



SIERRA HEALTH AND LIFE
A UnitedHealthcare Company

Preferred Drug List

▶ 4-Tier Individual

Four-Tier Individual 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 or Tier IV 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, 4 = tier level for the drug (1 = Tier I, 2 = Tier II, 3 = Tier III, 4 = Tier IV)
- 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

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

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

Sierra Health and Life Insurance Company, Inc.

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

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 ሰነዶች 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 بر خوردار حق نی از شما گان یرا صورت به خودتان بانز به را اطلاعات مترجم درخواست یی را .دی کن افتی در موجود گان یرا تلفن شماره با ،ی شفاه 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 tausofua 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 wenno ayan dagiti dokumento ti planom.

FOUR-TIER Individual Drug Benefit Guide

This drug benefit guide is applicable for HPN and SHL members with a 4-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 12 hr	*AUGMENTIN XR	3	QL (40 tablets/month)
ampicillin	*PRINCIPEN	1	
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 capsules	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	SUPRAX CHEW	3	
cefixime	*SUPRAX SUSP	3	
cefixime	SUPRAX CAPSULE	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	CEFTIN (suspension)	3	
cephalexin	*KEFLEX	1	

1-C Macrolides

Generic Name	Brand Name	Tier	Notes
azithromycin ER	ZMAX	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)
azithromycin	*ZITHROMAX 100mg/5ml	1	QL (30 mls/fill)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

4-Tier IND Drug Benefit Guide

07/01/18

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	PCE	3	
erythromycin delayed-release EC	ERY-TAB	3	
erythromycin ethylsuccinate	*EES	1	
erythromycin ethylsuccinate	*ERYPED	1	
erythromycin stearate	ERYTHROCIN	2	
1-D Tetracyclines			
Generic Name	Brand Name	Tier	Notes
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	
delafloxacin meglumine tab	BAXDELA	4	
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	SIRTURO	3	
ethambutol	*MYAMBUTOL	1	
ethionamide	TRECTOR-SC	3	
isoniazid		1	
isoniazid-rifampin	RIFAMATE	3	
isoniazid-rifampin-pyrazinamide	RIFATER	3	
pyrazinamide		1	
rifabutin	*MYCOBUTIN	3	
rifampin	*RIFADIN	1	
1-G Antifungals			
Generic Name	Brand Name	Tier	Notes
efinaconazole soln	JUBLIA	3	ST
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	CRESEMBA	3	
itraconazole	*SPORANOX	1	QL (14 capsules/month)
ketoconazole foam	EXTINA 2%	3	
ketoconazole	*NIZORAL	1	
nystatin	BIO-STATIN	2	
nystatin	*MYCOSTATIN susp	1	
posaconazole	NOXAFIL TAB	2	
tavaborole soln	KERYDIN SOLN	4	ST
terbinafine HCL	*LAMISIL	1	QL (90 tablets/year)
terbinafine HCL	LAMISIL GRANULE PACKET	3	QL (30 packets/month)
voriconazole	*VFEND 50mg	1	QL (180 tablets/month)
voriconazole	*VFEND 200mg	1	QL (60 tablets/month)

1-H Miscellaneous Antivirals

Generic Name	Brand Name	Tier	Notes
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	ZIRGAN	3	QL (5 gm/month)
letermovir	PREVYMIS	4	PA
oseltamivir	*TAMIFLU capsules	2	QL (10 capsules/3 months)
oseltamivir	*TAMIFLU suspension	2	QL (60 mls/3 months)
ribavirin	*REBETOL capsules/tablets	4	QL(180 caps/tabs/mo) PA SP
ribavirin	REBETOL solution	4	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	RELENZA	3	QL (1 diskhaler/month)

1-I Antiretrovirals

Generic Name	Brand Name	Tier	Notes
abacavir sulfate	ZIAGEN	4	SP
abacavir-dolutegravir-lamivudine	TRIUMEQ	4	QL (30 tablets/month) SP
abacavir-lamivudine	*EPZICOM	4	QL (30 tablets/month) SP
abacavir-lamivudine-zidovudine	*TRIZIVIR	4	SP
atazanavir	*REYATAZ	4	SP
cobicistat	TYBOST	4	SP
darunavir	PREZISTA 75mg	4	QL (60 tablets/month) SP
darunavir	PREZISTA 150mg	4	QL (60 tablets/month) SP
darunavir	PREZISTA 300mg	4	QL (120 tablets/month) SP
darunavir	PREZISTA 400mg	4	QL (120 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

4-Tier IND Drug Benefit Guide

07/01/18

darunavir	PREZISTA 600mg	4	QL (60 tablets/month) SP
darunavir	PREZISTA 800MG	4	QL (30 tablets/month) SP
darunavir	PREZISTA SUSP	4	QL (12ml/day) SP
darunavir-cobicistat	PREZCOBIX	4	QL (30 tablets/month) SP
delavirdine	RESCRIPTOR	4	SP
didanosine DR	*VIDEX EC	4	SP
didanosine	VIDEX SOLUTION	4	SP
dolutegravir sodium	TIVICAY	4	SP
dolutegravir sodium-rilpivirine hcl	JULUCA	4	SP
efavirenz	*SUSTIVA	4	SP
efavirenz-emtricitabine-tenofovir	ATRIPLA	4	SP
elvitegravir	VITEKTA	4	SP
elvi-cobi-emtrici-teno	STRIBILD	4	ST SP
elvitegrav-cobic-emtricitab-tenofov af	GENVOYA	4	ST SP
emtricitabine	EMTRIVA CAPSULES	4	QL (30 capsules/month) SP
emtricitabine	EMTRIVA SOLN	4	SP
emtricitabine-rilpivirine-tenofovir	COMPLERA	4	SP
emtricitabine-rilpivirine-tenofovir	ODEFSEY	4	QL (30 tablets/month) SP
emtricitabine-tenofovir	TRUVADA	4	QL (30 tablets/month) SP
emtricitabine-tenofovir alaf fum	DESCOVY	4	QL (30 tablets/month) SP
enfuvirtide	FUZEON	4	SP
entecavir	*BARACLUDE	4	QL (30 tablets/month) SP
etravirine	INTELENCE	4	QL 120 tablets/month) SP
fosamprenavir	*LEXIVA	4	QL (120 tablets/month) SP
indinavir sulfate	CRIXIVAN	4	SP
lamivudine	*EPIVIR TABLETS	4	SP
lamivudine	*EPIVIR SOLUTION	4	SP
lamivudine-zidovudine	*COMBIVIR	4	SP
lopinavir-ritonavir	KALETRA	4	SP
lopinavir-ritonavir	*KALETRA SOLUTION	4	SP
maraviroc	SELZENTRY 150mg	4	QL (60 tablets/month) PA SP
maraviroc	SELZENTRY 25,75, & 300mg	4	QL (120 tabs/month) PA SP
maraviroc	SELZENTRY ORAL SOLN	4	PA SP
nelfinavir mesylate	VIRACEPT	4	SP
nevirapine	*VIRAMUNE	4	SP
raltegravir	ISENTRESS	4	QL (60 tablets/month) SP
raltegravir	ISENTRESS HD	4	QL (60 tablets/month) SP
rilpivirine	EDURANT	4	SP
ritonavir	*NORVIR	4	SP
saquinavir	INVIRASE	4	SP
stavudine	*ZERIT	4	SP
atazanavir sulfate-cobicistat	EVOTAZ	4	SP
telbivudine	TYZEKA	4	QL (30 tablets/month) SP
tenofovir	VIREAD	4	SP
tenofovir	*VIREAD 300mg	4	SP
tenofovir alafenamide fumarate	VEMLIDY	4	QL (30 tablets/month) SP PA

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

4-Tier IND Drug Benefit Guide

07/01/18

tipranavir	APTIVUS capsules	4	QL (120 capsules/month) SP
tipranavir	APTIVUS solution	4	QL (300 mls/month) SP
zidovudine	*RETROVIR	4	SP
1-J Antimalarials			
Generic Name	Brand Name	Tier	Notes
artemether-lumefantrine	COARTEM	3	QL (24 tablets/60 days)
atovaquone-proguanil HCL	*MALARONE	2	
chloroquine	*ARALEN	1	
hydroxychloroquine	*PLAQUENIL	1	
mefloquine	*LARIAM	1	
primaquine	*PRIMAQUINE	1	
pyrimethamine	DARAPRIM	4	SP
quinine sulfate		1	
1-K Anthelmintics			
Generic Name	Brand Name	Tier	Notes
albendazole	ALBENZA	3	
benznidazole	BENZNIDAZOLE	2	
ivermectin	*STROMECTOL	3	
mebendazole chew	EMVERM	4	
praziquantel	BILTRICIDE	3	
1-L Misc Anti-Infectives			
Generic Name	Brand Name	Tier	Notes
atovaquone	*MEPRON	3	
aztreonam	CAYSTON	4	QL (84 mls/42 days) PA SP
dapsone	*DAPSONE	1	
dornase alfa	PULMOZYME	4	SP
fidaxomicin	DIFICID	3	PA
ivacaftor	KALYDECO	4	PA SP
linezolid	*ZYVOX	2	QL (2/day)(max of 84 tabs/365)
lumacaftor-ivacaftor	ORKAMBI	4	PA SP QL (112 tabs/28 days)
metronidazole	*FLAGYL tablets	1	
metronidazole	*FLAGYL capsule	1	
miltefosine	IMPAVIDO	4	PA
neomycin	*MYCIFRADIN	1	
nitazoxanide	ALINIA tablets	3	QL (6 tablets/fill)
nitazoxanide	ALINIA suspension	3	QL (60 mls/fill)
SMZ-TMP	*BACTRIM	1	
SMZ-TMP-DS	*BACTRIM DS	1	
sulfadiazine		1	
tedizolid phosphate	SIVEXTRO	3	PA
tezacaftor-ivacaftor	SYMDEKO	4	PA SP
tinidazole	*TINDAMAX	3	
tobramycin	TOBI PODHALER	4	PA SP
tobramycin neb soln	BETHKIS	4	PA SP
trimethoprim oral soln	TRIMPEX/PRIMSOL	3	
vancomycin	*VANCOCIN	3	QL (56 capsules/14 days) PA

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

4-Tier IND Drug Benefit Guide

07/01/18

vancomycin compound soln	FIRST-VANCOMYCIN ORAL SOLN	3	
vancomycin hcl for oral solution	FIRVANQ	3	

CANCER and TRANSPLANT (drugs to treat cancers and prevent organ rejection)

2-A Antineoplastics (cancer drugs)

Generic Name	Brand Name	Tier	Notes
abemaciclib tab	VERZENIO	4	PA SP
abiraterone acetate	ZYTIGA	4	PA SP
acalabrutinib cap	CALQUENCE	4	PA SP
afatinib dimaleate	GILOTRIF	4	PA SP
alectinib hcl	ALECENSA	4	PA SP
altretamine	HEXALEN	4	SP
anastrozole	* ARIMIDEX	4	QL (30 tablets/month) SP
axitinib	INLYTA	4	QL PA SP
bexarotene	TARGRETIN (Brand)	4	SP
bicalutamide	* CASODEX	4	SP
bosutinib	BOSULIF	4	ST SP
brigatinib	ALUNBRIG	4	PA SP
busulfan	MYLERAN	4	SP
cabozantinib	COMETRIQ	4	PA SP
cabozantinib s-malate	CABOMETYX	4	PA SP
capecitabine	XELODA (Brand)	4	SP
ceritinib	ZYKADIA	4	PA SP
chlorambucil	LEUKERAN	4	SP
cobimetinib fumarate	COTELLIC	4	PA SP
crizotinib	XALKORI	4	PA SP
cyclophosphamide	CYCLOPHOSPH CAPS	4	SP
dabrafenib mesylate	TAFINLAR	4	PA SP
dasatinib	SPRYCEL	4	ST SP
degarelix acetate	FIRMAGON	4	SP (80MG - 1 vial/mo and 120MG vial - via
enasidenib mesylate tab	IDHIFA	4	PA SP
enzalutamide	XTANDI	4	ST SP
erlotinib	TARCEVA	4	PA SP
estramustine	EMCYT	4	SP
etoposide	* VEPESID	4	SP
everolimus	AFINITOR	4	PA SP
exemestane	* AROMASIN	2	QL (30 tablets/month)
flutamide	* EULEXIN	4	SP
gefitinib	IRESSA	4	QL (30 tablets/month) PA SP
hydroxyurea	DROXIA	4	PA SP
hydroxyurea	* HYDREA	4	SP
ibrutinib	IMBRUVICA	4	PA SP
idelalisib	ZYDELIG	4	PA SP
imatinib mesylate	* GLEEVEC	4	PA SP
ixazomib citrate	NINLARO	4	PA SP
lapatinib ditosylate	TYKERB	4	PA SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

4-Tier IND Drug Benefit Guide

07/01/18

lenalidomide	REVLIMID	4	PA SP
lenvatinib	LENVIMA	4	PA SP
letrozole	*FEMARA	1	QL (30 tablets/month)
leucovorin calcium	*LEUCOVORIN CALCIUM	1	
lomustine	GLEOSTINE	4	PA SP
mechlorethamine hcl	VALCHLOR GEL	4	PA SP
megestrol	*MEGACE	1	
megestrol	*MEGACE ES	3	
melphalan	*ALKERAN	4	SP
mercaptopurine	*PURINETHOL	4	SP
mercaptopurine	PURIXAN SUSP	4	PA SP
mesna	MESNEX	4	SP
methotrexate injection		1	
methotrexate	TREXALL	3	
midostaurin	RYDAPT	4	PA SP
mitotane	LYSODREN	4	SP
neratinib maleate	NERLYNX	4	PA SP
nilotinib	TASIGNA	4	ST SP
nilutamide	*NILANDRON	4	SP
niraparib tosylate cap	ZEJULA	4	PA SP
olaparib	LYNPARZA	4	PA SP
osimertinib mesylate	TAGRISSO	4	PA SP
palbociclib	IBRANCE	4	PA SP
panobinostat lactate	FARYDAK	4	PA SP
pazopanib	VOTRIENT	4	PA SP
pomalidomide	POMALYST	4	PA SP
ponatinib hcl	ICLUSIG	4	SP ST
procarbazine HCL	MATULANE	4	SP
regorafenib	STIVARGA	4	PA SP
ribociclib succinate	KISQALI	4	PA SP
ribociclib tab & letrozole pack	KISQALI FEMARA	4	PA SP
rucaparib camsylate	RUBRACA	4	PA SP
ruxolitinib phosphate	JAKAFI	4	PA SP
sonidegib phosphate	ODOMZO	4	PA SP
sorafenib tosylate	NEXAVAR	4	PA SP
sunitinib	SUTENT	4	PA SP
tamoxifen	*NOLVADEX	1	
tamoxifen	SOLTAMOX ORAL SOLN	3	
temozolomide	*TEMODAR	4	PA SP
thalidomide	THALOMID	4	PA SP
thioguanine	TABLOID	4	PA SP
topotecan	HYCAMTIN	4	PA SP
toremifene citrate	FARESTON	4	QL (30 tablets/month) SP
trametinib dimethyl sulfoxide	MEKINIST	4	PA SP
tretinoin capsules		4	SP
trifluridine-tipiracil	LONSURF	4	PA SP

QL - Quantity Limits; ST - Step Therapy;
PA - Prior Authorization; AL - Age Limits
SP- Specialty Drugs
* Drug- generic preferred; Bolded drug- brand only

vandetanib	CAPRELSA	4	PA SP
vemurafenib	ZELBORAF	4	PA SP
venetoclax	VENCLEXTA	4	PA SP
vismodegib	ERIVEDGE	4	QL PA SP (30 caps/month)
vorinostat	ZOLINZA	4	PA SP

2-B Immunosuppressives

Generic Name	Brand Name	Tier	Notes
azathioprine	*IMURAN	1	
cyclosporine	SANDIMMUNE (NTI)	4	SP
cyclosporine	*SANDIMMUNE	4	SP
cyclosporine modified	*GENGRAF	4	SP
cyclosporine modified	*NEORAL (NTI)	4	SP
everolimus	ZORTRESS	4	SP
mycophenolate	*MYFORTIC	4	QL (120 tablets/month) SP
mycophenolate mofetil	*CELLCEPT	4	SP
sirolimus	*RAPAMUNE	4	SP
tacrolimus	*PROGRAF	4	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	CORLANOR	3	PA
nitroglycerin ointment	*NITROBID	1	
nitroglycerin patch	*MINITRAN	1	
nitroglycerin patch	*NITRO-DUR	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	CARTROL	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	NORTHERA	4	PA SP
labetalol	*NORMODYNE	1	
labetalol	*TRANDATE	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

4-Tier IND Drug Benefit Guide

07/01/18

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	BYSTOLIC 2.5mg	2	QL (30 tablets/month)
nebivolol	BYSTOLIC 5mg	2	QL (30 tablets/month)
nebivolol	BYSTOLIC 10mg	2	QL (120 tablets/month)
nebivolol	BYSTOLIC 20mg	2	QL (60 tablets/month)
penbutolol sulfate	LEVATOL	3	
pindolol	*VISKEN	1	
propranolol	*INDERAL	1	
propranolol HCL CR	*INDERAL LA	2	
propranolol HCL SR	INNOPRAN XL	3	QL (30 capsules/month)
sotalol	*BETAPACE	1	
sotalol AF	*BETAPACE AF	1	
sotalol hcl oral soln	SOTYLIZE	4	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	1	
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	DYNACIRC CR 5mg	3	QL (30 tablets/month)
isradipine	DYNACIRC CR 10mg	3	QL (60 tablets/month)
nicardipine	*CARDENE	1	
nicardipine	CARDENE SR	3	
nifedipine CR	*ADALAT CC	1	
nifedipine CR	*PROCARDIA XL	1	
nifedipine IR	*PROCARDIA	1	
nimodipine	NYMALIZE	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)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

4-Tier IND Drug Benefit Guide

07/01/18

verapamil	*CALAN	1	
verapamil CR (controlled onset)	COVERA HS	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	MULTAQ	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	EPANED	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	QBRELIS	4	PA
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	EDARBI	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)

valsartan	*DIOVAN 320mg	2	QL (30 tablets/month)
3-H Miscellaneous Antihypertensives			
Generic Name	Brand Name	Tier	Notes
ambrisentan	LETAIRIS	4	PA SP
bosentan	TRACLEER	4	QL (60 tablets/month) PA SP
clonidine	*CATAPRES	1	
clonidine patch	*CATAPRES-TTS	3	QL (8 patches/month)
deserpidine-methyclothiazide	ENDURONYL	3	
doxazosin	*CARDURA	1	QL (60 tablets/month)
guanfacine	*TENEX	1	
hydralazine	*APRESOLINE	1	
iloprost	VENTAVIS	4	PA SP
macitentan	OPSUMIT	4	PA SP
mecamylamine	VECAMYL	4	PA SP
methyldopa	*ALDOMET	1	
minoxidil	*LONITEN	1	
phenoxybenzamine	DIBENZYLINE	3	
prazosin	*MINIPRESS	1	
reserpine		3	
riociguat	ADEMPAS	4	PA SP
selexipag	UPTRAVI	4	PA SP
sildenafil	*REVATIO	4	PA SP
sildenafil	REVATIO IV SOLN	4	PA SP
sildenafil	REVATIO SUSP 10MG/ML	4	PA SP
tadalafil	ADCIRCA	4	QL (60 tablets/month) PA SP
terazosin	*HYTRIN	1	QL (60 capsules/month)
treprostinil diolamine	ORENITRAM	4	PA SP
treprostinil	TYVASO	4	QL (30 pouches/mo) PA SP
3-I Antihypertensive Combinations			
Generic Name	Brand Name	Tier	Notes
amlodipine-benazepril	*LOTREL	1	QL (30 capsules/month)
amlodipine-valsartan	*EXFORGE	2	QL (30 tablets/month)
amlodipine-valsartan-hctz	*EXFORGE HCT	2	
atenolol-chlorthalidone	*TENORETIC	1	
azilsartan-chlorthalidone	EDARBYCLOR	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	LEXXEL	3	QL (60 tablets/month)
enalapril-HCTZ	*VASERETIC	1	
eprosartan-HCTZ	TEVETEN HCT	3	QL (30 tablets/month)
fosinopril-HCTZ	*MONOPRIL HCT	1	QL (60 tablets/month)
irbesartan-HCTZ	*AVALIDE	1	QL (30 tablets/month)
lisinopril-HCTZ	*PRINZIDE	1	
lisinopril-HCTZ	*ZESTORETIC	1	

QL - Quantity Limits; ST - Step Therapy;
PA - Prior Authorization; AL - Age Limits
SP - Specialty Drugs
* Drug - generic preferred; Bolded drug- brand only

losartan-HCTZ	*HYZAAR	1	QL (30 tablets/month)
methyl dopa-HCTZ	*ALDORIL	1	
moexipril-HCTZ	*UNIRETIC	1	QL (60 tablets/month)
nadolol-bendroflumethiazide	*CORZIDE	1	QL (60 tablets/month)
nebivolol-valsartan tab	BYVALSON	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	ENTRESTO	4	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	KEVEYIS	4	PA SP
eplerenone	*INSPIRA	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 suspension	CAROSPIR	4	
spironolactone-HCTZ	*ALDACTAZIDE	1	
tolvaptan	SAMSCA	4	PA SP
toremide	*DEMADEX	1	
triamterene	DYRENIUM	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	

3-L Antihyperlipidemics			
Generic Name	Brand Name	Tier	Notes
alirocumab	PRALUENT	4	PA SP QL (2 inj/28 days)
atorvastatin	*LIPITOR	1	QL (30 tablets/month)
cholestyramine	*QUESTRAN	1	
colesevelam	WELCHOL (Brand)	2	QL (210 tablets/month)
colestipol	*COLESTID	1	
evolocumab	REPATHA	4	SP ST
ezetimibe	*ZETIA	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)
gemfibrozil	*LOPID	1	
icosapent ethyl	VASCEPA	3	PA
lomitapide mesylate	JUXTAPID	4	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	ALTOCOR	3	
mipomersen sodium	KYNAMRO	4	PA SP
niacin SR	*NIASPAN	3	
pitavastatin calcium	LIVALO	4	ST QL (30 tablets/month)
pravastatin	*PRAVACHOL	1	QL (30 tablets/month)
rosuvastatin	*CRESTOR	2	
simvastatin	*ZOCOR	1	QL (30 tablets/month)
simvastatin susp	FLOLIPID	4	

3-M Miscellaneous Cardiovascular

Generic Name	Brand Name	Tier	Notes
isosorbide dinitrate-hydralazine	BIDIL	2	
patiromer sorbitex calcium	VELTASSA	3	PA
ranolazine	RANEXA	2	QL (60 tablets/month)

CENTRAL NERVOUS SYSTEM (drugs that affect the brain)

4-A Antianxiety Agents

Generic Name	Brand Name	Tier	Notes
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)
alprazolam	*NIRAVAM	3	
bupirone		1	
chlordiazepoxide	*LIBRIUM	1	
clorazepate	*TRANXENE	1	
diazepam	*VALIUM	1	
hydroxyzine HCL	*ATARAX	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

4-Tier IND Drug Benefit Guide

07/01/18

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	4	
desipramine	*NORPRAMIN	1	
desvenlafaxine	*PRISTIQ	2	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 CAPSULES	1	QL (30 capsules/month)
fluoxetine	*PROZAC 20mg CAPSULES	1	QL (120 capsules/month)
fluoxetine	*PROZAC 10mg TABLETS	3	QL (30 capsules/month)
fluoxetine	*PROZAC 20mg TABLETS	3	QL (120 capsules/month)
fluoxetine	*PROZAC 40mg	1	QL (60 capsules/month)
fluoxetine	*PROZAC WEEKLY	3	QL (4 capsules/month)
fluoxetine (PMDD) capsules	*SARAFEM CAPSULES	3	
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	TOFRANIL PM	3	
maprotiline	*LUDIOMIL	1	
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)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

4-Tier IND Drug Benefit Guide

07/01/18

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	VIIBRYD	3	QL (30 tablets/month)

4-C Hypnotics (Sleep Aids)

Generic Name	Brand Name	Tier	Notes
chloral hydrate	SOMNOTE	2	
estazolam	*PROSOM	1	
eszopiclone	*LUNESTA	2	QL (30 tablets/month)
flurazepam	*DALMANE	1	
phenobarbital		1	
suvorexant	BELSOMRA	4	QL (30 tablets/month) ST
temazepam	*RESTORIL	1	QL (30 capsules/month)
triazolam	*HALCION	1	QL (15 tablets/fill; 2 fills/month)
zaleplon	*SONATA 5mg	1	QL (30 capsules/month)
zaleplon	*SONATA 10mg	1	QL (60 capsules/month)
zolpidem	*AMBIEN	1	QL (30 tablets/month)

4-D Antipsychotics

Generic Name	Brand Name	Tier	Notes
aripiprazole	*ABILIFY	2	QL (30 tablets/month)
brexpiprazole	REXULTI	4	ST QL (30 tablets/month)
cariprazine	VRAYLAR	4	ST
chlorpromazine	*THORAZINE	1	
clozapine	*FAZACLO	3	ST
clozapine	* CLOZARIL (NTI)	2	ST
fluphenazine	*PROLIXIN	1	
haloperidol	*HALDOL	1	
lithium carbonate	*ESKALITH	1	
lithium carbonate CR	*ESKALITH CR	1	
lithium carbonate CR	*LITHOBID	1	
loxapine	*LOXITANE	1	
molindone hcl	MOLINDONE	3	
olanzapine	*ZYPREXA	3	QL (30 tablets/month)
olanzapine	*ZYPREXA ZYDIS	3	QL (30 tablets/month)
perphenazine	*TRILAFONE	1	

pimavanserin tartrate	NUPLAZID	4	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)
risperidone	*RISPERDAL	1	
risperidone	*RISPERDAL M	1	
thioridazine		1	
thiothixene	*NAVANE	1	
trifluoperazine	*STELAZINE	1	
ziprasidone HCL	*GEODON	3	QL (60 capsules/month)

4-E Stimulants

Generic Name	Brand Name	Tier	Notes
amphetamine-d-amphetamine	*ADDERALL	1	
amphetamine-d-amphetamine SR	ADDERALL XR 5mg (Brand)	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	ADDERALL XR 10mg (Brand)	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	ADDERALL XR 15mg (Brand)	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	ADDERALL XR 20mg (Brand)	2	QL (60 capsules/month)
amphetamine-d-amphetamine SR	ADDERALL XR 25mg (Brand)	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	ADDERALL XR 30mg (Brand)	2	QL (30 capsules/month)
armodafinil	*NUVIGIL	4	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	
methamphetamine	*DESOXYN	1	QL (150 tablets/month)
methylphenidate	DAYTRANA PATCHES	4	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	METHYLIN (suspension) 5mg/ml	3	QL (1800 mls/month)
methylphenidate	METHYLIN (suspension) 10mg/ml	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 SR	RITALIN LA 10MG	2	QL (30 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	*RITALIN SR	1	QL (90 tablets/month)
methylphenidate CR	*METADATE CD	2	QL (30 capsules/month)
methylphenidate SA	CONCERTA 18mg (Brand)	2	QL (30 tablets/month)
methylphenidate SA	CONCERTA 27mg (Brand)	2	QL (30 tablets/month)
methylphenidate SA	CONCERTA 36mg (Brand)	2	QL (60 tablets/month)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

4-Tier IND Drug Benefit Guide

07/01/18

methylphenidate SA	CONCERTA 54mg (Brand)	2	QL (30 tablets/month)
modafinil	*PROVIGIL 100mg	3	PA QL (30 tablets/month)
modafinil	*PROVIGIL 200mg	3	PA QL (60 tablets/month)
4-F Misc Psychotherapeutic and Neurological Agents			
Generic Name	Brand Name	Tier	Notes
amitriptyline-chlordiazepoxide	LIMBITROL	2	
deutetrabenazine	AUSTEDO 6mg	4	PA QL SP (30 tablets/mo)
deutetrabenazine	AUSTEDO 9mg	4	PA QL SP (30 tablets/mo)
deutetrabenazine	AUSTEDO 12mg	4	PA QL SP (60 tablets/mo)
dextromethorphan quindine	NUEDEXTA	2	PA QL (60 tablets/month)
disulfiram	*ANTABUSE	1	
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	EXELON PATCH	3	QL (30 patches/month)
tacrine	COGNEX	3	
tetrabenazine	XENAZINE	4	PA SP
valbenazine tosylate	INGREZZA 40mg	4	PA ST QL SP (30 tabs/mo)
valbenazine tosylate	INGREZZA 80mg	4	PA ST QL SP (60 tabs/mo)
4-G Anticonvulsants			
Generic Name	Brand Name	Tier	Notes
brivaracetam	BRIVIACT	4	PA
carbamazepine	*TEGRETOL (NTI)	2	
carbamazepine SR	*CARBATROL	2	
carbamazepine SR	*TEGRETOL XR TABLETS	3	
clobazam	ONFI	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 HOUR	2	
divalproex sodium sprinkle	*DEPAKOTE SPRINKLE	2	
eslicarbazepine acetate	APTiom	3	PA
ethosuximide	*ZARONTIN	1	
ethotoin	PEGANONE	3	
felbamate	FELBATOL	3	
gabapentin	*GABARONE	1	
gabapentin	*NEURONTIN 100mg	1	QL (240 capsules/month)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

4-Tier IND Drug Benefit Guide

07/01/18

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	NEURONTIN (solution)	3	
lacosamide	VIMPAT (solution)	3	PA
lamotrigine	*LAMICTAL	1	
lamotrigine	LAMICTAL ODT	3	
lamotrigine	LAMICTAL ODT KIT	3	QL (1 kit/month)
lamotrigine	LAMICTAL STARTER KIT	3	QL (1 kit/month)
levetiracetam	*KEPPRA	2	
levetiracetam	*KEPPRA XR	3	
methsuximide	CELONTIN	3	
milnacipran	SAVELLA	3	QL (60 capsules/month)
milnacipran	SAVELLA TITRATION PAK	3	QL (1 kit/month)
oxcarbazepine	*TRILEPTAL	1	
phenytoin	* DILANTIN	2	
phenytoin	*DILANTIN CHEW	3	
primidone	*MYSOLINE	1	
tiagabine	*GABITRIL	1	
topiramate	*TOPAMAX SPRINKLES	1	QL (120 capsules/month)
topiramate	*TOPAMAX	1	QL (90 tablets/month)
valproic acid	*DEPAKENE	1	
valproic acid	STAVZOR	3	PA QL (60 capsules/month)
vigabatrin	*SABRIL POWDER PACK	4	QL (180 packets/month) SP
vigabatrin	SABRIL TABLETS	4	QL (180 tablets/month) SP
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
	AMANTADINE (Symmetrel)	2	
apomorphine	APOKYN	4	SP
benztropine	*COGENTIN	1	
bromocriptine (tablets)	*PARLODEL	1	
carbidopa	*LODOSYN	3	
carbidopa-levodopa	*SINEMET	1	
carbidopa-levodopa	*PARCOPA	1	
carbidopa-levodopa CR	*SINEMET CR	1	
carbidopa-levodopa-entacapone	*STALEVO	1	QL (240 tablets/month)
carbidopa-levodopa enteral susp	DUOPA	4	PA
entacapone	*COMTAN	2	QL (240 tablets/month)
pramipexole	*MIRAPEX	1	QL (90 tablets/month)
ropinirole	*REQUIP	1	QL (90 tablets/month)
tolcapone	TASMAR	2	
trihexyphenidyl	*ARTANE	1	

	*SELEGILINE	1	
4-I Smoking Deterrents			
bupropion SR	*ZYBAN	1	PA QL (60 tablets/month)
nicotine inhalation	NICOTROL INHALER	3	PA QL (1 unit per 30 days)
nicotine nasal spray	NICOTROL NS	3	PA QL (1 unit per 30 days)
varenicline	CHANTIX	3	PA QL (60 tablets/month)
DERMATOLOGICALS (drugs to treat skin disorders or conditions)			
5-A Anorectal			
Generic Name	Brand Name	Tier	Notes
hydrocortisone rectal	*ANUSOL-HC CREAM	1	
hydrocortisone acetate suppositories		2	
hydrocortisone-pramoxine rectal	*ANALPRAM-HC CREAM	1	
hydrocortisone-pramoxine rectal	PROCTOFOAM-HC	2	
5-B Acne Products			
Generic Name	Brand Name	Tier	Notes
azelaic acid	AZELEX	3	
azelaic acid	FINACEA	3	
azelaic acid foam	FINACEA FOAM	3	
benzoyl peroxide-erythromycin gel	*BENZAMYCIN 5-3%	1	QL (60 gm/month)
benzoyl peroxide-vit E	INOVA KIT	3	
benzoyl peroxide-salicylic acid-vit E	INOVA 4/1 KIT	3	
benzoyl peroxide-urea	ZODERM 5.75% cleanser	3	QL (473 mls/month)
benzoyl peroxide-urea	ZODERM cleanser	3	QL (400 mls/month)
benzoyl peroxide-urea	ZODERM cream	3	QL (125 mls/month)
benzoyl peroxide-urea	ZODERM gel	3	QL (125 mls/month)
brimonidine tartrate gel	MIRVASO GEL	4	QL (30 gms/month)
clindamycin foam	EVOCLIN	3	
clindamycin topical	*CLEOCIN-T SOLN & PADS	1	
clindamycin topical	*CLEOCIN-T GEL & LOT	3	
clindamycin-benzoyl peroxide gel	*DUAC	3	AL
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	SOOLANTRA	4	ST
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	*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			

5-C Topical Antibiotics			
Generic Name	Brand Name	Tier	Notes
bac-polymy-neomycin HC oint	CORTISPORIN OINTMENT	2	
erythromycin ointment	AKNE-MYCIN	3	
gentamicin topical	* GARAMYCIN	1	
mafenide ace packet for top soln	* SULFAMYLON	3	
mupirocin	* BACTROBAN	1	
mupirocin	* BACTROBAN CREAM	3	
mupirocin	BACTROBAN NASAL OINTMENT	2	
neomycin-polymyxin-HC cream	CORTISPORIN CREAM	2	
retapamuln	ALTABAX	3	QL (15 gm/month)
silver sulfadiazine	* SILVADENE	1	
5-D Topical Antifungals			
Generic Name	Brand Name	Tier	Notes
butenafine	MENTAX	3	
ciclopirox	* LOPROX	2	
ciclopirox solution	* PENLAC	1	QL (7 ml/month)
clotrimazole-betamethasone	* LOTRISONE	1	QL (30 ml/month)
econazole		3	
ketoconazole shampoo	* NIZORAL SHAMPOO	1	
ketoconazole topical		1	
nystatin topical	* MYCOSTATIN topical	1	
5-E Topical Antivirals			
Generic Name	Brand Name	Tier	Notes
5-F Antipsoriatics			
Generic Name	Brand Name	Tier	Notes
acitretin	* SORIATANE	3	
acitretin	* SORIATANE CK kit	3	QL (1 kit/month)
calcipotriene	* DOVONEX	2	QL (1 tube/month)
calcipotriene-betamethasone	* TACLONEX	4	QL (1 tube/month)
calcipotriene-betame dipro foam	ENSTILAR FOAM	4	
calcitriol ointment	* VECTICAL	1	QL (100 gm/month)
methoxsalen	OXSORALEN-ULTRA	3	
tazarotene	TAZORAC 0.5% CR/GEL **	4	PA QL (1 tube/month)
tazarotene	TAZORAC 0.1% CR/GEL (Brand) **	4	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			
5-G Scabicides and Pediculicides			
Generic Name	Brand Name	Tier	Notes
crotamiton	EURAX	3	
ivermectin lotion	SKLICE	3	QL (1 bottle-117gm/month)
lindane shampoo	* KWELL	1	
permethrin	* ELIMITE	1	
spinosad	* NATROBA	3	
5-H Topical Corticosteroids			
Generic Name	Brand Name	Tier	Notes
alclometasone	* ACLOVATE	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

4-Tier IND Drug Benefit Guide

07/01/18

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
desonide	*DESOWEN CREAM	3	
desonide	*DESOWEN LOTION & OINT	3	
desoximetasone	*TOPICORT GEL & OINT	3	
diclofenac gel	VOLTAREN GEL	3	QL (500 gm/month)
diflorasone diacetate 0.05% cr & oint		3	
diflorasone diacetate	*APEXICON OINTMENT	3	
diflorasone diacetate	*APEXICON E CREAM	3	
diflorasone diacetate	PSORCON OINT	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
fluticasone	*CUTIVATE CREAM & OINT	1	
fluticasone	*CUTIVATE LOTION	3	ST
halcinonide	HALOG OINTMENT	3	ST
halobetasol	*ULTRAVATE	2	
halobetasol propionate lotion	ULTRAVATE LOTION	4	PA
halobetasol	ULTRAVATE KIT	3	QL (1 kit/month)
hc lot 2% sal acid sulfur 2-2%	SCALACORT DK KIT	3	
hydrocortisone butyrate	*LOCOID CREAM	1	QL (45 gm/month)
hydrocortisone valerate	*WESTCORT	3	
mometasone	*ELOCON	1	
pramoxine-HC cream	PRAMOSONE E	3	
pramoxine-HC cream	*PRAMOSONE	1	
pramoxine-HC foam	EPIFOAM	2	
prednicarbate	*DERMATOP	1	
sodium hyaluronate	*HYLIRA	1	
triamcinolone acetonide		3	
triamcinolone acetonide	*KENALOG	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	AMEVIVE	3	
aluminum chloride	*DRYSOL	1	
aluminum chloride/alcohol	XERAC-AC	3	
becaplermin	REGRANEX	3	PA
collagenase	SANTYL	3	

crisaborole oint	EUCRISA	3	ST
fluorouracil	*EFUDEX	4	SP
fluorouracil	*CARAC	4	
fluorouracil	FLUOROPLEX	4	SP
imiquimod	*ALDARA	1	QL (12 packets/month)
lidocaine (topical)	*XYLOCAINE	1	
lidocaine 5% ointment		2	
lidocaine patch	*LIDODERM	3	PA
lidocaine-prilocaine	*EMLA cream	1	QL (30 gm/month)
lidocaine/prilocaine kit		3	
lidocaine/tetracaine	SYNERA PATCH	3	QL (4 patches/month)
oxymetazoline hel cream	RHOFADE	4	PA
pimecrolimus	ELIDEL	3	ST QL (1 tube/month)
podofilox	*CONDYLOX	3	
podophyllum resin	PODOCON	2	
selenium sulfide shampoo	*SELSUN	1	
sulfacetamide	*OVACE	3	
sulfacetamide	*OVACE PLUS SHAMPOO 1%	3	
sulfacetamide-urea lotion	*CARMOL SCALP	1	
tacrolimus topical	*PROTOPIC OINT	2	ST QL (1 tube/month)
trypsin-castor oil-peruvian balsam	*XENADERM	1	
urea	*VANAMIDE	1	
urea	*Hydro 40	4	QL (70 gm/month)
urea	KERAFOAM	3	QL (60 gm/month)
urea (carbamide)	*CARMOL 40	1	
urea in zinc	KEROL AD	3	

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	
dexamethasone therapy pack	DEXPAK	3	
dexamethasone therapy pack	TAPERDEX	3	
fludrocortisone	*FLORINEF	1	
hydrocortisone acetate	*CORTEF	1	
methylprednisolone	*MEDROL	1	
prednisolone	MILIPRED DP PAK	3	
prednisolone	*PRELONE	1	
prednisolone	PREDNISOLONE 5MG	2	
prednisolone sod phosphate	VERIPRED	3	
prednisolone sodium	*ORAPRED	1	
prednisolone sodium	*PEDIAPRED	1	
prednisone		1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

4-Tier IND Drug Benefit Guide

07/01/18

6-B Androgens			
Generic Name	Brand Name	Tier	Notes
danazol caps	*DANOCRINE	1	
methyltestosterone caps	*ANDROID	2	
methyltestosterone tabs	METHITEST	3	
testosterone td patch	ANDRODERM	3	QL (30 patches/month) PA
testosterone gel 1%	*ANDROGEL	3	PA
testosterone gel 1%	*TESTIM	3	PA
testosterone gel 1%	*VOGELXO	3	PA
testosterone gel 2%	FORTESTA	3	PA
testosterone cypionate inj	*DEPO-TESTOSTERONE INJ	1	
testosterone td sol	*AXIRON	3	PA
6-C Estrogens			
Generic Name	Brand Name	Tier	Notes
conjugated estrogens-bazedoxifene	DUAVEE	2	
esterified estrogens		1	
esterified estrogens	MENEST	3	
estradiol	*ESTRACE	1	
estradiol gel	ESTROGEL	3	QL (93gm/month)
estradiol patch	*CLIMARA	1	QL (4 patches/month)
estradiol patch	VIVELLE	2	QL (8 patches/month)
estradiol patch	VIVELLE DOT (Brand)	2	QL (8 patches/month)
estradiol patch	ALORA	3	QL (8 patches/month)
estradiol patch	ESCLIM	3	
estradiol patch	ESTRADERM	3	QL (8 patches/month)
estradiol patch	MENOSTAR	3	QL (4 patches/month)
estradiol patch	MINIVELLE	3	QL (8 patches/month)
estradiol spray	EVAMIST	3	QL (9 ml/month)
estradiol TD gel	DIVIGEL	3	QL (1 tube/month)
estradiol transdermal	ESTRASORB	3	QL (56 packets/month)
estradiol-levonorgestrel patch	CLIMARA PRO	3	QL (4 patches/month)
estradiol-norethindrone	*ACTIVELLA	3	QL (1 dialpak/month)
estradiol-norethindrone patch	COMBIPATCH	3	QL (8 patches/month)
estradiol-norgestimate	ORTHO-PREFEST	2	
estrogen-medroxyprogesterone	PREMPHASE	2	QL (1 dialpak/month)
estrogens (conjugated synthetic)	ENJUVIA	3	QL (30 tablets/month)
estrogens-methyltestosterone	*ESTRATEST	1	
estrogens-methyltestosterone	*ESTRATEST HS	1	
estropipate	*OGEN	1	
ethinyl estradiol-norethindrone	FEMHRT	3	QL (1 dialpak/month)
ospemifene	OSPHENA	3	
prasterone vaginal insert	INTRAROSA	3	
6-D Contraceptives			
Generic Name	Brand Name	Tier	Notes
MONOPHASIC PRODUCTS			
<i>ethinyl estradiol (EE) /desogestrel products</i>			

generics of Ortho Cept	*ORTHO CEPT	1	QL (28 tablets/21 days)
mestranol/norethindrone			
generics of Norinyl	*NORINYL	1	QL (28 tablets/21 days)
	DESOGEN	3	QL (28 tablets/21 days)
EE/norgestimate products			
generics of Ortho Cyclen	*ORTHO CYCLEN	1	QL (28 tablets/21 days)
EE/norethindrone products			
generics of Ortho Novum 1/35	*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)
EE/drospirenone products			
	YASMIN (Brand)	2	QL (28 tablets/21 days)
	YAZ (Brand)	2	QL (28 tablets/21 days)
EE/norgestrel products			
generics of Lo/Ovral	*LO/OVRAL	1	QL (28 tablets/21 days)
EE/ethynodiol products			
Kelnor		1	QL (28 tablets/21 days)
Zovia 1/35		1	QL (28 tablets/21 days)
EE/levonorgestrel products			
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)
generics of Lybrel	*LYBREL	1	QL (28 tablets/21 days)
BIPHASIC PRODUCTS			
EE-desogestrel/EE			
generics of Mircette	*MIRCETTE	3	QL (28 tablets/month)
EE-levonorgestrel/EE			
generics of Loseasonique	*LOSEASONIQUE	1	QL (28 tablets/21 days)
generics of Seasonique	*SEASONIQUE	1	QL (91 tablets/3 months)
EE/norethindrone-EE/norethindrone			
generics of Ortho Novum 10/11	*ORTHO NOVUM 10/11	1	QL (28 tablets/21 days)
TRIPHASIC PRODUCTS			
EE/norethindrone-EE/norethindrone-EE/norethindrone			
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)
EE/levonogestrel-EE/Levonorgestrel-EE/Levonorgestrel			
generics of Enpresse	*ENPRESSE	1	QL (28 tablets/21 days)
esogestrel-EE/desogestrel-EE/desogestrel			
generics of Cyclessa	*CYCLESSA	1	QL (28 tablets/21 days)
estimate-EE/norgestimate-EE/norgestimate			
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)
4-PHASIC PRODUCTS			
<i>estradiol-estradiol/dienogest-estradiol/dienogest-estradiol</i>			
	NATAZIA	2	QL (28 tablets/21 days)
PROGESTIN ONLY-PRODUCTS			
<i>Norethindrone</i>			
generics of Ortho Micronor	*ORTHO MICRONOR	1	QL (28 tablets/month)
MISCELLANEOUS			
<i>Levonorgestrel</i>			
mifepristone	KORLYM	4	PA SP
generics of Plan B	*PLAN B	1	
	PLAN B ONE-STEP	1	
<i>Ulipristal</i>			
	ELLA	1	QL (28 tablets/21 days)
<i>Etonogestrel/EE</i>			
	NUVARING	1	QL (1 ring/month)
<i>Norelgestromin/EE</i>			
generics of Ortho Evra	*ORTHO EVRA	1	QL (3 patches/month)
	DIAPHRAMS	1	
	FEMCAP	3	QL (1 cap/year)
6-E Progestins			
Generic Name	Brand Name	Tier	Notes
hydroxyprogesterone caproate	MAKENA	3	QL (5ml's/month)
hydroxyprogesterone caproate	MAKENA AUTO INJECTOR	3	QL (4 injection's/month)
medroxyprogesterone	*PROVERA	1	
medroxyprogesterone acetate inj	*DEPO-PROVERA INJ	1	QL (1 injection per 90 days)
norethindrone	*AYGESTIN	1	
progesterone micronized	*PROMETRIUM	2	
progesterone vaginal	CRINONE	3	PA
progesterone vaginal insert	ENDOMETRIN	2	PA
6-F Oral Antidiabetics (diabetes)			
Generic Name	Brand Name	Tier	Notes
acarbose	*PRECOSE	1	QL (90 tablets/month)
alogliptin benzoate	NESINA (Brand)	2	
alogliptin-metformin	KAZANO (Brand)	2	
alogliptin-pioglitazone	OSENI (Brand)	2	
canagliflozin	INVOKANA	2	ST
canagliflozin-metformin	INVOKAMET	2	
canagliflozin-metformin 24hr er	INVOKAMET XR	2	QL (60 tablets/month)
chlorpropamide	*DIABINESE	1	
dapagliflozin propanediol	FARXIGA	3	ST
empagliflozin	JARDIANCE	2	ST
empagliflozin-metformin hcl	SYNJARDY	2	QL (60 tablets/month)
empagliflozin-metformin hcl sr	SYNJARDY XR	2	QL (30 tablets/month)
glimepiride	*AMARYL	1	QL (60 tablets/month)
glipizide	*GLUCOTROL 5mg	1	QL (90 tablets/month)

glipizide	*GLUCOTROL 10mg	1	QL (60 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	TRADJENTA	2	
linagliptin-metformin	JENTADUETO	2	QL (60 tablets/month)
linagliptin-metformin	JENTADUETO XR	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	RIOMET	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)
migliitol	*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)
pioglitazone-metformin	ACTOPLUS MET XR	3	QL (30 tablets/month)
repaglinide	*PRANDIN	2	QL (120 tablets/month)
repaglinide-metformin	*PRANDIMET	3	
rosiglitazone maleate-glimepiride	AVANDARYL 4/1mg	3	QL (60 tablets/month)
rosiglitazone maleate-glimepiride	AVANDARYL 4/2mg	3	QL (60 tablets/month)
rosiglitazone maleate-glimepiride	AVANDARYL 4/4mg	3	QL (30 tablets/month)
rosiglitazone-metformin	AVANDAMET 1/500mg	3	QL (120 tablets/month)
rosiglitazone-metformin	AVANDAMET 2/500mg	3	QL (120 tablets/month)
rosiglitazone-metformin	AVANDAMET 4/500mg	3	QL (120 tablets/month)
rosiglitazone-metformin	AVANDAMET 2/1000mg	3	QL (60 tablets/month)
rosiglitazone-metformin	AVANDAMET 4/1000mg	3	QL (60 tablets/month)
saxagliptin	ONGLYZA	2	QL (30 tablets/month)
saxagliptin-metformin	KOMBIGLYZE XR 5-500mg	2	QL (30 tablets/month)
saxagliptin-metformin	KOMBIGLYZE XR 5-1000mg	2	QL (30 tablets/month)
saxagliptin-metformin	KOMBIGLYZE XR 2.5-1000mg	2	QL (60 tablets/month)
tolazamide	*TOLINASE	1	
tolbutamide	*TOLBUTAMIDE	1	

6-G Insulins

Generic Name	Brand Name	Tier	Notes
insulin glargine	BASAGLAR	1	
insulin (human)	HUMULIN	1	
insulin (human)	HUMULIN PEN	2	
insulin (human)	RELION	3	
insulin detemir	LEVEMIR	2	

insulin lispro	HUMALOG JUNIOR KWIKPEN	2	
insulin lispro	HUMALOG KWIKPEN	2	
insulin lispro	HUMALOG PEN	2	
insulin lispro mix	HUMALOG MIX	1	
insulin lispro mix	HUMALOG MIX PEN	2	
insulin lispro mix	HUMALOG MIX PEN	2	

6-H Glucagon

Generic Name	Brand Name	Tier	Notes
	GLUCAGON	2	QL (2 kits/month)

6-I Thyroid Agents

Generic Name	Brand Name	Tier	Notes
levothyroid		1	QL (60 tablets/month)
levothyroxine		1	QL (60 tablets/month)
levothyroxine	*SYNTHROID (NTI)	2	QL (60 tablets/month)
levoxyl		2	QL (60 tablets/month)
liothyronine	*CYTOMEL	2	
liotrix	THYROLAR	3	
methimazole	*TAPAZOLE	1	
propylthiouracil	*PTU	1	
thyroid	ARMOUR THYROID	2	
thyroid	NATURE-THROID	2	
thyroid	WESTHROID-P	3	
unithroid		1	QL (60 tablets/month)

6-J Miscellaneous Endocrine

Generic Name	Brand Name	Tier	Notes
albiglutide	TANZEUM INJ	2	
alendronate	* FOSAMAX 5mg	1	QL (30 tablets/month)
alendronate	* FOSAMAX 10mg	1	QL (30 tablets/month)
alendronate	* FOSAMAX 35mg	1	QL (4 tablets/month)
alendronate	* FOSAMAX 40mg	1	QL (4 tablets/month)
alendronate	* FOSAMAX 70mg	1	QL (4 tablets/month)
alendronate-cholecalciferol	FOSAMAX PLUS D	3	QL (4 tablets/month)
asfotase alfa subc inj	STRENSIQ	4	PA SP
cabergoline	*DOSTINEX	2	
calcitonin	MIACALCIN	2	QL (2 bottles/month)
calcitonin (salmon) nasal	*FORTICAL	2	QL (2 bottles/month)
carglumic acid	CARBAGLU	4	SP
cinacalcet	SENSIPAR 30mg	4	PA QL (60 tablets/month)
cinacalcet	SENSIPAR 60mg	4	PA QL (60 tablets/month)
cinacalcet	SENSIPAR 90mg	4	PA QL (120 tablets/month)
cysteamine bitartrate	CYSTAGON	4	SP
deferasirox	EXJADE	4	PA SP
deferasirox	JADENU	4	PA SP
desmopressin (nasal)	*DDAVP	1	QL (1 bottle/month)
desmopressin (oral)	*DDAVP 0.1mg	1	QL (30 tablets/month)
desmopressin (oral)	*DDAVP 0.2mg	1	QL (90 tablets/month)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

4-Tier IND Drug Benefit Guide

07/01/18

dulaglutide soln pen-injector	TRULICITY	3	
eliglustat tartrate	CERDELGA	4	PA SP
etidronate	*DIDRONEL	1	
exenatide	BYDUREON	2	
exenatide	BYETTA	2	
ibandronate	*BONIVA	3	QL (1 tablet/month)
insulin glargine-lixisenatide soln pen-inj	SOLIQUA	2	PA
levocarnitine	*CARNITOR	1	
liraglutide	VICTOZA 2-PACK	2	QL (2 pens/month)
liraglutide	VICTOZA 3-PACK	3	QL (3 pens/month)
lixisenatide soln pen-injector	ADLYXIN	4	
metreleptin	MYALEPT	4	SP
nitisinone	NITYR	4	SP
pasireotide diaspertate	SIGNIFOR	4	PA SP
pramlintide	SYMLIN AMYLIN ANALOG	2	
raloxifene	*EVISTA	2	QL (30 tablets/month)
sapropterin dihydrochloride	KUVAN	4	PA SP
sapropterin dihydrochloride	KUVAN POWDER	4	PA SP
uridine triacetate	VISTOGARD	4	SP
uridine triacetate	XURIDEN	4	PA SP

6-K Diabetic Supplies

	LIFESCAN ONE TOUCH PRODUCTS	1	
	CONTOUR NEXT PRODUCTS	2	
	DEXCOM GLUCOSE MONITOR	3	PA QL
	DEXCOM SUPPLIES	3	PA QL
	FREESTYLE LIBRE MONITOR	3	PA QL
	FREESTYLE LIBRE SUPPLIES	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	SUCLEAR	3	
PEG electrolyte	*COLYTE	1	
PEG electrolyte	GOLYTELY	2	
PEG 3350	MOVIPREP	3	
peg(high)-electrolyte	*NULYTELY	1	
polyeth glyc powder 3350	*MIRALAX RX	1	QL (527gm/month)
sod sulf-pot sulf-mag sulfate	SUPREP	3	
sod phos mon-sod phos di	VISICOL	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	XERMELO	4	PA SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

4-Tier IND Drug Benefit Guide

07/01/18

7-C Miscellaneous Ulcer Drugs			
Generic Name	Brand Name	Tier	Notes
amoxicillin-clarithro-omepraz	OMECLAMOX-PAK	3	
chlordiazepoxide-methscopolamine	*LIBRAX	3	
dicyclomine	*BENTYL	1	
glycopyrrolate	*ROBINUL	1	
glycopyrrolate	*ROBINUL FORTE	1	
hyoscyamine	*LEVSIN	1	
hyoscyamine	*LEVVID	1	
hyoscyamine	*NULEV	1	
methscopolamine	PAMINE	3	
misoprostol	*CYTOTEC	1	QL (120 tablets/month)
propantheline	PRO-BANTHINE	2	
sucralfate	CARAFATE	2	
7-D H2 Blockers			
Generic Name	Brand Name	Tier	Notes
cimetidine	*TAGAMET	1	
famotidine	*PEPCID	1	
nizatadine	*AXID	2	
ranitidine	*ZANTAC	1	
7-E Proton Pump Inhibitors (PPI)			
Generic Name	Brand Name	Tier	Notes
dexlansoprazole	DEXILANT	3	QL (30 capsules/month)
esomeprazole	NEXIUM PWD PCK/SUSP	3	ST
lansoprazole	*PREVACID	3	QL (30 capsules/month)
lansoprazole	*PREVACID SOLUTAB	3	ST QL (30 tablets/month)
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)
7-F Antiemetics			
Generic Name	Brand Name	Tier	Notes
aprepitant	*EMEND	2	
dolasetron	ANZEMET	3	QL (1 tablet/fill; 2 fills/mo)
dronabinol	*MARINOL	3	
dronabinol soln	SYNDROS	4	PA
granisetron	*KYTRIL	1	QL (2 tablets/fill; 2 fills/mo)
meclizine hcl	*ANTIVERT TABLET	1	
netupitant-palonosetron	AKYNZEO	4	QL (1 Packet/month)
ondansetron	*ZOFTRAN 4mg	1	QL (90 tablets/month)
ondansetron	*ZOFTRAN 8mg	1	QL (90 tablets/month)
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	VARUBI	2	

scopolamine patch	*TRANSDERM-SCOP	3	QL (10 patches/month)
trimethobenzamide	*TIGAN	1	
7-G Digestive Aids			
Generic Name	Brand Name	Tier	Notes
amylase-lipase-protease	CREON	2	
cholic acid	CHOLBAM	4	PA SP
miglustat	*ZAVESCA	4	SP
pancrelipase	PERTZYE	4	ST
pancrelipase	ULTRESA	4	ST
pancrelipase	VIOKACE	4	ST
pancrelipase	ZENPEP	2	
pegademase	ADAGEN	2	
sacrosidase	SUCRAID	4	SP
sodium phenylbutyrate	*BUPHENYL	4	PA SP
7-H Miscellaneous Gastrointestinal			
Generic Name	Brand Name	Tier	Notes
	BXN MOUTHWASH	3	
adefovir	*HEPSERA	4	QL (30 tablets/month) SP
alosetron	*LOTRONEX	3	QL (60 tablets/month) PA
balsalazide	*COLAZAL	1	QL (270 capsules/month)
budesonide foam	UCERIS RECTAL FOAM	2	
budesonide SR	*ENTOCORT EC	2	QL (90 capsules/month)
calcium acetate (phosphate binder)	*PHOSLO	1	
calcium acetate (phosphate binder)	ELIPHOS	2	
cysteamine bitartrate	PROCYSBI	4	ST SP
eluxadoline	VIBERZI	4	PA
ferric citrate	AURYXIA	4	
glycopyrroate	CUVPOSA	3	AL (limited to 16 yrs of age & under)
hycosamine-phenyltoloxamine	DIGEX NF	3	
hydrocortisone acetate rectal foam	CORTIFOAM	3	
hydrocortisone acetate suppositories		2	
lamivudine (hepatitis)	EPIVIR HBV	4	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)
lanthanum	FOSRENOL POWDER PACK	3	
linaclotide	LINZESS	2	PA
lubiprostone	AMITIZA	3	ST QL (60 tablets/month)
mesalamine	CANASA	2	
mesalamine CR	APRISO	2	
mesalamine enema	*ROWASA	1	
methylnaltrexone bromide inj	RELISTOR INJ	3	PA
metoclopramide	*REGLAN	1	
naloxegol oxalate	MOVANTIK	2	PA (30 tablets/month)
obeticholic acid	OICALIVA	4	PA SP QL (30 tablets/month)

QL - Quantity Limits; ST - Step Therapy;
PA - Prior Authorization; AL - Age Limits
SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

4-Tier IND Drug Benefit Guide

07/01/18

plecanatide	TRULANCE	4	PA
sevelamer	RENAGEL	3	
sevelamer	*RENVELA	2	
sod picosulfate-mg ox-citric acid	PREPOPIK	3	
sucroferric oxyhydroxide	VELPHORO	2	
sulfasalazine	*AZULFIDINE	1	
sulfasalazine EC	*AZULFIDINE EN	1	
teduglutide	GATTEX	4	PA SP
ursodiol	*ACTIGALL	1	
ursodiol	*URSO	3	
ursodiol	*URSO FORTE	3	

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

8-A Urinary Anti-Infectives

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

8-B Urinary Antispasmodics

Generic Name	Brand Name	Tier	Notes
bethanechol	*URECHOLINE	1	
fexoterodine	TOVIAZ	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	
clindamycin vaginal	CLINDESSE	3	QL (6 gm/fill)
estradiol vaginal	ESTRACE vaginal (Brand)	3	
estradiol vaginal	*VAGIFEM	2	
estradiol vaginal ring	ESTRING	3	QL (1 ring/3 months)
estradiol vaginal ring	FEMRING	3	QL (1 ring/3 months)
estrogens (conjugated) vaginal	PREMARIN vaginal	2	
metronidazole vaginal	*METROGEL vaginal	2	
metronidazole vaginal	*VANDAZOLE	2	
nystatin vaginal		1	
sulfanilamide vaginal	AVC vaginal	2	
terconazole vaginal	TERAZOL	2	
triple sulfas vaginal		1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

4-Tier IND Drug Benefit Guide

07/01/18

8-D Miscellaneous Genitourinary Agents			
Generic Name	Brand Name	Tier	Notes
alfuzosin hcl	*UROXATRAL	1	
citric acid-sodium citrate	*BICITRA	1	
citric acid-D-gluconic acid	RENACIDIN	3	
dutasteride	*AVODART	3	QL (30 capsules/month)
finasteride	*PROSCAR	1	QL (30 tablets/month)
methylergonovine	METHERGINE	3	
pentosan polysulfate sodium	ELMIRON	2	QL (90 capsules/month)
phenazopyridine	*PYRIDIUM	1	
potassium citrate CR	*UROCIT-K	1	
potassium phosphate	K-PHOS	2	
	POTASSIUM CHLORIDE	2	
silodosin	RAPAFLO	3	QL (30 capsules/month)
tadalafil	CIALIS 2.5mg and 5mg	4	ST QL (30 tablets/month)
tamsulosin	*FLOMAX	1	QL (60 capsules/month)
tiopronin	THIOLA	4	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)
	DIFLUNISAL	2	
APAP-caffeine-butalbital	*ESGIC 50-325-40mg	1	QL (360 tablets/month)
APAP-caffeine-butalbital	*FIORICET 50-325-40mg	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
	CODEINE SULFATE	2	
	*METHADONE	1	PA
acet-caffeine-dihydrocodeine	TREZIX	4	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)
APAP-hydrocodone	*VICODIN	3	QL (240 tablets/month)
APAP-hydrocodone	*VICODIN ES	3	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	ZAMICET	3	QL (360 mls/month)
APAP-hydrocodone	ZYDONE	2	QL (300 mls/month)
ASA-caffeine-but-codeine	*FIORINAL w/CODEINE	1	

QL - Quantity Limits; ST - Step Therapy;
PA - Prior Authorization; AL - Age Limits
SP - Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

ASA-codeine	*EMPIRIN w/CODEINE	1	
buprenorphine sl tab	*SUBUTEX	1	QL (90 tablets/month)
buprenorphine buccal film	BELBUCA	3	PA QL (60 films/month)
buprenorphine hcl-naloxone	ZUBSOLV 0.7mg-0.18mg	2	QL (30 tablets/month)
buprenorphine hcl-naloxone	ZUBSOLV 1.4mg-0.36mg	2	QL (90 tablets/month)
buprenorphine hcl-naloxone	ZUBSOLV 2.9mg-0.71mg	2	
buprenorphine hcl-naloxone	ZUBSOLV 5.7mg-1.4mg	2	QL (90 tablets/month)
buprenorphine hcl-naloxone	ZUBSOLV 8.6mg-2.1mg	2	QL (60 tablets/month)
buprenorphine hcl-naloxone	ZUBSOLV 11.4mg-2.9mg	2	QL (30 tablets/month)
butal-acet-caf-cod	*FIORICET w/CODEINE 50/325/40/30mg	1	
butorphanol	*STADOL NS	2	QL (1 bottle/month)
dihydrocodeine compound	SYNALGOS DC	3	
fentanyl lollipop	*ACTIQ	3	QL (120 lozenges/month) PA
fentanyl patch	*DURAGESIC	2	PA QL (10 patches/mo)
fentanyl transmucosal lozenge	FENTORA	3	QL (120 lozenges/month) PA
hydrocodone bitartrate er abuse deter	ZOHYDRO ER	3	PA QL (60 tablets/month)
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	4	PA QL (30 tablets/month)
ibuprofen-hydrocodone	*VICOPROFEN	1	QL (480 tablets/month)
ibuprofen-hydrocodone	*REPREXAIN	3	QL (480 tablets/month)
ketorolac tromethamine nasal	SPRIX NASAL	3	QL (1 bottle/day; 1 box/5 bottles per mo)
levorphanol tartrate tablet		4	
meperidine	*DEMEROL	1	QL (360 tablets/month)
morphine sulfate	*MS IR	1	
morphine sulfate SR	*MS CONTIN	1	PA
naltrexone	*REVIA	1	
oxycodone	*OXYIR	1	
oxycodone	*ROXICODONE	1	QL (360 tablets/month)
oxycodone cap er 12hr	XTAMPZA ER	2	PA 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	COMBUNOX	3	QL (7 day treatment; 4 tabs/day)
oxymorphone	*OPANA	3	QL (180 tablets/month)
oxymorphone ER		3	PA QL (60 tablets/month)
pentazocine-naloxone	*TALWIN NX	1	
propoxyphene-APAP	DARVOCET A	3	QL (240 tablets/month)
propoxyphene napsylate	DARVON-N	3	QL (180 tablets/month)
tapentadol	NUCYNTA	3	QL (180 tablets/month)
tapentadol SR	NUCYNTA ER	3	PA 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	ULTRACET	2	QL (240 tablets/month)

9-C Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

Generic Name	Brand Name	Tier	Notes
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	
ibuprofen	*MOTRIN	1	
indomethacin	*INDOCIN	1	
indomethacin CR	*INDOCIN SR	1	
ketoprofen	ORUDIS	2	QL (60 capsules/month)
ketoprofen SR	ORUVAIL	3	
ketorolac	*TORADOL	1	QL (20 tablets/month)
lansoprazole-naproxen	PREVACID NAP KIT	3	
meclofenamate	*MECLOMEN	1	
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
leflunomide	*ARAVA	1	QL (30 tablets/month)
methotrexate		1	
methotrexate oral soln 2.5mg/ml	XATMEP	4	PA
methotrexate solution pf	RASUVO	4	ST

penicillamine	DEPEN	4	SP
9-E Migraine Products			
Generic Name	Brand Name	Tier	Notes
ergotamine with caffeine	*CAFERGOT	3	
rizatriptan	*MAXALT MLT	3	
ergotamine-phenobarb-belladonna		1	
frovatriptan	*FROVA	3	QL (6 tablets/fill; 2 fills/mo)
naratriptan	*AMERGE	3	QL (6 tablets/fill; 2 fills/mo)
rizatriptan	*MAXALT	1	QL (6 tablets/fill; 2 fills/mo)
rizatriptan	*MAXALT MLT	1	QL (6 tablets/fill; 2 fills/mo)
sumatriptan	*IMITREX	1	QL (9 tablets/fill; 2 fills/mo)
sumatriptan	*IMITREX NASAL	2	QL (6 vials/month)
sumatriptan	*SUMATRIPTAN INJ	1	QL (2 kits/fill; 2 fills/month)
zolmitriptan	*ZOMIG	3	QL (6 tablets/fill; 2 fills/mo)
zolmitriptan	ZOMIG NASAL	3	QL (6 vials/month)
zolmitriptan	*ZOMIG ZMT	3	QL (6 tablets/fill; 2 fills/mo)
9-F Gout			
Generic Name	Brand Name	Tier	Notes
allopurinol	*ZYLOPRIM	1	
colchicine capsules	MITIGARE	2	
colchicine-probenecid	*COLBENEMID	1	
febuxostat	ULORIC	3	ST QL (30 tablets/month)
glycerol phenylbutyrate	RAVICTI	4	PA SP
lesinurad	ZURAMPIC	4	PA
probenecid	*BENEMID	1	
9-G Musculoskeletal Therapy Agents			
Generic Name	Brand Name	Tier	Notes
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	AMRIX	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	
9-H Miscellaneous Neuromuscular Agents			
Generic Name	Brand Name	Tier	Notes
pyridostigmine	*MESTINON	1	
riluzole	*RILUTEK	3	QL (60 tablets/month)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

4-Tier IND Drug Benefit Guide

07/01/18

9-I Miscellaneous Rescue Agents			
acetylcysteine effervescent	CETYLEV	4	
acetylcysteine inhalation soln		1	
naloxone injection		1	
naloxone hcl nasal spray	NARCAN	2	QL (1 box/fill)
VITAMINS & HEMATOLOGICALS (drugs to treat vitamin deficiencies and other blood disorders)			
10-A Vitamins			
Generic Name	Brand Name	Tier	Notes
calcitriol	*ROCALTROL	1	
docercalciferol	*HECTOROL	3	
ergocalciferol [vitamin D]	*CALCIFEROL	1	
parathyroid hormone (recombinant)	NATPARA	4	PA QL (1/day) SP
paricalcitol [vitamin D]	*ZEMPLAR	4	QL (30 capsules/month) SP
phytonadione	MEPHYTON	2	
potassium aminobenzoate	POTABA	2	
10-B Multivitamins			
Generic Name	Brand Name	Tier	Notes
B complex-vit C-FA	*NEPHROCAPS	1	
fe bisglycin-fe polysac	NIFEREX GOLD	3	QL (30 tablets/month)
multi vitamin	TANDEM F	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	PRENATE ELITE	3	
prenatal low iron		1	
prenat-fe poly cmplx-fe heme	PREFERA OB	3	QL (30 tablets/month)
prenat-fe poly cmplx-fe heme	PREFERA OB + DHA	3	QL (60 tablets/month)
prenatal mv w/fe poly-fa	SELECT-OB+DHA	3	
prenatal vit-FE-bisglycinate-FA	NATELLE	3	QL (30 tablets/month)
prenatal -fe- bis-fe prot succ-fa-ca	DUET DHA	3	
prenatal vitamins-iron carbonyl-FA	NESTABS	3	
prenatal w/dss iron carbonyl-fa	ATABEX EC	3	
prenate w/fe fum-fe poly-fa omega 3	CONCEPT DHA	3	
prenate w/o a w/fe fum-fe poly-fa	CONCEPT OB	3	
prenate w/o Vit A w/ FE	NATELLE ONE	3	
prenate FE-Fum-Lmethylfol-FA-CA	PRENATE DHA	3	QL (30 tablets/month)
prenate w/o a w/fecbn-egl-dss-fa & dha	CITRANATAL ASSURE PAK	3	QL (60 tablets/month)
10-C Minerals			
Generic Name	Brand Name	Tier	Notes
cyanocobalamin (nasal)	NASCOBAL	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	NEPHRON FA	3	
FE fum-fe poly-fa-c-b3	INTEGRA F	3	
FE fum-iron polysacch complex	INTEGRA PLUS	3	
FE fum-vit C-vit B12-FA	*CHROMAGEN FORTE	3	
folic acid		1	

10-D Anticoagulants

Generic Name	Brand Name	Tier	Notes
apixaban	ELIQUIS	3	QL (60 tablets/month)
betrixaban maleate cap	BEVYXXA	3	QL (30 tablets/month)
dabigatran	PRADAXA	2	QL (60 tablets/month)
edoxaban	SAVAYSA	4	
rivaroxaban	XARELTO STARTER PACK	2	
rivaroxaban	XARELTO 10mg	2	QL (35 tablets/180 days)
rivaroxaban	XARELTO 15mg	2	QL (52 tabs/1st fill then 1/day)
rivaroxaban	XARELTO 20mg	2	QL (30 tablets/month)
warfarin	*COUMADIN (NTI)	2	

10-E Miscellaneous Hematologicals

Generic Name	Brand Name	Tier	Notes
aminocaproic acid	AMICAR	3	
anagrelide	*AGRYLIN	1	
cilostazol	*PLETAL	1	QL (60 tablets/month)
clopidogrel	*PLAVIX	1	
dipyridamole	*PERSANTINE	1	
dipyridamole-aspirin SR	*AGGRENOLX	3	QL (60 capsules/month)
pentoxifylline	*TRENAL	1	QL (90 tablets/month)
prasugrel	*EFFIENT	3	QL (30 tablets/month)
ticagrelor	BRILINTA	4	
sodium polystyrene sulfonate	*KAYEXALATE	1	
ticlopidine	*TICLID	1	QL (60 tablets/month)
tranexamic acid	*LYSTEDA	2	QL (5 days therapy/28 days)
vorapaxar sulfate	ZONTIVITY	4	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	AZASITE	3	QL (5 ml/month)
bacitracin ophth		1	
bacitracin-polymyxin B ophth	*POLYSPORIN ophth	1	
besifloxacin ophth	BESIVANCE	3	QL (5 ml/month)
ciprofloxacin ophth	*CILOXAN	1	
gatifloxacin ophth	ZYMAR	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	MOXEZA	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	BETOPTIC-S	3	
brimonidine timolol ophth	COMBIGAN	2	QL (5 ml/month)
carteolol ophth	*OCUPRESS	1	
dorzolamide-timolol ophth	*COSOPT	2	
dorzolamide-timolol ophth	COSOPT PF	3	QL (60 sing-use vials per mo)
levobunolol ophth	*BETAGAN	1	
metipranolol ophth	*OPTIPRANOLOL	1	
timolol ophth	BETIMOL	2	QL (5 ml/month)
timolol maleate ophth	*TIMOPTIC	1	
timolol maleate ophth	*TIMOPTIC XE	1	
11-C Ophthalmic Steroids			
Generic Name	Brand Name	Tier	Notes
dexamethasone ophth	MAXIDEX	3	
dexamethasone phosphate ophth	*DECADRON ophth	1	
difluprednate ophth	DUREZOL	3	
fluorometholone ophth	FML FORTE	2	
fluorometholone ophth	*FML LIQUIFILM	1	
fluorometholone ophth	FML SOP	2	
fluorometholone ophth	FLAREX	3	
loteprednol etb-tobramycin ophth	ZYLET	3	QL (5 ml/month)
loteprednol ophth	ALREX	3	QL (5 ml/month)
loteprednol ophth	LOTEMAX	3	QL (10 ml/month)
neomycin-polymyxin-HC ophth	*CORTISPORIN OPHTH	1	
prednisolone ophth	*PRED FORTE	1	
rimexolone ophth	VEXOL	2	
sulfacetamide-prednisolone ophth	*BLEPHAMIDE	1	
tobramycin-dexamethasone ophth	*TOBRADEX	2	QL (5 ml/month)
11-D Ophthalmic Prostaglandin			
Generic Name	Brand Name	Tier	Notes
bimatoprost ophth	LUMIGAN	2	QL (2.5 ml/month)
tafluprost oph soln	ZIOPTAN	3	ST QL (1 carton (30 vials) per mo)
latanoprost ophth	*XALATAN	1	QL (2.5 ml/month)
travaprost ophth	TRAVATAN Z	2	QL (2.5 ml/month)
unoprostone isopropyl ophth	RESCULA	3	ST QL (5ml/month)
11-E Ophthalmic Cycloplegics			
Generic Name	Brand Name	Tier	Notes
atropine ophth	*ISOPTO ATROPINE	1	
cyclopentolate ophth	*CYCLOGYL	1	

homatropine ophth	*ISOPTO HOMATROPINE	1	
scopolamine ophth	ISOPTO HYOSCINE	3	
tropicamide ophth	*MYDRIACYL	1	
11-F Ophthalmics Miotics			
Generic Name	Brand Name	Tier	Notes
pilocarpine ophth	*ISOPTO CARPINE	1	
pilocarpine ophth	PILOPINE HS	2	
11-G Ophthalmics Adrenergic Agents			
Generic Name	Brand Name	Tier	Notes
apraclonidine ophth	*IOPIDINE	3	
brimonidine ophth	ALPHAGAN P 0.1%	2	QL (10ml per month)
brimonidine ophth	*ALPHAGAN P 0.2%	2	QL (10ml per month)
brimonidine ophth	*ALPHAGAN P 0.15%	2	QL (10ml per month)
11-H Ophthalmics Miscellaneous			
Generic Name	Brand Name	Tier	Notes
alacftadine	LASTACAFT DROPS 0.25 %	3	
azelastine	*OPTIVAR DROPS 0.05 %	1	
bepotastine besilate	BEPREVE DROPS 1.5 %	4	
brinzolamide ophth	AZOPT	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	
cysteamine	CYSTARAN	4	PA SP
diclofenac ophth	*VOLTAREN ophth	1	
diclofenac ophth	VOLTAREN ophth gel	3	
dorzolamide ophth	*TRUSOPT	1	
emedastine difumarate	EMADINE DROPS 0.05%	4	
epinastine hcl	*ELESTAT DROPS 0.05%	1	
flurbiprofen ophth	*OCUFEN	1	
ketorolac ophth	*ACULAR	1	
ketorolac ophth	*ACULAR LS	1	QL (5ml per month)
lidocaine ophth	AKTEN GEL	3	
lodoxamide ophth	ALOMIDE	3	
nedocromil ophth	ALOCRIAL	3	
nepafenac ophth	NEVANAC	2	QL (3 ml/month)
olopatadine	*PATANOL	3	
pemirolast ophth	ALAMAST	3	
tasimelteon	HETLIOZ	4	PA
11-I Otic (Ear) Medications			
Generic Name	Brand Name	Tier	Notes
antipyrine-benzo-polycosanol otic soln	*TREAGAN	1	
benzocaine-antipyrine otic	*AURALGAN	1	
chloroxylenol-pramoxine-zinc acetate otic	ZINOTIC	3	QL (15 ml/month)
chloroxylenol-pramoxine-zinc acetate otic	ZINOTIC ES	3	QL (15 ml/month)
ciprofloxacin-dexamethasone	CIPRODEX	3	QL (8 ml/month)
ciprofloxacin-HC otic	CETRAXAL	3	

hydrocortisone-acetic acid otic	*VOSOL-HC	1	
neomycin-polymyxin-HC otic	*CORTISPORIN otic	1	
neomycin-colistin-HC-thonzonium otic	CORTISPORIN-TC	3	
ofloxacin otic	*FLOXIN OTIC	2	QL (10 ml/month)
11-J Mouth and Throat			
Generic Name	Brand Name	Tier	Notes
amlexanox oral paste	APHTHASOL	3	
cevimeline	*EVOXAC	3	QL (90 capsules/month)
chlorhexidine	*PERIDEX	1	
clotrimazole troche	*MYCELEX TROCHE	1	
lidocaine	*VISCOUS LIDOCAINE	1	
oral hydrogel wafer	MUCOTROL	3	QL (120 wafers/month)
pilocarpine	*SALAGEN 5mg	1	QL (180 tablets/month)
pilocarpine	*SALAGEN 7.5mg	1	QL (120 tablets/month)
sodium fluoride	*KARIGEL	1	
sodium fluoride	*KARIGEL-N	1	
triamcinolone/orabase	*KENALOG-ORABASE	1	
RESPIRATORY (drugs to treat breathing conditions, ie asthma and allergies)			
12-A Antihistamines			
Generic Name	Brand Name	Tier	Notes
cyproheptadine	*PERIACTIN	1	
grass mixed pollen	ORALAIR	3	PA
promethazine	*PHENERGAN	1	
short ragweed pollen allergen extract	RAGWITEK	3	PA
timothy grass pollen allergen	GRASTEK	3	PA
12-B Topical Nasal Products			
Generic Name	Brand Name	Tier	Notes
azelastine nasal	*ASTELIN	3	QL (1 inhaler/month)
ciclesonide nasal	ZETONNA	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)
12-C Cough/Cold/Allergy			
Generic Name	Brand Name	Tier	Notes
acrivastine-PSE	SEMPREX-D	3	
benzonatate	*TESSALON	1	
bromphen-PSE DM	BROMOXAFED	3	
cardec DM	*RONDEC DM	1	
chlorpheniramine	*ED CHLORPED	1	
chlorpheniramine-PSE	*DECONAMINE	1	
guaifenesin-codeine soln	*CHERATUSSIN AC	1	PA (under age 18)
pse-guaifenesin-codeine soln	*CHERATUSSIN DAC	1	PA (under age 18)
guaifenesin-DM	HUMIBID-DM	3	
hydrocodone-guaifenesin soln	FLOWTUSS	4	PA (under age 18) ST

hydrocodone-guaifenesin soln	OBREDON	4	PA (under age 18) ST
hydrocodone-homatropine	*HYCODAN	1	PA (under age 18)
phenylephrine-guaifenesin	MAXIPHEN-G	3	
promethazine VC	PHENERGAN VC	1	
promethazine VC- codeine	PHENERGAN VC w/CODEINE	1	PA (under age 18)
promethazine-codeine	*PHENERGAN w/CODEINE	1	PA (under age 18)
PSE-guaifenesin-codeine	*NOVAHISTINE	1	
PSE-methscopolamine	*ALLERX-D	1	
pseudoephed-chlorphen-DM	TANAFED DM	3	
pseudoeph-chlorphen w/hydroco soln	*ZUTRIPRO	2	PA (under age 18)

12-D Asthma/COPD

Generic Name	Brand Name	Tier	Notes
aclidinium bromide	TUDORZA	2	
albuterol nebulizer	*PROVENTIL (nebulizer)	1	
albuterol tablets	*PROVENTIL (tablets)	1	
albuterol HFA inhaler	VENTOLIN HFA	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	COMBIVENT RESPIMAT	3	QL (2 inhalers/month)
albuterol-ipratropium nebulizer	*DUONEB	2	QL (540 mls/month)
aminophylline		1	
budesonide formoterol inhaler	SYMBICORT	2	QL (1 inhaler/month)
cromolyn sodium nebulizer	*INTAL (nebulizer)	1	QL (120 vials/month)
fluticasone furoate	ARNUITY ELLIPTA	4	QL (1 inhaler/month)
fluticasone-salmeterol	*AIRDUO RESPICLICK	2	QL (1 inhaler/month)
fluticasone furoate-vilanterol aero powd	BREO ELLIPTA	2	QL (#1/month)
glycopyrrolate inhal cap	SEEBRI NEOHALER	2	QL (60/month)
glycopyrrolate-formoterol fumarate	BEVESPI AEROSPHERE	2	
ipratropium nebulizer	*ATROVENT (nebulizer)	1	QL (450 mls/month)
ipratropium HFA inhaler	ATROVENT HFA	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)
metaproterenol nebulizer	*ALUPENT (nebulizer)	1	QL (120 vials/mo (300 ml/month)
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)
olodaterol hcl	STRIVERDI RESPIMAT	2	QL (#1/month)
roflumilast	DALIRESP	3	PA QL (30 tablets/month)
salmeterol-fluticasone inhaler	ADVAIR	2	QL (1 inhaler/month)
sodium chloride soln nebu 7%	HYPER-SAL NEBULIZER	2	
terbutaline	*BRETHINE	1	QL (30 tablets/month)
theophylline		1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

4-Tier IND Drug Benefit Guide

07/01/18

theophylline	SLO-PHYLLIN	2	
theophylline	THEOLAIR	2	
theophylline CR	* UNIPHYL	1	
theophylline SR	THEO-24	3	
umeclidinium br aero pwd breath	INCRUSE ELLIPTA	2	QL (1 inhaler/month)
umeclidinium-vilanterol	ANORO ELLIPTA	3	QL (1 inhaler/month)
zafirlukast	* ACCOLATE	1	QL (60 tablets/month)

12-E Steroid Inhalers

Generic Name	Brand Name	Tier	Notes
beclomethasone HFA inhaler	QVAR 40mcg	2	QL (1 inhaler/month)
beclomethasone HFA inhaler	QVAR 80mcg	2	QL (2 inhaler/month)
beclomethasone diprop hfa inhaler	QVAR REDIHALER	2	QL (1 inhaler/month)
budesonide inhaler	PULMICORT FLEXHALER	3	ST QL (1 inhaler/month)
budesonide nebulizer	* PULMICORT RESPULES 0.25mg	4	QL (120 respules/month)
budesonide nebulizer	* PULMICORT RESPULES 0.5mg	4	QL (60 respules/month)
budesonide nebulizer	PULMICORT RESPULES 1MG	4	QL (120 respules/month)
ciclesonide inhaler	ALVESCO 80MCG	2	QL (1 inhaler/month)
ciclesonide inhaler	ALVESCO 160MCG	2	QL (2 inhalers/month)
flunisolide inhaler	AEROBID	3	QL (3 inhalers/month)
flunisolide inhaler	AEROBID-M	3	QL (3 inhalers/month)
flunisolide hfa	AEROSPAN 80mcg	3	
mometasone inhaler	ASMANEX	2	QL (1 inhaler/month)
mometasone inhaler	ASMANEX HFA	2	QL (1 inhaler/month)
triamcinolone inhaler	AZMACORT	3	QL (2 inhalers/month)

12-F Pulmonary Fibrosis

nintedanib esylate	OFEV	4	PA SP
pirfenidone	ESBRIET	4	PA SP

SELF-INJECTABLE/SPECIALTY (injectable drugs)

13-A Anticoagulants

Generic Name	Brand Name	Tier	Notes
enoxaparin sodium	* LOVENOX	2	(covrd up to 30 days without prior aut
fondaparinux sodium	* ARIXTRA	2	(covrd up to 21 days without prior aut
tinzaparin sodium	INNOHEP	4	PA SP

13-B Growth Hormones

Generic Name	Brand Name	Tier	Notes
mecasermin	INCRELEX	4	PA SP
metreleptin	MYALEPT	4	PA SP
somatropin	NUTROPIN AQ	4	PA SP
somatropin	NUTROPIN AQ NUSPIN	4	PA SP
somatropin	NUTROPIN	4	PA SP
somatropin	ZORBTIVE	4	PA SP

13-C Hematopoietic Agents

Generic Name	Brand Name	Tier	Notes
darbepoetin alpha	ARANESP	4	PA SP
eltrombopag	PROMACTA	4	PA SP

epoetin alfa	EPOGEN	4	PA SP
epoetin alfa	PROCRIT	4	PA SP
filgrastim-sndz	ZARXIO	4	SP
pegfilgrastim	NEULASTA	4	PA SP
sargramostim	LEUKINE	4	PA SP
13-D Hepatitis C Agents			
Generic Name	Brand Name	Tier	Notes
daclatasvir dihydrochloride	DAKLINZA 30MG	4	PA ST QL (90 tabs/mo) SP
daclatasvir dihydrochloride	DAKLINZA 60MG	4	PA ST QL (30 tabs/mo) SP
daclatasvir dihydrochloride	DAKLINZA 90MG	4	PA ST QL (30 tabs/mo) SP
dasab-ombit-paritap-riton	VIEKIRA	4	PA SP QL (120 tablets/mo)
dasab-ombit-paritap-riton sr 24hr	VIEKIRA XR	4	PA SP QL (90 tablets/mo)
elbasvir-grazoprevir	ZEPATIER	4	PA SP
glecaprevir-pibrentasvir	MAVYRET	4	PA SP QL (90 tablets/mo)
interferon alfacon-1	INFERGEN	4	PA SP
ledipasvir-sofosbuvir	HARVONI	4	PA SP QL (30 tablets/mo)
ombitasvir-paritaprevir-ritonavir	TECHNIVIE	4	PA SP QL (60 tablets/mo)
peginterferon alfa-2A	PEGASYS	4	PA SP
peginterferon alfa-2A	PEGASYS PROCLICK	4	PA SP
peginterferon alfa-2B	PEG-INTRON	4	SP ST
peginterferon alfa-2B	PEG-INTRON REDIPEN	4	SP ST
peginterferon beta-1a soln	PLEGRIDY	4	PA SP
simeprevir sodium	OLYSIO	4	PA ST SP
sofosbuvir-velpatasvir	EPCLUSA	4	PA SP QL (30 tablets/month)
sofosbuvir-velpatasvir-voxilaprevir	VOSEVI	4	PA SP QL (30 tablets/month)
	REBETRON	4	PA SP
	ROFERON A	4	SP
13-E Multiple Sclerosis Agents			
Generic Name	Brand Name	Tier	Notes
dalfampridine	AMPYRA	4	QL (60 tablets/month) PA SP
dimethyl fumarate	TECFIDERA STARTER PACK	4	PA SP
dimethyl fumarate	TECFIDERA	4	PA SP
glatiramer acetate	COPAXONE 20MG & 40MG (Brand)	4	PA SP
interferon beta-1A	AVONEX	4	PA SP
interferon beta-1A	AVONEX ADMINISTRATION PACK	4	PA SP
interferon beta-1B	BETASERON	4	PA SP
13-F Osteoporosis Agents			
Generic Name	Brand Name	Tier	Notes
teriparatide (recombinant)	FORTEO	4	PA SP
13-G Somatostatin Analogs			
Generic Name	Brand Name	Tier	Notes
nafarelin	SYNAREL	2	PA
octreotide acetate	*OCTREOTIDE	4	PA SP
pasireotide diaspertate inj	SIGNIFOR	4	PA SP

QL - Quantity Limits; ST - Step Therapy;
PA - Prior Authorization; AL - Age Limits
SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

13-H Immunomodulators			
Generic Name	Brand Name		Notes
adalimumab	HUMIRA	4	PA SP
anakira subcutaneous	KINERET	4	PA SP
apremilast	OTEZLA	4	PA SP
belimumab sq	BENLYSTA	4	PA SP
brodalumab sq soln	SILIQ	4	PA SP
certolizumab pegol	CIMZIA	4	PA SP
daclizumab soln	ZINBRYTA	4	PA SP
dupilumab subc soln pref syringe	DUPIXENT	4	PA SP
etanercept for subcutaneous	ENBREL 25MG	4	SP QL (8 inj per month) ST
etanercept for subcutaneous	ENBREL 50MG	4	SP QL (4 inj per month) ST
golimumab	SIMPONI	4	QL (1 unit/mo) PA SP
guselkumab soln pref syr	TREMFYA	4	PA SP
ixekizumab subc soln auto-inj	TALTZ	4	ST SP
secukinumab	COSENTYX	4	ST SP
tocilizumab	ACTEMRA	4	ST SP
tofacitinib	XELJANZ	4	ST SP
tofacitinib sr	XELJANZ XR	4	ST SP
ustekinumab	STELARA	4	PA SP
13-I Miscellaneous Specialty			
Generic Name	Brand Name	Tier	Notes
abatacept	ORENCIA	4	ST SP
C1 esterase inhibitor	HAEGARDA	4	PA SP
icatibant acetate	FIRAZYR	4	PA SP
interferon alfa-2B	INTRON-A	4	PA SP
interferon alfa-N3	ALFERON N	4	PA SP
interferon gamma-1B	ACTIMMUNE	4	PA SP
leuprolide acetate	ELIGARD	4	PA SP
leuprolide acetate	LUPRON	4	PA SP
oprelvekin	NEUMEGA	4	PA SP
oxandrolone	*OXANDRIN	1	PA
oxymetholone	ANADROL-50	2	
palonosetron	ALOXI (tablets)	2	PA
peginterferon alfa-2B	SYLATRON	4	PA SP
peginterferon alfa-2B	SYLATRON 4-PACK	4	PA SP
rilonacept	ARCALYST	4	PA SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

4-Tier IND Drug Benefit Guide

07/01/18