



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

Preferred Drug List

▶ 4-Tier Individual

Four-Tier Individual HPN Drug Benefit Guide

Introduction

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

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

Reading the *Drug Benefit Guide*

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

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

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

Other abbreviations used throughout the PDL are:

- 1, 2, 3, 4 = tier level for the drug (1 = Tier I, 2 = Tier II, 3 = Tier III, 4 = Tier IV)
- AL = age limitations
- NTI = narrow therapeutic index (generic not required)
- PA = prior authorization
- QL = quantity limitations

- SIO = self-injectable/orphan drug
- ST = step therapy
- SP = specialty drug: see www.uhcspecialtyrx.com

Mandatory Generic Substitution Policy

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

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

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

Health Plan of Nevada, Inc.

www.healthplanofnevada.com

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

Sierra Health and Life Insurance Company, Inc.

www.sierrahealthandlife.com

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

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

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

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

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator.

UnitedHealthcare Civil Rights Grievance.

P.O. Box 30608 Salt Lake City, UTAH

84130

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

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

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

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

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>.

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

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

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

English:

You have the right to get help and information in your language at no cost. To request an interpreter, call the toll-free

member phone number listed on your health plan ID card or plan documents.

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

Español (Spanish)

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

Tagalog (Tagalog)

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

繁體中文 (Chinese)

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

한국어 (Korean)

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

Tiếng Việt (Vietnamese)

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

አማርኛ (Amharic)

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

ภาษาไทย (Thai)

คุณมีสิทธิขอความช่วยเหลือหรือขอข้อมูลในภาษาของคุณโดยไม่เสียค่าใช้จ่ายใด ๆ เมื่อต้องการถาม กรุณาโทรฟรีมาที่หมายเลขโทรศัพท์สำหรับสมาชิก ที่อยู่บนบัตรแผนสุขภาพหรือเอกสารแผนสุขภาพของคุณ

日本語 (Japanese)

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

العربية (Arabic)

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

Русский (Russian)

Вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы подать запрос переводчика позвоните по бесплатному номеру телефона, указанному на обратной стороне вашей идентификационной карты или документах о вашем плане.

Français (French)

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

فارسی (Persian)

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

Gagana fa'a Sāmoa (Samoan)

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

Deutsch (German)

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

Ilokano (Ilocano)

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

FOUR-TIER Individual HPN Drug Benefit Guide

This drug benefit guide is applicable for HPN, and SHL members with a 4-tier prescription drug benefit

ANTI-INFECTIVES (drugs to treat infections)

1-A Penicillins

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

1-B Cephalosporins

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

1-C Macrolides

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

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

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

1-D Tetracyclines

Generic Name	Brand Name	Tier	Notes
doxycycline DR CAP	ORACEA	4	
doxycycline hyclate 20mg tab	*PERIOSTAT	3	QL (60 tablets/month)
doxycycline hyclate 50mg caps	*VIBRAMYCIN	3	
doxycycline hyclate 100mg caps	*VIBRAMYCIN	3	
doxycycline monohydrate susp	*VIBRAMYCIN SUSP	3	
doxycycline hyclate 100mg tabs	*VIBRATAB	3	
doxycycline monohydrate 100mg caps	*MONODOX 100mg	1	QL (28 capsules/month)
doxycycline monohydrate 50mg caps	*MONODOX 50mg	1	
minocycline tablets	*DYNACIN	3	
minocycline capsules	*MINOCIN	1	QL (60 capsules/month)
tetracycline	*SUMYCIN	3	

1-E Fluoroquinolones

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

1-F Antimycobacterial Agents

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

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

1-G Antifungals			
Generic Name	Brand Name	Tier	Notes
efinaconazole soln	JUBLIA	3	PA ST
JUBLIA ST = requires trial/failure of two preferred alternatives: itraconazole, terbinafine or ciclopirox			
fluconazole	*DIFLUCAN 50mg	1	QL (30 tablets/month)
fluconazole	*DIFLUCAN 100mg	1	QL (30 tablets/month)
fluconazole	*DIFLUCAN 150mg	1	QL (1 tablet/fill)
fluconazole	*DIFLUCAN 200mg	1	QL (30 tablets/month)
griseofulvin microsize	*GRIFULVIN V	1	
griseofulvin ultramicrosize	*GRIS-PEG	1	
isavuconazonium sulfate	CRESEMBA	3	
itraconazole	*SPORANOX	1	QL (14 capsules/month)
ketoconazole foam	EXTINA 2%	3	
ketoconazole	*NIZORAL	1	
nystatin	BIO-STATIN	2	
nystatin	*MYCOSTATIN susp	1	
posaconazole	NOXAFIL TAB	2	
tavaborole soln	KERYDIN SOLN	4	PA ST
KERYDIN ST = trial/failure of two preferred alternatives: itraconazole, terbinafine or ciclopirox.			
terbinafine HCL	*LAMISIL	1	QL (90 tablets/year)
terbinafine HCL	LAMISIL GRANULE PACKET	3	QL (30 packets/month)
voriconazole	*VFEND 50mg	1	QL (180 tablets/month)
voriconazole	*VFEND 200mg	1	QL (60 tablets/month)
1-H Miscellaneous Antivirals			
Generic Name	Brand Name	Tier	Notes
acyclovir	*ZOVIRAX tablets and capsules	1	
famciclovir	*FAMVIR 125mg	2	QL (60 tablets/month)
famciclovir	*FAMVIR 250mg	2	QL (60 tablets/month)
famciclovir	*FAMVIR 500mg	2	QL (21 tablets/month)
ganciclovir ophth gel	ZIRGAN	3	QL (5 gm/month)
oseltamivir	*TAMIFLU capsules	2	QL (10 capsules/3 months)
oseltamivir	TAMIFLU suspension	3	QL (60 mls/3 months)
ribavirin	*REBETOL capsules/tablets	1	QL(180 caps/tabs/mo) PA SP
ribavirin	REBETOL solution	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	RELENZA	3	QL (1 diskhaler/month)
1-I Antiretrovirals			
Generic Name	Brand Name	Tier	Notes
abacavir sulfate	ZIAGEN	3	SP
abacavir-dolutegravir-lamivudine	TRIUMEQ	3	QL (30 tablets/month) SP
abacavir-lamivudine	*EPZICOM	4	QL (30 tablets/month) SP
abacavir-lamivudine-zidovudine	*TRIZIVIR	4	SP
atazanavir	REYATAZ	4	SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

cobicistat	TYBOST	3	SP
darunavir	PREZISTA 75mg	4	QL (60 tablets/month) SP
darunavir	PREZISTA 150mg	4	QL (60 tablets/month) SP
darunavir	PREZISTA 300mg	4	QL (120 tablets/month) SP
darunavir	PREZISTA 400mg	4	QL (120 tablets/month) SP
darunavir	PREZISTA 600mg	4	QL (60 tablets/month) SP
darunavir	PREZISTA 800MG	4	QL (30 tablets/month) SP
darunavir	PREZISTA SUSP	4	QL (12ml/day) SP
darunavir-cobicistat	PREZCOBIX	3	QL (30 tablets/month) SP
delavirdine	RESCRIPTOR	4	SP
didanosine DR	*VIDEX EC	4	SP
didanosine	VIDEX SOLUTION	3	SP
dolutegravir sodium	TIVICAY	4	SP
efavirenz	SUSTIVA	4	SP
efavirenz-emtricitabine-tenofovir	ATRIPLA	4	SP
elvitegravir	VITEKTA	3	SP
elvi-cobi-emtrici-teno	STRIBILD	4	ST SP
STRIBILD ST = requires failure/contraindication to Triumeq			
elvitegrav-cobic-emtricitab-tenofov af	GENVOYA	4	ST SP
GENVOYA ST = requires failure/contraindication to Triumeq			
emtricitabine	EMTRIVA CAPSULES	3	QL (30 capsules/month) SP
emtricitabine	EMTRIVA SOLN	3	SP
emtricitabine-rilpivirine-tenofovir	COMPLERA	4	SP
emtricitabine-rilpivirine-tenofovir	ODEFSEY	4	QL (30 tablets/month) SP
emtricitabine-tenofovir	TRUVADA	4	QL (30 tablets/month) SP
emtricitabine-tenofovir alaf fum	DESCOVY	4	QL (30 tablets/month) SP
enfuvirtide	FUZEON	4	SIO SP
entecavir	*BARACLUDE	3	QL (30 tablets/month) SP
etravirine	INTELENCE	4	QL 120 tablets/month) SP
fosamprenavir	LEXIVA	4	QL (120 tablets/month) SP
indinavir sulfate	CRIXIVAN	3	SP
lamivudine	*EPIVIR TABLETS	1	SP
lamivudine	*EPIVIR SOLUTION	1	SP
lamivudine-zidovudine	*COMBIVIR	1	SP
lopinavir-ritonavir	KALETRA	3	SP
lopinavir-ritonavir	*KALETRA SOLUTION	2	SP
maraviroc	SELZENTRY 150mg	4	QL (60 tablets/month) PA SP
maraviroc	SELZENTRY 25,75, & 300mg	4	QL (120 tabs/month) PA SP
maraviroc	SELZENTRY ORAL SOLN	4	PA SP
nelfinavir mesylate	VIRACEPT	4	SP
nevirapine	*VIRAMUNE	1	SP
raltegravir	ISENTRESS	4	QL (60 tablets/month) SP
rilpivirine	EDURANT	4	SP
ritonavir	NORVIR	4	SP
saquinavir	INVIRASE	4	SP
stavudine	*ZERIT	1	SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

atazanavir sulfate-cobicistat	EVOTAZ	3	SP
telbivudine	TYZEKA	4	QL (30 tablets/month) SP
tenofovir	VIREAD	3	SP
tenofovir alafenamide fumarate	VEMLIDY	4	PA QL (30 tablets/month) SP
tipranavir	APTIVUS capsules	4	QL (120 capsules/month) SP
tipranavir	APTIVUS solution	4	QL (300 mls/month) SP
zidovudine	*RETROVIR	1	SP

1-J Antimalarials

Generic Name	Brand Name	Tier	Notes
artemether-lumefantrine	COARTEM	3	QL (24 tablets/60 days)
atovaquone-proguanil HCL	*MALARONE	2	
chloroquine	*ARALEN	1	
hydroxychloroquine	*PLAQUENIL	1	
mefloquine	*LARIAM	1	
primaquine	*PRIMAQUINE	1	
pyrimethamine	DARAPRIM	4	SP
quinine sulfate		1	

1-K Anthelmintics

Generic Name	Brand Name	Tier	Notes
albendazole	ALBENZA	3	
ivermectin	*STROMEKTOL	3	
mebendazole chew	EMVERM	4	
praziquantel	BILTRICIDE	3	
vancomycin compound soln	FIRST-VANCOMYCIN ORAL SOLN	3	

1-L Misc Anti-Infectives

Generic Name	Brand Name	Tier	Notes
atovaquone	*MEPRON	3	
dapsone	*DAPSONE	1	
dornase alfa	PULMOZYME	3	SP
fidaxomicin	DIFICID	3	PA
ivacaftor	KALYDECO	4	PA SP
linezolid	*ZYVOX	2	QL (2/day)(max of 84 tabs/365)
lumacaftor-ivacaftor	ORKAMBI	4	PA SP QL (112 tablets/28 days)
metronidazole	*FLAGYL tablets	1	
metronidazole	*FLAGYL capsule	1	
miltefosine	IMPAVIDO	4	PA
neomycin	*MYCIFRADIN	1	
nitazoxanide	ALINIA tablets	3	QL (6 tablets/fill)
nitazoxanide	ALINIA suspension	3	QL (60 mls/fill)
rifaximin	XIFAXAN	3	QL (60 tablets/month) PA ST
SMZ-TMP	*BACTRIM	1	
SMZ-TMP-DS	*BACTRIM DS	1	
sulfadiazine		1	
tedizolid phosphate	SIVEXTRO	3	PA
tinidazole	*TINDAMAX	3	
tobramycin	TOBI PODHALER	4	PA SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

tobramycin neb soln	BETHKIS	2	PA SP
trimethoprim	*TRIMPEX	1	
vancomycin	*VANCOCIN	3	QL (56 capsules/14 days) PA

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

2-A Antineoplastics (cancer drugs)

Generic Name	Brand Name	Tier	Notes
abiraterone acetate	ZYTIGA	3	PA SP
afatinib dimaleate	GILOTRIF	4	PA SP
alectinib hcl	ALECENSA	4	PA SP
altretamine	HEXALEN	3	SP
anastrozole	*ARIMIDEX	1	QL (30 tablets/month) SP
axitinib	INLYTA	4	QL PA SP
bexarotene	TARGRETIN	4	PA SP
bicalutamide	*CASODEX	1	SP
bosutinib	BOSULIF	3	PA ST SP
Bosulif ST = requires failure to Tassigna and Gleevec			
brigatinib	ALUNBRIG	4	PA SP
busulfan	MYLERAN	3	SP
cabozantinib	COMETRIQ	4	PA SP
cabozantinib s-malate	CABOMETYX	4	PA SP
capecitabine	XELODA	2	SP
ceritinib	ZYKADIA	4	PA SP
chlorambucil	LEUKERAN	3	SP
cobimetinib fumarate	COTELLIC	4	PA SP
crizotinib	XALKORI	4	PA SP
cyclophosphamide	CYCLOPHOSPH CAPS	2	SP
dabrafenib mesylate	TAFINLAR	4	PA SP
dasatinib	SPRYCEL	4	PA ST SP
Sprycel ST = requires trial of Tassigna			
degarelix acetate	FIRMAGON	4	SP (80MG - 1 vial/mo and 120MG vial - via
enzalutamide	XTANDI	4	PA ST SP
Xtandi ST = requires trial of Zytiga			
erlotinib	TARCEVA	4	PA SP
estramustine	EMCYT	3	SP
etoposide	*VEPESID	1	SP
everolimus	AFINITOR	4	PA SP
exemestane	*AROMASIN	2	QL (30 tablets/month)
flutamide	*EULEXIN	1	SP
gefitinib	IRESSA	4	QL (30 tablets/month) PA
hydroxyurea	DROXIA	4	PA SP
hydroxyurea	*HYDREA	1	SP
ibrutinib	IMBRUVICA	4	PA SP
idelalisib	ZYDELIG	4	PA SP
imatinib mesylate	*GLEEVEC	1	PA SP
ixazomib citrate	NINLARO	4	PA SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

lapatinib ditosylate	TYKERB	4	PA SP
lenalidomide	REVLIMID	4	PA SP
lenvatinib	LENVIMA	4	PA SP
letrozole	*FEMARA	1	QL (30 tablets/month)
leucovorin calcium	*LEUCOVORIN CALCIUM	1	
lomustine	GLEOSTINE	2	SP
mechlorethamine hcl	VALCHLOR GEL	3	PA SP
megestrol	*MEGACE	1	
megestrol	*MEGACE ES	3	
melphalan	*ALKERAN	2	SP
mercaptopurine	*PURINETHOL	4	SP
mercaptopurine	PURIXAN SUSP	4	PA SP
mesna	MESNEX	4	SP
methotrexate injection		1	
methotrexate	TREXALL	3	
midostaurin	RYDAPT	4	PA SP
mitotane	LYSODREN	3	SP
nilotinib	TASIGNA	2	ST SP
Tasigna ST = requires trial of generic Gleevec			
nilutamide	*NILANDRON	4	SP
niraparib tosylate cap	ZEJULA	4	PA SP
olaparib	LYNPARZA	4	PA SP
osimertinib mesylate	TAGRISSE	4	PA SP
palbociclib	IBRANCE	4	PA SP
panobinostat lactate	FARYDAK	4	PA SP
pazopanib	VOTRIENT	4	PA SP
pomalidomide	POMALYST	4	PA SP
ponatinib hcl	ICLUSIG	4	PA SP ST
Iclusig ST = requires trial of Tasigna			
procarbazine HCL	MATULANE	3	SP
regorafenib	STIVARGA	4	PA SP
ribociclib succinate	KISQALI	3	PA SP
ribociclib tab & letrozole pack	KISQALI FEMARA	3	PA SP
rucaparib camsylate	RUBRACA	3	PA SP
ruxolitinib phosphate	JAKAFI	4	PA SP
sonidegib phosphate	ODOMZO	4	PA SP
sorafenib tosylate	NEXAVAR	4	PA SP
sunitinib	SUTENT	4	PA SP
tamoxifen	*NOLVADEX	1	
tamoxifen	SOLTAMOX ORAL SOLN	3	
temozolomide	*TEMODAR	4	PA SP
thalidomide	THALOMID	4	PA SP
thioguanine	TABLOID	3	PA SP
topotecan	HYCAMTIN	4	PA SP
toremifene citrate	FARESTON	4	QL (30 tablets/month) SP
trametinib dimethyl sulfoxide	MEKINIST	4	PA SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

tretinoin capsules		3	SP
trifluridine-tipiracil	LONSURF	4	PA SP
vandetanib	CAPRELSA	4	PA SP
vemurafenib	ZELBORAF	4	PA SP
venetoclax	VENCLEXTA	4	PA SP
vismodegib	ERIVEDGE	4	QL PA SP (30 caps/month)
vorinostat	ZOLINZA	4	PA SP

2-B Immunosuppressives

Generic Name	Brand Name	Tier	Notes
azathioprine	*IMURAN	1	
cyclosporine	SANDIMMUNE (NTI)	3	SP
cyclosporine	*SANDIMMUNE	1	SP
cyclosporine modified	*GENGRAF	1	SP
cyclosporine modified	*NEORAL (NTI)	3	SP
everolimus	ZORTRESS	4	SP
mycophenolate	*MYFORTIC	3	QL (120 tablets/month) SP
mycophenolate mofetil	*CELLCEPT	1	SP
sirolimus	*RAPAMUNE	4	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	CORLANOR	3	PA
nitroglycerin ointment	*NITROBID	1	
nitroglycerin patch	*MINITRAN	1	
nitroglycerin patch	*NITRO-DUR	1	
nitroglycerin spray	*NITROLINGUAL PUMPSPRAY	1	
nitroglycerin spray	*NITROMIST	3	
nitroquick	*NITROSTAT	2	

3-C Beta Blockers

Generic Name	Brand Name	Tier	Notes
acebutolol	*SECTRAL	1	
atenolol	*TENORMIN	1	
betaxolol	*KERLONE	1	
bisoprolol	*ZEBETA	1	
carteolol HCL	CARTROL	3	
carvedilol	*COREG 3.125mg	1	QL (60 tablets/month)
carvedilol	*COREG 6.25mg	1	QL (60 tablets/month)
carvedilol	*COREG 12.5mg	1	QL (60 tablets/month)
carvedilol	*COREG 25mg	1	QL (120 tablets/month)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

droxidopa	NORTHERA	2	PA SP
labetalol	*NORMODYNE	1	
labetalol	*TRANDATE	1	
metoprolol	*LOPRESSOR	1	
metoprolol succinate SR	*TOPROL XL	2	
nadolol	*CORGARD 20mg	1	QL (90 tablets/month)
nadolol	*CORGARD 40mg	1	QL (60 tablets/month)
nadolol	*CORGARD 80mg	1	QL (90 tablets/month)
nadolol	*CORGARD 120mg	1	QL (60 tablets/month)
nebivolol	BYSTOLIC 2.5mg	2	QL (30 tablets/month)
nebivolol	BYSTOLIC 5mg	2	QL (30 tablets/month)
nebivolol	BYSTOLIC 10mg	2	QL (120 tablets/month)
nebivolol	BYSTOLIC 20mg	2	QL (60 tablets/month)
penbutolol sulfate	LEVATOL	3	
pindolol	*VISKEN	1	
propranolol	*INDERAL	1	
propranolol HCL CR	*INDERAL LA	2	
propranolol HCL SR	INNOPRAN XL	3	QL (30 capsules/month)
sotalol	*BETAPACE	1	
sotalol AF	*BETAPACE AF	1	
sotalol hcl oral soln	SOTYLIZE	4	PA
timolol maleate	*BLOCADREN	1	

3-D Calcium Channel Blockers

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

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

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)	COVERA HS	3	QL (60 tablets/month)
verapamil SR	*CALAN SR	1	
verapamil SR	*VERELAN	3	
verapamil SR	*VERELAN PM	3	

3-E Antiarrhythmics

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

3-F Angiotensin Converting Enzyme (ACE) Inhibitors

Generic Name	Brand Name	Tier	Notes
benazepril	*LOTENSIN	1	QL (60 tablets/month)
captopril	*CAPOTEN	1	
enalapril maleate	EPANED	3	PA
enalapril	*VASOTEC	1	QL (60 tablets/month)
fosinopril	*MONOPRIL	1	QL (60 tablets/month)
lisinopril	*PRINIVIL	1	QL (60 tablets/month)
lisinopril	*ZESTRIL	1	QL (60 tablets/month)
lisinopril oral soln 1mg/ml	QBRELIS	4	
moexipril	*UNIVASC	1	QL (60 tablets/month)
perindopril	*ACEON	2	QL (60 tablets/month)
quinapril	*ACCUPRIL	1	QL (60 tablets/month)
ramipril	*ALTACE	1	QL (60 capsules/month)
trandolapril	*MAVIK	1	QL (60 tablets/month)

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

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

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

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	TEKTURNA	3	QL (30 tablets/month)
ambrisentan	LETAIRIS	3	PA SP
apremilast	OTEZLA	4	PA ST SP
OTEZLA ST = requires failure of 2 preferred alternatives: Cimzia, Humira, Simponi and Stelara			
bosentan	TRACLEER	3	QL (60 tablets/month) PA SP
clonidine	*CATAPRES	1	
clonidine patch	*CATAPRES-TTS	3	QL (8 patches/month)
deserpidine-methyclothiazide	ENDURONYL	3	
doxazosin	*CARDURA	1	QL (60 tablets/month)
guanfacine	*TENEX	1	
hydralazine	*APRESOLINE	1	
iloprost	VENTAVIS	4	PA SP
macitentan	OPSUMIT	3	PA SP
mecamylamine	VECAMYL	4	PA SP
methyldopa	*ALDOMET	1	
minoxidil	*LONITEN	1	
phenoxybenzamine	DIBENZYLINE	3	
prazosin	*MINIPRESS	1	
reserpine		3	
riociguat	ADEMPAS	3	PA SP
selexipag	UPTRAVI	4	PA SP
sildenafil	*REVATIO	4	PA SP
sildenafil	REVATIO IV SOLN	4	PA SP
sildenafil	REVATIO SUSP 10MG/ML	4	PA SP
tadalafil	ADCIRCA	4	QL (60 tablets/month) PA SP
terazosin	*HYTRIN	1	QL (60 capsules/month)
treprostinil diolamine	ORENITRAM	4	PA SP
treprostinil	TYVASO	4	QL (30 pouches/mo) PA SP
3-I Antihypertensive Combinations			
Generic Name	Brand Name	Tier	Notes
amlodipine-benazepril	*LOTREL	1	QL (30 capsules/month)
amlodipine-valsartan	EXFORGE	2	QL (30 tablets/month)
atenolol-chlorthalidone	*TENORETIC	1	
azilsartan-chlorthalidone	EDARBYCLOR	3	
benazepril-HCTZ	*LOTENSIN HCT	1	QL (60 tablets/month)
bisoprolol-HCTZ	*ZIAC	1	
candesartan-HCTZ	*ATACAND HCT	3	QL (60 tablets/month)
captopril-HCTZ	*CAPOZIDE	1	
enalapril-felodipine	LEXXEL	3	QL (60 tablets/month)
enalapril-HCTZ	*VASERETIC	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

eprosartan-HCTZ	TEVETEN HCT	3	QL (30 tablets/month)
fosinopril-HCTZ	*MONOPRIL HCT	1	QL (60 tablets/month)
irbesartan-HCTZ	*AVALIDE	1	QL (30 tablets/month)
lisinopril-HCTZ	*PRINZIDE	1	
lisinopril-HCTZ	*ZESTORETIC	1	
losartan-HCTZ	*HYZAAR	1	QL (30 tablets/month)
methyl dopa-HCTZ	*ALDORIL	1	
metoprolol/HCTZ	DUTOPROL	2	QL (60 tablets/month)
moexipril-HCTZ	*UNIRETIC	1	QL (60 tablets/month)
nadolol-bendroflumethiazide	*CORZIDE	1	QL (60 tablets/month)
nebivolol-valsartan tab	BYVALSON	2	QL (30 tablets/month)
olmesartan-HCTZ	*BENICAR HCT	2	QL (30 tablets/month)
propranolol-HCTZ	*INDERIDE	1	
quinapril-HCTZ	*ACCURETIC	2	QL (60 tablets/month)
sacubitril-valsartan	ENTRESTO	4	PA QL (60 tablets/month)
telmisartan-HCTZ	*MICARDIS HCT	3	QL (30 tablets/month)
trandolapril-verapamil	*TARKA	3	QL (60 tablets/month)
valsartan-HCTZ	*DIOVAN-HCT 80-12.5mg & 160-12.5mg	1	QL (60 tablets/month)
valsartan-HCTZ	*DIOVAN-HCT 160-25mg, 320-12.5mg, & 320-25mg	1	QL (30 tablets/month)

3-J Diuretics

Generic Name	Brand Name	Tier	Notes
acetazolamide	*DIAMOX	1	
amiloride		1	
amiloride-HCTZ	*MODURETIC	1	
bumetanide	*BUMEX	1	
chlorothiazide	*DIURIL	1	
chlorthalidone	*HYGROTON	1	
dichlorphenamide	KEVEYIS	3	PA SP
eplerenone	*INSPIRA	2	QL (30 tablets/month)
ethacrynic acid	*EDECIN	3	
furosemide	*LASIX	1	
hydrochlorothiazide	*HYDRODIURIL	1	
hydrochlorothiazide	*MICROZIDE	1	
indapamide	*LOZOL	1	
methazolamide	*NEPTAZANE	1	
methyclothiazide	*AQUATENSEN	1	
metolazone	*ZAROXOLYN	1	
spironolactone	*ALDACTONE	1	
spironolactone-HCTZ	*ALDACTAZIDE	1	
tolvaptan	SAMSCA	4	PA SP
toremide	*DEMADEX	1	
triamterene	DYRENIUM	3	
triamterene-HCTZ	*DYAZIDE	1	
triamterene-HCTZ	*MAXZIDE	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

3-K Pressors			
Generic Name	Brand Name	Tier	Notes
epinephrine inj	*EPIPEN	2	
epinephrine inj	*EPIPEN JR	2	
midodrine	*PROAMATINE	1	
3-L Antihyperlipidemics			
Generic Name	Brand Name	Tier	Notes
alirocumab	PRALUENT	3	PA SP QL (2 inj/28 days)
atorvastatin	*LIPITOR	1	QL (30 tablets/month)
cholestyramine	*QUESTRAN	1	
colesevelam	WELCHOL	2	QL (210 tablets/month)
colestipol	*COLESTID	1	
evolocumab	REPATHA	4	PA SP ST
REPATHA ST - requires trial of Praluent			
ezetimibe	*ZETIA	3	QL (30 tablets/month)
ezetimibe-simvastatin	*VYTORIN	3	QL (30 tablets/month)
fenofibrate	*LOFIBRA 54mg & 160mg	1	
fluvastatin	*LESCOL 20mg	3	QL (30 capsules/month)
fluvastatin	*LESCOL 40mg	3	QL (60 capsules/month)
fluvastatin SR	*LESCOL XL	3	ST QL (30 tablets/month)
LESCOL XL ST = requires trial of THREE statins			
gemfibrozil	*LOPID	1	
icosapent ethyl	VASCEPA	3	PA
lomitapide mesylate	JUXTAPID	4	PA SP
lovastatin	*MEVACOR 10mg	1	QL (30 tablets/month)
lovastatin	*MEVACOR 20mg	1	QL (30 tablets/month)
lovastatin	*MEVACOR 40mg	1	QL (60 tablets/month)
lovastatin SR	ALTOCOR	3	
mipomersen sodium	KYNAMRO	4	PA SP
niacin SR	*NIASPAN	3	
niacin-lovastatin CR	ADVICOR	3	QL (60 tablets/month)
niacin-simvastatin	SIMCOR	3	QL (30 tablets/month)
omega-3-acid ethyl esters	*LOVAZA	3	PA QL (120 capsules/month)
pitavastatin	LIVALO	3	QL (30 tablets/month)
LIVALO ST = requires trial of THREE generic statins			
pravastatin	*PRAVACHOL	1	QL (30 tablets/month)
rosuvastatin	*CRESTOR	2	
simvastatin	*ZOCOR	1	QL (30 tablets/month)
3-M Miscellaneous Cardiovascular			
Generic Name	Brand Name	Tier	Notes
isosorbide dinitrate-hydralazine	BIDIL	2	
patiomer sorbitex calcium	VELTASSA	3	PA
ranolazine	RANEXA	2	QL (60 tablets/month)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

CENTRAL NERVOUS SYSTEM (drugs that affect the brain)

4-A Antianxiety Agents

Generic Name	Brand Name	Tier	Notes
alprazolam	*XANAX	1	
alprazolam SR	*XANAX XR 0.5mg	1	QL (30 tablets/month)
alprazolam SR	*XANAX XR 1mg	1	QL (30 tablets/month)
alprazolam SR	*XANAX XR 2mg	1	QL (30 tablets/month)
alprazolam SR	*XANAX XR 3mg	1	QL (60 tablets/month)
alprazolam	*NIRAVAM	3	
bupirone		1	
chlordiazepoxide	*LIBRIUM	1	
clorazepate	*TRANXENE	1	
diazepam	*VALIUM	1	
hydroxyzine HCL	*ATARAX	1	
hydroxyzine pamoate	*VISTARIL	1	
lorazepam	*ATIVAN	1	
meprobamate		1	
oxazepam	*SERAX	1	

4-B Antidepressants

Generic Name	Brand Name	Tier	Notes
amitriptyline	*ELAVIL	1	
amoxapine	*ASENDIN	1	
bupropion	*WELLBUTRIN 75mg	1	QL (180 tablets/month)
bupropion	*WELLBUTRIN 100mg	1	QL (120 tablets/month)
bupropion SR	*WELLBUTRIN SR 100mg	1	QL (60 tablets/month)
bupropion SR	*WELLBUTRIN SR 150mg	1	QL (60 tablets/month)
bupropion SR	*WELLBUTRIN SR 200mg	1	QL (60 tablets/month)
bupropion XL	*WELLBUTRIN XL	1	QL (30 tablets/month)
citalopram	*CELEXA	1	QL (45 tablets/month)
clomipramine	*ANAFRANIL	1	
desipramine	*NORPRAMIN	1	
desvenlafaxine	*PRISTIQ	3	QL (30 tablets/month)
doxepin	*SINEQUAN	1	
duloxetine	*CYMBALTA 20mg	2	QL (60 capsules/month)
duloxetine	*CYMBALTA 30mg	2	QL (60 capsules/month)
duloxetine	*CYMBALTA 60mg	2	QL (60 capsules/month)
escitalopram	*LEXAPRO 5mg	1	QL (45 tablets/month)
escitalopram	*LEXAPRO 10mg	1	QL (45 tablets/month)
escitalopram	*LEXAPRO 20mg	1	QL (30 tablets/month)
fluoxetine	*PROZAC 10mg	1	QL (30 capsules/month)
fluoxetine	*PROZAC 20mg	1	QL (120 capsules/month)
fluoxetine	*PROZAC 40mg	1	QL (60 capsules/month)
fluoxetine	*PROZAC 60mg	2	QL (30 capsules/month)
fluoxetine	*PROZAC WEEKLY	3	QL (4 capsules/month)
fluoxetine PMDD	*SARAFEM	3	QL (30 tablets/month)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

fluvoxamine	*LUVOX	1	QL (90 tablets/month)
fluvoxamine	*LUVOX CR 100mg	3	QL (30 capsules/month)
fluvoxamine	*LUVOX CR 150mg	3	QL (60 capsules/month)
imipramine	*TOFRANIL	1	
imipramine pamoate	TOFRANIL PM	3	
levomilnacipran hcl	FETZIMA	3	ST
Fetzima ST = requires a trial of 3 the following agents (fluoxetine, paroxetine, citalopram, sertraline, bupropion/SR, venlafaxine)			
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	VIIBRYD	3	QL (30 tablets/month)
vortioxetine hbr	TRINTELLIX	3	QL (30 tablets/month) ST
TRINTELLIX ST = requires a trial of 3 the following agents (fluoxetine, paroxetine, citalopram, sertraline, bupropion/SR, venlafaxine)			
4-C Hypnotics (Sleep Aids)			
Generic Name	Brand Name	Tier	Notes
chloral hydrate	SOMNOTE	2	
estazolam	*PROSOM	1	
eszopiclone	*LUNESTA	2	QL (30 tablets/month)
flurazepam	*DALMANE	1	
phenobarbital		1	
ramelteon	ROZEREM	3	QL (30 tablets/month) ST
ROZEREM ST = requires a trial of one of the following: zolpidem, eszopiclone or zaleplon			
suvorexant	BELSOMRA	4	QL (30 tablets/month) ST
BELSOMRA ST = requires a trial of two of the following: zolpidem, eszopiclone or zaleplon			

temazepam	*RESTORIL	1	QL (30 capsules/month)
triazolam	*HALCION	1	QL (15 tablets/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	SAPHRIS	3	PA ST QL (60 tablets/month)
SAPHRIS ST = requires failure/contraindication to Risperidone and Quetiapine AND supported diagnosis			
brexpiprazole	REXULTI	4	ST QL (30 tablets/month)
Rexulti ST = requires failure/contraindication to aripiprazole AND one of the following: risperidone, olanzapine, quetiapine IR			
cariprazine	VRAYLAR	4	ST
VRAYLAR ST = requires failure/contraindication to at least TWO of the following: aripiprazole, olanzapine, quetiapine IR, risperidone, Seroquel XR, ziprasidone			
chlorpromazine	*THORAZINE	1	
clozapine	*FAZACLO	3	PA ST
Fazaclo ST = requires failure/contraindication to Risperidone and Quetiapine AND supported diagnosis			
clozapine	* CLOZARIL (NTI)	2	PA ST
Clozaril ST = requires failure/contraindication to Risperidone and Quetiapine AND supported diagnosis			
fluphenazine	*PROLIXIN	1	
haloperidol	*HALDOL	1	
iloperidone	FANAPT	4	QL (60 tablets/month)PA ST
Fanapt ST = requires failure/contraindication to Risperidone and Quetiapine AND supported diagnosis			
lithium carbonate	*ESKALITH	1	
lithium carbonate CR	*ESKALITH CR	1	
lithium carbonate CR	*LITHOBID	1	
loxapine	*LOXITANE	1	
lurasidone	LATUDA	4	QL (30 tablets/month)
molindone hcl	MOLINDONE	3	
olanzapine	*ZYPREXA	3	QL (30 tablets/month)
olanzapine	*ZYPREXA ZYDIS	3	QL (30 tablets/month)
paliperidone	*INVEGA	4	QL (30 tablets/month) PA ST
Invega ST = requires failure/contraindication to Risperidone and Quetiapine AND supported diagnosis			
perphenazine	*TRILAFONE	1	
pimavanserin tartrate	NUPLAZID	4	PA
prochlorperazine	*COMPAZINE	1	
quetiapine fumarate	*SEROQUEL 25mg	1	QL (90 tablets/month)
quetiapine fumarate	*SEROQUEL 100mg	1	QL (90 tablets/month)
quetiapine fumarate	*SEROQUEL 200mg	1	QL (120 tablets/month)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

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	3	QL (60 capsules/month)

4-E Stimulants

Generic Name	Brand Name	Tier	Notes
amphetamine-d-amphetamine	*ADDERALL	1	
amphetamine-d-amphetamine SR	ADDERALL XR 5mg	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	ADDERALL XR 10mg	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	ADDERALL XR 15mg	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	ADDERALL XR 20mg	2	QL (60 capsules/month)
amphetamine-d-amphetamine SR	ADDERALL XR 25mg	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	ADDERALL XR 30mg	2	QL (30 capsules/month)
armodafinil	*NUVIGIL	4	PA QL (30 tablets/month)
atomoxetine	*STRATTERA	3	QL (30 capsules/month)
dexmethylphenidate	*FOCALIN	1	QL (60 tablets/month)
dextroamphetamine	*DEXEDRINE ER CAPS	3	
dextroamphetamine sulfate oral soln	*PROCENTRA	1	
lisdexamfetamine dimesylate	VYVANSE	2	QL (30 capsules/month)
methamphetamine	*DESOXYN	1	QL (150 tablets/month)
methylphenidate	DAYTRANA PATCHES	4	QL (30 patches/month)
methylphenidate	*METHYLIN (chewable) 2.5mg	3	QL (60 tablets/month)
methylphenidate	*METHYLIN (chewable) 5mg	3	QL (180 tablets/month)
methylphenidate	*METHYLIN (chewable) 10mg	3	QL (180 tablets/month)
methylphenidate	METHYLIN (suspension) 5mg/ml	3	QL (1800 mls/month)
methylphenidate	METHYLIN (suspension) 10mg/ml	3	QL (900 mls/month)
methylphenidate	*RITALIN 5MG	1	QL (180 tablets/month)
methylphenidate	*RITALIN 10MG	1	QL (180 tablets/month)
methylphenidate	*RITALIN 20MG	1	QL (60 tablets/month)
methylphenidate SR	RITALIN LA 20MG	2	QL (30 tablets/month)
methylphenidate SR	RITALIN LA 30MG	2	QL (60 tablets/month)
methylphenidate SR	RITALIN LA 40MG	2	QL (30 tablets/month)
methylphenidate SR	RITALIN LA 60MG	2	QL (30 tablets/month)
methylphenidate CR	*RITALIN SR	1	QL (90 tablets/month)
methylphenidate CR	*METADATE CD	2	QL (30 capsules/month)
methylphenidate SA	CONCERTA 18mg	2	QL (30 tablets/month)
methylphenidate SA	CONCERTA 27mg	2	QL (30 tablets/month)
methylphenidate SA	CONCERTA 36mg	2	QL (60 tablets/month)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

methylphenidate SA	CONCERTA 54mg	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	XYREM	4	PA SP
4-F Misc Psychotherapeutic and Neurological Agents			
Generic Name	Brand Name	Tier	Notes
amitriptyline-chlordiazepoxide	LIMBITROL	2	
disulfiram	*ANTABUSE	1	
dextromethorphan quindine	NUDEXTA	2	QL (60 tablets/month) SP
donepezil	*ARICEPT	1	QL (30 tablets/month)
donepezil odt	*ARICEPT ODT	2	QL (30 tablets/month)
ergoloid mesylates	*HYDERGINE	1	
galantamine	*RAZADYNE	1	QL (60 tablets/month)
galantamine	*RAZADYNE ER	1	QL (30 capsules/month)
guanfacine	*INTUNIV	2	QL (30 tablets/month)
memantine	*NAMENDA	2	QL (60 tablets/month)
memantine	*NAMENDA ORAL SOLN	3	
olanzapine-fluoxetine	*SYMBYAX	3	
perphenazine-amitriptyline	*ETRAFON	1	
pimozide	*ORAP	2	
rivastigmine	*EXELON	2	QL (60 capsules/month)
rivastigmine	EXELON PATCH	3	QL (30 patches/month)
tacrine	COGNEX	3	
tetrabenazine	XENAZINE	4	SP
4-G Anticonvulsants			
Generic Name	Brand Name	Tier	Notes
brivaracetam	BRIVIACT	4	PA
carbamazepine	* TEGRETOL (NTI)	2	
carbamazepine SR	*CARBATROL	2	
carbamazepine SR	*TEGRETOL XR TABLETS	3	
clobazam	ONFI	3	PA
clonazepam	*KLONOPIN	1	
diazepam rectal	*DIASTAT	3	QL (1 kit/month)
divalproex sodium EC	*DEPAKOTE DR	1	
divalproex sodium SR 24hr	*DEPAKOTE ER 24 HOUR	2	
divalproex sodium sprinkle	*DEPAKOTE SPRINKLE	2	
eslicarbazepine acetate	APTIOM	3	PA
ethosuximide	*ZARONTIN	1	
ethotoin	PEGANONE	3	
ezogabine	POTIGA	3	
felbamate	FELBATOL	3	
gabapentin	*GABARONE	1	
gabapentin	*NEURONTIN 100mg	1	QL (240 capsules/month)
gabapentin	*NEURONTIN 300mg	1	QL (360 capsules/month)
gabapentin	*NEURONTIN 400mg	1	QL (270 capsules/month)
gabapentin	*NEURONTIN 600mg	1	QL (180 tablets/month)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

gabapentin	*NEURONTIN 800mg	1	QL (120 tablets/month)
gabapentin	NEURONTIN (solution)	3	
lacosamide	VIMPAT	3	PA QL (60 tablets/month)
lacosamide	VIMPAT (solution)	3	PA
lamotrigine	*LAMICTAL	1	
lamotrigine	LAMICTAL ODT	3	
lamotrigine	LAMICTAL ODT KIT	3	QL (1 kit/month)
lamotrigine	*LAMICTAL STARTER KIT	1	QL (1 kit/month)
lamotrigine	*LAMICTAL XR	3	
lamotrigine	*LAMICTAL XR KIT	3	QL (1 kit/month)
levetiracetam	*KEPPRA	2	
levetiracetam	*KEPPRA XR	3	
methsuximide	CELONTIN	3	
milnacipran	SAVELLA	3	QL (60 capsules/month)
milnacipran	SAVELLA TITRATION PAK	3	QL (1 kit/month)
oxcarbazepine	*TRILEPTAL	1	
perampanel	FYCOMPA	3	PA
phenytoin	*DILANTIN	2	
phenytoin	*DILANTIN CHEW	3	
pregabalin	LYRICA 25mg	4	QL (90 capsules/month) ST
pregabalin	LYRICA 50mg	4	QL (90 capsules/month) ST
pregabalin	LYRICA 75mg	4	QL (90 capsules/month) ST
pregabalin	LYRICA 100mg	4	QL (90 capsules/month) ST
pregabalin	LYRICA 150mg	4	QL (90 capsules/month) ST
pregabalin	LYRICA 200mg	4	QL (90 capsules/month) ST
pregabalin	LYRICA 225mg	4	QL (60 capsules/month) ST
pregabalin	LYRICA 300mg	4	QL (60 capsules/month) ST
pregabalin	LYRICA SOLUTION	4	QL ST
primidone	*MYSOLINE	1	
rufinamide	BANZEL	3	PA
rufinamide	BANZEL suspension	3	QL (80 mls/day)
tiagabine	*GABITRIL	1	
topiramate	*TOPAMAX SPRINKLES	1	QL (120 capsules/month)
topiramate	*TOPAMAX	1	QL (90 tablets/month)
valproic acid	*DEPAKENE	1	
valproic acid	STAVZOR	3	PA QL (60 capsules/month)
vigabatrin	SABRIL	4	QL (180 tablets/month) SP
zonisamide	*ZONEGRAN 25mg	1	QL (120 capsules/month)
zonisamide	*ZONEGRAN 50mg	1	QL (120 capsules/month)
zonisamide	*ZONEGRAN 100mg	1	QL (180 capsules/month)
4-H Antiparkinsonian Agents			
Generic Name	Brand Name	Tier	Notes
	AMANTADINE (Symmetrel)	2	
apomorphine	APOKYN	4	SIO SP
benztropine	*COGENTIN	1	
bromocriptine (tablets)	*PARLODEL	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

carbidopa	*LODOSYN	3	
carbidopa-levodopa	*SINEMET	1	
carbidopa-levodopa	*PARCOPA	1	
carbidopa-levodopa CR	*SINEMET CR	1	
carbidopa-levodopa-entacapone	*STALEVO	1	QL (240 tablets/month)
carbidopa-levodopa enteral susp	DUOPA	4	PA
entacapone	*COMTAN	2	QL (240 tablets/month)
pramipexole	*MIRAPEX	1	QL (90 tablets/month)
rasagiline mesylate	*AZILECT	3	
ropinirole	*REQUIP	1	QL (90 tablets/month)
tolcapone	TASMAR	2	
trihexyphenidyl	*ARTANE	1	
	*SELEGILINE	1	

4-I Smoking Deterrents

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

DERMATOLOGICALS (drugs to treat skin disorders or conditions)

5-A Anorectal

Generic Name	Brand Name	Tier	Notes
hydrocortisone rectal	*ANUSOL-HC	1	
hydrocortisone-pramoxine rectal	*ANALPRAM-HC	1	
hydrocortisone-pramoxine rectal	PROCTOFOAM-HC	2	

5-B Acne Products

Generic Name	Brand Name	Tier	Notes
adapalene	DIFFERIN 0.1% Cr/Gel	2	QL (45 gm/60 days) AL
adapalene	DIFFERIN 0.1% lotion	3	QL (1 bottle/60 days) AL
adapalene	*DIFFERIN 0.1%	3	ST AL
Differin 0.1% generic ST = requires trial of BRAND Differin			
adapalene	*DIFFERIN 0.3%	3	QL (45 gm/60 days) AL
azelaic acid	AZELEX	3	
azelaic acid	FINACEA	3	
azelaic acid foam	FINACEA FOAM	3	
benzoyl peroxide-vit E	INOVA KIT	3	
benzoyl peroxide-salicylic acid-vit E	INOVA 4/1 KIT	3	
benzoyl peroxide-adapalene	EPIDUO	3	QL (45 gm/month)
benzoyl peroxide-erythromycin gel	*BENZAMYCIN	1	QL (60 gm/month)
benzoyl peroxide-urea	ZODERM 5.75% cleanser	3	QL (473 mls/month)
benzoyl peroxide-urea	ZODERM cleanser	3	QL (400 mls/month)
benzoyl peroxide-urea	ZODERM cream	3	QL (125 mls/month)
benzoyl peroxide-urea	ZODERM gel	3	QL (125 mls/month)
brimonidine tartrate gel	MIRVASO GEL	4	QL (30 gms/month)
clindamycin foam	EVOCLIN	3	
clindamycin topical	*CLEOCIN-T SOLN & PADS	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

clindamycin topical	*CLEOCIN-T GEL & LOT	3	
clindamycin-benzoyl peroxide gel	*DUAC	3	AL
dapsone	ACZONE	4	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	SOOLANTRA	4	ST
SOOLANTRA ST = requires trial of topical metronidazole and oral doxycycline			
metronidazole cream	*METROCREAM	1	QL (60 gm/month)
metronidazole gel	*METROGEL**	1	QL (60 gm/month)
metronidazole gel	*METROGEL PUMP**	1	QL (55 gm/month)
metronidazole lotion	*METROLOTION	1	
sulfacetamide lotion (acne)	*KLARON	1	
sulfacetamide-sulfur emulsion	*PLEXION	1	
tretinoin	*RETIN-A **	1	AL
** Larger tube sizes (55 grams or above) will be subject to a 60-day supply limit and 2 copays will apply			
5-C Topical Antibiotics			
Generic Name	Brand Name	Tier	Notes
bac-polymy-neomycin HC oint	CORTISPORIN OINTMENT	2	
erythromycin ointment	AKNE-MYCIN	3	
gentamicin topical	*GARAMYCIN	1	
mupirocin	*BACTROBAN	1	
mupirocin	*BACTROBAN CREAM	3	
mupirocin	BACTROBAN NASAL OINTMENT	2	
neomycin-polymyxin-HC cream	CORTISPORIN CREAM	2	
retapamuln	ALTABAX	3	QL (15 gm/month)
silver sulfadiazine	*SILVADENE	1	
5-D Topical Antifungals			
Generic Name	Brand Name	Tier	Notes
butenafine	MENTAX	3	
ciclopirox	*LOPROX	2	
ciclopirox solution	*PENLAC	1	QL (7 ml/month)
clotrimazole-betamethasone	*LOTRISONE	1	QL (30 ml/month)
econazole nitrate cream		3	
ketoconazole shampoo	*NIZORAL SHAMPOO	1	
ketoconazole topical		1	
nystatin topical	*MYCOSTATIN topical	1	
oxiconazole	*OXISTAT	3	ST
OXISTAT ST - requires a 30-day trial of one of the following: ketoconazole or ciclopirox			
5-E Topical Antivirals			
Generic Name	Brand Name	Tier	Notes
Acyclovir Ointment	*ZOVIRAX OINT	3	PA ST
ZOVIRAX OINT ST = requires failure to two alternatives: famciclovir, valacyclovir and acyclovir tablet			

5-F Antipsoriatics			
Generic Name	Brand Name	Tier	Notes
anthralin	*PSORiatec	1	
acitretin	*SORIATANE	3	
acitretin	*SORIATANE CK kit	3	QL (1 kit/month)
calcipotriene	*DOVONEX	2	QL (1 tube/month)
calcipotriene-betamethasone	*TACLONEX	4	QL (1 tube/month)
calcipotriene-betame dipro foam	ENSTILAR FOAM	4	
calcitriol ointment	*VECTICAL	1	QL (100 gm/month)
methoxsalen	OXSORALEN-ULTRA	3	
tazarotene	TAZORAC 0.5% CR/GEL **	4	QL (1 tube/month) AL
tazarotene	TAZORAC 0.1% CR/GEL **	4	QL (1 tube/month) AL
** Larger tube sizes (60 grams or above) will be subject to a 60-day supply limit and 2 copays will apply			
5-G Scabicides and Pediculicides			
Generic Name	Brand Name	Tier	Notes
crotamiton	EURAX	3	
lindane shampoo	*KWELL	1	
permethrin	*ELIMITE	1	
spinosad	*NATROBA	3	
5-H Topical Corticosteroids			
Generic Name	Brand Name	Tier	Notes
alclometasone	*ACLOVATE	1	
amcinonide	*CYCLOCORT	3	
augmented betamethasone	*DIPROLENE	3	
augmented betamethasone	*DIPROLENE AF	1	
betamethasone dipropionate	*DIPROSONE	2	
betamethasone valerate	*VALISONE	1	
clobetasol propionate	*TEMOVATE 0.05% SOLN	1	
clobetasol propionate	*TEMOVATE CR,OINT,GEL	2	
clocortolone	*CLODERM	3	ST
CLODERM ST - requires a 30-day trial of Elocon			
desonide	DESONATE 0.05% GEL	3	ST
DESONATE GEL ST - requires a trial of one of the following: cutivate, locoid, dermatop, kenalog			
desonide	*DESOWEN CREAM	3	
desonide	*DESOWEN LOTION & OINT	3	
desoximetasone	*TOPICORT GEL & OINT	3	
diclofenac gel	VOLTAREN GEL	3	QL (500 gm/month)
diclofenac sodium	*SOLARAZE 3% GEL	3	PA
diflorasone diacetate 0.05% cr & oint		3	
diflorasone diacetate	*APEXICON OINTMENT	3	
diflorasone diacetate	*APEXICON E CREAM	3	
diflorasone diacetate	PSORCON OINT	3	QL (60 gm/month)
flucinolone oil	*DERMA-SMOOTH FS	3	
fluocinolone acetonide	*SYNALAR CREAM and SOLN	3	
fluocinolone acetonide	*SYNALAR OINT	2	
fluocinonide 0.05%		1	

flurandrenolide	*CORDRAN	3	ST
Cordran ST - requires a trial of one of the following: cutivate, locoid, dermatop, kenalog			
fluticasone	*CUTIVATE CREAM & OINT	1	
fluticasone	*CUTIVATE LOTION	3	ST
CUTIVATE LOTION ST = step through one of the following: Cutivate cream, Locoid, Dermatop or Kenalog			
halcinonide	HALOG	3	ST
HALOG ST - requires a trial of one of the following: Diprolene AF or fluocinonide 0.05%			
halobetasol	*ULTRAVATE	2	
halobetasol propionate lotion	ULTRAVATE LOTION	4	PA
halobetasol	ULTRAVATE KIT	3	QL (1 kit/month)
hc lot 2% sal acid sulfur 2-2%	SCALACORT DK KIT	3	
hydrocortisone butyrate	*LOCOID CREAM	1	QL (45 gm/month)
hydrocortisone valerate	*WESTCORT	3	
mometasone	*ELOCON	1	
pramoxine-HC cream	PRAMOSONE E	3	
pramoxine-HC cream	*PRAMOSONE	1	
pramoxine-HC foam	EPIFOAM	2	
prednicarbate	*DERMATOP	1	
sodium hyaluronate	*HYLIRA	1	
triamcinolone acetonide		3	
triamcinolone acetonide	*KENALOG	1	

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

5-I Miscellaneous Topicals

Generic Name	Brand Name	Tier	Notes
alefacept	AMEVIVE	3	
aluminum chloride	*DRYSOL	1	
aluminum chloride/alcohol	XERAC-AC	3	
becaplermin	REGRANEX	3	PA
collagenase	SANTYL	3	
crisaborole oint	EUCRISA	3	PA
fluorouracil	*EFUDEX	1	SP
fluorouracil	CARAC	2	SP
fluorouracil	FLUOROPLEX	3	SP
imiquimod	*ALDARA	1	QL (12 packets/month)
lidocaine (topical)	*XYLOCAINE	1	
lidocaine patch	*LIDODERM	3	PA
lidocaine-prilocaine	*EMLA cream	1	QL (30 gm/month)
lidocaine/prilocaine kit		3	
lidocaine/tetracaine	SYNERA PATCH	3	QL (4 patches/month)
pimecrolimus	ELIDEL	3	QL (1 tube/month)
podofilox	*CONDYLOX	3	
podophyllum resin	PODOCON	2	
selenium sulfide shampoo	*SELSUN	1	
sulfacetamide	*OVACE	3	
sulfacetamide	*OVACE PLUS SHAMPOO 1%	3	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

sulfacetamide-urea lotion	*CARMOL SCALP	1	
tacrolimus topical	*PROTOPIC OINT	2	QL (1 tube/month)
trypsin-castor oil-peruvian balsam	*XENADERM	1	
urea	*VANAMIDE	1	
urea	*Hydro 40	4	QL (70 gm/month)
urea	KERAFOAM	3	QL (60 gm/month)
urea (carbamide)	*CARMOL 40	1	
urea in zinc	KEROL AD	3	

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

6-A Corticosteroids

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

6-B Androgens

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

6-C Estrogens

Generic Name	Brand Name	Tier	Notes
conjugated estrogens-bazedoxifene	DUAVEE	2	
esterified estrogens		1	
esterified estrogens	MENEST	3	
estradiol	*ESTRACE	1	
estradiol gel	ESTROGEL	3	QL (93gm/month)
estradiol patch	*CLIMARA	1	QL (4 patches/month)
estradiol patch	VIVELLE	2	QL (8 patches/month)
estradiol patch	VIVELLE DOT	2	QL (8 patches/month)
estradiol patch	ALORA	3	QL (8 patches/month)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

estradiol patch	ESCLIM	3	
estradiol patch	ESTRADERM	3	QL (8 patches/month)
estradiol patch	MENOSTAR	3	QL (4 patches/month)
estradiol spray	EVAMIST	3	QL (9 ml/month)
estradiol TD gel	DIVIGEL	3	QL (1 tube/month)
estradiol transdermal	ESTRASORB	3	QL (56 packets/month)
estradiol-levonorgestrel patch	CLIMARA PRO	3	QL (4 patches/month)
estradiol-norethindrone	*ACTIVELLA	3	QL (1 dialpak/month)
estradiol-norethindrone patch	COMBIPATCH	3	QL (8 patches/month)
estradiol-norgestimate	ORTHO-PREFEST	2	
estrogen-medroxyprogesterone	PREMPHASE	2	QL (1 dialpak/month)
estrogen-medroxyprogesterone	PREMPRO	2	QL (1 dialpak/month)
estrogens (conjugated synthetic)	ENJUVIA	3	QL (30 tablets/month)
estrogens (conjugated)	PREMARIN	3	QL (30 tablets/month)
estrogens-methyltestosterone	*ESTRATEST	1	
estrogens-methyltestosterone	*ESTRATEST HS	1	
estropipate	*OGEN	1	
ethinyl estradiol-norethindrone	FEMHRT	3	QL (1 dialpak/month)
ospemifene	OSPHENA	3	
6-D Contraceptives			
Generic Name	Brand Name	Tier	Notes
MONOPHASIC PRODUCTS			
<i>ethinyl estradiol (EE) /desogestrel products</i>			
generics of Ortho Cept	*ORTHO CEPT	1	QL (28 tablets/21 days)
<i>mestranol/norethindrone</i>			
generics of Norinyl	*NORINYL	1	QL (28 tablets/21 days)
	DESOGEN	3	QL (28 tablets/21 days)
<i>EE/norgestimate products</i>			
generics of Ortho Cyclen	*ORTHO CYCLEN	1	QL (28 tablets/21 days)
<i>EE/norethindrone products</i>			
generics of Ortho Novum 1/35	*ORTHO NOVUM 1/35	1	QL (28 tablets/21 days)
generics of Loestrin 24 fe	*LOESTRIN 24 FE	3	QL (28 tablets/month)
generics of Loestrin fe	*LOESTRIN FE	1	QL (28 tablets/21 days)
generics of Loestrin	*LOESTRIN	3	QL (28 tablets/21 days)
generics of Ovcon-35	*OVCON-35	3	QL (28 tablets/21 days)
generics of Modicon	*MODICON	1	QL (28 tablets/21 days)
<i>EE/drospirenone products</i>			
	YAZ	2	QL (28 tablets/21 days)
generics of Yaz		3	QL (28 tablets/21 days) ST
generics of Yaz ST = requires trial of brand Yaz			
	YASMIN	1	QL (28 tablets/21 days)
generics of Yasmin		3	QL (28 tablets/21 days) ST
generics of Yasmin ST = requires trial of brand Yasmin			
<i>EE/norgestrel products</i>			
generics of Lo/Ovral	*LO/OVRAL	1	QL (28 tablets/21 days)

EE/ethynodiol products			
Kelnor		1	QL (28 tablets/21 days)
Zovia 1/35		1	QL (28 tablets/21 days)
EE/levonorgestrel products			
generics of Nordette	*NORDETTE	1	QL (28 tablets/21 days)
generics of Alesse	*ALESSE	1	QL (28 tablets/21 days)
generics of Seasonale	*SEASONALE	1	QL (91 tablets/3 months)
generics of Lybrel	*LYBREL	1	QL (28 tablets/21 days)
BIPHASIC PRODUCTS			
EE-desogestrel/EE			
generics of Mircette	*MIRCETTE	3	QL (28 tablets/month)
EE-levonorgestrel/EE			
generics of Loseasonique	*LOSEASONIQUE	1	QL (28 tablets/21 days)
generics of Seasonique	*SEASONIQUE	1	QL (91 tablets/3 months)
EE/norethindrone-EE/norethindrone			
generics of Ortho Novum 10/11	*ORTHO NOVUM 10/11	1	QL (28 tablets/21 days)
	LO LOESTRIN FE	3	QL (28 tablets/month)
TRIPHASIC PRODUCTS			
EE/norethindrone-EE/norethindrone-EE/norethindrone			
generics of Tri-Norinyl	*TRI-NORINYL	1	QL (28 tablets/21 days)
generics of Ortho Novum 7/7/7	*ORTHO-NOVUM 7/7/7	1	QL (28 tablets/21 days)
generics of Estrostep fe	*ESTROSTEP (FE)	1	QL (28 tablets/21 days)
EE/levonogestrel-EE/Levonorgestrel-EE/Levonorgestrel			
generics of Enpresse	*ENPRESSE	1	QL (28 tablets/21 days)
sogestrel-EE/desogestrel-EE/desogestrel			
generics of Cyclessa	*CYCLESSA	1	QL (28 tablets/21 days)
estimate-EE/norgestimate-EE/norgestimate			
generics of Ortho Tri Cyclen	*ORTHO TRI CYCLEN	1	QL (28 tablets/21 days)
generics of Ortho Tri Cyclen lo	*ORTHO TRI CYCLEN LO	2	QL (28 tablets/21 days)
4-PHASIC PRODUCTS			
estradiol-estradiol/dienogest-estradiol/dienogest-estradiol			
	NATAZIA	1	QL (28 tablets/21 days)
PROGESTIN ONLY-PRODUCTS			
Norethindrone			
generics of Ortho Micronor	*ORTHO MICRONOR	1	QL (28 tablets/month)
MISCELLANEOUS			
Levonorgestrel			
mifepristone	KORLYM	4	PA SP
generics of Plan B	*PLAN B	1	
	PLAN B ONE-STEP	1	
Ulipristal			
	ELLA	1	QL (28 tablets/21 days)
Etonogestrel/EE			
	NUVARING	1	QL (1 ring/month)
Norelgestromin/EE			

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

generics of Ortho Evra	*ORTHO EVRA	1	QL (3 patches/month)
	DIAPHRAMS	1	
	FEMCAP	3	QL (1 cap/year)
6-E Progestins			
Generic Name	Brand Name	Tier	Notes
hydroxyprogesterone caproate	MAKENA	3	QL (5ml's/month)
medroxyprogesterone	*PROVERA	1	
medroxyprogesterone acetate inj	*DEPO-PROVERA INJ	1	QL (1 injection per 90 days)
norethindrone	*AYGESTIN	1	
progesterone micronized	*PROMETRIUM	2	
progesterone vaginal	CRINONE	3	PA
6-F Oral Antidiabetics (diabetes)			
Generic Name	Brand Name	Tier	Notes
acarbose	*PRECOSE	1	QL (90 tablets/month)
alogliptin benzoate	NESINA	2	
alogliptin-metformin	KAZANO	2	
alogliptin-pioglitazone	OSANI	2	
bromocriptine	CYCLOSET	3	
canagliflozin	INVOKANA	2	ST
Invokana ST= requires a trial of metformin, glimepiride, glipizide, glyburide or pioglitazone			
canagliflozin-metformin	INVOKAMET	2	
canagliflozin-metformin 24hr er	INVOKAMET XR	2	QL (60 tablets/month)
chlorpropamide	*DIABINESE	1	
dapagliflozin propanediol	FARXIGA	3	ST
FARXIGA ST - requires a trial/failure of both Invokana and Jardiance and one of the following: metformin, glipizide, glyburide, glimepiride, pioglitazone			
empagliflozin	JARDIANCE	2	ST
JARDIANCE ST: requires a trial of metformin, glimepiride, glipizide, glyburide or Actoplus Met			
empagliflozin-metformin hcl	SYNJARDY	2	QL (60 tablets/month)
glimepiride	*AMARYL	1	QL (60 tablets/month)
glipizide	*GLUCOTROL 5mg	1	QL (90 tablets/month)
glipizide	*GLUCOTROL 10mg	1	QL (60 tablets/month)
glipizide CR	*GLUCOTROL XL 2.5mg	1	QL (90 tablets/month)
glipizide CR	*GLUCOTROL XL 5mg	1	QL (60 tablets/month)
glipizide CR	*GLUCOTROL XL 10mg	1	QL (60 tablets/month)
glipizide-metformin	*METAGLIP	1	QL (120 tablets/month)
glyburide	*DIABETA	1	
glyburide-metformin	*GLUCOVANCE	1	QL (120 tablets/month)
glyburide micronized	*GLYNASE	1	QL (60 tablets/month)
linagliptin	TRADJENTA	2	
linagliptin-metformin	JENTADUETO	2	QL (60 tablets/month)
linagliptin-metformin	JENTADUETO XR	2	QL (30 tablets/month)
metformin	*GLUCOPHAGE 500mg	1	QL (150 tablets/month)
metformin	*GLUCOPHAGE 850mg	1	QL (90 tablets/month)
metformin	*GLUCOPHAGE 1000mg	1	QL (75 tablets/month)
metformin	RIOMET	3	QL (750 mls/month)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

metformin SR	*GLUCOPHAGE XR 500mg	1	QL (120 tablets/month)
metformin SR	*GLUCOPHAGE XR 750mg	1	QL (90 tablets/month)
migliitol	*GLYSET	2	QL (120 tablets/month)
nateglinide	*STARLIX	2	QL (90 tablets/month)
pioglitazone	*ACTOS	1	QL (30 tablets/month)
pioglitazone-glimepiride	*DUETACT	1	QL (30 tablets/month)
pioglitazone-metformin	*ACTOPLUS MET	2	QL (90 tablets/month)
pioglitazone-metformin	ACTOPLUS MET XR	3	QL (30 tablets/month)
repaglinide	*PRANDIN	2	QL (120 tablets/month)
repaglinide-metformin	PRANDIMET	2	
repaglinide-metformin	*PRANDIMET	3	
rosiglitazone	AVANDIA	3	QL (30 tablets/month)
rosiglitazone maleate-glimepiride	AVANDARYL 4/1mg	3	QL (60 tablets/month)
rosiglitazone maleate-glimepiride	AVANDARYL 4/2mg	3	QL (60 tablets/month)
rosiglitazone maleate-glimepiride	AVANDARYL 4/4mg	3	QL (30 tablets/month)
rosiglitazone-metformin	AVANDAMET 1/500mg	3	QL (120 tablets/month)
rosiglitazone-metformin	AVANDAMET 2/500mg	3	QL (120 tablets/month)
rosiglitazone-metformin	AVANDAMET 4/500mg	3	QL (120 tablets/month)
rosiglitazone-metformin	AVANDAMET 2/1000mg	3	QL (60 tablets/month)
rosiglitazone-metformin	AVANDAMET 4/1000mg	3	QL (60 tablets/month)
saxagliptin	ONGLYZA	2	QL (30 tablets/month)
saxagliptin-metformin	KOMBIGLYZE XR 5-500mg	2	QL (30 tablets/month)
saxagliptin-metformin	KOMBIGLYZE XR 5-1000mg	2	QL (30 tablets/month)
saxagliptin-metformin	KOMBIGLYZE XR 2.5-1000mg	2	QL (60 tablets/month)
sitagliptin	JANUVIA	4	QL (30 tablets/month) ST
Januvia ST = requires a trial of THREE of the following: Nesina, Tradjenta, Onglyza			
sitagliptin-metformin	JANUMET	4	QL (60 tablets/month) ST
Janumet ST = requires trial/failure to all of the following: Kazano, Jentaduetto, Kombiglyze XR			
sitagliptin-metformin	JANUMET XR	4	QL (30 tablets/month) ST
Janumet XR ST = requires trial/failure to all of the following: Kazano, Jentaduetto, Kombiglyze XR			
tolazamide	*TOLINASE	1	
tolbutamide	*TOLBUTAMIDE	1	
6-G Insulins			
Generic Name	Brand Name	Tier	Notes
insulin glargine	BASAGLAR	1	
insulin (human)	NOVOLIN N	3	ST
NOVOLIN N ST = requires failure of Humulin N			
insulin (human)	NOVOLIN R	3	ST
NOVOLIN R ST = requires failure of Humulin R			
insulin (human)	NOVOLIN 70/30	3	ST
NOVOLIN 70/30 ST = requires failure of Humulin 70/30			
insulin (human)	HUMULIN	1	
insulin (human)	HUMULIN PEN	2	
insulin (human)	RELION	3	
insulin aspart	NOVOLOG	4	ST
NOVOLOG ST = requires failure of Humalog			

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

insulin aspart mix	NOVOLOG MIX	4	ST
NOVOLOG MIX ST = requires failure of Humalog Mix 75/25			
insulin detemir	LEVEMIR	2	
insulin glulisine	APIDRA	4	ST
APIDRA ST = requires failure of Humalog			
insulin lispro	HUMALOG	1	
insulin lispro	HUMALOG PEN	2	
insulin lispro mix	HUMALOG MIX	1	
insulin lispro mix	HUMALOG MIX PEN	2	
6-H Glucagon			
Generic Name	Brand Name	Tier	Notes
	GLUCAGON	2	QL (2 kits/month)
6-I Thyroid Agents			
Generic Name	Brand Name	Tier	Notes
levothroid		1	QL (60 tablets/month)
levothyroxine		1	QL (60 tablets/month)
levothyroxine	*SYNTHROID (NTI)	2	QL (60 tablets/month)
levoxyl		2	QL (60 tablets/month)
liothyronine	*CYTOMEL	2	
liotrix	THYROLAR	3	
methimazole	*TAPAZOLE	1	
propylthiouracil	*PTU	1	
thyroid	ARMOUR THYROID	2	
thyroid	NATURE-THROID	2	
thyroid	WESTHROID-P	3	
unithroid		1	QL (60 tablets/month)
6-J Miscellaneous Endocrine			
Generic Name	Brand Name	Tier	Notes
albiglutide	TANZEUM INJ	2	
alendronate	* FOSAMAX 5mg	1	QL (30 tablets/month)
alendronate	* FOSAMAX 10mg	1	QL (30 tablets/month)
alendronate	* FOSAMAX 35mg	1	QL (4 tablets/month)
alendronate	* FOSAMAX 40mg	1	QL (4 tablets/month)
alendronate	* FOSAMAX 70mg	1	QL (4 tablets/month)
alendronate-cholecalciferol	FOSAMAX PLUS D	3	QL (4 tablets/month)
asfotase alfa subc inj	STRENSIQ	4	PA SP
cabergoline	*DOSTINEX	2	
calcitonin	MIACALCIN	2	QL (2 bottles/month)
calcitonin (salmon) nasal	*FORTICAL	2	QL (2 bottles/month)
carglumic acid	CARBAGLU	4	SP
cinacalcet	SENSIPAR 30mg	4	QL (60 tablets/month)
cinacalcet	SENSIPAR 60mg	4	QL (60 tablets/month)
cinacalcet	SENSIPAR 90mg	4	QL (120 tablets/month)
cysteamine bitrtrate	CYSTAGON	2	SP
deferasirox	EXJADE	3	PA SP
deferasirox	JADENU	3	PA SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

deferiprone	FERRIPROX	4	PA SP
desmopressin (nasal)	*DDAVP	1	QL (1 bottle/month)
desmopressin (nasal)	STIMATE	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	TRULICITY	3	
eliglustat tartrate	CERDELGA	2	PA SP
etidronate	*DIDRONEL	1	
exenatide	BYDUREON	2	
exenatide	BYETTA	2	
ibandronate	*BONIVA	3	QL (1 tablet/month)
insulin glargine-lixisenatide soln pen-inj	SOLIQUA	2	PA
levocarnitine	*CARNITOR	1	
liraglutide	VICTOZA 2-PACK	2	QL (2 pens/month)
liraglutide	VICTOZA 3-PACK	3	QL (3 pens/month)
lixisenatide soln pen-injector	ADLYXIN	4	
metreleptin	MYALEPT	4	SP
pasireotide diaspertate	SIGNIFOR	4	SP
pramlintide	SYMLIN AMYLIN ANALOG	2	
raloxifene	*EVISTA	2	QL (30 tablets/month)
risedronate	ACTONEL 5mg	3	QL (30 tablets/month)
risedronate	ACTONEL 30mg	3	QL (4 tablets/month)
risedronate	ACTONEL 35mg	3	QL (4 tablets/month)
risedronate	*ACTONEL 150mg	3	QL (1 tablet/month)
sapropterin dihydrochloride	KUVAN	4	PA SP
sapropterin dihydrochloride	KUVAN POWDER	4	PA SP
trientine	SYPRINE	4	PA SP
ulipristal	ELLA	3	
uridine triacetate	VISTOGARD	2	SP
uridine triacetate	XURIDEN	3	PA SP

6-K Diabetic Supplies

	LIFESCAN ONE TOUCH PRODUCTS	1	
	Contour Next Products	3	PA
	DEXCOM GLUCOSE MONITOR	3	PA QL
	DEXCOM SUPPLIES	3	PA QL

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

7-A Laxatives

Generic Name	Brand Name	Tier	Notes
lactulose		1	
na sulf-k sulf-mg sulf & peg 3350	SUCLEAR	3	
PEG electrolyte	*COLYTE	1	
PEG electrolyte	GOLYTELY	2	
PEG 3350	MOVIPREP	3	
peg(high)-electrolyte	*NULYTELY	1	
polyeth glyc powder 3350	*MIRALAX RX	1	QL (527gm/month)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

sod sulf-pot sulf-mag sulfate	SUPREP	3	
sod phos mon-sod phos di	VISICOL	3	
7-B Antidiarrheals			
Generic Name	Brand Name	Tier	Notes
diphenoxylate-atropine	*LOMOTIL	1	
opium tincture	*OPIUM TINCTURE	3	QL (72 mls/month)
paregoric		3	
telotristat etiprate	XERMELO	3	PA SP
7-C Miscellaneous Ulcer Drugs			
Generic Name	Brand Name	Tier	Notes
amoxicillin-clarithro-omepraz	OMECLAMOX-PAK	3	
bismuth subcit-metronidazole-tetracycline	PYLERA	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	PAMINE	3	
misoprostol	*CYTOTEC	1	QL (120 tablets/month)
propantheline	PRO-BANTHINE	2	
sucralfate	CARAFATE	2	
7-D H2 Blockers			
Generic Name	Brand Name	Tier	Notes
cimetidine	*TAGAMET	1	
famotidine	*PEPCID	1	
nizatadine	*AXID	2	
ranitidine	*ZANTAC	1	
7-E Proton Pump Inhibitors (PPI)			
Generic Name	Brand Name	Tier	Notes
dexlansoprazole	DEXILANT	3	QL (30 capsules/month)
esomeprazole	NEXIUM PWD PCK/SUSP	3	PA
lansoprazole	*PREVACID	3	QL (30 capsules/month)
lansoprazole	PREVACID SOLUTAB	3	QL (30 tablets/month)ST
PREVACID SOLUTAB ST - requires trial/failure to all of the following: omeprazole, pantoprazole, rabeprazole and OTC PPI			
omeprazole	*PRILOSEC 20mg capsules	1	QL (60 capsules/month)
omeprazole	*PRILOSEC 20mg tablets	1	QL (60 tablets/month)
omeprazole	*PRILOSEC 40mg	1	QL (60 capsules/month)
pantoprazole	*PROTONIX	1	QL (60 tablets/month)
rabeprazole	*ACIPHEX	1	QL (30 tablets/month)
7-F Antiemetics			
Generic Name	Brand Name	Tier	Notes
aprepitant	*EMEND	2	
dolasetron	ANZEMET	3	QL (1 tablet/fill; 2 fills/month)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

doxylamine-pyridoxine	DICLEGIS	3	PA
dronabinol	*MARINOL	3	PA
granisetron	*KYTRIL	1	QL (2 tablets/fill; 2 fills/month)
meclizine hcl	*ANTIVERT TABLET	1	
netupitant-palonosetron	AKYNZEO	4	QL (1 Packet/month)
ondansetron	*ZOFTRAN 4mg	1	QL (90 tablets/month)
ondansetron	*ZOFTRAN 8mg	1	QL (90 tablets/month)
ondansetron	*ZOFTRAN 24mg	1	QL (90 tablets/month)
ondansetron	*ZOFTRAN ODT 4mg	1	QL (90 tablets/month)
ondansetron	*ZOFTRAN ODT 8mg	1	QL (90 tablets/month)
rolapitant	VARUBI	2	
scopolamine patch	TRANSDERM-SCOP	3	QL (10 patches/month)
trimethobenzamide	*TIGAN	1	

7-G Digestive Aids

Generic Name	Brand Name	Tier	Notes
amylase-lipase-protease	CREON	2	
cholic acid	CHOLBAM	4	PA SP
miglustat	ZAVESCA	4	SP
pancrelipase	PANCREAZE	4	ST
Pancreaze ST= requires a trial of BOTH preferred agents CREON & ZENPEP			
pancrelipase	PERTZYE	4	ST
Pertzye ST= requires a trial of BOTH preferred agents CREON and ZENPEP			
pancrelipase	ULTRESA	4	ST
Ultresa ST= requires a trial of BOTH preferred agents CREON and ZENPEP			
pancrelipase	VIKACE	4	ST
Viokace ST= requires a trial of BOTH preferred agents CREON and ZENPEP			
pancrelipase	ZENPEP	2	
pegademase	ADAGEN	2	
sacrosidase	SUCRAID	4	SP
sodium phenylbutyrate	BUPHENYL	4	SP

7-H Miscellaneous Gastrointestinal

Generic Name	Brand Name	Tier	Notes
	BXN MOUTHWASH	3	
adefovir	*HEPSERA	4	QL (30 tablets/month) SP
alosetron	*LOTRONEX	3	QL (60 tablets/month) PA
balsalazide	*COLAZAL	1	QL (270 capsules/month)
budesonide foam	UCERIS RECTAL FOAM	2	
budesonide SR	*ENTOCORT EC	2	QL (90 capsules/month)
calcium acetate (phosphate binder)	*PHOSLO	1	
calcium acetate (phosphate binder)	ELIPHOS	2	
chenodiol	CHENODAL	4	PA SP
crofelemer	MYTESI	4	PA SP
cysteamine bitartrate	PROCYSBI	4	PA ST SP
PROCYSBI ST = requires failure of Cystagon			
eluxadoline	VIBERZI	4	PA

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

ferric citrate	AURYXIA	4	
glycopyrroate	CUVPOSA	3	AL (limited to 16 years of age and under)
hycosamine-phenyltoloxamine	DIGEX NF	3	
hydrocortisone acetate rectal foam	CORTIFOAM	3	
lamivudine (hepatitis)	EPIVIR HBV	2	QL (30 tablets/month) SP
lanthanum	FOSRENOL 500mg	3	QL (150 tablets/month)
lanthanum	FOSRENOL 750mg	3	QL (150 tablets/month)
lanthanum	FOSRENOL 1000mg	3	QL (120 tablets/month)
lanthanum	FOSRENOL POWDER PACK	3	
linaclotide	LINZESS	2	PA
lubiprostone	AMITIZA	3	PA ST QL (60 tablets/month)
AMITIZA STEP - requires trial/failure of Linzess or Movantik			
mesalamine	CANASA	2	
mesalamine	LIALDA	2	QL (120 tablets/month)
mesalamine CR	APRISO	2	
mesalamine enema	*ROWASA	1	
methylnaltrexone bromide inj	RELISTOR INJ	3	PA
metoclopramide	*REGLAN	1	
naloxegol oxalate	MOVANTIK	2	PA (30 tablets/month)
obeticholic acid	OCALIVA	4	PA SP QL (30 tablets/month)
sevelamer	RENAGEL	3	
sevelamer	*REVELA	2	
sucroferic oxyhydroxide	VELPHORO	2	
sulfasalazine	*AZULFIDINE	1	
sulfasalazine EC	*AZULFIDINE EN	1	
teduglutide	GATTEX	4	PA SP
ursodiol	*ACTIGALL	1	
ursodiol	*URSO	3	
ursodiol	*URSO FORTE	3	
	DIPENTUM	3	

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

8-A Urinary Anti-Infectives

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

8-B Urinary Antispasmodics

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

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

oxybutynin CR	*DITROPAN XL 10mg	2	QL (60 tablets/month)
oxybutynin CR	*DITROPAN XL 15mg	2	QL (60 tablets/month)
8-C Vaginal Products			
Generic Name	Brand Name	Tier	Notes
clindamycin vaginal	*CLEOCIN vaginal cream	2	
clindamycin vaginal	CLINDESSE	3	QL (6 gm/fill)
estradiol vaginal	ESTRACE vaginal	3	
estradiol vaginal	*VAGIFEM	2	
estradiol vaginal ring	ESTRING	3	QL (1 ring/3 months)
estradiol vaginal ring	FEMRING	3	QL (1 ring/3 months)
estrogens (conjugated) vaginal	PREMARIN vaginal	2	
metronidazole vaginal	*METROGEL vaginal	2	
metronidazole vaginal	*VANDAZOLE	2	
nystatin vaginal		1	
sulfanilamide vaginal	AVC vaginal	2	
terconazole vaginal	TERAZOL	2	
triple sulfas vaginal		1	
8-D Miscellaneous Genitourinary Agents			
Generic Name	Brand Name	Tier	Notes
citric acid-sodium citrate	*BICITRA	1	
citric acid-D-gluconic acid	RENACIDIN	3	
dutasteride	*AVODART	3	QL (30 capsules/month)
finasteride	*PROSCAR	1	QL (30 tablets/month)
methylergonovine	METHERGINE	3	
pentosan polysulfate sodium	ELMIRON	2	QL (90 capsules/month)
phenazopyridine	*PYRIDIUM	1	
potassium citrate CR	*UROCIT-K	1	
potassium phosphate	K-PHOS	2	
	POTASSIUM CHLORIDE	2	
silodosin	RAPAFLO	3	QL (30 capsules/month)
tadalafil	CIALIS 2.5mg & 5mg	3	ST
CIALIS ST = requires a trial to one of the following: doxazosin, tamsulosin, silodosin or uroxatrol			
tamsulosin	*FLOMAX	1	QL (60 capsules/month)
tiopronin	THIOLA	4	SP
MUSCULOSKELETAL AND PAIN (drugs to treat pain and muscle conditions)			
9-A Analgesics-Non-Narcotic			
Generic Name	Brand Name	Tier	Notes
APAP-butalbital	*PHRENILIN	1	QL (360 tablets/month)
	DIFLUNISAL	2	
APAP-caffeine-butalbital	*ESGIC	1	QL (360 tablets/month)
APAP-caffeine-butalbital	*FIORICET	1	QL (360 tablets/month)
ASA-caffeine-butalbital	*FIORINAL	1	
choline-mag salicylates	*TRILISATE	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

9-B Analgesics-Narcotic			
Generic Name	Brand Name	Tier	Notes
	CODEINE SULFATE	2	
	*METHADONE	1	
acet-caffeine-dihydrocodeine	TREZIX	4	QL (12 tablets/day)
APAP-codeine	*TYLENOL w/CODEINE	1	QL (390 tablets/month)
APAP-hydrocodone liquid		2	
APAP-hydrocodone	*LORTAB	3	QL (240 tablets/month)
APAP-hydrocodone	*NORCO	1	QL (360 tablets/month)
APAP-hydrocodone	*VICODIN	3	QL (240 tablets/month)
APAP-hydrocodone	*VICODIN ES	3	QL (150 tablets/month)
APAP-hydrocodone	*VICODIN HP	3	QL (180 tablets/month)
APAP-hydrocodone	*XODOL 5-300 MG	3	
APAP-hydrocodone	*XODOL 7.5-300 MG	3	
APAP-hydrocodone	*XODOL 10-300 MG	3	
APAP-hydrocodone liquid	*XODOL LIQUID 10-300 MG/15ML	3	
APAP-hydrocodone	ZAMICET	3	QL (360 mls/month)
APAP-hydrocodone	ZYDONE	2	QL (300 mls/month)
ASA-caffeine-but-codeine	*FIORINAL w/CODEINE	1	
ASA-codeine	*EMPIRIN w/CODEINE	1	
buprenorphine	*SUBUTEX	1	QL (15 tablets/month)
buprenorphine buccal film	BELBUCA	3	QL (60 tablets/month)
buprenorphine hcl-naloxone	ZUBSOLV 1.4mg-0.36mg	2	QL (90 tablets/month)
buprenorphine hcl-naloxone	ZUBSOLV 5.7mg-1.4mg	2	QL (90 tablets/month)
buprenorphine hcl-naloxone	ZUBSOLV 11.4mg-2.9mg	2	QL (30 tablets/month)
buprenorphine hcl-naloxone	ZUBSOLV 8.6mg-1.4mg	2	QL (60 tablets/month)
butal-acet-caf-cod	*FIORICET w/CODEINE 50/325/40/30mg	1	
butorphanol	*STADOL NS	2	QL (1 bottle/month)
dihydrocodeine compound	SYNALGOS DC	3	
fentanyl citrate nasal	LAZANDA	3	PA
fentanyl lollipop	*ACTIQ	3	QL (120 lozenges/month) PA
fentanyl patch	*DURAGESIC	2	QL (10 patches/month) ST
Duragesic ST = requires a trial fill of MSSR			
fentanyl transmucosal lozenge	FENTORA	3	QL (120 lozenges/month) PA
hydrocodone bitartrate	ZOHYDRO ER	3	ST QL (60 tablets/month)
ZOHYDRO ER ST = requires failure of 3 of the following agents: Opana ER, MSSR, Nucynta ER, Fentanyl Patches			
hydromorphone	*DILAUDID 2mg	1	QL (360 tablets/month)
hydromorphone	*DILAUDID 4mg	1	QL (360 tablets/month)
hydromorphone	*DILAUDID 8mg	1	QL (360 tablets/month)
hydromorphone ER	*EXALGO	4	QL (30 tablets/month)
*EXALGO ST = requires failure of 3 of the following agents: Opana ER, MSSR, Nucynta ER, Fentanyl Patches			
ibuprofen-hydrocodone	*VICOPROFEN	1	QL (480 tablets/month)
ibuprofen-hydrocodone	*REPREXAIN	3	QL (480 tablets/month)
ketorolac tromethamine nasal	SPRIX NASAL	3	QL (1 bottle/day; 1 box/5 bottles per mo)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

meperidine	*DEMEROL	1	QL (360 tablets/month)
morphine sulfate beads SR 24hr	*AVINZA 30mg	4	QL (30 capsules/month) ST
morphine sulfate beads SR 24hr	*AVINZA 60mg	4	QL (30 capsules/month) ST
morphine sulfate beads SR 24hr	*AVINZA 90mg	4	QL (60 capsules/month) ST
morphine sulfate beads SR 24hr	*AVINZA 120mg	4	QL (90 capsules/month) ST
*Avinza ST = requires failure of 3 of the following agents: Opana ER, MSSR,			
Nucynta ER, Fentanyl Patches			
morphine sulfate	*MS IR	1	
morphine sulfate SR	*MS CONTIN	1	
naltrexone	*REVIA	1	
oxycodone	*OXYIR	1	
oxycodone	*ROXICODONE	1	QL (360 tablets/month)
oxycodone cap er 12hr	XTAMPZA ER	3	QL (60 tablets/month)
oxycodone-APAP	*PERCOCET 2.5-325mg	1	QL (360 tablets/month)
oxycodone-APAP	*PERCOCET 5-325mg	1	QL (360 tablets/month)
oxycodone-APAP	*PERCOCET 7.5-325mg	1	QL (360 tablets/month)
oxycodone-APAP	*PERCOCET 10-325mg	1	QL (360 tablets/month)
oxycodone-APAP	*PERCOCET 7.5-500mg	1	QL (240 tablets/month)
oxycodone-APAP	*PERCOCET 10-650mg	1	QL (180 tablets/month)
oxycodone-ASA	*PERCODAN	1	QL (360 tablets/month)
oxycodone-ibuprofen	COMBUNOX	3	QL (7 day treatment; 4 tabs/day)
oxymorphone	*OPANA	3	QL (180 tablets/month)
oxymorphone ER	OPANA ER (crush resistant)	2	QL (60 tablets/month)
oxymorphone ER		3	ST QL (60 tablets/month)
oxymorphone ER ST - requires failure of 3 of the following agents: Opana ER, MSSR,			
Nucynta ER, Fentanyl Patches			
pentazocine-naloxone	*TALWIN NX	1	
propoxyphene-APAP	DARVOCET A	3	QL (240 tablets/month)
propoxyphene napsylate	DARVON-N	3	QL (180 tablets/month)
tapentadol	NUCYNTA	3	QL (180 tablets/month)
tapentadol SR	NUCYNTA ER	3	QL (60 tablets/month)
tramadol	*ULTRAM	1	QL (240 tablets/month)
tramadol ER	*ULTRAM ER 100mg	2	QL (90 tablets/month)
tramadol ER	*ULTRAM ER 200mg	2	QL (30 tablets/month)
tramadol ER	*ULTRAM ER 300mg	2	QL (30 tablets/month)
tramadol-APAP	ULTRACET	2	QL (240 tablets/month)
9-C Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)			
Generic Name	Brand Name	Tier	Notes
celecoxib	*CELEBREX 50mg	2	QL (60 capsules/month)
celecoxib	*CELEBREX 100mg	2	QL (60 capsules/month)
celecoxib	*CELEBREX 200mg	2	QL (60 capsules/month)
celecoxib	*CELEBREX 400mg	2	QL (30 capsules/month)
diclofenac	*VOLTAREN 25mg	1	QL (240 tablets/month)
diclofenac	*VOLTAREN 50mg	1	QL (120 tablets/month)
diclofenac	*VOLTAREN 75mg	1	QL (90 tablets/month)
diclofenac potassium	*CATAFLAM	1	QL (120 tablets/month)

diclofenac SR	*VOLTAREN XR	1	
diclofenac-misoprostol	*ARTHROTEC	3	QL (120 tablets/month)
etodolac	*LODINE 200mg	1	QL (90 capsules/month)
etodolac	*LODINE 300mg	1	QL (90 capsules/month)
etodolac	*LODINE 400mg	1	QL (90 tablets/month)
etodolac	*LODINE 500mg	1	QL (90 tablets/month)
etodolac SR	*LODINE XL 600mg	1	QL (60 tablets/month)
fenoprofen	*NALFON	1	
flurbiprofen	*ANSAID	1	
ibuprofen	*MOTRIN	1	
indomethacin	*INDOCIN	1	
indomethacin CR	*INDOCIN SR	1	
ketoprofen	ORUDIS	2	QL (60 capsules/month)
ketoprofen SR	ORUVAIL	3	
ketorolac	*TORADOL	1	QL (20 tablets/month)
lansoprazole-naproxen	PREVACID NAP KIT	3	
meclofenamate	*MECLOMEN	1	
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	RIDAURA	2	
leflunomide	*ARAVA	1	QL (30 tablets/month)
methotrexate tablets		1	
methotrexate injection		1	
methotrexate solution pf	RASUVO	4	ST
RASUVO ST = requires trial of oral methotrexate			
penicillamine	DEPEN	2	SP

9-E Migraine Products

Generic Name	Brand Name	Tier	Notes
almotriptan	*AXERT	3	QL (6 tablets/fill; 2 fills/month)
dihydroergotamine (nasal)	*MIGRANAL	3	
eletriptan	*RELPAK	2	QL (6 tablets/fill; 2 fills/month)
ergotamine with caffeine	*CAFERGOT	3	
ergotamine-phenobarb-belladonna		1	
frovatriptan	*FROVA	3	QL (6 tablets/fill; 2 fills/mo)
naratriptan	*AMERGE	3	QL (6 tablets/fill; 2 fills/mo)
rizatriptan	*MAXALT	1	QL (6 tablets/fill; 2 fills/mo)
rizatriptan	*MAXALT MLT	1	QL (6 tablets/fill; 2 fills/mo)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

sumatriptan	*IMITREX	1	QL (9 tablets/fill; 2 fills/mo)
sumatriptan	*IMITREX NASAL	2	QL (6 vials/month)
sumatriptan	*SUMATRIPTAN INJ	1	QL (2 kits/fill; 2 fills/mo)
zolmitriptan	*ZOMIG	3	QL (6 tablets/fill; 2 fills/mo)
zolmitriptan	ZOMIG NASAL	3	QL (6 vials/month)
zolmitriptan	*ZOMIG ZMT	3	QL (6 tablets/fill; 2 fills/mo)

9-F Gout

Generic Name	Brand Name	Tier	Notes
allopurinol	*ZYLOPRIM	1	
colchicine capsules	MITIGARE	2	
colchicine-probenecid	*COLBENEMID	1	
febuxostat	ULORIC	3	ST QL (30 tablets/month)
ULORIC ST = requires trial of allopurinol			
glycerol phenylbutyrate	RAVICTI	4	SP
lesinurad	ZURAMPIC	4	PA
probenecid	*BENEMID	1	

9-G Musculoskeletal Therapy Agents

Generic Name	Brand Name	Tier	Notes
baclofen	*LIORESAL	1	
carisoprodol	*SOMA	1	QL (120 tablets/month)
carisoprodol-ASA	*SOMA COMPOUND	1	QL (120 tablets/month)
carisoprodol-ASA-codeine	*SOMA CPD w/CODEINE	1	QL (120 tablets/month)
chlorzoxazone	*PARAFON FORTE	1	
cyclobenzaprine	*FLEXERIL 5mg	1	QL (90 tablets/month)
cyclobenzaprine	*FLEXERIL 10mg	1	
cyclobenzaprine SR 24hr caps	AMRIX	3	QL (30 capsules/month)
cyclobenzaprine	*FEXMID 7.5mg	3	QL (90 tablets/month)
dantrolene	*DANTRIUM	1	
metaxalone	*SKELAXIN	3	QL (240 tablets/month)
methocarbamol	*ROBAXIN	1	
orphenadrine citrate	*NORFLEX	2	
tizanidine	*ZANAFLEX capsules	3	
tizanidine	*ZANAFLEX tablets	1	

9-H Miscellaneous Neuromuscular Agents

Generic Name	Brand Name	Tier	Notes
pyridostigmine	*MESTINON	1	
riluzole	*RILUTEK	3	QL (60 tablets/month)

9-I Miscellaneous Rescue Agents

acetylcysteine effervescent	CETYLEV	4	
acetylcysteine inhalation soln		1	
naloxone injection		1	
naloxone hcl nasal spray	NARCAN	2	QL (1 box/fill)

VITAMINS & HEMATOLOGICALS (drugs to treat vitamin deficiencies and other blood disorders)

10-A Vitamins

Generic Name	Brand Name	Tier	Notes
--------------	------------	------	-------

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

calcitriol	*ROCALTROL	1	
docercalciferol	*HECTOROL	3	
ergocalciferol [vitamin D]	*CALCIFEROL	1	
parathyroid hormone (recombinant)	NATPARA	4	PA QL (1/day) SP
paricalcitol [vitamin D]	*ZEMPLAR	1	QL (30 capsules/month) SP
phytonadione	MEPHYTON	2	
potassium aminobenzoate	POTABA	2	

10-B Multivitamins

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

10-C Minerals

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

10-D Anticoagulants

Generic Name	Brand Name	Tier	Notes
apixaban	ELIQUIS	3	QL (60 tablets/month)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

dabigatran	PRADAXA	2	QL (60 tablets/month)
edoxaban	SAVAYSA	4	
rivaroxaban	XARELTO STARTER PACK	2	
rivaroxaban	XARELTO 10mg	2	QL (35 tablets/180 days)
rivaroxaban	XARELTO 15mg	2	QL (52 tabs/1st fill then 1/day)
rivaroxaban	XARELTO 20mg	2	QL (30 tablets/month)
warfarin	*COUMADIN (NTI)	2	

10-E Miscellaneous Hematologicals

Generic Name	Brand Name	Tier	Notes
aminocaproic acid	AMICAR	3	
anagrelide	*AGRYLIN	1	
cilostazol	*PLETAL	1	QL (60 tablets/month)
clopidogrel	*PLAVIX	1	
dipyridamole	*PERSANTINE	1	
dipyridamole-aspirin SR	*AGGRENEX	3	QL (60 capsules/month)
pentoxifylline	*TRENAL	1	QL (90 tablets/month)
prasugrel	EFFIENT	4	QL (30 tablets/month)
ticagrelor	BRILINTA	4	
sodium polystyrene sulfonate	*KAYEXALATE	1	
ticlopidine	*TICLID	1	QL (60 tablets/month)
tranexamic acid	*LYSTEDA	2	QL (5 days therapy/28 days)
vorapaxar sulfate	ZONTIVITY	4	PA

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

11-A Ophthalmic Anti-infectives

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

11-B Ophthalmics Beta-Blocker

Generic Name	Brand Name	Tier	Notes
betaxolol HCL ophth	BETOPTIC-S	3	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

brimonidine timolol ophth	COMBIGAN	2	QL (5 ml/month)
carteolol ophth	*OCUPRESS	1	
dorzolamide-timolol ophth	*COSOPT	2	
dorzolamide-timolol ophth	COSOPT PF	3	QL (60 sing-use vials per mo)
levobunolol ophth	*BETAGAN	1	
metipranolol ophth	*OPTIPRANOLOL	1	
timolol ophth	BETIMOL	2	QL (5 ml/month)
timolol maleate ophth	*TIMOPTIC	1	
timolol maleate ophth	*TIMOPTIC XE	1	

11-C Ophthalmic Steroids

Generic Name	Brand Name	Tier	Notes
dexamethasone ophth	MAXIDEX	3	
dexamethasone phosphate ophth	*DECADRON ophth	1	
difluprednate ophth	DUREZOL	3	
fluorometholone ophth	FML FORTE	2	
fluorometholone ophth	*FML LIQUIFILM	1	
fluorometholone ophth	FML SOP	2	
fluorometholone ophth	FLAREX	3	
loteprednol etb-tobramycin ophth	ZYLET	3	QL (5 ml/month)
loteprednol ophth	ALREX	3	QL (5 ml/month)
loteprednol ophth	LOTEMAX	3	QL (10 ml/month)
neomycin-polymyxin-HC ophth	*CORTISPORIN OPHTH	1	
prednisolone ophth	*PRED FORTE	1	
rimexolone ophth	VEXOL	2	
sulfacetamide-prednisolone ophth	*BLEPHAMIDE	1	
tobramycin-dexamethasone ophth	*TOBRADEX	2	QL (5 ml/month)

11-D Ophthalmic Prostaglandin

Generic Name	Brand Name	Tier	Notes
bimatoprost ophth	LUMIGAN	2	QL (2.5 ml/month)
tafluprost oph soln	ZIOPTAN	3	ST QL (1 carton (30 vials) per mo (QD))
Zioptan ST = requires trial of latanoprost			
latanoprost ophth	*XALATAN	1	QL (2.5 ml/month)
travaprost ophth	TRAVATAN Z	2	QL (2.5 ml/month)
travaprost ophth		3	ST QL (2.5 ml/month)
Travaprost ST = requires trial of latanoprost			
unoprostone isopropyl ophth	RESCULA	3	ST QL (5ml/month)
Rescula Step = requires a trial of latanoprost			

11-E Ophthalmic Cycloplegics

Generic Name	Brand Name	Tier	Notes
atropine ophth	*ISOPTO ATROPINE	1	
cyclopentolate ophth	*CYCLOGYL	1	
homatropine ophth	*ISOPTO HOMATROPINE	1	
scopolamine ophth	ISOPTO HYOSCINE	3	
tropicamide ophth	*MYDRIACYL	1	

11-F Ophthalmics Miotics

Generic Name	Brand Name	Tier	Notes
--------------	------------	------	-------

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

pilocarpine ophth	*ISOPTO CARPINE	1	
pilocarpine ophth	PILOPINE HS	2	
11-G Ophthalmics Adrenergic Agents			
Generic Name	Brand Name	Tier	Notes
apraclonidine ophth	*IOPIDINE	3	
brimonidine ophth	ALPHAGAN P 0.1%	2	QL (10ml per month)
brimonidine ophth	*ALPHAGAN P 0.2%	2	QL (10ml per month)
brimonidine ophth	*ALPHAGAN P 0.15%	2	QL (10ml per month)
11-H Ophthalmics Miscelleaneous			
Generic Name	Brand Name	Tier	Notes
alacftadine	LASTACFT DROPS 0.25 %	3	
azelastine	*OPTIVAR DROPS 0.05 %	1	
bepotastine besilate	BEPREVE DROPS 1.5 %	4	
brinzolamide ophth	AZOPT	2	QL (10 ml/month)
bromfenac sod ophth soln 0.09%		3	QL (1.7ml's/fill)
bromfenac ophth	*XIBROM	3	QL (2.5 ml/month)
cromolyn sodium ophth	*CROLOM ophth	1	
cyclosporine ophth	RESTASIS	4	PA QL (60 vials(1 box/mo)
cysteamine	CYSTARAN	4	PA SP
diclofenac ophth	*VOLTAREN ophth	1	
diclofenac ophth	VOLTAREN ophth gel	3	
dorzolamide ophth	*TRUSOPT	1	
emedastine difumarate	EMADINE DROPS 0.05%	4	
epinastine hcl	*ELESTAT DROPS 0.05%	1	
flurbiprofen ophth	*OCUFEN	1	
ketorolac ophth	*ACULAR	1	
ketorolac ophth	*ACULAR LS	1	QL (5ml per month)
lidocaine ophth	AKTEN GEL	3	
lifitegrast ophth	XIIDRA	4	PA QL (60 vials per month)
lodoxamide ophth	ALOMIDE	3	
nedocromil ophth	ALOCRIAL	3	
nepafenac ophth	NEVANAC	2	QL (3 ml/month)
olopatadine	*PATANOL	3	
pemirolast ophth	ALAMAST	3	
tasimelteon	HETLIOZ	4	PA
11-I Otic (Ear) Medications			
Generic Name	Brand Name	Tier	Notes
antipyrine-benzo-polycosanol otic soln	*TREAGAN	1	
benzocaine-antipyrine otic	*AURALGAN	1	
chloroxylenol-pramoxine-zinc acetate otic	ZINOTIC	3	QL (15 ml/month)
chloroxylenol-pramoxine-zinc acetate otic	ZINOTIC ES	3	QL (15 ml/month)
ciprofloxacin-dexamethasone	CIPRODEX	3	QL (8 ml/month)
ciprofloxacin-HC otic	CETRAXAL	3	
ciprofloxacin-HC otic	CIPRO HC OTIC	3	QL (10 ml/month)
hydrocortisone-acetic acid otic	*VOSOL-HC	1	
neomycin-polymyxin-HC otic	*CORTISPORIN otic	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

neomycin-colistin-HC-thonzonium otic	CORTISPORIN-TC	3	
ofloxacin otic	*FLOXIN OTIC	1	QL (10 ml/month)
11-J Mouth and Throat			
Generic Name	Brand Name	Tier	Notes
amlexanox oral paste	APHTHASOL	3	
cevimeline	*EVOXAC	3	QL (90 capsules/month)
chlorhexidine	*PERIDEX	1	
clotrimazole troche	*MYCELEX TROCHE	1	
lidocaine	*VISCIOUS LIDOCAINE	1	
oral hydrogel wafer	MUCOTROL	3	QL (120 wafers/month)
pilocarpine	*SALAGEN 5mg	1	QL (180 tablets/month)
pilocarpine	*SALAGEN 7.5mg	1	QL (120 tablets/month)
sodium fluoride	*KARIGEL	1	
sodium fluoride	*KARIGEL-N	1	
triamcinolone/orabase	*KENALOG-ORABASE	1	
RESPIRATORY (drugs to treat breathing conditions, ie asthma and allergies)			
12-A Antihistamines			
Generic Name	Brand Name	Tier	Notes
cyproheptadine	*PERIACTIN	1	
grass mixed pollen	ORALAIR	3	PA
promethazine	*PHENERGAN	1	
short ragweed pollen allergen extract	RAGWITEK	3	PA
timothy grass pollen allergen	GRASTEK	3	PA
12-B Topical Nasal Products			
Generic Name	Brand Name	Tier	Notes
azelastine nasal	*ASTELIN	3	QL (1 inhaler/month)
ciclesonide nasal	ZETONNA	3	
flunisolide nasal		2	QL (3 inhalers/month)
fluticasone nasal	*FLONASE	1	
ipratropium nasal	*ATROVENT 0.03% NASAL	1	QL (1 inhaler/month)
ipratropium nasal	*ATROVENT 0.06% NASAL	1	QL (2 inhalers/month)
olopatadine nasal	*PATANASE	3	QL (1 inhaler/month)
triamcinolone nasal	TRI-NASAL	3	QL (1 inhaler/month)
12-C Cough/Cold/Allergy			
Generic Name	Brand Name	Tier	Notes
acrivastine-PSE	SEMPREX-D	3	
benzonatate	*TESSALON	1	
bromphen-PSE_DM	BROMOXAFED	3	
cardec DM	*RONDEC DM	1	
chlorpheniramine	*ED CHLORPED	1	
chlorpheniramine-PSE	*DECONAMINE	1	
guaifenesin-DM	HUMIBID-DM	3	
hydrocodone-guaifenesin soln	OBREDON		ST
Obredon ST = requires trial/failure to Cheratussin AC			
hydrocodone-homatropine	*HYCODAN	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

hydrocodone polst-chlorphen susp	*TUSSIONEX	3	
phenylephrine-guaifenesin	MAXIPHEN-G	3	
promethazine VC	PHENERGAN VC	1	
promethazine VC- codeine	PHENERGAN VC w/CODEINE	1	
promethazine-codeine	*PHENERGAN w/CODEINE	1	
PSE-guaifenesin-codeine	*NOVAHISTINE	1	
PSE-methscopolamine	*ALLERX-D	1	
pseudoephed-chlorphen-DM	TANAFED DM	3	
pseudoeph-chlorphen w/hydroco soln	*ZUTRIPRO	2	
12-D Asthma/COPD			
Generic Name	Brand Name	Tier	Notes
acridinium bromide	TUDORZA	2	
albuterol nebulizer	*PROVENTIL (nebulizer)	1	
albuterol tablets	*PROVENTIL (tablets)	1	
albuterol HFA inhaler	PROAIR HFA	3	QL(1 inhaler/fill, 2 fills/month)
albuterol sulfate aer pow ba	PROAIR RESPICLICK	3	QL(1 inhaler/fill, 2 fills/month)
albuterol HFA inhaler	PROVENTIL HFA	3	QL(1 inhaler/fill, 2 fills/month)
albuterol HFA inhaler	VENTOLIN HFA	2	QL(1 inhaler/fill, 2 fills/month)
albuterol SR tablets	*VOSPIRE ER 4mg	1	QL (60 tablets/month)
albuterol SR tablets	*VOSPIRE ER 8mg	1	QL (120 tablets/month)
albuterol-ipratropium inhaler	COMBIVENT RESPIMAT	3	QL (2 inhalers/month)
albuterol-ipratropium nebulizer	*DUONEB	2	QL (540 mls/month)
aminophylline		1	
arformoterol tartrate nebulizer	BROVANA	3	QL (60 vials/month (2ml/vial)
budesonide formoterol inhaler	SYMBICORT	2	QL (1 inhaler/month)
cromolyn sodium nebulizer	*INTAL (nebulizer)	1	QL (120 vials/month)
fluticasone furoate	ARNUITY ELLIPTA	4	QL (1 inhaler/month)
fluticasone-salmeterol	AIRDUO RESPICLICK	2	QL (1 inhaler/month)
fluticasone furoate-vilanterol aero powd	BREO ELLIPTA	2	QL (#1/month)
formoterol fumarate inhaler	PERFOROMIST	3	QL (60 vials/month)
formoterol inhaler	FORADIL	3	QL (60 capsules/month)
glycopyrrolate inhal cap	SEEBRI NEOHALER	2	QL (60/month)
glycopyrrolate-formoterol fumarate	BEVESPI AEROSPHERE	2	
ipratropium nebulizer	*ATROVENT (nebulizer)	1	QL (450 mls/month)
ipratropium HFA inhaler	ATROVENT HFA	2	QL (2 inhalers/month)
levalbuterol nebulizer	*XOPENEX 0.31mg/3ml	3	QL (270 mls/month (1 vial = 3 ml)
levalbuterol nebulizer	*XOPENEX 0.63mg/3ml	3	QL (270 mls/month (1 vial = 3 ml)
levalbuterol nebulizer	*XOPENEX 1.25mg/3ml	3	QL (270 mls/month (1 vial = 3 ml)
levalbuterol nebulizer	*XOPENEX 1.25 mg/0.5 ml	3	QL (90 mls/month (1 vial = 3 ml)
levalbuterol inhaler	XOPENEX HFA	3	QL(1 inhaler/fill, 2 fills/month)
metaproterenol nebulizer	*ALUPENT (nebulizer)	1	QL (120 vials/month (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)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

mometasone-formoterol inhalers	DULERA	4	ST QL (#1/month)
DULERA ST = step thru a trial of Symbicort AND either Advair or Breo			
olodaterol hcl	STRIVERDI RESPIMAT	2	QL (#1/month)
pirbuterol inhaler	MAXAIR	3	QL (2 inhalers/month)
roflumilast	DALIRESP	3	PA QL (30 tablets/month)
salmeterol inhaler	SEREVENT DISKUS	3	QL (1 inhaler/month)
salmeterol-fluticasone inhaler	ADVAIR	2	QL (1 inhaler/month)
sodium chloride soln nebu 7%	HYPER-SAL NEBULIZER	2	
terbutaline	* BRETHINE	1	QL (30 tablets/month)
theophylline		1	
theophylline	SLO-PHYLLIN	2	
theophylline	THEOLAIR	2	
theophylline CR	* UNIPHYL	1	
theophylline SR	THEO-24	3	
tiotropium bromide mono inhal	SPIRIVA HANDIHALER	3	QL (30 capsules/month)
tiotropium bromide mono inhal	SPIRIVA RESPIMAT	4	QL (1 inhaler/month)
umeclidinium br aero pwd breath	INCRUSE ELLIPTA	2	QL (1 inhaler/month)
umeclidinium-vilanterol	ANORO ELLIPTA	3	QL (1 inhaler/month)
zafirlukast	* ACCOLATE	1	QL (60 tablets/month)
zileuton	ZYFLO	4	ST
ZYFLO ST = step thru a trial of BOTH montelukast and zafirlukast			
zileuton sr	ZYFLO CR	4	ST
ZYFLO CR ST = step thru a trial of BOTH montelukast and zafirlukast			
12-E Steroid Inhalers			
Generic Name	Brand Name	Tier	Notes
beclomethasone HFA inhaler	QVAR 40mcg	2	QL (1 inhaler/month)
beclomethasone HFA inhaler	QVAR 80mcg	2	QL (2 inhaler/month)
budesonide inhaler	PULMICORT FLEXIHALER	3	QL (1 inhaler/month)
PULMICORT FLEXIHALER ST - requires a trial/failure of one of the following:			
QVAR, Asmanex, Alvesco			
budesonide nebulizer	* PULMICORT RESPULES 0.25mg	2	QL (120 respules/month)
budesonide nebulizer	* PULMICORT RESPULES 0.5mg	2	QL (60 respules/month)
budesonide nebulizer	PULMICORT RESPULES 1MG	2	QL (120 respules/month)
ciclesonide inhaler	ALVESCO 80MCG	2	QL (1 inhaler/month)
ciclesonide inhaler	ALVESCO 160MCG	2	QL (2 inhalers/month)
flunisolide inhaler	AEROBID	3	QL (3 inhalers/month)
flunisolide inhaler	AEROBID-M	3	QL (3 inhalers/month)
fluticasone inhaler	FLOVENT DISKUS	3	QL (1 diskus/month)
fluticasone inhaler	FLOVENT HFA	3	QL (2 inhalers/month)
flunisolide hfa	AEROSPAN 80mcg	3	
mometasone inhaler	ASMANEX	2	QL (1 inhaler/month)
mometasone inhaler	ASMANEX HFA	2	QL (1 inhaler/month)
triamcinolone inhaler	AZMACORT	3	QL (2 inhalers/month)
12-F Pulmonary Fibrosis			
nintedanib esylate	OFEV	4	PA SP
pirfenidone	ESBRIET	3	PA SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

SELF-INJECTABLE/SPECIALTY (injectable drugs)

13-A Anticoagulants			
Generic Name	Brand Name	Tier	Notes
dalteparin sodium	FRAGMIN	4	(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	INNOHEP	3	PA SP
13-B Growth Hormones			
Generic Name	Brand Name	Tier	Notes
mecasermin	INCRELEX	4	PA SP
metreleptin	MYALEPT	3	PA SP
somatropin	NUTROPIN AQ	3	PA SP
somatropin	NUTROPIN AQ NUSPIN	3	PA SP
somatropin	NUTROPIN	3	PA SP
somatropin	SEROSTIM	4	PA SP
somatropin	ZORBTIVE	4	PA SP
tesamorelin	EGRIFTA	4	PA SP
13-C Hematopoietic Agents			
Generic Name	Brand Name	Tier	Notes
darbepoetin alpha	ARANESP	3	PA SP
eltrombopag	PROMACTA	4	PA SP
epoetin alfa	EPOGEN	4	PA SP
epoetin alfa	PROCRIT	4	PA SP
filgrastim-sndz	ZARXIO	3	PA QL SP (1st time fill - 5 doses x 21)
pegfilgrastim	NEULASTA	4	PA SP
sargramostim	LEUKINE	4	PA SP
tbo-filgrastim soln	GRANIX	4	PA SP
13-D Hepatitis C Agents			
Generic Name	Brand Name	Tier	Notes
boceprevir	VICTRELIS	4	PA SP
daclatasvir dihydrochloride	DAKLINZA 30MG	3	PA ST QL (90 tabs/mo) SP
daclatasvir dihydrochloride	DAKLINZA 60MG	3	PA ST QL (30 tabs/mo) SP
daclatasvir dihydrochloride	DAKLINZA 90MG	3	PA ST QL (30 tabs/mo) SP
dasab-ombit-paritap-riton	VIEKIRA	4	PA SP QL (120 tablets/mo)
dasab-ombit-paritap-riton sr 24hr	VIEKIRA XR	4	PA SP QL (90 tablets/mo)
elbasvir-grazoprevir	ZEPATIER	4	PA SP
interferon alfacon-1	INFERGEN	4	PA SP
ledipasvir-sofosbuvir	HARVONI	3	PA SP QL (30 tablets/month)
ombitasvir-paritaprevir-ritonavir	TECHNIVIE	4	PA SP QL (60 tablets/month)
peginterferon alfa-2A	PEGASYS	3	PA SP
peginterferon alfa-2A	PEGASYS PROCLICK	3	PA SP
peginterferon alfa-2B	PEG-INTRON	4	PA SP ST
peginterferon alfa-2B	PEG-INTRON REDIPEN	4	PA SP ST
Peg-Intron ST = requires trial of Pegasys			
peginterferon beta-1a soln	PLEGRIDY	3	PA

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

simeprevir sodium	OLYSIO	4	PA ST SP
sofosbuvir	SOVALDI	3	PA ST SP QL (30 tabs/mo)
sofosbuvir-velpatasvir	EPCLUSA	3	PA SP QL (30 tablets/month)
	REBETRON	3	PA SP
	ROFERON A	3	SP
13-E Multiple Sclerosis Agents			
Generic Name	Brand Name	Tier	Notes
dalfampridine	AMPYRA	4	QL (60 tablets/month) PA SP
dimethyl fumarate	TECFIDERA STARTER PACK	3	PA SP
dimethyl fumarate	TECFIDERA	3	PA SP
glatiramer acetate	COPAXONE 20MG & 40MG	3	PA SP
fingolimod	GILENYA	4	PA SP
interferon beta-1A	REBIF	4	PA SP ST
Rebif ST= requires trial to 2 formulary alternatives: Avonex, Copaxone, Betaseron, and/or Tecfidera			
interferon beta-1A	AVONEX	3	PA SP
interferon beta-1A	AVONEX ADMINISTRATION PACK	2	PA SP
interferon beta-1B	BETASERON	3	PA SP
teriflunomide	AUBAGIO	4	PA SP
13-F Osteoporosis Agents			
Generic Name	Brand Name	Tier	Notes
teriparatide (recombinant)	FORTEO	3	PA SP
13-G Somatostatin Analogs			
Generic Name	Brand Name	Tier	Notes
nafarelin	SYNAREL	2	PA
octreotide acetate	*OCTREOTIDE	3	PA SP
pasireotide diaspertate inj	SIGNIFOR	4	PA SP
pegvisomant	SOMAVERT INJ 10,15,20mg	3	PA SP
pegvisomant	SOMAVERT INJ 25 & 30mg	4	PA SP
13-H Immunomodulators			
Generic Name	Brand Name		Notes
adalimumab	HUMIRA	3	PA SP
anakira subcutaneous	KINERET	4	PA SP
certolizumab pegol	CIMZIA	3	PA SP
daclizumab soln	ZINBRYTA	4	PA SP
dupilumab subc soln pref syringe	DUPIXENT	4	PA SP
etanercept for subcutaneous	ENBREL 25MG	4	PA SP ST QL (8 inj per mo)
ENBREL ST - requires trial of 2 formulary alternatives: Humira, Simponi, and/or Cimzia			
etanercept for subcutaneous	ENBREL 50MG	4	PA SP ST QL (4 inj per mo)
ENBREL ST - requires trial of 2 formulary alternatives: Humira, Simponi, and/or Cimzia			
golimumab	SIMPONI	3	QL (1 unit/month)PA SIO SP
ixekizumab subc soln auto-inj	TALTZ	4	PA SP
TALTZ ST = requires trial/failure of both Humira and Stelara in addition to Cosentyx			
secukinumab	COSENTYX	4	PA ST SP
COSENTYX ST = requires trial/failure of both Humira and Stelara			
tocilizumab	ACTEMRA	4	PA SP
ACTEMRA ST - requires trial of 2 formulary alternatives: Humira, Simponi, and/or Cimzia			

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

tofacitinib	XELJANZ	4	PA ST SP
XELJANZ ST - requires trial of 2 formulary alternatives: Humira, Simponi, and/or Cimzia			
tofacitinib sr	XELJANZ XR	4	PA ST SP
XELJANZ XR ST - requires trial of 2 formulary alternatives: Humira, Simponi, and/or Cimzia			
tofacitinib sr	XELJANZ XR	4	PA ST SP
ustekinumab	STELARA	3	PA SP
13-I Miscellaneous Specialty			
Generic Name	Brand Name	Tier	Notes
abatacept	ORENCIA	4	PA ST SP
Orencia ST = requires trial of 2 formulary alternatives: Humira, Simponi, and/or Cimzia			
corticotropin	ACTHAR HP	4	PA SP
icatibant acetate	FIRAZYR	4	PA SP
interferon alfa-2B	INTRON-A	4	PA SP
interferon alfa-N3	ALFERON N	4	PA SP
interferon gamma-1B	ACTIMMUNE	4	PA SP
leuprolide acetate	ELIGARD	4	PA SP
leuprolide acetate	LUPRON	3	PA SP
nitisinone	ORFADIN	4	PA SP
oprelvekin	NEUMEGA	3	PA SP
oxandrolone	* OXANDRIN	1	PA
oxymetholone	ANADROL-50	2	
palonosetron	ALOXI (tablets)	2	PA
peginterferon alfa-2B	SYLATRON	4	PA SP
peginterferon alfa-2B	SYLATRON 4-PACK	4	PA SP
rilonacept	ARCALYST	3	PA SP
NON-FORMULARY (requires trial and failure of preferred agents)			
14-A Non Formulary			
Generic Name	Brand Name		
abaloparatide subc soln pen-inj	TYMLOS		
acet-caff-dihydro 325-30-16mg	APAP CAFF TAB DIHYDROC		
acet-caffeine-dihydrocodeine	TREZIX		
acyclovir topical	ZOVIRAX CREAM		
acyclovir buccal	SITAVIG		
acyclovir hydrocortisone	XERESE		
adapalene-benzoyl peroxide gel	EPIDUO FORTE		
adapalene-clinda phosp cr cmp kit	CLINDAP-T		
allantoin-lidocaine-petrolatum	VEXA		
alendronate	BINOSTO		
alogliptin	generic NESINA		
alogliptin-metformin	generic KAZANO		
alogliptin-pioglitizone	generic OSANI		
amantad-amitript-gaba-cycloben	A.A.G.C. KIT IN TERODERM		
amantad-gabap-diclof-ba clo-lido cr cmp kit	EXTARDOL		
amlodipine-atorvastatin	CADUET		
amino acids	GLUTARADE GA-1		

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

amlodipine-aliskiren	TEKAMLO		
amlodipine-aliskiren-hctz	AMTURNIDE		
amlodipine-olmesartan	AZOR		
amlodipine-valsartan-hctz	EXFORGE HCT		
amox-clarithro-lansopraz	PREVPAC (brand+ generic)		
amphetamine er odt	ADZENYS XR-ODT		
amphetamine susp ext release	DYANAVEL XR		
amphetamine sulfate	EVEKEO		
amphetamine-d-amphetamine SR	generic ADDERALL XR		
amphetamine-dextroamphe 3-bead cap 24hr	MYDAYIS		
antipyrine-benzocaine-polycosanol	OTIC CARE		
antiseborrheic	PROMISEB COMPLETE KIT		
APAP-caffeine-butalbital	ORBIVAN		
APAP-codeine	COCET PLUS		
APAP-isometh-caffeine	PRODRIN		
aspirin cap sr 24hr	DURLAZA		
aspirin-omeprazole del release	YOSPRALA		
atorvastatin calcium COQ10	EQUAPAX		
azelastine hcl-fluticasone	DYMISTA		
azelastine nasal	ASTEPRO		
balsalazide disodium	GIAZO		
beclomethasone dipropionate	QNASL		
beclomethasone nasal	BECONASE AQ		
benzo-capsaicin-lido-methyl salicylate	ADAZIN CREAM		
benzonatate	ZONATUSS		
benzoyl peroxide	BREVOXYL		
benzoyl peroxide	DELOS		
benzoyl peroxide	NEOBENZ MICRO KIT PLUS		
benzoyl peroxide	RIAX		
benzoyl peroxide cleansing pad	PACNEX HP		
benzoyl peroxide cleansing pad	PACNEX LP		
benzoyl peroxide-eryth gel pack	AKTIPAK		
benzoyl peroxide foam	BENZEFOAM AER		
benzoyl peroxide foam	BENZEFOAM ULTRA		
betamethasone dipro spray emul	SERNIVO		
betamethasone foam	LUXIQ		
bexarotene	TARGRETIN generic only		
bimatoprost ophth	LUMIGAN 0.03%		
brinzolamide-brimonidine tartrate	SIMBRINZA		
brodalumab sq soln	SILIQ		
bromfenac sodium	BROMSITE		
bromfenac sodium	PROLENSA		
budesonide nasal	RHINOCORT AQUA		
buprenorphine	BUTRANS		
buprenorphine-naloxone	BUNAVAIL		
buprenorphine naloxone	SUBOXONE FILM TAB		

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

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

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

clobetasol	OLUX FOAM		
clobetasol	OLUX-E FOAM		
clobetasol	OLUX-CP		
clobetasol prop shampoo 0.05% & cleanser kit	CLODAN KIT		
clobetasol propionate shampoo	CLODAN SHAMPOO		
clonidine	KAPVAY		
clonidine SR	NEXICLON XR (suspension)		
clonidine SR	NEXICLON XR (tablet)		
clotrimazole	LOTRIMIN 1%		
clozapine susp	VERSACLOZ SUSP		
	TUZISTRA XR SUSP		
colchicine capsules			
colchicine tablets			
colchicine tablets	COLCRYS		
cyanocobalamin-salcaprozate sod	ELIGEN B12		
cycloben 10mg & capsaicin-menth patc	FLEXEPAX		
cyclosporine ophth emulsion	RESTASIS MULTIDOSE		
dapagliflozin-metformin hcl	XIGDUO XR		
darifenacin	ENABLEX		
dasabuvir	EXVIERA		
deferasirox granules packet	JADENU SPRINKLE		
deflazacort	EMFLAZA		
dermatological	GENADUR KIT		
desloratadine	CLARINEX		
desonide	DESONIL		
desonide foam	VERDESO		
desoximetasone	TOPICORT SPRAY		
desvenlafaxine er	DESVENLAFAX		
	DESVENLAFAXINE FUM TAB SR 24hr		
deutetrabenazine	AUSTEDO		
dexamethasone tab therapy pack	ZONACORT		
dexmethylphenidate SR	FOCALIN XR		
dextroamphetamine sulfate	ZENZEDI		
diclofenac	CAMBIA		
diclofenac gel	generic VOLTAREN GEL		
diclofenac-gabap-lido cream	DIPENTOCAINE 5-5-2% KIT		
diclofenac patch	FLECTOR		
diclofenac potassium	ZIPSOR		
diclofenac sodium cream 1%	REXAPHENAC		
diclofenac sol	PENNSAID		
diclofenac	ZORVOLEX		
dietary management	DERMANIC		
dietary management	PERCURA		
difenoxin w/atropine	MOTOFEN		
dimethicone cr 5% & sili tape kit	DERMACINRX SILAPAK		
donepezil	ARICEPT 23mg		

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

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

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

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

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

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

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

mesalamine	DELZICOL		
mesalamine CR	PENTASA		
mesalamine	ASACOL HD		
mesalamine del release 1.2gm	generic LIALDA		
metformin	GLUMETZA		
metformin SR	FORTAMET		
methotrexate injection	OTREXUP		
methotrexate oral soln 2.5mg/ml	XATMEP		
methoxy polyethylene glycol-epoetin beta inj	MIRCERA		
methylnaltrexone bromide tablets	RELISTOR TABLETS		
methyl salicylate-lidocaine-menthol	CLEVER CHOICE COMFORT EZ PATCH		
methyl salicylate-lidocaine-menthol	VELMA PAIN RELIEF 16-2-4%		
methylphenidate ER ODT	COTEMPLA XR-ODT		
methylphenidate hcl cap xr 24hr	APTENSIO XR		
methylphenidate hcl chew tab er	QUILLICHEW ER		
methylphenidate hcl susp	QUILLIVANT XR		
methylphenidate SA	*CONCERTA 18mg		
methylphenidate SA	*CONCERTA 27mg		
methylphenidate SA	*CONCERTA 36mg		
methylphenidate SA	*CONCERTA 54mg		
methylphenidate SR	*RITALIN LA 10mg		
metoclopramide	METOZOLV ODT		
metoprolol tartrate 37.5mg			
metoprolol tartrate 75mg			
metoprolol/HCTZ	generic DUTOPROL		
metronidazole cream	NORITATE		
metronidazole cr w/ cleanser	ROSADAN/KIT		
metronidazole vag gel 1.3%	NUVESSA		
metronidaz-tetracyc-bis subsal chew	HELIDAC		
miconazole-zinc oxide-white petroleum	VUSION		
miconazole nitrate	MICONAZOLE NITRATE		
minocycline	MINOCIN 75MG CAP		
minocycline	SOLODYN		
mirabegron	MYRBETRIQ		
mometasone	MOMEXIN KIT		
mometasone nasal	NASONEX		
morphine sulfate sr 24hr cap	KADIAN		
morphine sulf er abuse-deterrent	ARYMO ER		
morphine sulfate er 12hr deter	MORPHABOND ER		
morphine+naltrexone cr	EMBEDA		
multiple vitamins	NICAZEL FORTE		
mupurocin oint kit	CENTANY AT		
naftifine	NAFTIN		
naltrexone hcl-bupropion	CONTRAVE		
naproxen	NAPRELAN CR DOSE CARD		
naproxen 500mg & capsaicin-menth pat	NAPROPAX		

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

naproxen esomeprazole	VIMOVO		
neomycin-fluocinolone cream	NEO-SYNALAR		
neomycin-fluocino cr 0.5-0.025% & cr kit	NEO-SYNALAR KIT		
neratinib maleate	NERLYNX		
nevirapine XR 400MG	VIRAMUNE XR (brand & gen)		
nitisinone	NITYR		
nitroglycerin subl powder packet	GONITRO		
norethindone ace-eth estradiol-fe	LO MINASTRIN FE		
norethindone ace-eth estradiol-fe	MINASTRIN 24 FE		
norethindrone-ethinyl estradiol-fe	GENERESS FE		
norethindrone-ethinyl estradiol-fe	TAYTULLA		
nystatin cream-diaper rash cream kit	PEDIADERM AF		
nystatin-triamcinolone	MYCOLOG II		
olmesartan-amlodipine-HCTZ	TRIBENZOR		
olopatadine	PATADAY		
olopatadine hcl oph soln	PAZEO		
omeprazole susp	FIRST-OMEPRAZOLE SUSP		
omeprazole	PRIOSEC PWD PKT/SUSP		
omeprazole-sodium bicarb	ZEGERID		
ondansetron oral soluble film	ZUPLENZ		
oral wound care gel	GELX		
oral wound care liquid	EPISIL		
oxcarbazepine	OXTELLAR XR		
oxiconazole nitrate lotion	OXISTAT LOTION		
oxybutynin patches	OXYTROL		
oxybutynin td gel	GELNIQUE GEL		
oxycodone	OXAYDO		
oxycodone SR	OXYCONTIN		
oxycodone w/acet	XARTEMIS XR		
oxymetazoline hcl cream	RHOFADE		
pantoprazole	PROTONIX GRANULE PKT		
paroxetine mesylate	BRISDELLE		
paroxetine mesylate	PEXEVA		
penciclovir	DENAVIR		
penicillamine	CUPRIMINE		
perindopril arginine-amlod besylate	PRESTALIA		
phenobarbital-belladonna	DONNATAL		
phenylephrine-triprolidine-cod syr	HISTEX-AC		
plecanatide	TRULANCE		
poly-l-lactid acid	SCULPTRA		
polyethylene glycol 3350 kit	GIALAX KIT		
pramipexole SR	MIRAPEX ER		
prasterone vaginal insert	INTRAROSA		
prasterone & ibuprofen kit	PRASTERA KIT		
prasugrel	generic EFFIENT		
prednisone	RAYOS		

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

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

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

sumatriptan-naproxen sodium	TREXIMET		
tacrolimus	ASTAGRAF XL		
tacrolimus	ENVARSUS XR		
tazarotene cream	TAZORAC CR 0.1% generic		
tazarotene foam	FABIOR		
telmisartan-amlodipine	TWYNSTA		
test strips	ABBOTT TEST STRIPS		
test strips	ADVOCATE TEST STRIPS		
test strips	BAYER TEST STRIPS		
test strips	CLEVER CHOICE TEST STRIPS		
test strips	GMATE TEST STRIPS		
test strips	FORA TEST STRIPS		
test strips	REDI+PLUS TEST STRIPS		
test strips	ROCHE TEST STRIPS		
test strips	TRUETEST TEST STRIPS		
test strips	UNISTRIP TEST STRIPS		
tolterodine	DETROL		
tolterodine SR	DETROL LA		
topiramate cap er 24hr sprinkle	QUDEXY XR		
topiramate SR	TROKENDI XR		
tramadol ER	CONZIP		
tramadol ER	RYZOLT		
trazodone SR	OLEPTRO		
tretinoin	ATRALIN		
tretinoin	RETIN-A MICRO		
tretinoin	RETIN-A PUMP		
testosterone	ANDROGEL		
testosterone nasal gel	NATESTO		
testosterone td gel	VOGELXO		
tetracaine-menthol-camphor liqd spray	TETRAMEX SPRAY		
tiotropium br-olodaterol			
tobramycin nebu solution			
tobramycin nebulizer	TOBI NEBS		
tobramycin-dexamethasone ophth	TOBRADEX ST		
tolterodine	DETROL		
tolterodine SR	DETROL LA		
topiramate cap er 24hr sprinkle	QUDEXY XR		
topiramate SR	TROKENDI XR		
tramadol ER	CONZIP		
tramadol ER	RYZOLT		
trazodone SR	OLEPTRO		
tretinoin	ATRALIN		
tretinoin	RETIN-A MICRO		
tretinoin	RETIN-A PUMP		
tretinoin	TRETIN-X		
tretinoin cr & men-zinc ox oint & sili tape pak	DERMAPAK PLUS		

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only

triamcinolone nasal	NASACORT AQ		
triamcinolone	TRIANEX		
triamcinolone cream-emollient cream kit	PEDIADERM TA		
tropium	*SANCTURA		
tropium chloride	SANCTURA XR		
urea cream	DERMASORB XM KIT 39%		
urea cream	KERALAC 47% CREAM		
urea cream	UTOPIC		
urea cream	UREVAZ		
urea emulsion	UMECTA EMOLLIENT		
urea solution	URAMAXIN GT KIT		
valbenazine tosylate	INGREZZA		
valsartan aliskiren	VALTURNA		
vardenafil	STAXYN		
	VENLAFAXINE HCL TAB SR 24hr		
von willebrand factor for inj	VONVENDI		
wound dressing	ALEVICYN DERMAL SPRAY		
wound dressing	ATRAPRO CP		
zolpidem	EDLUAR		
zolpidem	INTERMEZZO		
zolpidem	ZOLPIMIST		
zolpidem CR	*AMBIEN CR		

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

* Drug- generic preferred; Bolded drug- brand only