole	LOTRIMIN AF	generic	1	OTC
clotrimazole	MYCELEX	generic	1	
clotrimazole with betamethasone	LOTRISONE	generic	1	
ketoconazole	NIZORAL	generic	1	
miconazole	DESENEX	generic	1	2% OTC
miconazole	MICATIN	generic	1	OTC
miconazole	MONISTAT-DERM	generic	1	
nystatin	MYCOSTATIN	generic	1	
terbinafine	LAMISIL AT	generic	1	OTC
tolnaftate	TINACTIN	generic	1	OTC
<b>Psoriasis</b>				
acitretin	SORIATANE	generic	1	oral caps, PA
calcipotriene	DOVONEX	generic	1	crm/oint, ST
calcipotriene	DOVONEX	generic	1	soln
calcitriol	VECTICAL	generic	1	ST
methoxsalen	OXSORALEN-ULTRA	generic	1	
salicylic acid	SCALPICIN	generic	1	liquid 3%
<b>Rosacea</b>				
brimonidine	MIRVASO	brand	2	PA
	METROCREAM			
metronidazole	METROGEL	generic	1	
	METROLOTION			
<b>Scabies and Pediculosis</b>				
crotamiton	EURAX	brand	2	
malathion	OVIDE	generic	1	
permethrin	ELIMITE	generic	1	5%, QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
permethrin	NIX CREME RINSE	generic	1	1%, OTC
pyrethrins/piperonyl but	RID SHAMPOO/ BUTOXIDE SHAMPOO	generic	1	4% OTC
<b>Viral Infections</b>				
podofilox	CONDYLOX SOL	generic	1	sol
salicylic acid 17%/ collodion	DUOFILM	generic	1	OTC
<b>Miscellaneous</b>				
aluminum acetate		brand	2	soln/cream, OTC
aluminum chloride topical solution	HYPERCARE 15%	brand	2	
ammonium lactate	LAC-HYDRIN	generic	1	crm 12%, lotion 5% & 12%
ammonium lactate	LACTINOL	generic	1	lotion 10%
becaplermin gel	REGRANEX	brand	2	PA
calamine		brand	2	lotion/ointment, OTC
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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
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 40%	UREA 10% LOTION	generic	1	lotion
	UREA 40% LOTION			

## Ear, Nose & Throat

### Ear

acetic acid	VOSOL OTIC	generic	1	otic
acetic acid/ aluminum acetate	DOMEBORO OTIC	generic	1	
acetic acid/ hydrocortisone	VOSOL HC OTIC	generic	1	
benzocaine/antipyrine	BENZOTIC	generic	1	
carbamide peroxide	DEBROX	generic	1	6.5%, OTC
ciprofloxacin/ dexamethasone	CIPRODEX	brand	2	Diagnosis Required, 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 TABLET	generic	1	OTC, Members ≥ 8 years of age will require prior authorization.
levocetirizine	XYZAL	generic	1	tabs

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
loratadine	ALAVERT CLARITIN	generic	1	OTC
Antihistamines - Others Antihistamine/Decongestant Combinations				
azelastine	ASTELIN	generic	1	spray
Antihistamine/Decongestant Combinations - First Generation				
chlorpheniramine/ phenylephrine/ pyrilamine	TRIOTANN	generic	1	
chlorpheniramine/ pseudoephedrine	ACTIFED	generic	1	OTC
Antihistamine/Decongestant Combinations - Second Generation				
cetirizine hydrochloride/ pseudoephedrine hydrochloride 12 hours extended-release	ZYRTEC-D	generic	1	5 mg-120 mg tablet
loratadine/ pseudoephedrine extended-release	ALAVERT-D ALAVERT ALRG TAB/SINUS ALLERGY/CONG	generic	1	OTC
Nasal Steroids				
fluticasone	FLONASE	generic	1	
triamcinolone nasal spray	NASACORT ALLERGY 24 HOUR	brand	2	OTC
Miscellaneous Nasal Decongestants				
oxymetazoline	AFRIN	generic	1	OTC
phenylephrine	NEO-SYNEPHRINE DIMEATAPP DRO DECONGES	generic	1	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
<b>Throat and Mouth</b>				
chlorhexidine gluconate	PERIDEX	generic	1	
lidocaine viscous	XYLOCAINE	generic	1	
pilocarpine	SALAGEN	generic	1	
triamcinolone	KENALOG IN ORABASE	generic	1	paste

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Endocrinology</b>				
<b>Adrenal Corticosteroids</b>				
cortisone acetate		generic	1	
dexamethasone	DECADRON	generic	1	
fludrocortisone	FLORINEF	generic	1	
hydrocortisone	CORTEF	generic	1	
methylprednisolone	MEDROL	generic	1	4mg, 8mg, 16mg, 32mg
methylprednisolone	MEDROL	brand	2	2mg
prednisolone				
prednisolone	PRELONE	generic	1	syrup
prednisolone sodium phosphate	ORAPRED	generic	1	
prednisone	DELTAONE	generic	1	
<b>Androgens</b>				
testosterone cypionate	DEPO-TESTOSTERONE	generic	1	
testosterone enanthate	DELATESTRYL	generic	1	Vials only. Disposable syringes not covered.
testosterone gel topical tube, packet, and pump bottle	TESTOSTERONE 1% TOPICAL GEL	generic	1	PA
<b>Diabetes Mellitus</b>				
<b>Glucose Elevating Agents</b>				
glucagon, human recombinant	GLUCAGON	brand	2	QL
<b>Insulin Combinations</b>				
insulin glargine/lixisenatide	SOLIQUA	brand	2	ST
<b>Insulins</b>				
insulin aspart	NOVOLOG	brand	2	QL, vials
insulin aspart 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

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
pioglitazone	ACTOS	generic	1	QL
repaglinide	PRANDIN	generic	1	
tolazamide	TOLINASE	generic	1	
tolbutamide	TOLBUTAMIDE	generic	1	
<b>Miscellaneous Antidiabetic Agents</b>				
albiglutide	TANZEUM	brand	2	ST
dulaglutide	TRULICITY	brand	2	ST
lixisenatide	ADLYXIN	brand	2	ST
pramlintide	SYMLIN	brand	2	PA
<b>Growth Stimulating Agents</b>				
mecasermin	INCRELEX	brand	2	PA, SP
somatropin	NUTROPIN AQ NUSPIN	brand	2	PA, SP
<b>Lipodystrophy Agents</b>				
tesamorelin	EGRIFTA	brand	2	Diagnosis Required, SP
<b>Osteoporosis</b>				
abaloparatide inj	TYMLOS	brand	2	PA, SP
alendronate	FOSAMAX	generic	1	QL
calcitonin-salmon	MIACALCIN	generic	1	nasal spray, QL
calcitonin-salmon	FORTICAL	brand	2	nasal spray, QL
etidronate	DIDRONEL	generic	1	
raloxifene	EVISTA	generic	1	
<b>Thyroid Disease</b>				
levothyroxine	LEVOXYL	generic	1	
levothyroxine	SYNTHROID	generic	1	
liothyronine	CYTOMEL	generic	1	
liotrix	THYROLAR	brand	2	
methimazole	TAPAZOLE	generic	1	
propylthiouracil	PROPYLTHIOURACIL	generic	1	
<b>Miscellaneous</b>				
asfotase alfa	STRENSIQ	brand	2	PA, SP
cabergoline	DOSTINEX	generic	1	
cholic acid	CHOLBAM	brand	2	PA, SP
desmopressin	DDAVP	generic	1	QL
methylergonovine	METHERGINE	generic	1	
mifepristone	KORLYM	brand	2	PA, SP
nitisinone	ORFADIN	brand	2	Diagnosis Required, SP
pegvisomant	SOMAVERT	brand	2	PA, SP
sapropterin	KUVAN	brand	2	Diagnosis Required, SP
sapropterin powder	KUVAN POWDER FOR SOLUTION	brand	2	Diagnosis Required, SP
uridine	VISTOGARD	brand	2	SP

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Gastrointestinal</b>				
<b>Constipation/Laxatives</b>				
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
glycerin	GLYCERIN SUPPOSITORY	generic	1	suppository, OTC
peg 3350/electrolytes	COLYTE	generic	1	
peg 3350/sodium bicarbonate/sodium chloride	TRILYTE	generic	1	
peg 3350/sodium bicarbonate/sodium chloride/potassium chloride	NULYTELY	generic	1	
polyethylene glycol 3350	MIRALAX	generic	1	
sennosides	SENOKOT	generic	1	8.6 mg tab, OTC
<b>Diarrhea</b>				
crofelemer	MYTESI	brand	2	Diagnosis Required, QL
diphenoxylate/atropine	LOMOTIL	generic	1	
loperamide	IMODIUM A-D	generic	1	OTC
loperamide	LOPERAMIDE	generic	1	
<b>Emesis</b>				
aprepitant	EMEND	generic	1	QL applies to 40 mg, 80 mg and 80-125 mg
dronabinol	MARINOL	generic	1	PA
meclizine	ANTIVERT	generic	1	
metoclopramide	REGLAN	generic	1	
ondansetron	ZOFRAN	generic	1	QL
prochlorperazine	ZOFRAN ODT	generic	1	
promethazine	COMPAZINE	generic	1	
rolapitant	PHENERGAN	generic	1	
trimethobenzamide	VARUBI	brand	2	
	TIGAN	generic	1	300 mg caps

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Gastroesophageal Reflux Disease (Gerd)/Peptic Ulcers</b>				
alginic acid/sodium bicarbonate		brand	2	OTC
alumina/magnesia	MAALOX	generic	1	OTC
alumina/magnesia/simethicone	MYLANTA	generic	1	OTC
cimetidine	TAGAMET	generic	1	
esomeprazole	NEXIUM 24HR OTC	brand	2	PA
esomeprazole granules	NEXIUM DELAYED RELEASE PACKET	brand	2	Members ≥ 2 years of age will require prior authorization.
famotidine	PEPCID PEPCID AC	generic	1	OTC Pepcid AC 10 mg and 20 mg also covered/ encouraged with written prescription.
lansoprazole	PREVACID	generic	1	
lansoprazole delayed-release	PREVACID SOLUTAB	generic	1	orally disintegrating tabs, Members ≥ 2 years of age will require prior authorization. QL
omeprazole delayed-release	PRILOSEC	generic	1	Capsules only, QL
pantoprazole	PROTONIX	generic	1	
ranitidine	ZANTAC	generic	1	150 mg tabs
ranitidine syrup	ZANTAC	generic	1	
sucralfate	CARAFATE	generic	1	
sucralfate	CARAFATE SUSPENSION	generic	1	suspension, Members 10 years of age up to 65 years of age will require prior authorization.
<b>Gastrointestinal Spasm</b>				
dicyclomine	BENTYL	generic	1	tablets only
glycopyrrolate	ROBINUL	generic	1	
hyoscyamine sulfate	LEVSIN	generic	1	
hyoscyamine sulfate extended-release	LEVSINEX	generic	1	
<b>Inflammatory Bowel Disease</b>				
balsalazide	COLAZAL	generic	1	
budesonide	ENTOCORT EC	generic	1	Diagnosis Required, QL
hydrocortisone	COLOCORT	generic	1	enema

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
pyrantel pamoate	PIN-X	brand	2	chewable tablets, suspension
pyrantel pamoate	REESE'S PINWORM MEDICINE	brand	2	tablets, suspension
<b>Antibacterials</b>				
Antituberculosis Agents				
aminosalicylic acid	PASER	brand	2	
cycloserine	SEROMYCIN	generic	1	
ethambutol	MYAMBUTOL	generic	1	
ethionamide	TRECTOR	brand	2	
isoniazid	ISONIAZID	generic	1	
pyrazinamide	PYRAZINAMIDE	generic	1	
rifabutin	MYCOBUTIN	generic	1	
rifampin	RIFADIN	generic	1	
rifapentine	PRIFTIN	brand	2	
Cephalosporins - First Generation				
cefadroxil	DURICEF	generic	1	
cephalexin	KEFLEX	generic	1	tabs are not covered
Cephalosporins - Second Generation				
cefaclor	CECLOR	generic	1	
cefprozil	CEFZIL	generic	1	
cefuroxime axetil	CEFTIN	generic	1	tabs
cefuroxime axetil	CEFTIN	brand	2	suspension
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	

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Antivirals</b>				
Cytomegalovirus Treatment				
ganciclovir	CYTOVENE	generic	1	
valganciclovir	VALCYTE	generic	1	tabs only
Hepatitis Treatment				
entecavir	BARACLUDE	generic	1	SP
glecaprevir/pibrentasvir	MAVYRET	brand	2	PA, SP, preferred for Genotypes 1, 2, 3, 4, 5, & 6
interferon alfa-2b	INTRON A	brand	2	PA, SP
lamivudine	EPIVIR HBV	brand	2	solution, SP
lamivudine	EPIVIR HBV	generic	1	tabs, 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, PA, SP
Herpes Treatment				
acyclovir	ZOVIRAX	generic	1	caps, tabs, suspension
docosanol	ABREVA OTC CREAM	brand	2	
valacyclovir	VALTRESX	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	
raltegravir	ISENTRESS	brand	2	
raltegravir	ISENTRESS CHEWABLE	brand	2	chewable tablet
raltegravir	ISENTRESS HD	brand	2	
raltegravir susp	ISENTRESS SUSP	brand	2	Members ≥ 2 years of age will require prior authorization.
Non-Nucleoside Reverse Transcriptase Inhibitors				
delavirdine	RESCRIPTOR	brand	2	
efavirenz	SUSTIVA	brand	2	
etravirine	INTELENCE	brand	2	
nevirapine	VIRAMUNE	generic	1	
nevirapine ER	VIRAMUNE XR	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
rilpivirine	EDURANT	brand	2	
Nucleoside Analogues Nucleoside Reverse - Transcriptase Inhibitors/and Combinations				
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	
emtricitabine/rilpivirine/ tenofovir	COMPLERA	brand	2	PA
lamivudine	EPIVIR	generic	1	
lamivudine/zidovudine	COMBIVIR	generic	1	
stavudine	ZERIT	generic	1	
zidovudine	RETROVIR	generic	1	
Nucleoside/Nucleotide Reverse - Transcriptase Inhibitor Combination				
efavirenz/emtricitabine/ tenofovir	ATRIPLA	brand	2	
emtricitabine/rilpivirine/ tenofovir	ODEFSEY	brand	2	
emtricitabine/tenofovir alafenamide	DESCOVY	brand	2	SP, QL
emtricitabine/tenofovir disoproxil	TRUVADA	brand	2	
Nucleotide Analogues Nucleotide Reverse - Transcriptase Inhibitor				
tenofovir	VIREAD	brand	2	
Protease Inhibitors				
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	

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

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
ibuprofen	MOTRIN	generic	1	tabs, chew tabs and susp
indomethacin	INDOCIN	generic	1	
ketoprofen	ORUDIS	generic	1	IR only
meloxicam	MOBIC	generic	1	QL
naproxen	NAPROSYN	generic	1	
naproxen delayed release	ENTERIC COATED-NAPROSYN	generic	1	
oxaprozin	DAYPRO	generic	1	
piroxicam	FELDENE	generic	1	
salsalate	DISALCID	generic	1	QL
sulindac	CLINORIL	generic	1	
<b>Gout</b>				
allopurinol	ZYLOPRIM	generic	1	
colchicine	MITIGARE	brand	2	
febuxostat	ULORIC	brand	2	ST
probenecid	PROBENECID	generic	1	
<b>Skeletal Muscle Relaxants</b>				
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	DANTRIUUM	generic	1	
diazepam	VALIUM	generic	1	QL
tizanidine	ZANAFLEX	generic	1	tabs only, QL
<b>OB-GYN</b>				
<b>Contraceptives</b>				
Biphasic				
desogestrel/EE	MIRCETTE	generic	1	QL
norethindrone/EE	ORTHO-NOVUM 10/11	generic	1	QL
Emergency Contraception				
levonorgestrel	PLAN B ONE STEP	generic	1	
Extended Cycle				
levonorgestrel/EE	SEASONALE	generic	1	QL
Injectable				
medroxyprogesterone acetate	DEPO-PROVERA	generic	1	QL

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
norethindrone/EE	TRI-NORINYL	generic	1	QL
norethindrone/EE	ORTHO-NOVUM 7/7/7	generic	1	QL
norgestimate/EE	ORTHO TRI-CYCLEN	generic	1	QL
<b>Endometriosis</b>				
danazol	DANOCRINE	generic	1	
<b>Hormone Therapy/Menopause</b>				
Estrogens - Intravaginal				
estradiol	ESTRACE CRM	brand	2	
estrogens, conjugated	PREMARIN	brand	2	crm
Estrogens - Oral				
estradiol	ESTRACE	generic	1	
estrogens, conjugated	PREMARIN	brand	2	
estrogens, conjugated, synthetic A	CENESTIN	brand	2	
estropipate	OGEN	generic	1	
Estrogens - Transdermal				
estradiol	CLIMARA	generic	1	QL
Estrogen/Progestin				
estrogens, conjugated/ medroxyprogesterone	PREMPHASE PREMPRO	brand	2	
Progestins				
medroxyprogesterone acetate	PROVERA	generic	1	
norethindrone acetate	AYGESTIN	generic	1	
progesterone micronized cap	PROMETRIUM	generic	1	Diagnosis Required, QL
<b>Ovulation Stimulants</b>				
choriogonadotropin alfa	OVIDREL	brand	2	Diagnosis Required
chorionic gonadotropin	NOVAREL	brand	2	Diagnosis Required
<b>Vaginal Infections</b>				
Oral				
fluconazole	DIFLUCAN	generic	1	QL
metronidazole	FLAGYL	generic	1	tabs
Vaginal				
clotrimazole	GYNE-LOTRIMIN	generic	1	OTC
clindamycin	CLEOCIN	generic	1	crm

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
metronidazole	METROGEL-VAGINAL METROGEL 1%	generic	1	
miconazole	MONISTAT	generic	1	OTC
miconazole	MONISTAT 3	generic	1	
terconazole	TERAZOL 3/7	generic	1	crm
<b>Miscellaneous</b>				
conjugated estrogen/ bazedoxifene	DUAVEE	brand	2	
hydroxyprogesterone caproate IM in oil	MAKENA	brand	2	PA, SP
methylergonovine	METHERGINE	generic	1	
tranexamic acid	LYSTEDA	generic	1	PA
<b>Ophthalmic</b>				
<b>Allergy</b>				
azelastine	OPTIVAR	generic	1	ST
cromolyn sodium	CROLOM	generic	1	QL
ketotifen	ALAWAY OTC	generic	1	
naphazoline/glycerin	CLEAR EYES REDNESS RELIEF	generic	1	
naphazoline HCL	VASOCLEAR	generic	1	soln 0.02%
naphazoline/zinc sulfate	VASOCLEAR A	brand	2	OTC
tetrahydrozoline/ zinc sulfate	VISINE-AC	generic	1	
<b>Anti-Inflammatories</b>				
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%
rimexolone	VEXOL	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Anti-Infective/Anti-Inflammatory Combinations</b>				
bacitracin/polymyxin/ neomycin/hc	CORTISPORIN	generic	1	ointment
gentamicin/prednisolone acetate	PRED-G	brand	2	
neomycin/polymyxin B/ hydrocortisone	CORTISPORIN	generic	1	suspension
neomycin/polymyxin B/ dexamethasone	MAXITROL	generic	1	
sulfacetamide/pred phos	VASOCIDIN	generic	1	10%/0.25%
tobramycin/ dexamethasone	TOBRADEX	generic	1	
<b>Glaucoma</b>				
<b>Beta-Blockers</b>				
carteolol		generic	1	
levobunolol	BETAGAN	generic	1	ophthalmic solution
metipranolol	OPTIPRANOLOL	generic	1	0.3% ophthalmic solution
timolol	TIMOPTIC XE	generic	1	gel forming solution
timolol maleate	TIMOPTIC	generic	1	
<b>Carbonic Anhydrase Inhibitors</b>				
dorzolamide	TRUSOPT	generic	1	
<b>Carbonic Anhydrase Inhibitor/Beta-Blocker Combination</b>				
dorzolamide/ timolol maleate	COSOPT	generic	1	
<b>Cholinesterase Inhibitor</b>				
ecothiophate	PHOSPHOLINE IODINE	brand	2	
<b>Mydriatics</b>				
atropine	ISOPTO ATROPINE	generic	1	
cyclopentolate	CYCLOGYL	generic	1	1%
<b>Oral</b>				
acetazolamide	ACETAZOLAMIDE	generic	1	
acetazolamide extended-release	DIAMOX SEQUELS	generic	1	
methazolamide	NEPTAZANE	generic	1	
<b>Prostaglandins</b>				
latanoprost	XALATAN	generic	1	QL
<b>Topical - Parasympathomimetics</b>				
pilocarpine	ISOPTO CARPINE	generic	1	
pilocarpine	PILOPINE HS GEL	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Topical - Sympathomimetics</b>				
brimonidine	ALPHAGAN P	brand	2	0.1%
brimonidine	ALPHAGAN P	generic	1	0.15%
brimonidine	ALPHAGAN	generic	1	0.2%
<b>Immunologic Agents</b>				
lifitegrast	XIIDRA	brand	2	PA
<b>Infections</b>				
<b>Bacterial</b>				
bacitracin		generic	1	
ciprofloxacin	CILOXAN	generic	1	solution
ciprofloxacin	CILOXAN	brand	2	ointment
erythromycin	ERYTHROMYCIN	generic	1	
gatifloxin	ZYMAR	brand	2	PA
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	TOBEX	generic	1	
<b>Viral</b>				
trifluridine	VIROPTIC	generic	1	
<b>Miscellaneous Ophthalmics</b>				
cysteamine 0.44% ophthalmic solution	CYSTARAN	brand	2	Diagnosis Required, SP
sodium chloride hypertonic	MURO 128	generic	1	soln 5%
<b>Psychiatric</b>				
<b>Alcohol Deterrents</b>				
acamprosate	CAMPRAL	brand	2	
disulfiram	ANTABUSE	generic	1	
naltrexone	REVIA	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Anxiety</b>				
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				
buspirone	BUSPAR	generic	1	
fluvoxamine	LUVOX	generic	1	
<b>Attention Deficit Hyperactivity Disorder (ADHD)</b>				
amphetamine/ dextroamphetamine mixed salts	ADDERALL	generic	1	Age Limits Apply, QL
amphetamine/ dextroamphetamine mixed salts extended-release	ADDERALL XR (BRAND ADDERALL XR IS PREFERRED)	brand	2	Age Limits Apply, QL
guanfacine ER	INTUNIV	generic	1	
lisdexamfetamine	VYVANSE	brand	2	Age Limits Apply, QL
lisdexamfetamine chewable tab	VYVANSE CHEWABLE	brand	2	
methylphenidate	RITALIN	generic	1	Age Limits Apply, tabs only, QL
methylphenidate extended-release	CONCERTA	generic	1	Age Limits Apply, QL
methylphenidate extended-release	METADATE ER RITALIN-SR RITALIN LA	generic	1	Age Limits Apply, QL
<b>Bipolar Disorder</b>				
divalproex sodium cap sprinkle	DEPAKOTE SPRINKLE	generic	1	Members ≥ 8 years of age will require prior authorization.
divalproex sodium delayed-release	DEPAKOTE	generic	1	Minimum age 2
lithium carbonate	LITHIUM CARBONATE	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
lithium carbonate extended-release	ESKALITH CR LITHOBID	generic	1	
<b>Depression</b>				
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		tablets, QL
Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)				
duloxetine	CYMBALTA	generic	1	QL
venlafaxine	EFFEXOR	generic	1	QL
venlafaxine XR	EFFEXOR XR	generic	1	caps, QL
Tricyclic Antidepressants (TCAs)				
amitriptyline	ELAVIL	generic	1	tablets
amoxapine		generic	1	
desipramine	NORPRAMIN	generic	1	
doxepin	SINEQUAN	generic	1	
imipramine HCL	TOFRANIL	generic	1	tablets
nortriptyline	PAMELOR	generic	1	
Tricyclic Antidepressant/Phenothiazine Combination				
amitriptyline/perphenazine	TRIAVIL	generic	1	
Miscellaneous Agents				
bupropion	WELLBUTRIN	generic	1	
bupropion extended-release	WELLBUTRIN SR	generic	1	QL
bupropion extended-release	WELLBUTRIN XL	generic	1	150 mg and 300 mg
maprotiline	LUDIOMIL	generic	1	
mirtazapine	REMERON	generic	1	tabs (not soltabs), QL
trazodone	DESYREL	generic	1	50mg, 100mg, & 150mg only

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Insomnia</b>				
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	
diphenhydramine	NYTOL QUICK CAPS	generic	1	OTC
doxylamine succinate	UNISOM	generic	1	25mg, OTC, QL
zaleplon	SONATA	generic	1	QL
zolpidem	AMBIEN	generic	1	QL
<b>Narcotic Antagonists</b>				
buprenorphine	SUBUTEX	generic	1	PA, QL
buprenorphine/naloxone	SUBOXONE	brand	2	2 mg and 8 mg film only, PA, QL
naloxone	NALOXONE INJ	generic	1	QL
naloxone	NARCAN NASAL SPRAY	brand	2	
naltrexone	REVIA	generic	1	
<b>Psychoses</b>				
Atypicals				
aripiprazole	ABILIFY TABLETS	generic	1	Age Limit Applies, tablets, PA, QL
aripiprazole ER injection	ABILIFY MAINTENA	brand	2	Age Limit Applies, PA, QL
aripiprazole injection	ARISTADA	brand	2	PA
clozapine	CLOZARIL	generic	1	25mg, 50mg, 100mg only, Age Limit Applies, QL
olanzapine	ZYPREXA	generic	1	Age Limit Applies, tablets, QL
paliperidone	INVEGA SUSTENNA	brand	2	Age Limit Applies, PA, QL
paliperidone	INVEGA TRINZA	brand	2	Age Limit Applies, PA
quetiapine	SEROQUEL	generic	1	Age Limit Applies, QL
risperidone	RISPERDAL	generic	1	Age Limit Applies, QL, (Not M-Tabs)
risperidone	RISPERDAL CONSTA	brand	2	Age Limit Applies, PA, QL
risperidone oral soln	RISPERDAL SOLUTION	generic	1	QL, Members ≥ 8 years of age will require prior authorization.
ziprasidone	GEODON	generic	1	Age Limit Applies, QL

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

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

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
phenylephrine/ chlorpheniramine/ dextromethorphan	RONDEC DM	generic	1	syrup
	STATUSS DM SYP			
	CARDEC DM SYP			
	MINUTUSS DR SYP			
phenylephrine/ chlorpheniramine/ dextromethorphan	RONDEC DM DROPS	generic	1	liquid
	CARDEC DM DRO			
	ROBITUSSIN LIQ CGH/ALRG			
phenylephrine/ chlorpheniramine/ dihydrocodeine	DIHYDRO-PE SYP	generic	1	
phenylephrine/ dextromethorphan	DIMETAPP DRO DCON/CGH	generic	1	
phenylephrine/ dextromethorphan/ guaifenesin	ROBITUSSIN LIQ CGH/CLD	generic	1	
phenylephrine/ephed/CPM w/ carbetapentane	RYNATUSS PEDIATRIC SUSP	generic	1	susp
phenylephrine/guaifenesin	ROBITUSSIN LIQ HD/CHST	generic	1	
phenylephrine/pyrilamine w/hydrocodone	CODIMAL DH	generic	1	syrup
promethazine & phenylephrine	PROMETH VC SYP 6.25-5/5	generic	1	syrup 6.25-5 mg/ 5 mg
pseudoephedrine/ acetaminophen/ dextromethorphan	MAPAP COLD TAB	generic	1	
pseudoephedrine/ chlorpheniramine/ dextromethorphan	PEDIACARE LIQ MULTI-SY	generic	1	
	ROBITUSSIN LIQ PED NGHT			
pseudoephedrine/ dextromethorphan/ guaifenesin	MULTI SYMPTOM TAB COLD RLF	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
pseudoephedrine/ ibuprofen	CHILD IBUPRO SUS COLD IBUOROFEN TAB COLD/SIN	generic	1	
pseudoephedrine tan/ dexchlorphen tan/ DM tan	TANAFED DMX SUSPENSION TRI-FED X	generic	1	susp
pyrilamine tan/phenyleph tan	RYNA-12 S	generic	1	susp
tripolidine/ pseudoephedrine	TRIPROL/PSE SYP APHEDRID TAB	generic	1	
<b>Asthma/COPD</b>				
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	brand	2	QL
ipratropium/albuterol	COMBIVENT RESPIMAT	brand	2	inhaler
ipratropium HFA	ATROVENT HFA	brand	2	
umeclidinium inhalation	INCRUSE ELLIPTA	brand	2	
umeclidinium/vilanterol	ANORO ELLIPTA	brand	2	
Inhalers for Nebulization				
albuterol	ACCUNEB	generic	1	0.63 mg/3 ml and 1.25 mg /3 ml, Covered for members less than 8 years of age. Members ≥ 8 years of age will require prior authorization.
albuterol	PROVENTIL	generic	1	soln 0.083%, 0.5%

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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
oxybutynin patch	OXYTROL FOR WOMEN OTC PATCH	brand	2	
pentosan polysulfate sodium	ELMIRON	brand	2	Diagnosis Required, QL
phenazopyridine	PYRIDIUM	generic	1	
potassium citrate	UROKIT-K	generic	1	
propantheline		generic	1	
sodium citrate/citric acid	BICITRA	generic	1	
tolterodine	DETROL	generic	1	ST
tropium	SANCTURA	generic	1	ST
<b>Vitamins and Minerals</b>				
b-complex	B-COMPLEX VITAMIN TAB	generic	1	OTC, QL
calcitriol	ROCALTROL	generic	1	
calcitriol oral soln	ROCALTROL SOLUTION	generic	1	Members ≥ 8 years of age will require prior authorization.
calcium	OS-CAL	generic	1	OTC
cholecalciferol	BIO-D DRO-MULSION	generic	1	drops 400 unit/0.03 ml, OTC
cholecalciferol	BIO-D-MULSIO DRO FORTE	generic	1	drops 2000 unit/0.03 ml, OTC
cholecalciferol	D3-50 CAP	brand	2	cap 50000 unit, OTC
cholecalciferol	VITAMIN D 400 UNIT	generic	1	cap & tab 400 unit, OTC
cholecalciferol	VITAMIN D 2000 UNIT	generic	1	cap & tab 2000 unit, OTC
cholecalciferol	VITAMIN D 1000 UNIT	generic	1	cap & tab 1000 unit, OTC
cyanocobalamin	VITAMIN B-12	generic	1	inj
electrolyte	PEDIALYTE	generic	1	soln, oral, OTC
ergocalciferol (D2)	DRISDOL	generic	1	
ferrous bisglycinate/ polysaccharides iron	NIFEREX	generic	1	caps, OTC
ferrous sulfate	FEOSOL GEL-KAM	generic	1	OTC
fluoride	LURIDE LURIDE LOZI-TABS PREVIDENT PHOS-FLUR	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
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	
polysaccharide iron complex	NIFEREX	generic	1	elixir, OTC
prenat-FE Bis-FE prot succ-FA-CA & omega 3	COMPLETE NATALCARE PAK DHA	brand	2	
prenat-FE Bis-FE prot succ-FA-CA & omega 3	TRUST NATALCARE PAK DHA	brand	2	
prenat-FE Bis-FE prot succ-FA-CA & omega 3	PRUET DHA PAK SETONET PAK	brand	2	
prenat-FE bis-FE prot succ-FA-CA & omega DR	PRUET DHAEC PAK	brand	2	
prenat w/o A w/fecbn-fegl-DSS-FA & DHA	FOLTABS PAK PLUS DHA RE OB + DHA PAK	brand	2	
prenatal vit w/FE bisglycinate chelate-FA	VINATE II	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 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

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
prenatal w/o A w/FE carbonyl-Fe gluc-DSS-FA	FOLTABS PRENATAL TRI RX	brand	2	
vitamin A		generic	1	OTC
vitamin ADC/fluoride/±iron drops	TRI-VI-FLOR	generic	1	
vitamin B complex/ vitamin C/folic acid	NEPHROCAPS	generic	1	
vitamin B-1		generic	1	OTC
vitamin B-6		generic	1	OTC
vitamin C		generic	1	OTC
vitamins pediatric	TRI-VI-SOL	generic	1	members <3 years old, OTC
zinc		generic	1	OTC
<b>Potassium</b>				
phosphorus	K-PHOS NEUTRAL	generic	1	tabs
potassium acid phosphate	K-PHOS ORIGINAL	brand	2	
potassium bicarbonate/ potassium citrate effervescent	K-LYTE	generic	1	tabs
potassium chloride extended-release	K-DUR 10 K-DUR 20 KLOR-CON 8 KLOR-CON 10	generic	1	tabs
potassium chloride extended-release	MICRO-K 10	generic	1	caps
potassium chloride	K-LOR	generic	1	powder
potassium chloride	POTASSIUM CHLORIDE	generic	1	liquid
<b>Miscellaneous</b>				
<b>Anaphylaxis</b>				
epinephrine	EPIPEN EPIPEN JR.	generic	1	QL
<b>Antidotes</b>				
acetylcysteine	CETYLEV	brand	2	
succimer	CHEMET	brand	2	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
<b>Cystic Fibrosis</b>				
acetylcysteine	MUCOMYST	generic	1	
aztreonam	CAYSTON	brand	2	Diagnosis Required, SP
dornase alfa	PULMOZYME	brand	2	Diagnosis Required, SP
ivacaftor	KALYDECO	brand	2	PA, SP
	KALYDECO GRANULES			
lumacaftor/ivacaftor	ORKAMBI	brand	2	PA, SP
sodium chloride for nebulizer	HYPERSAL	generic	1	
	NEBUSAL			
tobramycin neb soln	BETHKIS	brand	2	Diagnosis Required, SP
<b>Hereditary Angioedema</b>				
C1 Inhibitor, Human	BERINERT	brand	2	PA, SP
icatibant	FIRAZYR	brand	2	PA, SP
<b>Hyperphosphatemia</b>				
calcium acetate		generic	1	667 mg tablet only
cinacalcet	SENSIPAR	brand	2	PA
sevelamer	REVELA	brand	2	ST
<b>Idiopathic Pulmonary Fibrosis (IPF)</b>				
nintedanib	OFEV	brand	2	PA, SP
pirfenidone capsule	ESBRIET	brand	2	PA, SP
<b>Immune Thrombocytopenic Purpura</b>				
eltrombopag	PROMACTA	brand	2	PA, SP
<b>Medical Devices</b>				
insulin syringes				QL
lancets				QL
spacers				QL
<b>Metabolic Modifiers</b>				
carglumic acid	CARBAGLU	brand	2	PA, SP
glycerol phenylbutyrate	RAVICTI	brand	2	PA, SP
sodium phenylbutyrate	BUPHENYL	generic	1	Diagnosis Required, PA
<b>Vaccine</b>				
diphtheria-tetanus tox adsorbed (dt) im	DIP/TET PED INJ	brand	2	QL
hepatitis a vaccine susp	HAVRIX	brand	2	QL
	VAQTA			
hepatitis b vaccine (recombinant)	ENGERIX-B	brand	2	QL
	RECOMBIVAX HB			
hepatitis b vaccine recombinant adjuvanted	HEPLISAV-B	brand	2	Age Limits Apply, QL
human papillomavirus (hpv) 9-valent recomb vac	GARDASIL 9	brand	2	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
human papillomavirus (hpv) quadrivalent recombinant vac	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
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

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

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

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

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ALL CAPS = Brand-name drug

Lower case = Generic drug

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## “My Medications” worksheet

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

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

