



HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company



SIERRA HEALTH AND LIFE  
A UnitedHealthcare Company

# Preferred Drug List

## ▶ 3-Tier

# Three-Tier Base Drug Benefit Guide

## Introduction

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

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

## Reading the *Drug Benefit Guide*

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

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

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

Other abbreviations used throughout the PDL are:

- 1, 2, 3 = tier level for the drug (1 = Tier I, 2 = Tier II, 3 = Tier III)
- AL = age limitations
- NTI = narrow therapeutic index (generic not required)
- PA = prior authorization
- QL = quantity limitations
- SIO = self-injectable/orphan drug
- ST = step therapy
- SP = specialty drug: see [www.uhcspecialtyrx.com](http://www.uhcspecialtyrx.com)

## **Mandatory Generic Substitution Policy**

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

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

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

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

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

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

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

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

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

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

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

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

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

**Mail:** Civil Rights Coordinator.

UnitedHealthcare Civil Rights Grievance.  
P.O. Box 30608 Salt Lake City, UTAH  
84130

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

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

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

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

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

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

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

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

**English:**

You have the right to get help and

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

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

**Español (Spanish)**

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

**Tagalog (Tagalog)**

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

**繁體中文 (Chinese)**

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

**한국어 (Korean)**

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

### Tiếng Việt (Vietnamese)

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

### አማርኛ (Amharic)

በ ምት ፈልጉት ቋንቋ እርዳታና ማረጃ የ ማግኘት ሙብት አለዎት። አስተርጓሚ ለ ማጠየቅ፣ በ ጤና ካርድዎ ወይም የ ጤና ሰነድዎ የተዘረዘረውን የ ማያስከፍል ቴሌፎን ይደውሉ። ጥያቄዎችን አለዎት፣ አባቶችዎን ያስታውቁኝ። አማራጭ ለሁሉም አካላት

### ภาษาไทย (Thai)

คุณมีสิทธิขอความช่วยเหลือหรือขอข้อมูลใน ภาษาของคุณโดยไม่เสียค่าใช้จ่ายใด ๆ เมื่อต้องการล่าม 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 بی‌راه‌نما تا دی‌هست برخوردار حق نی‌از شما گان‌یرا صورت به خودتان زبان به را اطلاعات مترجم درخواست ی‌یرا. دی‌کن افت‌ی‌در در موجود گان‌یرا تلفن شماره با، ی‌شفاه مربوط اسناد ای سلامت طرح ی‌شناسا کارت دی‌ری‌بگ تماس طرحتان به.

### Gagana fa'a Sāmoa (Samoan)

E iai lau aia tatau e maua ai faamatalaga i lau gagana e aunoa ma se totogi. Ina ia talosaga mo se tasi e faaliliu, telefoni mai le numera o le telefoni e le totogia 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.

### Покано (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.

## THREE-TIER Base Drug Benefit Guide

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

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

#### 1-A Penicillins

Generic Name	Brand Name	Tier	Notes
amoxicillin	*AMOXIL	1	
amoxicillin	*MOXATAG	3	QL (10 tablets/50 days)
amoxicillin-k clavulanate	*AUGMENTIN	1	
amoxicillin-k clavulanate SR 12hr	*AUGMENTIN XR	3	QL (40 tablets/month)
ampicillin	*PRINCIPEN	1	
dicloxacillin	*DYNAPEN	1	
penicillin V potassium	*VEETIDS	1	

#### 1-B Cephalosporins

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

#### 1-C Macrolides

Generic Name	Brand Name	Tier	Notes
azithromycin ER for oral susp	<b>ZMAX</b>	3	QL (1 dose/fill)
azithromycin	*ZITHROMAX 250mg	1	QL (6 tablets/fill)
azithromycin	*ZITHROMAX 500mg	1	QL (4 tablets/fill)
azithromycin	*ZITHROMAX 600mg	1	QL (8 tablets/fill)
azithromycin	*ZITHROMAX 100mg/5ml	1	QL (30 mls/fill)

QL - Quantity Limits; ST - Step Therapy;

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



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

#### 1-D Tetracyclines

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

#### 1-E Fluoroquinolones

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

#### 1-F Antimycobacterial Agents

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

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<b>1-G Antifungals</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
efinaconazole soln	<b>JUBLIA</b>	3	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	<b>CRESEMBA</b>	3	
itraconazole	*SPORANOX	1	QL (14 capsules/month)
ketoconazole foam	*EXTINA 2%	3	
ketoconazole	*NIZORAL	1	
nystatin	<b>BIO-STATIN</b>	2	
nystatin	*MYCOSTATIN susp	1	
posaconazole	<b>NOXAFIL TAB</b>	2	
secnidazole granules packet	<b>SOLOSEC</b>	3	
tavaborole soln	<b>KERYDIN SOLN</b>	3	ST
terbinafine HCL	*LAMISIL	1	QL (90 tablets/year)
terbinafine HCL	<b>LAMISIL GRANULE PACKET</b>	3	QL (30 packets/month)
voriconazole	*VFEND 50mg	1	QL (180 tablets/month)
voriconazole	*VFEND 200mg	1	QL (60 tablets/month)
<b>1-H Miscellaneous Antivirals</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
acyclovir	*ZOVIRAX tablets and capsules	1	
famciclovir	*FAMVIR 125mg	2	QL (60 tablets/month)
famciclovir	*FAMVIR 250mg	2	QL (60 tablets/month)
famciclovir	*FAMVIR 500mg	2	QL (21 tablets/month)
ganciclovir ophth gel	<b>ZIRGAN</b>	3	QL (5 gm/month)
letermovir	<b>PREVYMIS</b>	2	PA
oseltamivir	*TAMIFLU capsules	2	QL (10 capsules/3 months)
oseltamivir	*TAMIFLU suspension	2	QL (60 mls/3 months)
ribavirin	*REBETOL capsules/tablets	1	QL(180 caps/tabs/mo)PA SP
ribavirin	<b>REBETOL solution</b>	3	PA SP
rimantadine	*FLUMADINE	1	QL (14 pills/fill)
valacyclovir	*VALTREX 500mg	2	QL (60 tablets/month)
valacyclovir	*VALTREX 1gm	2	QL (30 tablets/month)
valganciclovir HCL	*VALCYTE	3	QL (60 tablets/month)
zanamivir	<b>RELENZA</b>	3	QL (1 diskhaler/month)
<b>1-I Antiretrovirals</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
abacavir sulfate	<b>ZIAGEN</b>	2	SP
abacavir-dolutegravir-lamivudine	<b>TRIUMEQ</b>	2	QL (30 tablets/month) SP
abacavir-lamivudine	*EPZICOM	2	QL (30 tablets/month) SP
abacavir-lamivudine-zidovudine	*TRIZIVIR	1	SP
atazanavir	*REYATAZ	2	SP

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

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stavudine	*ZERIT	1	SP
atazanavir sulfate-cobicistat	<b>EVOTAZ</b>	2	SP
telbivudine	<b>TYZEKA</b>	3	QL (30 tablets/month) SP
tenofovir	<b>VIREAD</b>	2	SP
tenofovir	*VIREAD 300mg	2	SP
tenofovir alafenamide fumarate	<b>VEMLIDY</b>	3	QL (30 tablets/month) SP PA
tipranavir	<b>APTIVUS capsules</b>	3	QL (120 capsules/month) SP
tipranavir	<b>APTIVUS solution</b>	3	QL (300 mls/month) SP
zidovudine	*RETROVIR	1	SP
<b>1-J Antimalarials</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
artemether-lumefantrine	<b>COARTEM</b>	3	QL (24 tablets/60 days)
atovaquone-proguanil HCL	*MALARONE	2	
chloroquine	*ARALEN	1	
hydroxychloroquine	*PLAQUENIL	1	
mefloquine	*LARIAM	1	
primaquine	*PRIMAQUINE	1	
pyrimethamine	<b>DARAPRIM</b>	2	SP
quinine sulfate		1	
<b>1-K Anthelmintics</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
albendazole	<b>ALBENZA</b>	3	
benznidazole tab	<b>BENZNIDAZOLE</b>	2	
ivermectin	*STROMEKTOL	1	
mebendazole chew	<b>EMVERM</b>	3	
praziquantel	<b>BILTRICIDE</b>	3	
<b>1-L Misc Anti-Infectives</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
atovaquone	*MEPRON	3	
aztreonam	<b>CAYSTON</b>	2	QL (84 mls/42 days) PA SP
dapsone	*DAPSONE	1	
dornase alfa	<b>PULMOZYME</b>	2	SP
fidaxomicin	<b>DIFICID</b>	3	PA
ivacaftor	<b>KALYDECO</b>	3	PA SP
linezolid	*ZYVOX	2	(2/day)(max:84 tabs/365 days)
lumacaftor-ivacaftor	<b>ORKAMBI</b>	3	PA SP QL (112 tabs/28 days)
metronidazole	*FLAGYL tablets	1	
metronidazole	*FLAGYL capsule	1	
miltefosine	<b>IMPAVIDO</b>	3	PA
neomycin	*MYCIFRADIN	1	
nitazoxanide	<b>ALINIA tablets</b>	3	QL (6 tablets/fill)
nitazoxanide	<b>ALINIA suspension</b>	3	QL (60 mls/fill)
rifaximin	<b>XIFAXAN</b>	3	QL (60 tablets/month) ST
SMZ-TMP	*BACTRIM	1	
SMZ-TMP-DS	*BACTRIM DS	1	
sulfadiazine		1	

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tedizolid phosphate	<b>SIVEXTRO</b>	3	PA
tezacaftor-ivacaftor	<b>SYMDEKO</b>	2	PA SP
tinidazole	*TINDAMAX	3	
tobramycin	<b>TOBI PODHALER</b>	3	PA SP
tobramycin neb soln	<b>BETHKIS</b>	2	PA SP
trimethoprim oral soln	<b>TRIMPEX/PRIMSOL</b>	3	
vancomycin	*VANCOCIN	3	QL (56 capsules/14 days) PA
vancomycin compound soln	<b>FIRST-VANCOMYCIN ORAL SOLN</b>	3	
vancomycin hcl for oral solution	<b>FIRVANQ</b>	2	

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

### 2-A Antineoplastics (cancer drugs)

Generic Name	Brand Name	Tier	Notes
abemaciclib tab	<b>VERZENIO</b>	2	PA SP
abiraterone acetate	<b>ZYTIGA</b>	2	PA SP
acalabrutinib cap	<b>CALQUENCE</b>	3	PA SP
afatinib dimaleate	<b>GILOTRIF</b>	3	PA SP
alectinib hcl	<b>ALECENSA</b>	3	PA SP
altretamine	<b>HEXALEN</b>	2	SP
anastrozole	*ARIMIDEX	1	QL (30 tablets/month)
apalutamide tab	<b>ERLEADA</b>	3	PA SP
axitinib	<b>INLYTA</b>	3	QL PA SP
bexarotene	<b>TARGRETIN (Brand)</b>	2	SP
bicalutamide	*CASODEX	1	SP
binimetinib	<b>MEKTOVI</b>	3	PA SP
bosutinib	<b>BOSULIF</b>	2	ST SP
brigatinib	<b>ALUNBRIG</b>	3	PA SP
busulfan	<b>MYLERAN</b>	2	SP
cabozantinib	<b>COMETRIQ</b>	3	PA SP
cabozantinib s-malate	<b>CABOMETYX</b>	2	PA SP
capecitabine	<b>XELODA (Brand)</b>	1	SP
ceritinib	<b>ZYKADIA</b>	3	PA SP
chlorambucil	<b>LEUKERAN</b>	2	SP
cobimetinib fumarate	<b>COTELLIC</b>	2	PA SP
crizotinib	<b>XALKORI</b>	3	PA
cyclophosphamide	<b>CYCLOPHOSPH CAPS</b>	2	SP
dabrafenib mesylate	<b>TAFINLAR</b>	3	PA SP
dasatinib	<b>SPRYCEL</b>	3	ST SP
degarelix acetate	<b>FIRMAGON</b>	3	SP (80mg-1 vial/mo & 120mg vial/year)
enasidenib mesylate tab	<b>IDHIFA</b>	2	PA SP
encorafenib	<b>BRAFTOVI</b>	3	PA SP
enzalutamide	<b>XTANDI</b>	3	ST SP
erlotinib	<b>TARCEVA</b>	3	PA SP
estramustine	<b>EMCYT</b>	2	SP
etoposide	*VEPESID	1	SP
everolimus	<b>AFINITOR</b>	3	PA SP

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exemestane	*AROMASIN	2	QL (30 tablets/month)
flutamide	*EULEXIN	1	SP
gefitinib	<b>IRESSA</b>	3	QL (30 tablets/month) SP
hydroxyurea	*HYDREA	1	SP
ibrutinib	<b>IMBRUVICA</b>	3	PA SP
idelalisib	<b>ZYDELIG</b>	3	PA SP
imatinib mesylate	*GLEEVEC	1	PA SP
ixazomib citrate	<b>NINLARO</b>	2	PA SP
lapatinib ditosylate	<b>TYKERB</b>	3	PA SP
lenalidomide	<b>REVLIMID</b>	3	PA SP
lenvatinib	<b>LENVIMA</b>	3	PA SP
letrozole	*FEMARA	1	QL (30 tablets/month)
leucovorin calcium	*LEUCOVORIN CALCIUM	1	
lomustine	<b>GLEOSTINE</b>	2	PA SP
mechlorethamine hcl	<b>VALCHLOR GEL</b>	2	PA SP
megestrol	*MEGACE	1	
megestrol	*MEGACE ES	3	
melphalan	*ALKERAN	2	SP
mercaptopurine	*PURINETHOL	1	SP
mercaptopurine	<b>PURIXAN SUSP</b>	3	PA SP
mesna	<b>MESNEX</b>	2	SP
methotrexate injection		1	
methotrexate	<b>TREXALL</b>	3	
midostaurin	<b>RYDAPT</b>	3	PA SP
mitotane	<b>LYSODREN</b>	2	SP
neratinib maleate	<b>NERLYNX</b>	3	PA SP
nilotinib	<b>TASIGNA</b>	2	ST SP
nilutamide	*NILANDRON	3	SP
niraparib tosylate cap	<b>ZEJULA</b>	3	PA SP
olaparib	<b>LYNPARZA</b>	3	PA SP
osimertinib mesylate	<b>TAGRISSO</b>	3	PA SP
palbociclib	<b>IBRANCE</b>	3	PA SP
panobinostat lactate	<b>FARYDAK</b>	3	PA SP
pazopanib	<b>VOTRIENT</b>	3	PA SP
pomalidomide	<b>POMALYST</b>	3	PA SP
ponatinib hcl	<b>ICLUSIG</b>	3	SP ST
procarbazine HCL	<b>MATULANE</b>	2	SP
regorafenib	<b>STIVARGA</b>	3	PA SP
ribociclib succinate	<b>KISQALI</b>	3	PA SP
ribociclib tab & letrozole pack	<b>KISQALI FEMARA</b>	3	PA SP
rucaparib camsylate	<b>RUBRACA</b>	3	PA SP
ruxolitinib phosphate	<b>JAKAFI</b>	3	PA SP
sonidegib phosphate	<b>ODOMZO</b>	2	PA SP
sorafenib tosylate	<b>NEXAVAR</b>	3	PA SP
sunitinib	<b>SUTENT</b>	3	PA SP
tamoxifen	*NOLVADEX	1	

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tamoxifen	<b>SOLTAMOX ORAL SOLN</b>	3	
temozolomide	*TEMODAR	3	PA SP
thalidomide	<b>THALOMID</b>	3	PA SP
thioguanine	<b>TABLOID</b>	2	SP
topotecan	<b>HYCAMTIN</b>	3	PA SP
toremifene citrate	<b>FARESTON</b>	3	SP QL (30 tablets/month)
trametinib dimethyl sulfoxide	<b>MEKINIST</b>	3	PA SP
tretinoin capsules		2	SP
trifluridine-tipiracil	<b>LONSURF</b>	2	PA SP
vandetanib	<b>CAPRELSA</b>	3	PA SP
vemurafenib	<b>ZELBORAF</b>	3	PA SP
venetoclax	<b>VENCLEXTA</b>	3	PA SP
vismodegib	<b>ERIVEDGE</b>	3	QL PA SP (30 caps/month)
vorinostat	<b>ZOLINZA</b>	3	PA SP

### 2-B Immunosuppressives

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

## CARDIOVASCULAR (drugs to treat heart conditions)

### 3-A Cardiotonics

Generic Name	Brand Name	Tier	Notes
digoxin	*LANOXIN	1	

### 3-B Antianginals

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

### 3-C Beta Blockers

Generic Name	Brand Name	Tier	Notes
acebutolol	*SECTRAL	1	
atenolol	*TENORMIN	1	
betaxolol	*KERLONE	1	

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bisoprolol	*ZEBETA	1	
carteolol HCL	<b>CARTROL</b>	3	
carvedilol	*COREG 3.125mg	1	QL (60 tablets/month)
carvedilol	*COREG 6.25mg	1	QL (60 tablets/month)
carvedilol	*COREG 12.5mg	1	QL (60 tablets/month)
carvedilol	*COREG 25mg	1	QL (120 tablets/month)
droxidopa	<b>NORTHERA</b>	2	PA SP
labetalol	*NORMODYNE	1	
labetalol	*TRANDATE	1	
metoprolol	*LOPRESSOR	1	
metoprolol succinate SR	*TOPROL XL	2	
nadolol	*CORCARD 20mg	1	QL (90 tablets/month)
nadolol	*CORCARD 40mg	1	QL (60 tablets/month)
nadolol	*CORCARD 80mg	1	QL (90 tablets/month)
nadolol	*CORCARD 120mg	1	QL (60 tablets/month)
nebivolol	<b>BYSTOLIC 2.5mg</b>	2	QL (30 tablets/month)
nebivolol	<b>BYSTOLIC 5mg</b>	2	QL (30 tablets/month)
nebivolol	<b>BYSTOLIC 10mg</b>	2	QL (120 tablets/month)
nebivolol	<b>BYSTOLIC 20mg</b>	2	QL (60 tablets/month)
penbutolol sulfate	<b>LEVATOL</b>	3	
pindolol	*VISKEN	1	
propranolol	*INDERAL	1	
propranolol HCL CR	*INDERAL LA	2	
propranolol HCL SR	<b>INNOPRAN XL</b>	3	QL (30 capsules/month)
sotalol	*BETAPACE	1	
sotalol AF	*BETAPACE AF	1	
sotalol hcl oral soln	<b>SOTYLIZE</b>	3	PA
timolol maleate	*BLOCADREN	1	

### 3-D Calcium Channel Blockers

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

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nimodipine	<b>NYMALIZE</b>	3	
nisoldipine SR	*SULAR 8.5mg	3	QL (30 tablets/month)
nisoldipine SR	*SULAR 10mg	3	QL (30 tablets/month)
nisoldipine SR	*SULAR 17mg	3	QL (30 tablets/month)
nisoldipine SR	*SULAR 20mg	3	QL (30 tablets/month)
nisoldipine SR	*SULAR 25.5mg	3	QL (60 tablets/month)
nisoldipine SR	*SULAR 30mg	3	QL (60 tablets/month)
nisoldipine SR	*SULAR 34mg	3	QL (30 tablets/month)
nisoldipine SR	*SULAR 40mg	3	QL (30 tablets/month)
verapamil	*CALAN	1	
verapamil CR (controlled onset)	<b>COVERA HS</b>	3	QL (60 tablets/month)
verapamil SR	*CALAN SR	1	
verapamil SR	*VERELAN	3	
verapamil SR	*VERELAN PM	3	

### 3-E Antiarrhythmics

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

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

Generic Name	Brand Name	Tier	Notes
benazepril	*LOTENSIN	1	QL (60 tablets/month)
captopril	*CAPOTEN	1	
enalapril maleate	<b>EPANED</b>	3	PA
enalapril	*VASOTEC	1	QL (60 tablets/month)
fosinopril	*MONOPRIL	1	QL (60 tablets/month)
lisinopril	*PRINIVIL	1	QL (60 tablets/month)
lisinopril	*ZESTRIL	1	QL (60 tablets/month)
lisinopril oral soln 1mg/ml	<b>QBRELIS</b>	3	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	<b>EDARBI</b>	3	QL (30 tablets/month)
candesartan	*ATACAND	3	QL (60 tablets/month)
eprosartan	*TEVETEN 600mg	3	QL (30 tablets/month)

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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
aliskiren fumarate	<b>TEKTURNA</b>	3	QL (30 tablets/month)
ambrisentan	<b>LETAIRIS</b>	2	PA SP
bosentan	<b>TRACLEER</b>	2	QL (60 tablets/month) PA SP
clonidine	*CATAPRES	1	
clonidine patch	*CATAPRES-TTS	3	QL (8 patches/month)
deserpidine-methyclothiazide	<b>ENDURONYL</b>	3	
doxazosin	*CARDURA	1	QL (60 tablets/month)
guanfacine	*TENEX	1	
hydralazine	*APRESOLINE	1	
iloprost	<b>VENTAVIS</b>	3	PA SP
macitentan	<b>OPSUMIT</b>	2	PA SP
mecamylamine	<b>VECAMYL</b>	3	PA SP
methyldopa	*ALDOMET	1	
minoxidil	*LONITEN	1	
phenoxybenzamine	<b>DIBENZYLINE</b>	3	
prazosin	*MINIPRESS	1	
reserpine		3	
riociguat	<b>ADEMPAS</b>	2	PA SP
selexipag	<b>UPTRAVI</b>	3	PA SP
selexipag	<b>UPTRAVI THERAPY PACK</b>	3	PA SP QL (1 box/year)
sildenafil	*REVATIO	3	PA SP
sildenafil	<b>REVATIO IV SOLN</b>	3	PA SP
sildenafil	<b>REVATIO SUSP 10MG/ML</b>	3	PA SP
tadalafil	<b>ADCIRCA</b>	3	QL (60 tabs/month) PA SP
terazosin	*HYTRIN	1	QL (60 capsules/month)
treprostinil diolamine	<b>ORENITRAM</b>	3	PA SP
treprostinil	<b>TYVASO</b>	3	QL (30 pouches/mo) PA SP

### 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	<b>EDARBYCLOR</b>	3	

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benazepril-HCTZ	*LOTENSIN HCT	1	QL (60 tablets/month)
bisoprolol-HCTZ	*ZIAC	1	
candesartan-HCTZ	*ATACAND HCT	3	QL (60 tablets/month)
captopril-HCTZ	*CAPOZIDE	1	
enalapril-felodipine	<b>LEXCEL</b>	3	QL (60 tablets/month)
enalapril-HCTZ	*VASERETIC	1	
eprosartan-HCTZ	<b>TEVETEN HCT</b>	3	QL (30 tablets/month)
fosinopril-HCTZ	*MONOPRIL HCT	1	QL (60 tablets/month)
irbesartan-HCTZ	*AVALIDE	1	QL (30 tablets/month)
lisinopril-HCTZ	*PRINZIDE	1	
lisinopril-HCTZ	*ZESTORETIC	1	
losartan-HCTZ	*HYZAAR	1	QL (30 tablets/month)
methyldopa-HCTZ	*ALDORIL	1	
moexipril-HCTZ	*UNIRETIC	1	QL (60 tablets/month)
nadolol-bendroflumethiazide	*CORZIDE	1	QL (60 tablets/month)
nebivolol-valsartan	<b>BYVALSON</b>	2	QL (30 tablets/month)
olmesartan-HCTZ	*BENICAR HCT	2	QL (30 tablets/month)
propranolol-HCTZ	*INDERIDE	1	
quinapril-HCTZ	*ACCURETIC	2	QL (60 tablets/month)
sacubitril-valsartan	<b>ENTRESTO</b>	3	PA QL (60 tablets/month)
telmisartan-HCTZ	*MICARDIS HCT	3	QL (30 tablets/month)
trandolapril-verapamil	*TARKA	3	QL (60 tablets/month)
valsartan-HCTZ	*DIOVAN-HCT 80-12.5mg & 160-12.5mg	1	QL (60 tablets/month)
valsartan-HCTZ	*DIOVAN-HCT 160-25mg, 320-12.5mg, & 320-25mg	1	QL (30 tablets/month)

### 3-J Diuretics

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

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torseamide	*DEMADEX	1	
triamterene	<b>DYRENIUM</b>	3	
triamterene-HCTZ	*DYAZIDE	1	
triamterene-HCTZ	*MAXZIDE	1	

### 3-K Pressors

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

### 3-L Antihyperlipidemics

Generic Name	Brand Name	Tier	Notes
alirocumab inj	<b>PRALUENT</b>	2	PA SP QL (2 inj/28 days)
atorvastatin	*LIPITOR	1	QL (30 tablets/month)
cholestyramine	*QUESTRAN	1	
colesevelam	<b>WELCHOL (Brand)</b>	2	QL (210 tablets/month)
colestipol	*COLESTID	1	
evolocumab	<b>REPATHA</b>	3	SP ST
ezetimibe	*ZETIA	3	QL (30 tablets/month)
ezetimibe-simvastatin	*VYTORIN	3	QL (30 tablets/month)
fenofibrate	*LOFIBRA 54mg & 160mg	1	QL (30 capsules/month)
fluvastatin	LESCOL 20mg	3	QL (30 capsules/month)
fluvastatin	LESCOL 40mg	3	QL (60 capsules/month)
fluvastatin SR	*LESCOL XL	3	ST QL (30 tablets/month)
gemfibrozil	*LOPID	1	
icosapent ethyl	<b>VASCEPA</b>	3	PA
lomitapide mesylate	<b>JUXTAPID</b>	3	PA SP
lovastatin	*MEVACOR 10mg	1	QL (30 tablets/month)
lovastatin	*MEVACOR 20mg	1	QL (30 tablets/month)
lovastatin	*MEVACOR 40mg	1	QL (60 tablets/month)
lovastatin SR	<b>ALTOCOR</b>	3	
mipomersen sodium	<b>KYNAMRO</b>	3	PA SP
niacin SR	*NIASPAN	3	
omega-3-acid ethyl esters	*LOVAZA	3	PA QL (120 capsules/month)
pravastatin	*PRAVACHOL	1	QL (30 tablets/month)
rosuvastatin	*CRESTOR	2	
simvastatin	*ZOCOR	1	QL (30 tablets/month)
simvastatin susp	<b>FLOLIPID</b>	3	

### 3-M Miscellaneous Cardiovascular

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

## CENTRAL NERVOUS SYSTEM (drugs that affect the brain)

### 4-A Antianxiety Agents

Generic Name	Brand Name	Tier	Notes
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QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

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

#### 4-B Antidepressants

Generic Name	Brand Name	Tier	Notes
amitriptyline	*ELAVIL	1	
amoxapine	*ASENDIN	1	
bupropion	*WELLBUTRIN 75mg	1	QL (180 tablets/month)
bupropion	*WELLBUTRIN 100mg	1	QL (120 tablets/month)
bupropion SR	*WELLBUTRIN SR 100mg	1	QL (60 tablets/month)
bupropion SR	*WELLBUTRIN SR 150mg	1	QL (60 tablets/month)
bupropion SR	*WELLBUTRIN SR 200mg	1	QL (60 tablets/month)
bupropion XL	*WELLBUTRIN XL	1	QL (30 tablets/month)
citalopram	*CELEXA	1	QL (45 tablets/month)
clomipramine	*ANAFRANIL	3	
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 TABLETS	3	QL (30 capsules/month)
fluoxetine	*PROZAC 20mg TABLETS	3	QL (120 capsules/month)
fluoxetine	*PROZAC 10mg CAPSULES	1	QL (30 capsules/month)
fluoxetine	*PROZAC 20mg CAPSULES	1	QL (120 capsules/month)
fluoxetine	*PROZAC 40mg	1	QL (60 capsules/month)
fluoxetine	*PROZAC WEEKLY	3	QL (4 capsules/month)
fluoxetine (PMDD) caps	*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)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

imipramine	*TOFRANIL	1	
imipramine pamoate	<b>TOFRANIL PM</b>	3	
levomilnacipran hcl	<b>FETZIMA</b>	3	ST
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)
paroxetine HCL SR	*PAXIL CR 12.5mg	3	QL (30 tablets/month)
paroxetine HCL SR	*PAXIL CR 25mg	3	QL (60 tablets/month)
paroxetine HCL SR	*PAXIL CR 37.5mg	3	QL (60 tablets/month)
phenelzine sulfate	*NARDIL	1	
protriptyline	*VIVACTIL	1	
sertraline HCL	*ZOLOFT 25mg	1	QL (45 tablets/month)
sertraline HCL	*ZOLOFT 50mg	1	QL (45 tablets/month)
sertraline HCL	*ZOLOFT 100mg	1	QL (60 tablets/month)
trazodone	*DESYREL	1	
trimipramine maleate	*SURMONTIL	3	
venlafaxine	*EFFEXOR	1	QL (90 tablets/month)
venlafaxine SR	*EFFEXOR XR (cap) 37.5mg	1	QL (90 capsules/month)
venlafaxine SR	*EFFEXOR XR (cap) 75mg	1	QL (90 capsules/month)
venlafaxine SR	*EFFEXOR XR (cap) 150mg	1	QL (60 capsules/month)
vilazodone	<b>VIIBRYD</b>	3	QL (30 tablets/month)
vortioxetine hbr	<b>TRINTELLIX</b>	3	QL (30 tablets/month) ST

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

Generic Name	Brand Name	Tier	Notes
chloral hydrate	<b>SOMNOTE</b>	2	
estazolam	*PROSOM	1	
eszopiclone	*LUNESTA	2	QL (30 tablets/month)
flurazepam	*DALMANE	1	
phenobarbital		1	
ramelteon	<b>ROZEREM</b>	3	QL (30 tablets/month) ST
suvorexant	<b>BELSOMRA</b>	3	QL (30 tablets/month) ST
temazepam	*RESTORIL	1	QL (30 capsules/month)
triazolam	*HALCION	1	QL (15 tabs/fill; 2 fills/mo)
zaleplon	*SONATA 5mg	1	QL (30 capsules/month)
zaleplon	*SONATA 10mg	1	QL (60 capsules/month)
zolpidem	*AMBIEN	1	QL (30 tablets/month)

#### 4-D Antipsychotics

Generic Name	Brand Name	Tier	Notes
aripiprazole	*ABILIFY	2	QL (30 tablets/month)
asenapine	<b>SAPHRIS</b>	3	ST QL (60 tablets/month)

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PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

brexipiprazole	<b>REXULTI</b>	3	ST QL (30 tablets/month)
cariprazine	<b>VRAYLAR</b>	3	ST
chlorpromazine	*THORAZINE	1	
clozapine	*FAZACLO	3	ST
clozapine	* <b>CLOZARIL (NTI)</b>	2	ST
fluphenazine	*PROLIXIN	1	
haloperidol	*HALDOL	1	
iloperidone	<b>FANAPT</b>	3	QL (60 tablets/month) ST
lithium carbonate	*ESKALITH	1	
lithium carbonate CR	*ESKALITH CR	1	
lithium carbonate CR	*LITHOBID	1	
loxapine	*LOXITANE	1	
lurasidone	<b>LATUDA</b>	3	QL (30 tablets/month)
molindone hcl	<b>MOLINDONE</b>	3	
olanzapine	*ZYPREXA	3	QL (30 tablets/month)
olanzapine	*ZYPREXA ZYDIS	3	QL (30 tablets/month)
paliperidone	*INVEGA	3	QL (30 tablets/month) ST
perphenazine	*TRILAFONE	1	
pimavanserin tartrate	<b>NUPLAZID</b>	3	PA
prochlorperazine	*COMPAZINE	1	
quetiapine fumarate	*SEROQUEL 25mg	1	QL (90 tablets/month)
quetiapine fumarate	*SEROQUEL 100mg	1	QL (90 tablets/month)
quetiapine fumarate	*SEROQUEL 200mg	1	QL (120 tablets/month)
quetiapine fumarate	*SEROQUEL 300mg	1	QL (90 tablets/month)
quetiapine fumarate	*SEROQUEL XR 50mg	3	QL (90 tablets/month)
quetiapine fumarate	*SEROQUEL XR 150mg	3	QL (30 tablets/month)
quetiapine fumarate	*SEROQUEL XR 200mg	3	QL (30 tablets/month)
quetiapine fumarate	*SEROQUEL XR 300mg	3	QL (60 tablets/month)
quetiapine fumarate	*SEROQUEL XR 400mg	3	QL (60 tablets/month)
risperidone	*RISPERDAL	1	
risperidone	*RISPERDAL M	1	
thioridazine		1	
thiothixene	*NAVANE	1	
trifluoperazine	*STELAZINE	1	
ziprasidone HCL	*GEODON	1	QL (60 capsules/month)

#### 4-E Stimulants

Generic Name	Brand Name	Tier	Notes
amphetamine-d-amphetamine	*ADDERALL	1	
amphetamine-d-amphetamine SR	<b>ADDERALL XR 5mg (Brand)</b>	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	<b>ADDERALL XR 10mg (Brand)</b>	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	<b>ADDERALL XR 15mg (Brand)</b>	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	<b>ADDERALL XR 20mg (Brand)</b>	2	QL (60 capsules/month)
amphetamine-d-amphetamine SR	<b>ADDERALL XR 25mg (Brand)</b>	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	<b>ADDERALL XR 30mg (Brand)</b>	2	QL (30 capsules/month)
armodafinil	*NUVIGIL	3	PA QL (30 tablets/month)
atomoxetine	*STRATTERA	3	QL (30 capsules/month)

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SP- Specialty Drugs

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



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

#### 4-F Misc Psychotherapeutic and Neurological Agents

Generic Name	Brand Name	Tier	Notes
amitriptyline-chlordiazepoxide	<b>LIMBITROL</b>	2	
deutetrabenazine	<b>AUSTEDO 6mg</b>	2	PA QL SP (30 tablets/mo)
deutetrabenazine	<b>AUSTEDO 9mg</b>	2	PA QL SP (30 tablets/mo)
deutetrabenazine	<b>AUSTEDO 12mg</b>	2	PA QL SP (60 tablets/mo)
dextromethorphan quindine	<b>NUDEXTA</b>	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	

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PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

perphenazine-amitriptyline	*ETRAFON	1	
pimozide	*ORAP	2	
rivastigmine	*EXELON	2	QL (60 capsules/month)
rivastigmine	<b>EXELON PATCH</b>	3	QL (30 patches/month)
tacrine	<b>COGNEX</b>	3	
tetrabenazine	*XENAZINE	2	PA SP
valbenazine tosylate	<b>INGREZZA 40mg</b>	3	ST QL SP (30 tabs/mo)
valbenazine tosylate	<b>INGREZZA 80mg</b>	3	ST QL SP (60 tabs/mo)
<b>4-G Anticonvulsants</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
brivaracetam	<b>BRIVIACT</b>	3	PA
carbamazepine	* <b>TEGRETOL (NTI)</b>	2	
carbamazepine SR	*CARBATROL	2	
carbamazepine SR	* <b>TEGRETOL XR TABLETS</b>	3	
clobazam	<b>ONFI</b>	3	PA
clonazepam	* <b>KLONOPIN</b>	1	
diazepam rectal	* <b>DIASTAT</b>	3	QL (1 kit/month)
divalproex sodium EC	* <b>DEPAKOTE DR</b>	1	
divalproex sodium SR 24hr	* <b>DEPAKOTE ER 24 HR</b>	2	
divalproex sodium sprinkle	* <b>DEPAKOTE SPRINKLE</b>	2	
eslicarbazepine acetate	<b>APTIOM</b>	3	PA
ethosuximide	* <b>ZARONTIN</b>	1	
ethotoin	<b>PEGANONE</b>	3	
ezogabine	<b>POTIGA</b>	3	
felbamate	<b>FELBATOL</b>	3	
gabapentin	* <b>GABARONE</b>	1	
gabapentin	* <b>NEURONTIN 100mg</b>	1	QL (240 capsules/month)
gabapentin	* <b>NEURONTIN 300mg</b>	1	QL (360 capsules/month)
gabapentin	* <b>NEURONTIN 400mg</b>	1	QL (270 capsules/month)
gabapentin	* <b>NEURONTIN 600mg</b>	1	QL (180 tablets/month)
gabapentin	* <b>NEURONTIN 800mg</b>	1	QL (120 tablets/month)
gabapentin	<b>NEURONTIN (solution)</b>	3	
lacosamide	<b>VIMPAT</b>	3	PA QL (60 tablets/month)
lacosamide	<b>VIMPAT (solution)</b>	3	PA
lamotrigine	* <b>LAMICTAL</b>	1	
lamotrigine	<b>LAMICTAL ODT</b>	3	
lamotrigine	<b>LAMICTAL ODT KIT</b>	3	QL (1 kit/month)
lamotrigine	* <b>LAMICTAL STARTER KIT</b>	1	QL (1 kit/month)
lamotrigine	* <b>LAMICTAL XR</b>	3	
lamotrigine	<b>LAMICTAL XR KIT</b>	3	QL (1 kit/month)
levetiracetam	* <b>KEPPRA</b>	2	
levetiracetam	* <b>KEPPRA XR</b>	3	
methsuximide	<b>CELONTIN</b>	3	
milnacipran	<b>SAVELLA</b>	3	QL (60 capsules/month)
milnacipran	<b>SAVELLA TITRATION PAK</b>	3	QL (1 kit/month)
oxcarbazepine	* <b>TRILEPTAL</b>	1	

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perampanel	<b>FYCOMPA</b>	3	PA
phenytoin	<b>*DILANTIN (NTI)</b>	2	
phenytoin	<b>*DILANTIN CHEW</b>	3	
pregabalin	<b>LYRICA 25mg</b>	3	QL (90 capsules/month) ST
pregabalin	<b>LYRICA 50mg</b>	3	QL (90 capsules/month) ST
pregabalin	<b>LYRICA 75mg</b>	3	QL (90 capsules/month) ST
pregabalin	<b>LYRICA 100mg</b>	3	QL (90 capsules/month) ST
pregabalin	<b>LYRICA 150mg</b>	3	QL (90 capsules/month) ST
pregabalin	<b>LYRICA 200mg</b>	3	QL (90 capsules/month) ST
pregabalin	<b>LYRICA 225mg</b>	3	QL (60 capsules/month) ST
pregabalin	<b>LYRICA 300mg</b>	3	QL (60 capsules/month) ST
pregabalin	<b>LYRICA SOLUTION</b>	3	QL ST
primidone	<b>*MYSOLINE</b>	1	
rufinamide	<b>BANZEL</b>	3	PA
rufinamide	<b>BANZEL suspension</b>	3	QL (80 mls/day)
tiagabine	<b>*GABITRIL</b>	1	
topiramate	<b>*TOPAMAX SPRINKLES</b>	1	QL (120 capsules/month)
topiramate	<b>*TOPAMAX</b>	1	QL (90 tablets/month)
valproic acid	<b>*DEPAKENE</b>	1	
valproic acid	<b>STAVZOR</b>	3	PA QL (60 capsules/month)
vigabatrin	<b>*SABRIL POWDER PACK</b>	2	SP QL (180 packets/month)
vigabatrin	<b>SABRIL TABLETS</b>	3	SP QL (180 tablets/month)
zonisamide	<b>*ZONEGRAN 25mg</b>	1	QL (120 capsules/month)
zonisamide	<b>*ZONEGRAN 50mg</b>	1	QL (120 capsules/month)
zonisamide	<b>*ZONEGRAN 100mg</b>	1	QL (180 capsules/month)

#### 4-H Antiparkinsonian Agents

Generic Name	Brand Name	Tier	Notes
	<b>AMANTADINE (Symmetrel)</b>	2	
apomorphine	<b>APOKYN</b>	2	SP
benztropine	<b>*COGENTIN</b>	1	
bromocriptine (tablets)	<b>*PARLODEL</b>	1	
carbidopa	<b>*LODOSYN</b>	3	
carbidopa-levodopa	<b>*SINEMET</b>	1	
carbidopa-levodopa	<b>*PARCOPA</b>	1	
carbidopa-levodopa CR	<b>*SINEMET CR</b>	1	
carbidopa-levodopa-entacapone	<b>*STALEVO</b>	1	QL (240 tablets/month)
carbidopa-levodopa enteral susp	<b>DUOPA</b>	3	PA
entacapone	<b>*COMTAN</b>	2	QL (240 tablets/month)
pramipexole	<b>*MIRAPEX</b>	1	QL (90 tablets/month)
rasagiline mesylate	<b>*AZILECT</b>	3	
ropinirole	<b>*REQUIP</b>	1	QL (90 tablets/month)
tolcapone	<b>*TASMAR</b>	2	
trihexyphenidyl	<b>*ARTANE</b>	1	
	<b>*SELEGILINE</b>	1	

#### 4-I Smoking Deterrents

bupropion SR	<b>*ZYBAN</b>	1	PA QL (60 tablets/month)
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PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

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

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

### 5-A Anorectal

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

### 5-B Acne Products

Generic Name	Brand Name	Tier	Notes
azelaic acid	<b>AZELEX</b>	3	
azelaic acid foam	<b>FINACEA FOAM</b>	3	
azelaic acid	<b>FINACEA</b>	3	
benzoyl peroxide-erythromycin gel	*BENZAMYCIN 5-3%	1	QL (60 gm/month)
brimonidine tartrate gel	<b>MIRVASO GEL</b>	3	QL (30 gms/month)
clindamycin foam	<b>EVOCLIN</b>	3	
clindamycin topical	*CLEOCIN-T SOLN & PADS	1	
clindamycin topical	*CLEOCIN T 1% GEL & LOT	3	
clindamycin-benzoyl peroxide gel	*DUAC	3	AL
dapsone	<b>ACZONE (Brand)</b>	3	QL (1 bottle/month)
erythromycin topical	*ERYGEL	1	
isotretinoin	*ACUTANE	3	QL (60 capsules/month) PA
isotretinoin	*AMNESTEEM	3	QL (60 capsules/month) PA
isotretinoin	*CLARAVIS	3	QL (60 capsules/month) PA
isotretinoin	*SOTRET	3	QL (60 capsules/month) PA
ivermectin cream	<b>SOOLANTRA</b>	3	ST
metronidazole cream	*METROCREAM	1	QL (60 gm/month)
metronidazole gel	*METROGEL**	1	QL (60 gm/month)
metronidazole gel	*METROGEL PUMP**	1	QL (55 gm/month)
metronidazole lotion	*METROLOTION	1	
sulfacetamide lotion (acne)	*KLARON	1	
sulfacetamide-sulfur emulsion	*PLEXION	1	
tretinoin cream	*RETIN-A CREAM **	3	AL

\*\* Larger tube sizes (55 grams or above) will be subject to a 60-day supply limit and 2 copays will apply

### 5-C Topical Antibiotics

Generic Name	Brand Name	Tier	Notes
bac-polymyx-neomycin HC oint	<b>CORTISPORIN OINTMENT</b>	2	
erythromycin ointment	<b>AKNE-MYCIN</b>	3	
gentamicin topical	*GARAMYCIN	1	
mafenide ace packet for top soln	*SULFAMYLON	3	
mupirocin	*BACTROBAN	1	
mupirocin	*BACTROBAN CREAM	3	

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mupirocin	<b>BACTROBAN NASAL OINTMENT</b>	2	
neomycin-polymyxin-HC cream	<b>CORTISPORIN CREAM</b>	2	
retapamuln	<b>ALTABAX</b>	3	QL (15 gm/month)
silver sulfadiazine	*SILVADENE	1	
<b>5-D Topical Antifungals</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
butenafine	<b>MENTAX</b>	3	
ciclopirox	*LOPROX	2	
ciclopirox solution	*PENLAC	1	QL (7 ml/month)
clotrimazole-betamethasone	*LOTRISONE	1	QL (30 ml/month)
econazole	*SPECTAZOLE	3	
ketoconazole shampoo	*NIZORAL SHAMPOO	1	
ketoconazole topical		1	
nystatin topical	*MYCOSTATIN topical	1	
oxiconazole	*OXISTAT CREAM	3	ST
<b>5-E Topical Antivirals</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
Acyclovir Ointment	*ZOVIRAX OINT	3	ST
<b>5-F Antipsoriatics</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
acitretin	*SORIATANE	3	
acitretin	*SORIATANE CK kit	3	QL (1 kit/month)
calcipotriene	*DOVONEX	2	QL (1 tube/month)
calcipotriene-betamethasone	*TACLONEX	3	QL (1 tube/month)
calcipotriene-betame dipro foam	<b>ENSTILAR FOAM</b>	3	
calcitriol ointment	*VECTICAL	1	QL (100 gm/month)
methoxsalen	<b>OXSORALEN-ULTRA</b>	3	
tazarotene	<b>TAZORAC 0.5% CR/GEL**</b>	3	PA QL (1 tube/month)
tazarotene	<b>TAZORAC 0.1% CR/GEL (Brand)**</b>	3	PA QL (1 tube/month)
** Larger tube sizes (60 grams or above) will be subject to a 60-day supply limit and 2 copays will apply			
<b>5-G Scabicides and Pediculicides</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
crotamiton	<b>EURAX</b>	3	
ivermectin lotion	<b>SKLICE</b>	3	QL (1 bottle-117gm/month)
lindane shampoo	*KWELL	1	
permethrin	*ELIMITE	1	
spinosad	*NATROBA	3	
<b>5-H Topical Corticosteroids</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
alclometasone	*ACLOVATE	1	
amcinonide	*CYCLOCORT	3	
augmented betamethasone	*DIPROLENE	3	
augmented betamethasone	*DIPROLENE AF	1	
betamethasone dipropionate	*DIPROSONE	2	
betamethasone valerate	*VALISONE	1	
clobetasol propionate	*TEMOVATE 0.05% SOLN	1	

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clobetasol propionate	*TEMOVATE CR,OINT,GEL	2	
clocortolone	*CLODERM	3	ST
desonide	<b>DESONATE 0.05% GEL</b>	3	ST
desonide	*DESOWEN CREAM	3	
desonide	*DESOWEN LOTION & OINT	3	
desoximetasone	*TOPICORT GEL & OINT	3	
diclofenac gel	<b>VOLTAREN GEL (Brand)</b>	3	QL (500 gm/month)
diclofenac sodium	*SOLARAZE 3% GEL	3	PA
diflorasone diacetate 0.05% cr & oint	*PSORCON	3	
diflorasone diacetate	*APEXICON OINTMENT	3	
diflorasone diacetate	<b>APEXICON E CREAM</b>	3	
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	<b>HALOG</b>	3	ST
halobetasol	*ULTRAVATE	2	
halobetasol propionate lotion	<b>ULTRAVATE LOTION 0.05%</b>	3	PA
halobetasol	<b>ULTRAVATE KIT</b>	3	QL (1 kit/month)
hc lot 2% sal acid sulfur 2-2%	<b>SCALACORT DK KIT</b>	3	
hydrocortisone butyrate	*LOCOID CREAM	1	QL (45 gm/month)
hydrocortisone valerate	*WESTCORT	3	
mometasone	*ELOCON	1	
pramoxine-HC cream	<b>PRAMOSONE E</b>	3	
pramoxine-HC cream	*PRAMOSONE	1	
pramoxine-HC foam	<b>EPIFOAM</b>	2	
prednicarbate	*DERMATOP	1	
sodium hyaluronate	*HYLIRA	1	
triamcinolone acetonide	*KENALOG AEROSOL SPRAY	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	<b>AMEVIVE</b>	3	
aluminum chloride	*DRYSOL	1	
aluminum chloride/alcohol	<b>XERAC-AC</b>	3	
becaplermin	<b>REGANEX</b>	3	PA
collagenase	<b>SANTYL</b>	3	
crisaborole oint	<b>EUCRISA</b>	3	ST
fluorouracil	*EFUDEX	1	SP
fluorouracil	*CARAC	3	
fluorouracil	<b>FLUOROPLEX</b>	3	SP
imiquimod	*ALDARA	1	QL (12 packets/month)

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lidocaine 5% ointment		2	
lidocaine (topical)	*XYLOCAINE	1	
lidocaine patch	*LIDODERM	3	PA
lidocaine-prilocaine	*EMLA cream	1	QL (30 gm/month)
lidocaine/prilocaine kit		3	
lidocaine/tetracaine	<b>SYNERA PATCH</b>	3	QL (4 patches/month)
oxymetazoline hcl cream	<b>RHOFADE</b>	3	PA
pimecrolimus	<b>ELIDEL</b>	3	ST QL (1 tube/month)
podofilox	*CONDYLOX	3	
podophyllum resin	<b>PODOCON</b>	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	3	QL (70 gm/month)
urea	<b>KERAFOAM</b>	3	QL (60 gm/month)
urea (carbamide)	*CARMOL 40	1	
urea in zinc	<b>KEROL AD</b>	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	<b>DEXPAK</b>	3	
dexamethasone therapy pack	<b>TAPERDEX</b>	3	
fludrocortisone	*FLORINEF	1	
hydrocortisone acetate	*CORTEF	1	
methylprednisolone	*MEDROL	1	
prednisolone	<b>MILIPRED DP PAK</b>	3	
prednisolone	*PRELONE	1	
prednisolone	<b>PREDNISOLONE 5MG</b>	2	
prednisolone sod phosphate	<b>VERIPRED</b>	3	
prednisolone sodium	*ORAPRED	1	
prednisolone sodium	*PEDIAPRED	1	
prednisone		1	

**6-B Androgens**

Generic Name	Brand Name	Tier	Notes
danazol caps	*DANOCRINE	1	
methyltestosterone caps	*ANDROID	2	
methyltestosterone tabs	<b>METHITEST</b>	3	
testosterone td patch	<b>ANDRODERM</b>	3	QL (30 patches/month) PA
testosterone gel 1%	*ANDROGEL	3	PA

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testosterone gel 1%	*TESTIM	3	PA
testosterone gel 1%	*VOGELXO	3	PA
testosterone gel 2%	<b>FORTESTA</b>	3	PA
testosterone cypionate inj	*DEPO-TESTOSTERONE INJ	1	
testosterone td sol	*AXIRON	3	PA
testosterone buccal system	<b>STRIANT</b>	3	PA QL (60 patches/month)
<b>6-C Estrogens</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
conjugated estrogens-bazedoxifene	<b>DUAVEE</b>	2	
esterified estrogens		1	
esterified estrogens	<b>MENEST</b>	3	
estradiol	*ESTRACE	1	
estradiol gel	<b>ESTROGEL</b>	3	QL (93gm/month)
estradiol patch	*CLIMARA	1	QL (4 patches/month)
estradiol patch	<b>VIVELLE</b>	2	QL (8 patches/month)
estradiol patch	<b>VIVELLE DOT (Brand)</b>	2	QL (8 patches/month)
estradiol patch	<b>ALORA</b>	3	QL (8 patches/month)
estradiol patch	<b>ESCLIM</b>	3	
estradiol patch	<b>ESTRADERM</b>	3	QL (8 patches/month)
estradiol patch	<b>MENOSTAR</b>	3	QL (4 patches/month)
estradiol patch	<b>MINIVELLE</b>	3	QL (8 patches/month)
estradiol spray	<b>EVAMIST</b>	3	QL (9 ml/month)
estradiol TD gel	<b>DIVIGEL</b>	3	QL (1 tube/month)
estradiol transdermal	<b>ESTRASORB</b>	3	QL (56 packets/month)
estradiol-levonorgestrel patch	<b>CLIMARA PRO</b>	3	QL (4 patches/month)
estradiol-norethindrone	*ACTIVELLA	3	QL (1 dialpak/month)
estradiol-norethindrone patch	<b>COMBIPATCH</b>	3	QL (8 patches/month)
estradiol-norgestimate	<b>ORTHO-PREFEST</b>	2	
estrogen-medroxyprogesterone	<b>PREMPHASE</b>	2	QL (1 dialpak/month)
estrogen-medroxyprogesterone	<b>PREMPRO</b>	2	QL (1 dialpak/month)
estrogens (conjugated synthetic)	<b>ENJUVIA</b>	3	QL (30 tablets/month)
estrogens (conjugated)	<b>PREMARIN</b>	3	QL (30 tablets/month)
estrogens-methyltestosterone	*ESTRATEST	1	
estrogens-methyltestosterone	*ESTRATEST HS	1	
estropipate	*OGEN	1	
ethinyl estradiol-norethindrone	<b>FEMHRT</b>	3	QL (1 dialpak/month)
ospemifene	<b>OSPHENA</b>	3	
prasterone vaginal insert	<b>INTRAROSA</b>	3	
<b>6-D Contraceptives</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
<b>MONOPHASIC PRODUCTS</b>			
<i>ethinyl estradiol (EE) /desogestrel products</i>			
generics of Ortho Cept	*ORTHO CEPT	1	QL (28 tablets/21 days)
<i>mestranol/norethindrone</i>			
generics of Norinyl	*NORINYL	1	QL (28 tablets/21 days)
	<b>DESOGEN</b>	3	QL (28 tablets/21 days)

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<b>EE/norgestimate products</b>			
generics of Ortho Cyclen	*ORTHO CYCLEN	1	QL (28 tablets/21 days)
<b>EE/norethindrone products</b>			
generics of Ortho Novum	*ORTHO NOVUM 1/35	1	QL (28 tablets/21 days)
generics of Loestrin 24 fe	*LOESTRIN 24 FE	3	QL (28 tablets/month)
generics of Loestrin fe	*LOESTRIN FE	1	QL (28 tablets/21 days)
generics of Loestrin	*LOESTRIN	3	QL (28 tablets/21 days)
generics of Ovcon-35	*OVCON-35	3	QL (28 tablets/21 days)
generics of Modicon	*MODICON	1	QL (28 tablets/21 days)
<b>EE/drospirenone products</b>			
	<b>YAZ (Brand)</b>	2	QL (28 tablets/21 days)
generics of Yaz		3	QL (28 tablets/21 days) ST
	<b>YASMIN (Brand)</b>	2	QL (28 tablets/21 days)
generics of Yasmin		3	QL (28 tablets/21 days) ST
<b>EE/norgestrel products</b>			
generics of Lo/Ovral	*LO/OVRAL	1	QL (28 tablets/21 days)
<b>EE/ethynodiol products</b>			
Kelnor		1	QL (28 tablets/21 days)
Zovia 1/35		1	QL (28 tablets/21 days)
<b>EE/levonorgestrel products</b>			
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)
<b>BIPHASIC PRODUCTS</b>			
<b>EE-desogestrel/EE</b>			
generics of Mircette	*MIRCETTE	3	QL (28 tablets/month)
<b>EE-levonorgestrel/EE</b>			
generics of Loseasonique	*LOSEASONIQUE	1	QL (28 tablets/21 days)
generics of Seasonique	*SEASONIQUE	1	QL (91 tablets/3 months)
<b>EE/norethindrone-EE/norethindrone</b>			
generics of Ortho Novum 10/11	*ORTHO NOVUM 10/11	1	QL (28 tablets/21 days)
	<b>LO LOESTRIN FE</b>	3	QL (28 tablets/month)
<b>TRIPHASIC PRODUCTS</b>			
<b>EE/norethindrone-EE/norethindrone-EE/norethindrone</b>			
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)
<b>EE/levonogestrel-EE/Levonorgestrel-EE/Levonorgestrel</b>			
generics of Enpresse	*ENPRESSE	1	QL (28 tablets/21 days)
<b>sogestrel-EE/desogestrel-EE/desogestrel</b>			
generics of Cyclessa	*CYCLESSA	1	QL (28 tablets/21 days)
<b>estimate-EE/norgestimate-EE/norgestimate</b>			
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)

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<b>4-PHASIC PRODUCTS</b>			
<i>estradiol-estradiol/dienogest-estradiol/dienogest-estradiol</i>			
	<b>NATAZIA</b>	2	QL (28 tablets/21 days)
<b>PROGESTIN ONLY-PRODUCTS</b>			
<i>Norethindrone</i>			
generics of Ortho Micronor	*ORTHO MICRONOR	1	QL (28 tablets/month)
<b>MISCELLANEOUS</b>			
<i>Levonorgestrel</i>			
mifepristone	<b>KORLYM</b>	3	PA SP
generics of Plan B	*PLAN B	1	
	<b>PLAN B ONE-STEP</b>	1	
<i>Ulipristal</i>			
	<b>ELLA</b>	1	QL (28 tablets/21 days)
<i>Etonogestrel/EE</i>			
	<b>NUVARING</b>	1	QL (1 ring/month)
<i>Norelgestromin/EE</i>			
generics of Ortho Evra	*ORTHO EVRA	1	QL (3 patches/month)
	<b>DIAPHRAMS</b>	1	
	<b>FEMCAP</b>	3	QL (1 cap/year)
<b>6-E Progestins</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
hydroxyprogesterone caproate	*MAKENA VIAL	3	QL (5ml's/month)
hydroxyprogesterone caproate	<b>MAKENA AUTO INJECTOR</b>	3	QL (4 injections/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	<b>CRINONE</b>	3	PA
progesterone vaginal insert	<b>ENDOMETRIN</b>	2	PA
<b>6-F Oral Antidiabetics (diabetes)</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
acarbose	*PRECOSE	1	QL (90 tablets/month)
alogliptin benzoate	<b>NESINA (Brand)</b>	2	
alogliptin-metformin	<b>KAZANO (Brand)</b>	2	
alogliptin-pioglitazone	<b>OSANI (Brand)</b>	2	
bromocriptine	<b>CYCLOSET</b>	3	
canagliflozin	<b>INVOKANA</b>	2	ST
canagliflozin-metformin	<b>INVOKAMET</b>	2	
canagliflozin-metformin 24hr er	<b>INVOKAMET XR</b>	2	QL (60 tablets/month)
chlorpropamide	*DIABINESE	1	
dapagliflozin propanediol	<b>FARXIGA</b>	3	ST
empagliflozin	<b>JARDIANCE</b>	2	ST
empagliflozin-metformin hcl	<b>SYNJARDY</b>	2	QL (60 tablets/month)
empagliflozin-metformin hcl sr	<b>SYNJARDY XR</b>	2	QL (30 tablets/month)
glimepiride	*AMARYL	1	QL (60 tablets/month)

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glipizide	*GLUCOTROL 5mg	1	QL (90 tablets/month)
glipizide	*GLUCOTROL 10mg	1	QL (120 tablets/month)
glipizide CR	*GLUCOTROL XL 2.5mg	1	QL (90 tablets/month)
glipizide CR	*GLUCOTROL XL 5mg	1	QL (60 tablets/month)
glipizide CR	*GLUCOTROL XL 10mg	1	QL (60 tablets/month)
glipizide-metformin	*METAGLIP	1	QL (120 tablets/month)
glyburide	*DIABETA	1	
glyburide-metformin	*GLUCOVANCE	1	QL (120 tablets/month)
glyburide micronized	*GLYNASE	1	QL (60 tablets/month)
linagliptin	<b>TRADJENTA</b>	2	
linagliptin-metformin	<b>JENTADUETO</b>	2	QL (60 tablets/month)
linagliptin-metformin	<b>JENTADUETO XR</b>	2	QL (30 tablets/month)
metformin	*GLUCOPHAGE 500mg	1	QL (150 tablets/month)
metformin	*GLUCOPHAGE 850mg	1	QL (90 tablets/month)
metformin	*GLUCOPHAGE 1000mg	1	QL (75 tablets/month)
metformin	<b>RIOMET</b>	3	QL (750 mls/month)
metformin SR	*GLUCOPHAGE XR 500mg	1	QL (120 tablets/month)
metformin SR	*GLUCOPHAGE XR 750mg	1	QL (90 tablets/month)
miglitol	*GLYSET	2	QL (120 tablets/month)
nateglinide	*STARLIX	2	QL (90 tablets/month)
pioglitazone	*ACTOS	1	QL (30 tablets/month)
pioglitazone-glimepiride	*DUETACT	1	QL (30 tablets/month)
pioglitazone-metformin	*ACTOPLUS MET	2	QL (90 tablets/month)
pioglitazone-metformin	<b>ACTOPLUS MET XR</b>	3	QL (30 tablets/month)
repaglinide	*PRANDIN	2	QL (120 tablets/month)
repaglinide-metformin	*PRANDIMET	3	
rosiglitazone	<b>AVANDIA</b>	3	QL (30 tablets/month)
rosiglitazone maleate-glimepiride	<b>AVANDARYL 4/1mg</b>	3	QL (60 tablets/month)
rosiglitazone maleate-glimepiride	<b>AVANDARYL 4/2mg</b>	3	QL (60 tablets/month)
rosiglitazone maleate-glimepiride	<b>AVANDARYL 4/4mg</b>	3	QL (30 tablets/month)
rosiglitazone-metformin	<b>AVANDAMET 1/500mg</b>	3	QL (120 tablets/month)
rosiglitazone-metformin	<b>AVANDAMET 2/500mg</b>	3	QL (120 tablets/month)
rosiglitazone-metformin	<b>AVANDAMET 4/500mg</b>	3	QL (120 tablets/month)
rosiglitazone-metformin	<b>AVANDAMET 2/1000mg</b>	3	QL (60 tablets/month)
rosiglitazone-metformin	<b>AVANDAMET 4/1000mg</b>	3	QL (60 tablets/month)
saxagliptin	<b>ONGLYZA</b>	2	QL (30 tablets/month)
saxagliptin-metformin	<b>KOMBIGLYZE XR 5-500mg</b>	2	QL (30 tablets/month)
saxagliptin-metformin	<b>KOMBIGLYZE XR 5-1000mg</b>	2	QL (30 tablets/month)
saxagliptin-metformin	<b>KOMBIGLYZE XR 2.5-1000mg</b>	2	QL (60 tablets/month)
sitagliptin	<b>JANUVIA</b>	3	QL (30 tablets/month) ST
sitagliptin-metformin	<b>JANUMET</b>	3	QL (60 tablets/month) ST
sitagliptin-metformin	<b>JANUMET XR</b>	3	QL (30 tablets/month) ST
tolazamide	*TOLINASE	1	
tolbutamide	*TOLBUTAMIDE	1	

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<b>6-G Insulins</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
insulin glargine	<b>BASAGLAR</b>	1	
insulin (human)	<b>NOVOLIN N</b>	3	ST
insulin (human)	<b>NOVOLIN R</b>	3	ST
insulin (human)	<b>NOVOLIN 70/30</b>	3	ST
insulin (human)	<b>HUMULIN VIAL</b>	1	
insulin (human)	<b>HUMULIN PEN</b>	2	
insulin (human)	<b>RELION</b>	3	
insulin aspart	<b>NOVOLOG</b>	3	ST
insulin aspart mix	<b>NOVOLOG MIX</b>	3	ST
insulin detemir	<b>LEVEMIR</b>	2	
insulin glulisine	<b>APIDRA</b>	3	ST
insulin lispro	<b>HUMALOG VIAL</b>	1	
insulin lispro	<b>HUMALOG JUNIOR KWIKPEN</b>	2	
insulin lispro	<b>HUMALOG KWIKPEN</b>	2	
insulin lispro	<b>HUMALOG PEN</b>	2	
insulin lispro mix	<b>HUMALOG MIX VIAL</b>	1	
insulin lispro mix	<b>HUMALOG MIX PEN</b>	2	
<b>6-H Glucagon</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
	<b>GLUCAGON</b>	2	QL (2 kits/month)
<b>6-I Thyroid Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
levothroid		1	QL (60 tablets/month)
levothyroxine		1	QL (60 tablets/month)
levothyroxine	<b>*SYNTHROID (NTI)</b>	2	QL (60 tablets/month)
levoxyl		2	QL (60 tablets/month)
liothyronine	<b>*CYTOMEL</b>	2	
liotrix	<b>THYROLAR</b>	3	
methimazole	<b>*TAPAZOLE</b>	1	
propylthiouracil	<b>*PTU</b>	1	
thyroid	<b>ARMOUR THYROID</b>	2	
thyroid	<b>NATURE-THROID</b>	2	
thyroid	<b>WESTHROID-P</b>	3	
unithroid		1	QL (60 tablets/month)
<b>6-J Miscellaneous Endocrine</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
abaloparatide subc soln pen-inj	<b>TYMLOS</b>	3	PA SP
albiglutide	<b>TANZEUM INJ</b>	2	
alendronate	<b>* FOSAMAX 5mg</b>	1	QL (30 tablets/month)
alendronate	<b>* FOSAMAX 10mg</b>	1	QL (30 tablets/month)
alendronate	<b>* FOSAMAX 35mg</b>	1	QL (4 tablets/month)
alendronate	<b>* FOSAMAX 40mg</b>	1	QL (4 tablets/month)
alendronate	<b>* FOSAMAX 70mg</b>	1	QL (4 tablets/month)
alendronate-cholecalciferol	<b>FOSAMAX PLUS D</b>	3	QL (4 tablets/month)

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asfotase alfa subc inj	<b>STRENSIQ</b>	3	PA SP
cabergoline	*DOSTINEX	2	
calcitonin	<b>MIACALCIN</b>	2	QL (2 bottles/month)
calcitonin (salmon) nasal	*FORTICAL	2	QL (2 bottles/month)
carglumic acid	<b>CARBAGLU</b>	3	SP
cinacalcet	<b>SENSIPAR 30mg</b>	3	PA QL (60 tablets/month)
cinacalcet	<b>SENSIPAR 60mg</b>	3	PA QL (60 tablets/month)
cinacalcet	<b>SENSIPAR 90mg</b>	3	PA QL (120 tablets/month)
cysteamine bitartrate	<b>CYSTAGON</b>	2	SP
deferasirox	<b>EXJADE</b>	3	PA SP
deferasirox	<b>JADENU</b>	2	PA SP
deferiprone	<b>FERRIPROX</b>	3	PA SP
desmopressin (nasal)	*DDAVP	1	QL (1 bottle/month)
desmopressin (nasal)	<b>STIMATE</b>	3	QL (1 bottle/month)
desmopressin (oral)	*DDAVP 0.1mg	1	QL (30 tablets/month)
desmopressin (oral)	*DDAVP 0.2mg	1	QL (90 tablets/month)
dulaglutide soln pen-injector	<b>TRULICITY</b>	3	
eliglustat tartrate	<b>CERDELGA</b>	2	PA SP
etidronate	*DIDRONEL	1	
exenatide	<b>BYDUREON</b>	2	
exenatide	<b>BYETTA</b>	2	
ibandronate	*BONIVA	3	QL (1 tablet/month)
insulin glargine-lixisenatide soln pen-inj	<b>SOLIQUA</b>	2	PA
levocarnitine	*CARNITOR	1	
lixisenatide soln pen-injector	<b>ADLYXIN</b>	3	
liraglutide	<b>VICTOZA 2-PACK</b>	2	QL (2 pens/month)
liraglutide	<b>VICTOZA 3-PACK</b>	3	QL (3 pens/month)
nitisinone	<b>NITYR</b>	2	SP
pramlintide	<b>SYMLIN AMYLIN ANALOG</b>	2	
raloxifene	*EVISTA	2	QL (30 tablets/month)
risedronate	<b>ACTONEL 5mg</b>	3	QL (30 tablets/month)
risedronate	<b>ACTONEL 30mg</b>	3	QL (4 tablets/month)
risedronate	<b>ACTONEL 35mg</b>	3	QL (4 tablets/month)
risedronate	*ACTONEL 150mg	3	QL (1 tablet/month)
sapropterin dihydrochloride	<b>KUVAN</b>	3	PA SP
sapropterin dihydrochloride	<b>KUVAN POWDER</b>	3	PA SP
trientine hcl	<b>SYPRINE (Brand)</b>	3	PA SP
uridine triacetate	<b>VISTOGARD</b>	2	SP
uridine triacetate	<b>XURIDEN</b>	2	PA SP
<b>6-K Diabetic Supplies</b>			
	<b>LIFESCAN ONE TOUCH PRODUCTS</b>	1	
	<b>CONTOUR NEXT PRODUCTS</b>	2	
	<b>DEXCOM GLUCOSE MONITOR</b>	3	PA QL
	<b>DEXCOM GLUCOSE SUPPLIES</b>	3	PA QL
	<b>FREESTYLE LIBRE MONITOR</b>	3	PA QL
	<b>FREESTYLE LIBRE SUPPLIES</b>	3	PA QL

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**GASTROINTESTINAL** (drugs to treat stomach or intestinal conditions, ie reflux, constipation, etc)**7-A Laxatives**

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

**7-B Antidiarrheals**

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

**7-C Miscellaneous Ulcer Drugs**

Generic Name	Brand Name	Tier	Notes
amoxicillin-clarithro-omepraz	<b>OMECLAMOX-PAK</b>	3	
bismuth subcit-metronidazole-tetracycline	<b>PYLERA</b>	3	QL (2 paks/year)
chlordiazepoxide-methscopolamine	*LIBRAX	3	
dicyclomine	*BENTYL	1	
glycopyrrolate	*ROBINUL	1	
glycopyrrolate	*ROBINUL FORTE	1	
hyoscyamine	*LEVSIN	1	
hyoscyamine	*LEVBID	1	
hyoscyamine	*NULEV	1	
methscopolamine	<b>PAMINE</b>	3	
misoprostol	*CYTOTEC	1	QL (120 tablets/month)
propantheline	<b>PRO-BANTHINE</b>	2	
sucralfate	<b>CARAFATE</b>	2	

**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	<b>DEXILANT</b>	3	QL (30 capsules/month)
esomeprazole	<b>NEXIUM PWD PCK/SUSP</b>	3	ST
lansoprazole	*PREVACID	3	QL (30 capsules/month)
lansoprazole	*PREVACID SOLUTAB	3	ST QL (30 tablets/month)

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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/month)
doxylamine-pyridoxine	DICLEGIS	3	PA
dronabinol	*MARINOL	3	
dronabinol soln	SYNDROS	3	PA
granisetron	*KYTRIL	1	QL (2 tabs/fill; 2 fills/month)
netupitant-palonosetron	AKYNZEO	3	QL (1 Packet/month)
ondansetron	*ZOFRAN 4mg	1	QL (90 tablets/month)
ondansetron	*ZOFRAN 8mg	1	QL (90 tablets/month)
ondansetron	*ZOFRAN 24mg	1	QL (90 tablets/month)
ondansetron	*ZOFRAN ODT 4mg	1	QL (90 tablets/month)
ondansetron	*ZOFRAN 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	3	PA SP
miglustat	*ZAVESCA	3	SP
pancrelipase	PANCREAZE	3	ST
pancrelipase	PERTZYE	3	ST
pancrelipase	ULTRESA	3	ST
pancrelipase	VIOKACE	3	ST
pancrelipase	ZENPEP	2	
pegademase	ADAGEN	2	
sacrosidase	SUCRAID	2	SP
sodium phenylbutyrate	*BUPHENYL	3	PA SP

#### 7-H Miscellaneous Gastrointestinal

Generic Name	Brand Name	Tier	Notes
	<b>BXN MOUTHWASH</b>	3	
adefovir	*HEPSERA	2	QL (30 tablets/month) SP
alosetron	*LOTRONEX	3	QL (60 tablets/month) PA
balsalazide	*COLAZAL	1	QL (270 capsules/month)
budesonide foam	<b>UCERIS RECTAL FOAM</b>	2	
budesonide ER tab	<b>UCERIS (Brand)</b>	3	
budesonide DR caps	*ENTOCORT EC	2	QL (90 capsules/month)
calcium acetate (phosphate binder)	*PHOSLO	1	
calcium acetate (phosphate binder)	<b>ELIPHOS</b>	2	

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chenodiol	<b>CHENODAL</b>	3	PA SP
crofelemer	<b>MYTESI</b>	3	PA
cysteamine bitartrate	<b>PROCYSBI</b>	3	ST SP
eluxadoline	<b>VIBERZI</b>	3	PA
ferric citrate	<b>AURYXIA</b>	3	
glycopyrroate	<b>CUVPOSA</b>	3	AL(limited to 16 yrs & under)
hycosamine-phenyltoloxamine	<b>DIGEX NF</b>	3	
hydrocortisone acetate rectal foam	<b>CORTIFOAM</b>	3	
hydrocortisone acetate suppositories		2	
lamivudine (hepatitis)	<b>EPIVIR HBV</b>	2	QL (30 tablets/month) SP
lanthanum	*FOSRENOL 500mg chew	3	QL (150 tablets/month)
lanthanum	*FOSRENOL 750mg chew	3	QL (150 tablets/month)
lanthanum	*FOSRENOL 1000mg chew	3	QL (120 tablets/month)
lanthanum	<b>FOSRENOL POWDER PACK</b>	3	
linaclotide	<b>LINZESS</b>	2	PA
lubiprostone	<b>AMITIZA</b>	3	ST QL (60 tablets/month)
mesalamine	<b>CANASA</b>	2	
mesalamine	<b>LIALDA (Brand)</b>	2	QL (120 tablets/month)
mesalamine CR	<b>APRISO</b>	2	
mesalamine enema	*ROWASA	1	
methylnaltrexone bromide inj	<b>RELISTOR INJ</b>	3	PA
metoclopramide	*REGLAN	1	
naloxegol oxalate	<b>MOVANTIK</b>	2	PA (30 tablets/month)
obeticholic acid	<b>OCALIVA</b>	3	PA SP QL (30 tablets/month)
plecanatide	<b>TRULANCE</b>	3	PA
sevelamer	<b>RENAGEL</b>	3	
sevelamer	*RENVELA	2	
sod picosulfate-mg ox-citric acid	<b>PREPOPIK</b>	3	
sucroferric oxyhydroxide	<b>VELPHORO</b>	2	
sulfasalazine	*AZULFIDINE	1	
sulfasalazine EC	*AZULFIDINE EN	1	
teduglutide	<b>GATTEX</b>	3	PA SP
ursodiol	*ACTIGALL	1	
ursodiol	*URSO	3	
ursodiol	*URSO FORTE	3	
	<b>DIPENTUM</b>	3	

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

### 8-A Urinary Anti-Infectives

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

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<b>8-B Urinary Antispasmodics</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
bethanechol	*URECHOLINE	1	
fexoterodine	<b>TOVIAZ</b>	3	QL (30 tablets/month)
flavoxate	*URISPAS	1	QL (240 tablets/month)
oxybutynin	*DITROPAN	1	QL (240 tablets/month)
oxybutynin CR	*DITROPAN XL 5mg	2	QL (30 tablets/month)
oxybutynin CR	*DITROPAN XL 10mg	2	QL (60 tablets/month)
oxybutynin CR	*DITROPAN XL 15mg	2	QL (60 tablets/month)
<b>8-C Vaginal Products</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
clindamycin vaginal	*CLEOCIN vaginal cream	2	<b>Notes</b>
clindamycin vaginal	<b>CLINDESSE</b>	3	
estradiol vaginal	<b>ESTRACE vaginal (Brand)</b>	3	
estradiol vaginal	*VAGIFEM	2	
estradiol vaginal ring	<b>ESTRING</b>	3	
estradiol vaginal ring	<b>FEMRING</b>	3	
estrogens (conjugated) vaginal	<b>PREMARIN vaginal</b>	2	
metronidazole vaginal	*METROGEL vaginal	2	
metronidazole vaginal	*VANDAZOLE	2	
nystatin vaginal		1	
sulfanilamide vaginal	<b>AVC vaginal</b>	2	
terconazole vaginal	<b>TERAZOL</b>	2	
triple sulfas vaginal		1	
<b>8-D Miscellaneous Genitourinary Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
alfuzosin hcl	*UROXATRAL	1	
citric acid-sodium citrate	*BICITRA	1	
citric acid-D-gluconic acid	<b>RENACIDIN</b>	3	
dutasteride	*AVODART	3	QL (30 capsules/month)
finasteride	*PROSCAR	1	QL (30 tablets/month)
methylergonovine	<b>METHERGINE</b>	3	
pentosan polysulfate sodium	<b>ELMIRON</b>	2	QL (90 capsules/month)
phenazopyridine	*PYRIDIUM	1	
potassium citrate CR	*UROCIT-K	1	
potassium phosphate	<b>K-PHOS</b>	2	
	<b>POTASSIUM CHLORIDE</b>	2	
silodosin	<b>RAPAFLO</b>	3	QL (30 capsules/month)
tadalafil	<b>CIALIS 2.5mg and 5mg</b>	3	ST QL (30 tablets/month)
tamsulosin	*FLOMAX	1	QL (60 capsules/month)
tiopronin	<b>THIOLA</b>	3	SP
<b>MUSCULOSKELETAL AND PAIN</b> (drugs to treat pain and muscle conditions)			
<b>9-A Analgesics-Non-Narcotic</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
APAP-butalbital	*PHRENILIN	1	QL (360 tablets/month)

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	<b>DIFLUNISAL</b>	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	
<b>9-B Analgesics-Narcotic</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
	<b>CODEINE SULFATE</b>	2	
	*METHADONE	1	PA
acet-caffeine-dihydrocodeine	<b>TREZIX</b>	3	QL (12 tablets/day)
APAP-codeine	*TYLENOL w/CODEINE	1	QL (390 tablets/month)
APAP-hydrocodone liquid		2	
APAP-hydrocodone	*LORTAB	3	QL (240 tablets/month)
APAP-hydrocodone	*NORCO	1	QL (360 tablets/month)
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	<b>ZAMICET</b>	3	QL (360 mls/month)
APAP-hydrocodone	<b>ZYDONE</b>	2	QL (300 mls/month)
ASA-caffeine-but-codeine	*FIORINAL w/CODEINE	1	
butal-acet-caf-cod	*FIORICET w/CODEINE 50/325/40/30mg	1	
ASA-codeine	*EMPIRIN w/CODEINE	1	
buprenorphine buccal film	<b>BELBUCA</b>	3	PA QL (60 films/month)
buprenorphine sl tab	*SUBUTEX	1	QL (90 tablets/month)
buprenorphine hcl-naloxone	<b>ZUBSOLV 0.7mg-0.18mg</b>	2	QL (30 tablets/month)
buprenorphine hcl-naloxone	<b>ZUBSOLV 1.4mg-0.36mg</b>	2	QL (90 tablets/month)
buprenorphine hcl-naloxone	<b>ZUBSOLV 2.9mg-0.71mg</b>	2	
buprenorphine hcl-naloxone	<b>ZUBSOLV 5.7mg-1.4mg</b>	2	QL (90 tablets/month)
buprenorphine hcl-naloxone	<b>ZUBSOLV 8.6mg-2.1mg</b>	2	QL (60 tablets/month)
buprenorphine hcl-naloxone	<b>ZUBSOLV 11.4mg-2.9mg</b>	2	QL (30 tablets/month)
butorphanol	*STADOL NS	2	QL (1 bottle/month)
dihydrocodeine compound	<b>SYNALGOS DC</b>	3	
fentanyl citrate nasal	<b>LAZANDA</b>	3	PA
fentanyl lollipop	*ACTIQ	3	QL (120 lozenges/month) PA
fentanyl patch	*DURAGESIC	2	QL (10 patches/month) PA
fentanyl transmucosal lozenge	<b>FENTORA</b>	3	QL (120 lozenges/month) PA
hydrocodone bitartrate er abuse deter	<b>ZOHYDRO ER</b>	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	3	QL (30 tablets/month) PA
ibuprofen-hydrocodone	*VICOPROFEN	1	QL (480 tablets/month)

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ibuprofen-hydrocodone	*REPREXAIN	3	QL (480 tablets/month)
ketorolac tromethamine nasal	SPRIX NASAL	3	QL (1 bottle/day;1 box/5 bottles per n
levorphanol tartrate tablet		3	
meperidine	*DEMEROL	1	QL (360 tablets/month)
morphine sulfate beads SR 24hr	*AVINZA 30mg	3	QL (30 capsules/mo) PA
morphine sulfate beads SR 24hr	*AVINZA 60mg	3	QL (30 capsules/mo) PA
morphine sulfate beads SR 24hr	*AVINZA 90mg	3	QL (60 capsules/mo) PA
morphine sulfate beads SR 24hr	*AVINZA 120mg	3	QL (90 capsules/mo) PA
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	<b>XTAMPZA ER</b>	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	<b>COMBUNOX</b>	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	<b>DARVOCET A</b>	3	QL (240 tablets/month)
propoxyphene napsylate	<b>DARVON-N</b>	3	QL (180 tablets/month)
tapentadol	<b>NUCYNTA</b>	3	QL (180 tablets/month)
tapentadol SR	<b>NUCYNTA ER</b>	3	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	<b>ULTRACET</b>	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)

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SP- Specialty Drugs

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

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

#### 9-D Anti-Rheumatic Agents

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

#### 9-E Migraine Products

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

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

sumatriptan	*SUMATRIPTAN INJ	1	QL (2 kits/fill, 2 fills/month)
zolmitriptan	*ZOMIG	3	QL (6 tabs/fill; 2 fills/month)
zolmitriptan	<b>ZOMIG NASAL</b>	3	QL (6 vials/month)
zolmitriptan	*ZOMIG ZMT	3	QL (6 tabs/fill; 2 fills/month)
<b>9-F Gout</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
allopurinol	*ZYLOPRIM	1	
colchicine capsules	<b>MITIGARE</b>	2	
colchicine-probenecid	*COLBENEMID	1	
febuxostat	<b>ULORIC</b>	3	ST QL (30 tablets/month)
glycerol phenylbutyrate	<b>RAVICTI</b>	3	PA SP
lesinurad	<b>ZURAMPIC</b>	3	PA
lesinurad-allopurinol	<b>DUZALLO</b>	3	PA
probenecid	*BENEMID	1	
<b>9-G Musculoskeletal Therapy Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
baclofen	*LIORESAL	1	
carisoprodol	*SOMA	1	QL (120 tablets/month)
carisoprodol-ASA	*SOMA COMPOUND	1	QL (120 tablets/month)
carisoprodol-ASA-codeine	*SOMA CPD w/CODEINE	1	QL (120 tablets/month)
chlorzoxazone	*PARAFON FORTE	1	
cyclobenzaprine	*FLEXERIL 5mg	1	QL (90 tablets/month)
cyclobenzaprine	*FLEXERIL 10mg	1	
cyclobenzaprine SR 24hr caps	<b>AMRIX</b>	3	QL (30 capsules/month)
cyclobenzaprine	*FEXMID 7.5mg	3	QL (90 tablets/month)
dantrolene	*DANTRIUIM	1	
metaxalone	*SKELAXIN	3	QL (240 tablets/month)
methocarbamol	*ROBAXIN	1	
orphenadrine citrate	*NORFLEX	2	
tizanidine	*ZANAFLEX capsules	3	
tizanidine	*ZANAFLEX tablets	1	
<b>9-H Miscellaneous Neuromuscular Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
pyridostigmine	*MESTINON	1	
riluzole	*RILUTEK	3	QL (60 tablets/month)
<b>9-I Miscellaneous Rescue Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
acetylcysteine effervescent	<b>CETYLEV</b>	3	
acetylcysteine inhalation solution		1	
naloxone injection		1	
naloxone hcl nasal spray	<b>NARCAN</b>	2	QL (1 box/fill)
<b>VITAMINS &amp; HEMATOLOGICALS</b> (drugs to treat vitamin deficiencies and other blood disorders)			
<b>10-A Vitamins</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
calcitriol	*ROCALTROL	1	

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docercalciferol	*HECTOROL	3	
ergocalciferol [vitamin D]	*CALCIFEROL	1	
parathyroid hormone (recombinant)	<b>NATPARA</b>	3	SP PA QL (1/day)
paricalcitol [vitamin D]	*ZEMPLAR	1	QL (30 capsules/month) SP
phytonadione	<b>MEPHYTON</b>	2	
potassium aminobenzoate	<b>POTABA</b>	2	

### 10-B Multivitamins

Generic Name	Brand Name	Tier	Notes
B complex-vit C-FA	*NEPHROCAPS	1	
fe bisglycin-fe polysac	<b>NIFEREX GOLD</b>	3	QL (30 tablets/month)
multi vitamin	<b>TANDEM F</b>	3	
ped multi vitamin-fluoride	*POLY-VI-FLOR	1	
ped multi vitamin-fluoride-FE	*POLY-VI-FLOR-FE	1	
ped vitamins ACD-fluoride	*TRI-VI-FLOR	1	
ped vitamins ACD-fluoride-FE	*TRI-VI-FLOR-FE	1	
pnv-select		1	
prenatal FE-CBN-DSS-Methylfol-FA	<b>PRENATE ELITE</b>	3	
prenatal low iron		1	
prenat-fe poly cmplx-fe heme	<b>PREFERA OB</b>	3	QL (30 tablets/month)
prenat-fe poly cmplx-fe heme	<b>PREFERA OB + DHA</b>	3	QL (60 tablets/month)
prenatal mv w/fe poly-fa	<b>SELECT-OB+DHA</b>	3	
prenatal vit-FE-bisglycinate-FA	<b>NATELLE</b>	3	QL (30 tablets/month)
prenatal -fe- bis-fe prot succ-fa-ca-	<b>DUET DHA</b>	3	
prenatal vitamins-iron carbonyl-FA	<b>NESTABS</b>	3	
prenatal w/dss iron carbonyl-fa	<b>ATABEX EC</b>	3	
prenatal w/fe fum-l methylfolate	<b>NEEVO DHA</b>	3	
prenate w/fe fum-fe poly-fa omega 3	<b>CONCEPT DHA</b>	3	
prenate w/o a w/fe fum-fe poly-fa	<b>CONCEPT OB</b>	3	
prenate w/o Vit A w/ FE	<b>NATELLE ONE</b>	3	
prenate FE-Fum-Lmethylfol-FA-CA	<b>PRENATE DHA</b>	3	QL (30 tablets/month)
prenate w/o a w/febn-egl-dss-fa & dha	<b>CITRANATAL ASSURE PAK</b>	3	QL (60 tablets/month)

### 10-C Minerals

Generic Name	Brand Name	Tier	Notes
cyanocobalamin (nasal)	<b>NASCOBAL</b>	3	
cyanocobalamin inj		1	
FA-vit B6-vit B12	*FOLBEE	1	QL (30 tablets/month)
FA-vit B6-vit B12	*FOLGARD RX	1	QL (30 tablets/month)
FE fum-FA-DSS-B complex-vit C	<b>NEPHRON FA</b>	3	
FE fum-fe poly-fa-c-b3	<b>INTEGRA F</b>	3	
FE fum-iron polysacch complex	<b>INTEGRA PLUS</b>	3	
FE fum-vit C-vit B12-FA	*CHROMAGEN FORTE	3	
folic acid		1	

### 10-D Anticoagulants

Generic Name	Brand Name	Tier	Notes
apixaban	<b>ELIQUIS</b>	3	QL (60 tablets/month)
betrixaban maleate cap	<b>BEVYXXA</b>	3	QL (30 tablets/month)

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dabigatran	<b>PRADAXA</b>	2	QL (60 tablets/month)
edoxaban	<b>SAVAYSA</b>	3	
rivaroxaban	<b>XARELTO STARTER PACK</b>	2	
rivaroxaban	<b>XARELTO 10mg</b>	2	QL (35 tablets/180 days)
rivaroxaban	<b>XARELTO 15mg</b>	2	QL (52 tabs/1st fill then 1/day)
rivaroxaban	<b>XARELTO 20mg</b>	2	QL (30 tablets/month)
warfarin	<b>*COUMADIN (NTI)</b>	2	

### 10-E Miscellaneous Hematologicals

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

## EYE, EAR AND THROAT (drugs to treat eye, ear and throat conditions)

### 11-A Ophthalmic Anti-infectives

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

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<b>11-B Ophthalmics Beta-Blocker</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
betaxolol HCL ophth	<b>BETOPTIC-S</b>	3	
brimonidine timolol ophth	<b>COMBIGAN</b>	2	QL (5 ml/month)
carteolol ophth	*OCUPRESS	1	
dorzolamide-timolol ophth	*COSOPT	2	
dorzolamide-timolol ophth	<b>COSOPT PF</b>	3	QL (60 sing-use vials per mont
levobunolol ophth	*BETAGAN	1	
metipranolol ophth	*OPTIPRANOLOL	1	
timolol ophth	<b>BETIMOL</b>	2	QL (5 ml/month)
timolol maleate ophth	*TIMOPTIC	1	
timolol maleate ophth	*TIMOPTIC XE	1	
<b>11-C Ophthalmic Steroids</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
dexamethasone ophth	<b>MAXIDEX</b>	3	
dexamethasone phosphate ophth	*DECADRON ophth	1	
difluprednate ophth	<b>DUREZOL</b>	3	
fluorometholone ophth	<b>FML FORTE</b>	2	
fluorometholone ophth	*FML LIQUIFILM	1	
fluorometholone ophth	<b>FML SOP</b>	2	
fluorometholone ophth	<b>FLAREX</b>	3	
loteprednol etb-tobramycin ophth	<b>ZYLET</b>	3	QL (5 ml/month)
loteprednol ophth	<b>ALREX</b>	3	QL (5 ml/month)
loteprednol ophth	<b>LOTEMAX</b>	3	QL (10 ml/month)
neomycin-polymyxin-HC ophth	*CORTISPORIN OPHTH	1	
prednisolone ophth	*PRED FORTE	1	
rimexolone ophth	<b>VEXOL</b>	2	
sulfacetamide-prednisolone ophth	*BLEPHAMIDE	1	
tobramycin-dexamethasone ophth	*TOBRADEX	2	QL (5 ml/month)
<b>11-D Ophthalmic Prostaglandin</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
bimatoprost ophth	<b>LUMIGAN</b>	2	QL (2.5 ml/month)
tafluprost oph soln	<b>ZIOPTAN</b>	3	ST QL (1 carton (30 vials) per mo)
latanoprost ophth	*XALATAN	1	QL (2.5 ml/month)
travaprost ophth	<b>TRAVATAN Z</b>	2	QL (2.5 ml/month)
unoprostone isopropyl ophth	<b>RESCULA</b>	3	ST QL (5ml/month)
<b>11-E Ophthalmic Cycloplegics</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
atropine ophth	*ISOPTO ATROPINE	1	
cyclopentolate ophth	*CYCLOGYL	1	
homatropine ophth	*ISOPTO HOMATROPINE	1	
scopolamine ophth	<b>ISOPTO HYOSCINE</b>	3	
tropicamide ophth	*MYDRIACYL	1	
<b>11-F Ophthalmics Miotics</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
pilocarpine ophth	*ISOPTO CARPINE	1	

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pilocarpine ophth	<b>PILOPINE HS</b>	2	
<b>11-G Ophthalmics Adrenergic Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
apraclonidine ophth	*IOPIDINE	3	
brimonidine ophth	<b>ALPHAGAN P 0.1%</b>	2	QL (10ml per month)
brimonidine ophth	*ALPHAGAN P 0.2%	2	QL (10ml per month)
brimonidine ophth	*ALPHAGAN P 0.15%	2	QL (10ml per month)
<b>11-H Ophthalmics Miscellaneous</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
brinzolamide ophth	<b>AZOPT</b>	2	QL (10 ml/month)
bromfenac sod ophth soln 0.09%		3	QL (1.7ml/s/fill)
bromfenac ophth	*XIBROM	3	QL (2.5 ml/month)
cromolyn sodium ophth	*CROLOM ophth	1	
cyclosporine ophth	<b>RESTASIS .05%</b>	3	PA QL (60 vials(1 box/mo)
cysteamine	<b>CYSTARAN</b>	3	PA SP
diclofenac ophth	*VOLTAREN ophth	1	
diclofenac ophth	<b>VOLTAREN ophth gel</b>	3	
dorzolamide ophth	*TRUSOPT	1	
flurbiprofen ophth	*OCUFEN	1	
ketorolac ophth	*ACULAR	1	
ketorolac ophth	*ACULAR LS	1	QL (5ml per month)
lidocaine ophth	<b>AKTEN GEL</b>	3	
lifitegrast ophth	<b>XIIDRA</b>	3	PA QL (60 vials per month)
lodoxamide ophth	<b>ALOMIDE</b>	3	
nedocromil ophth	<b>ALOCRI</b>	3	
nepafenac ophth	<b>NEVANAC</b>	2	QL (3 ml/month)
olopatadine	*PATANOL	3	
pemirolast ophth	<b>ALAMAST</b>	3	
tasimelteon	<b>HETLIOZ</b>	3	PA SP
<b>11-I Otic (Ear) Medications</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
antipyrine-benzo-polycosanol otic soln	*TREGAN	1	
benzocaine-antipyrine otic	*AURALGAN	1	
chloroxylenol-pramoxine-zinc acetate otic	<b>ZINOTIC</b>	3	QL (15 ml/month)
chloroxylenol-pramoxine-zinc acetate otic	<b>ZINOTIC ES</b>	3	QL (15 ml/month)
ciprofloxacin-dexamethasone	<b>CIPRODEX</b>	3	QL (8 ml/month)
ciprofloxacin-HC otic	<b>CETRAXAL</b>	3	
ciprofloxacin-HC otic	<b>CIPRO HC OTIC</b>	3	QL (10 ml/month)
hydrocortisone-acetic acid otic	*VOSOL-HC	1	
neomycin-polymyxin-HC otic	*CORTISPORIN otic	1	
neomycin-colistin-HC-thonzonium otic	<b>CORTISPORIN-TC</b>	3	
ofloxacin otic	*FLOXIN OTIC	2	QL (10 ml/month)
<b>11-J Mouth and Throat</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
amlexanox oral paste	<b>APHTHASOL</b>	3	
cevimeline	*EVOXAC	3	QL (90 capsules/month)

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chlorhexidine	*PERIDEX	1	
clotrimazole troche	*MYCELEX TROCHE	1	
lidocaine	*VISCIOUS LIDOCAINE	1	
oral hydrogel wafer	<b>MUCOTROL</b>	3	QL (120 wafers/month)
pilocarpine	*SALAGEN 5mg	1	QL (180 tablets/month)
pilocarpine	*SALAGEN 7.5mg	1	QL (120 tablets/month)
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	
*dust mite mixed ext tab sl 12	<b>ODACTRA</b>	3	
grass mixed pollen	<b>ORALAIR</b>	3	PA
promethazine	*PHENERGAN	1	
short ragweed pollen allergen extract	<b>RAGWITEK</b>	3	PA
timothy grass pollen allergen	<b>GRASTEK</b>	3	PA

### 12-B Topical Nasal Products

Generic Name	Brand Name	Tier	Notes
azelastine nasal	*ASTELIN	1	QL (1 inhaler/month)
ciclesonide nasal	<b>ZETONNA</b>	3	
flunisolide nasal		2	QL (3 inhalers/month)
fluticasone nasal	*FLONASE	1	
ipratropium nasal	*ATROVENT 0.03% NASAL	1	QL (1 inhaler/month)
ipratropium nasal	*ATROVENT 0.06% NASAL	1	QL (2 inhalers/month)
olopatadine nasal	*PATANASE	3	QL (1 inhaler/month)

### 12-C Cough/Cold/Allergy

Generic Name	Brand Name	Tier	Notes
acrivastine-PSE	<b>SEMPREX-D</b>	3	
benzonatate	*TESSALON	1	
bromphen-PSE DM	<b>BROMOXAFED</b>	3	
cardec DM	*RONDEC DM	1	
chlorpheniramine	*ED CHLORPED	1	
chlorpheniramine-PSE	*DECONAMINE	1	
guaifenesin-codeine soln	*CHERATUSSIN AC	1	PA (under age 18)
pse-guaifenesin-codeine soln	*CHERATUSSIN DAC	1	PA (under age 18)
guaifenesin-DM	<b>HUMIBID-DM</b>	3	
hydrocodone-guaifenesin soln	<b>FLOWTUSS</b>	3	PA (under age 18) ST
hydrocodone-guaifenesin soln	<b>OBREDON</b>	3	PA (under age 18) ST
hydrocodone-homatropine	*HYCODAN	1	PA (under age 18)
hydrocodone polst-chlorphen susp	*TUSSIONEX	3	PA (under age 18)
phenylephrine-guaifenesin	<b>MAXIPHEN-G</b>	3	
promethazine VC	PHENERGAN VC	1	
promethazine VC- codeine	PHENERGAN VC w/CODEINE	1	PA (under age 18)

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SP- Specialty Drugs

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promethazine-codeine	*PHENERGAN w/CODEINE	1	PA (under age 18)
PSE-guaifenesin-codeine	*NOVAHISTINE	1	
PSE-methscopolamine	*ALLERX-D	1	
pseudoephed-chlorphen-DM	<b>TANAFED DM</b>	3	
pseudoeph-chlorphen w/hydroco soln	*ZUTRIPRO	2	PA (under age 18)
<b>12-D Asthma/COPD</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
aclidinium bromide	<b>TUDORZA</b>	2	
albuterol nebulizer	*PROVENTIL (nebulizer)	1	
albuterol tablets	*PROVENTIL (tablets)	1	
albuterol HFA inhaler	<b>PROAIR HFA</b>	3	QL(1 inhaler/fill, 2 fills/month)
albuterol sulfate aer pow ba	<b>PROAIR RESPICLICK</b>	3	QL(1 inhaler/fill, 2 fills/month)
albuterol HFA inhaler	<b>PROVENTIL HFA</b>	3	QL(1 inhaler/fill, 2 fills/month)
albuterol HFA inhaler	<b>VENTOLIN HFA</b>	2	QL(1 inhaler/fill, 2 fills/month)
albuterol SR tablets	*VOSPIRE ER 4mg	1	QL (60 tablets/month)
albuterol SR tablets	*VOSPIRE ER 8mg	1	QL (120 tablets/month)
albuterol-ipratropium inhaler	<b>COMBIVENT RESPIMAT</b>	3	QL (2 inhalers/month)
albuterol-ipratropium nebulizer	*DUONEB	2	QL (540 mls/month)
aminophylline		1	
arformoterol tartrate nebulizer	<b>BROVANA</b>	3	QL (60 vials/month (2ml/vial)
budesonide formoterol inhaler	<b>SYMBICORT</b>	2	QL (1 inhaler/month)
cromolyn sodium nebulizer	*INTAL (nebulizer)	1	QL (120 vials/month)
fluticasone furoate	<b>ARNUITY ELLIPTA</b>	3	QL (1 inhaler/month)
fluticasone-salmeterol	*AIRDUO RESPICLICK	2	QL (1 inhaler/month)
fluticasone furoate-vilanterol aero powd	<b>BREO ELLIPTA</b>	2	QL (#1/month)
formoterol fumarate nebulizer	<b>PERFOROMIST</b>	3	QL (60 vials/month)
glycopyrrolate inhal cap	<b>SEEBRI NEOHALER</b>	2	QL (60/month)
glycopyrrolate-formoterol fumarate	<b>BEVESPI AEROSPHERE</b>	2	
ipratropium nebulizer	*ATROVENT (nebulizer)	1	QL (450 mls/month)
ipratropium HFA inhaler	<b>ATROVENT HFA</b>	2	QL (2 inhalers/month)
levalbuterol nebulizer	*XOPENEX 0.31mg/3ml	3	QL (270 mls/mo(1 vial = 3 ml)
levalbuterol nebulizer	*XOPENEX 0.63mg/3ml	3	QL (270 mls/mo(1 vial = 3 ml)
levalbuterol nebulizer	*XOPENEX 1.25mg/3ml	3	QL (270 mls/mo(1 vial = 3 ml)
levalbuterol nebulizer	*XOPENEX 1.25 mg/0.5 ml	3	QL (90 mls/mo(1 vial = 3 ml)
levalbuterol inhaler	<b>XOPENEX HFA</b>	3	QL(1 inhaler/fill, 2 fills/month)
metaproterenol nebulizer	*ALUPENT (nebulizer)	1	QL (120 vials/mo(300 ml/mo)
metaproterenol tablets	*ALUPENT (tablets)	1	
montelukast	*SINGULAIR 4mg	1	QL (30 tablets/month)
montelukast	*SINGULAIR 5mg	1	QL (30 tablets/month)
montelukast	*SINGULAIR 10mg	1	QL (30 tablets/month)
montelukast	*SINGULAIR 4mg Granules	2	QL (30 packets/month)
olodaterol hcl	<b>STRIVERDI RESPIMAT</b>	2	QL (#1/month)
roflumilast	<b>DALIRESP</b>	3	PA QL (30 tablets/month)
salmeterol inhaler	<b>SEREVENT DISKUS</b>	3	QL (1 inhaler/month)
salmeterol-fluticasone inhaler	<b>ADVAIR</b>	2	QL (1 inhaler/month)
sodium chloride soln nebu 7%	<b>HYPERSAL NEBULIZER</b>	2	

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

### 12-E Steroid Inhalers

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

### 12-F Pulmonary Fibrosis

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

## SELF-INJECTABLE/SPECIALTY (injectable drugs)

### 13-A Anticoagulants

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

### 13-B Growth Hormones

Generic Name	Brand Name	Tier	Notes
mecasermin	<b>INCRELEX</b>	3	PA SP

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metreleptin	<b>MYALEPT</b>	3	PA SP
somatropin	<b>NUTROPIN AQ</b>	2	PA SP
somatropin	<b>NUTROPIN AQ NUSPIN</b>	2	PA SP
somatropin	<b>NUTROPIN</b>	2	PA SP
somatropin	<b>SEROSTIM</b>	2	PA SP
somatropin	<b>ZORBTIVE</b>	3	PA SP
tesamorelin	<b>EGRIFTA</b>	3	PA SP

### 13-C Hematopoietic Agents

Generic Name	Brand Name	Tier	Notes
darbepoetin alpha	<b>ARANESP</b>	2	PA SP
eltrombopag	<b>PROMACTA</b>	3	PA SP
epoetin alfa	<b>EPOGEN</b>	3	PA SP
epoetin alfa	<b>PROCRIT</b>	3	PA SP
filgrastims-sndz	<b>ZARXIO</b>	2	SP
pegfilgrastim	<b>NEULASTA</b>	3	PA SP
sargramostim	<b>LEUKINE</b>	3	PA SP

### 13-D Hepatitis C Agents

Generic Name	Brand Name	Tier	Notes
daclatasvir dihydrochloride	<b>DAKLINZA 30MG</b>	3	ST QL (90 tabs/mo) SP
daclatasvir dihydrochloride	<b>DAKLINZA 60MG</b>	3	ST QL (30 tabs/mo) SP
daclatasvir dihydrochloride	<b>DAKLINZA 90MG</b>	3	ST QL (30 tabs/mo) SP
dasab-ombit-paritap-riton	<b>VIEKIRA</b>	3	PA SP QL (120 tablets/mo)
dasab-ombit-paritap-riton sr 24hr	<b>VIEKIRA XR</b>	3	PA SP QL (90 tablets/mo)
elbasvir-grazoprevir	<b>ZEPATIER</b>	3	PA SP
glecaprevir-pibrentasvir	<b>MAVYRET</b>	2	PA SP QL (90 tablets/mo)
interferon alfacon-1	<b>INFERGEN</b>	3	PA SP
ledipasvir-sofosbuvir	<b>HARVONI</b>	2	PA SP QL (30 tabs/month)
ombitasvir-paritaprevir-ritonavir	<b>TECHNIVIE</b>	3	PA SP QL (60 tabs/month)
peginterferon alfa-2A	<b>PEGASYS</b>	2	PA SP
peginterferon alfa-2A	<b>PEGASYS PROCLICK</b>	2	PA SP
peginterferon alfa-2B	<b>PEG-INTRON</b>	3	SP ST
peginterferon alfa-2B	<b>PEG-INTRON REDIPEN</b>	3	SP ST
peginterferon beta-1a soln	<b>PLEGRIDY</b>	3	PA SP
simeprevir sodium	<b>OLYSIO</b>	3	ST SP
sofosbuvir	<b>SOVALDI</b>	3	SP ST QL (30 tabs/mo)
sofosbuvir-velpatasvir	<b>EPCLUSA</b>	2	PA SP QL (30 tablets/month)
sofosbuvir-velpatasvir-voxilaprevir	<b>VOSEVI</b>	2	PA SP QL (30 tablets/month)
	<b>REBETRON</b>	3	PA SP
	<b>ROFERON A</b>	3	SP

### 13-E Multiple Sclerosis Agents

Generic Name	Brand Name	Tier	Notes
dalfampridine	<b>AMPYRA</b>	3	QL (60 tablets/month) PA SP
dimethyl fumarate	<b>TECFIDERA STARTER PACK</b>	2	PA SP
dimethyl fumarate	<b>TECFIDERA</b>	2	PA SP
glatiramer acetate	<b>COPAXONE 20MG &amp; 40MG (Brand)</b>	2	PA SP
fingolimod	<b>GILENYA</b>	3	PA SP

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interferon beta-1A	<b>REBIF</b>	3	SP ST
interferon beta-1A	<b>AVONEX</b>	2	PA SP
interferon beta-1A	<b>AVONEX ADMINISTRATION PACK</b>	2	PA SP
interferon beta-1B	<b>BETASERON</b>	2	PA SP
teriflunomide	<b>AUBAGIO</b>	3	PA SP
<b>13-F Osteoporosis Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
teriparatide (recombinant)	<b>FORTEO</b>	3	PA SP
<b>13-G Somatostatin Analogs</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
nafarelin	<b>SYNAREL</b>	2	PA
octreotide acetate	<b>*OCTREOTIDE</b>	2	PA SP
pasireotide diaspertate inj	<b>SIGNIFOR</b>	3	PA SP
pegvisomant	<b>SOMAVERT</b>	2	PA SP
<b>13-H Immunomodulators</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
adalimumab	<b>HUMIRA</b>	2	PA SP
anakira subcutaneous	<b>KINERET</b>	3	PA SP
apremilast	<b>OTEZLA</b>	2	PA SP
belimumab sq	<b>BENLYSTA</b>	2	PA SP
brodalumab sq soln	<b>SILIQ</b>	3	PA SP
certolizumab pegol	<b>CIMZIA</b>	2	PA SP
daclizumab soln	<b>ZINBRYTA</b>	3	PA SP
dupilumab subc soln pref syringe	<b>DUPIXENT</b>	3	PA SP
etanercept for subcutaneous	<b>ENBREL 25MG</b>	3	ST SP QL (8 inj per mo)
etanercept for subcutaneous	<b>ENBREL 50MG</b>	3	ST SP QL (4 inj per mo)
golimumab	<b>SIMPONI</b>	2	QL(1 unit/month) PA SP
guselkumab soln pref syr	<b>TREMFYA</b>	2	PA SP
ixekizumab subc soln auto-inj	<b>TALTZ</b>	3	ST SP
sarilumab sq	<b>KEVZARA</b>	3	PA SP
secukinumab	<b>COSENTYX</b>	3	ST SP
tocilizumab	<b>ACTEMRA</b>	3	ST SP
tofacitinib	<b>XELJANZ</b>	3	ST SP
tofacitinib SR 24HR	<b>XELJANZ XR</b>	3	ST SP
ustekinumab	<b>STELARA</b>	2	PA SP
<b>13-I Miscellaneous Specialty</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
abatacept	<b>ORENCIA</b>	3	ST SP
C1 esterase inhibitor	<b>HAEGARDA</b>	2	PA SP
corticotropin	<b>ACTHAR HP</b>	3	PA SP
icatibant acetate	<b>FIRAZYR</b>	3	PA SP
interferon alfa-2B	<b>INTRON-A</b>	3	PA SP
interferon gamma-1B	<b>ACTIMMUNE</b>	2	PA SP
leuprolide acetate	<b>ELIGARD</b>	3	PA SP
leuprolide acetate	<b>LUPRON</b>	2	PA SP
oprelvekin	<b>NEUMEGA</b>	2	PA SP

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oxandrolone	<b>*OXANDRIN</b>	1	PA
oxymetholone	<b>ANADROL-50</b>	2	
palonosetron	<b>ALOXI (tablets)</b>	2	PA
peginterferon alfa-2B	<b>SYLATRON</b>	3	PA SP
peginterferon alfa-2B	<b>SYLATRON 4-PACK</b>	3	PA SP
rilonacept	<b>ARCALYST</b>	2	PA SP

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