



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

Preferred Drug List

State of Nevada Custom PDL

State of Nevada Custom Drug Benefit Guide

Introduction

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

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

Reading the *Drug Benefit Guide*

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

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

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

Other abbreviations used throughout the PDL are:

- 1, 2, 3,4 = 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

- 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

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 ሰነድች የተዘረዘረውን የማያስከፍል ቴሌፎን ይደውሉ። ጥያቄዎች ካሉዎት፣ አባክዎ ያስታውቁኝ። አመሰግናለሁ! አናሂ

ภาษาไทย (Thai)

คุณมีสิทธิขอความช่วยเหลือหรือขอข้อมูลในภาษาของคุณโดยไม่เสียค่าใช้จ่ายใด ๆ เมื่อต้องการถาม กรุณาโทรฟรีมาที่หมายเลขโทรศัพท์สำหรับสมาชิก ที่อยู่บนบัตรแผนสุขภาพหรือเอกสารแผนสุขภาพของคุณ

日本語 (Japanese)

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

العربية (Arabic)

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

Русский (Russian)

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

обратной стороне вашей идентификационной карты или документах о вашем плане.

Français (French)

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

فارسی (Persian)

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

Gagana fa'a Sāmoa (Samoan)

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

Deutsch (German)

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

Ilokano (Ilocano)

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

STATE OF NEVADA CUSTOM Drug Benefit Guide

This drug benefit guide is applicable for HPN 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 | 4 | 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;
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 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 | 3 | |
| doxycycline hyclate 20mg tab | *PERIOSTAT | 3 | QL (60 tablets/month) |
| doxycycline hyclate 50mg caps | *VIBRAMYCIN | 3 | |
| doxycycline hyclate 100mg caps | *VIBRAMYCIN | 3 | |
| doxycycline monohydrate susp | *VIBRAMYCIN SUSP | 3 | |
| doxycycline hyclate 100mg tabs | *VIBRATAB | 3 | |
| doxycycline monohydrate 100mg caps | *MONODOX 100mg | 1 | QL (28 capsules/month) |
| doxycycline monohydrate 50mg caps | *MONODOX 50mg | 1 | |
| minocycline tablets | *DYNACIN | 3 | |
| minocycline capsules | *MINOCIN | 1 | QL (60 capsules/month) |
| tetracycline | *SUMYCIN | 3 | |

1-E Fluoroquinolones

| Generic Name | Brand Name | Tier | Notes |
|----------------------------|---------------------|------|-----------------------|
| ciprofloxacin | *CIPRO | 1 | QL (60 tablets/month) |
| ciprofloxacin SR | *CIPRO XR | 3 | QL (14 tablets/month) |
| ciprofloxacin oral susp | *CIPRO (5% and 10%) | 3 | |
| delafloxacin meglumine tab | BAXDELA | 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 | |

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* 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 | 3 | PA ST |
| KERYDIN ST = requires 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 | 2 | QL (60 mls/3 months) |
| ribavirin | *REBETOL capsules/tablets | 4 | QL(180 caps/tabs/mo)PA SP |
| ribavirin | REBETOL solution | 4 | PA SP |
| rimantadine | *FLUMADINE | 1 | QL (14 pills/fill) |
| valacyclovir | *VALTREX 500mg | 2 | QL (60 tablets/month) |
| valacyclovir | *VALTREX 1gm | 2 | QL (30 tablets/month) |
| valganciclovir HCL | *VALCYTE | 3 | QL (60 tablets/month) |
| zanamivir | RELENZA | 3 | QL (1 diskhaler/month) |
| 1-I Antiretrovirals | | | |
| Generic Name | Brand Name | Tier | Notes |
| abacavir sulfate | ZIAGEN | 4 | SP |
| abacavir-dolutegravir-lamivudine | TRIUMEQ | 4 | QL (30 tablets/month) SP |
| abacavir-lamivudine | *EPZICOM | 4 | QL (30 tablets/month) SP |
| abacavir-lamivudine-zidovudine | *TRIZIVIR | 4 | SP |
| atazanavir | *REYATAZ | 4 | SP |

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| | | | |
|-------------------------------------------------------------------|-------------------------------------|---|-----------------------------|
| cobicistat | TYBOST | 4 | SP |
| darunavir | PREZISTA 75mg | 4 | QL (60 tablets/month) SP |
| darunavir | PREZISTA 150mg | 4 | QL (60 tablets/month) SP |
| darunavir | PREZISTA 300mg | 4 | QL (120 tablets/month) SP |
| darunavir | PREZISTA 400mg | 4 | QL (120 tablets/month) SP |
| darunavir | PREZISTA 600mg | 4 | QL (60 tablets/month) SP |
| darunavir | PREZISTA 800MG | 4 | QL (30 tablets/month) SP |
| darunavir | PREZISTA SUSP | 4 | QL (12ml/day) SP |
| darunavir-cobicistat | PREZCOBIX | 4 | QL (30 tablets/month) SP |
| delavirdine | RESCRIPTOR | 4 | SP |
| didanosine DR | *VIDEX EC | 4 | SP |
| didanosine | VIDEX SOLUTION | 4 | SP |
| dolutegravir sodium | TIVICAY | 4 | SP |
| efavirenz | SUSTIVA | 4 | SP |
| efavirenz-emtricitabine-tenofovir | ATRIPLA | 4 | SP |
| elvitegravir | VITEKTA | 4 | 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 | 4 | QL (30 capsules/month) SP |
| emtricitabine- rilpivirine-tenofovir | COMPLERA | 4 | SP |
| emtricitabine- rilpivirine-tenofovir | ODEFSEY | 4 | QL (30 tablets/month) SP |
| emtricitabine-tenofovir | TRUVADA | 4 | QL (30 tablets/month) SP |
| emtricitabine-tenofovir alaf fum | DESCOVY | 4 | QL (30 tablets/month) SP |
| enfuvirtide | FUZEON | 4 | SP |
| entecavir | *BARACLUDGE | 4 | QL (30 tablets/month) SP |
| etravirine | INTELENCE | 4 | QL (120 tablets/month) SP |
| fosamprenavir | *LEXIVA | 4 | QL (120 tablets/month) SP |
| indinavir sulfate | CRIXIVAN | 4 | SP |
| lamivudine | *EPIVIR | 4 | SP |
| lamivudine-zidovudine | *COMBIVIR | 4 | SP |
| lopinavir-ritonavir | KALETRA | 4 | SP |
| lopinavir-ritonavir | *KALETRA SOLUTION | 4 | SP |
| maraviroc | SELZENTRY 150mg | 4 | QL (60 tablets/month) PA SP |
| maraviroc | SELZENTRY 25,75, & 300mg | 4 | QL (120 tablets/mo) PA SP |
| maraviroc | SELZENTRY ORAL SOLN | 4 | PA SP |
| nelfinavir mesylate | VIRACEPT | 4 | SP |
| nevirapine | *VIRAMUNE | 4 | SP |
| raltegravir | ISENTRESS | 4 | QL (60 tablets/month) SP |
| raltegravir | ISENTRESS HD | 4 | QL (60 tablets/month) SP |
| rilpivirine | EDURANT | 4 | SP |
| ritonavir | NORVIR | 4 | SP |
| saquinavir | INVIRASE | 4 | SP |
| stavudine | *ZERIT | 4 | SP |
| atazanavir sulfate-cobicistat | EVOTAZ | 4 | SP |

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SP- Specialty Drugs
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| | | | |
|--------------------------------|-------------------------|---|-----------------------------|
| telbivudine | TYZEKA | 4 | QL (30 tablets/month) SP |
| tenofovir | VIREAD | 4 | SP |
| tenofovir | *VIREAD 300mg | 4 | SP |
| tenofovir alafenamide fumarate | VEMLIDY | 4 | QL (30 tablets/month) SP PA |
| tipranavir | APTIVUS capsules | 4 | QL (120 capsules/month) SP |
| tipranavir | APTIVUS solution | 4 | QL (300 mls/month) SP |
| zidovudine | *RETROVIR | 4 | SP |

1-J Antimalarials

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

1-K Anthelmintics

| Generic Name | Brand Name | Tier | Notes |
|------------------|-------------------|------|-------|
| albendazole | ALBENZA | 3 | |
| ivermectin | *STROMEKTOL | 1 | |
| mebendazole chew | EMVERM | 3 | |
| praziquantel | BILTRICIDE | 3 | |

1-L Misc Anti-Infectives

| Generic Name | Brand Name | Tier | Notes |
|----------------------|--------------------------|------|-------------------------------|
| atovaquone | *MEPRON | 3 | |
| dapsone | *DAPSONE | 1 | |
| dornase alfa | PULMOZYME | 4 | SP |
| fidaxomicin | DIFICID | 3 | PA |
| ivacaftor | KALYDECO | 4 | PA SP |
| linezolid | *ZYVOX | 2 | (2/day)(max:84 tabs/365 days) |
| lumacaftor-ivacaftor | ORKAMBI | 4 | PA SP QL (112 tabs/28 days) |
| metronidazole | *FLAGYL tablets | 1 | |
| metronidazole | *FLAGYL capsule | 1 | |
| miltefosine | IMPAVIDO | 3 | 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 |
| tobramycin neb soln | BETHKIS | 4 | PA SP |

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* Drug- generic preferred; Bolded drug- brand only

| | | | |
|--------------------------|-----------------------------------|---|-----------------------------|
| trimethoprim oral soln | TRIMPEX/PRIMSOL | 3 | |
| vancomycin | *VANCOCIN | 3 | QL (56 capsules/14 days) PA |
| vancomycin compound soln | FIRST-VANCOMYCIN ORAL SOLN | 3 | |

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

2-A Antineoplastics (cancer drugs)

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

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| | | | |
|-------------------------------------------------------|---------------------------|---|-----------------------|
| imatinib mesylate | *GLEEVEC | 4 | PA SP |
| ixazomib citrate | NINLARO | 4 | PA SP |
| 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 | 4 | PA SP |
| mechlorethamine hcl | VALCHLOR GEL | 4 | PA SP |
| megestrol | *MEGACE | 1 | |
| megestrol | *MEGACE ES | 3 | |
| melfalan | *ALKERAN | 4 | SP |
| mercaptopurine | *PURINETHOL | 4 | SP |
| mercaptopurine | PURIXAN SUSP | 4 | PA SP |
| mesna | MESNEX | 4 | SP |
| methotrexate injection | | 1 | |
| methotrexate | TREXALL | 3 | |
| midostaurin | RYDAPT | 4 | PA SP |
| mitotane | LYSODREN | 4 | SP |
| nilotinib | TASIGNA | 4 | 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 ST SP |
| Iclusig ST = requires trial of Tasigna | | | |
| procarbazine HCL | MATULANE | 4 | SP |
| regorafenib | STIVARGA | 4 | PA SP |
| ribociclib succinate | KISQALI | 4 | PA SP |
| ribociclib tab & letrozole pack | KISQALI FEMARA | 4 | PA SP |
| rucaparib camsylate | RUBRACA | 4 | PA SP |
| ruxolitinib phosphate | JAKAFI | 4 | PA SP |
| sonidegib phosphate | ODOMZO | 4 | PA SP |
| sorafenib tosylate | NEXAVAR | 4 | PA SP |
| sunitinib | SUTENT | 4 | PA SP |
| tamoxifen | *NOLVADEX | 1 | |
| tamoxifen | SOLTAMOX ORAL SOLN | 3 | |
| temozolomide | *TEMODAR | 4 | PA SP |
| thalidomide | THALOMID | 4 | PA SP |
| thioguanine | TABLOID | 4 | SP |
| topotecan | HYCAMTIN | 4 | PA SP |

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| | | | |
|-------------------------------|------------------|---|--------------------------|
| toremifene citrate | FARESTON | 4 | QL (30 tablets/month) SP |
| trametinib dimethyl sulfoxide | MEKINIST | 4 | PA SP |
| tretinoin capsules | | 4 | SP |
| trifluridine-tipiracil | LONSURF | 4 | PA SP |
| vandetanib | CAPRELSA | 4 | PA SP |
| vemurafenib | ZELBORAF | 4 | PA SP |
| venetoclax | VENCLEXTA | 4 | PA SP |
| vismodegib | ERIVEDGE | 4 | QL PA SP (30 caps/month) |
| vorinostat | ZOLINZA | 4 | PA SP |

2-B Immunosuppressives

| Generic Name | Brand Name | Tier | Notes |
|-----------------------|-------------------|------|---------------------------|
| azathioprine | *IMURAN | 1 | |
| cyclosporine | *SANDIMMUNE (NTI) | 4 | SP |
| cyclosporine modified | *GENGRAF | 4 | SP |
| cyclosporine modified | *NEORAL (NTI) | 4 | SP |
| everolimus | ZORTRESS | 4 | SP |
| mycophenolate | *MYFORTIC | 4 | QL (120 tablets/month) SP |
| mycophenolate mofetil | *CELLCEPT | 4 | SP |
| sirolimus | *RAPAMUNE | 4 | SP |
| tacrolimus | *PROGRAF | 4 | SP |

CARDIOVASCULAR (drugs to treat heart conditions)

3-A Cardiotonics

| Generic Name | Brand Name | Tier | Notes |
|--------------|------------|------|-------|
| digoxin | *LANOXIN | 1 | |

3-B Antianginals

| Generic Name | Brand Name | Tier | Notes |
|------------------------|-------------------------|------|-------|
| isosorbide dinitrate | *ISORDIL | 1 | |
| isosorbide mononitrate | *IMDUR | 1 | |
| ivabradine hcl | CORLANOR | 3 | PA |
| nitroglycerin ointment | *NITROBID | 1 | |
| nitroglycerin patch | *MINITRAN | 1 | |
| nitroglycerin patch | *NITRO-DUR | 1 | |
| nitroglycerin spray | *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) |

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| | | | |
|-------------------------|-----------------------|---|------------------------|
| carvedilol | *COREG 25mg | 1 | QL (120 tablets/month) |
| droxidopa | NORTHERA | 4 | 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 | 3 | PA |
| timolol maleate | *BLOCADREN | 1 | |

3-D Calcium Channel Blockers

| Generic Name | Brand Name | Tier | Notes |
|-------------------|-------------------------|------|------------------------|
| amlodipine | *NORVASC | 1 | |
| cartia XT | | 2 | QL (60 capsules/month) |
| diltiazem | *CARDIZEM | 1 | |
| diltiazem SR | *TIAZAC | 2 | |
| diltiazem SR 12HR | *CARDIZEM SR | 1 | |
| diltiazem SR 24HR | *CARDIZEM CD | 2 | QL (60 tablets/month) |
| diltiazem SR 24HR | *CARDIZEM LA | 2 | QL (30 tablets/month) |
| felodipine | *PLENDIL | 1 | QL (60 tablets/month) |
| isradipine | *DYNACIRC | 1 | QL (60 tablets/month) |
| isradipine | 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) |

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| | | | |
|---------------------------------|------------------|---|-----------------------|
| nisoldipine SR | *SULAR 25.5mg | 3 | QL (60 tablets/month) |
| nisoldipine SR | *SULAR 30mg | 3 | QL (60 tablets/month) |
| nisoldipine SR | *SULAR 34mg | 3 | QL (30 tablets/month) |
| nisoldipine SR | *SULAR 40mg | 3 | QL (30 tablets/month) |
| verapamil | *CALAN | 1 | |
| verapamil CR (controlled onset) | 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 | 3 | PA |
| moexipril | *UNIVASC | 1 | QL (60 tablets/month) |
| perindopril | *ACEON | 2 | QL (60 tablets/month) |
| quinapril | *ACCUPRIL | 1 | QL (60 tablets/month) |
| ramipril | *ALTACE | 1 | QL (60 capsules/month) |
| trandolapril | *MAVIK | 1 | QL (60 tablets/month) |

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

| Generic Name | Brand Name | Tier | Notes |
|----------------------|----------------|------|-----------------------|
| azilsartan medoxomil | 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) |

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| | | | |
|-------------|---------------|---|-----------------------|
| telmisartan | *MICARDIS | 2 | QL (30 tablets/month) |
| valsartan | *DIOVAN 40mg | 2 | QL (30 tablets/month) |
| valsartan | *DIOVAN 80mg | 2 | QL (30 tablets/month) |
| valsartan | *DIOVAN 160mg | 2 | QL (60 tablets/month) |
| valsartan | *DIOVAN 320mg | 2 | QL (30 tablets/month) |

3-H Miscellaneous Antihypertensives

| Generic Name | Brand Name | Tier | Notes |
|------------------------------|-----------------------------|------|-----------------------------|
| aliskiren fumarate | TEKTURNA | 3 | QL (30 tablets/month) |
| ambrisentan | LETAIRIS | 4 | PA SP |
| bosentan | TRACLEER | 4 | QL (60 tablets/month) PA SP |
| clonidine | *CATAPRES | 1 | |
| clonidine patch | *CATAPRES-TTS | 3 | QL (8 patches/month) |
| deserpidine-methyclothiazide | ENDURONYL | 3 | |
| doxazosin | *CARDURA | 1 | QL (60 tablets/month) |
| guanfacine | *TENEX | 1 | |
| hydralazine | *APRESOLINE | 1 | |
| iloprost | VENTAVIS | 4 | PA SP |
| macitentan | OPSUMIT | 4 | PA SP |
| mecamylamine | VECAMYL | 3 | PA |
| methyldopa | *ALDOMET | 1 | |
| minoxidil | *LONITEN | 1 | |
| phenoxybenzamine | DIBENZYLINE | 3 | |
| prazosin | *MINIPRESS | 1 | |
| reserpine | | 3 | |
| riociguat | ADEMPAS | 4 | PA SP |
| selexipag | UPTRAVI | 4 | PA SP |
| sildenafil | *REVATIO | 4 | PA SP |
| sildenafil | REVATIO IV SOLN | 4 | PA SP |
| sildenafil | REVATIO SUSP 10MG/ML | 4 | PA SP |
| tadalafil | ADCIRCA | 4 | QL (60 tabs/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 | |
| eprosartan-HCTZ | TEVETEN HCT | 3 | QL (30 tablets/month) |

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| | | | |
|-----------------------------|----------------------------------------------|---|--------------------------|
| 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 | |
| moexipril-HCTZ | *UNIRETIC | 1 | QL (60 tablets/month) |
| nadolol-bendroflumethiazide | *CORZIDE | 1 | QL (60 tablets/month) |
| nebivolol-valsartan | 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 | 3 | PA QL (60 tablets/month) |
| telmisartan-HCTZ | *MICARDIS HCT | 3 | QL (30 tablets/month) |
| trandolapril-verapamil | *TARKA | 3 | QL (60 tablets/month) |
| valsartan-HCTZ | *DIOVAN-HCT 80-12.5mg & 160-12.5mg | 1 | QL (60 tablets/month) |
| valsartan-HCTZ | *DIOVAN-HCT 160-25mg, 320-12.5mg, & 320-25mg | 1 | QL (30 tablets/month) |

3-J Diuretics

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

3-K Pressors

| Generic Name | Brand Name | Tier | Notes |
|-----------------|------------|------|-------|
| epinephrine inj | *EPIPEN | 2 | |
| epinephrine inj | *EPIPEN JR | 2 | |

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| | | | |
|-------------------------------------------------------------|-----------------------|-------------|----------------------------|
| midodrine | *PROAMATINE | 1 | |
| 3-L Antihyperlipidemics | | | |
| Generic Name | Brand Name | Tier | Notes |
| alirocumab inj | PRALUENT | 4 | 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) |
| omega-3-acid ethyl esters | *LOVAZA | 3 | PA QL (120 capsules/month) |
| pravastatin | *PRAVACHOL | 1 | QL (30 tablets/month) |
| rosuvastatin | *CRESTOR | 2 | |
| simvastatin | *ZOCOR | 1 | QL (30 tablets/month) |
| simvastatin susp | FLOLIPID | 3 | |
| 3-M Miscellaneous Cardiovascular | | | |
| Generic Name | Brand Name | Tier | Notes |
| isosorbide dinitrate-hydralazine | BIDIL | 2 | |
| patiromer sorbitex calcium | VELTASSA | 3 | PA |
| ranolazine | RANEXA | 2 | QL (60 tablets/month) |
| CENTRAL NERVOUS SYSTEM (drugs that affect the brain) | | | |
| 4-A Antianxiety Agents | | | |
| Generic Name | Brand Name | Tier | Notes |
| alprazolam | *XANAX | 1 | |
| alprazolam SR | *XANAX XR 0.5mg | 1 | QL (30 tablets/month) |
| alprazolam SR | *XANAX XR 1mg | 1 | QL (30 tablets/month) |
| alprazolam SR | *XANAX XR 2mg | 1 | QL (30 tablets/month) |
| alprazolam SR | *XANAX XR 3mg | 1 | QL (60 tablets/month) |

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SP- Specialty Drugs
* Drug- generic preferred; Bolded drug- brand only

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

4-B Antidepressants

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

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SP- Specialty Drugs
* Drug- generic preferred; Bolded drug- brand only

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---|------------------------|
| levomilnacipran hcl | FETZIMA | 3 | ST |
| Fetzima ST = requires 60 day consistent 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) |

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 at least 14 day fill of TWO of the following: zolpidem, eszopiclone or zaleplon | | | |
| suvorexant | BELSOMRA | 3 | QL (30 tablets/month) ST |
| BELSOMRA ST = requires at least 14 day fill of TWO of the following: zolpidem, eszopiclone or zaleplon | | | |
| temazepam | *RESTORIL | 1 | QL (30 capsules/month) |
| triazolam | *HALCION | 1 | QL (15 tabs/fill; 2 fills/mo) |
| zaleplon | *SONATA 5mg | 1 | QL (30 capsules/month) |
| zaleplon | *SONATA 10mg | 1 | QL (60 capsules/month) |
| zolpidem | *AMBIEN | 1 | QL (30 tablets/month) |

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* Drug- generic preferred; Bolded drug- brand only

| 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 | 3 | ST QL (30 tablets/month) |
| cariprazine | VRAYLAR | 3 | 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 | 3 | 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 | 3 | 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 | 3 | QL (30 tablets/month) PA ST |
| Invega ST = requires failure/contraindication to Risperidone and Quetiapine AND supported diagnosis | | | |
| perphenazine | *TRILAFONE | 1 | |
| pimavanserin tartrate | NUPLAZID | 3 | PA |
| prochlorperazine | *COMPAZINE | 1 | |
| quetiapine fumarate | *SEROQUEL 25mg | 1 | QL (90 tablets/month) |
| quetiapine fumarate | *SEROQUEL 100mg | 1 | QL (90 tablets/month) |
| quetiapine fumarate | *SEROQUEL 200mg | 1 | QL (120 tablets/month) |
| quetiapine fumarate | *SEROQUEL 300mg | 1 | QL (90 tablets/month) |
| quetiapine fumarate | *SEROQUEL XR 50mg | 3 | QL (90 tablets/month) |
| quetiapine fumarate | *SEROQUEL XR 150mg | 3 | QL (30 tablets/month) |
| quetiapine fumarate | *SEROQUEL XR 200mg | 3 | QL (30 tablets/month) |
| quetiapine fumarate | *SEROQUEL XR 300mg | 3 | QL (60 tablets/month) |
| quetiapine fumarate | *SEROQUEL XR 400mg | 3 | QL (60 tablets/month) |

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| | | | |
|-----------------|--------------|---|------------------------|
| risperidone | *RISPERDAL | 1 | |
| risperidone | *RISPERDAL M | 1 | |
| thioridazine | | 1 | |
| thiothixene | *NAVANE | 1 | |
| trifluoperazine | *STELAZINE | 1 | |
| ziprasidone HCL | *GEODON | 1 | QL (60 capsules/month) |

4-E Stimulants

| Generic Name | Brand Name | Tier | Notes |
|-------------------------------------|--------------------------------------|------|--------------------------|
| amphetamine-d-amphetamine | *ADDERALL | 1 | |
| amphetamine-d-amphetamine SR | 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 | 3 | PA QL (30 tablets/month) |
| atomoxetine | *STRATTERA | 3 | QL (30 capsules/month) |
| dexmethylphenidate | *FOCALIN | 1 | QL (60 tablets/month) |
| dextroamphetamine | *DEXEDRINE ER CAPS | 3 | |
| dextroamphetamine sulfate oral soln | *PROCENTRA | 1 | |
| lisdexamfetamine dimesylate | VYVANSE | 2 | QL (30 capsules/month) |
| methamphetamine | *DESOXYN | 1 | QL (150 tablets/month) |
| methylphenidate | DAYTRANA PATCHES | 3 | QL (30 patches/month) |
| methylphenidate | *METHYLIN (chewable) 2.5mg | 3 | QL (60 tablets/month) |
| methylphenidate | *METHYLIN (chewable) 5mg | 3 | QL (180 tablets/month) |
| methylphenidate | *METHYLIN (chewable) 10mg | 3 | QL (180 tablets/month) |
| methylphenidate | 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 CR | *RITALIN SR | 1 | QL (180 tablets/month) |
| methylphenidate SR | RITALIN LA 20MG | 2 | QL (30 tablets/month) |
| methylphenidate SR | RITALIN LA 30MG | 2 | QL (60 tablets/month) |
| methylphenidate SR | RITALIN LA 40MG | 2 | QL (30 tablets/month) |
| methylphenidate SR | RITALIN LA 60MG | 2 | QL (30 tablets/month) |
| methylphenidate CR | *METADATE CD | 2 | QL (30 capsules/month) |
| methylphenidate SA | 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) |
| 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 |
|--------------|------------|------|-------|
|--------------|------------|------|-------|

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SP- Specialty Drugs
* Drug- generic preferred; Bolded drug- brand only

| | | | |
|--------------------------------|---------------------|---|------------------------|
| amitriptyline-chlordiazepoxide | LIMBITROL | 2 | |
| disulfiram | *ANTABUSE | 1 | |
| dextromethorphan quindine | NUDEXTA | 2 | QL (60 tablets/month) |
| 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 | 3 | 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 HR | 2 | |
| divalproex sodium sprinkle | *DEPAKOTE SPRINKLE | 2 | |
| eslicarbazepine acetate | APTIOM | 3 | PA |
| ethosuximide | *ZARONTIN | 1 | |
| ethoin | 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) |
| 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 | |

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| | | | |
|---------------|------------------------------|---|---------------------------|
| 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 (NTI) | 2 | |
| phenytoin | *DILANTIN CHEW | 3 | |
| pregabalin | LYRICA 25mg | 3 | QL (90 capsules/month) ST |
| pregabalin | LYRICA 50mg | 3 | QL (90 capsules/month) ST |
| pregabalin | LYRICA 75mg | 3 | QL (90 capsules/month) ST |
| pregabalin | LYRICA 100mg | 3 | QL (90 capsules/month) ST |
| pregabalin | LYRICA 150mg | 3 | QL (90 capsules/month) ST |
| pregabalin | LYRICA 200mg | 3 | QL (90 capsules/month) ST |
| pregabalin | LYRICA 225mg | 3 | QL (60 capsules/month) ST |
| pregabalin | LYRICA 300mg | 3 | QL (60 capsules/month) ST |
| pregabalin | LYRICA SOLUTION | 3 | 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 POWDER PACK | 4 | QL (180 packets/month) SP |
| vigabatrin | SABRIL TABLETS | 4 | QL (180 tablets/month) SP |
| zonisamide | *ZONEGRAN 25mg | 1 | QL (120 capsules/month) |
| zonisamide | *ZONEGRAN 50mg | 1 | QL (120 capsules/month) |
| zonisamide | *ZONEGRAN 100mg | 1 | QL (180 capsules/month) |

4-H Antiparkinsonian Agents

| Generic Name | Brand Name | Tier | Notes |
|-------------------------------|-------------------------------|------|------------------------|
| | AMANTADINE (Symmetrel) | 2 | |
| apomorphine | APOKYN | 4 | SP |
| benztropine | *COGENTIN | 1 | |
| bromocriptine (tablets) | *PARLODEL | 1 | |
| carbidopa | *LODOSYN | 3 | |
| carbidopa-levodopa | *SINEMET | 1 | |
| carbidopa-levodopa | *PARCOPA | 1 | |
| carbidopa-levodopa CR | *SINEMET CR | 1 | |
| carbidopa-levodopa-entacapone | *STALEVO | 1 | QL (240 tablets/month) |

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| | | | |
|---------------------------------|---------------|---|------------------------|
| carbidopa-levodopa enteral susp | DUOPA | 3 | PA |
| entacapone | *COMTAN | 2 | QL (240 tablets/month) |
| pramipexole | *MIRAPEX | 1 | QL (90 tablets/month) |
| rasagiline mesylate | *AZILECT | 3 | |
| ropinirole | *REQUIP | 1 | QL (90 tablets/month) |
| tolcapone | 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 | |
|--------------------------------------|----------------------|------|--|
| hydrocortisone rectal | *ANUSOL-HC CREAM | 1 | |
| hydrocortisone acetate suppositories | | 2 | |
| hydrocortisone-pramoxine rectal | *ANALPRAM-HC CREAM | 1 | |
| hydrocortisone-pramoxine rectal | PROCTOFOAM-HC | 2 | |

5-B Acne Products

| Generic Name | Brand Name | Tier | Notes |
|---------------------------------------|------------------------------|------|---------------------------|
| azelaic acid | AZELEX | 3 | |
| azelaic acid foam | FINACEA FOAM | 3 | |
| azelaic acid | FINACEA | 3 | |
| benzoyl peroxide-vit E | INOVA KIT | 3 | |
| benzoyl peroxide-salicylic acid-vit E | INOVA 4/1 KIT | 3 | |
| benzoyl peroxide-erythromycin gel | *BENZAMYCIN 5-3% | 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 | 3 | QL (30 gms/month) |
| clindamycin foam | EVOCLIN | 3 | |
| clindamycin topical | *CLEOCIN-T SOLN & PADS | 1 | |
| clindamycin topical | *CLEOCIN T 1% GEL & LOT | 3 | |
| clindamycin-benzoyl peroxide gel | *DUAC | 3 | AL |
| dapsone | ACZONE BRAND | 3 | QL (1bottle/month) |
| erythromycin topical | *ERYGEL | 1 | |
| isotretinoin | *ACUTANE | 3 | QL (60 capsules/month) PA |
| isotretinoin | *AMNESTEEM | 3 | QL (60 capsules/month) PA |
| isotretinoin | *CLARAVIS | 3 | QL (60 capsules/month) PA |
| isotretinoin | *SOTRET | 3 | QL (60 capsules/month) PA |
| ivermectin cream | SOOLANTRA | 3 | ST |

SOOLANTRA ST = requires trial of topical metronidazole and oral doxycycline

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| | | | |
|-------------------------------|-------------------|---|------------------|
| metronidazole cream | *METROCREAM | 1 | QL (60 gm/month) |
| metronidazole gel | *METROGEL** | 1 | QL (60 gm/month) |
| metronidazole gel | *METROGEL PUMP** | 1 | QL (55 gm/month) |
| metronidazole lotion | *METROLOTION | 1 | |
| sulfacetamide lotion (acne) | *KLARON | 1 | |
| sulfacetamide-sulfur emulsion | *PLEXION | 1 | |
| tretinoin cream | *RETIN-A CREAM ** | 3 | AL |

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

5-C Topical Antibiotics

| Generic Name | Brand Name | Tier | Notes |
|-----------------------------|---------------------------------|------|------------------|
| bac-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 | *SPECTAZOLE | 3 | |
| ketoconazole shampoo | *NIZORAL SHAMPOO | 1 | |
| ketoconazole topical | | 1 | |
| nystatin topical | *MYCOSTATIN topical | 1 | |
| oxiconazole | *OXISTAT CREAM | 3 | ST |

OXISTAT ST - requires 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 | 3 | QL (1 tube/month) |
| calcipotriene-betame dipro foam | ENSTILAR FOAM | 3 | |
| calcitriol ointment | *VECTICAL | 1 | QL (100 gm/month) |
| methoxsalen | OXSORALEN-ULTRA | 3 | |
| tazarotene | TAZORAC 0.5% CR/GEL** | 3 | PA QL (1 tube/month) |

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| | | | |
|------------------------------------------------------------------------------------------------------------|-------------------------------|-------------|----------------------|
| tazarotene | TAZORAC 0.1% CR/GEL** | 3 | PA QL (1 tube/month) |
| ** Larger tube sizes (60 grams or above) will be subject to a 60-day supply limit and 2 copays will apply | | | |
| 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 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 | ULTRAVATE LOTION 0.05% | 3 | PA |
| halobetasol | ULTRAVATE KIT | 3 | QL (1 kit/month) |

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|--------------------------------|-------------------------|---|------------------|
| 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 | *KENALOG AEROSOL SPRAY | 3 | |
| triamcinolone acetonide | *KENALOG | 1 | |

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

5-I Miscellaneous Topicals

| Generic Name | Brand Name | Tier | Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------|-----------------------|
| alefacept | AMEVIVE | 3 | |
| aluminum chloride | *DRYSOL | 1 | |
| aluminum chloride/alcohol | XERAC-AC | 3 | |
| becaplermin | REGRANEX | 3 | PA |
| collagenase | SANTYL | 3 | |
| crisaborole oint | EUCRISA | 3 | ST |
| EUCRISA ST = requires history of failure, contraindication, or intolerance to BOTH of the following topical therapies: One topical corticosteroid (Elocon (mometasone furoate), Synalar (fluocinolone acetonide), Lidex (fluocinonide AND One topical calcineurin inhibitor (Elidel (pimecrolimus), Protopic (tacrolimus)) | | | |
| fluorouracil | *EFUDEX | 4 | SP |
| fluorouracil | *CARAC | 3 | |
| fluorouracil | FLUOROPLEX | 4 | SP |
| imiquimod | *ALDARA | 1 | QL (12 packets/month) |
| lidocaine 5% ointment | | 2 | |
| lidocaine (topical) | *XYLOCAINE | 1 | |
| lidocaine patch | *LIDODERM | 3 | PA |
| lidocaine-prilocaine | *EMLA cream | 1 | QL (30 gm/month) |
| lidocaine/prilocaine kit | | 3 | |
| lidocaine/tetracaine | SYNERA PATCH | 3 | QL (4 patches/month) |
| oxymetazoline hcl cream | RHOFADE | 3 | PA |
| 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 | |
| sulfacetamide-urea lotion | *CARMOL SCALP | 1 | |
| tacrolimus topical | *PROTOPIC OINT | 1 | QL (1 tube/month) |
| trypsin-castor oil-peruvian balsam | *XENADERM | 1 | |
| urea | *VANAMIDE | 1 | |
| urea | *Hydro 40 | 3 | QL (70 gm/month) |

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| | | | |
|---------------------------------------------------------------------------------------------|-------------------------|-------------|--------------------------|
| 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 caps | *DANOCRINE | 1 | |
| methyltestosterone caps | *ANDROID | 2 | |
| methyltestosterone tabs | METHITEST | 3 | |
| testosterone td patch | ANDRODERM | 3 | QL (30 patches/month) PA |
| testosterone gel 2% | FORTESTA | 3 | PA |
| testosterone gel 1% | *TESTIM | 3 | PA |
| testosterone cypionate inj | *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) |
| 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) |

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|---------------------------------------------------------------------------------------------------------|----------------------|-------------|----------------------------|
| 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) |
| Sprintec, Previfem, Mononessa ST = requires trial of brand Ortho Cyclen within the last 120 days | | | |
| <i>EE/norethindrone products</i> | | | |
| generics of Ortho Novum | *ORTHO NOVUM 1/35 | 1 | QL (28 tablets/21 days) |
| generics of Loestrin 24 fe | *LOESTRIN 24 FE | 3 | QL (28 tablets/month) |
| generics of Loestrin fe | *LOESTRIN FE | 1 | QL (28 tablets/21 days) |
| generics of Loestrin | *LOESTRIN | 3 | QL (28 tablets/21 days) |
| generics of Ovcon-35 | *OVCON-35 | 3 | QL (28 tablets/21 days) |
| generics of Modicon | *MODICON | 1 | QL (28 tablets/21 days) |
| <i>EE/drospirenone products</i> | | | |
| | 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 | 2 | 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) |
| <i>EE/ethynodiol products</i> | | | |
| | Kelnor | 1 | QL (28 tablets/21 days) |
| | Zovia 1/35 | 1 | QL (28 tablets/21 days) |
| <i>EE/levonorgestrel products</i> | | | |

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

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| 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 (120 tablets/month) |
| glipizide CR | *GLUCOTROL XL 2.5mg | 1 | QL (90 tablets/month) |
| glipizide CR | *GLUCOTROL XL 5mg | 1 | QL (60 tablets/month) |
| glipizide CR | *GLUCOTROL XL 10mg | 1 | QL (60 tablets/month) |
| glipizide-metformin | *METAGLIP | 1 | QL (120 tablets/month) |
| glyburide | *DIABETA | 1 | |
| glyburide-metformin | *GLUCOVANCE | 1 | QL (120 tablets/month) |
| glyburide micronized | *GLYNASE | 1 | QL (60 tablets/month) |
| linagliptin | TRADJENTA | 2 | |
| linagliptin-metformin | JENTADUETO | 2 | QL (60 tablets/month) |
| linagliptin-metformin | JENTADUETO XR | 2 | QL (30 tablets/month) |
| metformin | *GLUCOPHAGE 500mg | 1 | QL (150 tablets/month) |
| metformin | *GLUCOPHAGE 850mg | 1 | QL (90 tablets/month) |
| metformin | *GLUCOPHAGE 1000mg | 1 | QL (75 tablets/month) |
| metformin | RIOMET | 3 | QL (750 mls/month) |
| metformin SR | *GLUCOPHAGE XR 500mg | 1 | QL (120 tablets/month) |
| metformin SR | *GLUCOPHAGE XR 750mg | 1 | QL (90 tablets/month) |
| miglitol | *GLYSET | 2 | QL (120 tablets/month) |
| nateglinide | *STARLIX | 2 | QL (90 tablets/month) |

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|-----------------------------------------------------------------------------------------------------------|---------------------------------|-------------|--------------------------|
| 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 | 3 | QL (30 tablets/month) ST |
| Januvia ST = requires a trial of THREE of the following: Nesina, Tradjenta, Onglyza | | | |
| sitagliptin-metformin | JANUMET | 3 | QL (60 tablets/month) ST |
| Janumet ST = requires trial/failure to all of the following: Kazano, Jentaduetto, Kombiglyze XR | | | |
| sitagliptin-metformin | JANUMET XR | 3 | 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 | 3 | ST |
| NOVOLOG ST = requires failure of Humalog | | | |
| insulin aspart mix | NOVOLOG MIX | 3 | ST |
| NOVOLOG MIX ST = requires failure of Humalog Mix 75/25 | | | |
| insulin detemir | LEVEMIR | 2 | |
| insulin glulisine | APIDRA | 3 | ST |

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APIDRA ST = requires failure of Humalog

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

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 |
|---------------------------------|-----------------------|------|---------------------------|
| abaloparatide subc soln pen-inj | TYMLOS | 4 | PA SP |
| 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 | 3 | PA QL (60 tablets/month) |
| cinacalcet | SENSIPAR 60mg | 3 | PA QL (60 tablets/month) |
| cinacalcet | SENSIPAR 90mg | 3 | PA QL (120 tablets/month) |
| cysteamine bitartrate | CYSTAGON | 4 | SP |
| deferasirox | EXJADE | 4 | PA SP |
| deferasirox | JADENU | 4 | PA SP |
| deferiprone | FERRIPROX | 4 | PA SP |

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| | | | |
|--------------------------------------------|-----------------------------|---|-----------------------|
| 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 | 4 | PA SP |
| etidronate | *DIDRONEL | 1 | |
| exenatide | BYDUREON | 2 | |
| exenatide | BYETTA | 2 | |
| ibandronate | *BONIVA | 3 | QL (1 tablet/month) |
| insulin glargine-lixisenatide soln pen-inj | SOLIQUA | 2 | PA |
| levocarnitine | *CARNITOR | 1 | |
| lixisenatide soln pen-injector | ADLYXIN | 3 | |
| liraglutide | VICTOZA 2-PACK | 2 | QL (2 pens/month) |
| liraglutide | VICTOZA 3-PACK | 3 | QL (3 pens/month) |
| 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 hcl | SYPRINE | 4 | PA SP |
| ulipristal | ELLA | 3 | |
| uridine triacetate | VISTOGARD | 2 | |
| uridine triacetate | XURIDEN | 4 | 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 |
| | FREESTYLE LIBRE MONITOR | 3 | PA QL |
| | FREESTYLE LIBRE SUPPLIES | 3 | PA QL |

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

7-A Laxatives

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

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| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------|--------------------------|
| sod phos mon-sod phos di | VISICOL | 3 | |
| 7-B Antidiarrheals | | | |
| Generic Name | Brand Name | Tier | Notes |
| diphenoxylate-atropine | *LOMOTIL | 1 | |
| opium tincture | *OPIUM TINCTURE | 3 | QL (72 mls/month) |
| paregoric | | 3 | |
| telotristat etiprate | XERMELO | 4 | PA SP |
| 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 | ST |
| NEXIUM PWD PCK/SUSP ST - requires trial/failure to all of the following: omeprazole, pantoprazole, rabeprazole and OTC PPI | | | |
| lansoprazole | *PREVACID | 3 | QL (30 capsules/month) |
| lansoprazole | PREVACID SOLUTAB | 3 | QL (30 tablets/month) PA |
| 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 | |

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| | | | |
|-------------------------|-------------------------|---|-----------------------------------|
| dolasetron | ANZEMET | 3 | QL (1 tablet/fill; 2 fills/month) |
| doxylamine-pyridoxine | DICLEGIS | 3 | PA |
| dronabinol | * MARINOL | 3 | PA |
| dronabinol solution | SYNDROS | 3 | PA |
| granisetron | * KYTRIL | 1 | QL (2 tabs/fill; 2 fills/month) |
| netupitant-palonosetron | AKYNZEO | 3 | QL (1 Packet/month) |
| ondansetron | * ZOFRAN 4mg | 1 | QL (90 tablets/month) |
| ondansetron | * ZOFRAN 8mg | 1 | QL (90 tablets/month) |
| ondansetron | * ZOFRAN 24mg | 1 | QL (90 tablets/month) |
| ondansetron | * ZOFRAN ODT 4mg | 1 | QL (90 tablets/month) |
| ondansetron | * ZOFRAN ODT 8mg | 1 | QL (90 tablets/month) |
| rolapitant | VARUBI | 2 | |
| scopolamine patch | * TRANSDERM-SCOP | 3 | QL (10 patches/month) |
| trimethobenzamide | * TIGAN | 1 | |

7-G Digestive Aids

| Generic Name | Brand Name | Tier | Notes |
|---------------------------------------------------------------------------------|-------------------|------|-------|
| amylase-lipase-protease | CREON | 2 | |
| cholic acid | CHOLBAM | 4 | PA SP |
| miglustat | ZAVESCA | 4 | SP |
| pancrelipase | PANCREAZE | 3 | ST |
| Pancreaze ST= requires trial of BOTH preferred agents CREON & ZENPEP | | | |
| pancrelipase | PERTZYE | 3 | ST |
| Pertzye ST= requires trial of BOTH preferred agents CREON & ZENPEP | | | |
| pancrelipase | ULTRESA | 3 | ST |
| Ultresa ST= requires trial of BOTH preferred agents CREON & ZENPEP | | | |
| pancrelipase | VIOKACE | 3 | ST |
| Viokace ST= requires trial of BOTH preferred agents CREON & 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 | |
| balsalazide | * COLAZAL | 1 | QL (270 capsules/month) |
| adefovir | * HEPSERA | 4 | QL (30 tablets/month) SP |
| alosetron | * LOTRONEX | 3 | QL (60 tablets/month) PA |
| 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 | 3 | PA |

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| | | | |
|---------------------------------------------------------------------|-----------------------------|---|-------------------------------|
| ferric citrate | AURYXIA | 3 | |
| glycopyrroate | CUVPOSA | 3 | AL(limited to 16 yrs & under) |
| hycosamine-phenyltoloxamine | DIGEX NF | 3 | |
| hydrocortisone acetate rectal foam | CORTIFOAM | 3 | |
| hydrocortisone acetate suppositories | | 2 | |
| lamivudine (hepatitis) | EPIVIR HBV | 4 | QL (30 tablets/month) SP |
| lanthanum | *FOSRENOL 500mg chew | 3 | QL (150 tablets/month) |
| lanthanum | *FOSRENOL 750mg chew | 3 | QL (150 tablets/month) |
| lanthanum | *FOSRENOL 1000mg chew | 3 | QL (120 tablets/month) |
| lanthanum | FOSRENOL POWDER PACK | 3 | |
| linaclotide | LINZESS | 2 | PA |
| lubiprostone | AMITIZA | 3 | 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) |
| plecanatide | TRULANCE | 3 | PA |
| sevelamer | RENAGEL | 3 | |
| sevelamer | *REVELA | 2 | |
| sod picosulfate-mg ox-citric acid | PREPOPIK | 3 | |
| 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) |

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| | | | |
|---------------|-------------------|---|------------------------|
| flavoxate | *URISPAS | 1 | QL (240 tablets/month) |
| oxybutynin | *DITROPAN | 1 | QL (240 tablets/month) |
| oxybutynin CR | *DITROPAN XL 5mg | 2 | QL (30 tablets/month) |
| oxybutynin CR | *DITROPAN XL 10mg | 2 | QL (60 tablets/month) |
| oxybutynin CR | *DITROPAN XL 15mg | 2 | QL (60 tablets/month) |

8-C Vaginal Products

| Generic Name | Brand Name | Tier | Notes |
|--------------------------------|-------------------------|------|-------|
| clindamycin vaginal | *CLEOCIN vaginal cream | 2 | Notes |
| clindamycin vaginal | CLINDESSE | 3 | |
| estradiol vaginal | ESTRACE vaginal | 3 | |
| estradiol vaginal | *VAGIFEM | 2 | |
| estradiol vaginal ring | ESTRING | 3 | |
| estradiol vaginal ring | FEMRING | 3 | |
| 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 |
|-----------------------------|---------------------------|------|------------------------|
| alfuzosin hcl | *UROXATRAL | 1 | |
| citric acid-sodium citrate | *BICITRA | 1 | |
| citric acid-D-gluconic acid | RENACIDIN | 3 | |
| dutasteride | *AVODART | 3 | QL (30 capsules/month) |
| finasteride | *PROSCAR | 1 | QL (30 tablets/month) |
| methylergonovine | METHERGINE | 3 | |
| pentosan polysulfate sodium | ELMIRON | 2 | QL (90 capsules/month) |
| phenazopyridine | *PYRIDIUM | 1 | |
| potassium citrate CR | *UROCIT-K | 1 | |
| potassium phosphate | K-PHOS | 2 | |
| | POTASSIUM CHLORIDE | 2 | |
| silodosin | RAPAFLO | 3 | QL (30 capsules/month) |
| tadalafil | CIALIS | 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 50-325-40mg | 1 | QL (360 tablets/month) |
| APAP-caffeine-butalbital | *FIORICET 50-325-40mg | 1 | QL (360 tablets/month) |

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| | | | |
|-----------------------------------------------------|------------------------------------|-------------|-----------------------------------------|
| ASA-caffeine-butalbital | *FIORINAL | 1 | |
| choline-mag salicylates | *TRILISATE | 1 | |
| 9-B Analgesics-Narcotic | | | |
| Generic Name | Brand Name | Tier | Notes |
| | CODEINE SULFATE | 2 | |
| | *METHADONE | 1 | |
| acet-caffeine-dihydrocodeine | TREZIX | 3 | QL (12 tablets/day) |
| APAP-codeine | *TYLENOL w/CODEINE | 1 | QL (390 tablets/month) |
| APAP-hydrocodone liquid | | 2 | |
| APAP-hydrocodone | *LORTAB | 3 | QL (240 tablets/month) |
| APAP-hydrocodone | *NORCO | 1 | QL (360 tablets/month) |
| APAP-hydrocodone | *VICODIN | 3 | QL (240 tablets/month) |
| APAP-hydrocodone | *VICODIN ES | f | QL (150 tablets/month) |
| APAP-hydrocodone | *VICODIN HP | 3 | QL (180 tablets/month) |
| APAP-hydrocodone | *XODOL 5-300 MG | 3 | |
| APAP-hydrocodone | *XODOL 7.5-300 MG | 3 | |
| APAP-hydrocodone | *XODOL 10-300 MG | 3 | |
| APAP-hydrocodone liquid | *XODOL LIQUID 10-300 MG/15ML | 3 | |
| APAP-hydrocodone | ZAMICET | 3 | QL (360 mls/month) |
| APAP-hydrocodone | ZYDONE | 2 | QL (300 mls/month) |
| ASA-caffeine-but-codeine | *FIORINAL w/CODEINE | 1 | |
| butal-acet-caf-cod | *FIORICET w/CODEINE 50/325/40/30mg | 1 | |
| ASA-codeine | *EMPIRIN w/CODEINE | 1 | |
| buprenorphine buccal film | BELBUCA | 3 | PA QL (60 films/month) |
| buprenorphine sl tab | *SUBUTEX | 1 | QL (90 tablets/month) |
| buprenorphine hcl-naloxone | ZUBSOLV 0.7mg-0.18mg | 2 | QL (30 tablets/month) |
| buprenorphine hcl-naloxone | ZUBSOLV 1.4mg-0.36mg | 2 | QL (90 tablets/month) |
| buprenorphine hcl-naloxone | ZUBSOLV 2.9mg-0.71mg | 2 | |
| buprenorphine hcl-naloxone | ZUBSOLV 5.7mg-1.4mg | 2 | QL (90 tablets/month) |
| buprenorphine hcl-naloxone | ZUBSOLV 8.6mg-2.1mg | 2 | QL (60 tablets/month) |
| buprenorphine hcl-naloxone | ZUBSOLV 11.4mg-2.9mg | 2 | QL (30 tablets/month) |
| 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 | PA 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 er abuse deter | ZOHDRO ER | 3 | PA QL (60 tablets/month) |
| hydromorphone | *DILAUDID 2mg | 1 | QL (360 tablets/month) |
| hydromorphone | *DILAUDID 4mg | 1 | QL (360 tablets/month) |
| hydromorphone | *DILAUDID 8mg | 1 | QL (360 tablets/month) |
| hydromorphone ER | *EXALGO | 3 | PA QL (30 tablets/month) |
| ibuprofen-hydrocodone | *VICOPROFEN | 1 | QL (480 tablets/month) |
| ibuprofen-hydrocodone | *REPREXAIN | 3 | QL (480 tablets/month) |
| ketorolac tromethamine nasal | SPRIX NASAL | 3 | QL (1 bottle/day; 1 box/5 bottles per n |

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| | | | |
|--------------------------------|---------------------|---|---------------------------------|
| levorphanol tartrate tablet | | 3 | |
| meperidine | *DEMEROL | 1 | QL (360 tablets/month) |
| morphine sulfate beads SR 24hr | *AVINZA 30mg | 3 | QL (30 capsules/mo) PA |
| morphine sulfate beads SR 24hr | *AVINZA 60mg | 3 | QL (30 capsules/mo) PA |
| morphine sulfate beads SR 24hr | *AVINZA 90mg | 3 | QL (60 capsules/mo) PA |
| morphine sulfate beads SR 24hr | *AVINZA 120mg | 3 | QL (90 capsules/mo) PA |
| morphine sulfate | *MS IR | 1 | |
| morphine sulfate SR | *MS CONTIN | 1 | PA |
| naltrexone | *REVIA | 1 | |
| oxycodone | *OXYIR | 1 | |
| oxycodone | *ROXICODONE | 1 | QL (360 tablets/month) |
| oxycodone cap er 12hr | XTAMPZA ER | 2 | PA QL (60 tablets/month) |
| oxycodone-APAP | *PERCOCET 2.5-325mg | 1 | QL (360 tablets/month) |
| oxycodone-APAP | *PERCOCET 5-325mg | 1 | QL (360 tablets/month) |
| oxycodone-APAP | *PERCOCET 7.5-325mg | 1 | QL (360 tablets/month) |
| oxycodone-APAP | *PERCOCET 10-325mg | 1 | QL (360 tablets/month) |
| oxycodone-APAP | *PERCOCET 7.5-500mg | 1 | QL (240 tablets/month) |
| oxycodone-APAP | *PERCOCET 10-650mg | 1 | QL (180 tablets/month) |
| oxycodone-ASA | *PERCODAN | 1 | QL (360 tablets/month) |
| oxycodone-ibuprofen | COMBUNOX | 3 | QL (7 day treatment;4 tabs/day) |
| oxymorphone | *OPANA | 3 | QL (180 tablets/month) |
| oxymorphone ER | | 3 | PA QL (60 tablets/month) |
| pentazocine-naloxone | *TALWIN NX | 1 | |
| propoxyphene-APAP | DARVOCET A | 3 | QL (240 tablets/month) |
| propoxyphene napsylate | DARVON-N | 3 | QL (180 tablets/month) |
| tapentadol | NUCYNTA | 3 | QL (180 tablets/month) |
| tapentadol SR | NUCYNTA ER | 3 | PA QL (60 tablets/month) |
| tramadol | *ULTRAM | 1 | QL (240 tablets/month) |
| tramadol ER | *ULTRAM ER 100mg | 2 | QL (90 tablets/month) |
| tramadol ER | *ULTRAM ER 200mg | 2 | QL (30 tablets/month) |
| tramadol ER | *ULTRAM ER 300mg | 2 | QL (30 tablets/month) |
| tramadol-APAP | ULTRACET | 2 | QL (240 tablets/month) |

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

| Generic Name | Brand Name | Tier | Notes |
|------------------------|-----------------|------|------------------------|
| celecoxib | *CELEBREX 50mg | 2 | QL (60 capsules/month) |
| celecoxib | *CELEBREX 100mg | 2 | QL (60 capsules/month) |
| celecoxib | *CELEBREX 200mg | 2 | QL (60 capsules/month) |
| celecoxib | *CELEBREX 400mg | 2 | QL (30 capsules/month) |
| diclofenac | *VOLTAREN 25mg | 1 | QL (240 tablets/month) |
| diclofenac | *VOLTAREN 50mg | 1 | QL (120 tablets/month) |
| diclofenac | *VOLTAREN 75mg | 1 | QL (90 tablets/month) |
| diclofenac potassium | *CATAFLAM | 1 | QL (120 tablets/month) |
| diclofenac SR | *VOLTAREN XR | 1 | |
| diclofenac-misoprostol | *ARTHROTEC | 3 | QL (120 tablets/month) |
| etodolac | *LODINE 200mg | 1 | QL (90 capsules/month) |
| etodolac | *LODINE 300mg | 1 | QL (90 capsules/month) |

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SP- Specialty Drugs
* Drug- generic preferred; Bolded drug- brand only

| | | | |
|-----------------------|-------------------------|---|------------------------|
| 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 | | 1 | |
| methotrexate oral soln 2.5mg/ml | XATMEP | 3 | PA |
| methotrexate solution pf | RASUVO | 3 | ST |
| RASUVO ST = requires trial of oral methotrexate | | | |
| penicillamine | DEPEN | 4 | SP |

9-E Migraine Products

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

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SP- Specialty Drugs
* Drug- generic preferred; Bolded drug- brand only

| | | | |
|------------------------------------------------------------------------------------------------------|---------------------|-------------|---------------------------------|
| zolmitriptan | *ZOMIG | 3 | QL (6 tabs/fill; 2 fills/month) |
| zolmitriptan | ZOMIG NASAL | 3 | QL (6 vials/month) |
| zolmitriptan | *ZOMIG ZMT | 3 | QL (6 tabs/fill; 2 fills/month) |
| 9-F Gout | | | |
| Generic Name | Brand Name | Tier | Notes |
| allopurinol | *ZYLOPRIM | 1 | |
| 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 | PA SP |
| lesinurad | ZURAMPIC | 3 | 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 | | | |
| Generic Name | Brand Name | Tier | Notes |
| acetylcysteine effervescent | CETYLEV | 3 | |
| acetylcysteine inhalation solution | | 1 | |
| naloxone injection | | 1 | |
| naloxone hcl nasal spray | NARCAN | 2 | QL (1 box/fill) |
| VITAMINS & HEMATOLOGICALS (drugs to treat vitamin deficiencies and other blood disorders) | | | |
| 10-A Vitamins | | | |
| Generic Name | Brand Name | Tier | Notes |
| calcitriol | *ROCALTROL | 1 | |
| docercalciferol | *HECTOROL | 3 | |

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| | | | |
|---------------------------------------|------------------------------|-------------|------------------------|
| ergocalciferol [vitamin D] | *CALCIFEROL | 1 | |
| parathyroid hormone (recombinant) | NATPARA | 4 | PA QL (1/day) SP |
| paricalcitol [vitamin D] | *ZEMPLAR | 1 | QL (30 capsules/month) |
| 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) |
| dibigatran | PRADAXA | 2 | QL (60 tablets/month) |
| edoxaban | SAVAYSA | 3 | |

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| | | | |
|-------------|-----------------------------|---|----------------------------------|
| 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 | 3 | QL (30 tablets/month) |
| ticagrelor | BRILINTA | 3 | |
| sodium polystyrene sulfonate | *KAYEXALATE | 1 | |
| ticlopidine | *TICLID | 1 | QL (60 tablets/month) |
| tranexamic acid | *LYSTEDA | 2 | QL (5 days therapy/28 days) |
| vorapaxar sulfate | ZONTIVITY | 3 | PA |

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

11-A Ophthalmic Anti-infectives

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

11-B Ophthalmics Beta-Blocker

| Generic Name | Brand Name | Tier | Notes |
|---------------------------|-------------------|------|-----------------|
| betaxolol HCL ophth | BETOPTIC-S | 3 | |
| brimonidine timolol ophth | COMBIGAN | 2 | QL (5 ml/month) |
| carteolol ophth | *OCUPRESS | 1 | |

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| | | | |
|---------------------------|------------------|---|--------------------------------|
| dorzolamide-timolol ophth | *COSOPT | 2 | |
| dorzolamide-timolol ophth | COSOPT PF | 3 | QL (60 sing-use vials per mont |
| 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 |

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 | *TRAVATAN | 3 | ST QL (2.5 ml/month) |

Travaprost ST = requires trial of latanoprost

| | | | |
|---------------------------|----------------|---|-------------------|
| unoprostone isopropyl oph | RESCULA | 3 | ST QL (5ml/month) |
|---------------------------|----------------|---|-------------------|

Rescula Step = requires 30 day trial of latanoprost in the past 180 days

11-E Ophthalmic Cycloplegics

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

11-F Ophthalmics Miotics

| Generic Name | Brand Name | Tier | Notes |
|-------------------|-----------------|------|-------|
| pilocarpine ophth | *ISOPTO CARPINE | 1 | |

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| | | | |
|-------------------------------------------|---------------------------|-------------|----------------------------|
| pilocarpine ophth | PILOPINE HS | 2 | |
| 11-G Ophthalmics Adrenergic Agents | | | |
| Generic Name | Brand Name | Tier | Notes |
| apraclonidine ophth | *IOPIDINE | 3 | |
| brimonidine ophth | ALPHAGAN P 0.1% | 2 | QL (10ml per month) |
| brimonidine ophth | *ALPHAGAN P 0.2% | 2 | QL (10ml per month) |
| brimonidine ophth | *ALPHAGAN P 0.15% | 2 | QL (10ml per month) |
| | | | |
| 11-H Ophthalmics Miscellaneous | | | |
| Generic Name | Brand Name | Tier | Notes |
| 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 | 3 | 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 | |
| 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 | 3 | 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 SP |
| 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 | |
| neomycin-colistin-HC-thonzonium otic | CORTISPORIN-TC | 3 | |
| ofloxacin otic | *FLOXIN OTIC | 2 | QL (10 ml/month) |
| 11-J Mouth and Throat | | | |
| Generic Name | Brand Name | Tier | Notes |
| amlexanox oral paste | APHTHASOL | 3 | |

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| | | | |
|-----------------------|--------------------|---|------------------------|
| cevimeline | *EVOXAC | 3 | QL (90 capsules/month) |
| chlorhexidine | *PERIDEX | 1 | |
| clotrimazole troche | *MYCELEX TROCHE | 1 | |
| lidocaine | *VISCOUS LIDOCAINE | 1 | |
| oral hydrogel wafer | MUCOTROL | 3 | QL (120 wafers/month) |
| pilocarpine | *SALAGEN 5mg | 1 | QL (180 tablets/month) |
| pilocarpine | *SALAGEN 7.5mg | 1 | QL (120 tablets/month) |
| sodium fluoride | *KARIGEL | 1 | |
| sodium fluoride | *KARIGEL-N | 1 | |
| triamcinolone/orabase | *KENALOG-ORABASE | 1 | |

RESPIRATORY (drugs to treat breathing conditions, ie asthma and allergies)

12-A Antihistamines

| Generic Name | Brand Name | Tier | Notes |
|---------------------------------------|-----------------|------|-------|
| cyproheptadine | *PERIACTIN | 1 | |
| grass mixed pollen | ORALAIR | 3 | PA |
| promethazine | *PHENERGAN | 1 | |
| short ragweed pollen allergen extract | RAGWITEK | 3 | PA |
| timothy grass pollen allergen | GRASTEK | 3 | PA |

12-B Topical Nasal Products

| Generic Name | Brand Name | Tier | Notes |
|---------------------|-----------------------|------|-----------------------|
| azelastine nasal | *ASTELIN | 1 | 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 | 3 | ST |
| Obredon ST = requires trial/failure to Cheratussin AC | | | |
| hydrocodone-homatropine | *HYCODAN | 1 | |
| 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 | |

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SP- Specialty Drugs
* Drug- generic preferred; Bolded drug- brand only

| | | | |
|------------------------------------------|---------------------------|-------------|-----------------------------------|
| 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 |
| aclidinium 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 | 3 | 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 nebulizer | PERFOROMIST | 3 | QL (60 vials/month) |
| glycopyrrolate inhal cap | SEEBRI NEOHALER | 2 | QL (60/month) |
| glycopyrrolate-formoterol fumarate | BEVESPI AEROSPHERE | 2 | |
| ipratropium nebulizer | *ATROVENT (nebulizer) | 1 | QL (450 mls/month) |
| ipratropium HFA inhaler | ATROVENT HFA | 2 | QL (2 inhalers/month) |
| levalbuterol nebulizer | *XOPENEX 0.31mg/3ml | 3 | QL (270 mls/mo(1 vial = 3 ml) |
| levalbuterol nebulizer | *XOPENEX 0.63mg/3ml | 3 | QL (270 mls/mo(1 vial = 3 ml) |
| levalbuterol nebulizer | *XOPENEX 1.25mg/3ml | 3 | QL (270 mls/mo(1 vial = 3 ml) |
| levalbuterol nebulizer | *XOPENEX 1.25 mg/0.5 ml | 3 | QL (90 mls/mo(1 vial = 3 ml) |
| levalbuterol inhaler | XOPENEX HFA | 3 | QL(1 inhaler/fill, 2 fills/month) |
| metaproterenol nebulizer | *ALUPENT (nebulizer) | 1 | QL (120 vials/mo(300 ml/mo) |
| metaproterenol tablets | *ALUPENT (tablets) | 1 | |
| montelukast | *SINGULAIR 4mg | 1 | QL (30 tablets/month) |
| montelukast | *SINGULAIR 5mg | 1 | QL (30 tablets/month) |
| montelukast | *SINGULAIR 10mg | 1 | QL (30 tablets/month) |
| montelukast | *SINGULAIR 4mg Granules | 2 | QL (30 packets/month) |
| olodaterol hcl | STRIVERDI RESPIMAT | 2 | QL (#1/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% | HYPERSAL NEBULIZER | 2 | |
| terbutaline | *BRETHINE | 1 | QL (30 tablets/month) |

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| | | | |
|---------------------------------|---------------------------|---|------------------------|
| 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 | 3 | 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 | 3 | ST |

ZYFLO ST = step thru a trial of **BOTH** montelukast and zafirlukast

| | | | |
|-------------|-----------------|---|----|
| zileuton sr | ZYFLO CR | 3 | 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 | 1 | QL (1 inhaler/month) |
| beclomethasone HFA inhaler | QVAR 80mcg | 1 | QL (2 inhaler/month) |
| budesonide inhaler | PULMICORT FLEXIHALER | 3 | ST 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 | 3 | QL (120 respules/month) |
| ciclesonide inhaler | ALVESCO 80MCG | 1 | QL (1 inhaler/month) |
| ciclesonide inhaler | ALVESCO 160MCG | 1 | 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 | 1 | QL (1 inhaler/month) |
| mometasone inhaler | ASMANEX HFA | 1 | QL (1 inhaler/month) |
| triamcinolone inhaler | AZMACORT | 3 | QL (2 inhalers/month) |

12-F Pulmonary Fibrosis

| | | | |
|--------------------|----------------|---|-------|
| nintedanib esylate | OFEV | 4 | PA SP |
| pirfenidone | ESBRIET | 4 | PA SP |

SELF-INJECTABLE/SPECIALTY (injectable drugs)

13-A Anticoagulants

| Generic Name | Brand Name | Tier | Notes |
|---------------------|----------------|------|--------------------------------------------|
| dalteparin sodium | FRAGMIN | 2 | (covered up to 21 days without prior auth) |
| enoxaparin sodium | *LOVENOX | 2 | (covered up to 30 days without prior a |
| fondaparinux sodium | *ARIXTRA | 2 | (covered up to 21 days without prior auth) |
| tinzaparin sodium | INNOHEP | 4 | PA SP |

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| 13-B Growth Hormones | | | |
|--------------------------------------------------|---------------------------|-------------|--------------------------------------|
| Generic Name | Brand Name | Tier | Notes |
| mecasermin | INCRELEX | 4 | PA SP |
| metreleptin | MYALEPT | 4 | PA SP |
| somatropin | NUTROPIN AQ | 4 | PA SP |
| somatropin | NUTROPIN AQ NUSPIN | 4 | PA SP |
| somatropin | NUTROPIN | 4 | PA SP |
| somatropin | 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 | 4 | PA SP |
| eltrombopag | PROMACTA | 4 | PA SP |
| epoetin alfa | EPOGEN | 4 | PA SP |
| epoetin alfa | PROCRIT | 4 | PA SP |
| filgrastims-sndz | ZARXIO | 4 | 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 |
| daclatasvir dihydrochloride | DAKLINZA 30MG | 4 | PA ST QL (90 tabs/mo) SP |
| daclatasvir dihydrochloride | DAKLINZA 60MG | 4 | PA ST QL (30 tabs/mo) SP |
| daclatasvir dihydrochloride | DAKLINZA 90MG | 4 | PA ST QL (30 tabs/mo) SP |
| dasab-ombit-paritap-riton | VIEKIRA | 4 | PA SP QL (120 tablets/mo) |
| dasab-ombit-paritap-riton sr 24hr | VIEKIRA XR | 4 | PA SP QL (90 tablets/mo) |
| elbasvir-grazoprevir | ZEPATIER | 4 | PA SP |
| glecaprevir-pibrentasvir | MAVYRET | 4 | PA SP QL (90 tablets/mo) |
| interferon alfacon-1 | INFERGEN | 4 | PA SP |
| ledipasvir-sofosbuvir | HARVONI | 4 | PA SP QL (30 tabs/month) |
| ombitasvir-paritaprevir-ritonavir | TECHNIVIE | 4 | PA SP QL (60 tabs/month) |
| peginterferon alfa-2A | PEGASYS | 4 | PA SP |
| peginterferon alfa-2A | PEGASYS PROCLICK | 4 | 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 | 4 | PA SP |
| simeprevir sodium | OLYSIO | 4 | PA ST SP |
| sofosbuvir | SOVALDI | 4 | PA SP ST QL (30 tabs/mo) |
| sofosbuvir-velpatasvir | EPCLUSA | 4 | PA SP QL (30 tablets/month) |
| sofosbuvir-velpatasvir-voxilaprevir | VOSEVI | 4 | PA SP QL (30 tablets/month) |
| | ROFERON A | 4 | SP |
| 13-E Multiple Sclerosis Agents | | | |
| Generic Name | Brand Name | Tier | Notes |
| dalfampridine | AMPYRA | 4 | QL (60 tablets/month) PA SP |

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| | | | |
|------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------|----------------------------|
| dimethyl fumarate | TECFIDERA STARTER PACK | 4 | PA SP |
| dimethyl fumarate | TECFIDERA | 4 | PA SP |
| glatiramer acetate | COPAXONE 20MG & 40MG | 4 | 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 | 4 | PA SP |
| interferon beta-1A | AVONEX ADMINISTRATION PACK | 4 | PA SP |
| interferon beta-1B | BETASERON | 4 | PA SP |
| teriflunomide | AUBAGIO | 4 | PA SP |
| 13-F Osteoporosis Agents | | | |
| Generic Name | Brand Name | Tier | Notes |
| teriparatide (recombinant) | FORTEO | 4 | PA SP |
| 13-G Somatostatin Analogs | | | |
| Generic Name | Brand Name | Tier | Notes |
| nafarelin | SYNAREL | 2 | PA |
| octreotide acetate inj | *OCTREOTIDE | 4 | PA SP |
| pasireotide diaspertate inj | SIGNIFOR | 4 | PA SP |
| pegvisomant | SOMAVERT | 4 | PA SP |
| 13-H Immunomodulators | | | |
| Generic Name | Brand Name | Tier | Notes |
| adalimumab | HUMIRA | 4 | PA SP |
| anakira subcutaneous | KINERET | 4 | PA SP |
| apremilast | OTEZLA | 4 | PA SP |
| belimumab sq | BENLYSTA | 4 | PA SP |
| brodalumab sq soln | SILIQ | 4 | PA SP |
| certolizumab pegol | CIMZIA | 4 | PA SP |
| daclizumab soln | ZINBRYTA | 4 | PA SP |
| dupilumab subc soln pref syringe | DUPIXENT | 4 | PA SP |
| etanercept for subcutaneous | ENBREL 25MG | 4 | PA ST SP 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 ST SP QL (4 inj per mo) |
| ENBREL ST = requires trial of 2 formulary alternatives: Humira, Simponi, and/or Cimzia | | | |
| golimumab | SIMPONI | 4 | QL(1 unit/month) PA SP |
| ixekizumab subc soln auto-inj | TALTZ | 4 | PA SP ST |
| TALTZ ST = requires trial/failure of both Humira and Stelara in addition to Cosentyx | | | |
| sarilumab | KEVZARA | 4 | PA SP |
| secukinumab | COSENTYX | 4 | PA ST SP |
| COSENTYX ST = requires trial/failure of both Humira and Stelara | | | |
| tocilizumab | ACTEMRA | 4 | PA ST SP |
| ACTEMRA ST = requires trial of 2 formulary alternatives: Humira, Simponi, and/or Cimzia | | | |
| tofacitinib | XELJANZ | 4 | PA ST SP |
| XELJANZ ST- requires trial of 2 formulary alternatives: Humira, Simponi, and/or Cimzia | | | |
| tofacitinib SR 24HR | XELJANZ XR | 4 | PA ST SP |
| XELJANZ XR ST- requires trial of 2 formulary alternatives: Humira, Simponi, and/or Cimzia | | | |
| ustekinumab | STELARA | 4 | PA SP |

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| 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 | | | |
| C1 esterase inhibitor | HAEGARDA | 4 | PA SP |
| corticotropin | ACTHAR HP | 4 | PA SP |
| icatibant acetate | FIRAZYR | 4 | PA SP |
| interferon alfa-2B | INTRON-A | 4 | PA SP |
| interferon gamma-1B | ACTIMMUNE | 4 | PA SP |
| leuprolide acetate | ELIGARD | 4 | PA SP |
| leuprolide acetate | LUPRON | 4 | PA SP |
| nitisinone | ORFADIN | 4 | PA SP |
| oprelvekin | NEUMEGA | 4 | PA SP |
| oxandrolone | *OXANDRIN | 1 | PA |
| oxymetholone | ANADROL-50 | 2 | |
| palonosetron | ALOXI (tablets) | 2 | PA |
| peginterferon alfa-2B | SYLATRON | 4 | PA SP |
| peginterferon alfa-2B | SYLATRON 4-PACK | 4 | PA SP |
| rilonacept | ARCALYST | 4 | PA SP |

EXCLUSIONS (excluded drugs)

| 14-A Excluded From Coverage | | | |
|--------------------------------------------|-----------------------------|-------------|--------------|
| Generic Name | Brand Name | Tier | Notes |
| acet-caff-dihydro 325-30-16mg | APAP CAFF TAB DIHYDROC | | |
| acyclovir topical cream | ZOVIRAX CREAM | | |
| acyclovir buccal | SITAVIG | | |
| acyclovir hydrocortisone | XERESE | | |
| adapalene | DIFFERIN 0.1% Cr/Gel/Lotion | | |
| adapalene | DIFFERIN 0.3% Gel | | |
| adapalene-benzoyl peroxide gel | EPIDUO | | |
| adapalene-benzoyl peroxide gel | EPIDUO FORTE | | |
| adapalene-clinda phosp cr cmp kit | CLINDAP-T | | |
| alcaftadine | LASTACAFT | | |
| allantoin-lidocaine-petrolatum | VEXA | | |
| alendronate | BINOSTO | | |
| alogliptin | generic NESINA | | |
| alogliptin-metformin | generic KAZANO | | |
| amantadine hcl er 24hr | GOCOVRI | | |
| alogliptin-pioglitizone | generic OSENI | | |
| amantad-amitript-gaba-cycloben | A.A.G.C. KIT IN TERODERM | | |
| amantad-gabap-diclof-baclo-lido cr cmp kit | EXTARDOL | | |
| amlodipine-atorvastatin | CADUET | | |
| amino acids | GLUTARADE GA-1 | | |
| amlodipine-aliskiren | TEKAMLO | | |
| amlodipine-aliskiren-hctz | AMTURNIDE | | |
| amlodipine-olmesartan | AZOR | | |

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|-----------------------------------------|--------------------------------------|--|--|
| 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-caffeine-dihydrocodeine | APAP-CAFF-DIHYDROCODEINE 325-30-16MG | | |
| APAP-codeine | COCET PLUS | | |
| APAP-isometh-caffeine | PRODRIN | | |
| aspirin cap sr 24hr | DURLAZA | | |
| aspirin-omeprazole del release | YOSPRALA | | |
| atorvastatin calcium COQ10 | EQUAPAX | | |
| azelastine | OPTIVAR | | |
| azelastine hcl-fluticasone | DYMISTA | | |
| azelastine nasal | ASTEPRO | | |
| balsalazide disodium | GIAZO | | |
| beclomethasone dipropionate | QNASL | | |
| beclomethasone diprop hfa inhaler | QVAR REDIHALER | | |
| beclomethasone nasal | BECONASE AQ | | |
| benznidazole tab | BENZNIDAZOLE | | |
| 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 | BENZOYL PEROXIDE GEL 6.5% | | |
| benzoyl peroxide | BENZOYL PEROXIDE GEL 8% | | |
| 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 | | |
| benzoyl peroxide forte-hc | BENZOYL PEROXIDE LOT HC 7.5-1% | | |
| bepotastine ophth | BEPREVE | | |
| betamethasone dipro spray emul | SERNIVO | | |
| betamethasone foam | *LUXIQ | | |
| betrixaban maleate cap | BEVYXXA | | |
| bexarotene | *TARGRETIN | | |
| bimatoprost ophth | LUMIGAN 0.03% | | |
| bisacodyl & peg 3350 & licodaine-hc-cr | POLY-PREP | | |
| brinzolamide-brimonidine tartrate | SIMBRINZA | | |

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|-----------------------------------------------|------------------------------|--|--|
| bromfenac sodium | BROMSITE | | |
| bromfenac sodium | PROLENSA | | |
| budesonide nasal | RHINOCORT AQUA | | |
| buprenorphine ext release soln syr | SUBLOCADE | | |
| buprenorphine patch | BUTRANS | | |
| buprenorphine-naloxone | BUNAVAIL | | |
| buprenorphine naloxone | SUBOXONE FILM TAB | | |
| buprenorphine naloxone | SUBOXONE TABLETS | | |
| bupropion SR | APLENZIN | | |
| bupropion SR | FORFIVO XL | | |
| butalbital-acetaminophen | ALLZITAL | | |
| butalbital-acet tablets 50-300mg | BUPAP | | |
| butal/acet/caf/cod 50/300/40/30mg | FIORICET w/ CODEINE | | |
| calcifediol | RAYALDEE | | |
| calcitriol-fluti-tacro cr cmpd kit | VALIDERM | | |
| capecitabine | generic XELODA | | |
| capsaicin-lidocaine-menthol | ANODYNERX PAD | | |
| capsaicin-lidocaine-menthol | SILVERA PAIN RELIEF PAD | | |
| capsaicin-menthol | RELEEVIA | | |
| capsaicin-menthol topical patch | PAIN RELIEF PATCH | | |
| capsaicin-menthol topical patch | QROXIN | | |
| capsaicin-menthol topical patch | RENOVO | | |
| capsaicin-menthol topical patch | SOLAICE | | |
| carbidopa + levodopa | RYTARY | | |
| carbinoxamine maleate tab | RYVENT | | |
| carvedilol | COREG CR | | |
| cephalexin 333mg | DAXBIA | | |
| cetirizine | ZYRTEC | | |
| chlorhex soln-dimet-silic tape-hom | DERMACINRX SURGICAL COMBOPAK | | |
| chlorzoxazone | LORZONE | | |
| ciclesonide nasal | OMNARIS | | |
| ciclopirox | CICLODAN KIT | | |
| ciclopirox | PEDIPIROX | | |
| ciprofloxacin-fluocinolone (pf) otic soln | OTOVEL | | |
| clindamycin phosphate | CLINDACIN PAC | | |
| clindamycin phosphate | CLINDAGEL 1% | | |
| clindamycin phosphate swab | CLINDACIN-P | | |
| clindamycin-benzoyl peroxide gel | BENZAACLIN | | |
| clindamycin-benzoyl peroxide gel | BENZAACLIN CARE KIT | | |
| clindamycin-benzoyl perox gel 1.5-5% & cr kit | NEUAC KIT | | |
| clindamycin -benzoyl peroxide gel | NEUAC | | |
| clindamycin -benzoyl peroxide gel | ONEXTON | | |
| clindamycin -benzoyl peroxide gel | ACANYA | | |
| clindamycin-tretinoin gel | VELTIN | | |
| clindamycin-tretinoin gel | ZIANA | | |
| clindamycin-tretinoin-cholesty cr | CLINOIN | | |

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|----------------------------------------------|---------------------------------------------|--|--|
| clioquinol-hc | DERMASORB AF KIT 3-0.5% | | |
| clobetasol | CLOBETA | | |
| clobetasol | CLOBEX LOTION | | |
| clobetasol | CLOBEX SHAMPOO | | |
| clobetasol foam | OLUX | | |
| clobetasol | OLUX-CP | | |
| clobetasol | OLUX FOAM | | |
| clobetasol | OLUX-E FOAM | | |
| clobetasol propionate cr 0.025% | IMPOYZ | | |
| 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) | | |
| clopidogrel tab & aspirin | CLOPIDOGREL KIT | | |
| clotrimazole | LOTRIMIN 1% | | |
| clozapine susp | VERSACLOZ SUSP | | |
| codeine polist-chlorphen polist er susp | TUZISTRA XR SUSP | | |
| colchicine capsules | | | |
| colchicine tablets | | | |
| colchicine tablets | COLCRYS | | |
| cyanocobalamin-salcaprozate sod | ELIGEN B12 | | |
| cyclobenzaprine & electrode kit | CYCLOTENS KIT | | |
| cycloben 10mg & capsaicin-menth pat | FLEXEPAX | | |
| cyclosporine ophth emulsion | RESTASIS MULTIDOSE | | |
| dapagliflozin-metformin hcl | XIGDUO XR | | |
| dapagliflozin-saxagliptin tab | QTERN | | |
| dapsone gel 5% | generic ACZONE | | |
| darifenacin | ENABLEX | | |
| dasabuvir | EXVIERA | | |
| deferasirox granules packet | JADENU SPRINKLE | | |
| deflazacort | EMFLAZA | | |
| dermatological | GENADUR KIT | | |
| desloratadine | CLARINEX | | |
| desonide | DESONIL | | |
| desonide foam | VERDESO | | |
| desoximetasone | TOPICORT SPRAY | | |
| desvenlafaxine | KHEDEZLA | | |
| desvenlafaxine er | DESVENLAFAX | | |
| | DESVENLAFAXINE FUM TAB SR 24HR (BASE EQUIV) | | |
| deutetrabenazine | AUSTEDO | | |
| dexamethasone tab therapy pack | ZODEX | | |
| dexamethasone tab therapy pack | ZONACORT | | |
| dexmethylphenidate SR | *FOCALIN XR | | |
| dextroamphetamine sulfate | ZENZEDI | | |
| diclofenac | CAMBIA | | |

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|--------------------------------------------------------|--------------------------|--|--|
| diclofenac gel | generic VOLTAREN GEL | | |
| diclofenac gel 3% & B6-FA-B12 | ORMECA KIT | | |
| diclof gel 1% & menthol-methyl 10-30% | DICLOPR | | |
| diclofenac-gabap-lido cream | DIPENTOCAINE 5-5-2% KIT | | |
| diclofenac patch | FLECTOR | | |
| diclofenac potassium | ZIPSOR | | |
| diclofenac sodium cream 1% | REXAPHENAC | | |
| diclofenac sod tab 75mg & lido-men-methyl sal ptch kit | DERMACINRX ANAL COMBOPAK | | |
| diclofenac sol | PENNSAID | | |
| diclofenac | ZORVOLEX | | |
| dietary management | DERMANIC | | |
| dietary management | PERCURA | | |
| difenoxin w/atropine | MOTOFEN | | |
| dimethicone cr 5% & silicone tape kit | DERMACINRX SILAPAK | | |
| dolutegravir sodium-rilpivirine hcl | JULUCA | | |
| donepezil | ARICEPT 23mg | | |
| 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 | | |
| duloxetine hcl enteric coated pellets 40mg | IRENKA | | |
| dust mite mixed ext tab sq 12 sq-hdm | ODACTRA | | |
| dutasteride-tamsulosin | JALYN | | |
| econazole nitrate foam | ECOZA 1% | | |
| emedastine | EMADINE | | |
| empagliflozin-metformin hcl sr | SYNJARDY XR | | |
| empagliflozin-linagliptin | GLYXAMBI | | |
| epinastine | ELESTAT | | |
| epinephrine inj | ADRENACLICK | | |
| epinephrine inj | AUVI-Q | | |
| epinephrine inj | BRAND EPIPEN | | |
| epinephrine inj | BRAND EPIPEN JR | | |
| ertugliflozin l-pyrogutamic acid | STEGLATRO | | |
| ertugliflozin-sitagliptin | STEGLUJAN | | |
| esomeprazole | NEXIUM | | |
| estradiol-estriol-progesterone cream | BIEST/PROGES CMPD KIT | | |

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|------------------------------------------|-----------------------------|--|--|
| estradiol patch | generic VIVELLE-DOT | | |
| estradiol vaginal cream 0.1 mg/gm | generic ESTRACE VAGINAL | | |
| estrogens (conjugated synthetic) | CENESTIN | | |
| ezetimibe-atorvastatin | LIPTRUZET | | |
| fa-d3-ca carb-collagen bovine cap | CYFOLEX | | |
| fenofibrate | ANTARA | | |
| fenofibrate | FENOGLIDE | | |
| fenofibrate | LIPOFEN | | |
| fenofibrate | LOFIBRA 67mg, 134mg, 200mg | | |
| fenofibrate | TRIGLIDE | | |
| fenofibrate | TRICOR 48MG & 145MG | | |
| fenofibric acid | FIBRICOR 35MG & 105MG | | |
| fenofibric acid | TRILIPIX | | |
| fentanyl citrate | ABSTRAL | | |
| fentanyl patch | DURAGESIC PATCH 37.5mcg | | |
| fentanyl patch | DURAGESIC PATCH 62.5mcg | | |
| fentanyl patch | DURAGESIC PATCH 87.5mcg | | |
| fentanyl sublingual spray | SUBSYS | | |
| ferric pyrophosphate citrate | TRIFERIC | | |
| ferric subsulfate soln | MONSELS | | |
| fexofenadine | ALLEGRA | | |
| fexofenadine-pseudoephedrine | ALLEGRA D | | |
| filgrastim | NEUPOGEN | | |
| flibanserin | ADDYI | | |
| fluocinolone acetonide soln | SYNALAR TS | | |
| fluocinonide | VANOS | | |
| fluorouracil cream 4% | TOLAK | | |
| fluorouracil-diclofenac-sodium cr | FLUORAC | | |
| fluorouracil-salicylic acid cr cmpd kit | SUPRACIL | | |
| fluoxetine (PMDD) tab | SARAFEM TABLETS | | |
| fluoxetine 60mg tablets | PROZAC 60mg TABLETS | | |
| flurbiprofen-cyclobenzaprine cr | ACTIVE-PREP KITS | | |
| flurbiprofen-baclofen-lidocaine cr | FBL KIT CREAM 15-4-5% | | |
| flurb-gabapent-cycloben-lido-dexameth cr | AIF #2 | | |
| fluticasone furoate nasal | VERAMYST | | |
| fluticasone propionate nasal exhaler | XHANCE | | |
| fluticasone propionate aer pow | ARMONAIR RESPICLICK | | |
| fluticasone-salmeterol | Brand AIRDUO RESPICLICK | | |
| fluticasone-umeclidinium-vilantero | TRELEGY ELLIPTA | | |
| gabapentin | ACTIVE-PAC | | |
| gabapentin | GRALISE | | |
| gabapentin enacarbil | HORIZANT | | |
| glatiramer acetate soln 20mg | GLATOPA 20MG (gen Copaxone) | | |
| glatiramer acetate soln 40mg | COPAXONE 40MG (generic) | | |
| glutamine (sickle cell) powd pack | ENDARI | | |
| glycopyrrolate | GLYCATE | | |

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|------------------------------------------------------|------------------------------|--|--|
| granisetron patch | SANCUSO | | |
| guselkumab soln pref syr | TREMFYA | | |
| hc-pramoxine cr-diet manage prod tab-cleans wipe kit | ANALPRAM ADVANCED KIT | | |
| hydrocodone-guaifenesin soln | FLOWTUSS | | |
| hydrocodone bitartrate er | HYSINGLA ER | | |
| hydrocortisone acetate cream | MICORT-HC | | |
| hydrocortisone butyrate | LOCOID LOTION | | |
| hydrocortisone butyrate | LOCOID LIPOCREAM | | |
| hydrocortisone topical | HYDROCORTISONE 0.05% | | |
| hydrocortisone topical | HYDROCORTISONE 1% | | |
| hydrocortisone topical | HYTONE | | |
| hydrocortisone topical | NUCORT | | |
| hydrocortisone-pramoxine | PROCORT | | |
| hydroquin-fluticas-tretinoin cr cmpd kit | CLARYS | | |
| hypochlorous acid cleanser soln | I-LID CLEANSER | | |
| hypromellose nasal powder | ALZAIR ALRGY NASAL SP | | |
| ibuprofen-famotidine | DUEXIS | | |
| imatinib mesylate | BRAND GLEEVEC | | |
| imiquimod | ZYCLARA | | |
| indacaterol-glycopyrrolate inhal | UTIBRON NEOHALER | | |
| indomethacin | TIVORBEX | | |
| insulin aspart | FIASP | | |
| insulin aspart inj | FIASP FLEXTOUCH | | |
| 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 lispro | ADMELOG | | |
| insulin lispro | ADMELOG SOLOSTAR | | |
| insulin regular (human) inhalation powder | AFREZZA | | |
| interferon beta-1B | EXTAVIA | | |
| iodoquinol-hydroc | VYTONE | | |
| isotretinoin | ABSORICA | | |
| itraconazole | ONMEL | | |
| ketoconazole-hydrocortisone | KETOCON | | |
| ketoprofen-lidocaine-gabapentin kit | TRIPLE COMPLEX FORMULA 3 KIT | | |
| ketorolac ophth | ACUVAIL | | |
| ketotifen | ZADITOR | | |
| ketotifen | ZADITOR OTC | | |
| l-mehylfolate | DEPLIN | | |
| L-methylfolate B12 B6 | METANX TABLETS | | |
| lactic acid | LAC-HYDRIN | | |
| latanoprostene bunod ophth soln | VYZULTA | | |
| lesinurad-allopurinol | DUZALLO | | |
| letermovir | PREVYMIS | | |
| levetiracetam disintegrating soluble | SPRITAM | | |

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|----------------------------------------------|--------------------------------|--|--|
| levocetirizine | XYZAL | | |
| levomefolate glucosamine | Q-TABS | | |
| levonor-eth es | QUARTETTE | | |
| levothyroxine | TIROSINT | | |
| lidocaine | PROZENA 4% PATCH | | |
| lidocaine cream | LIDOZOL 3.75% | | |
| lidocaine hcl cream | LIDOVIN CREAM | | |
| lidocaine gel | LIDORX | | |
| lidocaine gel 2% | LIDOTREX | | |
| lido-capsaicin cr 5-0.05% | RENOVO LIDO 5 | | |
| lidocaine-capsaicin-chondroitin-glucos | REMAXAZON | | |
| lidocaine-dm-trolamine salicylate | PERMAVAN | | |
| lidocaine/hydrocortisone | ANAMANTLE | | |
| lidocaine-menthol patch | ATENDIA | | |
| lidocaine-menthol | AVALIN-RX 4-1% PATCH | | |
| lidocaine-menthol | LIDENZA | | |
| lidocaine-menthol | LIDOTHOL | | |
| lidocaine-menthol | LORENZA | | |
| lidocaine-menthol | PROLIDA | | |
| lidocaine-menthol | RELEEVIA ML | | |
| lidocaine-menthol cream 4-1% | SYNVEXIA TC | | |
| lidocaine-menthol patch 4-5% | RELYYKS | | |
| liraglutide (weight mngt) soln | SAXENDA | | |
| loperamide | IMODIUM | | |
| loratadine | CLARITIN | | |
| lorcaserin hcl | BELVIQ | | |
| loteprednol etabonate | LOTEMAX GEL | | |
| lovastatin SR | ALTOPREV | | |
| luliconazole | LUZU | | |
| mag+bisacodyl+peg+metoclo+electrol | PCP 100 KIT | | |
| meloxicam cap | VIVLODEX | | |
| memantine | NAMENDA XR | | |
| memantine hcl-donepezil hcl | NAMZARIC | | |
| mesalamine | DELZICOL | | |
| mesalamine CR | PENTASA | | |
| mesalamine | ASACOL HD | | |
| mesalamine del release 1.2gm | generic LIALDA | | |
| metformin | GLUMETZA | | |
| metformin SR | FORTAMET | | |
| methotrexate injection | OTREXUP | | |
| methoxy polyethylene glycol-epoetin beta inj | MIRCERA | | |
| methylalntrexone 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 | | |

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| methylphenidate hcl chew tab er | QUILLICHEW ER | | |
| methylphenidate hcl susp | QUILLIVANT XR | | |
| methylphenidate SA | *CONCERTA Generics | | |
| methylphenidate SR | RITALIN LA 10MG generic | | |
| *methylpred 4 MG & omeprazole-bicarb & pot & gel kit* | MEDPREDKIT | | |
| metoclopramide | METOZOLV ODT | | |
| metoprolol tartrate 37.5mg | | | |
| metoprolol tartrate 75mg | | | |
| metoprolol/HCTZ | 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 er 24hr tab | SOLODYN | | |
| minocycline er 24hr cap | XIMINO | | |
| mirabegron | MYRBETRIQ | | |
| mometasone | MOMEXIN KIT | | |
| mometasone nasal | NASONEX | | |
| mometasone-formoterol inhaler | DULERA | | |
| 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 | | |
| naldemedine tosylate tab | SYMPROIC | | |
| naloxone hcl solution | EVZIO | | |
| naltrexone hcl-bupropion | CONTRAVE | | |
| naproxen | NAPRELAN CR DOSE CARD | | |
| naproxen esomeprazole | VIMOVO | | |
| naproxen 500mg & capsaicin-menthpat | NAPROPAX | | |
| neomycin-fluocinolone cream | NEO-SYNALAR | | |
| neomycin-fluocino cr 0.5-0.025% & cr kit | NEO-SYNALAR KIT | | |
| neratinib maleate | NERLYNX | | |
| nevirapine er | VIRAMUNE XR (brand & gen) | | |
| nitisinone | NITYR | | |
| nitroglycerin subl powder packet | GONITRO | | |
| norethindone ace-eth estradiol-fe | LO MINASTRIN FE | | |
| norethindone ace-eth estradiol-fe | MINASTRIN 24 FE | | |
| norethindrone-ethinyl estradiol-fe | GENERESS FE | | |
| norethindrone-ethinyl estradiol-fe | TAYTULLA | | |
| nystatin cream-diaper rash cream kit | PEDIADERM AF | | |

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| 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 | | |
| oxymorphone ER | OPANA ER (CRUSH RESISTANT) | | |
| 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 | | |
| pitavastatin calcium | LIVALO | | |
| poly-l-lactid acid | SCULPTRA | | |
| polyethylene glycol 3350 kit | GIALAX KIT | | |
| pramipexole SR | MIRAPEX ER | | |
| pramoxine-hc cream 2.5-2.5% | MEZPAROX-HC FORTE | | |
| prasterone vaginal insert | INTRAROSA | | |
| prasterone & ibuprofen kit | PRASTERA KIT | | |
| prednisone | RAYOS | | |
| prednisone & diphenhydramine kit | CONTRAST ALGY PREMED PACK | | |
| prednisolone sodium phosphate | ASMALPRED | | |
| pregabalin er | LYRICA CR | | |
| 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 ER film soln | XALIX | | |

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| salicylic acid film-forming soln | ULTRASAL-ER | | |
| salsalate | DISALCID | | |
| secnidazole granules packet | SOLOSEC | | |
| selenium sul lotion | SELENIUM SUL LOT 2.25% | | |
| selenium sulfide-pyrithione zinc | SELRX | | |
| semaglutide soln pen-inj | OZEMPIC | | |
| serum-derived bovine | ENTERAGAM | | |
| setraconazole | ERTACZO | | |
| silicone patch & vit E-silicone liq | REXASIL | | |
| sod picosulfate-mg-ox-citric ac sol | CLENPIQ | | |
| 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 | | |
| spironolactone suspension | CAROSPIR | | |
| sulfacetamide sodium | APOP | | |
| sulfacetamide sodium foam | OVACE PLUS FOAM | | |
| sulfacetamide sodium lotion | OVACE PLUS LOTION | | |
| | AVAR FOAM | | |
| sulfacetamide sodium w/sulfur | PLEXION 9.8-4.8% CR, LOT, LIQ, CLTH | | |
| sulfacetamide sod-sulfur wash | SODIUM SULFACETAMIDE/Sulfur Kit | | |
| sulfacetamide sodium sulfur | SSS 10-4 | | |
| sulfacetamide w/ sulfur wash | SUMADAN | | |
| sulfacetamide sodium-sulfur pad | SUMAXIN CP KIT | | |
| sulfacetamide sodium-sulfur susp | SUMAXIN TS | | |
| sulfacetamide sod sulfur wash | ROSULA | | |
| sulfacetamide sod-sulfur wash | SUMADAN XLT KIT | | |
| sulfacetamide sod w/sulfur | AVAR | | |
| sumatriptan succ soln jet-injector | SUMAVEL DOSEPRO | | |
| sumatriptan succ soln auto-inj 3mg/0.5ml | ZEMBRACE SYMTOUCH | | |
| sumatriptan succ td iontophoretic patch | ZECUITY | | |
| sumatriptan auto-injection | ALSUMA | | |
| sumatriptan-naproxen sodium | TREXIMET | | |
| tacrolimus | ASTAGRAF XL | | |
| tacrolimus | ENVARUSUS XR | | |
| tazarotene cream | TAZORAC CR 0.1% generic | | |
| tazarotene foam | FABIOR | | |
| telmisartan-amlodipine | TWYNSTA | | |
| test strips | ABBOTT TEST STRIPS | | |
| test strips | ADVOCATE TEST STRIPS | | |

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|-------------------------------------------------|---------------------------------------------|--|--|
| test strips | BAYER TEST STRIPS | | |
| test strips | CLEVER CHOICE TEST STRIPS | | |
| test strips | GMATE TEST STRIPS | | |
| test strips | FORA TEST STRIPS | | |
| test strips | REDI+PLUS TEST STRIPS | | |
| test strips | ROCHE TEST STRIPS | | |
| test strips | TRUETEST TEST STRIPS | | |
| test strips | UNISTRIP TEST STRIPS | | |
| testosterone td gel | ANDROGEL | | |
| testosterone nasal gel | NATESTO | | |
| testosterone td gel | VOGELXO | | |
| tetracaine-menthol-camphor liqd spray | TETRAMEX SPRAY | | |
| tiotropium br-olodaterol | STIOLTO RESPIMAT | | |
| tobramycin nebu solution | KITABIS PAK | | |
| tobramycin nebulizer | TOBI NEBS | | |
| tobramycin-dexamethasone ophth | TOBRADEX ST | | |
| tolterodine | DETROL | | |
| tolterodine SR | DETROL LA | | |
| topiramate cap er 24hr sprinkle | QUDEXY XR | | |
| topiramate SR | TROKENDI XR | | |
| tramadol ER | CONZIP | | |
| tramadol ER | RYZOLT | | |
| trazodone SR | OLEPTRO | | |
| tretinoin | ATRALIN | | |
| tretinoin | RETIN-A GEL | | |
| tretinoin | RETIN-A MICRO | | |
| tretinoin | RETIN-A PUMP | | |
| tretinoin | TRETIN-X | | |
| tretinoin cr & men-zinc ox oint & sili tape pak | DERMAPAK PLUS | | |
| triamcinolone nasal | NASACORT AQ | | |
| triamcinolone | TRIANEX | | |
| triamcinolone cream-emollient cream kit | PEDIADERM TA | | |
| tropium | *SANCTURA | | |
| tropium chloride | SANCTURA XR | | |
| urea cream | DERMASORB XM KIT 39% | | |
| urea cream | KERALAC 47% CREAM | | |
| urea cream | KERALAC 47% CREAM | | |
| urea cream | UREVAZ | | |
| urea 42.5% | URESOL CREAM | | |
| urea emulsion | UMECTA EMOLLIENT | | |
| urea foam | UREA FOAM 35% | | |
| urea solution | URAMAXIN GT KIT | | |
| valbenazine tosylate | INGREZZA | | |
| valsartan aliskiren | VALTURNA | | |
| vardenafil | STAXYN | | |
| | VENLAFAXINE HCL TAB SR 24HR (BASE EQUIVALEN | | |

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

| | | | |
|-------------------------------------------------------------------|-----------------------|--|--|
| von willebrand factor for injection | VONVENDI | | |
| vortioxetine hbr | TRINTELLIX | | |
| wound dressing | ALEVICYN DERMAL SPRAY | | |
| wound dressing | ATRAPRO CP | | |
| zolpidem | EDLUAR | | |
| zolpidem | INTERMEZZO | | |
| zolpidem | ZOLPIMIST | | |
| zolpidem CR | *AMBIEN CR | | |
| 14-B Excluded from coverage – bulk powders for compounding | | | |
| | | | |

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