



HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company



SIERRA HEALTH AND LIFE  
A UnitedHealthcare Company

# Preferred Drug List

## ▶ 3-Tier

# Three-Tier Base Drug Benefit Guide

## Introduction

As a member of a health plan that includes outpatient prescription drug coverage, you have access to a wide range of effective and affordable medications. The health plan utilizes a Preferred Drug List (PDL) (also known as a drug formulary) as a tool to guide providers to prescribe clinically sound yet cost-effective drugs. This list was established to give you access to the prescription drugs you need at a reasonable cost. Your out-of-pocket prescription cost is lower when you use preferred medications. Please refer to your Prescription Drug Benefit Rider or Evidence of Coverage for specific pharmacy benefit information.

The PDL is a list of FDA-approved generic and brand name medications recommended for use by your health plan. The list is developed and maintained by a Pharmacy and Therapeutics (P&T) Committee comprised of actively practicing primary care and specialty physicians, pharmacists and other healthcare professionals. Patient needs, scientific data, drug effectiveness, availability of drug alternatives currently on the PDL and cost are all considerations in selecting "preferred" medications. Due to the number of drugs on the market and the continuous introduction of new drugs, the PDL is a dynamic and routinely updated document screened regularly to ensure that it remains a clinically sound tool for our providers.

### Reading the *Drug Benefit Guide*

**Preferred** generic and brand name medications are available at the Tier I and Tier II copayment. In addition, **non-preferred** medications, as well as some medications not listed on the HPN PDL are also covered for a higher Tier III copayment. Certain medications may have quantity, age or therapeutic supply limitations based on FDA approved dosages, literature documentation or P&T Committee decisions. **See your plan documents for a complete list of covered benefits, limitations and exclusions.**

For your convenience, medications are grouped together based on their therapeutic category (i.e., Anti-Infectives, Cardiovascular, etc.) and further separated into drug classes (i.e., Antidepressants, Contraceptives, etc.). Each drug class has a designated section number (i.e., 1-A, 1-B, etc.) and is the reference point noted in the index.

The generic or chemical name is listed to the left of the brand or trade name for each drug. Drugs with a generic equivalent available are identified by an asterisk (\*) before the common brand name of the product (for example, in the listing for ampicillin.....\*PRINCIPEN, indicates that PRINCIPEN is available as a generic and ampicillin would be dispensed by the pharmacy). Drugs that are not available generically have the brand-name listed in **BOLD** print (for example, the listing for rivaroxaban.....**XARELTO**, indicates that there is no generic for XARELTO and the brand name product will be dispensed).

Other abbreviations used throughout the PDL are:

- 1, 2, 3 = tier level for the drug (1 = Tier I, 2 = Tier II, 3 = Tier III)
- AL = age limitations
- NTI = narrow therapeutic index (generic not required)
- PA = prior authorization
- QL = quantity limitations

- SIO = self-injectable/orphan drug
- ST = step therapy
- SP = specialty drug: see [www.uhcspecialtyrx.com](http://www.uhcspecialtyrx.com)

### **Mandatory Generic Substitution Policy**

Most of our prescription drug plans include a mandatory generic requirement, therefore, if a brand name drug is dispensed when a generic equivalent is available, you will be required to pay the difference between the contracted cost of the generic and brand name drug in addition to the Tier I copayment. *Please note that not all dosage forms or strengths may be available in a generic form. The asterisk (\*) indicates that at least one form or strength of the drug is available as a generic at the time of printing. Check with your pharmacist for more information.*

Since this list is to be used in the decision-making process and does not represent standards of care for an individual, we encourage you to take this reference to all doctor appointments and verify that the drug he/she prescribes is included on this list. You and your provider should discuss the best possible treatment plan and medications to meet your needs. Because a drug is included on our Preferred Drug List does not guarantee that the provider will prescribe that medication. **Your copayment is less if the provider prescribes a preferred medication.**

If you have any questions regarding HPN's Preferred Drug List or to obtain the most current version, please visit our website or contact our Member Services Department. Our representatives are available from 8 a.m. to 5 p.m., Monday through Friday. We are proud to be your healthcare provider of choice. Working together, we can achieve our common goal – to keep you healthy!

#### **Health Plan of Nevada, Inc.**

[www.healthplanofnevada.com](http://www.healthplanofnevada.com)

(702) 242-7300 or (800) 777-1840

#### **Sierra Health and Life Insurance Company, Inc.**

[www.sierrahealthandlife.com](http://www.sierrahealthandlife.com)

(702) 242-7700 or (800) 888-2264

*This summary is not an offer of coverage. If there are any differences between the information contained within this document and a specific plan document, the plan documents will govern. Participating pharmacies in our retail and/or mail-order network are independent contractors and are neither employees nor agents of the health plan or its affiliates. This is not meant to replace the advice of a healthcare provider. This is a proprietary document and may not be copied or distributed without the express permission the health plan.*

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

**Mail:** Civil Rights Coordinator.  
UnitedHealthcare Civil Rights Grievance.  
P.O. Box 30608 Salt Lake City, UTAH  
84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card or plan documents.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

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

**Phone:** Toll-free 1-800-368-1019, 800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your health plan ID card or plan documents.

### **English:**

You have the right to get help and information in your language at no cost. To request an interpreter, call the toll-free member phone number listed on your health plan ID card or plan documents.

This letter is also available in other formats like large print. To request the document in another format, please call the toll-free member phone number listed on your health plan ID card or plan documents.

### **Español (Spanish)**

Tiene derecho a recibir ayuda e información en su idioma sin costo. Para solicitar un intérprete, llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de identificación del plan o los documentos de su plan.

### **Tagalog (Tagalog)**

May karapatan kang makakuha ng tulong at impormasyon sa sinasalita mong wika nang libre. Upang humiling ng interpreter, tawagan ang toll-free na numero ng telepono para sa miyembro na nakalista sa iyong ID card sa planong pangkalusugan o sa mga dokumento ng plano.

### **繁體中文 (Chinese)**

您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥打您健保計劃會員卡或計劃文件上的免付費會員電話號碼。

### **한국어 (Korean)**

귀하는 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 통역사를 요청하기 위해서는 귀하의 플랜 ID카드 혹은 플랜 문서에 기재된 무료 회원 전화번호로 전화하십시오.

**Tiếng Việt (Vietnamese)**

Quý vị có quyền được giúp đỡ và cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu được thông dịch viên giúp đỡ, vui lòng gọi số điện thoại miễn phí dành cho hội viên được nêu trên thẻ ID hoặc trên các tài liệu chương trình bảo hiểm y tế của quý vị.

**አማርኛ (Amharic)**

በምትፈልጉት ቋንቋ እርዳታና መረጃ የማግኘት መብት አለዎት። አስተርጓሚ ለመጠየቅ፣ በጤና ካርድዎ ወይም የጤና ሰነድች የተዘረዘረውን የማያስከፍል ቴሌፎን ይደውሉ። ጥያቄዎች ካሉዎት፣ አባክዎ ያስታውቁኝ። አመሰግናለሁ! አናሂ

**ภาษาไทย (Thai)**

คุณมีสิทธิขอความช่วยเหลือหรือขอข้อมูลในภาษาของคุณโดยไม่เสียค่าใช้จ่ายใด ๆ เมื่อต้องการถาม กรุณาโทรฟรีมาที่หมายเลขโทรศัพท์สำหรับสมาชิก ที่อยู่บนบัตรแผนสุขภาพหรือเอกสารแผนสุขภาพของคุณ

**日本語 (Japanese)**

ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳をご希望の場合は、医療プランのIDカードまたはプランの資料に記載されているメンバー用のフリーダイヤルまでお電話ください。

**العربية (Arabic)**

لديك الحق في الحصول على المساعدة والمعلومات بلغتك وبدون تكلفة. لطلب مترجم، اتصل بالرقم المجاني المدرج على بطاقة عضويتك في البرنامج الصحي أو وثائق البرنامج.

**Русский (Russian)**

Вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы подать запрос переводчика позвоните по бесплатному номеру телефона, указанному на

обратной стороне вашей идентификационной карты или документах о вашем плане.

**Français (French)**

Vous avez le droit d'obtenir gratuitement de l'aide et des renseignements dans votre langue. Pour demander à parler à un interprète, appelez le numéro de téléphone sans frais figurant sur votre carte d'affilié du régime de soins de santé ou dans la documentation relative à votre régime.

**فارسی (Persian)**

و یی راهنما تا دی هست برخوردار حق نی از شما گان یرا صورت به خودتان زبان به را اطلاعات مترجم درخواست یی یرا. دی کن اف تی در در موجود گان یرا تلفن شماره با، ی شفا ه مربوط اسناد ای سلامت طرح یی شناسا کارت دی ری بگ تماس طرحتان به.

**Gagana fa'a Sāmoa (Samoan)**

E iai lau aia tatau e maua ai faamatalaga i lau gagana e aunoa ma se tofogi. Ina ia talosaga mo se tasi e faaliliu, telefoni mai le numera o le telefoni e le tofogia o lisi atu i lau pepa ID o le peleni tausioifua maloloina poo pepa mo le peleni.

**Deutsch (German)**

Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um einen Dolmetscher anzufordern, rufen Sie die gebührenfreie Nummer auf Ihrer Krankenversicherungskarte oder in den Versicherungspapieren.

**Ilokano (Ilocano)**

Addaan ka ti karbengan a maala iti daytoy nga tulong ken impormasion para ti lenguahem nga awan ti bayadna. Tapno agkiddaw iti maysa nga tagapataros, awagan iti toll-free nga numero ti telepono para kadagiti kameng nga nakalista ayan iti ID card mo para ti plano iti salun-at mo wenna ayan dagiti dokumento ti planom.

## THREE-TIER Base Drug Benefit Guide

This drug benefit guide is applicable for HPN, and SHL members with a 3-tier prescription drug benefit

### ANTI-INFECTIVES (drugs to treat infections)

#### 1-A Penicillins

Generic Name	Brand Name	Tier	Notes
amoxicillin	*AMOXIL	1	
amoxicillin	*MOXATAG	3	QL (10 tablets/50 days)
amoxicillin-k clavulanate	*AUGMENTIN	1	
amoxicillin-k clavulanate SR 12hr	*AUGMENTIN XR	3	QL (40 tablets/month)
ampicillin	*PRINCIPEN	1	
aztreonam	<b>CAYSTON</b>	2	QL (84 mls/42 days) PA SP
dicloxacillin	*DYNAPEN	1	
penicillin V potassium	*VEETIDS	1	

#### 1-B Cephalosporins

Generic Name	Brand Name	Tier	Notes
cefaclor ER	*CECLOR CD	1	QL (28 tablets/month)
cefaclor	*CECLOR	1	
cefadroxil		1	
cefdinir caps		1	
cefdinir susp 125mg/5ml		2	QL (24 ml/day)
cefdinir susp 250mg/5ml		2	QL (12 ml/day)
cefditoren pivoxil	*SPECTRACEF	1	
cefixime	<b>SUPRAX CHEW</b>	3	
cefixime	*SUPRAX SUSP	3	
cefixime	<b>SUPRAX CAPSULE</b>	3	
cefepodoxime	*VANTIN	1	QL (28 tablets/month)
cefprozil	*CEFZIL 250mg	1	QL (28 tablets/month)
cefprozil	*CEFZIL 500mg	1	QL (28 tablets/month)
cefprozil	*CEFZIL 125mg/ml	1	QL (140 mls/month)
cefprozil	*CEFZIL 250mg/ml	1	QL (140 mls/month)
ceftibuten	*CEDAX	1	
cefuroxime	*CEFTIN (tablets)	1	QL (28 tablets/month)
cefuroxime	<b>CEFTIN (suspension)</b>	3	
cephalexin	*KEFLEX	1	

#### 1-C Macrolides

Generic Name	Brand Name	Tier	Notes
azithromycin ER	<b>ZMAX</b>	3	QL (1 dose/fill)
azithromycin	*ZITHROMAX 250mg	1	QL (6 tablets/fill)
azithromycin	*ZITHROMAX 500mg	1	QL (4 tablets/fill)
azithromycin	*ZITHROMAX 600mg	1	QL (8 tablets/fill)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

\* Drug- generic preferred; Bolded drug- brand only



azithromycin	*ZITHROMAX 100mg/5ml	1	QL (30 mls/fill)
azithromycin	*ZITHROMAX 200mg/5ml	1	QL (30 mls/fill)
clarithromycin	*BIAXIN	2	QL (28 tablets/month)
clarithromycin SR	*BIAXIN XL	2	QL (28 tablets/month)
clindamycin capsules	*CLEOCIN	1	
erythromycin base		1	
erythromycin EC	<b>PCE</b>	3	
erythromycin delayed-release EC	<b>ERY-TAB</b>	3	
erythromycin ethylsuccinate	*EES	1	
erythromycin ethylsuccinate	*ERYPED	1	
erythromycin stearate	<b>ERYTHROCIN</b>	2	
telithromycin	<b>KETEK</b>	3	QL (20 tablets/month)

#### 1-D Tetracyclines

Generic Name	Brand Name	Tier	Notes
doxycycline DR CAP	<b>ORACEA</b>	3	
doxycycline hyclate 20mg tab	*PERIOSTAT	3	QL (60 tablets/month)
doxycycline hyclate 50mg caps	*VIBRAMYCIN	3	
doxycycline hyclate 100mg caps	*VIBRAMYCIN	3	
doxycycline monohydrate susp	*VIBRAMYCIN SUSP	3	
doxycycline hyclate 100mg tabs	*VIBRATAB	3	
doxycycline monohydrate 100mg caps	*MONODOX 100mg	1	QL (28 capsules/month)
doxycycline monohydrate 50mg caps	*MONODOX 50mg	1	
minocycline tablets	*DYNACIN	3	
minocycline capsules	*MINOCIN	1	QL (60 capsules/month)
tetracycline	*SUMYCIN	3	

#### 1-E Fluoroquinolones

Generic Name	Brand Name	Tier	Notes
ciprofloxacin	*CIPRO	1	QL (60 tablets/month)
ciprofloxacin SR	*CIPRO XR	3	QL (14 tablets/month)
ciprofloxacin oral susp	*CIPRO (5% and 10%)	3	
levofloxacin	*LEVAQUIN	1	QL (14 tablets/month)
moxifloxacin	*AVELOX	3	
ofloxacin	*FLOXIN	1	

#### 1-F Antimycobacterial Agents

Generic Name	Brand Name	Tier	Notes
bedaquiline fumarate	<b>SIRTURO</b>	3	
ethambutol	*MYAMBUTOL	1	
ethionamide	<b>TRECTOR-SC</b>	3	
isoniazid		1	
isoniazid-rifampin	<b>RIFAMATE</b>	3	
isoniazid-rifampin-pyrazinamide	<b>RIFATER</b>	3	
pyrazinamide		1	
rifabutin	*MYCOBUTIN	3	
rifampin	*RIFADIN	1	

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<b>1-G Antifungals</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
efinaconazole soln	<b>JUBLIA</b>	3	PA ST
<b>JUBLIA ST = requires trial/failure of two preferred alternatives: itraconazole, terbinafine or ciclopirox</b>			
fluconazole	*DIFLUCAN 50mg	1	QL (30 tablets/month)
fluconazole	*DIFLUCAN 100mg	1	QL (30 tablets/month)
fluconazole	*DIFLUCAN 150mg	1	QL (1 tablet/fill)
fluconazole	*DIFLUCAN 200mg	1	QL (30 tablets/month)
griseofulvin microsize	*GRIFULVIN V	1	
griseofulvin ultramicrosize	*GRIS-PEG	1	
isavuconazonium sulfate	<b>CRESEMBA</b>	3	
itraconazole	*SPORANOX	1	QL (14 capsules/month)
ketoconazole foam	<b>EXTINA 2%</b>	3	
ketoconazole	*NIZORAL	1	
nystatin	<b>BIO-STATIN</b>	2	
nystatin	*MYCOSTATIN susp	1	
posaconazole	<b>NOXAFIL TAB</b>	2	
tavaborole soln	<b>KERYDIN SOLN</b>	3	PA ST
<b>KERYDIN ST = requires trial/failure of two preferred alternatives: itraconazole, terbinafine or ciclopirox</b>			
terbinafine HCL	*LAMISIL	1	QL (90 tablets/year)
terbinafine HCL	<b>LAMISIL GRANULE PACKET</b>	3	QL (30 packets/month)
voriconazole	*VFEND 50mg	1	QL (180 tablets/month)
voriconazole	*VFEND 200mg	1	QL (60 tablets/month)
<b>1-H Miscellaneous Antivirals</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
acyclovir	*ZOVIRAX tablets and capsules	1	
famciclovir	*FAMVIR 125mg	2	QL (60 tablets/month)
famciclovir	*FAMVIR 250mg	2	QL (60 tablets/month)
famciclovir	*FAMVIR 500mg	2	QL (21 tablets/month)
ganciclovir ophth gel	<b>ZIRGAN</b>	3	QL (5 gm/month)
oseltamivir	*TAMIFLU capsules	2	QL (10 capsules/3 months)
oseltamivir	<b>TAMIFLU suspension</b>	3	QL (60 mls/3 months)
ribavirin	*REBETOL capsules/tablets	1	QL(180 caps/tabs/mo)PA SP
ribavirin	<b>REBETOL solution</b>	3	PA SP
rimantadine	*FLUMADINE	1	QL (14 pills/fill)
valacyclovir	*VALTREX 500mg	2	QL (60 tablets/month)
valacyclovir	*VALTREX 1gm	2	QL (30 tablets/month)
valganciclovir HCL	*VALCYTE	3	QL (60 tablets/month)
zanamivir	<b>RELENZA</b>	3	QL (1 diskhaler/month)
<b>1-I Antiretrovirals</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
abacavir sulfate	<b>ZIAGEN</b>	2	SP
abacavir-dolutegravir-lamivudine	<b>TRIUMEQ</b>	2	QL (30 tablets/month) SP
abacavir-lamivudine	*EPZICOM	2	QL (30 tablets/month) SP
abacavir-lamivudine-zidovudine	*TRIZIVIR	1	SP
atazanavir	<b>REYATAZ</b>	3	SP

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cobicistat	<b>TYBOST</b>	2	SP
darunavir	<b>PREZISTA 75mg</b>	3	QL (60 tablets/month) SP
darunavir	<b>PREZISTA 150mg</b>	3	QL (60 tablets/month) SP
darunavir	<b>PREZISTA 300mg</b>	3	QL (120 tablets/month) SP
darunavir	<b>PREZISTA 400mg</b>	3	QL (120 tablets/month) SP
darunavir	<b>PREZISTA 600mg</b>	3	QL (60 tablets/month) SP
darunavir	<b>PREZISTA 800MG</b>	3	QL (30 tablets/month) SP
darunavir	<b>PREZISTA SUSP</b>	3	QL (12ml/day) SP
darunavir-cobicistat	<b>PREZCOBIX</b>	2	QL (30 tablets/month) SP
delavirdine	<b>RESCRIPTOR</b>	3	SP
didanosine DR	*VIDEX EC	1	SP
didanosine	<b>VIDEX SOLUTION</b>	2	SP
dolutegravir sodium	<b>TIVICAY</b>	3	SP
efavirenz	<b>SUSTIVA</b>	3	SP
efavirenz-emtricitabine-tenofovir	<b>ATRIPLA</b>	3	SP
elvitegravir	<b>VITEKTA</b>	2	SP
elvi-cobi-emtrici-teno	<b>STRIBILD</b>	3	ST SP
<b>STRIBILD ST = requires failure/contraindication to Triumeq</b>			
elvitegrav-cobic-emtricitab-tenofov af	<b>GENVOYA</b>	3	ST SP
<b>GENVOYA ST = requires failure/contraindication to Triumeq</b>			
emtricitabine	<b>EMTRIVA</b>	2	QL (30 capsules/month) SP
emtricitabine-rilpivirine-tenofovir	<b>COMPLERA</b>	3	SP
emtricitabine-rilpivirine-tenofovir	<b>ODEFSEY</b>	3	QL (30 tablets/month) SP
emtricitabine-tenofovir	<b>TRUVADA</b>	3	QL (30 tablets/month) SP
emtricitabine-tenofovir alaf fum	<b>DESCOVY</b>	3	QL (30 tablets/month) SP
enfuvirtide	<b>FUZEON</b>	2	SIO SP
entecavir	*BARACLUDGE	2	QL (30 tablets/month) SP
etravirine	<b>INTELENCE</b>	3	QL (120 tablets/month) SP
fosamprenavir	*LEXIVA	3	QL (120 tablets/month) SP
indinavir sulfate	<b>CRIXIVAN</b>	2	SP
lamivudine	*EPIVIR	1	SP
lamivudine-zidovudine	*COMBIVIR	1	SP
lopinavir-ritonavir	<b>KALETRA</b>	2	SP
lopinavir-ritonavir	*KALETRA SOLUTION	2	SP
maraviroc	<b>SELZENTRY 150mg</b>	3	QL (60 tablets/month) PA SP
maraviroc	<b>SELZENTRY 25,75, &amp; 300mg</b>	3	QL (120 tablets/mo) PA SP
maraviroc	<b>SELZENTRY ORAL SOLN</b>	3	PA SP
nelfinavir mesylate	<b>VIRACEPT</b>	3	SP
nevirapine	*VIRAMUNE	1	SP
raltegravir	<b>ISENTRESS</b>	3	QL (60 tablets/month) SP
rilpivirine	<b>EDURANT</b>	3	SP
ritonavir	<b>NORVIR</b>	3	SP
saquinavir	<b>INVIRASE</b>	3	SP
stavudine	*ZERIT	1	SP
atazanavir sulfate-cobicistat	<b>EVOTAZ</b>	2	SP
telbivudine	<b>TYZEKA</b>	3	QL (30 tablets/month) SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

\* Drug- generic preferred; Bolded drug- brand only

tenofovir	<b>VIREAD</b>	2	SP
tenofovir alafenamide fumarate	<b>VEMLIDY</b>	3	PA QL (30 tablets/month) SP
tipranavir	<b>APTIVUS capsules</b>	3	QL (120 capsules/month) SP
tipranavir	<b>APTIVUS solution</b>	3	QL (300 mls/month) SP
zidovudine	<b>*RETROVIR</b>	1	SP

### 1-J Antimalarials

Generic Name	Brand Name	Tier	Notes
artemether-lumefantrine	<b>COARTEM</b>	3	QL (24 tablets/60 days)
atovaquone-proguanil HCL	<b>*MALARONE</b>	2	
chloroquine	<b>*ARALEN</b>	1	
hydroxychloroquine	<b>*PLAQUENIL</b>	1	
mefloquine	<b>*LARIAM</b>	1	
primaquine	<b>*PRIMAQUINE</b>	1	
pyrimethamine	<b>DARAPRIM</b>	2	SP
quinine sulfate		1	

### 1-K Anthelmintics

Generic Name	Brand Name	Tier	Notes
albendazole	<b>ALBENZA</b>	3	
ivermectin	<b>*STROMEKTOL</b>	1	
mebendazole chew	<b>EMVERM</b>	3	
praziquantel	<b>BILTRICIDE</b>	3	

### 1-L Misc Anti-Infectives

Generic Name	Brand Name	Tier	Notes
atovaquone	<b>*MEPRON</b>	3	
dapsone	<b>*DAPSONE</b>	1	
dornase alfa	<b>PULMOZYME</b>	2	SP
fidaxomicin	<b>DIFICID</b>	3	PA
ivacaftor	<b>KALYDECO</b>	3	PA SP
linezolid	<b>*ZYVOX</b>	2	(2/day)(max:84 tabs/365 days)
lumacaftor-ivacaftor	<b>ORKAMBI</b>	3	PA SP QL (112 tabs/28 days)
metronidazole	<b>*FLAGYL tablets</b>	1	
metronidazole	<b>*FLAGYL capsule</b>	1	
miltefosine	<b>IMPAVIDO</b>	3	PA
neomycin	<b>*MYCIFRADIN</b>	1	
nitazoxanide	<b>ALINIA tablets</b>	3	QL (6 tablets/fill)
nitazoxanide	<b>ALINIA suspension</b>	3	QL (60 mls/fill)
rifaximin	<b>XIFAXAN</b>	3	QL (60 tablets/month) PA ST
SMZ-TMP	<b>*BACTRIM</b>	1	
SMZ-TMP-DS	<b>*BACTRIM DS</b>	1	
sulfadiazine		1	
tedizolid phosphate	<b>SIVEXTRO</b>	3	PA
tinidazole	<b>*TINDAMAX</b>	3	
tobramycin	<b>TOBI PODHALER</b>	3	PA SP
tobramycin neb soln	<b>BETHKIS</b>	2	PA SP
trimethoprim	<b>*TRIMPEX</b>	1	
vancomycin	<b>*VANCOCIN</b>	3	QL (56 capsules/14 days) PA

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PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

\* Drug- generic preferred; Bolded drug- brand only

vancomycin compound soln	FIRST-VANCOMYCIN ORAL SOLN	3	
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## CANCER and TRANSPLANT (drugs to treat cancers and prevent organ rejection)

### 2-A Antineoplastics (cancer drugs)

Generic Name	Brand Name	Tier	Notes
abiraterone acetate	<b>ZYTIGA</b>	2	PA SP
afatinib dimaleate	<b>GILOTRIF</b>	3	PA SP
alectinib hcl	<b>ALECENSA</b>	3	PA SP
altretamine	<b>HEXALEN</b>	2	SP
anastrozole	*ARIMIDEX	1	QL (30 tablets/month)
axitinib	<b>INLYTA</b>	3	QL PA SP
bexarotene	<b>TARGRETIN</b>	2	PA SP
bicalutamide	*CASODEX	1	SP
bosutinib	<b>BOSULIF</b>	2	PA ST SP
<b>Bosulif ST = requires failure to Tasigna and Gleevec</b>			
brigatinib	<b>ALUNBRIG</b>	3	PA SP
busulfan	<b>MYLERAN</b>	2	SP
cabozantinib	<b>COMETRIQ</b>	3	PA SP
cabozantinib s-malate	<b>CABOMETYX</b>	3	PA SP
capecitabine	<b>XELODA</b>	1	SP
ceritinib	<b>ZYKADIA</b>	3	PA SP
chlorambucil	<b>LEUKERAN</b>	2	SP
cobimetinib fumarate	<b>COTELLIC</b>	3	PA SP
crizotinib	<b>XALKORI</b>	3	PA
cyclophosphamide	<b>CYCLOPHOSPH CAPS</b>	2	SP
dabrafenib mesylate	<b>TAFINLAR</b>	3	PA SP
dasatinib	<b>SPRYCEL</b>	3	PA ST SP
<b>Sprycel ST = requires trial of Tasigna</b>			
degarelix acetate	<b>FIRMAGON</b>	3	SP (80mg-1 vial/mo & 120mg vial/year)
enasidenib mesylate tab	<b>IDHIFA</b>	3	PA SP
enzalutamide	<b>XTANDI</b>	3	PA ST SP
<b>Xtandi ST = requires trial of Zytiga</b>			
erlotinib	<b>TARCEVA</b>	3	PA SP
estramustine	<b>EMCYT</b>	2	SP
etoposide	*VEPESID	1	SP
everolimus	<b>AFINITOR</b>	3	PA SP
exemestane	*AROMASIN	2	QL (30 tablets/month)
flutamide	*EULEXIN	1	SP
gefitinib	<b>IRESSA</b>	3	QL (30 tablets/month)
hydroxyurea	*HYDREA	1	SP
ibrutinib	<b>IMBRUVICA</b>	3	PA SP
idelalisib	<b>ZYDELIG</b>	3	PA SP
imatinib mesylate	*GLEEVEC	1	PA SP
ixazomib citrate	<b>NINLARO</b>	3	PA SP
lapatinib ditosylate	<b>TYKERB</b>	3	PA SP
lenalidomide	<b>REVLIMID</b>	3	PA SP

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SP- Specialty Drugs

\* Drug- generic preferred; Bolded drug- brand only

lenvatinib	<b>LENVIMA</b>	3	PA SP
letrozole	*FEMARA	1	QL (30 tablets/month)
leucovorin calcium	*LEUCOVORIN CALCIUM	1	
lomustine	<b>GLEOSTINE</b>	2	PA SP
mechlorethamine hcl	<b>VALCHLOR GEL</b>	2	PA SP
megestrol	*MEGACE	1	
megestrol	*MEGACE ES	3	
melphalan	*ALKERAN	2	SP
mercaptopurine	*PURINETHOL	1	SP
mercaptopurine	<b>PURIXAN SUSP</b>	3	PA SP
mesna	<b>MESNEX</b>	2	SP
methotrexate injection		1	
methotrexate	<b>TREXALL</b>	3	
midostaurin	<b>RYDAPT</b>	3	PA SP
mitotane	<b>LYSODREN</b>	2	SP
nilotinib	<b>TASIGNA</b>	2	ST SP
<b>TASIGNA ST = requires trial of generic Gleevec</b>			
nilutamide	*NILANDRON	3	SP
niraparib tosylate cap	<b>ZEJULA</b>	3	PA SP
olaparib	<b>LYNPARZA</b>	3	PA SP
osimertinib mesylate	<b>TAGRISO</b>	3	PA SP
palbociclib	<b>IBRANCE</b>	3	PA SP
panobinostat lactate	<b>FARYDAK</b>	3	PA SP
pazopanib	<b>VOTRIENT</b>	3	PA SP
pomalidomide	<b>POMALYST</b>	3	PA SP
ponatinib hcl	<b>ICLUSIG</b>	3	PA SP ST
<b>Iclusig ST = requires trial of Tasigna</b>			
procarbazine HCL	<b>MATULANE</b>	2	SP
regorafenib	<b>STIVARGA</b>	3	PA SP
ribociclib succinate	<b>KISQALI</b>	3	PA SP
ribociclib tab & letrozole pack	<b>KISQALI FEMARA</b>	3	PA SP
rucaparib camsylate	<b>RUBRACA</b>	3	PA SP
ruxolitinib phosphate	<b>JAKAFI</b>	3	PA SP
sonidegib phosphate	<b>ODOMZO</b>	3	PA SP
sorafenib tosylate	<b>NEXA VAR</b>	3	PA SP
sunitinib	<b>SUTENT</b>	3	PA SP
tamoxifen	*NOLVADEX	1	
tamoxifen	<b>SOLTAMOX ORAL SOLN</b>	3	
temozolomide	*TEMODAR	3	PA SP
thalidomide	<b>THALOMID</b>	3	PA SP
thioguanine	<b>TABLOID</b>	2	SP
topotecan	<b>HYCAMTIN</b>	3	PA SP
toremifene citrate	<b>FARESTON</b>	3	SP QL (30 tablets/month)
trametinib dimethyl sulfoxide	<b>MEKINIST</b>	3	PA SP
tretinoin capsules		2	SP
trifluridine-tipiracil	<b>LONSURF</b>	3	PA SP

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vandetanib	<b>CAPRELSA</b>	3	PA SP
vemurafenib	<b>ZELBORAF</b>	3	PA SP
venetoclax	<b>VENCLEXTA</b>	3	PA SP
vismodegib	<b>ERIVEDGE</b>	3	QL PA SP (30 caps/month)
vorinostat	<b>ZOLINZA</b>	3	PA SP

### 2-B Immunosuppressives

Generic Name	Brand Name	Tier	Notes
azathioprine	*IMURAN	1	
cyclosporine	*SANDIMMUNE (NTI)	2	SP
cyclosporine modified	*GENGRAF	1	SP
cyclosporine modified	*NEORAL (NTI)	2	SP
everolimus	<b>ZORTRESS</b>	3	SP
mycophenolate	*MYFORTIC	2	QL (120 tablets/month) SP
mycophenolate mofetil	*CELLCEPT	1	SP
sirolimus	*RAPAMUNE	2	SP
tacrolimus	*PROGRAF	1	SP

## CARDIOVASCULAR (drugs to treat heart conditions)

### 3-A Cardiotonics

Generic Name	Brand Name	Tier	Notes
digoxin	*LANOXIN	1	

### 3-B Antianginals

Generic Name	Brand Name	Tier	Notes
isosorbide dinitrate	*ISORDIL	1	
isosorbide mononitrate	*IMDUR	1	
ivabradine hcl	<b>CORLANOR</b>	3	PA
nitroglycerin ointment	*NITROBID	1	
nitroglycerin patch	*MINITRAN	1	
nitroglycerin patch	*NITRO-DUR	1	
nitroglycerin spray	*NITROLINGUAL PUMPSPRAY	1	
nitroglycerin spray	*NITROMIST	3	
nitroquick	*NITROSTAT	2	

### 3-C Beta Blockers

Generic Name	Brand Name	Tier	Notes
acebutolol	*SECTRAL	1	
atenolol	*TENORMIN	1	
betaxolol	*KERLONE	1	
bisoprolol	*ZEBETA	1	
carteolol HCL	<b>CARTROL</b>	3	
carvedilol	*COREG 3.125mg	1	QL (60 tablets/month)
carvedilol	*COREG 6.25mg	1	QL (60 tablets/month)
carvedilol	*COREG 12.5mg	1	QL (60 tablets/month)
carvedilol	*COREG 25mg	1	QL (120 tablets/month)
droxidopa	<b>NORTHERA</b>	2	PA SP
labetalol	*NORMODYNE	1	
labetalol	*TRANDATE	1	

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SP- Specialty Drugs

\* Drug- generic preferred; Bolded drug- brand only

metoprolol	*LOPRESSOR	1	
metoprolol succinate SR	*TOPROL XL	2	
nadolol	*CORGARD 20mg	1	QL (90 tablets/month)
nadolol	*CORGARD 40mg	1	QL (60 tablets/month)
nadolol	*CORGARD 80mg	1	QL (90 tablets/month)
nadolol	*CORGARD 120mg	1	QL (60 tablets/month)
nebivolol	<b>BYSTOLIC 2.5mg</b>	2	QL (30 tablets/month)
nebivolol	<b>BYSTOLIC 5mg</b>	2	QL (30 tablets/month)
nebivolol	<b>BYSTOLIC 10mg</b>	2	QL (120 tablets/month)
nebivolol	<b>BYSTOLIC 20mg</b>	2	QL (60 tablets/month)
penbutolol sulfate	<b>LEVATOL</b>	3	
pindolol	*VISKEN	1	
propranolol	*INDERAL	1	
propranolol HCL CR	*INDERAL LA	2	
propranolol HCL SR	<b>INNOPRAN XL</b>	3	QL (30 capsules/month)
sotalol	*BETAPACE	1	
sotalol AF	*BETAPACE AF	1	
sotalol hcl oral soln	<b>SOTYLIZE</b>	3	PA
timolol maleate	*BLOCADREN	1	

### 3-D Calcium Channel Blockers

Generic Name	Brand Name	Tier	Notes
amlodipine	*NORVASC	1	
cartia XT		2	QL (60 capsules/month)
diltiazem	*CARDIZEM	1	
diltiazem SR	*TIAZAC	2	
diltiazem SR 12HR	*CARDIZEM SR	1	
diltiazem SR 24HR	*CARDIZEM CD	2	QL (60 tablets/month)
diltiazem SR 24HR	*CARDIZEM LA	2	QL (30 tablets/month)
felodipine	*PLENDIL	1	QL (60 tablets/month)
isradipine	*DYNACIRC	1	QL (60 tablets/month)
isradipine	<b>DYNACIRC CR 5mg</b>	3	QL (30 tablets/month)
isradipine	<b>DYNACIRC CR 10mg</b>	3	QL (60 tablets/month)
nicardipine	*CARDENE	1	
nicardipine	<b>CARDENE SR</b>	3	
nifedipine CR	*ADALAT CC	1	
nifedipine CR	*PROCARDIA XL	1	
nifedipine IR	*PROCARDIA	1	
nimodipine	<b>NYMALIZE</b>	3	
nisoldipine SR	*SULAR 8.5mg	3	QL (30 tablets/month)
nisoldipine SR	*SULAR 10mg	3	QL (30 tablets/month)
nisoldipine SR	*SULAR 17mg	3	QL (30 tablets/month)
nisoldipine SR	*SULAR 20mg	3	QL (30 tablets/month)
nisoldipine SR	*SULAR 25.5mg	3	QL (60 tablets/month)
nisoldipine SR	*SULAR 30mg	3	QL (60 tablets/month)
nisoldipine SR	*SULAR 34mg	3	QL (30 tablets/month)
nisoldipine SR	*SULAR 40mg	3	QL (30 tablets/month)

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SP- Specialty Drugs

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verapamil	*CALAN	1	
verapamil CR (controlled onset)	<b>COVERA HS</b>	3	QL (60 tablets/month)
verapamil SR	*CALAN SR	1	
verapamil SR	*VERELAN	3	
verapamil SR	*VERELAN PM	3	

### 3-E Antiarrhythmics

Generic Name	Brand Name	Tier	Notes
amiodarone	*CORDARONE	1	
disopyramide	*NORPACE	1	
dofetilide	*TIKOSYN	2	QL (60 capsules/month)
dronedarone	<b>MULTAQ</b>	3	QL (60 tablets/month)
flecainide	*TAMBOCOR	1	
mexiletine	*MEXITIL	1	
propafenone	*RYTHMOL	1	
propafenone	*RYTHMOL SR	3	
quinidine gluconate		1	
quinidine sulfate		1	

### 3-F Angiotensin Converting Enzyme (ACE) Inhibitors

Generic Name	Brand Name	Tier	Notes
benazepril	*LOTENSIN	1	QL (60 tablets/month)
captopril	*CAPOTEN	1	
enalapril maleate	<b>EPANED</b>	3	PA
enalapril	*VASOTEC	1	QL (60 tablets/month)
fosinopril	*MONOPRIL	1	QL (60 tablets/month)
lisinopril	*PRINIVIL	1	QL (60 tablets/month)
lisinopril	*ZESTRIL	1	QL (60 tablets/month)
lisinopril oral soln 1mg/ml	<b>QBRELIS SOLN</b>	3	
moexipril	*UNIVASC	1	QL (60 tablets/month)
perindopril	*ACEON	2	QL (60 tablets/month)
quinapril	*ACCUPRIL	1	QL (60 tablets/month)
ramipril	*ALTACE	1	QL (60 capsules/month)
trandolapril	*MAVIK	1	QL (60 tablets/month)

### 3-G Angiotensin II Receptor Blockers (ARB's)

Generic Name	Brand Name	Tier	Notes
azilsartan medoxomil	<b>EDARBI</b>	3	QL (30 tablets/month)
candesartan	*ATACAND	3	QL (60 tablets/month)
eprosartan	*TEVETEN 600mg	3	QL (30 tablets/month)
irbesartan	*AVAPRO	1	QL (30 tablets/month)
losartan	*COZAAR 25mg	1	QL (60 tablets/month)
losartan	*COZAAR 50mg	1	QL (60 tablets/month)
losartan	*COZAAR 100mg	1	QL (30 tablets/month)
olmesartan	*BENICAR	2	QL (30 tablets/month)
telmisartan	*MICARDIS	2	QL (30 tablets/month)
valsartan	*DIOVAN 40mg	2	QL (30 tablets/month)
valsartan	*DIOVAN 80mg	2	QL (30 tablets/month)
valsartan	*DIOVAN 160mg	2	QL (60 tablets/month)

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PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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valsartan	*DIOVAN 320mg	2	QL (30 tablets/month)
<b>3-H Miscellaneous Antihypertensives</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
aliskiren fumarate	<b>TEKTURNA</b>	3	QL (30 tablets/month)
ambrisentan	<b>LETAIRIS</b>	2	PA SP
apremilast	<b>OTEZLA</b>	3	PA ST SP
<b>OTEZLA ST = requires failure of 2 preferred alternatives: Cimzia, Humira, Simponi and Stelara</b>			
bosentan	<b>TRACLEER</b>	2	QL (60 tablets/month) PA SP
clonidine	*CATAPRES	1	
clonidine patch	*CATAPRES-TTS	3	QL (8 patches/month)
deserpine-methyclothiazide	<b>ENDURONYL</b>	3	
doxazosin	*CARDURA	1	QL (60 tablets/month)
guanfacine	*TENEX	1	
hydralazine	*APRESOLINE	1	
iloprost	<b>VENTAVIS</b>	3	PA SP
macitentan	<b>OPSUMIT</b>	2	PA SP
mecamylamine	<b>VECAMYL</b>	3	PA SP
methyldopa	*ALDOMET	1	
minoxidil	*LONITEN	1	
phenoxybenzamine	<b>DIBENZYLINE</b>	3	
prazosin	*MINIPRESS	1	
reserpine		3	
riociguat	<b>ADEMPAS</b>	2	PA SP
selexipag	<b>UPTRAVI</b>	3	PA SP
sildenafil	*REVATIO	3	PA SP
sildenafil	<b>REVATIO IV SOLN</b>	3	PA SP
sildenafil	<b>REVATIO SUSP 10MG/ML</b>	3	PA SP
tadalafil	<b>ADCIRCA</b>	3	QL (60 tabs/month) PA SP
terazosin	*HYTRIN	1	QL (60 capsules/month)
treprostinil diolamine	<b>ORENITRAM</b>	3	PA SP
treprostinil	<b>TYVASO</b>	3	QL (30 pouches/mo) PA SP
<b>3-I Antihypertensive Combinations</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
amlodipine-benazepril	*LOTREL	1	QL (30 capsules/month)
amlodipine-valsartan	<b>EXFORGE</b>	2	QL (30 tablets/month)
atenolol-chlorthalidone	*TENORETIC	1	
azilsartan-chlorthalidone	<b>EDARBYCLOR</b>	3	
benazepril-HCTZ	*LOTENSIN HCT	1	QL (60 tablets/month)
bisoprolol-HCTZ	*ZIAC	1	
candesartan-HCTZ	*ATACAND HCT	3	QL (60 tablets/month)
captopril-HCTZ	*CAPOZIDE	1	
enalapril-felodipine	<b>LEXXEL</b>	3	QL (60 tablets/month)
enalapril-HCTZ	*VASERETIC	1	
eprosartan-HCTZ	<b>TEVETEN HCT</b>	3	QL (30 tablets/month)
fosinopril-HCTZ	*MONOPRIL HCT	1	QL (60 tablets/month)
irbesartan-HCTZ	*AVALIDE	1	QL (30 tablets/month)

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lisinopril-HCTZ	*PRINZIDE	1	
lisinopril-HCTZ	*ZESTORETIC	1	
losartan-HCTZ	*HYZAAR	1	QL (30 tablets/month)
methyldopa-HCTZ	*ALDORIL	1	
metoprolol/HCTZ	<b>DUTOPROL</b>	2	QL (60 tablets/month)
moexipril-HCTZ	*UNIRETIC	1	QL (60 tablets/month)
nadolol-bendroflumethiazide	*CORZIDE	1	QL (60 tablets/month)
nebivolol-valsartan	<b>BYVALSON</b>	2	QL (30 tablets/month)
olmesartan-HCTZ	*BENICAR HCT	2	QL (30 tablets/month)
propranolol-HCTZ	*INDERIDE	1	
quinapril-HCTZ	*ACCURETIC	2	QL (60 tablets/month)
sacubitril-valsartan	<b>ENTRESTO</b>	3	PA QL (60 tablets/month)
telmisartan-HCTZ	*MICARDIS HCT	3	QL (30 tablets/month)
trandolapril-verapamil	*TARKA	3	QL (60 tablets/month)
valsartan-HCTZ	*DIOVAN-HCT 80-12.5mg & 160-12.5mg	1	QL (60 tablets/month)
valsartan-HCTZ	*DIOVAN-HCT 160-25mg, 320-12.5mg, & 320-25mg	1	QL (30 tablets/month)

### 3-J Diuretics

Generic Name	Brand Name	Tier	Notes
acetazolamide	*DIAMOX	1	
amiloride		1	
amiloride-HCTZ	*MODURETIC	1	
bumetanide	*BUMEX	1	
chlorothiazide	*DIURIL	1	
chlorthalidone	*HYGROTON	1	
dichlorphenamide	<b>KEVEYIS</b>	2	PA SP
eplerenone	*INSPRA	2	QL (30 tablets/month)
ethacrynic acid	*EDECIN	3	
furosemide	*LASIX	1	
hydrochlorothiazide	*HYDRODIURIL	1	
hydrochlorothiazide	*MICROZIDE	1	
indapamide	*LOZOL	1	
methazolamide	*NEPTAZANE	1	
methyclothiazide	*AQUATENSEN	1	
metolazone	*ZAROXOLYN	1	
spironolactone	*ALDACTONE	1	
spironolactone-HCTZ	*ALDACTAZIDE	1	
tolvaptan	<b>SAMSCA</b>	3	PA SP
toremide	*DEMADEX	1	
triamterene	<b>DYRENIUM</b>	3	
triamterene-HCTZ	*DYAZIDE	1	
triamterene-HCTZ	*MAXZIDE	1	

### 3-K Pressors

Generic Name	Brand Name	Tier	Notes
epinephrine inj	*EPIPEN	2	
epinephrine inj	*EPIPEN JR	2	
midodrine	*PROAMATINE	1	

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<b>3-L Antihyperlipidemics</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
alirocumab inj	<b>PRALUENT</b>	2	PA SP QL (2 inj/28 days)
atorvastatin	*LIPITOR	1	QL (30 tablets/month)
cholestyramine	*QUESTRAN	1	
colesevelam	<b>WELCHOL</b>	2	QL (210 tablets/month)
colestipol	*COLESTID	1	
evolocumab	<b>REPATHA</b>	3	PA SP ST
<b>REPATHA ST - requires trial of Praluent</b>			
ezetimibe	*ZETIA	3	QL (30 tablets/month)
ezetimibe-simvastatin	*VYTORIN	3	QL (30 tablets/month)
fenofibrate	*LOFIBRA 54mg & 160mg	1	
fluvastatin	LESCOL 20mg	3	QL (30 capsules/month)
fluvastatin	LESCOL 40mg	3	QL (60 capsules/month)
fluvastatin SR	*LESCOL XL	3	ST QL (30 tablets/month)
<b>LESCOL XL ST = requires trial of THREE statins</b>			
gemfibrozil	*LOPID	1	
icosapent ethyl	<b>VASCEPA</b>	3	PA
lomitapide mesylate	<b>JUXTAPID</b>	3	PA SP
lovastatin	*MEVACOR 10mg	1	QL (30 tablets/month)
lovastatin	*MEVACOR 20mg	1	QL (30 tablets/month)
lovastatin	*MEVACOR 40mg	1	QL (60 tablets/month)
lovastatin SR	<b>ALTOCOR</b>	3	
mipomersen sodium	<b>KYNAMRO</b>	3	PA SP
niacin SR	*NIASPAN	3	
niacin-lovastatin CR	<b>ADVICOR</b>	3	QL (60 tablets/month)
omega-3-acid ethyl esters	*LOVAZA	3	PA QL (120 capsules/month)
pitavastatin	<b>LIVALO</b>	3	ST QL (30 tablets/month)
<b>LIVALO ST = requires trial of THREE generic statins</b>			
pravastatin	*PRAVACHOL	1	QL (30 tablets/month)
rosuvastatin	*CRESTOR	2	
simvastatin	*ZOCOR	1	QL (30 tablets/month)
<b>3-M Miscellaneous Cardiovascular</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
isosorbide dinitrate-hydralazine	<b>BIDIL</b>	2	
patiromer sorbitex calcium	<b>VELTASSA</b>	3	PA
ranolazine	<b>RANEXA</b>	2	QL (60 tablets/month)
<b>CENTRAL NERVOUS SYSTEM (drugs that affect the brain)</b>			
<b>4-A Antianxiety Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
alprazolam	*XANAX	1	
alprazolam SR	*XANAX XR 0.5mg	1	QL (30 tablets/month)
alprazolam SR	*XANAX XR 1mg	1	QL (30 tablets/month)
alprazolam SR	*XANAX XR 2mg	1	QL (30 tablets/month)
alprazolam SR	*XANAX XR 3mg	1	QL (60 tablets/month)

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SP- Specialty Drugs

\* Drug- generic preferred; Bolded drug- brand only

alprazolam	*NIRAVAM	3	
bupirone		1	
chlordiazepoxide	*LIBRIUM	1	
clorazepate	*TRANXENE	1	
diazepam	*VALIUM	1	
hydroxyzine HCL	*ATARAX	1	
hydroxyzine pamoate	*VISTARIL	1	
lorazepam	*ATIVAN	1	
meprobamate		1	
oxazepam	*SERAX	1	

#### 4-B Antidepressants

Generic Name	Brand Name	Tier	Notes
amitriptyline	*ELAVIL	1	
amoxapine	*ASENDIN	1	
bupropion	*WELLBUTRIN 75mg	1	QL (180 tablets/month)
bupropion	*WELLBUTRIN 100mg	1	QL (120 tablets/month)
bupropion SR	*WELLBUTRIN SR 100mg	1	QL (60 tablets/month)
bupropion SR	*WELLBUTRIN SR 150mg	1	QL (60 tablets/month)
bupropion SR	*WELLBUTRIN SR 200mg	1	QL (60 tablets/month)
bupropion XL	*WELLBUTRIN XL	1	QL (30 tablets/month)
citalopram	*CELEXA	1	QL (45 tablets/month)
clomipramine	*ANAFRANIL	1	
desipramine	*NORPRAMIN	1	
desvenlafaxine	*PRISTIQ	3	QL (30 tablets/month)
doxepin	*SINEQUAN	1	
duloxetine	*CYMBALTA 20mg	2	QL (60 capsules/month)
duloxetine	*CYMBALTA 30mg	2	QL (60 capsules/month)
duloxetine	*CYMBALTA 60mg	2	QL (60 capsules/month)
escitalopram	*LEXAPRO 5mg	1	QL (45 tablets/month)
escitalopram	*LEXAPRO 10mg	1	QL (45 tablets/month)
escitalopram	*LEXAPRO 20mg	1	QL (30 tablets/month)
fluoxetine	*PROZAC 10mg	1	QL (30 capsules/month)
fluoxetine	*PROZAC 20mg	1	QL (120 capsules/month)
fluoxetine	*PROZAC 40mg	1	QL (60 capsules/month)
fluoxetine	*PROZAC 60mg	2	QL (30 capsules/month)
fluoxetine	*PROZAC WEEKLY	3	QL (4 capsules/month)
fluoxetine PMDD	*SARAFEM	3	QL (30 tablets/month)
fluvoxamine	*LUVOX	1	QL (90 tablets/month)
fluvoxamine	*LUVOX CR 100mg	3	QL (30 capsules/month)
fluvoxamine	*LUVOX CR 150mg	3	QL (60 capsules/month)
imipramine	*TOFRANIL	1	
imipramine pamoate	<b>TOFRANIL PM</b>	3	
levomilnacipran hcl	<b>FETZIMA</b>	3	ST

**Fetzima ST** = requires 60 day consistent trial of 3 the following agents (fluoxetine, paroxetine, citalopram, sertraline, bupropion/SR, venlafaxine)

maprotiline	*LUDIOMIL	1	
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SP- Specialty Drugs

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mirtazapine	*REMERON	1	QL (30 tablets/month)
mirtazapine soltabs	*REMERON SOLTABS	1	QL (30 tablets/month)
nefazodone HCL	*SERZONE	1	
nortriptyline	*PAMELOR	1	
paroxetine HCL	*PAXIL 10mg	1	QL (30 tablets/month)
paroxetine HCL	*PAXIL 20mg	1	QL (30 tablets/month)
paroxetine HCL	*PAXIL 30mg	1	QL (60 tablets/month)
paroxetine HCL	*PAXIL 40mg	1	QL (45 tablets/month)
paroxetine HCL SR	*PAXIL CR 12.5mg	3	QL (30 tablets/month)
paroxetine HCL SR	*PAXIL CR 25mg	3	QL (60 tablets/month)
paroxetine HCL SR	*PAXIL CR 37.5mg	3	QL (60 tablets/month)
phenelzine sulfate	*NARDIL	1	
protriptyline	*VIVACTIL	1	
sertraline HCL	*ZOLOFT 25mg	1	QL (45 tablets/month)
sertraline HCL	*ZOLOFT 50mg	1	QL (45 tablets/month)
sertraline HCL	*ZOLOFT 100mg	1	QL (60 tablets/month)
trazodone	*DESYREL	1	
trimipramine maleate	*SURMONTIL	3	
venlafaxine	*EFFEXOR	1	QL (90 tablets/month)
venlafaxine SR	*EFFEXOR XR (cap) 37.5mg	1	QL (90 capsules/month)
venlafaxine SR	*EFFEXOR XR (cap) 75mg	1	QL (90 capsules/month)
venlafaxine SR	*EFFEXOR XR (cap) 150mg	1	QL (60 capsules/month)
vilazodone	<b>VIIBRYD</b>	3	QL (30 tablets/month)
vortioxetine hbr	<b>TRINTELLIX</b>	3	QL (30 tablets/month) ST

**Trintellix ST** = requires 60 day consistent trial of 3 the following agents (fluoxetine, paroxetine, citalopram, sertraline, bupropion/SR, venlafaxine)

#### 4-C Hypnotics (Sleep Aids)

Generic Name	Brand Name	Tier	Notes
chloral hydrate	<b>SOMNOTE</b>	2	
estazolam	*PROSOM	1	
eszopiclone	*LUNESTA	2	QL (30 tablets/month)
flurazepam	*DALMANE	1	
phenobarbital		1	
ramelteon	<b>ROZEREM</b>	3	QL (30 tablets/month) ST

**Rozerem ST** = requires 30 day fill of one of the following: zolpidem, eszopiclone or zaleplon

suvorexant	<b>BELSOMRA</b>	3	QL (30 tablets/month) ST
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**BELSOMRA ST** = requires 30 day fill of two of the following: zolpidem, eszopiclone or zaleplon

temazepam	*RESTORIL	1	QL (30 capsules/month)
triazolam	*HALCION	1	QL (15 tabs/fill; 2 fills/mo)
zaleplon	*SONATA 5mg	1	QL (30 capsules/month)
zaleplon	*SONATA 10mg	1	QL (60 capsules/month)
zolpidem	*AMBIEN	1	QL (30 tablets/month)

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SP- Specialty Drugs

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<b>4-D Antipsychotics</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
aripiprazole	*ABILIFY	2	QL (30 tablets/month)
asenapine	<b>SAPHRIS</b>	3	PA ST QL (60 tablets/month)
<b>Saphris ST</b> = requires failure/contraindication to Risperidone and Quetiapine AND supported diagnosis			
brexpiprazole	<b>REXULTI</b>	3	ST QL (30 tablets/month)
<b>Rexulti ST</b> = requires failure/contraindication to aripiprazole AND one of the following: risperidone, olanzapine, quetiapine IR			
cariprazine	<b>VRAYLAR</b>	3	ST
<b>VRAYLAR ST</b> = requires failure/contraindication to at least TWO of the following: aripiprazole, olanzapine, quetiapine IR, risperidone, Seroquel XR, ziprasidone			
chlorpromazine	*THORAZINE	1	
clozapine	*FAZACLO	3	PA ST
<b>Fazaclo ST</b> = requires failure/contraindication to Risperidone and Quetiapine AND supported diagnosis			
clozapine	* <b>CLOZARIL (NTI)</b>	2	PA ST
<b>Clozaril ST</b> = requires failure/contraindication to Risperidone and Quetiapine AND supported diagnosis			
fluphenazine	*PROLIXIN	1	
haloperidol	*HALDOL	1	
iloperidone	<b>FANAPT</b>	3	QL (60 tablets/month)PA ST
<b>Fanapt ST</b> = requires failure/contraindication to Risperidone and Quetiapine AND supported diagnosis			
lithium carbonate	*ESKALITH	1	
lithium carbonate CR	*ESKALITH CR	1	
lithium carbonate CR	*LITHOBID	1	
loxapine	*LOXITANE	1	
lurasidone	<b>LATUDA</b>	3	QL (30 tablets/month)
molindone hcl	<b>MOLINDONE</b>	3	
olanzapine	*ZYPREXA	3	QL (30 tablets/month)
olanzapine	*ZYPREXA ZYDIS	3	QL (30 tablets/month)
paliperidone	*INVEGA	3	QL (30 tablets/month) PA ST
<b>Invega ST</b> = requires failure/contraindication to Risperidone and Quetiapine AND supported diagnosis			
perphenazine	*TRILAFONE	1	
pimavanserin tartrate	<b>NUPLAZID</b>	3	PA
prochlorperazine	*COMPAZINE	1	
quetiapine fumarate	*SEROQUEL 25mg	1	QL (90 tablets/month)
quetiapine fumarate	*SEROQUEL 100mg	1	QL (90 tablets/month)
quetiapine fumarate	*SEROQUEL 200mg	1	QL (120 tablets/month)
quetiapine fumarate	*SEROQUEL 300mg	1	QL (90 tablets/month)
quetiapine fumarate	*SEROQUEL XR 50mg	3	QL (90 tablets/month)
quetiapine fumarate	*SEROQUEL XR 150mg	3	QL (30 tablets/month)
quetiapine fumarate	*SEROQUEL XR 200mg	3	QL (30 tablets/month)

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quetiapine fumarate	*SEROQUEL XR 300mg	3	QL (60 tablets/month)
quetiapine fumarate	*SEROQUEL XR 400mg	3	QL (60 tablets/month)
risperidone	*RISPERDAL	1	
risperidone	*RISPERDAL M	1	
thioridazine		1	
thiothixene	*NAVANE	1	
trifluoperazine	*STELAZINE	1	
ziprasidone HCL	*GEODON	1	QL (60 capsules/month)

#### 4-E Stimulants

Generic Name	Brand Name	Tier	Notes
amphetamine-d-amphetamine	*ADDERALL	1	
amphetamine-d-amphetamine SR	<b>ADDERALL XR 5mg</b>	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	<b>ADDERALL XR 10mg</b>	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	<b>ADDERALL XR 15mg</b>	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	<b>ADDERALL XR 20mg</b>	2	QL (60 capsules/month)
amphetamine-d-amphetamine SR	<b>ADDERALL XR 25mg</b>	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	<b>ADDERALL XR 30mg</b>	2	QL (30 capsules/month)
armodafinil	*NUVIGIL	3	PA QL (30 tablets/month)
atomoxetine	*STRATTERA	3	QL (30 capsules/month)
dexmethylphenidate	*FOCALIN	1	QL (60 tablets/month)
dextroamphetamine	*DEXEDRINE ER CAPS	3	
dextroamphetamine sulfate oral soln	*PROCENTRA	1	
lisdexamfetamine dimesylate	<b>VYVANSE</b>	2	QL (30 capsules/month)
methamphetamine	*DESOXYN	1	QL (150 tablets/month)
methylphenidate	<b>DAYTRANA PATCHES</b>	3	QL (30 patches/month)
methylphenidate	*METHYLIN (chewable) 2.5mg	3	QL (60 tablets/month)
methylphenidate	*METHYLIN (chewable) 5mg	3	QL (180 tablets/month)
methylphenidate	*METHYLIN (chewable) 10mg	3	QL (180 tablets/month)
methylphenidate	<b>METHYLIN (suspension) 5mg/ml</b>	3	QL (1800 mls/month)
methylphenidate	<b>METHYLIN (suspension) 10mg/ml</b>	3	QL (900 mls/month)
methylphenidate	*RITALIN 5MG	1	QL (180 tablets/month)
methylphenidate	*RITALIN 10MG	1	QL (180 tablets/month)
methylphenidate	*RITALIN 20MG	1	QL (60 tablets/month)
methylphenidate CR	*RITALIN SR	1	QL (180 tablets/month)
methylphenidate SR	RITALIN LA 20MG	2	QL (30 tablets/month)
methylphenidate SR	RITALIN LA 30MG	2	QL (60 tablets/month)
methylphenidate SR	RITALIN LA 40MG	2	QL (30 tablets/month)
methylphenidate SR	RITALIN LA 60MG	2	QL (30 tablets/month)
methylphenidate CR	*METADATE CD	2	QL (30 capsules/month)
methylphenidate SA	<b>CONCERTA 18mg</b>	2	QL (30 tablets/month)
methylphenidate SA	<b>CONCERTA 27mg</b>	2	QL (30 tablets/month)
methylphenidate SA	<b>CONCERTA 36mg</b>	2	QL (60 tablets/month)
methylphenidate SA	<b>CONCERTA 54mg</b>	2	QL (30 tablets/month)
modafinil	*PROVIGIL 100mg	3	PA QL (30 tablets/month)
modafinil	*PROVIGIL 200mg	3	PA QL (60 tablets/month)
sodium oxybate	<b>XYREM</b>	3	PA SP

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<b>4-F Misc Psychotherapeutic and Neurological Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
amitriptyline-chlordiazepoxide	<b>LIMBITROL</b>	2	
disulfiram	*ANTABUSE	1	
dextromethorphan quindine	<b>NUDEXTA</b>	2	QL (60 tablets/month) SP
donepezil	*ARICEPT	1	QL (30 tablets/month)
donepezil odt	*ARICEPT ODT	2	QL (30 tablets/month)
ergoloid mesylates	*HYDERGINE	1	
galantamine	*RAZADYNE	1	QL (60 tablets/month)
galantamine	*RAZADYNE ER	1	QL (30 capsules/month)
guanfacine	*INTUNIV	2	QL (30 tablets/month)
memantine	*NAMENDA	2	QL (60 tablets/month)
memantine	*NAMENDA ORAL SOLN	3	
olanzapine-fluoxetine	*SYMBYAX	3	
perphenazine-amitriptyline	*ETRAFON	1	
pimozide	*ORAP	2	
rivastigmine	*EXELON	2	QL (60 capsules/month)
rivastigmine	<b>EXELON PATCH</b>	3	QL (30 patches/month)
tacrine	<b>COGNEX</b>	3	
tetrabenazine	*XENAZINE	3	SP

#### **4-G Anticonvulsants**

<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
brivaracetam	<b>BRIVIACT</b>	3	PA
carbamazepine	* <b>TEGRETOL (NTI)</b>	2	
carbamazepine SR	*CARBATROL	2	
carbamazepine SR	*TEGRETOL XR TABLETS	3	
clobazam	<b>ONFI</b>	3	PA
clonazepam	*KLONOPIN	1	
diazepam rectal	*DIASTAT	3	QL (1 kit/month)
divalproex sodium EC	*DEPAKOTE DR	1	
divalproex sodium SR 24hr	*DEPAKOTE ER 24 HR	2	
divalproex sodium sprinkle	*DEPAKOTE SPRINKLE	2	
eslicarbazepine acetate	<b>APTIOM</b>	3	PA
ethosuximide	*ZARONTIN	1	
ethotoin	<b>PEGANONE</b>	3	
ezogabine	<b>POTIGA</b>	3	
felbamate	<b>FELBATOL</b>	3	
gabapentin	*GABARONE	1	
gabapentin	*NEURONTIN 100mg	1	QL (240 capsules/month)
gabapentin	*NEURONTIN 300mg	1	QL (360 capsules/month)
gabapentin	*NEURONTIN 400mg	1	QL (270 capsules/month)
gabapentin	*NEURONTIN 600mg	1	QL (180 tablets/month)
gabapentin	*NEURONTIN 800mg	1	QL (120 tablets/month)
gabapentin	<b>NEURONTIN (solution)</b>	3	
lacosamide	<b>VIMPAT</b>	3	PA QL (60 tablets/month)
lacosamide	<b>VIMPAT (solution)</b>	3	PA

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lamotrigine	*LAMICTAL	1	
lamotrigine	<b>LAMICTAL ODT</b>	3	
lamotrigine	<b>LAMICTAL ODT KIT</b>	3	QL (1 kit/month)
lamotrigine	*LAMICTAL STARTER KIT	1	QL (1 kit/month)
lamotrigine	*LAMICTAL XR	3	
lamotrigine	*LAMICTAL XR KIT	3	QL (1 kit/month)
levetiracetam	*KEPPRA	2	
levetiracetam	*KEPPRA XR	3	
methsuximide	<b>CELONTIN</b>	3	
milnacipran	<b>SAVELLA</b>	3	QL (60 capsules/month)
milnacipran	<b>SAVELLA TITRATION PAK</b>	3	QL (1 kit/month)
oxcarbazepine	*TRILEPTAL	1	
perampanel	<b>FYCOMPA</b>	3	PA
phenytoin	* <b>DILANTIN (NTI)</b>	2	
phenytoin	*DILANTIN CHEW	3	
pregabalin	<b>LYRICA 25mg</b>	3	QL (90 capsules/month) ST
pregabalin	<b>LYRICA 50mg</b>	3	QL (90 capsules/month) ST
pregabalin	<b>LYRICA 75mg</b>	3	QL (90 capsules/month) ST
pregabalin	<b>LYRICA 100mg</b>	3	QL (90 capsules/month) ST
pregabalin	<b>LYRICA 150mg</b>	3	QL (90 capsules/month) ST
pregabalin	<b>LYRICA 200mg</b>	3	QL (90 capsules/month) ST
pregabalin	<b>LYRICA 225mg</b>	3	QL (60 capsules/month) ST
pregabalin	<b>LYRICA 300mg</b>	3	QL (60 capsules/month) ST
pregabalin	<b>LYRICA SOLUTION</b>	3	QL ST
primidone	*MYSOLINE	1	
rufinamide	<b>BANZEL</b>	3	PA
rufinamide	<b>BANZEL suspension</b>	3	QL (80 mls/day)
tiagabine	*GABITRIL	1	
topiramate	*TOPAMAX SPRINKLES	1	QL (120 capsules/month)
topiramate	*TOPAMAX	1	QL (90 tablets/month)
valproic acid	*DEPAKENE	1	
valproic acid	<b>STAVZOR</b>	3	PA QL (60 capsules/month)
vigabatrin	*SABRIL POWDER PACK	2	SP QL (180 packets/month)
vigabatrin	<b>SABRIL TABLETS</b>	3	SP QL (180 tablets/month)
zonisamide	*ZONEGRAN 25mg	1	QL (120 capsules/month)
zonisamide	*ZONEGRAN 50mg	1	QL (120 capsules/month)
zonisamide	*ZONEGRAN 100mg	1	QL (180 capsules/month)

#### 4-H Antiparkinsonian Agents

Generic Name	Brand Name	Tier	Notes
	<b>AMANTADINE</b> (Symmetrel)	2	
apomorphine	<b>APOKYN</b>	2	SIO SP
benztropine	*COGENTIN	1	
bromocriptine (tablets)	*PARLODEL	1	
carbidopa	*LODOSYN	3	
carbidopa-levodopa	*SINEMET	1	
carbidopa-levodopa	*PARCOPA	1	

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carbidopa-levodopa CR	*SINEMET CR	1	
carbidopa-levodopa-entacapone	*STALEVO	1	QL (240 tablets/month)
carbidopa-levodopa enteral susp	<b>DUOPA</b>	3	PA
entacapone	*COMTAN	2	QL (240 tablets/month)
pramipexole	*MIRAPEX	1	QL (90 tablets/month)
rasagiline mesylate	*AZILECT	3	
ropinirole	*REQUIP	1	QL (90 tablets/month)
tolcapone	<b>TASMAR</b>	2	
trihexyphenidyl	*ARTANE	1	
	*SELEGILINE	1	

#### 4-I Smoking Deterrents

bupropion SR	*ZYBAN	1	PA QL (60 tablets/month)
nicotine inhalation	<b>NICOTROL INHALER</b>	3	PA QL (1 unit per 30 days)
nicotine nasal spray	<b>NICOTROL NS</b>	3	PA QL (1 unit per 30 days)
varenicline	<b>CHANTIX</b>	3	PA QL (60 tablets/month)

## DERMATOLOGICALS (drugs to treat skin disorders or conditions)

#### 5-A Anorectal

Generic Name	Brand Name	Tier	
hydrocortisone rectal	*ANUSOL-HC	1	
hydrocortisone-pramoxine rectal	*ANALPRAM-HC	1	
hydrocortisone-pramoxine rectal	<b>PROCTOFOAM-HC</b>	2	

#### 5-B Acne Products

Generic Name	Brand Name	Tier	Notes
azelaic acid	<b>AZELEX</b>	3	
azelaic acid foam	<b>FINACEA FOAM</b>	3	
azelaic acid	<b>FINACEA</b>	3	
benzoyl peroxide-vit E	<b>INOVA KIT</b>	3	
benzoyl peroxide-salicylic acid-vit E	<b>INOVA 4/1 KIT</b>	3	
benzoyl peroxide-erythromycin gel	*BENZAMYCIN 5-3%	1	QL (60 gm/month)
benzoyl peroxide-urea	<b>ZODERM 5.75% cleanser</b>	3	QL (473 mls/month)
benzoyl peroxide-urea	<b>ZODERM cleanser</b>	3	QL (400 mls/month)
benzoyl peroxide-urea	<b>ZODERM cream</b>	3	QL (125 mls/month)
benzoyl peroxide-urea	<b>ZODERM gel</b>	3	QL (125 mls/month)
brimonidine tartrate gel	<b>MIRVASO GEL</b>	3	QL (30 gms/month)
clindamycin foam	<b>EVOCLIN</b>	3	
clindamycin topical	*CLEOCIN-T SOLN & PADS	1	
clindamycin topical	*CLEOCIN T 1% GEL & LOT	3	
clindamycin-benzoyl peroxide gel	*DUAC	3	AL
dapsone	<b>ACZONE</b>	3	QL (1bottle/month)
erythromycin topical	*ERYGEL	1	
isotretinoin	*ACUTANE	3	QL (60 capsules/month) PA
isotretinoin	*AMNESTEEM	3	QL (60 capsules/month) PA
isotretinoin	*CLARAVIS	3	QL (60 capsules/month) PA
isotretinoin	*SOTRET	3	QL (60 capsules/month) PA
ivermectin cream	<b>SOOLANTRA</b>	3	ST

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\* Drug- generic preferred; Bolded drug- brand only

<b>SOOLANTRA ST</b> = requires trial of topical metronidazole and oral doxycycline			
metronidazole cream	*METROCREAM	1	QL (60 gm/month)
metronidazole gel	*METROGEL**	1	QL (60 gm/month)
metronidazole gel	*METROGEL PUMP**	1	QL (55 gm/month)
metronidazole lotion	*METROLOTION	1	
sulfacetamide lotion (acne)	*KLARON	1	
sulfacetamide-sulfur emulsion	*PLEXION	1	
tretinoin cream	*RETIN-A CREAM **	3	AL
** Larger tube sizes (55 grams or above) will be subject to a 60-day supply limit and 2 copays will apply			
<b>5-C Topical Antibiotics</b>			
Generic Name	Brand Name	Tier	Notes
bac-polymy-neomycin HC oint	<b>CORTISPORIN OINTMENT</b>	2	
erythromycin ointment	<b>AKNE-MYCIN</b>	3	
gentamicin topical	*GARAMYCIN	1	
mupirocin	*BACTROBAN	1	
mupirocin	*BACTROBAN CREAM	3	
mupirocin	<b>BACTROBAN NASAL OINTMENT</b>	2	
neomycin-polymyxin-HC cream	<b>CORTISPORIN CREAM</b>	2	
retapamuln	<b>ALTABAX</b>	3	QL (15 gm/month)
silver sulfadiazine	*SILVADENE	1	
<b>5-D Topical Antifungals</b>			
Generic Name	Brand Name	Tier	Notes
butenafine	<b>MENTAX</b>	3	
ciclopirox	*LOPROX	2	
ciclopirox solution	*PENLAC	1	QL (7 ml/month)
clotrimazole-betamethasone	*LOTRISONE	1	QL (30 ml/month)
econazole	*SPECTAZOLE	3	
ketoconazole shampoo	*NIZORAL SHAMPOO	1	
ketoconazole topical		1	
nystatin topical	*MYCOSTATIN topical	1	
oxiconazole	*OXISTAT CREAM	3	ST
<b>OXISTAT ST</b> - requires trial of one of the following: ketoconazole or ciclopirox			
<b>5-E Topical Antivirals</b>			
Generic Name	Brand Name	Tier	Notes
Acyclovir Ointment	*ZOVIRAX OINT	3	PA ST
<b>ZOVIRAX OINT ST</b> = requires failure to two alternatives: famciclovir, valacyclovir and acyclovir tablet			
<b>5-F Antipsoriatics</b>			
Generic Name	Brand Name	Tier	Notes
anthralin	*PSORiatec	1	
acitretin	*SORIATANE	3	
acitretin	*SORIATANE CK kit	3	QL (1 kit/month)
calcipotriene	*DOVONEX	2	QL (1 tube/month)
calcipotriene-betamethasone	*TACLONEX	3	QL (1 tube/month)
calcipotriene-betame dipro foam	<b>ENSTILAR FOAM</b>	3	
calcitriol ointment	*VECTICAL	1	QL (100 gm/month)
methoxsalen	<b>OXSORALEN-ULTRA</b>	3	

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tazarotene	<b>TAZORAC 0.5% CR/GEL**</b>	3	PA QL (1 tube/month)
tazarotene	<b>TAZORAC 0.1% CR/GEL**</b>	3	PA QL (1 tube/month)
** Larger tube sizes (60 grams or above) will be subject to a 60-day supply limit and 2 copays will apply			
<b>5-G Scabicides and Pediculicides</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
crotamiton	<b>EURAX</b>	3	
lindane shampoo	*KWELL	1	
permethrin	*ELIMITE	1	
spinosad	*NATROBA	3	
<b>5-H Topical Corticosteroids</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
alclometasone	*ACLOVATE	1	
amcinonide	*CYCLOCORT	3	
augmented betamethasone	*DIPROLENE	3	
augmented betamethasone	*DIPROLENE AF	1	
betamethasone dipropionate	*DIPROSONE	2	
betamethasone valerate	*VALISONE	1	
clobetasol propionate	*TEMOVATE 0.05% SOLN	1	
clobetasol propionate	*TEMOVATE CR,OINT,GEL	2	
clocortolone	*CLODERM	3	ST
<b>CLODERM ST</b> - requires a trial of Elocon			
desonide	<b>DESONATE 0.05% GEL</b>	3	ST
<b>DESONATE GEL ST</b> - requires a trial of one of the following: cutivate, locoid, dermatop, kenalog			
desonide	*DESOWEN CREAM	3	
desonide	*DESOWEN LOTION & OINT	3	
desoximetasone	*TOPICORT GEL & OINT	3	
diclofenac gel	<b>VOLTAREN GEL</b>	3	QL (500 gm/month)
diclofenac sodium	*SOLARAZE 3% GEL	3	PA
diflorasone diacetate 0.05% cr & oint		3	
diflorasone diacetate	*APEXICON OINTMENT	3	
diflorasone diacetate	*APEXICON E CREAM	3	
diflorasone diacetate	<b>PSORCON OINT</b>	3	QL (60 gm/month)
flucinolone oil	*DERMA-SMOOTH FS	3	
fluocinolone acetonide	*SYNALAR CREAM and SOLN	3	
fluocinolone acetonide	*SYNALAR OINT	2	
fluocinonide 0.05%		1	
flurandrenolide	*CORDRAN	3	ST
<b>Cordran ST</b> - requires a trial of one of the following: cutivate, locoid, dermatop, kenalog			
fluticasone	*CUTIVATE CREAM & OINT	1	
fluticasone	*CUTIVATE LOTION	3	ST
<b>CUTIVATE LOTION ST</b> = step through one of the following: Cutivate cream, Locoid, Dermatop or Kenalog			
halcinonide	<b>HALOG</b>	3	ST
<b>HALOG ST</b> - requires a trial of one of the following: Diprolene AF or fluocinonide 0.05%			
halobetasol	*ULTRAVATE	2	
halobetasol propionate lotion	<b>ULTRAVATE LOTION 0.05%</b>	3	PA

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halobetasol	<b>ULTRAVATE KIT</b>	3	QL (1 kit/month)
hc lot 2% sal acid sulfur 2-2%	<b>SCALACORT DK KIT</b>	3	
hydrocortisone butyrate	* <b>LOCOID CREAM</b>	1	QL (45 gm/month)
hydrocortisone valerate	* <b>WESTCORT</b>	3	
mometasone	* <b>ELOCON</b>	1	
pramoxine-HC cream	<b>PRAMOSONE E</b>	3	
pramoxine-HC cream	* <b>PRAMOSONE</b>	1	
pramoxine-HC foam	<b>EPIFOAM</b>	2	
prednicarbate	* <b>DERMATOP</b>	1	
sodium hyaluronate	* <b>HYLIRA</b>	1	
triamcinolone acetonide	* <b>KENALOG AEROSOL SPRAY</b>	3	
triamcinolone acetonide	* <b>KENALOG</b>	1	

\*\* Larger tube sizes will be subject to a 60-day supply limit and 2 copays will apply

### 5-I Miscellaneous Topicals

Generic Name	Brand Name	Tier	Notes
alefacept	<b>AMEVIVE</b>	3	
aluminum chloride	* <b>DRYSOL</b>	1	
aluminum chloride/alcohol	<b>XERAC-AC</b>	3	
becaplermin	<b>REGRANEX</b>	3	PA
collagenase	<b>SANTYL</b>	3	
crisaborole oint	<b>EUCRISA</b>	3	PA
fluorouracil	* <b>EFUDEX</b>	1	SP
fluorouracil	<b>CARAC</b>	2	SP
fluorouracil	<b>FLUOROPLEX</b>	3	SP
imiquimod	* <b>ALDARA</b>	1	QL (12 packets/month)
lidocaine 5% ointment		2	
lidocaine (topical)	* <b>XYLOCAINE</b>	1	
lidocaine patch	* <b>LIDODERM</b>	3	PA
lidocaine-prilocaine	* <b>EMLA cream</b>	1	QL (30 gm/month)
lidocaine/prilocaine kit		3	
lidocaine/tetracaine	<b>SYNERA PATCH</b>	3	QL (4 patches/month)
pimecrolimus	<b>ELIDEL</b>	3	QL (1 tube/month)
podofilox	* <b>CONDYLOX</b>	3	
podophyllum resin	<b>PODOCON</b>	2	
selenium sulfide shampoo	* <b>SELSUN</b>	1	
sulfacetamide	* <b>OVACE</b>	3	
sulfacetamide	* <b>OVACE PLUS SHAMPOO 1%</b>	3	
sulfacetamide-urea lotion	* <b>CARMOL SCALP</b>	1	
tacrolimus topical	* <b>PROTOPIC OINT</b>	1	QL (1 tube/month)
trypsin-castor oil-peruvian balsam	* <b>XENADERM</b>	1	
urea	* <b>VANAMIDE</b>	1	
urea	* <b>Hydro 40</b>	3	QL (70 gm/month)
urea	<b>KERAFOAM</b>	3	QL (60 gm/month)
urea (carbamide)	* <b>CARMOL 40</b>	1	
urea in zinc	<b>KEROL AD</b>	3	

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## ENDOCRINE AND HORMONES (drugs to treat metabolic or hormone conditions, ie diabetes)

### 6-A Corticosteroids

Generic Name	Brand Name	Tier	Notes
cortisone acetate	*CORTONE	1	
dexamethasone	*DECADRON	1	
fludrocortisone	*FLORINEF	1	
hydrocortisone acetate	*CORTEF	1	
methylprednisolone	*MEDROL	1	
prednisolone	<b>MILIPRED DP PAK</b>	3	
prednisolone	*PRELONE	1	
prednisolone	<b>PREDNISOLONE 5MG</b>	2	
prednisolone sod phosphate	<b>VERIPRED</b>	3	
prednisolone sodium	*ORAPRED	1	
prednisolone sodium	*PEDIAPRED	1	
prednisone		1	

### 6-B Androgens

Generic Name	Brand Name	Tier	Notes
danazol	*DANOCRINE	1	
methyltestosterone	*ANDROID	2	
methyltestosterone	<b>METHITEST</b>	3	
testosterone	<b>ANDRODERM</b>	3	QL (30 patches/month) PA
testosterone	<b>FORTESTA</b>	3	PA
testosterone	*TESTIM	3	PA
testosterone cypionate	*DEPO-TESTOSTERONE INJ	1	
testosterone TD sol	*AXIRON	3	PA
testosterone buccal system	<b>STRIANT</b>	3	PA QL (60 patches/month)

### 6-C Estrogens

Generic Name	Brand Name	Tier	Notes
conjugated estrogens-bazedoxifene	<b>DUAVEE</b>	2	
esterified estrogens		1	
esterified estrogens	<b>MENEST</b>	3	
estradiol	*ESTRACE	1	
estradiol gel	<b>ESTROGEL</b>	3	QL (93gm/month)
estradiol patch	*CLIMARA	1	QL (4 patches/month)
estradiol patch	<b>VIVELLE</b>	2	QL (8 patches/month)
estradiol patch	<b>VIVELLE DOT</b>	2	QL (8 patches/month)
estradiol patch	<b>ALORA</b>	3	QL (8 patches/month)
estradiol patch	<b>ESCLIM</b>	3	
estradiol patch	<b>ESTRADERM</b>	3	QL (8 patches/month)
estradiol patch	<b>MENOSTAR</b>	3	QL (4 patches/month)
estradiol spray	<b>EVAMIST</b>	3	QL (9 ml/month)
estradiol TD gel	<b>DIVIGEL</b>	3	QL (1 tube/month)
estradiol transdermal	<b>ESTRASORB</b>	3	QL (56 packets/month)
estradiol-levonorgestrel patch	<b>CLIMARA PRO</b>	3	QL (4 patches/month)
estradiol-norethindrone	*ACTIVELLA	3	QL (1 dialpak/month)

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estradiol-norethindrone patch	<b>COMBIPATCH</b>	3	QL (8 patches/month)
estradiol-norgestimate	<b>ORTHO-PREFEST</b>	2	
estrogen-medroxyprogesterone	<b>PREMPHASE</b>	2	QL (1 dialpak/month)
estrogen-medroxyprogesterone	<b>PREMPRO</b>	2	QL (1 dialpak/month)
estrogens (conjugated synthetic)	<b>ENJUVIA</b>	3	QL (30 tablets/month)
estrogens (conjugated)	<b>PREMARIN</b>	3	QL (30 tablets/month)
estrogens-methyltestosterone	*ESTRATEST	1	
estrogens-methyltestosterone	*ESTRATEST HS	1	
estropipate	*OGEN	1	
ethinyl estradiol-norethindrone	<b>FEMHRT</b>	3	QL (1 dialpak/month)
ospemifene	<b>OSPHENA</b>	3	
<b>6-D Contraceptives</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
<b>MONOPHASIC PRODUCTS</b>			
<i>ethinyl estradiol (EE) /desogestrel products</i>			
generics of Ortho Cept	*ORTHO CEPT	1	QL (28 tablets/21 days)
<i>mestranol/norethindrone</i>			
generics of Norinyl	*NORINYL	1	QL (28 tablets/21 days)
	<b>DESOGEN</b>	3	QL (28 tablets/21 days)
<i>EE/norgestimate products</i>			
generics of Ortho Cyclen	*ORTHO CYCLEN	1	QL (28 tablets/21 days)
<b>Sprintec, Previfem, Mononessa ST = requires trial of brand Ortho Cyclen within the last 120 days</b>			
<i>EE/norethindrone products</i>			
generics of Ortho Novum	*ORTHO NOVUM 1/35	1	QL (28 tablets/21 days)
generics of Loestrin 24 fe	*LOESTRIN 24 FE	3	QL (28 tablets/month)
generics of Loestrin fe	*LOESTRIN FE	1	QL (28 tablets/21 days)
generics of Loestrin	*LOESTRIN	3	QL (28 tablets/21 days)
generics of Ovcon-35	*OVCON-35	3	QL (28 tablets/21 days)
generics of Modicon	*MODICON	1	QL (28 tablets/21 days)
<i>EE/drospirenone products</i>			
	<b>YAZ</b>	2	QL (28 tablets/21 days)
generics of Yaz		3	QL (28 tablets/21 days) ST
<b>generics of Yaz ST = requires trial of brand Yaz</b>			
	<b>YASMIN</b>	2	QL (28 tablets/21 days)
generics of Yasmin		3	QL (28 tablets/21 days) ST
<b>generics of Yasmin ST = requires trial of brand Yasmin</b>			
<i>EE/norgestrel products</i>			
generics of Lo/Ovral	*LO/OVRAL	1	QL (28 tablets/21 days)
<i>EE/ethynodiol products</i>			
Kelnor		1	QL (28 tablets/21 days)
Zovia 1/35		1	QL (28 tablets/21 days)
<i>EE/levonorgestrel products</i>			
generics of Nordette	*NORDETTE	1	QL (28 tablets/21 days)
generics of Alesse	*ALESSE	1	QL (28 tablets/21 days)
generics of Seasonale	*SEASONALE	1	QL (91 tablets/3 months)

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generics of Lybrel	*LYBREL	1	QL (28 tablets/21 days)
<b>BIPHASIC PRODUCTS</b>			
<i>EE-desogestrel/EE</i>			
generics of Mircette	*MIRCETTE	3	QL (28 tablets/month)
<i>EE-levonorgestrel/EE</i>			
generics of Loseasonique	*LOSEASONIQUE	1	QL (28 tablets/21 days)
generics of Seasonique	*SEASONIQUE	1	QL (91 tablets/3 months)
<i>EE/norethindrone-EE/norethindrone</i>			
generics of Ortho Novum 10/11	*ORTHO NOVUM 10/11	1	QL (28 tablets/21 days)
	<b>LO LOESTRIN FE</b>	3	QL (28 tablets/month)
<b>TRIPHASIC PRODUCTS</b>			
<i>EE/norethindrone-EE/norethindrone-EE/norethindrone</i>			
generics of Tri-Norinyl	*TRI-NORINYL	1	QL (28 tablets/21 days)
generics of Ortho Novum 7/7/7	*ORTHO-NOVUM 7/7/7	1	QL (28 tablets/21 days)
generics of Estrostep fe	*ESTROSTEP (FE)	1	QL (28 tablets/21 days)
<i>EE/levonogestrel-EE/Levonorgestrel-EE/Levonorgestrel</i>			
generics of Enpresse	*ENPRESSE	1	QL (28 tablets/21 days)
<i>sogestrel-EE/desogestrel-EE/desogestrel</i>			
generics of Cyclessa	*CYCLESSA	1	QL (28 tablets/21 days)
<i>estimate-EE/norgestimate-EE/norgestimate</i>			
generics of Ortho Tri Cyclen	*ORTHO TRI CYCLEN	1	QL (28 tablets/21 days)
generics of Ortho Tri Cyclen lo	*ORTHO TRI CYCLEN LO	2	QL (28 tablets/21 days)
<b>4-PHASIC PRODUCTS</b>			
<i>estradiol-estradiol/dienogest-estradiol/dienogest-estradiol</i>			
	<b>NATAZIA</b>	2	QL (28 tablets/21 days)
<b>PROGESTIN ONLY-PRODUCTS</b>			
<i>Norethindrone</i>			
generics of Ortho Micronor	*ORTHO MICRONOR	1	QL (28 tablets/month)
<b>MISCELLANEOUS</b>			
<i>Levonorgestrel</i>			
mifepristone	<b>KORLYM</b>	3	PA SP
generics of Plan B	*PLAN B	1	
	<b>PLAN B ONE-STEP</b>	1	
<i>Ulipristal</i>			
	<b>ELLA</b>	1	QL (28 tablets/21 days)
<i>Etonogestrel/EE</i>			
	<b>NUVARING</b>	1	QL (1 ring/month)
<i>Norelgestromin/EE</i>			
generics of Ortho Evra	*ORTHO EVRA	1	QL (3 patches/month)
	<b>DIAPHRAMS</b>	1	
	<b>FEMCAP</b>	3	QL (1 cap/year)
<b>6-E Progestins</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
hydroxyprogesterone caproate	<b>MAKENA</b>	3	QL (5ml's/month)
medroxyprogesterone	*PROVERA	1	

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medroxyprogesterone acetate inj	*DEPO-PROVERA INJ	1	QL (1 injection per 90 days)
norethindrone	*AYGESTIN	1	
progesterone micronized	*PROMETRIUM	2	
progesterone vaginal	<b>CRINONE</b>	3	PA
<b>6-F Oral Antidiabetics (diabetes)</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
acarbose	*PRECOSE	1	QL (90 tablets/month)
alogliptin benzoate	<b>NESINA</b>	2	
alogliptin-metformin	<b>KAZANO</b>	2	
alogliptin-pioglitazone	<b>OSENI</b>	2	
bromocriptine	<b>CYCLOSET</b>	3	
canagliflozin	<b>INVOKANA</b>	2	ST
<b>Invokana ST=</b> requires a trial of metformin, glimepiride, glipizide, glyburide or pioglitazone			
canagliflozin-metformin	<b>INVOKAMET</b>	2	
canagliflozin-metformin 24hr er	<b>INVOKAMET XR</b>	2	QL (60 tablets/month)
chlorpropamide	*DIABINESE	1	
dapagliflozin propanediol	<b>FARXIGA</b>	3	ST
<b>FARXIGA ST -</b> requires a trial/failure of both Invokana and Jardiance and one of the following: metformin, glipizide, glyburide, glimepiride, pioglitazone			
empagliflozin	<b>JARDIANCE</b>	2	ST
<b>JARDIANCE ST:</b> requires a trial of metformin, glimepiride, glipizide, glyburide or Actoplus Met			
empagliflozin-metformin hcl	<b>SYNJARDY</b>	2	QL (60 tablets/month)
glimepiride	*AMARYL	1	QL (60 tablets/month)
glipizide	*GLUCOTROL 5mg	1	QL (90 tablets/month)
glipizide	*GLUCOTROL 10mg	1	QL (120 tablets/month)
glipizide CR	*GLUCOTROL XL 2.5mg	1	QL (90 tablets/month)
glipizide CR	*GLUCOTROL XL 5mg	1	QL (60 tablets/month)
glipizide CR	*GLUCOTROL XL 10mg	1	QL (60 tablets/month)
glipizide-metformin	*METAGLIP	1	QL (120 tablets/month)
glyburide	*DIABETA	1	
glyburide-metformin	*GLUCOVANCE	1	QL (120 tablets/month)
glyburide micronized	*GLYNASE	1	QL (60 tablets/month)
linagliptin	<b>TRADJENTA</b>	2	
linagliptin-metformin	<b>JENTADUETO</b>	2	QL (60 tablets/month)
linagliptin-metformin	<b>JENTADUETO XR</b>	2	QL (30 tablets/month)
metformin	*GLUCOPHAGE 500mg	1	QL (150 tablets/month)
metformin	*GLUCOPHAGE 850mg	1	QL (90 tablets/month)
metformin	*GLUCOPHAGE 1000mg	1	QL (75 tablets/month)
metformin	<b>RIOMET</b>	3	QL (750 mls/month)
metformin SR	*GLUCOPHAGE XR 500mg	1	QL (120 tablets/month)
metformin SR	*GLUCOPHAGE XR 750mg	1	QL (90 tablets/month)
miglitol	*GLYSET	2	QL (120 tablets/month)
nateglinide	*STARLIX	2	QL (90 tablets/month)
pioglitazone	*ACTOS	1	QL (30 tablets/month)
pioglitazone-glimepiride	*DUETACT	1	QL (30 tablets/month)
pioglitazone-metformin	*ACTOPLUS MET	2	QL (90 tablets/month)

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pioglitazone-metformin	<b>ACTOPLUS MET XR</b>	3	QL (30 tablets/month)
repaglinide	*PRANDIN	2	QL (120 tablets/month)
repaglinide-metformin	<b>PRANDIMET</b>	2	
repaglinide-metformin	*PRANDIMET	3	
rosiglitazone	<b>AVANDIA</b>	3	QL (30 tablets/month)
rosiglitazone maleate-glimepiride	<b>AVANDARYL 4/1mg</b>	3	QL (60 tablets/month)
rosiglitazone maleate-glimepiride	<b>AVANDARYL 4/2mg</b>	3	QL (60 tablets/month)
rosiglitazone maleate-glimepiride	<b>AVANDARYL 4/4mg</b>	3	QL (30 tablets/month)
rosiglitazone-metformin	<b>AVANDAMET 1/500mg</b>	3	QL (120 tablets/month)
rosiglitazone-metformin	<b>AVANDAMET 2/500mg</b>	3	QL (120 tablets/month)
rosiglitazone-metformin	<b>AVANDAMET 4/500mg</b>	3	QL (120 tablets/month)
rosiglitazone-metformin	<b>AVANDAMET 2/1000mg</b>	3	QL (60 tablets/month)
rosiglitazone-metformin	<b>AVANDAMET 4/1000mg</b>	3	QL (60 tablets/month)
saxagliptin	<b>ONGLYZA</b>	2	QL (30 tablets/month)
saxagliptin-metformin	<b>KOMBIGLYZE XR 5-500mg</b>	2	QL (30 tablets/month)
saxagliptin-metformin	<b>KOMBIGLYZE XR 5-1000mg</b>	2	QL (30 tablets/month)
saxagliptin-metformin	<b>KOMBIGLYZE XR 2.5-1000mg</b>	2	QL (60 tablets/month)
sitagliptin	<b>JANUVIA</b>	3	QL (30 tablets/month) ST
<b>Januvia ST</b> = requires a trial of THREE of the following: Nesina, Tradjenta, Onglyza			
sitagliptin-metformin	<b>JANUMET</b>	3	QL (60 tablets/month) ST
<b>Janumet ST</b> = requires trial/failure to all of the following: Kazano, Jentaduetto, Kombiglyze XR			
sitagliptin-metformin	<b>JANUMET XR</b>	3	QL (30 tablets/month) ST
<b>Janumet XR ST</b> = requires trial/failure to all of the following: Kazano, Jentaduetto, Kombiglyze XR			
tolazamide	*TOLINASE	1	
tolbutamide	*TOLBUTAMIDE	1	
<b>6-G Insulins</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
insulin glargine	<b>BASAGLAR</b>	1	
insulin (human)	<b>NOVOLIN N</b>	3	ST
<b>NOVOLIN N ST</b> = requires failure of Humulin N			
insulin (human)	<b>NOVOLIN R</b>	3	ST
<b>NOVOLIN R ST</b> = requires failure of Humulin R			
insulin (human)	<b>NOVOLIN 70/30</b>	3	ST
<b>NOVOLIN 70/30 ST</b> = requires failure of Humulin 70/30			
insulin (human)	<b>HUMULIN</b>	1	
insulin (human)	<b>HUMULIN PEN</b>	2	
insulin (human)	<b>RELION</b>	3	
insulin aspart	<b>NOVOLOG</b>	3	ST
<b>NOVOLOG ST</b> = requires failure of Humalog			
insulin aspart mix	<b>NOVOLOG MIX</b>	3	ST
<b>NOVOLOG MIX ST</b> = requires failure of Humalog Mix 75/25			
insulin detemir	<b>LEVEMIR</b>	2	
insulin glulisine	<b>APIDRA</b>	3	ST
<b>APIDRA ST</b> = requires failure of Humalog			
insulin lispro	<b>HUMALOG</b>	1	
insulin lispro	<b>HUMALOG PEN</b>	2	

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insulin lispro mix	<b>HUMALOG MIX</b>	1	
insulin lispro mix	<b>HUMALOG MIX PEN</b>	2	
<b>6-H Glucagon</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
	<b>GLUCAGON</b>	2	QL (2 kits/month)
<b>6-I Thyroid Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
levothroid		1	QL (60 tablets/month)
levothyroxine		1	QL (60 tablets/month)
levothyroxine	<b>*SYNTHROID (NTI)</b>	2	QL (60 tablets/month)
levoxyl		2	QL (60 tablets/month)
liothyronine	<b>*CYTOMEL</b>	2	
liotrix	<b>THYROLAR</b>	3	
methimazole	<b>*TAPAZOLE</b>	1	
propylthiouracil	<b>*PTU</b>	1	
thyroid	<b>ARMOUR THYROID</b>	2	
thyroid	<b>NATURE-THROID</b>	2	
thyroid	<b>WESTHROID-P</b>	3	
unithroid		1	QL (60 tablets/month)
<b>6-J Miscellaneous Endocrine</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
abaloparatide subc soln pen-inj	<b>TYMLOS</b>	3	PA SP
albiglutide	<b>TANZEUM INJ</b>	2	
alendronate	<b>* FOSAMAX 5mg</b>	1	QL (30 tablets/month)
alendronate	<b>* FOSAMAX 10mg</b>	1	QL (30 tablets/month)
alendronate	<b>* FOSAMAX 35mg</b>	1	QL (4 tablets/month)
alendronate	<b>* FOSAMAX 40mg</b>	1	QL (4 tablets/month)
alendronate	<b>* FOSAMAX 70mg</b>	1	QL (4 tablets/month)
alendronate-cholecalciferol	<b>FOSAMAX PLUS D</b>	3	QL (4 tablets/month)
asfotase alfa subc inj	<b>STRENSIQ</b>	3	PA SP
cabergoline	<b>*DOSTINEX</b>	2	
calcitonin	<b>MIACALCIN</b>	2	QL (2 bottles/month)
calcitonin (salmon) nasal	<b>*FORTICAL</b>	2	QL (2 bottles/month)
carglumic acid	<b>CARBAGLU</b>	3	SP
cinacalcet	<b>SENSIPAR 30mg</b>	3	QL (60 tablets/month)
cinacalcet	<b>SENSIPAR 60mg</b>	3	QL (60 tablets/month)
cinacalcet	<b>SENSIPAR 90mg</b>	3	QL (120 tablets/month)
cysteamine bitartrate	<b>CYSTAGON</b>	2	SP
deferasirox	<b>EXJADE</b>	2	PA SP
deferasirox	<b>JADENU</b>	2	PA SP
deferiprone	<b>FERRIPROX</b>	3	PA SP
desmopressin (nasal)	<b>*DDAVP</b>	1	QL (1 bottle/month)
desmopressin (nasal)	<b>STIMATE</b>	3	QL (1 bottle/month)
desmopressin (oral)	<b>*DDAVP 0.1mg</b>	1	QL (30 tablets/month)
desmopressin (oral)	<b>*DDAVP 0.2mg</b>	1	QL (90 tablets/month)
dulaglutide soln pen-injector	<b>TRULICITY</b>	3	

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eliglustat tartrate	<b>CERDELGA</b>	2	PA SP
etidronate	*DIDRONEL	1	
exenatide	<b>BYDUREON</b>	2	
exenatide	<b>BYETTA</b>	2	
ibandronate	*BONIVA	3	QL (1 tablet/month)
insulin glargine-lixisenatide soln pen-inj	<b>SOLIQUA</b>	2	PA
levocarnitine	*CARNITOR	1	
lixisenatide soln pen-injector	<b>ADLYXIN</b>	3	
liraglutide	<b>VICTOZA 2-PACK</b>	2	QL (2 pens/month)
liraglutide	<b>VICTOZA 3-PACK</b>	3	QL (3 pens/month)
pramlintide	<b>SYMLIN AMYLIN ANALOG</b>	2	
raloxifene	*EVISTA	2	QL (30 tablets/month)
risedronate	<b>ACTONEL 5mg</b>	3	QL (30 tablets/month)
risedronate	<b>ACTONEL 30mg</b>	3	QL (4 tablets/month)
risedronate	<b>ACTONEL 35mg</b>	3	QL (4 tablets/month)
risedronate	*ACTONEL 150mg	3	QL (1 tablet/month)
sapropterin dihydrochloride	<b>KUVAN</b>	3	PA SP
sapropterin dihydrochloride	<b>KUVAN POWDER</b>	3	PA SP
trientine hcl	<b>SYPRINE</b>	3	PA SP
ulipristal	<b>ELLA</b>	3	
uridine triacetate	<b>VISTOGARD</b>	2	SP
uridine triacetate	<b>XURIDEN</b>	2	PA SP

#### 6-K Diabetic Supplies

	<b>LIFESCAN ONE TOUCH PRODUCTS</b>	1	
	<b>Contour Next Products</b>	3	PA
	<b>DEXCOM GLUCOSE MONITOR</b>	3	PA QL
	<b>DEXCOM GLUCOSE SUPPLIES</b>	3	PA QL

### GASTROINTESTINAL (drugs to treat stomach or intestinal conditions, ie reflux, constipation, etc)

#### 7-A Laxatives

Generic Name	Brand Name	Tier	Notes
lactulose		1	
na sulf-k sulf-mg sulf & peg 3350	<b>SUCLEAR</b>	3	
PEG electrolyte	*COLYTE	1	
PEG electrolyte	<b>GOLYTELY</b>	2	
PEG 3350	<b>MOVIPREP</b>	3	
peg(high)-electrolyte	*NULYTELY	1	
polyeth glyc powder 3350	*MIRALAX RX	1	QL (527gm/month)
sod sulf-pot sulf-mag sulfate	<b>SUPREP</b>	3	
sod phos mon-sod phos di	<b>VISICOL</b>	3	

#### 7-B Antidiarrheals

Generic Name	Brand Name	Tier	Notes
diphenoxylate-atropine	*LOMOTIL	1	
opium tincture	*OPIUM TINCTURE	3	QL (72 mls/month)
paregoric		3	
telotristat etiprate	<b>XERMELO</b>	3	PA SP

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<b>7-C Miscellaneous Ulcer Drugs</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
amoxicillin-clarithro-omepraz	<b>OMECLAMOX-PAK</b>	3	
bismuth subcit-metronidazole-tetracycline	<b>PYLERA</b>	3	QL (2 paks/year)
chlordiazepoxide-methscopolamine	*LIBRAX	3	
dicyclomine	*BENTYL	1	
glycopyrrolate	*ROBINUL	1	
glycopyrrolate	*ROBINUL FORTE	1	
hyoscyamine	*LEVSIN	1	
hyoscyamine	*LEVBID	1	
hyoscyamine	*NULEV	1	
methscopolamine	<b>PAMINE</b>	3	
misoprostol	*CYTOTEC	1	QL (120 tablets/month)
propantheline	<b>PRO-BANTHINE</b>	2	
sucralfate	<b>CARAFATE</b>	2	
<b>7-D H2 Blockers</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
cimetidine	*TAGAMET	1	
famotidine	*PEPCID	1	
nizatadine	*AXID	2	
ranitidine	*ZANTAC	1	
<b>7-E Proton Pump Inhibitors (PPI)</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
dexlansoprazole	<b>DEXILANT</b>	3	QL (30 capsules/month)
esomeprazole	<b>NEXIUM PWD PCK/SUSP</b>	3	ST
<b>NEXIUM PWD PCK/SUSP ST</b> - requires trial/failure to all of the following: omeprazole, pantoprazole, rabeprazole and OTC PPI			
lansoprazole	*PREVACID	3	QL (30 capsules/month)
lansoprazole	<b>PREVACID SOLUTAB</b>	3	QL (30 tablets/month) PA
<b>PREVACID SOLUTAB ST</b> - requires trial/failure to all of the following: omeprazole, pantoprazole, rabeprazole and OTC PPI			
omeprazole	*PRILOSEC 20mg capsules	1	QL (60 capsules/month)
omeprazole	*PRILOSEC 20mg tablets	1	QL (60 tablets/month)
omeprazole	*PRILOSEC 40mg	1	QL (60 capsules/month)
pantoprazole	*PROTONIX	1	QL (60 tablets/month)
rabeprazole	*ACIPHEX	1	QL (30 tablets/month)
<b>7-F Antiemetics</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
aprepitant	*EMEND	2	
dolasetron	<b>ANZEMET</b>	3	QL (1 tablet/fill; 2 fills/month)
doxylamine-pyridoxine	<b>DICLEGIS</b>	3	PA
dronabinol	*MARINOL	3	PA
granisetron	*KYTRIL	1	QL (2 tabs/fill; 2 fills/month)
netupitant-palonosetron	<b>AKYNZEO</b>	3	QL (1 Packet/month)
ondansetron	*ZOFTRAN 4mg	1	QL (90 tablets/month)
ondansetron	*ZOFTRAN 8mg	1	QL (90 tablets/month)

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ondansetron	*ZOFTRAN 24mg	1	QL (90 tablets/month)
ondansetron	*ZOFTRAN ODT 4mg	1	QL (90 tablets/month)
ondansetron	*ZOFTRAN ODT 8mg	1	QL (90 tablets/month)
rolapitant	<b>VARUBI</b>	2	
scopolamine patch	<b>TRANSDERM-SCOP</b>	3	QL (10 patches/month)
trimethobenzamide	*TIGAN	1	

### 7-G Digestive Aids

Generic Name	Brand Name	Tier	Notes
amylase-lipase-protease	<b>CREON</b>	2	
cholic acid	<b>CHOLBAM</b>	3	PA SP
miglustat	<b>ZAVESCA</b>	2	SP
pancrelipase	<b>PANCREAZE</b>	3	ST
<b>Pancreaze ST=</b> requires trial of BOTH preferred agents CREON & ZENPEP			
pancrelipase	<b>PERTZYE</b>	3	ST
<b>Pertzye ST=</b> requires trial of BOTH preferred agents CREON & ZENPEP			
pancrelipase	<b>ULTRESA</b>	3	ST
<b>Ultresa ST=</b> requires trial of BOTH preferred agents CREON & ZENPEP			
pancrelipase	<b>VIOKACE</b>	3	ST
<b>Viokace ST=</b> requires trial of BOTH preferred agents CREON & ZENPEP			
pancrelipase	<b>ZENPEP</b>	2	
pegademase	<b>ADAGEN</b>	2	
sacrosidase	<b>SUCRAID</b>	2	SP
sodium phenylbutyrate	<b>BUPHENYL</b>	2	SP

### 7-H Miscellaneous Gastrointestinal

Generic Name	Brand Name	Tier	Notes
	<b>BXN MOUTHWASH</b>	3	
balsalazide	*COLAZAL	1	QL (270 capsules/month)
adefovir	*HEPSERA	3	QL (30 tablets/month) SP
alosetron	*LOTRONEX	3	QL (60 tablets/month) PA
budesonide foam	<b>UCERIS RECTAL FOAM</b>	2	
budesonide SR	*ENTOCORT EC	2	QL (90 capsules/month)
calcium acetate (phosphate binder)	*PHOSLO	1	
calcium acetate (phosphate binder)	<b>ELIPHOS</b>	2	
chenodiol	<b>CHENODAL</b>	3	PA SP
crofelemer	<b>MYTESI</b>	3	PA
cysteamine bitartrate	<b>PROCYSBI</b>	3	PA ST SP
<b>PROCYSBI ST =</b> requires failure of Cystagon			
eluxadoline	<b>VIBERZI</b>	3	PA
ferric citrate	<b>AURYXIA</b>	3	
glycopyrroate	<b>CUVPOSA</b>	3	AL(limited to 16 yrs & under)
hycosamine-phenyltoloxamine	<b>DIGEX NF</b>	3	
hydrocortisone acetate rectal foam	<b>CORTIFOAM</b>	3	
lamivudine (hepatitis)	<b>EPIVIR HBV</b>	2	QL (30 tablets/month) SP
lanthanum	*FOSRENOL 500mg chew	3	QL (150 tablets/month)
lanthanum	*FOSRENOL 750mg chew	3	QL (150 tablets/month)
lanthanum	*FOSRENOL 1000mg chew	3	QL (120 tablets/month)

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lanthanum	<b>FOSRENOL POWDER PACK</b>	3	
linaclotide	<b>LINZESS</b>	2	PA
lubiprostone	<b>AMITIZA</b>	3	PA ST QL (60 tablets/month)
<b>AMITIZA STEP</b> - requires trial/failure of Linzess or Movantik			
mesalamine	<b>CANASA</b>	2	
mesalamine	<b>LIALDA</b>	2	QL (120 tablets/month)
mesalamine CR	<b>APRISO</b>	2	
mesalamine enema	*ROWASA	1	
methylnaltrexone bromide inj	<b>RELISTOR INJ</b>	3	PA
metoclopramide	*REGLAN	1	
naloxegol oxalate	<b>MOVANTIK</b>	2	PA (30 tablets/month)
obeticholic acid	<b>OCALIVA</b>	3	PA SP QL (30 tablets/month)
sevelamer	<b>RENAGEL</b>	3	
sevelamer	*REVELA	2	
sod picosulfate-mg ox-citric acid	<b>PREPOPIK</b>	3	
sucroferic oxyhydroxide	<b>VELPHORO</b>	2	
sulfasalazine	*AZULFIDINE	1	
sulfasalazine EC	*AZULFIDINE EN	1	
teduglutide	<b>GATTEX</b>	3	PA SP
ursodiol	*ACTIGALL	1	
ursodiol	*URSO	3	
ursodiol	*URSO FORTE	3	
	<b>DIPENTUM</b>	3	

## GENITOURINARY (drugs to treat genital and bladder or kidney conditions)

### 8-A Urinary Anti-Infectives

Generic Name	Brand Name	Tier	Notes
fosfomycin	<b>MONUROL</b>	2	QL (1 Packet/month)
methenamine-NA biphosphate	*UROQID	1	
nitrofurantoin macro	*MACROBID	1	
nitrofurantoin macrocrystals	*MACRODANTIN	1	
nitrofurantoin susp	<b>FURADANTIN</b>	2	

### 8-B Urinary Antispasmodics

Generic Name	Brand Name	Tier	Notes
bethanechol	*URECHOLINE	1	
fexoterodine	<b>TOVIAZ</b>	3	QL (30 tablets/month)
flavoxate	*URISPAS	1	QL (240 tablets/month)
oxybutynin	*DITROPAN	1	QL (240 tablets/month)
oxybutynin CR	*DITROPAN XL 5mg	2	QL (30 tablets/month)
oxybutynin CR	*DITROPAN XL 10mg	2	QL (60 tablets/month)
oxybutynin CR	*DITROPAN XL 15mg	2	QL (60 tablets/month)

### 8-C Vaginal Products

Generic Name	Brand Name	Tier	Notes
clindamycin vaginal	*CLEOCIN vaginal cream	2	<b>Notes</b>
clindamycin vaginal	<b>CLINDESSE</b>	3	
estradiol vaginal	<b>ESTRACE vaginal</b>	3	

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estradiol vaginal	*VAGIFEM	2	
estradiol vaginal ring	<b>ESTRING</b>	3	
estradiol vaginal ring	<b>FEMRING</b>	3	
estrogens (conjugated) vaginal	<b>PREMARIN vaginal</b>	2	
metronidazole vaginal	*METROGEL vaginal	2	
metronidazole vaginal	*VANDAZOLE	2	
nystatin vaginal		1	
sulfanilamide vaginal	<b>AVC vaginal</b>	2	
terconazole vaginal	<b>TERAZOL</b>	2	
triple sulfas vaginal		1	

### 8-D Miscellaneous Genitourinary Agents

Generic Name	Brand Name	Tier	Notes
citric acid-sodium citrate	*BICITRA	1	
citric acid-D-gluconic acid	<b>RENACIDIN</b>	3	
dutasteride	*AVODART	3	QL (30 capsules/month)
finasteride	*PROSCAR	1	QL (30 tablets/month)
methylergonovine	<b>METHERGINE</b>	3	
pentosan polysulfate sodium	<b>ELMIRON</b>	2	QL (90 capsules/month)
phenazopyridine	*PYRIDIUM	1	
potassium citrate CR	*UROKIT-K	1	
potassium phosphate	<b>K-PHOS</b>	2	
	<b>POTASSIUM CHLORIDE</b>	2	
silodosin	<b>RAPAFLO</b>	3	QL (30 capsules/month)
tadalafil	<b>CIALIS</b>	3	ST
<b>CIALIS ST</b> = requires a trial to one of the following: doxazosin, tamsulosin, silodosin or uroxatrol			
tamsulosin	*FLOMAX	1	QL (60 capsules/month)
tiopronin	<b>THIOLA</b>	3	SP

## MUSCULOSKELETAL AND PAIN (drugs to treat pain and muscle conditions)

### 9-A Analgesics-Non-Narcotic

Generic Name	Brand Name	Tier	Notes
APAP-butalbital	*PHRENILIN	1	QL (360 tablets/month)
	<b>DIFLUNISAL</b>	2	
APAP-caffeine-butalbital	*ESGIC	1	QL (360 tablets/month)
APAP-caffeine-butalbital	*FIORICET	1	QL (360 tablets/month)
ASA-caffeine-butalbital	*FIORINAL	1	
choline-mag salicylates	*TRILISATE	1	

### 9-B Analgesics-Narcotic

Generic Name	Brand Name	Tier	Notes
	<b>CODEINE SULFATE</b>	2	
	*METHADONE	1	
acet-caffeine-dihydrocodeine	<b>TREZIX</b>	3	QL (12 tablets/day)
APAP-codeine	*TYLENOL w/CODEINE	1	QL (390 tablets/month)
APAP-hydrocodone liquid		2	
APAP-hydrocodone	*LORTAB	3	QL (240 tablets/month)
APAP-hydrocodone	*NORCO	1	QL (360 tablets/month)

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APAP-hydrocodone	*VICODIN	3	QL (240 tablets/month)
APAP-hydrocodone	*VICODIN ES	f	QL (150 tablets/month)
APAP-hydrocodone	*VICODIN HP	3	QL (180 tablets/month)
APAP-hydrocodone	*XODOL 5-300 MG	3	
APAP-hydrocodone	*XODOL 7.5-300 MG	3	
APAP-hydrocodone	*XODOL 10-300 MG	3	
APAP-hydrocodone liquid	*XODOL LIQUID 10-300 MG/15ML	3	
APAP-hydrocodone	<b>ZAMICET</b>	3	QL (360 mls/month)
APAP-hydrocodone	<b>ZYDONE</b>	2	QL (300 mls/month)
ASA-caffeine-but-codeine	*FIORINAL w/CODEINE	1	
butal-acet-caf-cod	*FIORICET w/CODEINE 50/325/40/30mg	1	
ASA-codeine	*EMPIRIN w/CODEINE	1	
buprenorphine buccal	<b>BELBUCA</b>	3	QL (60 tablets/month)
buprenorphine	*SUBUTEX	1	QL (15 tablets/month)
buprenorphine hcl-naloxone	<b>ZUBSOLV 1.4mg-0.36mg</b>	2	QL (90 tablets/month)
buprenorphine hcl-naloxone	<b>ZUBSOLV 5.7mg-1.4mg</b>	2	QL (90 tablets/month)
buprenorphine hcl-naloxone	<b>ZUBSOLV 11.4mg-2.9mg</b>	2	QL (30 tablets/month)
buprenorphine hcl-naloxone	<b>ZUBSOLV 8.6mg-1.4mg</b>	2	QL (60 tablets/month)
butorphanol	*STADOL NS	2	QL (1 bottle/month)
dihydrocodeine compound	<b>SYNALGOS DC</b>	3	
fentanyl citrate nasal	<b>LAZANDA</b>	3	PA
fentanyl lollipop	*ACTIQ	3	QL (120 lozenges/month) PA
fentanyl patch	*DURAGESIC	2	QL (10 patches/month) ST
<b>DURAGESIC ST = requires a trial fill of MSSR</b>			
fentanyl transmucosal lozenge	<b>FENTORA</b>	3	QL (120 lozenges/month) PA
hydrocodone bitartrate	<b>ZOHYDRO ER</b>	3	ST QL (60 tablets/month)
<b>ZOHYDRO ER ST = requires failure of 3 of the following agents: Opana ER, MSSR, Nucynta ER, Fentanyl Patches</b>			
hydromorphone	*DILAUDID 2mg	1	QL (360 tablets/month)
hydromorphone	*DILAUDID 4mg	1	QL (360 tablets/month)
hydromorphone	*DILAUDID 8mg	1	QL (360 tablets/month)
hydromorphone ER	*EXALGO	3	QL (30 tablets/month) ST
<b>*EXALGO ST = requires failure of 3 of the following agents: Opana ER, MSSR, Nucynta ER, Fentanyl Patches</b>			
ibuprofen-hydrocodone	*VICOPROFEN	1	QL (480 tablets/month)
ibuprofen-hydrocodone	*REPREXAIN	3	QL (480 tablets/month)
ketorolac tromethamine nasal	<b>SPRIX NASAL</b>	3	QL (1 bottle/day; 1 box/5 bottles per n
meperidine	*DEMEROL	1	QL (360 tablets/month)
morphine sulfate beads SR 24hr	*AVINZA 30mg	3	QL (30 capsules/month) ST
morphine sulfate beads SR 24hr	*AVINZA 60mg	3	QL (30 capsules/month) ST
morphine sulfate beads SR 24hr	*AVINZA 90mg	3	QL (60 capsules/month) ST
morphine sulfate beads SR 24hr	*AVINZA 120mg	3	QL (90 capsules/month) ST
<b>*AVINZA ST = requires failure of 3 of the following agents: Opana ER, MSSR, Nucynta ER, Fentanyl Patches</b>			
morphine sulfate	*MS IR	1	
morphine sulfate SR	*MS CONTIN	1	

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SP- Specialty Drugs

\* Drug- generic preferred; Bolded drug- brand only

naltrexone	*REVIA	1	
oxycodone	*OXYIR	1	
oxycodone	*ROXICODONE	1	QL (360 tablets/month)
oxycodone cap er 12hr	<b>XTAMPZA ER</b>	3	QL (60 tablets/month)
oxycodone-APAP	*PERCOCET 2.5-325mg	1	QL (360 tablets/month)
oxycodone-APAP	*PERCOCET 5-325mg	1	QL (360 tablets/month)
oxycodone-APAP	*PERCOCET 7.5-325mg	1	QL (360 tablets/month)
oxycodone-APAP	*PERCOCET 10-325mg	1	QL (360 tablets/month)
oxycodone-APAP	*PERCOCET 7.5-500mg	1	QL (240 tablets/month)
oxycodone-APAP	*PERCOCET 10-650mg	1	QL (180 tablets/month)
oxycodone-ASA	*PERCODAN	1	QL (360 tablets/month)
oxycodone-ibuprofen	<b>COMBUNOX</b>	3	QL (7 day treatment;4 tabs/day)
oxymorphone	*OPANA	3	QL (180 tablets/month)
oxymorphone ER	<b>OPANA ER</b> (Crush Resistant)	2	QL (60 tablets/month)
oxymorphone ER		3	ST QL (60 tablets/month)
<b>oxymorphone ER ST</b> - requires failure of 3 of the following agents: Opana ER, MSSR, Nucynta ER, Fentanyl Patches			
pentazocine-naloxone	*TALWIN NX	1	
propoxyphene-APAP	<b>DARVOCET A</b>	3	QL (240 tablets/month)
propoxyphene napsylate	<b>DARVON-N</b>	3	QL (180 tablets/month)
tapentadol	<b>NUCYNTA</b>	3	QL (180 tablets/month)
tapentadol SR	<b>NUCYNTA ER</b>	3	QL (60 tablets/month)
tramadol	*ULTRAM	1	QL (240 tablets/month)
tramadol ER	*ULTRAM ER 100mg	2	QL (90 tablets/month)
tramadol ER	*ULTRAM ER 200mg	2	QL (30 tablets/month)
tramadol ER	*ULTRAM ER 300mg	2	QL (30 tablets/month)
tramadol-APAP	<b>ULTRACET</b>	2	QL (240 tablets/month)
<b>9-C Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
celecoxib	*CELEBREX 50mg	2	QL (60 capsules/month)
celecoxib	*CELEBREX 100mg	2	QL (60 capsules/month)
celecoxib	*CELEBREX 200mg	2	QL (60 capsules/month)
celecoxib	*CELEBREX 400mg	2	QL (30 capsules/month)
diclofenac	*VOLTAREN 25mg	1	QL (240 tablets/month)
diclofenac	*VOLTAREN 50mg	1	QL (120 tablets/month)
diclofenac	*VOLTAREN 75mg	1	QL (90 tablets/month)
diclofenac potassium	*CATAFLAM	1	QL (120 tablets/month)
diclofenac SR	*VOLTAREN XR	1	
diclofenac-misoprostol	*ARTHROTEC	3	QL (120 tablets/month)
etodolac	*LODINE 200mg	1	QL (90 capsules/month)
etodolac	*LODINE 300mg	1	QL (90 capsules/month)
etodolac	*LODINE 400mg	1	QL (90 tablets/month)
etodolac	*LODINE 500mg	1	QL (90 tablets/month)
etodolac SR	*LODINE XL 600mg	1	QL (60 tablets/month)
fenoprofen	*NALFON	1	
flurbiprofen	*ANSAID	1	

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SP- Specialty Drugs

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ibuprofen	*MOTRIN	1	
indomethacin	*INDOCIN	1	
indomethacin CR	*INDOCIN SR	1	
ketoprofen	<b>ORUDIS</b>	2	QL (60 capsules/month)
ketoprofen SR	<b>ORUVAIL</b>	3	
ketorolac	*TORADOL	1	QL (20 tablets/month)
lansoprazole-naproxen	<b>PREVACID NAP KIT</b>	3	
meclofenamate	*MECLOMEN	1	
mefenamic acid	*PONSTEL	3	
meloxicam	*MOBIC	1	
nabumetone	*RELAFEN	1	
naproxen	*NAPROSYN	1	
naproxen sodium	*ANAPROX	1	
oxaprozin	*DAYPRO	1	QL (90 tablets/month)
piroxicam	*FELDENE	1	
sulindac	*CLINORIL	1	
tolmetin sodium	*TOLECTIN	2	

### 9-D Anti-Rheumatic Agents

Generic Name	Brand Name	Tier	Notes
auranofin	<b>RIDAURA</b>	2	
leflunomide	*ARAVA	1	QL (30 tablets/month)
methotrexate		1	
methotrexate oral soln 2.5mg/ml	<b>XATMEP</b>	3	PA
methotrexate solution pf	<b>RASUVO</b>	3	ST
<b>RASUVO ST = requires trial of oral methotrexate</b>			
penicillamine	<b>DEPEN</b>	2	SP

### 9-E Migraine Products

Generic Name	Brand Name	Tier	Notes
almotriptan	*AXERT	3	QL (6 tabs/fill; 2 fills/month)
dihydroergotamine (nasal)	*MIGRANAL	3	
eletriptan	*RELPAX	2	QL (6 tabs/fill; 2 fills/month)
ergotamine with caffeine	*CAFERGOT	3	
ergotamine-phenobarb-belladonna		1	
frovatriptan	*FROVA	3	QL (6 tabs/fill; 2 fills/month)
naratriptan	*AMERGE	3	QL (6 tabs/fill; 2 fills/month)
rizatriptan	*MAXALT	1	QL (6 tabs/fill; 2 fills/month)
rizatriptan	*MAXALT MLT	1	QL (6 tabs/fill; 2 fills/month)
sumatriptan	*IMITREX	1	QL (9 tabs/fill; 2 fills/month)
sumatriptan	*IMITREX NASAL	2	QL (6 vials/month)
sumatriptan	*SUMATRIPTAN INJ	1	QL (2 kits/fill, 2 fills/month)
zolmitriptan	*ZOMIG	3	QL (6 tabs/fill; 2 fills/month)
zolmitriptan	<b>ZOMIG NASAL</b>	3	QL (6 vials/month)
zolmitriptan	*ZOMIG ZMT	3	QL (6 tabs/fill; 2 fills/month)

### 9-F Gout

Generic Name	Brand Name	Tier	Notes
allopurinol	*ZYLOPRIM	1	

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SP- Specialty Drugs

\* Drug- generic preferred; Bolded drug- brand only

colchicine capsules	<b>MITIGARE</b>	2	
colchicine-probenecid	*COLBENEMID	1	
febuxostat	<b>ULORIC</b>	3	ST QL (30 tablets/month)
<b>ULORIC ST = requires trial of allopurinol</b>			
glycerol phenylbutyrate	<b>RAVICTI</b>	3	SP
lesinurad	<b>ZURAMPIC</b>	3	PA
probenecid	*BENEMID	1	
<b>9-G Musculoskeletal Therapy Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
baclofen	*LIORESAL	1	
carisoprodol	*SOMA	1	QL (120 tablets/month)
carisoprodol-ASA	*SOMA COMPOUND	1	QL (120 tablets/month)
carisoprodol-ASA-codeine	*SOMA CPD w/CODEINE	1	QL (120 tablets/month)
chlorzoxazone	*PARAFON FORTE	1	
cyclobenzaprine	*FLEXERIL 5mg	1	QL (90 tablets/month)
cyclobenzaprine	*FLEXERIL 10mg	1	
cyclobenzaprine SR 24hr caps	<b>AMRIX</b>	3	QL (30 capsules/month)
cyclobenzaprine	*FEXMID 7.5mg	3	QL (90 tablets/month)
dantrolene	*DANTRIUM	1	
metaxalone	*SKELAXIN	3	QL (240 tablets/month)
methocarbamol	*ROBAXIN	1	
orphenadrine citrate	*NORFLEX	2	
tizanidine	*ZANAFLEX capsules	3	
tizanidine	*ZANAFLEX tablets	1	
<b>9-H Miscellaneous Neuromuscular Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
pyridostigmine	*MESTINON	1	
riluzole	*RILUTEK	3	QL (60 tablets/month)
<b>9-I Miscellaneous Rescue Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
acetylcysteine effervescent	<b>CETYLEV</b>	3	
acetylcysteine inhalation solution		1	
naloxone injection		1	
naloxone hcl nasal spray	<b>NARCAN</b>	2	QL (1 box/fill)
<b>VITAMINS &amp; HEMATOLOGICALS</b> (drugs to treat vitamin deficiencies and other blood disorders)			
<b>10-A Vitamins</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
calcitriol	*ROCALTROL	1	
docercalciferol	*HECTOROL	3	
ergocalciferol [vitamin D]	*CALCIFEROL	1	
parathyroid hormone (recombinant)	<b>NATPARA</b>	3	SP PA QL (1/day)
paricalcitol [vitamin D]	*ZEMPLAR	1	QL (30 capsules/month) SP
phytonadione	<b>MEPHYTON</b>	2	
potassium aminobenzoate	<b>POTABA</b>	2	

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<b>10-B Multivitamins</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
B complex-vit C-FA	*NEPHROCAPS	1	
fe bisglycin-fe polysac	<b>NIFEREX GOLD</b>	3	QL (30 tablets/month)
multi vitamin	<b>TANDEM F</b>	3	
ped multi vitamin-fluoride	*POLY-VI-FLOR	1	
ped multi vitamin-fluoride-FE	*POLY-VI-FLOR-FE	1	
ped vitamins ACD-fluoride	*TRI-VI-FLOR	1	
ped vitamins ACD-fluoride-FE	*TRI-VI-FLOR-FE	1	
pnv-select		1	
prenatal FE-CBN-DSS-Methylfol-FA	<b>PRENATE ELITE</b>	3	
prenatal low iron		1	
prenat-fe poly cmplx-fe heme	<b>PREFERA OB</b>	3	QL (30 tablets/month)
prenat-fe poly cmplx-fe heme	<b>PREFERA OB + DHA</b>	3	QL (60 tablets/month)
prenatal mv w/fe poly-fa	<b>SELECT-OB+DHA</b>	3	
prenatal vit-FE-bisglycinate-FA	<b>NATELLE</b>	3	QL (30 tablets/month)
prenatal -fe- bis-fe prot succ-fa-ca-	<b>DUET DHA</b>	3	
prenatal vitamins-iron carbonyl-FA	<b>NESTABS</b>	3	
prenatal w/dss iron carbonyl-fa	<b>ATABEX EC</b>	3	
prenatal w/fe fum-l methylfolate	<b>NEEVO DHA</b>	3	
prenate w/fe fum-fe poly-fa omega 3	<b>CONCEPT DHA</b>	3	
prenate w/o a w/fe fum-fe poly-fa	<b>CONCEPT OB</b>	3	
prenate w/o Vit A w/ FE	<b>NATELLE ONE</b>	3	
prenate FE-Fum-Lmethylfol-FA-CA	<b>PRENATE DHA</b>	3	QL (30 tablets/month)
prenate w/o a w/febn-egl-dss-fa & dha	<b>CITRANATAL ASSURE PAK</b>	3	QL (60 tablets/month)
<b>10-C Minerals</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
cyanocobalamin (nasal)	<b>NASCOBAL</b>	3	
cyanocobalamin inj		1	
FA-vit B6-vit B12	*FOLBEE	1	QL (30 tablets/month)
FA-vit B6-vit B12	*FOLGARD RX	1	QL (30 tablets/month)
FE fum-FA-DSS-B complex-vit C	<b>NEPHRON FA</b>	3	
FE fum-fe poly-fa-c-b3	<b>INTEGRA F</b>	3	
FE fum-iron polysacch complex	<b>INTEGRA PLUS</b>	3	
FE fum-vit C-vit B12-FA	*CHROMAGEN FORTE	3	
folic acid		1	
<b>10-D Anticoagulants</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
apixaban	<b>ELIQUIS</b>	3	QL (60 tablets/month)
dibigatran	<b>PRADAXA</b>	2	QL (60 tablets/month)
edoxaban	<b>SAVAYSA</b>	3	
rivaroxaban	<b>XARELTO STARTER PACK</b>	2	
rivaroxaban	<b>XARELTO 10mg</b>	2	QL (35 tablets/180 days)
rivaroxaban	<b>XARELTO 15mg</b>	2	QL (52 tabs/1st fill then 1/day)
rivaroxaban	<b>XARELTO 20mg</b>	2	QL (30 tablets/month)
warfarin	* <b>COUMADIN (NTI)</b>	2	

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**10-E Miscellaneous Hematologicals**

Generic Name	Brand Name	Tier	Notes
aminocaproic acid	<b>AMICAR</b>	3	
anagrelide	*AGRYLIN	1	
cilostazol	*PLETAL	1	QL (60 tablets/month)
clopidogrel	*PLAVIX	1	
dipyridamole	*PERSANTINE	1	
dipyridamole-aspirin SR	*AGGRENEX	3	QL (60 capsules/month)
pentoxifylline	*TRENTAL	1	QL (90 tablets/month)
prasugrel	<b>EFFIENT</b>	3	QL (30 tablets/month)
ticagrelor	<b>BRILINTA</b>	3	
sodium polystyrene sulfonate	*KAYEXALATE	1	
ticlopidine	*TICLID	1	QL (60 tablets/month)
tranexamic acid	*LYSTEDA	2	QL (5 days therapy/28 days)
vorapaxar sulfate	<b>ZONTIVITY</b>	3	PA

**EYE, EAR AND THROAT** (drugs to treat eye, ear and throat conditions)**11-A Ophthalmic Anti-infectives**

Generic Name	Brand Name	Tier	Notes
azithromycin ophth	<b>AZASITE</b>	3	QL (5 ml/month)
bacitracin ophth		1	
bacitracin-polymyxin B ophth	*POLYSPORIN ophth	1	
besifloxacin ophth	<b>BESIVANCE</b>	3	QL (5 ml/month)
ciprofloxacin ophth	*CILOXAN	1	
gatifloxacin ophth	<b>ZYMAR</b>	3	QL (5 ml/month)
gatifloxacin ophth	*ZYMAXID	3	QL (2.5 ml/month)
gentamycin sulfate ophth	*GENTAMICIN OINT 3%	1	
levofloxacin ophth	*QUIXIN	1	
moxifloxacin ophth	<b>MOXEZA</b>	3	QL (3 ml/month)
moxifloxacin ophth	*VIGAMOX	3	QL (3 ml/month)
neomycin-polymyxin B-gramacidin ophth	*NEOSPORIN ophth	1	
ofloxacin ophth	*OCUFLOX	1	QL (10 ml/month)
sulfacetamide sodium ophth	*BLEPH-10	1	
tobramycin ophth	*TOBREX	1	
trifluridine ophth	*VIROPTIC	1	
trimethoprim-polymy B ophth	*POLYTRIM ophth	1	

**11-B Ophthalmics Beta-Blocker**

Generic Name	Brand Name	Tier	Notes
betaxolol HCL ophth	<b>BETOPTIC-S</b>	3	
brimonidine timolol ophth	<b>COMBIGAN</b>	2	QL (5 ml/month)
carteolol ophth	*OCUPRESS	1	
dorzolamide-timolol ophth	*COSOPT	2	
dorzolamide-timolol ophth	<b>COSOPT PF</b>	3	QL (60 sing-use vials per mont
levobunolol ophth	*BETAGAN	1	
metipranolol ophth	*OPTIPRANOLOL	1	
timolol ophth	<b>BETIMOL</b>	2	QL (5 ml/month)

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SP- Specialty Drugs

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timolol maleate ophth	*TIMOPTIC	1	
timolol maleate ophth	*TIMOPTIC XE	1	
<b>11-C Ophthalmic Steroids</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
dexamethasone ophth	<b>MAXIDEX</b>	3	
dexamethasone phosphate ophth	*DECADRON ophth	1	
difluprednate ophth	<b>DUREZOL</b>	3	
fluorometholone ophth	<b>FML FORTE</b>	2	
fluorometholone ophth	*FML LIQUIFILM	1	
fluorometholone ophth	<b>FML SOP</b>	2	
fluorometholone ophth	<b>FLAREX</b>	3	
loteprednol etb-tobramycin ophth	<b>ZYLET</b>	3	QL (5 ml/month)
loteprednol ophth	<b>ALREX</b>	3	QL (5 ml/month)
loteprednol ophth	<b>LOTEMAX</b>	3	QL (10 ml/month)
neomycin-polymyxin-HC ophth	*CORTISPORIN OPHTH	1	
prednisolone ophth	*PRED FORTE	1	
rimexolone ophth	<b>VEXOL</b>	2	
sulfacetamide-prednisolone ophth	*BLEPHAMIDE	1	
tobramycin-dexamethasone ophth	*TOBRADEX	2	QL (5 ml/month)
<b>11-D Ophthalmic Prostaglandin</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
bimatoprost ophth	<b>LUMIGAN</b>	2	QL (2.5 ml/month)
tafluprost oph soln	<b>ZIOPTAN</b>	3	ST QL (1 carton (30 vials) per
<b>Zioptan ST = requires trial of latanoprost</b>			
latanoprost ophth	*XALATAN	1	QL (2.5 ml/month)
travaprost ophth	<b>TRAVATAN Z</b>	2	QL (2.5 ml/month)
travaprost ophth	*TRAVATAN	3	ST QL (2.5 ml/month)
<b>Travaprost ST = requires trial of latanoprost</b>			
unoprostone isopropyl ophth	<b>RESCULA</b>	3	ST QL (5ml/month)
<b>Rescula Step = requires 30 day trial of latanoprost in the past 180 days</b>			
<b>11-E Ophthalmic Cycloplegics</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
atropine ophth	*ISOPTO ATROPINE	1	
cyclopentolate ophth	*CYCLOGYL	1	
homatropine ophth	*ISOPTO HOMATROPINE	1	
scopolamine ophth	<b>ISOPTO HYOSCINE</b>	3	
tropicamide ophth	*MYDRIACYL	1	
<b>11-F Ophthalmics Miotics</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
pilocarpine ophth	*ISOPTO CARPINE	1	
pilocarpine ophth	<b>PILOPINE HS</b>	2	
<b>11-G Ophthalmics Adrenergic Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
apraclonidine ophth	*IOPIDINE	3	
brimonidine ophth	<b>ALPHAGAN P 0.1%</b>	2	QL (10ml per month)
brimonidine ophth	*ALPHAGAN P 0.2%	2	QL (10ml per month)

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brimonidine ophth	*ALPHAGAN P 0.15%	2	QL (10ml per month)
<b>11-H Ophthalmics Miscelleaneous</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
brinzolamide ophth	<b>AZOPT</b>	2	QL (10 ml/month)
bromfenac sod ophth soln 0.09%		3	QL (1.7ml/s/fill)
bromfenac ophth	*XIBROM	3	QL (2.5 ml/month)
cromolyn sodium ophth	*CROLOM ophth	1	
cyclosporine ophth	<b>RESTASIS</b>	3	PA QL (60 vials(1 box/mo)
cysteamine	<b>CYSTARAN</b>	3	PA SP
diclofenac ophth	*VOLTAREN ophth	1	
diclofenac ophth	<b>VOLTAREN ophth gel</b>	3	
dorzolamide ophth	*TRUSOPT	1	
flurbiprofen ophth	*OCUFEN	1	
ketorolac ophth	*ACULAR	1	
ketorolac ophth	*ACULAR LS	1	QL (5ml per month)
lidocaine ophth	<b>AKTEN GEL</b>	3	
lifitegrast ophth	<b>XIIDRA</b>	3	PA QL (60 vials per month)
lodoxamide ophth	<b>ALOMIDE</b>	3	
nedocromil ophth	<b>ALOCRI</b>	3	
nepafenac ophth	<b>NEVANAC</b>	2	QL (3 ml/month)
olopatadine	*PATANOL	3	
pemirolast ophth	<b>ALAMAST</b>	3	
tasimelteon	<b>HETLIOZ</b>	3	PA SP
<b>11-I Otic (Ear) Medications</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
antipyrine-benzo-polycosanol otic soln	*TREAGAN	1	
benzocaine-antipyrine otic	*AURALGAN	1	
chloroxylenol-pramoxine-zinc acetate otic	<b>ZINOTIC</b>	3	QL (15 ml/month)
chloroxylenol-pramoxine-zinc acetate otic	<b>ZINOTIC ES</b>	3	QL (15 ml/month)
ciprofloxacin-dexamethasone	<b>CIPRODEX</b>	3	QL (8 ml/month)
ciprofloxacin-HC otic	<b>CETRAXAL</b>	3	
ciprofloxacin-HC otic	<b>CIPRO HC OTIC</b>	3	QL (10 ml/month)
hydrocortisone-acetic acid otic	*VOSOL-HC	1	
neomycin-polymyxin-HC otic	*CORTISPORIN otic	1	
neomycin-colistin-HC-thonzonium otic	<b>CORTISPORIN-TC</b>	3	
ofloxacin otic	*FLOXIN OTIC	2	QL (10 ml/month)
<b>11-J Mouth and Throat</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
amlexanox oral paste	<b>APHTHASOL</b>	3	
cevimeline	*EVOXAC	3	QL (90 capsules/month)
chlorhexidine	*PERIDEX	1	
clotrimazole troche	*MYCELEX TROCHE	1	
lidocaine	*VISCIOUS LIDOCAINE	1	
oral hydrogel wafer	<b>MUCOTROL</b>	3	QL (120 wafers/month)
pilocarpine	*SALAGEN 5mg	1	QL (180 tablets/month)
pilocarpine	*SALAGEN 7.5mg	1	QL (120 tablets/month)

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sodium fluoride	*KARIGEL	1	
sodium fluoride	*KARIGEL-N	1	
triamcinolone/orabase	*KENALOG-ORABASE	1	
<b>RESPIRATORY</b> (drugs to treat breathing conditions, ie asthma and allergies)			
<b>12-A Antihistamines</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
cyproheptadine	*PERIACTIN	1	
grass mixed pollen	<b>ORALAIR</b>	3	PA
promethazine	*PHENERGAN	1	
short ragweed pollen allergen extract	<b>RAGWITEK</b>	3	PA
timothy grass pollen allergen	<b>GRASTEK</b>	3	PA
<b>12-B Topical Nasal Products</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
azelastine nasal	*ASTELIN	1	QL (1 inhaler/month)
ciclesonide nasal	<b>ZETONNA</b>	3	
flunisolide nasal		2	QL (3 inhalers/month)
fluticasone nasal	*FLONASE	1	
ipratropium nasal	*ATROVENT 0.03% NASAL	1	QL (1 inhaler/month)
ipratropium nasal	*ATROVENT 0.06% NASAL	1	QL (2 inhalers/month)
olopatadine nasal	*PATANASE	3	QL (1 inhaler/month)
triamcinolone nasal	<b>TRI-NASAL</b>	3	QL (1 inhaler/month)
<b>12-C Cough/Cold/Allergy</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
acrivastine-PSE	<b>SEMPREX-D</b>	3	
benzonatate	*TESSALON	1	
bromphen-PSE_DM	<b>BROMOXAFED</b>	3	
cardec DM	*RONDEC DM	1	
chlorpheniramine	*ED CHLORPED	1	
chlorpheniramine-PSE	*DECONAMINE	1	
guaifenesin-DM	<b>HUMIBID-DM</b>	3	
hydrocodone-guaifenesin soln	<b>OBREDON</b>	3	ST
<b>Obredon ST = requires trial/failure to Cheratussin AC</b>			
hydrocodone-homatropine	*HYCODAN	1	
hydrocodone polst-chlorphen susp	*TUSSIONEX	3	
phenylephrine-guaifenesin	<b>MAXIPHEN-G</b>	3	
promethazine VC	PHENERGAN VC	1	
promethazine VC- codeine	PHENERGAN VC w/CODEINE	1	
promethazine-codeine	*PHENERGAN w/CODEINE	1	
PSE-guaifenesin-codeine	*NOVAHISTINE	1	
PSE-methscopolamine	*ALLERX-D	1	
pseudoephed-chlorphen-DM	<b>TANAFED DM</b>	3	
pseudoeph-chlorphen w/hydroco soln	*ZUTRIPRO	2	

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PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

\* Drug- generic preferred; Bolded drug- brand only

<b>12-D Asthma/COPD</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
aclidinium bromide	<b>TUDORZA</b>	2	
albuterol nebulizer	*PROVENTIL (nebulizer)	1	
albuterol tablets	*PROVENTIL (tablets)	1	
albuterol HFA inhaler	<b>PROAIR HFA</b>	3	QL(1 inhaler/fill, 2 fills/month)
albuterol sulfate aer pow ba	<b>PROAIR RESPICLICK</b>	3	QL(1 inhaler/fill, 2 fills/month)
albuterol HFA inhaler	<b>PROVENTIL HFA</b>	3	QL(1 inhaler/fill, 2 fills/month)
albuterol HFA inhaler	<b>VENTOLIN HFA</b>	2	QL(1 inhaler/fill, 2 fills/month)
albuterol SR tablets	*VOSPIRE ER 4mg	1	QL (60 tablets/month)
albuterol SR tablets	*VOSPIRE ER 8mg	1	QL (120 tablets/month)
albuterol-ipratropium inhaler	<b>COMBIVENT RESPIMAT</b>	3	QL (2 inhalers/month)
albuterol-ipratropium nebulizer	*DUONEB	2	QL (540 mls/month)
aminophylline		1	
arformoterol tartrate nebulizer	<b>BROVANA</b>	3	QL (60 vials/month (2ml/vial)
budesonide formoterol inhaler	<b>SYMBICORT</b>	2	QL (1 inhaler/month)
cromolyn sodium nebulizer	*INTAL (nebulizer)	1	QL (120 vials/month)
fluticasone furoate	<b>ARNUITY ELLIPTA</b>	3	QL (1 inhaler/month)
fluticasone-salmeterol	<b>AIRDUO RESPICLICK</b>	2	QL (1 inhaler/month)
fluticasone furoate-vilanterol aero powd	<b>BREO ELLIPTA</b>	2	QL (#1/month)
formoterol fumarate inhaler	<b>PERFOROMIST</b>	3	QL (60 vials/month)
formoterol inhaler	<b>FORADIL</b>	3	QL (60 capsules/month)
glycopyrrolate inhal cap	<b>SEEBRI NEOHALER</b>	2	QL (60/month)
glycopyrrolate-formoterol fumarate	<b>BEVESPI AEROSPHERE</b>	2	
ipratropium nebulizer	*ATROVENT (nebulizer)	1	QL (450 mls/month)
ipratropium HFA inhaler	<b>ATROVENT HFA</b>	2	QL (2 inhalers/month)
levalbuterol nebulizer	*XOPENEX 0.31mg/3ml	3	QL (270 mls/mo(1 vial = 3 ml)
levalbuterol nebulizer	*XOPENEX 0.63mg/3ml	3	QL (270 mls/mo(1 vial = 3 ml)
levalbuterol nebulizer	*XOPENEX 1.25mg/3ml	3	QL (270 mls/mo(1 vial = 3 ml)
levalbuterol nebulizer	*XOPENEX 1.25 mg/0.5 ml	3	QL (90 mls/mo(1 vial = 3 ml)
levalbuterol inhaler	<b>XOPENEX HFA</b>	3	QL(1 inhaler/fill, 2 fills/month)
metaproterenol nebulizer	*ALUPENT (nebulizer)	1	QL (120 vials/mo(300 ml/mo)
metaproterenol tablets	*ALUPENT (tablets)	1	
montelukast	*SINGULAIR 4mg	1	QL (30 tablets/month)
montelukast	*SINGULAIR 5mg	1	QL (30 tablets/month)
montelukast	*SINGULAIR 10mg	1	QL (30 tablets/month)
montelukast	*SINGULAIR 4mg Granules	2	QL (30 packets/month)
mometasone-formoterol inhalers	<b>DULERA</b>	3	QL (#1/month) ST
<b>DULERA ST = step thru a trial of Symbicort AND either Advair or Breo</b>			
olodaterol hcl	<b>STRIVERDI RESPIMAT</b>	2	QL (#1/month)
roflumilast	<b>DALIRESP</b>	3	PA QL (30 tablets/month)
salmeterol inhaler	<b>SEREVENT DISKUS</b>	3	QL (1 inhaler/month)
salmeterol-fluticasone inhaler	<b>ADV AIR</b>	2	QL (1 inhaler/month)
sodium chloride soln nebu 7%	<b>HYPERSAL NEBULIZER</b>	2	
terbutaline	*BRETHINE	1	QL (30 tablets/month)
theophylline		1	

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theophylline	<b>SLO-PHYLLIN</b>	2	
theophylline	<b>THEOLAIR</b>	2	
theophylline CR	*UNIPHYL	1	
theophylline SR	<b>THEO-24</b>	3	
tiotropium bromide mono inhal	<b>SPIRIVA HANDIHALER</b>	3	QL (30 capsules/month)
tiotropium bromide mono inhal	<b>SPIRIVA RESPIMAT</b>	3	QL (1 inhaler/month)
umeclidinium br aero pwd breath	<b>INCRUSE ELLIPTA</b>	2	QL (1 inhaler/month)
umeclidinium-vilanterol	<b>ANORO ELLIPTA</b>	3	QL (1 inhaler/month)
zafirlukast	*ACCOLATE	1	QL (60 tablets/month)
zileuton	<b>ZYFLO</b>	3	ST
<b>ZYFLO ST</b> = step thru a trial of <b>BOTH</b> montelukast and zafirlukast			
zileuton sr	<b>ZYFLO CR</b>	3	ST
<b>ZYFLO CR ST</b> = step thru a trial of <b>BOTH</b> montelukast and zafirlukast			

### 12-E Steroid Inhalers

Generic Name	Brand Name	Tier	Notes
beclomethasone HFA inhaler	<b>QVAR 40mcg</b>	1	QL (1 inhaler/month)
beclomethasone HFA inhaler	<b>QVAR 80mcg</b>	1	QL (2 inhaler/month)
budesonide inhaler	<b>PULMICORT FLEXIHALER</b>	3	ST QL (1 inhaler/month)
<b>PULMICORT FLEXIHALER ST</b> - requires a trial/failure of one of the following: QVAR, Asmanex, Alvesco			
budesonide nebulizer	*PULMICORT RESPULES 0.25mg	2	QL (120 respules/month)
budesonide nebulizer	*PULMICORT RESPULES 0.5mg	2	QL (60 respules/month)
budesonide nebulizer	<b>PULMICORT RESPULES 1MG</b>	3	QL (120 respules/month)
ciclesonide inhaler	<b>ALVESCO 80MCG</b>	1	QL (1 inhaler/month)
ciclesonide inhaler	<b>ALVESCO 160MCG</b>	1	QL (2 inhalers/month)
flunisolide inhaler	<b>AEROBID</b>	3	QL (3 inhalers/month)
flunisolide inhaler	<b>AEROBID-M</b>	3	QL (3 inhalers/month)
fluticasone inhaler	<b>FLOVENT DISKUS</b>	3	QL (1 diskus/month)
fluticasone inhaler	<b>FLOVENT HFA</b>	3	QL (2 inhalers/month)
flunisolide hfa	<b>AEROSPAN 80mcg</b>	3	
mometasone inhaler	<b>ASMANEX</b>	1	QL (1 inhaler/month)
mometasone inhaler	<b>ASMANEX HFA</b>	1	QL (1 inhaler/month)
triamcinolone inhaler	<b>AZMACORT</b>	3	QL (2 inhalers/month)

### 12-F Pulmonary Fibrosis

nintedanib esylate	<b>OFEV</b>	3	PA SP
pirfenidone	<b>ESBRIET</b>	2	PA SP

## SELF-INJECTABLE/SPECIALTY (injectable drugs)

### 13-A Anticoagulants

Generic Name	Brand Name	Tier	Notes
dalteparin sodium	<b>FRAGMIN</b>	2	(covered up to 21 days without prior auth)
enoxaparin sodium	*LOVENOX	2	(covered up to 30 days without prior auth)
fondaparinux sodium	*ARIXTRA	2	(covered up to 21 days without prior auth)
tinzaparin sodium	<b>INNOHEP</b>	3	PA SP

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<b>13-B Growth Hormones</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
mecasermin	<b>INCRELEX</b>	3	PA SP
metreleptin	<b>MYALEPT</b>	3	PA SP
somatropin	<b>NUTROPIN AQ</b>	2	PA SP
somatropin	<b>NUTROPIN AQ NUSPIN</b>	2	PA SP
somatropin	<b>NUTROPIN</b>	2	PA SP
somatropin	<b>SEROSTIM</b>	2	PA SP
somatropin	<b>ZORBTIVE</b>	3	PA SP
tesamorelin	<b>EGRIFTA</b>	3	PA SP
<b>13-C Hematopoietic Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
darbepoetin alpha	<b>ARANESP</b>	2	PA SP
eltrombopag	<b>PROMACTA</b>	3	PA SP
epoetin alfa	<b>EPOGEN</b>	3	PA SP
epoetin alfa	<b>PROCRIT</b>	3	PA SP
filgrastims-sndz	<b>ZARXIO</b>	2	PA QL SP (1st time fill-5 doses x 21
pegfilgrastim	<b>NEULASTA</b>	3	PA SP
sargramostim	<b>LEUKINE</b>	3	PA SP
tbo-filgrastim soln	<b>GRANIX</b>	3	PA SP
<b>13-D Hepatitis C Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
daclatasvir dihydrochloride	<b>DAKLINZA 30MG</b>	3	PA ST QL (90 tabs/mo) SP
daclatasvir dihydrochloride	<b>DAKLINZA 60MG</b>	3	PA ST QL (30 tabs/mo) SP
daclatasvir dihydrochloride	<b>DAKLINZA 90MG</b>	3	PA ST QL (30 tabs/mo) SP
dasab-ombit-paritap-riton	<b>VIEKIRA</b>	3	PA SP QL (120 tablets/mo)
dasab-ombit-paritap-riton sr 24hr	<b>VIEKIRA XR</b>	3	PA SP QL (90 tablets/mo)
elbasvir-grazoprevir	<b>ZEPATIER</b>	3	PA SP
interferon alfacon-1	<b>INFERGEN</b>	3	PA SP
ledipasvir-sofosbuvir	<b>HARVONI</b>	2	PA SP QL (30 tabs/month)
ombitasvir-paritaprevir-ritonavir	<b>TECHNIVIE</b>	3	PA SP QL (60 tabs/month)
peginterferon alfa-2A	<b>PEGASYS</b>	2	PA SP
peginterferon alfa-2A	<b>PEGASYS PROCLICK</b>	2	PA SP
peginterferon alfa-2B	<b>PEG-INTRON</b>	3	PA SP ST
peginterferon alfa-2B	<b>PEG-INTRON REDIPEN</b>	3	PA SP ST
<b>Peg-Intron ST = requires trial of Pegasys</b>			
peginterferon beta-1a soln	<b>PLEGRIDY</b>	3	PA SP
simeprevir sodium	<b>OLYSIO</b>	3	PA ST SP
sofosbuvir	<b>SOVALDI</b>	2	PA SP ST QL (30 tabs/mo)
sofosbuvir-velpatasvir	<b>EPCLUSA</b>	2	PA SP QL (30 tablets/month)
	<b>REBETRON</b>	3	PA SP
	<b>ROFERON A</b>	3	SP
<b>13-E Multiple Sclerosis Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
dalfampridine	<b>AMPYRA</b>	3	QL (60 tablets/month) PA SP
dimethyl fumarate	<b>TECFIDERA STARTER PACK</b>	2	PA SP

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dimethyl fumarate	<b>TECFIDERA</b>	2	PA SP
glatiramer acetate	<b>COPAXONE 20MG &amp; 40mg</b>	2	PA SP
fingolimod	<b>GILENYA</b>	3	PA SP
interferon beta-1A	<b>REBIF</b>	3	PA SP ST
<b>REBIF ST</b> = requires trial to 2 formulary alternatives: Avonex, Copaxone, Betaseron, and/or Tecfidera			
interferon beta-1A	<b>AVONEX</b>	2	PA SP
interferon beta-1A	<b>AVONEX ADMINISTRATION PACK</b>	2	PA SP
interferon beta-1B	<b>BETASERON</b>	2	PA SP
teriflunomide	<b>AUBAGIO</b>	3	PA SP
<b>13-F Osteoporosis Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
teriparatide (recombinant)	<b>FORTEO</b>	2	PA SP
<b>13-G Somatostatin Analogs</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
nafarelin	<b>SYNAREL</b>	2	PA
octreotide acetate	* <b>OCTREOTIDE</b>	2	PA SP
pasireotide diaspertate inj	<b>SIGNIFOR</b>	3	PA SP
pegvisomant	<b>SOMAVERT</b>	2	PA SP
<b>13-H Immunomodulators</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
adalimumab	<b>HUMIRA</b>	2	PA SP
anakira subcutaneous	<b>KINERET</b>	3	PA SP
certolizumab pegol	<b>CIMZIA</b>	2	PA SP
daclizumab soln	<b>ZINBRYTA</b>	3	PA SP
dupilumab subc soln pref syringe	<b>DUPIXENT</b>	3	PA SP
etanercept for subcutaneous	<b>ENBREL 25MG</b>	3	PA ST SP QL (8 inj per mo)
<b>ENBREL ST</b> = requires trial of 2 formulary alternatives: Humira, Simponi, and/or Cimzia			
etanercept for subcutaneous	<b>ENBREL 50MG</b>	3	PA ST SP QL (4 inj per mo)
<b>ENBREL ST</b> = requires trial of 2 formulary alternatives: Humira, Simponi, and/or Cimzia			
golimumab	<b>SIMPONI</b>	2	QL(1 unit/month) PA SP
ixekizumab subc soln auto-inj	<b>TALTZ</b>	3	PA ST SP
<b>TALTZ ST</b> = requires trial/failure of both Humira and Stelara in addition to Cosentyx			
secukinumab	<b>COSENTYX</b>	3	PA ST SP
<b>COSENTYX ST</b> = requires trial/failure of both Humira and Stelara			
tocilizumab	<b>ACTEMRA</b>	3	PA ST SP
<b>ACTEMRA ST</b> = requires trial of 2 formulary alternatives: Humira, Simponi, and/or Cimzia			
tofacitinib	<b>XELJANZ</b>	3	PA ST SP
<b>XELJANZ ST</b> - requires trial of 2 formulary alternatives: Humira, Simponi, and/or Cimzia			
tofacitinib SR 24HR	<b>XELJANZ XR</b>	3	PA ST SP
<b>XELJANZ XR ST</b> - requires trial of 2 formulary alternatives: Humira, Simponi, and/or Cimzia			
ustekinumab	<b>STELARA</b>	2	PA SP
<b>13-I Miscellaneous Specialty</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
abatacept	<b>ORENCIA</b>	3	PA ST SP
<b>Orencia ST</b> = requires trial of 2 formulary alternatives: Humira, Simponi, and/or Cimzia			

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corticotropin	<b>ACTHAR HP</b>	3	PA SP
icatibant acetate	<b>FIRAZYR</b>	3	PA SP
interferon alfa-2B	<b>INTRON-A</b>	3	PA SP
interferon gamma-1B	<b>ACTIMMUNE</b>	2	PA SP
leuprolide acetate	<b>ELIGARD</b>	3	PA SP
leuprolide acetate	<b>LUPRON</b>	2	PA SP
nitisinone	<b>ORFADIN</b>	3	PA SP
oprelvekin	<b>NEUMEGA</b>	2	PA SP
oxandrolone	*OXANDRIN	1	PA
oxymetholone	<b>ANADROL-50</b>	2	
palonosetron	<b>ALOXI (tablets)</b>	2	PA
peginterferon alfa-2B	<b>SYLATRON</b>	3	PA SP
peginterferon alfa-2B	<b>SYLATRON 4-PACK</b>	3	PA SP
rilonacept	<b>ARCALYST</b>	2	PA SP

### EXCLUSIONS (excluded drugs)

#### 14-A Excluded From Coverage

Generic Name	Brand Name	Tier	Notes
acet-caff-dihydro 325-30-16mg	APAP CAFF TAB DIHYDROC		
acyclovir topical cream	ZOVIRAX CREAM		
acyclovir buccal	SITAVIG		
acyclovir hydrocortisone	XERESE		
adapalene	DIFFERIN 0.1% Cr/Gel/Lotion		
adapalene	DIFFERIN 0.3% Gel		
adapalene-benzoyl peroxide gel	EPIDUO		
adapalene-benzoyl peroxide gel	EPIDUO FORTE		
adapalene-clinda phosp cr cmp kit	CLINDAP-T		
alcaftadine	LASTACAFT		
allantoin-lidocaine-petrolatum	VEXA		
alendronate	BINOSTO		
alogliptin	generic NESINA		
alogliptin-metformin	generic KAZANO		
alogliptin-pioglitizone	generic OSENI		
amantadine hcl er 24hr	GOCOVRI		
amantad-amiptripr-gaba-cycloben	A.A.G.C. KIT IN TERODERM		
amantad-gabap-diclof-baclo-lido cr cmp kit	EXTARDOL		
amlodipine-atorvastatin	CADUET		
amino acids	GLUTARADE GA-1		
amlodipine-aliskiren	TEKAMLO		
amlodipine-aliskiren-hctz	AMTURNIDE		
amlodipine-olmesartan	AZOR		
amlodipine-valsartan-hctz	EXFORGE HCT		
amox-clarithro-lansopraz	PREVPAC (brand+ generic)		
amphetamine er odt	ADZENYS XR-ODT		
amphetamine susp ext release	DYANAVEL XR		
amphetamine sulfate	EVEKEO		

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amphetamine-d-amphetamine SR	generic ADDERALL XR		
amphetamine-dextroamphetamine 3-bead cap 24hr	MYDAYIS		
antipyrine-benzocaine-polycosanol	OTIC CARE		
antiseborrheic	PROMISEB COMPLETE KIT		
APAP-caffeine-butalbital	ORBIVAN		
APAP-codeine	COCET PLUS		
APAP-isometh-caffeine	PRODRIN		
aspirin cap sr 24hr	DURLAZA		
aspirin-omeprazole del release	YOSPRALA		
atorvastatin calcium COQ10	EQUAPAX		
azelastine	OPTIVAR		
azelastine hcl-fluticasone	DYMISTA		
azelastine nasal	ASTEPRO		
balsalazide disodium	GIAZO		
beclomethasone dipropionate	QNASL		
beclomethasone nasal	BECONASE AQ		
benzo-capsaicin-lido-methyl salicylate	ADAZIN CREAM		
benzonatate	ZONATUSS		
benzoyl peroxide	BREVOXYL		
benzoyl peroxide	DELOS		
benzoyl peroxide	NEOBENZ MICRO KIT PLUS		
benzoyl peroxide	RIAX		
benzoyl peroxide cleansing pad	PACNEX HP		
benzoyl peroxide cleansing pad	PACNEX LP		
benzoyl peroxide-eryth gel pack	AKTIPAK		
benzoyl peroxide foam	BENZEFOAM AER		
benzoyl peroxide foam	BENZEFOAM ULTRA		
bepotastine ophth	BEPREVE		
betamethasone dipro spray emul	SERNIVO		
betamethasone foam	*LUXIQ		
betrixaban maleate cap	BEVYXXA		
bexarotene	*TARGRETIN		
bimatoprost ophth	LUMIGAN 0.03%		
bisacodyl & peg 3350 & licodaine-hc-cr	POLY-PREP		
brinzolamide-brimonidine tartrate	SIMBRINZA		
brodalumab sq soln	SILIQ		
bromfenac sodium	BROMSITE		
bromfenac sodium	PROLENSA		
budesonide nasal	RHINOCORT AQUA		
buprenorphine patch	BUTRANS		
buprenorphine-naloxone	BUNAVAIL		
buprenorphine naloxone	SUBOXONE FILM TAB		
buprenorphine naloxone	SUBOXONE TABLETS		
bupropion SR	APLENZIN		
bupropion SR	FORFIVO XL		
butalbital-acetaminophen	ALLZITAL		

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butalbital-acet tablets 50-300mg	BUPAP		
butal/acet/caf/cod 50/300/40/30mg	FIORICET w/ CODEINE		
c1 esterase inhibitor for subc inj	HAEGARDA		
calcifediol	RAYALDEE		
calcitriol-fluti-tacro cr cmpd kit	VALIDERM		
capecitabine	generic XELODA		
capsaicin-lidocaine-menthol	ANODYNERX PAD		
capsaicin-lidocaine-menthol	SILVERA PAIN RELIEF PAD		
capsaicin-menthol	RELEEVIA		
capsaicin-menthol topical patch	PAIN RELIEF PATCH		
capsaicin-menthol topical patch	QROXIN		
capsaicin-menthol topical patch	RENOVO		
capsaicin-menthol topical patch	SOLAICE		
carbidopa + levodopa	RYTARY		
carbinoxamine maleate tab	RYVENT		
carvedilol	COREG CR		
cephalexin 333mg	DAXBIA		
cetirizine	ZYRTEC		
chlorhex soln-dimet-silic tape-hom	DERMACINRX SURGICAL COMBOPAK		
chlorzoxazone	LORZONE		
ciclesonide nasal	OMNARIS		
ciclopirox	CICLODAN KIT		
ciclopirox	PEDIPIROX		
ciprofloxacin-fluocinolone (pf) otic soln	OTOVEL		
clindamycin phosphate	CLINDACIN PAC		
clindamycin phosphate	CLINDAGEL 1%		
clindamycin phosphate swab	CLINDACIN-P		
clindamycin-benzoyl peroxide gel	BENZAACLIN		
clindamycin-benzoyl peroxide gel	BENZAACLIN CARE KIT		
clindamycin-benzoyl perox gel 1.5-5% & cr kit	NEUAC KIT		
clindamycin -benzoyl peroxide gel	NEUAC		
clindamycin -benzoyl peroxide gel	ONEXTON		
clindamycin -benzoyl peroxide gel	ACANYA		
clindamycin-tretinoin gel	VELTIN		
clindamycin-tretinoin gel	ZIANA		
clindamycin-tretinoin-cholesty cr	CLINOIN		
clioquinol-hc	DERMASORB AF KIT 3-0.5%		
clobetasol	CLOBETA		
clobetasol	CLOBEX LOTION		
clobetasol	CLOBEX SHAMPOO		
clobetasol foam	OLUX		
clobetasol	OLUX-CP		
clobetasol	OLUX FOAM		
clobetasol	OLUX-E FOAM		
clobetasol prop shampoo 0.05% & cleanser kit	CLODAN KIT		
clobetasol propionate shampoo	CLODAN SHAMPOO		

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SP- Specialty Drugs

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clonidine	KAPVAY		
clonidine SR	NEXICLON XR (suspension)		
clonidine SR	NEXICLON XR (tablet)		
clopidogrel tab & aspirin	CLOPIDOGREL KIT		
clotrimazole	LOTRIMIN 1%		
clozapine susp	VERSACLOZ SUSP		
codeine polist-chlorphen polist er susp	TUZISTRA XR SUSP		
colchicine capsules			
colchicine tablets			
colchicine tablets	COLCRYS		
cyanocobalamin-salcaprozate sod	ELIGEN B12		
cycloben 10mg & capsaicin-menth pat	FLEXEPAX		
cyclobenzaprine & electrode device kit	CYCLOTENS KIT		
cyclosporine ophth emulsion	RESTASIS MULTIDOSE		
dapagliflozin-metformin hcl	XIGDUO XR		
darifenacin	ENABLEX		
dasabuvir	EXVIERA		
deferasirox granules packet	JADENU SPRINKLE		
deflazacort	EMFLAZA		
dermatological	GENADUR KIT		
desloratadine	CLARINEX		
desonide	DESONIL		
desonide foam	VERDESO		
desoximetasone	TOPICORT SPRAY		
desvenlafaxine	KHEDEZLA		
desvenlafaxine er	DESVENLAFAX		
	DESVENLAFAXINE FUM TAB SR 24HR (BASE EQUIV)		
deutetrabenazine	AUSTEDO		
dexamethasone tab therapy pack	ZONACORT		
dexmethylphenidate SR	*FOCALIN XR		
dextroamphetamine sulfate	ZENZEDI		
diclofenac	CAMBIA		
diclofenac gel	generic VOLTAREN GEL		
diclofenac-gabap-lido cream	DIPENTOCAINE 5-5-2% KIT		
diclofenac patch	FLECTOR		
diclofenac potassium	ZIPSOR		
diclofenac sodium cream 1%	REXAPHENAC		
diclofenac sod tab 75mg & lido-men-methyl sal ptch kit	DERMACINRX ANAL COMBOPAK		
diclofenac sol	PENNSAID		
diclofenac	ZORVOLEX		
dietary management	DERMANIC		
dietary management	PERCURA		
difenoxin w/atropine	MOTOFEN		
dimethicone cr 5% & silicone tape kit	DERMACINRX SILAPAK		
donepezil	ARICEPT 23mg		
doxepin	SILENOR		

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doxycycline	generic ORACEA		
doxycycline hyclate	ACTICLATE		
doxycycline hyclate	DORYX		
doxycycline hyclate	MORGIDOX		
doxycycline hyclate	TARGADOX		
doxycycline monohydrate	ADOXA		
doxycycline monohydrate	Brand MONODOX		
doxycycline monohydrate	Monodox 75mg		
doxycycline monohydrate	NICAZELDOXY 30 KIT		
doxycycline (rosacea) cap delayed release	DOXYCYCLINE		
dronabinol oral soln	SYNDROS		
drospirenone-ethyinal-levomefolate	BEYAZ		
drospirenone-ethyiny	SAFYRAL		
duloxetine hcl enteric coated pellets 40mg	IRENKA		
dutasteride-tamsulosin	JALYN		
econazole nitrate foam	ECOZA 1%		
emedastine	EMADINE		
empagliflozin-metformin hcl sr	SYNJARDY XR		
empagliflozin-linagliptin	GLYXAMBI		
epinastine	ELESTAT		
epinephrine inj	ADRENACLICK		
epinephrine inj	AUVI-Q		
epinephrine inj	BRAND EIPEN		
epinephrine inj	BRAND EIPEN JR		
ergotamine tartrate sl tab	ERGOMAR		
esomeprazole	NEXIUM		
estradiol-estriol-progesterone cream	BIEST/PROGES CMPD KIT		
estradiol patch	generic VIVELLE-DOT		
estrogens (conjugated synthetic)	CENESTIN		
evolocumab subc soln cartridge	REPATHA CARTRIDGE		
ezetimibe-atorvastatin	LIPTRUZET		
fa-d3-ca carb-collagen bovine cap	CYFOLEX		
fenofibrate	ANTARA		
fenofibrate	FENOGLIDE		
fenofibrate	LIPOFEN		
fenofibrate	LOFIBRA 67mg, 134mg, 200mg		
fenofibrate	TRIGLIDE		
fenofibrate	TRICOR 48MG & 145MG		
fenofibric acid	FIBRICOR 35MG & 105MG		
fenofibric acid	TRILIPIX		
fentanyl citrate	ABSTRAL		
fentanyl patch	DURAGESIC PATCH 37.5mcg		
fentanyl patch	DURAGESIC PATCH 62.5mcg		
fentanyl patch	DURAGESIC PATCH 87.5mcg		
fentanyl sublingual spray	SUBSYS		
ferric pyrophosphate citrate	TRIFERIC		

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ferric subsulfate soln	MONSELS		
fexofenadine	ALLEGRA		
fexofenadine-pseudoephedrine	ALLEGRA D		
filgrastim	NEUPOGEN		
flibanserin	ADDYI		
fluocinolone acetonide soln	SYNALAR TS		
fluocinonide	VANOS		
fluorouracil	generic CARAC		
fluorouracil cream 4%	TOLAK		
fluorouracil-diclofenac-sodium cr	FLUORAC		
fluorouracil-salicylic acid cr cmpd kit	SUPRACIL		
flurbiprofen-cyclobenzaprine cr	ACTIVE-PREP KITS		
flurbiprofen-baclofen-lidocaine cr	FBL KIT CREAM 15-4-5%		
flurb-gabapent-cycloben-lido-dexameth cr	AIF #2		
fluticasone furoate nasal	VERAMYST		
fluticasone propionate aer pow	ARMONAIR RESPICLICK		
gabapentin	ACTIVE-PAC		
gabapentin	GRALISE		
gabapentin enacarbil	HORIZANT		
glatiramer acetate soln 20mg	GLATOPA 20MG (gen Copaxone)		
glecaprevir-pibrentasvir	MAVYRET		
glycopyrrolate	GLYCATE		
granisetron patch	SANCUSO		
guselkumab soln pref syr	TREMFYA		
hc-pramoxine cr-diet manage prod tab-cleans wipe kit	ANALPRAM ADVANCED KIT		
hydrocodone-guaifenesin soln	FLOWTUSS		
hydrocodone bitartrate er	HYSINGLA ER		
hydrocortisone acetate cream	MICORT-HC		
hydrocortisone butyrate	LOCOID LOTION		
hydrocortisone butyrate	LOCOID LIPOCREAM		
hydrocortisone topical	HYDROCORTISONE 0.05%		
hydrocortisone topical	HYDROCORTISONE 1%		
hydrocortisone topical	HYTONE		
hydrocortisone topical	NUCORT		
hydrocortisone-pramoxine	PROCORT		
hydroquin-fluticas-tretinoin cr cmpd kit	CLARYS		
hypochlorous acid cleanser soln	I-LID CLEANSER		
hypromellose nasal powder	ALZAIR ALRGY NASAL SP		
ibuprofen-famotidine	DUEXIS		
imatinib mesylate	BRAND GLEEVEC		
imiquimod	ZYCLARA		
indacaterol-glycopyrrolate inhal	UTIBRON NEOHALER		
indomethacin	TIVORBEX		
insulin degludec soln pen-injector	TRESIBA FLEXTOUCH		
insulin degludec-liraglutide sol pen-inj	XULTOPHY		
insulin glargine	LANTUS (vials/pen/solostar)		

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insulin glargine soln	TOUJEO SOLOSTAR		
insulin regular (human) inhalation powder	AFREZZA		
interferon beta-1B	EXTAVIA		
iodoquinol-hydroc	VYTONE		
isotretinoin	ABSORICA		
itraconazole	ONMEL		
ketoconazole-hydrocortisone	KETOCON		
ketorolac ophth	ACUVAIL		
ketotifen	ZADITOR		
ketotifen	ZADITOR OTC		
l-mehylfolate	DEPLIN		
L-methylfolate B12 B6	METANX TABLETS		
lactic acid	LAC-HYDRIN		
lesinurad-allopurinol	DUZALLO		
levetiracetam disintegrating soluble	SPRITAM		
levocetirizine	XYZAL		
levomefolate glucosamine	Q-TABS		
levonor-eth es	QUARTETTE		
levothyroxine	TIROSINT		
lidocaine	PROZENA 4% PATCH		
lidocaine cream	LIDOZOL 3.75%		
lidocaine hcl cream	LIDOVIN CREAM		
lidocaine gel	LIDORX		
lidocaine gel 2%	LIDOTREX		
lido-capsaicin cr 5-0.05%	RENOVO LIDO 5		
lidocaine-capsaicin-chondroitin-glucos	REMAXAZON		
lidocaine-dm-trolamine salicylate	PERMAVAN		
lidocaine/hydrocortisone	ANAMANTLE		
lidocaine-menthol patch	ATENDIA		
lidocaine-menthol	AVALIN-RX 4-1% PATCH		
lidocaine-menthol	LIDENZA		
lidocaine-menthol	LIDOTHOL		
lidocaine-menthol	LORENZA		
lidocaine-menthol	PROLIDA		
lidocaine-menthol	RELEEVIA ML		
lidocaine-menthol cream 4-1%	SYNVEXIA TC		
lidocaine-menthol patch 4-5%	RELYYKS		
liraglutide (weight mngt) soln	SAXENDA		
loperamide	IMODIUM		
loratadine	CLARITIN		
lorcaserin hcl	BELVIQ		
loteprednol etabonate	LOTEMAX GEL		
lovastatin SR	ALTOPREV		
luliconazole	LUZU		
mag+bisacodyl+peg+metoclo+electrol	PCP 100 KIT		
meloxicam cap	VIVLODEX		

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memantine	NAMENDA XR		
memantine hcl-donepezil hcl	NAMZARIC		
mesalamine	DELZICOL		
mesalamine CR	PENTASA		
mesalamine	ASACOL HD		
mesalamine del release 1.2gm	generic LIALDA		
metformin	GLUMETZA		
metformin SR	FORTAMET		
methotrexate injection	OTREXUP		
methoxy polyethylene glycol-epoetin beta inj	MIRCERA		
methylnaltrexone bromide tablets	RELISTOR TABLETS		
methyl salicylate-lidocaine-menthol	CLEVER CHOICE COMFORT EZ PATCH		
methyl salicylate-lidocaine-menthol	VELMA PAIN RELIEF 16-2-4%		
methylphenidate hcl cap xr 24hr	APTENSIO XR		
methylphenidate hcl chew tab er	QUILLICHEW ER		
methylphenidate hcl susp	QUILLIVANT XR		
methylphenidate ER ODT	COTEMPLA XR-ODT		
methylphenidate SA	*CONCERTA Generic only		
methylphenidate SR	RITALIN LA 10MG generic		
metoclopramide	METOZOLV ODT		
metoprolol tartrate 37.5mg			
metoprolol tartrate 75mg			
metoprolol/HCTZ	generic DUTOPROL		
metronidazole cream	NORITATE		
metronidazole cr w/ cleanser	ROSADAN/KIT		
metronidazole vag gel 1.3%	NUVESSA		
metronidaz-tetracyc-bis subsal chew	HELIDAC		
miconazole-zinc oxide-white petroleum	VUSION		
miconazole nitrate	MICONAZOLE NITRATE		
minocycline	MINOCIN 75MG CAP		
minocycline	SOLODYN		
mirabegron	MYRBETRIQ		
mometasone	MOMEXIN KIT		
mometasone nasal	NASONEX		
morphine sulfate sr 24hr cap	KADIAN		
morphine sulf er abuse-deterrent	ARYMO ER		
morphine sulfate er 12hr deter	MORPHABOND ER		
morphine+naltrexone cr	EMBEDA		
multiple vitamins	NICAZEL FORTE		
mupirocin oint kit	CENTANY AT		
naftifine	NAFTIN		
naloxone hcl solution	EVZIO		
naltrexone hcl-bupropion	CONTRAVE		
naproxen	NAPRELAN CR DOSE CARD		
naproxen esomeprazole	VIMOVO		
naproxen 500mg & capsaicin-menthpat	NAPROPAX		

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neomycin-fluocinolone cream	NEO-SYNALAR		
neomycin-fluocino cr 0.5-0.025% & cr kit	NEO-SYNALAR KIT		
neratinib maleate	NERLYNX		
nevirapine er	VIRAMUNE XR (brand & gen)		
nitisinone	NITYR		
nitroglycerin subl powder packet	GONITRO		
norethindone ace-eth estradiol-fe	LO MINASTRIN FE		
norethindone ace-eth estradiol-fe	MINASTRIN 24 FE		
norethindrone-ethinyl estradiol-fe	GENERESS FE		
norethindrone-ethinyl estradiol-fe	TAYTULLA		
nystatin cream-diaper rash cream kit	PEDIADERM AF		
nystatin-triamcinolone	MYCOLOG II		
olmesartan-amlodipine-HCTZ	TRIBENZOR		
olopatadine	PATADAY		
olopatadine hcl oph soln	PAZEO		
omeprazole susp	FIRST-OMEPRAZOLE SUSP		
omeprazole	PRILOSEC PWD PKT/SUSP		
omeprazole-sodium bicarb	ZEGERID		
ondansetron oral soluble film	ZUPLENZ		
oral wound care gel	GELX		
oral wound care liquid	EPISIL		
oxcarbazepine	OXTELLAR XR		
oxiconazole nitrate lotion	OXISTAT LOTION		
oxybutynin patches	OXYTROL		
oxybutynin td gel	GELNIQUE GEL		
oxycodone	OXAYDO		
oxycodone SR	OXYCONTIN		
oxycodone w/acet	XARTEMIS XR		
oxymetazoline hcl cream	RHOFADE		
pantoprazole	PROTONIX GRANULE PKT		
paroxetine mesylate	BRISDELLE		
paroxetine mesylate	PEXEVA		
penciclovir	DENA VIR		
penicillamine	CUPRIMINE		
perindopril arginine-amlod besylate	PRESTALIA		
phenobarbital-belladonna	DONNATAL		
phenylephrine-triprolidine-cod syr	HISTEX-AC		
plecanatide	TRULANCE		
poly-l-lactid acid	SCULPTRA		
polyethylene glycol 3350 kit	GIALAX KIT		
pramipexole SR	MIRAPEX ER		
prasterone vaginal insert	INTRAROSA		
prasterone & ibuprofen kit	PRASTERA KIT		
prasugrel	generic EFFIENT		
prednisone	RAYOS		
prednisone & diphenhydramine kit	CONTRAST ALGY PREMED PACK		

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prednisolone sodium phosphate	ASMALPRED		
propranolol hcl oral soln	HEMANGEOL		
pseudoephedrine w/hydrocodone-gg soln	HYCOFENIX		
rabeprazole sodium	ACIPHEX SPRINKLE		
ribavirin	MODERIBA PAK		
ribavirin	RIBAPAK		
risedronate	ATELVIA		
ropinirole SR	REQUIP XL		
safinamide mesylate	XADAGO		
salicylic acid film-forming soln	ULTRASAL-ER		
salsalate	DISALCID		
sarilumab	KEVZARA		
selenium sul lotion	SELENIUM SUL LOT 2.25%		
selenium sulfide-pyrrithione zinc	SELRX		
serum-derived bovine	ENTERAGAM		
setraconazole	ERTACZO		
simvastatin susp	FLOLIPID		
sofosbuvir-velpatasvir-voxilaprevir	VOSEVI		
solifenacin	VESICARE		
somatropin	GENOTROPIN		
somatropin	HUMATROPE		
somatropin	NORDITROPIN		
somatropin	NORDITROPIN FLEXP		
somatropin	NORDITROPIN NORDIFLEX		
somatropin	OMNITROPE		
somatropin (non-refrigerated)	SAIZEN		
somatropin	TEV-TROPIN		
somatriptan for subc inj	ZOMACTON		
sulfacetamide sodium	APOP		
sulfacetamide sodium foam	OVACE PLUS FOAM		
sulfacetamide sodium lotion	OVACE PLUS LOTION		
	AVAR FOAM		
sulfacetamide sodium w/sulfur	PLEXION 9.8-4.8% CR, LOT, LIQ, CLTH		
sulfacetamide sod-sulfur wash	SODIUM SULFACETAMIDE/Sulfur Kit		
sulfacetamide sodium sulfur	SSS 10-4		
sulfacetamide w/ sulfur wash	SUMADAN		
sulfacetamide sodium-sulfur pad	SUMAXIN CP KIT		
sulfacetamide sodium-sulfur susp	SUMAXIN TS		
sulfacetamide sod sulfur wash	ROSULA		
sulfacetamide sod-sulfur wash	SUMADAN XLT KIT		
sulfacetamide sod w/sulfur	AVAR		
sumatriptan succ soln jet-injector	SUMAVEL DOSEPRO		
sumatriptan succ soln auto-inj 3mg/0.5ml	ZEMBRACE SYMTOUCH		
sumatriptan succ td iontophoretic patch	ZECUITY		
sumatriptan auto-injection	ALSUMA		
sumatriptan-naproxen sodium	TREXIMET		

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tacrolimus	ASTAGRAF XL		
tacrolimus	ENVARUS XR		
tazarotene cream	TAZORAC CR 0.1% generic		
tazarotene foam	FABIOR		
telmisartan-amlodipine	TWYNSTA		
test strips	ABBOTT TEST STRIPS		
test strips	ADVOCATE TEST STRIPS		
test strips	BAYER TEST STRIPS		
test strips	CLEVER CHOICE TEST STRIPS		
test strips	GMATE TEST STRIPS		
test strips	FORA TEST STRIPS		
test strips	REDI+PLUS TEST STRIPS		
test strips	ROCHE TEST STRIPS		
test strips	TRUETEST TEST STRIPS		
test strips	UNISTRIP TEST STRIPS		
testosterone	ANDROGEL		
testosterone nasal gel	NATESTO		
testosterone td gel	VOGELXO		
tetracaine-menthol-camphor liqd spray	TETRAMEX SPRAY		
tiotropium br-olodaterol	STIOLTO RESPIMAT		
tobramycin nebu solution	KITABIS PAK		
tobramycin nebulizer	TOBI NEBS		
tobramycin-dexamethasone ophth	TOBRADEX ST		
tolterodine	DETROL		
tolterodine SR	DETROL LA		
topiramate cap er 24hr sprinkle	QUDEXY XR		
topiramate SR	TROKENDI XR		
tramadol ER	CONZIP		
tramadol ER	RYZOLT		
trazodone SR	OLEPTRO		
tretinoin	ATRALIN		
tretinoin	RETIN-A GEL		
tretinoin	RETIN-A MICRO		
tretinoin	RETIN-A PUMP		
tretinoin	TRETIN-X		
tretinoin cr & men-zinc ox oint & sili tape pak	DERMAPAK PLUS		
triamcinolone nasal	NASACORT AQ		
triamcinolone	TRIANEX		
triamcinolone cream-emollient cream kit	PEDIADERM TA		
tropium	*SANCTURA		
tropium chloride	SANCTURA XR		
urea cream	DERMASORB XM KIT 39%		
urea cream	KERALAC 47% CREAM		
urea cream	KERALAC 47% CREAM		
urea cream	UREVAZ		
urea emulsion	UMECTA EMOLLIENT		

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urea solution	URAMAXIN GT KIT		
valbenazine tosylate	INGREZZA		
valsartan aliskiren	VALTURNA		
vardenafil	STAXYN		
	VENLAFAXINE HCL TAB SR 24HR (BASE EQUIVALEN		
von willebrand factor for injection	VONVENDI		
wound dressing	ALEVICYN DERMAL SPRAY		
wound dressing	ATRAPRO CP		
zolpidem	EDLUAR		
zolpidem	INTERMEZZO		
zolpidem	ZOLPIMIST		
zolpidem CR	*AMBIEN CR		
<b>14-B Excluded from coverage – bulk powders for compounding</b>			

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