



HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company



SIERRA HEALTH AND LIFE  
A UnitedHealthcare Company

# Preferred Drug List

## ▶ 4-Tier Small Group

# Four-Tier Small Group Drug Benefit Guide

## Introduction

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

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

### Reading the *Drug Benefit Guide*

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

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

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

Other abbreviations used throughout the PDL are:

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

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

## **Mandatory Generic Substitution Policy**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**English:**

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

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

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

**Español (Spanish)**

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

**Tagalog (Tagalog)**

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

**繁體中文 (Chinese)**

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

**한국어 (Korean)**

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

**Tiếng Việt (Vietnamese)**

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

**አማርኛ (Amharic)**

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

**ภาษาไทย (Thai)**

คุณมีสิทธิขอความช่วยเหลือหรือขอข้อมูลในภาษาของคุณโดยไม่เสียค่าใช้จ่ายใด ๆ เมื่อต้องการถาม กรุณาโทรฟรีมาที่หมายเลขโทรศัพท์สำหรับสมาชิก ที่อยู่บนบัตรแผนสุขภาพหรือเอกสารแผนสุขภาพของคุณ

**日本語 (Japanese)**

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

**العربية (Arabic)**

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

**Русский (Russian)**

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

**Français (French)**

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

**فارسی (Persian)**

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

**Gagana fa'a Sāmoa (Samoan)**

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

**Deutsch (German)**

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

**Ilokano (Ilocano)**

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

## FOUR-TIER Small Group Drug Benefit Guide

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

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

#### 1-A Penicillins

Generic Name	Brand Name	Tier	Notes
amoxicillin	*AMOXIL	1	
amoxicillin	*MOXATAG	3	
amoxicillin-k clavulanate	*AUGMENTIN	1	
amoxicillin-k clavulanate SR 12hr	*AUGMENTIN XR	3	
ampicillin		1	
dicloxacillin		1	
penicillin V potassium		1	

#### 1-B Cephalosporins

Generic Name	Brand Name	Tier	Notes
cefaclor ER		1	
cefaclor		1	
cefadroxil		1	
cefdinir caps		1	
cefdinir susp		2	
cefditoren pivoxil	*SPECTRACEF	1	
cefixime	<b>SUPRAX CHEW</b>	4	
cefixime	*SUPRAX SUSP	4	
cefixime	<b>SUPRAX CAPSULE</b>	4	
cefpodoxime		1	
cefprozil		1	
ceftibuten	*CEDAX	1	
cefuroxime	*CEFTIN (tablets)	1	
cefuroxime	<b>CEFTIN (suspension)</b>	3	
cephalexin	*KEFLEX	1	

#### 1-C Macrolides

Generic Name	Brand Name	Tier	Notes
azithromycin ER for oral susp	<b>ZMAX</b>	3	
azithromycin	*ZITHROMAX	1	
clarithromycin	*BIAXIN	2	
clarithromycin SR		2	
clindamycin capsules	*CLEOCIN	1	
erythromycin base		1	
erythromycin EC	<b>PCE</b>	3	
erythromycin delayed-release EC	<b>ERY-TAB</b>	3	
erythromycin ethylsuccinate	*EES	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

erythromycin ethylsuccinate	*ERYPED	1	
erythromycin stearate	<b>ERYTHROCIN</b>	2	
<b>1-D Tetracyclines</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
doxycycline DR CAP	<b>ORACEA (Brand)</b>	4	
doxycycline hyclate 20mg tab	*PERIOSTAT	3	
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	
doxycycline monohydrate 50mg caps	*MONODOX 50mg	1	
minocycline hcl tablets	*DYNACIN	3	
minocycline hcl capsules	*MINOCIN	1	
tetracycline		3	
<b>1-E Fluoroquinolones</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
ciprofloxacin	*CIPRO	1	
ciprofloxacin SR tab	*CIPRO XR	3	
ciprofloxacin oral susp	*CIPRO (5% and 10%)	3	
delafloxacin meglumine tab	<b>BAXDELA</b>	3	
levofloxacin tab	*LEVAQUIN	1	
moxifloxacin tab	*AVELOX	4	
ofloxacin tab		1	
<b>1-F Antimycobacterial Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
bedaquiline fumarate tab	<b>SIRTURO</b>	3	
ethambutol tab	*MYAMBUTOL	1	
ethionamide tab	<b>TRECATOR</b>	3	
isoniazid		1	
isoniazid-rifampin	<b>RIFAMATE</b>	3	
isoniazid-rifampin-pyrazinamide	<b>RIFATER</b>	3	
pyrazinamide		1	
rifabutin cap	*MYCOBUTIN	3	
rifampin cap	*RIFADIN	1	
<b>1-G Antifungals</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
efinaconazole soln	<b>JUBLIA</b>	3	QL ST
fluconazole	*DIFLUCAN	1	
griseofulvin microsize		1	
griseofulvin ultramicrosize tab	*GRIS-PEG	1	
isavuconazonium sulfate cap	<b>CRESEMBA</b>	3	
itraconazole cap	*SPORANOX	1	QL
itraconazole oral soln	*SPORANOX SOLN	2	QL
ketoconazole foam	*EXTINA 2%	3	QL
ketoconazole cream	*NIZORAL	1	QL

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

miconazole buccal tab	<b>ORAVIG</b>	3	QL
nystatin	<b>BIO-STATIN</b>	2	
nystatin	*MYCOSTATIN susp	1	
posaconazole	<b>NOXAFIL TAB</b>	2	
tavaborole soln	<b>KERYDIN SOLN</b>	4	QL ST
terbinafine HCL tab	*LAMISIL	1	QL
terbinafine HCL	<b>LAMISIL GRANULE PACKET</b>	3	QL
voriconazole	*VFEND	1	QL

### 1-H Miscellaneous Antivirals

Generic Name	Brand Name	Tier	Notes
acyclovir	*ZOVIRAX tablets and capsules	1	
famciclovir tab	*FAMVIR	2	QL
letermovir	<b>PREVYMIS</b>	2	PA
oseltamivir	*TAMIFLU	2	QL
ribavirin	*REBETOL	1	SP
ribavirin	<b>REBETOL solution</b>	3	SP
rimantadine tab	*FLUMADINE	1	
valacyclovir tab	*VALTREX	2	QL
valganciclovir HCL	*VALCYTE	3	QL
zanamivir inh	<b>RELENZA DISKHALER</b>	3	QL

### 1-I Antiretrovirals

Generic Name	Brand Name	Tier	Notes
abacavir sulfate	<b>ZIAGEN</b>	2	SP
abacavir-dolutegravir-lamivudine tab	<b>TRIUMEQ</b>	2	SP
abacavir-lamivudine tab	*EPZICOM	2	SP
abacavir-lamivudine-zidovudine tab	*TRIZIVIR	1	SP
atazanavir	*REYATAZ	2	SP
bictegravir-emtricitabine-tenofovir af	<b>BIKTARVY</b>	4	PA SP
cobicistat tab	<b>TYBOST</b>	2	SP
darunavir	<b>PREZISTA</b>	3	SP
darunavir-cobicistat tab	<b>PREZCOBIX</b>	2	SP
delavirdine tab	<b>RESCRIPTOR</b>	3	SP
didanosine DR cap	*VIDEX EC	1	SP
didanosine oral soln	<b>VIDEX SOLUTION</b>	2	SP
dolutegravir sodium tab	<b>TIVICAY</b>	3	SP
dolutegravir sodium-rilpivirine hcl tab	<b>JULUCA</b>	2	SP
efavirenz	*SUSTIVA	2	SP
efav-lamiv-tenof df tab	<b>SYMFI</b>	2	SP
efav-lamiv-tenof df lo tab	<b>SYMFI LO</b>	2	SP
elvi-cobi-emtrici-teno tab	<b>STRIBILD</b>	3	SP
elvitegrav-cobic-emtricitab-tenofov af tab	<b>GENVOYA</b>	4	SP
emtricitabine	<b>EMTRIVA</b>	2	SP
emtricitabine-rilpivirine-tenofovir df tab	<b>COMPLERA</b>	3	SP
emtricitabine-rilpivirine-tenofovir af tab	<b>ODEFSEY</b>	4	SP
emtricitabine-tenofovir tab	<b>TRUVADA</b>	4	SP
emtricitabine-tenofovir alaf fum tab	<b>DESCOVY</b>	4	SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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



enfuvirtide inj	<b>FUZEON</b>	2	SP
entecavir	*BARACLUDE	1	SP
etravirine tab	<b>INTELENCE</b>	3	SP
fosamprenavir	*LEXIVA	3	SP
indinavir sulfate cap	<b>CRIXIVAN</b>	2	SP
lamivudine	*EPIVIR	1	SP
lamivudine-tenofovir df tab	<b>CIMDUO</b>	2	SP
lamivudine-zidovudine tab	*COMBIVIR	1	SP
lopinavir-ritonavir	<b>KALETRA</b>	2	SP
lopinavir-ritonavir	*KALETRA SOLUTION	2	SP
maraviroc	<b>SELZENTRY</b>	3	PA SP
nelfinavir mesylatetab	<b>VIRACEPT</b>	3	SP
nevirapine	*VIRAMUNE	1	SP
raltegravir	<b>ISENTRESS</b>	3	SP
raltegravir tab	<b>ISENTRESS HD</b>	3	SP
rilpivirine tab	<b>EDURANT</b>	3	SP
ritonavir cap	<b>NORVIR</b>	3	SP
ritonavir tab	*NORVIR	2	SP
saquinavir	<b>INVIRASE</b>	3	SP
secnidazole granules packet	<b>SOLOSEC</b>	4	
stavudine	*ZERIT	1	SP
atazanavir sulfate-cobicistat tab	<b>EVOTAZ</b>	2	SP
tenofovir	<b>VIREAD</b>	2	SP
tenofovir	*VIREAD 300mg	2	SP
tenofovir alafenamide fumarate tab	<b>VEMLIDY</b>	4	ST SP
tipranavir	<b>APTIVUS</b>	3	SP
zidovudine	*RETROVIR	1	SP

### 1-J Antimalarials

Generic Name	Brand Name	Tier	Notes
artemether-lumefantrine tab	<b>COARTEM</b>	3	
atovaquone-proguanil hcl tab	*MALARONE	2	
chloroquine phosphate tab		1	
hydroxychloroquine tab	*PLAQUENIL	1	
mefloquine hcl tab		1	
primaquine phosphate tab		1	
pyrimethamine tab	<b>DARAPRIM</b>	2	PA SP
quinine sulfate cap		1	QL

### 1-K Anthelmintics

Generic Name	Brand Name	Tier	Notes
albendazole tab	*ALBENZA	3	QL PA
benznidazole tab	<b>BENZNIDAZOLE</b>	2	QL PA
ivermectin tab		1	
mebendazole chew	<b>EMVERM</b>	4	QL PA
praziquantel tab	*BILTRICIDE	2	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

<b>1-L Misc Anti-Infectives</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
amikacin sulfate liposome inhal susp	<b>ARIKAYCE</b>	4	PA SP
atovaquone susp	*MEPRON	3	
aztreonam inh soln	<b>CAYSTON</b>	2	QL PA SP
dapsone tabs	*DAPSONE	1	
dornase alfa inh soln	<b>PULMOZYME</b>	2	QL PA SP
fidaxomicin tab	<b>DIFICID</b>	3	QL PA
ivacaftor	<b>KALYDECO</b>	3	QL PA SP
linezolid	*ZYVOX	2	QL
lumacaftor-ivacaftor	<b>ORKAMBI</b>	4	QL PA SP
metronidazole	*FLAGYL	1	
miltefosine cap	<b>IMPAVIDO</b>	4	QL PA
neomycin sulfate	*MYCIFRADIN	1	
nitazoxanide	<b>ALINIA</b>	3	QL
rifaximin tab	<b>XIFAXAN</b>	3	QL PA
SMZ-TMP	*BACTRIM	1	
SMZ-TMP-DS	*BACTRIM DS	1	
sulfadiazine		1	
tedizolid phosphate tab	<b>SIVEXTRO</b>	3	QL
tezacaftor-ivacaftor tab	<b>SYMDEKO</b>	2	QL PA SP
tinidazole tab	*TINDAMAX	3	
tobramycin inh cap	<b>TOBI PODHALER</b>	3	QL PA SP
tobramycin neb soln	<b>BETHKIS</b>	2	QL PA SP
trimethoprim oral soln	<b>TRIMPEX/PRIMSOL</b>	3	
vancomycin cap	*VANCOCIN	3	QL PA
vancomycin compound soln	<b>FIRST-VANCOMYCIN ORAL SOLN</b>	3	
vancomycin hcl for oral solution	<b>FIRVANQ</b>	2	

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

<b>2-A Antineoplastics (cancer drugs)</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
abemaciclib tab	<b>VERZENIO</b>	2	QL PA SP
abiraterone acetate tab	<b>ZYTIGA (Brand)</b>	2	QL PA SP
abiraterone acetate tab 125 mg	<b>YONSA</b>	4	PA SP
acalabrutinib cap	<b>CALQUENCE</b>	4	QL PA SP
afatinib dimaleate tab	<b>GILOTRIF</b>	4	QL PA SP
alectinib hcl cap	<b>ALECENSA</b>	4	QL PA SP
altretamine cap	<b>HEXALEN</b>	2	SP
anastrozole tab	*ARIMIDEX	1	
apalutamide tab	<b>ERLEADA</b>	2	PA SP
axitinib tab	<b>INLYTA</b>	3	QL PA SP
bexarotene cap	<b>TARGRETIN (Brand)</b>	2	SP
bicalutamide tab	*CASODEX	1	SP
binimetinib tab	<b>MEKTOVI</b>	4	PA SP
bosutinib tab	<b>BOSULIF</b>	2	QL ST SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

brigatinib tab	<b>ALUNBRIG</b>	4	QL PA SP
busulfan tab	<b>MYLERAN</b>	2	SP
cabozantinib s-malate cap	<b>COMETRIQ</b>	3	QL PA SP
cabozantinib s-malate tab	<b>CABOMETYX</b>	2	QL PA SP
capecitabine tab	<b>XELODA (Brand)</b>	1	QL SP
ceritinib cap	<b>ZYKADIA</b>	3	QL PA SP
chlorambucil tab	<b>LEUKERAN</b>	2	SP
cobimetinib fumarate tab	<b>COTELLIC</b>	2	QL PA SP
crizotinib cap	<b>XALKORI</b>	3	QL PA SP
cyclophosphamide cap	<b>CYCLOPHOSPH CAPS</b>	2	SP
dabrafenib mesylate cap	<b>TAFINLAR</b>	3	QL PA SP
dasatinib tab	<b>SPRYCEL</b>	3	QL PA ST SP
degarelix acetate inj	<b>FIRMAGON</b>	3	SP
enasidenib mesylate tab	<b>IDHIFA</b>	2	QL PA SP
encorafenib cap	<b>BRAFTOVI</b>	4	PA SP
enzalutamide cap	<b>XTANDI</b>	3	QL ST SP
erlotinib tab	<b>TARCEVA</b>	3	QL PA SP
estramustine cap	<b>EMCYT</b>	2	SP
etoposide cap	*VEPESID	1	SP
everolimus tab	<b>AFINITOR</b>	3	QL PA SP
exemestane tab	*AROMASIN	2	
flutamide cap	*EULEXIN	1	SP
gefitinib tab	<b>IRESSA</b>	3	QL PA SP
hydroxyurea cap	<b>DROXIA</b>	3	
hydroxyurea 500mg cap	*HYDREA	1	
ibrutinib	<b>IMBRUVICA</b>	3	QL PA SP
idelalisib tab	<b>ZYDELIG</b>	3	QL PA SP
imatinib mesylate tab	*GLEEVEC	1	QL PA SP
ivosidenib tab	<b>TIBSOVO</b>	2	PA SP
ixazomib citrate cap	<b>NINLARO</b>	2	QL PA SP
lapatinib ditosylate tab	<b>TYKERB</b>	3	QL PA SP
lenalidomide cap	<b>REVLIMID</b>	3	QL PA SP
lenvatinib cap	<b>LENVIMA</b>	3	QL PA SP
letrozole tab	*FEMARA	1	
leucovorin calcium tab	*LEUCOVORIN CALCIUM	1	
lomustine	<b>GLEOSTINE</b>	2	PA SP
lorlatinib tab	<b>LORBRENA</b>	4	PA SP
mechlorethamine hcl	<b>VALCHLOR GEL</b>	2	QL PA SP
megestrol tab	*MEGACE	1	
megestrol susp	*MEGACE ES	3	
melphalan tab	*ALKERAN	2	SP
mercaptopurine tab	*PURINETHOL	1	SP
mercaptopurine susp	<b>PURIXAN SUSP</b>	4	PA SP
mesna tab	<b>MESNEX</b>	2	SP
methotrexate injection		1	
methotrexate tablets 2.5mg		1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

methotrexate tablets	<b>TREXALL</b>	3	
midostaurin cap	<b>RYDAPT</b>	4	QL PA SP
mitotane tab	<b>LYSODREN</b>	2	SP
neratinib maleate tab	<b>NERLYNX</b>	4	QL PA SP
nilotinib cap	<b>TASIGNA</b>	2	QL PA ST SP
nilutamide tab	<b>*NILANDRON</b>	3	SP
niraparib tosylate cap	<b>ZEJULA</b>	4	QL PA SP
olaparib	<b>LYNPARZA</b>	3	QL PA SP
omacetaxine mepesuccinate sq inj	<b>SYNRIBO</b>	2	PA SP
osimertinib mesylate tab	<b>TAGRISSE</b>	4	QL PA SP
palbociclib cap	<b>IBRANCE</b>	2	QL PA SP
panobinostat lactate cap	<b>FARYDAK</b>	3	QL PA SP
pazopanib tab	<b>VOTRIENT</b>	3	QL PA SP
pomalidomide cap	<b>POMALYST</b>	3	QL PA SP
ponatinib hcl tab	<b>ICLUSIG</b>	3	QL PA SP
procarbazine hcl cap	<b>MATULANE</b>	2	SP
regorafenib tab	<b>STIVARGA</b>	3	QL PA SP
ribociclib succinate tab	<b>KISQALI</b>	4	QL PA SP
ribociclib tab & letrozole pack tab	<b>KISQALI FEMARA</b>	4	QL PA SP
rucaparib camsylate tab	<b>RUBRACA</b>	3	QL PA SP
ruxolitinib phosphate tab	<b>JAKAFI</b>	3	QL PA SP
sonidegib phosphate cap	<b>ODOMZO</b>	2	QL PA SP
sorafenib tosylate tab	<b>NEXAVAR</b>	3	QL PA SP
sunitinib cap	<b>SUTENT</b>	3	QL PA SP
talazoparib tosylate cap	<b>TALZENNA</b>	4	PA SP
tamoxifen tab	<b>*NOLVADEX</b>	1	
temozolomide cap	<b>*TEMODAR</b>	3	QL PA SP
thalidomide cap	<b>THALOMID</b>	3	QL PA SP
thioguanine tab	<b>TABLOID</b>	2	SP
topotecan cap	<b>HYCAMTIN</b>	3	QL PA SP
toremifene citrate tab	<b>FARESTON</b>	3	SP
trametinib dimethyl sulfoxide tab	<b>MEKINIST</b>	3	QL PA SP
tretinoin capsules		2	QL SP
trifluridine-tipiracil tab	<b>LONSURF</b>	2	QL PA SP
vandetanib tab	<b>CAPRELSA</b>	3	QL PA SP
vemurafenib tab	<b>ZELBORAF</b>	3	QL PA SP
venetoclax tab	<b>VENCLEXTA</b>	4	QL PA SP
vismodegib cap	<b>ERIVEDGE</b>	3	QL PA SP
vorinostat cap	<b>ZOLINZA</b>	3	QL PA SP

## 2-B Immunosuppressives

Generic Name	Brand Name	Tier	Notes
azathioprine tab	<b>*IMURAN</b>	1	
cyclosporine	<b>*SANDIMMUNE (NTI)</b>	4	SP
cyclosporine modified	<b>*GENGRAF</b>	1	SP
cyclosporine modified	<b>*NEORAL (NTI)</b>	4	SP
everolimus tab	<b>ZORTRESS</b>	3	SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

mycophenolate sod DR tab	*MYFORTIC	2	SP
mycophenolate mofetil	*CELLCEPT	1	SP
sirolimus	*RAPAMUNE	2	SP
tacrolimus cap	*PROGRAF	1	SP

## CARDIOVASCULAR (drugs to treat heart conditions)

### 3-A Cardiotonics

Generic Name	Brand Name	Tier	Notes
digoxin	*LANOXIN	1	

### 3-B Antianginals

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

### 3-C Beta Blockers

Generic Name	Brand Name	Tier	Notes
acebutolol cap		1	
atenolol tab	*TENORMIN	1	
betaxolol tab		1	
bisoprolol fum tab	*ZEBETA	1	
carvedilol tab	*COREG	1	QL
droxidopa cap	<b>NORTHERA</b>	2	QL PA SP
labetalol tab		1	
metoprolol tartrate tab	*LOPRESSOR	1	
metoprolol succinate ER tab	*TOPROL XL	2	
metoprolol succ er 24hr sprinkle cap	<b>KASPARGO SPRINKLE</b>	4	
nadolol tab	*CORGARD	1	
nebivolol tab	<b>BYSTOLIC</b>	2	
pindolol tab	*VISKEN	1	
propranolol tab	*INDERAL	1	
propranolol hcl ER cap	*INDERAL LA	2	
propranolol hcl SR beads cap	<b>INNOPRAN XL</b>	3	
sotalol tab	*BETAPACE	1	
sotalol AF tab	*BETAPACE AF	1	
sotalol hcl oral soln	<b>SOTYLIZE</b>	4	PA
timolol maleate tab		1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

<b>3-D Calcium Channel Blockers</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
amlodipine tab	*NORVASC	1	
diltiazem SR coated beads 24hr cap	*CARTIA XT	2	
diltiazem tab	*CARDIZEM	1	
diltiazem ER beads 24hr cap	*TIAZAC	2	
diltiazem ER 12hr cap	*CARDIZEM SR	1	
diltiazem SR coated beads 24hr cap	*CARDIZEM CD	2	
diltiazem SR coated beads 24HR tab	*CARDIZEM LA	2	
felodipine ER tab	*PLENDIL	1	
isradipine cap	*DYNACIRC	1	
nicardipine cap	*CARDENE	1	
nifedipine CR	*ADALAT CC	1	
nifedipine CR	*PROCARDIA XL	1	
nifedipine IR	*PROCARDIA	1	
nimodipine oral soln	<b>NYMALIZE</b>	3	
nisoldipine ER tab	*SULAR	3	
verapamil tab	*CALAN	1	
verapamil ER 24hr	*CALAN SR	1	
verapamil ER 24hr cap	*VERELAN	3	
verapamil ER 24hr cap	*VERELAN PM	3	

<b>3-E Antiarrhythmics</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
amiodarone tab	*CORDARONE	1	
disopyramide cap	*NORPACE	1	
dofetilide cap	*TIKOSYN	2	
dronedarone tab	<b>MULTAQ</b>	3	PA
flecainide tab		1	
mexiletine cap		1	
propafenone tab	*RYTHMOL	1	
propafenone ER 12hr cap	*RYTHMOL SR	3	
quinidine gluconate		1	
quinidine sulfate		1	

<b>3-F Angiotensin Converting Enzyme (ACE) Inhibitors</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
benazepril tab	*LOTENSIN	1	
captopril tab	*CAPOTEN	1	
enalapril maleate oral soln	<b>EPANED</b>	3	PA
enalapril tab	*VASOTEC	1	
fosinopril tab	*MONOPRIL	1	
lisinopril tab	*PRINIVIL	1	
lisinopril tab	*ZESTRIL	1	
lisinopril oral soln	<b>QBRELIS</b>	4	PA
moexipril tab	*UNIVASC	1	
perindopril tab	*ACEON	2	
quinapril tab	*ACCUPRIL	1	

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

ramipril cap	*ALTACE	1	
trandolapril tab	*MAVIK	1	
<b>3-G Angiotensin II Receptor Blockers (ARB's)</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
azilsartan medoxomil tab	<b>EDARBI</b>	3	QL
candesartan tab	*ATACAND	3	
eprosartan tab	*TEVETEN	3	
irbesartan tab	*AVAPRO	1	
losartan tab	*COZAAR	1	
olmesartan tab	*BENICAR	2	QL
telmisartan tab	*MICARDIS	2	
valsartan tab	*DIOVAN	2	
<b>3-H Miscellaneous Antihypertensives</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
aliskiren fumarate tab	<b>TEKTURNA</b>	3	QL
ambrisentan tab	<b>LETAIRIS</b>	2	QL PA SP
bosentan tab	<b>TRACLEER</b>	2	QL PA SP
clonidine tab	*CATAPRES	1	
clonidine patch	*CATAPRES-TTS	3	
doxazosin tab	*CARDURA	1	
guanfacine tab	*TENEX	1	
hydralazine tab	*APRESOLINE	1	
iloprost inhl soln	<b>VENTAVIS</b>	3	PA SP
lofexidine hcl tab	<b>LUCEMYRA</b>	4	QL PA
macitentan tab	<b>OPSUMIT</b>	2	QL PA SP
mecamylamine tab	<b>VECAMYL</b>	3	PA
methyldopa tab	*ALDOMET	1	
minoxidil tab		1	
phenoxybenzamine cap	<b>DIBENZYLINE</b>	3	
prazosin cap	*MINIPRESS	1	
riociguat tab	<b>ADEMPAS</b>	2	QL PA SP
selexipag tab	<b>UPTRAVI</b>	4	QL PA SP
selexipag tab	<b>UPTRAVI THERAPY PACK</b>	4	QL PA SP
sildenafil citrate tab (PAH)	*REVATIO	3	QL PA SP
sildenafil citrate oral susp (PAH)	<b>REVATIO SUSP 10MG/ML</b>	4	QL PA SP
tadalafil tab (PAH)	*ADCIRCA	4	QL PA SP
terazosin cap	*HYTRIN	1	
treprostinil diolamine ER tab	<b>ORENITRAM</b>	4	QL PA SP
treprostinil inhl soln	<b>TYVASO</b>	3	PA SP
<b>3-I Antihypertensive Combinations</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
aliskiren-hctz tab	<b>TEKTURNA HCT</b>	3	QL
amiloride-HCTZ tab	*MODURETIC	1	
amlodipine-benazepril cap	*LOTREL	1	
atenolol-chlorthalidone tab	*TENORETIC	1	
azilsartan-chlorthalidone tab	<b>EDARBYCLOR</b>	3	QL

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

benazepril-HCTZ tab	*LOTENSIN HCT	1	
bisoprolol-HCTZ tab	*ZIAC	1	
candesartan-HCTZ tab	*ATACAND HCT	3	
captopril-HCTZ tab	*CAPOZIDE	1	
enalapril-HCTZ tab	*VASERETIC	1	
fosinopril-HCTZ tab	*MONOPRIL HCT	1	
irbesartan-HCTZ tab	*AVALIDE	1	
lisinopril-HCTZ tab	*PRINZIDE	1	
lisinopril-HCTZ tab	*ZESTORETIC	1	
losartan-HCTZ tab	*HYZAAR	1	
methyldopa-HCTZ tab	*ALDORIL	1	
moexipril-HCTZ tab	*UNIRETIC	1	
nadolol-bendroflumethiazide tab	*CORZIDE	1	
nebivolol-valsartan tab	<b>BYVALSON</b>	2	QL
olmesartan-HCTZ tab	*BENICAR HCT	2	QL
propranolol-HCTZ tab	*INDERIDE	1	
quinapril-HCTZ tab	*ACCURETIC	2	
sacubitril-valsartan tab	<b>ENTRESTO</b>	4	QL PA
spironolactone-HCTZ tab	*ALDACTAZIDE	1	
telmisartan-HCTZ tab	*MICARDIS HCT	3	
trandolapril-verapamil er tab	*TARKA	3	
triamterene-HCTZ cap	*DYAZIDE	1	
triamterene-HCTZ tab	*MAXZIDE	1	
valsartan-HCTZ tab	*DIOVAN-HCT	1	

### 3-J Diuretics

Generic Name	Brand Name	Tier	Notes
acetazolamide tab	*DIAMOX	1	
amiloride tab		1	
bumetanide tab	*BUMEX	1	
chlorothiazide tab	*DIURIL	1	
chlorthalidone tab	*HYGROTON	1	
dichlorphenamide tab	<b>KEVEYIS</b>	2	QL PA SP
eplerenone tab	*INSPIRA	2	
ethacrynic acid tab	*EDECIN	3	
furosemide	*LASIX	1	
hydrochlorothiazide tab	*HYDRODIURIL	1	
hydrochlorothiazide cap	*MICROZIDE	1	
indapamide tab	*LOZOL	1	
methazolamide tab	*NEPTAZANE	1	
methyclothiazide tab	*AQUATENSEN	1	
metolazone tab	*ZAROXOLYN	1	
spironolactone tab	*ALDACTONE	1	
spironolactone oral susp	<b>CAROSPIR</b>	4	PA
tolvaptan tab	<b>SAMSCA</b>	3	QL SP
tolvaptan therapy pack	<b>JYNARQUE</b>	2	PA SP
toremide tab	*DEMADEX	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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



triamterene cap	<b>DYRENIUM</b>	3	
<b>3-K Pressors</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
epinephrine inj	*EPIPEN	2	QL
epinephrine inj	*EPIPEN JR	2	QL
midodrine	*PROAMATINE	1	
<b>3-L Antihyperlipidemics</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
alirocumab inj	<b>PRALUENT</b>	2	QL PA ST SP
atorvastatin tab	*LIPITOR	1	QL
cholestyramine powder	*QUESTRAN	1	
colesevelam	<b>WELCHOL (Brand)</b>	2	
colestipol	*COLESTID	1	
evolocumab inj	<b>REPATHA</b>	4	QL PA ST SP
ezetimibe tab	*ZETIA	2	QL
ezetimibe-simvastatin tab	*VYTORIN	3	QL
fenofibrate tab	*LOFIBRA 54mg & 160mg	1	
fluvastatin cap	LESCOL	3	QL
fluvastatin ER tab	*LESCOL XL	3	QL ST
gemfibrozil tab	*LOPID	1	
icosapent ethyl cap	<b>VASCEPA</b>	3	PA
lomitapide mesylate cap	<b>JUXTAPID</b>	3	QL PA ST SP
lovastatin tab	*MEVACOR	1	
lovastatin ER tab	<b>ALTOPREV</b>	3	
mipomersen sodium inj	<b>KYNAMRO</b>	3	QL PA ST SP
niacin ER tab	*NIASPAN	4	
omega-3-acid ethyl esters cap	*LOVAZA	3	PA
pitavastatin tab	<b>LIVALO</b>	4	ST
pravastatin tab	*PRAVACHOL	1	
rosuvastatin tab	*CRESTOR	2	QL
simvastatin tab	*ZOCOR	1	
simvastatin susp	<b>FLOLIPID</b>	4	PA
<b>3-M Miscellaneous Cardiovascular</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
isosorbide dinitrate-hydralazine tab	<b>BIDIL</b>	2	
patiromer sorbitex calcium packet	<b>VELTASSA</b>	3	QL PA
ranolazine tab	<b>RANEXA</b>	2	
<b>CENTRAL NERVOUS SYSTEM</b> (drugs that affect the brain)			
<b>4-A Antianxiety Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
alprazolam tab	*XANAX	1	
alprazolam ER tab	*XANAX XR	1	
alprazolam ODT	*NIRAVAM	1	
bupirone tab		1	
chlordiazepoxide cap	*LIBRIUM	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

clorazepate tab	*TRANXENE	1	
diazepam tab	*VALIUM	1	
hydroxyzine hcl	*ATARAX	1	
hydroxyzine pamoate	*VISTARIL	1	
lorazepam tab	*ATIVAN	1	
meprobamate tab		1	
oxazepam cap	*SERAX	1	

#### 4-B Antidepressants

Generic Name	Brand Name	Tier	Notes
amitriptyline tab	*ELAVIL	1	
amoxapine tab	*ASENDIN	1	
bupropion tab	*WELLBUTRIN	1	
bupropion ER 12hr tab	*WELLBUTRIN SR	1	
bupropion ER 24hr tab	*WELLBUTRIN XL	1	
citalopram tab	*CELEXA	1	
clomipramine cap	*ANAFRANIL	4	
desipramine tab	*NORPRAMIN	1	
desvenlafaxine ER tab 24hr	*PRISTIQ	2	QL
doxepin cap	*SINEQUAN	1	
duloxetine cap	*CYMBALTA	2	QL
escitalopram	*LEXAPRO	1	
fluoxetine tablets	*PROZAC TABLETS	3	QL
fluoxetine capsules	*PROZAC CAPSULES	1	QL
fluoxetine DR cap	*PROZAC WEEKLY	3	QL
fluoxetine (PMDD) caps	*SARAFEM CAPSULES	3	
fluvoxamine tab	*LUVOX	1	QL
fluvoxamine ER cap	*LUVOX CR	3	QL
imipramine hcl tab	*TOFRANIL	1	
imipramine pamoate cap	<b>TOFRANIL PM</b>	3	
levomilnacipran hcl cap	<b>FETZIMA</b>	3	QL ST
maprotiline tab	*LUDIOMIL	1	
mirtazapine tab	*REMERON	1	
mirtazapine odt	*REMERON SOLTABS	1	
nefazodone hcl tab	*SERZONE	1	
nortriptyline cap	*PAMELOR	1	
paroxetine hcl	*PAXIL	1	
paroxetine hcl er tab	*PAXIL CR	3	QL
phenelzine sulfate tab	*NARDIL	1	
protriptyline tab	*VIVACTIL	1	
sertraline hcl	*ZOLOFT	1	
trazodone tab	*DESYREL	1	
trimipramine maleate cap	*SURMONTIL	3	
venlafaxine tab	*EFFEXOR	1	
venlafaxine ER 24hr cap	*EFFEXOR XR CAPSULES	1	
vilazodone tab	<b>VIIBRYD</b>	3	QL
vortioxetine hbr tab	<b>TRINTELLIX</b>	4	QL ST

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

<b>4-C Hypnotics (Sleep Aids)</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
estazolam tab	*PROSOM	1	
eszopiclone tab	*LUNESTA	2	QL
flurazepam cap	*DALMANE	1	
phenobarbital		1	
ramelteon tab	<b>ROZEREM</b>	3	QL ST
suvorexant tab	<b>BELSOMRA</b>	4	QL ST
tasimelteon cap	<b>HETLIOZ</b>	4	QL PA SP
temazepam cap	*RESTORIL	1	
triazolam tab	*HALCION	1	
zaleplon cap	*SONATA	1	QL
zolpidem tab	*AMBIEN	1	QL
<b>4-D Antipsychotics</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
aripiprazole tab	*ABILIFY	2	QL
aripiprazole odt	*ABILIFY DISCMELTS	2	QL
asenapine sl tab	<b>SAPHRIS</b>	3	QL
brexpiprazole tab	<b>REXULTI</b>	4	QL ST
cariprazine cap	<b>VRAYLAR</b>	4	QL ST
chlorpromazine	*THORAZINE	1	
clozapine odt	*FAZACLO	3	
clozapine tab	*CLOZARIL	1	
fluphenazine	*PROLIXIN	1	
haloperidol	*HALDOL	1	
iloperidone tab	<b>FANAPT</b>	4	QL
lithium carbonate cap	*ESKALITH	1	
lithium carbonate ER tab	*ESKALITH CR	1	
lithium carbonate ER tab	*LITHOBID	1	
loxapine cap	*LOXITANE	1	
lurasidone tab	<b>LATUDA</b>	4	QL
molindone hcl tab	<b>MOLINDONE</b>	3	
olanzapine tab	*ZYPREXA	3	QL
olanzapine odt	*ZYPREXA ZYDIS	3	QL
paliperidone ER tab	*INVEGA	3	QL
perphenazine tab	*TRILAFONE	1	
pimavanserin tartrate	<b>NUPLAZID</b>	4	QL PA
prochlorperazine	*COMPazine	1	
quetiapine fumarate tab	*SEROQUEL	1	QL
quetiapine fumarate ER tab	*SEROQUEL XR	3	QL
risperidone tab	*RISPERDAL	1	
risperidone odt	*RISPERDAL M	1	
thioridazine tab		1	
thiothixene cap	*NAVANE	1	
trifluoperazine tab	*STELAZINE	1	
ziprasidone hcl cap	*GEODON	1	QL

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

<b>4-E Stimulants</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
amphetamine-d-amphetamine tab	*ADDERALL	1	
amphetamine-d-amphetamine SR cap	<b>ADDERALL XR (Brand)</b>	2	QL
armodafinil tab	*NUVIGIL	2	QL PA
atomoxetine cap	*STRATTERA	3	QL
dexmethylphenidate tab	*FOCALIN	1	
dexmethylphenidate hcl cap er 24hr	*FOCALIN XR	3	QL
dextroamphetamine tab	*DEXEDRINE TABS	1	
dextroamphetamine er cap	*DEXEDRINE ER CAPS	3	
dextroamphetamine sulfate oral soln	*PROCENTRA	1	
lisdexamfetamine dimesylate	<b>VYVANSE</b>	2	QL
methamphetamine tab	*DESOXYN	1	
methylphenidate td patch	<b>DAYTRANA PATCHES</b>	4	QL
methylphenidate chew	*METHYLIN (chewable)	3	
methylphenidate	<b>METHYLIN (suspension)</b>	3	
methylphenidate tab	*RITALIN	1	
methylphenidate ER tab	*RITALIN SR	1	
methylphenidate ER cap	RITALIN LA	2	QL
methylphenidate ER cap	*METADATE CD	2	QL
methylphenidate ER osmotic release tab	<b>CONCERTA (Brand)</b>	2	QL
modafinil tab	*PROVIGIL	2	QL PA
sodium oxybate oral soln	<b>XYREM</b>	3	QL PA SP
<b>4-F Misc Psychotherapeutic and Neurological Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
amitriptyline-chlordiazepoxide tab	<b>LIMBITROL</b>	2	
deutetrabenazine tab	<b>AUSTEDO</b>	2	QL PA SP
dextromethorphan quindine cap	<b>NUEDEXTA</b>	2	PA
disulfiram tab	*ANTABUSE	1	
donepezil tab	*ARICEPT 5mg. 10mg	1	
donepezil odt	*ARICEPT ODT	2	
ergoloid mesylates tab	*HYDERGINE	1	
galantamine tab	*RAZADYNE	1	
galantamine er cap	*RAZADYNE ER	1	
guanfacine tab		1	
guanfacine er tab	*INTUNIV	2	QL
memantine tab	*NAMENDA	2	
memantine oral soln	*NAMENDA ORAL SOLN	3	
olanzapine-fluoxetine cap	*SYMBYAX	3	QL
perphenazine-amitriptyline tab	*ETRAFON	1	
pimozide tab	*ORAP	2	
rivastigmine cap	*EXELON	2	
rivastigmine td patch	<b>EXELON PATCH</b>	3	
tetrabenazine tab	*XENAZINE	2	PA SP
valbenazine tosylate cap	<b>INGREZZA</b>	4	QL PA ST SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

<b>4-G Anticonvulsants</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
brivaracetam	<b>BRIVIACT</b>	4	PA
carbamazepine	<b>*TEGRETOL (NTI)</b>	2	
carbamazepine ER 12hr cap	<b>*CARBATROL</b>	2	
carbamazepine ER 12hr tab	<b>*TEGRETOL XR TABLETS</b>	3	
clobazam	<b>*ONFI</b>	3	PA
clonazepam	<b>*KLONOPIN</b>	1	
diazepam rectal	<b>*DIASTAT</b>	3	QL
divalproex sodium DR tab	<b>*DEPAKOTE DR</b>	1	
divalproex sodium ER 24hr tab	<b>*DEPAKOTE ER 24 HR</b>	2	
divalproex sodium DR sprinkle cap	<b>*DEPAKOTE SPRINKLE</b>	2	
eslicarbazepine acetate tab	<b>APTIOM</b>	3	PA
ethosuximide	<b>*ZARONTIN</b>	1	
ethotoin	<b>PEGANONE</b>	3	
ezogabine tab	<b>POTIGA</b>	3	
felbamate	<b>FELBATOL</b>	3	
gabapentin cap	<b>*NEURONTIN</b>	1	
gabapentin oral soln	<b>*NEURONTIN SOLN</b>	1	
gabapentin enacarbil ER tab	<b>HORIZANT</b>	4	
lacosamide tab	<b>VIMPAT</b>	3	PA
lacosamide oral soln	<b>VIMPAT SOLN</b>	3	PA
lamotrigine tab	<b>*LAMICTAL</b>	1	
lamotrigine tab	<b>*LAMICTAL STARTER KIT</b>	1	
lamotrigine odt	<b>LAMICTAL ODT</b>	3	
lamotrigine odt	<b>LAMICTAL ODT KIT</b>	3	
lamotrigine ER tab	<b>*LAMICTAL XR</b>	3	
lamotrigine ER tab	<b>LAMICTAL XR KIT</b>	3	
levetiracetam	<b>*KEPPRA</b>	2	
levetiracetam ER tab	<b>*KEPPRA XR</b>	3	
methsuximide cap	<b>CELONTIN</b>	3	
milnacipran tab	<b>SAVELLA</b>	4	QL
milnacipran tab	<b>SAVELLA TITRATION PAK</b>	4	QL
oxcarbazepine	<b>*TRILEPTAL</b>	1	
perampanel tab	<b>FYCOMPA</b>	3	PA
phenytoin caps	<b>*DILANTIN (NTI)</b>	2	
phenytoin tabs	<b>*DILANTIN CHEW</b>	3	
pregabalin caps	<b>LYRICA</b>	4	QL ST
pregabalin oral soln	<b>LYRICA SOLUTION</b>	4	QL ST
primidone tab	<b>*MYSOLINE</b>	1	
rufinamide	<b>BANZEL</b>	3	PA
tiagabine tab	<b>*GABITRIL</b>	1	
topiramate cap	<b>*TOPAMAX SPRINKLES</b>	1	
topiramate tab	<b>*TOPAMAX</b>	1	
valproic acid	<b>*DEPAKENE</b>	1	
vigabatrin pack	<b>*SABRIL POWDER PACK</b>	2	PA SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

vigabatrin tab	<b>SABRIL TABLETS</b>	3	PA SP
zonisamide cap	*ZONEGRAN	1	
<b>4-H Antiparkinsonian Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
amantadine		1	
apomorphine inj	<b>APOKYN</b>	2	SP
benztropine inj	*COGENTIN	1	
bromocriptine	*PARLODEL	1	
carbidopa tab	*LODOSYN	3	
carbidopa-levodopa tab	*SINEMET	1	
carbidopa-levodopa odt	*PARCOPA	1	
carbidopa-levodopa tab er	*SINEMET CR	1	
carbidopa-levodopa-entacapone tab	*STALEVO	1	
carbidopa-levodopa enteral susp	<b>DUOPA SUSP</b>	4	PA
entacapone tab	*COMTAN	2	
pramipexole tab	*MIRAPEX	1	
rasagiline mesylate tab	*AZILECT	3	
ropinirole hcl tab	*REQUIP	1	
tolcapone tab	*TASMAR	2	
trihexyphenidyl	*ARTANE	1	
selegiline hcl		1	
<b>4-I Smoking Deterrents</b>			
bupropion SR (smoking deterrent)	*ZYBAN	1	PA
nicotine inhalation	<b>NICOTROL INHALER</b>	3	PA
nicotine nasal spray	<b>NICOTROL NS</b>	3	PA
varenicline tab	<b>CHANTIX</b>	3	PA
<b>DERMATOLOGICALS</b> (drugs to treat skin disorders or conditions)			
<b>5-A Anorectal</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	
hydrocortisone rectal cream	*ANUSOL-HC CREAM	1	
hydrocortisone acetate suppositories	*ANUSOL-HC SUPP	2	
hydrocortisone-pramoxine rectal	*ANALPRAM-HC CREAM	1	QL
hydrocortisone-pramoxine rectal	<b>PROCTOFOAM-HC</b>	2	
<b>5-B Acne Products</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
azelaic acid cream	<b>AZELEX</b>	3	QL
azelaic acid foam	<b>FINACEA FOAM</b>	4	
azelaic acid gel	*FINACEA GEL	3	
benzoyl peroxide-erythromycin gel	*BENZAMYCIN 5-3%	1	QL
brimonidine tartrate gel	<b>MIRVASO GEL</b>	4	QL
clindamycin foam	<b>EVOCLIN</b>	3	
clindamycin topical	*CLEOCIN-T SOLN & PADS	1	QL
clindamycin topical	*CLEOCIN T 1% GEL & LOT	3	QL
clindamycin-benzoyl peroxide gel	*DUAC	3	AL
clindamycin-tretinoin gel	<b>VELTIN</b>	3	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

dapsone gel	<b>ACZONE (Brand)</b>	4	QL
erythromycin topical gel	*ERYGEL	1	
isotretinoin cap	*AMNESTEEM	3	PA
isotretinoin cap	*CLARAVIS	3	PA
isotretinoin cap	*MYORISAN	3	PA
isotretinoin cap	*ZENATANE	3	PA
ivermectin cream	<b>SOOLANTRA</b>	4	QL ST
metronidazole cream	*METROCREAM 0.75%	1	
metronidazole gel	*METROGEL	1	
metronidazole gel	*METROGEL PUMP	1	
metronidazole lotion	*METROLOTION 0.75%	1	
sulfacetamide lotion (acne)	*KLARON	1	
sulfacetamide-sod w/sulfur 10-5% and 10-2%		1	
tretinoin cream	*RETIN-A CREAM	3	QL AL

### 5-C Topical Antibiotics

Generic Name	Brand Name	Tier	Notes
bac-polymy-neomycin HC oint	<b>CORTISPORIN OINTMENT</b>	2	
gentamicin topical		1	
mafenide ace packet for top soln	*SULFAMYLON	3	
mupirocin cream	*BACTROBAN CREAM	3	QL
mupirocin oint	*BACTROBAN OINT	1	QL
mupirocin nasal oint	<b>BACTROBAN NASAL OINTMENT</b>	2	
neomycin-polymyxin-HC cream	<b>CORTISPORIN CREAM</b>	2	
retapamuln oint	<b>ALTABAX</b>	3	QL
silver sulfadiazine cream 1%	*SILVADENE	1	

### 5-D Topical Antifungals

Generic Name	Brand Name	Tier	Notes
butenafine hcl cream	<b>MENTAX</b>	3	
ciclopirox olamine	*LOPROX	2	
ciclopirox nail solution	*PENLAC	1	
clotrimazole-betamethasone cr	*LOTRISONE	1	QL
econazole nitrate cream	*SPECTAZOLE	3	QL
ketoconazole shampoo	*NIZORAL SHAMPOO	1	QL
ketoconazole topical		1	QL
nystatin topical	*MYCOSTATIN topical	1	
oxiconazole nitrate cr	*OXISTAT CREAM	3	QL PA ST

### 5-E Topical Antivirals

Generic Name	Brand Name	Tier	Notes
acyclovir ointment	*ZOVIRAX OINT	3	QL ST

### 5-F Antipsoriatics

Generic Name	Brand Name	Tier	Notes
acitretin cap	*SORIATANE	3	
calcipotriene cr	*DOVONEX	2	QL
calcipotriene-betamethasone oint	*TACLONEX OINT	4	QL
calcipotriene-betamethasone topical susp	<b>TACLONEX SUSP</b>	4	QL
calcipotriene-betame dipro foam	<b>ENSTILAR FOAM</b>	4	QL

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

calcitriol ointment	*VECTICAL	1	QL
methoxsalen cap	<b>OXSORALEN-ULTRA</b>	3	
tazarotene	<b>TAZORAC 0.5% CR/GEL</b>	4	QL PA
tazarotene	<b>TAZORAC 0.1% CR/GEL (Brand)</b>	4	QL PA
<b>5-G Scabicides and Pediculicides</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
crotamiton	<b>EURAX</b>	3	
ivermectin lotion	<b>SKLICE</b>	3	QL
lindane	*KWELL	1	QL
permethrin cream	*ELIMITE	1	
spinosad susp	*NATROBA	3	
<b>5-H Topical Corticosteroids</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
alclometasone cream	*ACLOVATE	1	
amcinonide	*CYCLOCORT	3	
augmented betamethasone	*DIPROLENE	3	
augmented betamethasone cr	*DIPROLENE AF	1	
betamethasone dipropionate	*DIPROSONE	2	
betamethasone valerate	*VALISONE	1	
clobetasol propionate	*TEMOVATE 0.05% SOLN	1	QL
clobetasol propionate	*TEMOVATE CR, OINT, GEL	2	QL
clocortolone cream	*CLODERM	3	QL ST
desonide	<b>DESONATE 0.05% GEL</b>	3	QL ST
desonide	*DESOWEN CR, LOT, OINT	3	QL
desoximetasone	*TOPICORT GEL, OINT	3	QL
diclofenac gel	<b>VOLTAREN GEL (Brand)</b>	3	
diclofenac sodium	*SOLARAZE 3% GEL	3	QL PA
diflorasone diacetate 0.05% cr & oint	*PSORCON	3	QL
diflorasone diacetate	*APEXICON OINTMENT	3	
diflorasone diacetate	<b>APEXICON E CREAM</b>	3	QL
flucinolone oil	*DERMA-SMOOTH FS	3	QL
fluocinolone acetonide	*SYNALAR CREAM, SOLN	3	QL
fluocinolone acetonide	*SYNALAR OINT	2	QL
fluocinonide 0.05%		1	
flurandrenolide 0.05%	*CORDRAN 0.05%	3	QL ST
fluticasone	*CUTIVATE CREAM, OINT	1	
fluticasone	*CUTIVATE LOTION	3	QL ST
halcinonide	<b>HALOG</b>	3	QL ST
halobetasol	*ULTRAVATE	2	QL
halobetasol lotion	*ULTRAVATE LOTION	4	QL PA ST
hc lot 2% sal acid sulfur 2-2%	<b>SCALACORT DK KIT</b>	3	
hydrocortisone butyrate	*LOCOID CREAM	1	
hydrocortisone valerate	*WESTCORT	3	QL
mometasone	*ELOCON	1	
pramoxine-HC cream	<b>PRAMOSONE E</b>	4	
pramoxine-HC cream	*PRAMOSONE	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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



pramoxine-HC foam	<b>EPIFOAM</b>	2	
prednicarbate	*DERMATOP	1	
sodium hyaluronate	*HYLIRA	1	
triamcinolone acetonide	*KENALOG AEROSOL SPRAY	3	
triamcinolone acetonide	*KENALOG	1	

### 5-I Miscellaneous Topicals

Generic Name	Brand Name	Tier	Notes
aluminum chloride soln	<b>DRYSOL</b>	3	
becaplermin gel	<b>REGRANEX</b>	3	QL PA
collagenase oint	<b>SANTYL</b>	3	QL
crisaborole oint	<b>EUCRISA</b>	3	QL ST
doxepin hcl cream	<b>PRUDOXIN</b>	3	QL PA
doxepin hcl cream	*ZONALON	3	QL PA
fluorouracil cream 5%	*EFUDEX	1	
fluorouracil cream 0.5%	*CARAC	4	
fluorouracil cream 1%	<b>FLUOROPLEX</b>	3	
imiquimod cream	*ALDARA	1	QL
lactic acid 12% cream, lotion	*LAC-HYDRIN RX	3	
lidocaine 5% ointment		2	QL
lidocaine (topical)	*XYLOCAINE	1	
lidocaine patch 5%	*LIDODERM	3	QL PA
lidocaine-prilocaine cream	*EMLA	1	
lidocaine/prilocaine kit		3	
lidocaine/tetracaine	<b>SYNERA PATCH</b>	3	QL
oxymetazoline hcl cream	<b>RHOFADE</b>	4	QL PA
pimecrolimus cream	<b>ELIDEL</b>	3	QL ST
podofilox gel	<b>CONDYLOX GEL</b>	3	
podofilox soln	*CONDYLOX SOLN	1	
podophyllum resin soln	<b>PODOCON</b>	2	
selenium sulfide shampoo	*SELSUN	1	
sulfacetamide	*OVACE	3	
sulfacetamide	*OVACE PLUS SHAMPOO 1%	3	
sulfacetamide-urea lotion	*CARMOL SCALP	1	
tacrolimus topical oint	*PROTOPIC OINT	2	QL ST
trypsin-castor oil-peruvian balsam	*XENADERM	1	
urea cream, gel, lotion 40%		1	
urea foam 40%	*HYDRO 40%	4	

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

### 6-A Corticosteroids

Generic Name	Brand Name	Tier	Notes
cortisone acetate tab		1	
dexamethasone	*DECADRON	1	
dexamethasone therapy pack	<b>DEXPAK</b>	3	
dexamethasone therapy pack	<b>TAPERDEX</b>	3	
fludrocortisone tab		1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

hydrocortisone acetate tab	*CORTEF	1	
methylprednisolone tab	*MEDROL	1	
prednisolone tab	<b>MILIPRED DP PAK</b>	3	
prednisolone syrup	*PRELONE	1	
prednisolone	<b>PREDNISOLONE 5MG</b>	2	
prednisolone sod phosphate soln	<b>VERIPRED</b>	3	
prednisolone sodium soln	*ORAPRED	1	
prednisolone sodium soln	*PEDIAPRED	1	
prednisone tab		1	

### 6-B Androgens

Generic Name	Brand Name	Tier	Notes
danazol caps	*DANOCRINE	1	
methyltestosterone caps	*ANDROID	2	
methyltestosterone tabs	<b>METHITEST</b>	3	
testosterone td patch	<b>ANDRODERM</b>	3	QL PA
testosterone gel 1%	*ANDROGEL	3	QL PA
testosterone gel 1%	*TESTIM	3	QL PA
testosterone gel 1%	*VOGELXO	3	QL PA
testosterone gel 2%	<b>FORTESTA</b>	3	QL PA
testosterone cypionate inj	*DEPO-TESTOSTERONE INJ	1	
testosterone td sol	*AXIRON	3	QL PA
testosterone buccal system	<b>STRIANT</b>	3	QL PA

### 6-C Estrogens

Generic Name	Brand Name	Tier	Notes
conjugated estrogens-bazedoxifene tab	<b>DUAVEE</b>	2	QL
esterified estrogens		1	
esterified estrogens	<b>MENEST</b>	3	
estradiol tab	*ESTRACE	1	
estradiol gel	<b>ESTROGEL</b>	3	QL
estradiol patch	*CLIMARA	1	QL
estradiol patch	<b>VIVELLE</b>	2	QL
estradiol patch	<b>VIVELLE DOT (Brand)</b>	2	QL
estradiol patch	<b>ALORA</b>	3	QL
estradiol patch	<b>ESCLIM</b>	3	QL
estradiol patch	<b>ESTRADERM</b>	3	QL
estradiol patch	<b>MENOSTAR</b>	3	QL
estradiol patch	<b>MINIVELLE</b>	3	QL
estradiol spray	<b>EVAMIST</b>	3	
estradiol TD gel	<b>DIVIGEL</b>	3	
estradiol transdermal	<b>ESTRASORB</b>	3	QL
estradiol-levonorgestrel patch	<b>CLIMARA PRO</b>	3	QL
estradiol-norethindrone tab	*ACTIVELLA	3	
estradiol-norethindrone patch	<b>COMBIPATCH</b>	3	QL
estradiol-norgestimate tab	<b>PREFEST</b>	2	
estrogen-medroxyprogesterone tab	<b>PREMPHASE</b>	2	
estrogen-medroxyprogesterone tab	<b>PREMPRO</b>	2	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

estrogens (conjugated) tab	<b>PREMARIN</b>	3	
estrogens-methyltestosterone tab	*ESTRATEST	1	
estrogens-methyltestosterone tab	*ESTRATEST HS	1	
estropipate tab	*OGEN	1	
ethinyl estradiol-norethindrone tab	<b>FEMHRT</b>	3	
ospemifene tab	<b>OSPHENA</b>	3	QL
prasterone vaginal insert	<b>INTRAROSA</b>	3	
<b>6-D Contraceptives</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
<b>MONOPHASIC PRODUCTS</b>			
<i>ethinyl estradiol (EE) /desogestrel products</i>			
generics of Ortho Cept	*ORTHO CEPT	1	
<i>mestranol/norethindrone</i>			
generics of Norinyl	*NORINYL	1	
	<b>DESOGEN</b>	3	
<i>EE/norgestimate products</i>			
generics of Ortho Cyclen	*ORTHO CYCLEN	1	
<i>EE/norethindrone products</i>			
generics of Ortho Novum	*ORTHO NOVUM 1/35	1	
generics of Loestrin 24 fe	*LOESTRIN 24 FE	3	
generics of Loestrin fe	*LOESTRIN FE	1	
generics of Loestrin	*LOESTRIN	3	
generics of Ovcon-35	*OVCON-35	3	
generics of Modicon	*MODICON	1	
<i>EE/drospirenone products</i>			
	<b>YASMIN (Brand)</b>	2	
	<b>YAZ (Brand)</b>	2	
<i>EE/norgestrel products</i>			
generics of Lo/Ovral	*LO/OVRAL	1	
<i>EE/ethynodiol products</i>			
Kelnor		1	
Zovia 1/35		1	
<i>EE/levonorgestrel products</i>			
generics of Nordette	*NORDETTE	1	
generics of Alesse	*ALESSE	1	
generics of Seasonale	*SEASONALE	1	
generics of Lybrel	*LYBREL	1	
<b>BIPHASIC PRODUCTS</b>			
<i>EE-desogestrel/EE</i>			
generics of Mircette	*MIRCETTE	3	
<i>EE-levonorgestrel/EE</i>			
generics of Loseasonique	*LOSEASONIQUE	1	
generics of Seasonique	*SEASONIQUE	1	
<i>EE/norethindrone-EE/norethindrone</i>			
generics of Ortho Novum 10/11	*ORTHO NOVUM 10/11	1	

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

	<b>LO LOESTRIN FE</b>	3	
<b>TRIPHASIC PRODUCTS</b>			
<i>EE/norethindrone-EE/norethindrone-EE/norethindrone</i>			
generics of Tri-Norinyl	*TRI-NORINYL	1	
generics of Ortho Novum 7/7/7	*ORTHO-NOVUM 7/7/7	1	
generics of Estrostep fe	*ESTROSTEP (FE)	1	
<i>EE/levonogestrel-EE/Levonorgestrel-EE/Levonorgestrel</i>			
generics of Enpresse	*ENPRESSE	1	
<i>desogestrel-EE/desogestrel-EE/desogestrel</i>			
generics of Cyclessa	*CYCLESSA	1	
<i>norgestimate-EE/norgestimate-EE/norgestimate</i>			
generics of Ortho Tri Cyclen	*ORTHO TRI CYCLEN	1	
generics of Ortho Tri Cyclen lo	*ORTHO TRI CYCLEN LO	2	
<b>4-PHASIC PRODUCTS</b>			
<i>estradiol-estradiol/dienogest-estradiol/dienogest-estradiol</i>			
	<b>NATAZIA</b>	2	
<b>PROGESTIN ONLY-PRODUCTS</b>			
<i>Norethindrone</i>			
generics of Ortho Micronor	*ORTHO MICRONOR	1	
<b>MISCELLANEOUS</b>			
<i>Levonorgestrel</i>			
generics of Plan B	*PLAN B	1	
	<b>PLAN B ONE-STEP</b>	1	
<i>Ulipristal</i>			
	<b>ELLA</b>	1	QL
<i>Etonogestrel/EE</i>			
	<b>NUVARING</b>	1	
<i>Norelgestromin/EE</i>			
generics of Ortho Evra	*ORTHO EVRA	1	
	<b>DIAPHRAMS</b>	1	
	<b>FEMCAP</b>	3	
<b>6-E Progestins</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
hydroxyprogesterone caproate inj	*MAKENA VIAL	3	
hydroxyprogesterone caproate inj	<b>MAKENA AUTO INJECTOR</b>	3	
medroxyprogesterone tab	*PROVERA	1	
medroxyprogesterone acetate inj	*DEPO-PROVERA INJ	1	
norethindrone tab	*AYGESTIN	1	
progesterone micronized cap	*PROMETRIUM	2	
progesterone vaginal gel	<b>CRINONE</b>	4	PA ST
progesterone vaginal insert	<b>ENDOMETRIN</b>	2	PA
<b>6-F Oral Antidiabetics (diabetes)</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
acarbose tab	*PRECOSE	1	
alogliptin benzoate tab	<b>NESINA (Brand)</b>	2	QL

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

alogliptin-metformin tab	<b>KAZANO (Brand)</b>	2	QL
alogliptin-pioglitazone tab	<b>OSENI (Brand)</b>	2	QL
bromocriptine tab	<b>CYCLOSET</b>	3	
canagliflozin tab	<b>INVOKANA</b>	2	QL ST
canagliflozin-metformin tab	<b>INVOKAMET</b>	2	QL
canagliflozin-metformin er tab	<b>INVOKAMET XR</b>	2	QL
chlorpropamide tab	*DIABINESE	1	
empagliflozin tab	<b>JARDIANCE</b>	2	QL ST
empagliflozin-linagliptin tab	<b>GLYXAMBI</b>	2	ST
empagliflozin-metformin hcl tab	<b>SYNJARDY</b>	2	QL
empagliflozin-metformin hcl sr tab	<b>SYNJARDY XR</b>	2	QL
glimepiride tab	*AMARYL	1	
glipizide tab	*GLUCOTROL	1	
glipizide CR tab	*GLUCOTROL XL	1	
glipizide-metformin tab	*METAGLIP	1	
glyburide tab	*DIABETA	1	
glyburide-metformin tab	*GLUCOVANCE	1	
glyburide micronized tab	*GLYNASE	1	
linagliptin	<b>TRADJENTA</b>	2	QL
linagliptin-metformin tab	<b>JENTADUETO</b>	2	QL
linagliptin-metformin ER tab	<b>JENTADUETO XR</b>	2	QL
metformin tab	*GLUCOPHAGE	1	
metformin oral soln	<b>RIOMET</b>	3	
metformin SR tab	*GLUCOPHAGE XR	1	
migliitol tab	*GLYSET	2	
nateglinide tab	*STARLIX	2	QL
pioglitazone tab	*ACTOS	1	QL
pioglitazone-glimepiride tab	*DUETACT	1	QL
pioglitazone-metformin tab	*ACTOPLUS MET	2	QL
pioglitazone-metformin ER tab	<b>ACTOPLUS MET XR</b>	3	QL
repaglinide tab	*PRANDIN	2	QL
repaglinide-metformin tab	*PRANDIMET	3	
rosiglitazone tab	<b>AVANDIA</b>	3	QL
saxagliptin tab	<b>ONGLYZA</b>	2	QL
saxagliptin-metformin ER tab	<b>KOMBIGLYZE XR</b>	2	QL
sitagliptin tab	<b>JANUVIA</b>	4	QL ST
sitagliptin-metformin tab	<b>JANUMET</b>	4	QL ST
sitagliptin-metformin ER tab	<b>JANUMET XR</b>	4	QL ST
tolazamide tab	*TOLINASE	1	
tolbutamide tab	*TOLBUTAMIDE	1	

## 6-G Insulins

Generic Name	Brand Name	Tier	Notes
insulin glargine	<b>BASAGLAR KWIKPEN</b>	1	QL
insulin (human)	<b>HUMULIN VIAL</b>	1	QL
insulin (human)	<b>HUMULIN PEN</b>	2	QL
insulin degludec inj	<b>TRESIBA VIAL</b>	2	QL

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

insulin degludec soln pen-injector	<b>TRESIBA FLEXTOUCH</b>	2	QL
insulin detemir	<b>LEVEMIR</b>	3	QL
insulin detemir inj	<b>LEVEMIR FLEXTOUCH</b>	3	QL
insulin lispro	<b>HUMALOG VIAL</b>	1	QL
insulin lispro	<b>HUMALOG JUNIOR KWIKPEN</b>	2	QL
insulin lispro	<b>HUMALOG KWIKPEN</b>	2	QL
insulin lispro	<b>HUMALOG PEN</b>	2	QL
insulin lispro mix	<b>HUMALOG MIX VIAL</b>	1	QL
insulin lispro mix	<b>HUMALOG MIX PEN</b>	2	QL
<b>6-H Glucagon</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
glucagon (RDNA) inj	<b>GLUCAGON ER KIT</b>	2	QL
glucagon (RDNA) inj	<b>GLUCAGEN HYPOKIT</b>	2	QL
<b>6-I Thyroid Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
levothyroxine tab		1	
levothyroxine tab	<b>*SYNTHROID (NTI)</b>	2	
levoxyl tab		2	
liothyronine tab	<b>*CYTOMEL</b>	2	
liotrix tab	<b>THYROLAR</b>	3	
methimazole tab	<b>*TAPAZOLE</b>	1	
propylthiouracil tab	<b>*PTU</b>	1	
thyroid tab	<b>ARMOUR THYROID</b>	2	
thyroid tab	<b>NATURE-THROID</b>	2	
thyroid tab	<b>WESTHROID-P</b>	3	
unithroid tab		1	
<b>6-J Miscellaneous Endocrine</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
abaloparatide subc soln pen-inj	<b>TYMLOS</b>	3	PA SP
albiglutide inj	<b>TANZEUM</b>	2	QL
alendronate tab	<b>* FOSAMAX</b>	1	
alendronate-cholecalciferol tab	<b>FOSAMAX PLUS D</b>	3	
asfotase alfa subc inj	<b>STRENSIQ</b>	4	QL PA SP
betaine pow for oral soln	<b>CYSTADANE POWDER</b>	3	SP
cabergoline tab	<b>*DOSTINEX</b>	2	
calcitonin (salmon) nasal soln	<b>MIACALCIN</b>	2	
calcitonin (salmon) nasal soln	<b>*FORTICAL</b>	2	
carglumic acid tab	<b>CARBAGLU</b>	3	PA SP
cinacalcet hcl tab	<b>SENSIPAR</b>	4	PA SP
cysteamine bitartrate cap	<b>CYSTAGON</b>	2	SP
deferasirox tab for oral susp	<b>EXJADE</b>	3	PA SP
deferasirox tab	<b>JADENU</b>	2	PA SP
deferiprone	<b>FERRIPROX</b>	3	PA SP
desmopressin acetate sl tab	<b>NOCDURNA</b>	3	QL
desmopressin nasal soln	<b>*DDAVP</b>	1	
desmopressin nasal soln	<b>STIMATE</b>	3	

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

desmopressin tab	*DDAVP TABLETS	1	
dulaglutide soln pen-injector	<b>TRULICITY</b>	3	QL
elagolix sodium tab	<b>ORLISSA</b>	4	QL PA
eliglustat tartrate cap	<b>CERDELGA</b>	2	PA SP
etidronate disodium tab	*DIDRONEL	1	
exenatide inj	<b>BYDUREON</b>	2	QL
exenatide inj	<b>BYETTA</b>	2	QL
ibandronate tab	*BONIVA	3	QL
insulin glargine-lixisenatide soln pen-inj	<b>SOLIQUA</b>	2	QL PA
levocarnitine tab	*CARNITOR	1	
lixisenatide soln pen-injector	<b>ADLYXIN</b>	4	QL
liraglutide inj	<b>VICTOZA 2-PACK</b>	2	QL
liraglutide inj	<b>VICTOZA 3-PACK</b>	3	QL
mifepristone tab	<b>KORLYM</b>	3	PA SP
nitisinone tab	<b>NITYR</b>	2	SP
pramlintide acetate inj	<b>SYMLINPEN</b>	2	QL
raloxifene tab	*EVISTA	2	
risedronate tab	*ACTONEL	3	QL
sapropterin dihydrochloride sol tab	<b>KUVAN</b>	3	QL PA SP
sapropterin dihydrochloride packet	<b>KUVAN POWDER</b>	3	QL PA SP
semaglutide soln pen-inj	<b>OZEMPIC</b>	3	QL
trientine hcl cap	<b>SYPRINE (Brand)</b>	3	PA SP
uridine triacetate oral packet	<b>VISTOGARD</b>	2	QL
uridine triacetate oral packet	<b>XURIDEN</b>	2	QL PA SP

#### 6-K Diabetic Supplies

	<b>LIFESCAN ONE TOUCH PRODUCTS</b>	1	QL
	<b>CONTOUR NEXT PRODUCTS</b>	2	QL
	<b>DEXCOM GLUCOSE MONITOR</b>	3	QL PA
	<b>DEXCOM GLUCOSE SUPPLIES</b>	3	QL PA
	<b>FREESTYLE LIBRE MONITOR</b>	3	QL PA
	<b>FREESTYLE LIBRE SUPPLIES</b>	3	QL PA

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

#### 7-A Laxatives

Generic Name	Brand Name	Tier	Notes
lactulose soln		1	
PEG electrolyte	*COLYTE	1	
PEG electrolyte	<b>GOLYTELY</b>	2	
PEG 3350	<b>MOVIPREP</b>	3	QL
peg(high)-electrolyte	*NULYTELY	1	
polyeth glyc powder 3350	*MIRALAX RX	1	
sod picosulfate-mg-ox-citric ac sol	<b>CLENPIQ</b>	3	
sod sulf-pot sulf-mag sulfate	<b>SUPREP BOWL PREP KIT</b>	3	
sod phos mon-sod phos di	<b>VISICOL</b>	3	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

<b>7-B Antidiarrheals</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
diphenoxylate-atropine tab	*LOMOTIL	1	
opium tincture	*OPIUM TINCTURE	3	
paregoric tincture		3	
telotristat etiprate tab	<b>XERMELO</b>	3	QL PA SP
<b>7-C Miscellaneous Ulcer Drugs</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
amoxicillin-clarithro-omepraz	<b>OMECLAMOX-PAK</b>	3	QL
bismuth subcit-metronidazole-tetracycline	<b>PYLERA</b>	3	QL
chlordiazepoxide-methscopolamine	*LIBRAX	3	
dicyclomine	*BENTYL	1	
glycopyrrolate tab	*ROBINUL	1	
glycopyrrolate tab	*ROBINUL FORTE	1	
hyoscyamine sulfate tab	*LEVSIN	1	
hyoscyamine sulfate ER tab	*LEVVID	1	
hyoscyamine odt	*NULEV	1	
methscopolamine bromide tab		1	
misoprostol tab	*CYTOTEC	1	
propantheline bromide tab		1	
sucralfate	<b>CARAFATE</b>	2	
<b>7-D H2 Blockers</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
cimetidine tab	*TAGAMET	1	
famotidine tab	*PEPCID	1	
nizatadine cap	*AXID	2	
ranitidine tab	*ZANTAC	1	
<b>7-E Proton Pump Inhibitors (PPI)</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
dexlansoprazole DR cap	<b>DEXILANT</b>	3	QL
esomeprazole powder packet	<b>NEXIUM PWD PCK/SUSP</b>	3	QL ST
lansoprazole DR cap	*PREVACID	3	QL
lansoprazole DR odt	*PREVACID SOLUTAB	3	QL ST
omeprazole DR cap	*PRILOSEC	1	
pantoprazole EC tab	*PROTONIX	1	
rabeprazole EC ta	*ACIPHEX	1	QL
<b>7-F Antiemetics</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
aprepitant cap	*EMEND	2	QL
dolasetron tab	<b>ANZEMET</b>	3	QL
dronabinol cap	*MARINOL	3	
dronabinol soln	<b>SYNDROS</b>	4	QL PA
granisetron tab	*KYTRIL	1	
meclizine hcl tab		1	
netupitant-palonosetron cap	<b>AKYNZEO</b>	4	
ondansetron	*ZOFTRAN	1	

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



ondansetron odt	*ZOFRAN ODT	1	
rolapitant tab	<b>VARUBI</b>	2	QL
scopolamine patch	*TRANSDERM-SCOP	3	
trimethobenzamide cap	*TIGAN	1	
<b>7-G Digestive Aids</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
pancrelipase (lip-prot-amyl) DR cap	<b>CREON</b>	2	
cholic acid cap	<b>CHOLBAM</b>	3	QL PA SP
miglustat cap	*ZAVESCA	3	SP
pancrelipase (lip-prot-amyl) DR cap	<b>PANCREAZE</b>	4	ST
pancrelipase (lip-prot-amyl) DR cap	<b>PERTZYE</b>	4	ST
pancrelipase (lip-prot-amyl) tab	<b>VIOKACE</b>	4	ST
pancrelipase (lip-prot-amyl) DR cap	<b>ZENPEP</b>	2	
pegademase inj	<b>ADAGEN</b>	2	SP
sacrosidase soln	<b>SUCRAID</b>	2	SP
sodium phenylbutyrate tab	*BUPHENYL	3	PA SP
<b>7-H Miscellaneous Gastrointestinal</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
adefovir dipivoxil tab	*HEPSERA	2	SP
alosetron hcl tab	*LOTRONEX	3	QL PA
balsalazide cap	*COLAZAL	1	
budesonide foam	<b>UCERIS RECTAL FOAM</b>	2	
budesonide ER tab	<b>UCERIS (Brand)</b>	3	
budesonide DR caps	*ENTOCORT EC	2	
calcium acetate (phosphate binder) cap	*PHOSLO	1	
calcium acetate (phosphate binder) tab	<b>ELIPHOS</b>	2	
chenodiol tab	<b>CHENODAL</b>	4	SP
crofelemer DR tab	<b>MYTESI</b>	3	QL PA
cysteamine bitartrate DR cap	<b>PROCYSBI</b>	3	ST SP
eluxadoline tab	<b>VIBERZI</b>	4	QL PA
ferric citrate tab	<b>AURYXIA</b>	4	
glycopyrroate oral soln	<b>CUVPOSA</b>	3	AL(limited to 16 yrs & under)
hydrocortisone acetate rectal foam	<b>CORTIFOAM</b>	3	
hydrocortisone acetate suppositories		2	
lamivudine (hepatitis) tab	<b>EPIVIR HBV</b>	2	SP
lanthanum carbonate tab	*FOSRENOL	3	
lanthanum carbonate pow pack	<b>FOSRENOL POWDER PACK</b>	3	
linaclotide cap	<b>LINZESS</b>	2	QL PA
lubiprostone cap	<b>AMITIZA</b>	3	QL PA ST
mesalamine suppositories	<b>CANASA (Brand)</b>	2	
mesalamine DR tab	<b>LIALDA (Brand)</b>	2	
mesalamine ER cap	<b>APRISO</b>	2	
mesalamine enema	*ROWASA	1	QL
methylnaltrexone bromide inj	<b>RELISTOR INJ</b>	3	QL PA
metoclopramide tab	*REGLAN	1	
naldemedine tosylate tab	<b>SYMPROIC</b>	2	PA

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

obeticholic acid tab	<b>OCALIVA</b>	4	QL PA ST SP
plecanatide tab	<b>TRULANCE</b>	4	QL PA ST
sevelamer hcl tab	<b>RENAGEL</b>	3	
sevelamer carbonate	*RENVELA	2	
sod picosulfate-mg ox-citric acid pak	<b>PREPOPIK</b>	3	
sucroferic oxyhydroxide chew tab	<b>VELPHORO</b>	2	
sulfasalazine tab	*AZULFIDINE	1	
sulfasalazine DR tab	*AZULFIDINE EN	1	
teduglutide inj	<b>GATTEX</b>	3	QL PA SP
ursodiol cap	*ACTIGALL	1	
ursodiol tab	*URSO	3	
ursodiol tab	*URSO FORTE	3	
olsalazine sodium cap	<b>DIPENTUM</b>	3	

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

### 8-A Urinary Anti-Infectives

Generic Name	Brand Name	Tier	Notes
fosfomycin powder pack	<b>MONUROL</b>	2	
nitrofurantoin mono macro cap	*MACROBID	1	
nitrofurantoin macrocrystals cap	*MACRODANTIN	1	
nitrofurantoin susp	<b>FURADANTIN</b>	2	

### 8-B Urinary Antispasmodics

Generic Name	Brand Name	Tier	Notes
bethanechol chl tab	*URECHOLINE	1	
fexoterodine fum ER tab	<b>TOVIAZ</b>	3	
flavoxate tab	*URISPAS	1	
oxybutynin	*DITROPAN	1	
oxybutynin ER tab	*DITROPAN XL	2	

### 8-C Vaginal Products

Generic Name	Brand Name	Tier	Notes
clindamycin vaginal cream	*CLEOCIN vaginal cream	2	
clindamycin vaginal cream	<b>CLINDESSE</b>	3	
estradiol vaginal cream	<b>ESTRACE vaginal (Brand)</b>	3	
estradiol vaginal tab	*VAGIFEM	2	
estradiol vaginal ring	<b>ESTRING</b>	3	QL
estradiol vaginal ring	<b>FEMRING</b>	3	QL
estrogens (conjugated) vaginal cr	<b>PREMARIN vaginal</b>	2	
metronidazole vaginal gel	*METROGEL vaginal	2	
metronidazole vaginal gel	*VANDAZOLE	2	
nystatin vaginal		1	
sulfanilamide vaginal cream	<b>AVC vaginal</b>	2	
terconazole vaginal cream	<b>TERAZOL</b>	2	

### 8-D Miscellaneous Genitourinary Agents

Generic Name	Brand Name	Tier	Notes
alfuzosin hcl ER tab	*UROXATRAL	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

citric acid-sodium citrate soln	*BICITRA	1	
citric acid-gluconolactone mag carb soln	<b>RENACIDIN</b>	3	
dutasteride cap	*AVODART	3	
finasteride 5mg tab	*PROSCAR	1	
methylergonovine tab	<b>METHERGINE</b>	3	
pentosan polysulfate sodium cap	<b>ELMIRON</b>	2	
phenazopyridine hcl tab	*PYRIDIDIUM	1	
potassium citrate CR tab	*UROCIT-K	1	
potassium phosphate tab	<b>K-PHOS</b>	2	
	<b>POTASSIUM CHLORIDE</b>	2	
silodosin cap	*RAPAFLO	3	
tadalafil tab	*CIALIS 2.5mg and 5mg	4	QL ST
tamsulosin cap	*FLOMAX	1	
tiopronin tab	<b>THIOLA</b>	3	SP

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

### 9-A Analgesics-Non-Narcotic

Generic Name	Brand Name	Tier	Notes
APAP-butalbital	*PHRENILIN	1	
	<b>DIFLUNISAL</b>	2	
APAP-caffeine-butalbital	*ESGIC 50/325/40MG	1	QL
APAP-caffeine-butalbital	*FIORICET 50/325/40MG	1	QL
APAP-caffeine-butalbital soln	*VANATOL LQ	1	PA
ASA-caffeine-butalbital	*FIORINAL	1	
choline-mag salicylates	*TRILISATE	1	

### 9-B Analgesics-Narcotic

Generic Name	Brand Name	Tier	Notes
	<b>CODEINE SULFATE</b>	2	
	*METHADONE	1	QL PA
acet-caffeine-dihydrocodeine	<b>TREZIX</b>	4	QL
APAP-codeine	*TYLENOL w/CODEINE	1	QL
APAP-hydrocodone liquid		2	QL
APAP-hydrocodone	*LORTAB	3	QL
APAP-hydrocodone	*NORCO	1	QL
APAP-hydrocodone	*VICODIN	3	QL
APAP-hydrocodone	*VICODIN ES	3	QL
APAP-hydrocodone	*VICODIN HP	3	QL
APAP-hydrocodone	*XODOL	3	QL
APAP-hydrocodone liquid	*XODOL LIQUID	3	QL
APAP-hydrocodone	<b>ZAMICET SOLN</b>	3	QL
ASA-caffeine-but-codeine	*FIORINAL w/CODEINE	1	
butal-acet-caf-cod	*FIORICET w/CODEINE 50/325/40/30mg	1	QL
ASA-codeine	*EMPIRIN w/CODEINE	1	QL
buprenorphine buccal film	<b>BELBUCA</b>	3	QL PA
buprenorphine sl tab	*SUBUTEX	1	QL
buprenorphine hcl-naloxone	<b>ZUBSOLV</b>	2	QL

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

butorphanol nasal spray	*STADOL NS	2	QL
dihydrocodeine compound cap	<b>SYNALGOS DC</b>	3	QL
dihydrocodeine/apap/caff		3	QL
fentanyl citrate nasal spray	<b>LAZANDA</b>	3	QL PA
fentanyl lollipop	*ACTIQ	3	QL PA
fentanyl patch	*DURAGESIC	2	QL PA
fentanyl transmucosal lozenge	<b>FENTORA</b>	3	QL PA
hydrocodone bitartrate er abuse deter cap	<b>ZOHYDRO ER</b>	4	QL PA
hydromorphone	*DILAUDID	1	
hydromorphone ER tab	*EXALGO	4	QL PA
ibuprofen-hydrocodone tab	*VICOPROFEN	1	
ibuprofen-hydrocodone tab	*REPREXAIN	3	
levorphanol tartrate tablet		4	QL
meperidine	*DEMEROL	1	
morphine sulfate beads SR 24hr	*AVINZA	4	QL PA
morphine sulfate tab	*MS IR	1	
morphine sulfate SR tab	*MS CONTIN	1	QL PA
naltrexone hcl tab	*REVIA	1	
oxycodone cap	*OXYIR	1	
oxycodone tab	*ROXICODONE	1	
oxycodone cap er 12hr	<b>XTAMPZA ER</b>	2	QL PA
oxycodone-APAP tab	*PERCOCET	1	QL
oxycodone-ASA tab	*PERCODAN	1	
oxycodone-ibuprofen tab	<b>COMBUNOX</b>	3	
oxymorphone hcl tab	*OPANA	3	QL
oxymorphone ER tab 12hr		3	QL PA
pentazocine-naloxone tab	*TALWIN NX	1	
tapentadol hcl tab	<b>NUCYNTA</b>	4	QL
tapentadol hcl ER tab	<b>NUCYNTA ER</b>	4	QL PA
tramadol hcl tab	*ULTRAM	1	
tramadol ER tab	*ULTRAM ER	2	QL
tramadol-APAP tab	<b>ULTRACET</b>	2	QL

### 9-C Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)

Generic Name	Brand Name	Tier	Notes
celecoxib cap	*CELEBREX	2	QL
diclofenac potassium tab		1	
diclofenac sod DR tab	*VOLTAREN	1	
diclofenac sod ER 24hr tab	*VOLTAREN XR	1	
diclofenac-misoprostol DR tab	*ARTHROTEC	3	
etodolac tab	*LODINE	1	
etodolac SR 24hr tab	*LODINE XL	1	
flurbiprofen tab	*ANSAID	1	
ibuprofen tab	*MOTRIN	1	
indomethacin cap	*INDOCIN	1	
indomethacin ER cap	*INDOCIN SR	1	
ketoprofen cap	<b>ORUDIS</b>	2	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

ketoprofen SR cap	*ORUVAIL	3	
ketorolac tab	*TORADOL	1	
meclofenamate sod cap	*MECLOMEN	1	
mefenamic acid cap	*PONSTEL	3	
meloxicam tabs	*MOBIC	1	
nabumetone tab	*RELAFEN	1	
naproxen	*NAPROSYN	1	
naproxen sod tab	*ANAPROX	1	
oxaprozin tab	*DAYPRO	1	
piroxicam cap	*FELDENE	1	
sulindac tab	*CLINORIL	1	
tolmetin sodium tab	*TOLECTIN	2	

#### 9-D Anti-Rheumatic Agents

Generic Name	Brand Name	Tier	Notes
auranofin cap	<b>RIDAURA</b>	2	
leflunomide tab	*ARAVA	1	
methotrexate tab		1	
methotrexate oral soln	<b>XATMEP</b>	4	QL PA
methotrexate solution pf inj	<b>RASUVO</b>	4	QL ST
penicillamine cap	<b>CUPRIMINE</b>	4	SP
penicillamine tab	<b>DEPEN TITRATABS</b>	2	SP

#### 9-E Migraine Products

Generic Name	Brand Name	Tier	Notes
almotriptan tab	*AXERT	3	QL
dihydroergotamine nasal spray	*MIGRANAL	4	QL PA
eletriptan tab	*RELPAX	2	QL
erenumab-aooe sq inj	<b>AIMOVIG</b>	2	QL PA ST
ergotamine tartrate sl tab	<b>ERGOMAR</b>	4	QL PA
ergotamine with caffeine	*CAFERGOT	3	
frovatriptan tab	*FROVA	3	QL
galcanezumab-gnlm sq inj	<b>EMGALITY</b>	2	QL PA ST
naratriptan tab	*AMERGE	3	QL
rizatriptan tab	*MAXALT	1	QL
rizatriptan odt	*MAXALT MLT	1	QL
sumatriptan tab	*IMITREX	1	QL
sumatriptan nasal spray	*IMITREX NASAL	2	QL
sumatriptan inj	*IMITREX INJ	1	QL
zolmitriptan tab	*ZOMIG	3	QL
zolmitriptan nasal spray	<b>ZOMIG NASAL</b>	3	QL
zolmitriptan odt	*ZOMIG ZMT	3	QL

#### 9-F Gout

Generic Name	Brand Name	Tier	Notes
allopurinol tab	*ZYLOPRIM	1	
colchicine capsules	<b>MITIGARE (Brand)</b>	2	
colchicine-probenecid tab	*COLBENEMID	1	
febuxostat tab	<b>ULORIC</b>	4	QL ST

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

glycerol phenylbutyrate oral liquid	<b>RAVICTI</b>	3	QL PA SP
lesinurad tab	<b>ZURAMPIC</b>	4	QL PA
lesinurad-allopurinol tab	<b>DUZALLO</b>	4	QL PA
probenecid tab	*BENEMID	1	

### 9-G Musculoskeletal Therapy Agents

Generic Name	Brand Name	Tier	Notes
baclofen tab		1	
carisoprodol 350mg tab	*SOMA	1	
carisoprodol-ASA tab	*SOMA COMPOUND	1	
carisoprodol-ASA-codeine tab	*SOMA CPD w/CODEINE	1	
chlorzoxazone 500mg tab	*PARAFON FORTE	1	
cyclobenzaprine 5mg tab	*FLEXERIL 5mg	1	
cyclobenzaprine 10mg tab	*FLEXERIL 10mg	1	
cyclobenzaprine SR 24hr caps	<b>AMRIX</b>	3	
cyclobenzaprine 7.5mg tab	*FEXMID 7.5mg	3	
dantrolene cap	*DANTRIMUM	1	
metaxalone tab	*SKELAXIN	3	
methocarbamol tab	*ROBAXIN	1	
orphenadrine citrate ER 12hr tab	*NORFLEX	2	
tizanidine capsules	*ZANAFLEX capsules	3	
tizanidine tablets	*ZANAFLEX tablets	1	

### 9-H Miscellaneous Neuromuscular Agents

Generic Name	Brand Name	Tier	Notes
pyridostigmine bromide	*MESTINON	1	
riluzole tab	*RILUTEK	3	

### 9-I Miscellaneous Rescue Agents

Generic Name	Brand Name	Tier	Notes
acetylcysteine effervescent tab	<b>CETYLEV</b>	4	
acetylcysteine inhalation solution		1	
naloxone injection		1	
naloxone hcl nasal spray	<b>NARCAN</b>	2	QL

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

### 10-A Vitamins

Generic Name	Brand Name	Tier	Notes
calcitriol cap	*ROCALTROL	1	
docercalciferol cap	*HECTOROL	3	
ergocalciferol [vitamin D]	*CALCIFEROL	1	
parathyroid hormone inj	<b>NATPARA</b>	4	QL PA SP
paricalcitol [vitamin D]	*ZEMPLAR	1	
phytonadione tab	*MEPHYTON	3	QL
potassium aminobenzoate cap	<b>POTABA</b>	2	

### 10-B Multivitamins

Generic Name	Brand Name	Tier	Notes
B complex-vit C-FA cap	*NEPHROCAPS	1	
fe bisglycin-fe polysac tab	<b>NIFEREX</b>	3	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

ped multi vitamin-fluoride	*POLY-VI-FLOR	1	
ped multi vitamin-fluoride-FE	*POLY-VI-FLOR-FE	1	
ped vitamins ACD-fluoride	*TRI-VI-FLOR	1	
ped vitamins ACD-fluoride-FE	*TRI-VI-FLOR-FE	1	
pnv-select		1	
prenatal FE-CBN-DSS-Methylfol-FA	<b>PRENATE ELITE</b>	3	
prenatal low iron		1	
prenat-fe poly cmplx-fe heme	<b>PREFERA OB</b>	3	
prenat-fe poly cmplx-fe heme	<b>PREFERA OB + DHA</b>	3	
prenatal mv w/fe poly-fa	<b>SELECT-OB+DHA</b>	3	
prenatal -fe- bis-fe prot succ-fa-ca	<b>DUET DHA</b>	3	
prenatal vitamins-iron carbonyl-FA	<b>NESTABS</b>	3	
prenatal w/dss iron carbonyl-fa	<b>ATABEX EC</b>	3	
prenatal w/fe fum-l methylfolate	<b>NEEVO DHA</b>	3	
prenate w/fe fum-fe poly-fa omega 3	<b>CONCEPT DHA</b>	3	
prenate w/o a w/fe fum-fe poly-fa	<b>CONCEPT OB</b>	3	
prenate w/o Vit A w/ FE-omega 3	<b>NATELLE ONE</b>	3	
prenate FE-Fum-Lmethylfol-FA-CA	<b>PRENATE DHA</b>	3	
prenate w/o a w/fecbn-egl-dss-fa & dha	<b>CITRANATAL ASSURE PAK</b>	3	

#### 10-C Minerals

Generic Name	Brand Name	Tier	Notes
cyanocobalamin nasal spray	<b>NASCOBAL</b>	3	
cyanocobalamin inj		1	
FA-B6-B12	*FOLBEE	1	
FA-B2-B6-B12-D-calc-phos	*FOLGARD RX	1	
FE fum-FA-DSS-B complex-vit C	<b>NEPHRON FA</b>	3	
FE fum-fe poly-fa-c-b3	<b>INTEGRA F</b>	3	
FE fum-iron polysacch complex	<b>INTEGRA PLUS</b>	3	
FE fum-vit C-vit B12-FA	*CHROMAGEN FORTE	3	
folic acid		1	

#### 10-D Anticoagulants

Generic Name	Brand Name	Tier	Notes
apixaban tab	<b>ELIQUIS</b>	3	QL
betrixaban maleate cap	<b>BEVYXXA</b>	3	QL
dabigatran cap	<b>PRADAXA</b>	2	QL
edoxaban tab	<b>SAVAYSA</b>	4	QL
rivaroxaban tab	<b>XARELTO STARTER PACK</b>	2	QL
rivaroxaban tab	<b>XARELTO</b>	2	QL
warfarin tab	* <b>COUMADIN (NTI)</b>	2	

#### 10-E Miscellaneous Hematologicals

Generic Name	Brand Name	Tier	Notes
aminocaproic acid tab	* <b>AMICAR</b>	3	
anagrelide cap	* <b>AGRYLIN</b>	1	
cilostazol tab	* <b>PLETAL</b>	1	
clopidogrel tab	* <b>PLAVIX</b>	1	
dipyridamole tab	* <b>PERSANTINE</b>	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

dipyridamole-aspirin SR cap	*AGGRENOX	3	
glutamine (sickle cell) powd pack	<b>ENDARI</b>	4	QL PA
pentoxifylline tab	*TRENTAL	1	
prasugrel tab	*EFFIENT	3	QL
ticagrelor tab	<b>BRILINTA</b>	4	QL
sodium polystyrene sulfonate powder	*KAYEXALATE	1	
ticlopidine tab	*TICLID	1	
tranexamic acid tab	*LYSTEDA	2	QL
vorapaxar sulfate tab	<b>ZONTIVITY</b>	4	QL

## 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 soln	<b>AZASITE</b>	3	
bacitracin ophth oint		1	
bacitracin-polymyxin B ophth oint	*POLYSPORIN ophth	1	
besifloxacin ophth susp	<b>BESIVANCE</b>	3	
ciprofloxacin ophth	*CILOXAN	1	
gatifloxacin ophth soln	*ZYMAXID	3	
gentamycin sulfate ophth oint	*GENTAMICIN OINT 3%	1	
levofloxacin ophth soln	*QUIXIN	1	
moxifloxacin 0.5% ophth soln	<b>MOXEZA</b>	4	
moxifloxacin 0.5% ophth soln	*VIGAMOX	3	
neomycin-polymyxin B-gramacidin ophth	*NEOSPORIN ophth	1	
ofloxacin ophth soln	*OCUFLOX	1	
sulfacetamide sodium ophth	*BLEPH-10	1	
tobramycin ophth	*TOBREX	1	
trifluridine ophth soln	*VIROPTIC	1	
trimethoprim-polymy B ophth soln	*POLYTRIM ophth	1	

### 11-B Ophthalmics Beta-Blocker

Generic Name	Brand Name	Tier	Notes
betaxolol HCL ophth susp	<b>BETOPTIC-S</b>	3	
brimonidine timolol ophth soln	<b>COMBIGAN</b>	2	QL
carteolol ophth soln	*OCUPRESS	1	
dorzolamide-timolol ophth soln	*COSOPT	2	
dorzolamide-timolol ophth soln	<b>COSOPT PF</b>	3	QL
levobunolol ophth soln	*BETAGAN	1	
metipranolol ophth soln	*OPTIPRANOLOL	1	
timolol ophth soln	<b>BETIMOL</b>	2	QL
timolol maleate ophth soln	*TIMOPTIC	1	
timolol maleate ophth gel soln	*TIMOPTIC XE	1	
timolol maleate PF ophth soln	<b>TIMOPTIC OCUDOSE</b>	2	

### 11-C Ophthalmic Steroids

Generic Name	Brand Name	Tier	Notes
dexamethasone ophth susp	<b>MAXIDEX</b>	3	
dexamethasone phosphate ophth	*DECADRON ophth	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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



difluprednate ophth emulsion	<b>DUREZOL</b>	4	
fluorometholone 0.25% ophth susp	<b>FML FORTE</b>	2	
fluorometholone 0.1% ophth susp	*FML LIQUIFILM	1	
fluorometholone ace 0.1% ophth susp	<b>FLAREX</b>	3	
loteprednol etb-tobramycin ophth susp	<b>ZYLET</b>	3	
loteprednol 0.2% ophth susp	<b>ALREX</b>	4	QL
loteprednol 0.5% ophth	<b>LOTEMAX</b>	4	QL
bac-poly-neo-hc ophth oint	*CORTISPORIN OPHTH	1	
prednisolone ace ophth susp	*PRED FORTE	1	
sulfacetamide-prednisolone ophth	*BLEPHAMIDE	1	
tobramycin-dexamethasone ophth	*TOBRADEX	2	
<b>11-D Ophthalmic Prostaglandin</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
bimatoprost ophth soln	<b>LUMIGAN</b>	2	QL
tafluprost ophth soln	<b>ZIOPTAN</b>	3	QL ST
latanoprost ophth soln	*XALATAN	1	
travaprost ophth soln	<b>TRAVATAN Z</b>	2	QL
<b>11-E Ophthalmic Cycloplegics</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
atropine sulf ophth soln	*ISOPTO ATROPINE	1	
cyclopentolate ophth soln	*CYCLOGYL	1	
homatropine ophth soln	*ISOPTO HOMATROPINE	1	
tropicamide ophth soln	*MYDRIACYL	1	
<b>11-F Ophthalmics Miotics</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
pilocarpine ophth soln	*ISOPTO CARPINE	1	
<b>11-G Ophthalmics Adrenergic Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
apraclonidine ophth soln	*IOPIDINE	3	
brimonidine 0.1% ophth soln	<b>ALPHAGAN P 0.1%</b>	2	QL
brimonidine 0.15% ophth soln	*ALPHAGAN P	2	QL
<b>11-H Ophthalmics Miscellaneous</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
alcaftadine ophth soln	<b>LASTACFT</b>	3	
azelastine hcl ophth soln	*OPTIVAR	4	
bepotastine besilate ophth soln	<b>BEPREVE</b>	4	
brinzolamide ophth susp	<b>AZOPT</b>	2	QL
bromfenac sod 0.09% ophth soln	*XIBROM	3	
cromolyn sodium ophth soln	*CROLOM ophth	1	
cyclosporine ophth emulsion vials	<b>RESTASIS .05% VIALS</b>	4	QL PA
cysteamine hcl ophth soln	<b>CYSTARAN</b>	3	QL PA SP
diclofenac ophth soln	*VOLTAREN ophth	1	
dorzolamide ophth soln	*TRUSOPT	1	
emedastine difumarate ophth soln	<b>EMADINE</b>	4	
epinastine hcl ophth soln	*ELESTAT	1	
flurbiprofen ophth soln	*OCUFEN	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

ganciclovir ophth gel	<b>ZIRGAN</b>	3	QL
ketorolac 0.5% ophth soln	*ACULAR	1	
ketorolac 0.4% ophth soln	*ACULAR LS	1	
lidocaine ophth gel	<b>AKTEN GEL</b>	3	
lifitegrast ophth soln	<b>XIIDRA</b>	4	QL PA
lodoxamide ophth oln	<b>ALOMIDE</b>	3	
nedocromil ophth soln	<b>ALOCRI</b>	3	
nepafenac ophth susp	<b>NEVANAC</b>	2	
olopatadine ophth soln	*PATANOL	3	

### 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	<b>ZINOTIC</b>	3	
chloroxylenol-pramoxine-zinc acetate otic	<b>ZINOTIC ES</b>	3	
ciprofloxacin-dexamethasone	<b>CIPRODEX</b>	3	
ciprofloxacin-HC otic	<b>CETRAXAL</b>	3	
ciprofloxacin-HC otic	<b>CIPRO HC OTIC</b>	3	
hydrocortisone-acetic acid otic	*VOSOL-HC	1	
neomycin-polymyxin-HC otic	*CORTISPORIN otic	1	
neomycin-colistin-HC-thonzonium otic	<b>CORTISPORIN-TC</b>	3	
ofloxacin otic	*FLOXIN OTIC	2	

### 11-J Mouth and Throat

Generic Name	Brand Name	Tier	Notes
cevimeline	*EVOXAC	3	
chlorhexidine gluc soln 0.12%	*PERIDEX	1	
clotrimazole troche	*MYCELEX TROCHE	1	
lidocaine	*VISCIOUS LIDOCAINE	1	
oral hydrogel wafer	<b>MUCOTROL</b>	3	
pilocarpine	*SALAGEN	1	
sodium fluoride	*KARIGEL	1	
sodium fluoride	*KARIGEL-N	1	
triamcinolone/orabase	*KENALOG-ORABASE	1	

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

### 12-A Antihistamines

Generic Name	Brand Name	Tier	Notes
cyproheptadine	*PERIACTIN	1	
dust mite mixed ext sl tab	<b>ODACTRA</b>	4	QL PA
grass mixed pollen sl tab	<b>ORALAIR</b>	3	PA
promethazine	*PHENERGAN	1	
short ragweed pollen allergen extract sl tab	<b>RAGWITEK</b>	3	PA
timothy grass pollen allergen sl tab	<b>GRASTEK</b>	3	QL PA

### 12-B Topical Nasal Products

Generic Name	Brand Name	Tier	Notes
azelastine nasal	*ASTELIN	4	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

ciclesonide nasal	<b>ZETONNA</b>	3	QL
flunisolide nasal		2	
fluticasone nasal	*FLONASE	1	QL
ipratropium nasal	*ATROVENT NASAL	1	
olopatadine nasal	*PATANASE	3	QL

### 12-C Cough/Cold/Allergy

Generic Name	Brand Name	Tier	Notes
acrivastine-PSE	<b>SEMPREX-D</b>	3	
benzonatate	*TESSALON	1	
bromphen-PSE_DM	<b>BROMOXAFED</b>	3	
cardec DM	*RONDEC DM	1	
chlorpheniramine	*ED CHLORPED	1	
chlorpheniramine-PSE	*DECONAMINE	1	
guaifenesin-codeine soln	*CHERATUSSIN AC	1	PA (under age 18)
pse-guaifenesin-codeine soln	*CHERATUSSIN DAC	1	PA (under age 18)
guaifenesin-DM	<b>HUMIBID-DM</b>	3	
hydrocodone-guaifenesin soln	<b>FLOWTUSS</b>	4	QL PA (under age 18) ST
hydrocodone-guaifenesin soln	<b>OBREDON</b>	4	QL PA (under age 18) ST
hydrocodone-homatropine	*HYCODAN	1	PA (under age 18)
hydrocodone polst-chlorphen susp	*TUSSIONEX	3	QL PA (under age 18)
phenylephrine-guaifenesin	<b>MAXIPHEN-G</b>	3	
promethazine VC	PHENERGAN VC	1	
promethazine VC- codeine	PHENERGAN VC w/CODEINE	1	PA (under age 18)
promethazine-codeine	*PHENERGAN w/CODEINE	1	PA (under age 18)
PSE-guaifenesin-codeine	*NOVAHISTINE	1	
PSE-methscopolamine	*ALLERX-D	1	
pseudoephed-chlorphen-DM	<b>TANAFED DM</b>	3	
pseudoeph-chlorphen w/hydroco soln	*ZUTRIPRO	2	QL PA (under age 18)

### 12-D Asthma/COPD

Generic Name	Brand Name	Tier	Notes
aclidinium bromide	<b>TUDORZA PRESSAIR</b>	2	QL
albuterol nebulizer	*PROVENTIL NEBULIZER	1	
albuterol tablets	*PROVENTIL	1	
albuterol HFA inhaler	<b>PROAIR HFA</b>	3	QL
albuterol sulfate aer pow ba	<b>PROAIR RESPICLICK</b>	3	QL
albuterol HFA inhaler	<b>PROVENTIL HFA</b>	3	QL
albuterol HFA inhaler	<b>VENTOLIN HFA</b>	2	QL
albuterol SR tablets	*VOSPIRE ER	1	
albuterol-ipratropium inhaler	<b>COMBIVENT RESPIMAT</b>	3	QL
albuterol-ipratropium nebulizer	*DUONEB	2	
aminophylline		1	
arformoterol tartrate nebulizer	<b>BROVANA</b>	3	QL
budesonide formoterol inhaler	<b>SYMBICORT</b>	2	QL
cromolyn sodium nebulizer	*INTAL NEBULIZER	1	
fluticasone furoate	<b>ARNUTY ELLIPTA</b>	4	QL
fluticasone-salmeterol inh	*AIRDUO RESPICLICK	2	QL

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

fluticasone furoate-vilanterol aero powd	<b>BREO ELLIPTA</b>	2	QL
fluticasone-umeclidinium-vilanterol aepb	<b>TRELEGY ELLIPTA</b>	2	QL
formoterol fumarate nebulizer	<b>PERFOROMIST</b>	3	QL
glycopyrrolate inhal cap	<b>SEEBRI NEOHALER</b>	4	ST
glycopyrrolate inhal solution	<b>LONHALA MAGNAIR</b>	4	QL PA
glycopyrrolate-formoterol fumarate	<b>BEVESPI AEROSPHERE</b>	2	QL
indacaterol maleate inh	<b>ARCAPTA NEOHALER</b>	3	QL
ipratropium nebulizer	* <b>ATROVENT NEBULIZER</b>	1	
ipratropium HFA inhaler	<b>ATROVENT HFA</b>	2	QL
levalbuterol nebulizer	* <b>XOPENEX NEBULIZER</b>	3	QL
levalbuterol inhaler	<b>XOPENEX HFA</b>	3	QL
metaproterenol nebulizer	* <b>ALUPENT NEBULIZER</b>	1	
metaproterenol tablets	* <b>ALUPENT</b>	1	
montelukast	* <b>SINGULAIR</b>	1	
montelukast	* <b>SINGULAIR Granules</b>	2	
olodaterol hcl inh	<b>STRIVERDI RESPIMAT</b>	2	QL
roflumilast tab	<b>DALIRESP</b>	3	QL PA
salmeterol inhaler	<b>SEREVENT DISKUS</b>	3	QL
salmeterol-fluticasone inhaler	<b>ADVAIR</b>	2	QL
sodium chloride soln nebu 7%	<b>HYPER-SAL NEBULIZER</b>	2	
terbutaline tab	* <b>BRETHINE</b>	1	
theophylline		1	
theophylline	<b>SLO-PHYLLIN</b>	2	
theophylline	<b>THEOLAIR</b>	2	
theophylline CR	* <b>UNIPHYL</b>	1	
theophylline SR	<b>THEO-24</b>	3	
tiotropium bromide mono inhal	<b>SPIRIVA HANDIHALER</b>	2	QL
tiotropium bromide mono inhal	<b>SPIRIVA RESPIMAT</b>	2	QL
umeclidinium br aero powd breath	<b>INCRUSE ELLIPTA</b>	2	QL
umeclidinium-vilanterol	<b>ANORO ELLIPTA</b>	3	QL
zafirlukast tab	* <b>ACCOLATE</b>	1	
zileuton tab	<b>ZYFLO</b>	4	ST
zileuton sr tab	<b>ZYFLO CR</b>	4	ST

## 12-E Steroid Inhalers

Generic Name	Brand Name	Tier	Notes
beclomethasone HFA inhaler	<b>QVAR</b>	1	QL
beclomethasone diprop hfa inhaler	<b>QVAR REDIHALER</b>	1	QL
budesonide inhaler	<b>PULMICORT FLEXHALER</b>	4	QL ST
budesonide nebulizer	* <b>PULMICORT RESPULES</b>	2	QL
ciclesonide inhaler	<b>ALVESCO</b>	1	QL
flunisolide inhaler	<b>AEROBID</b>	3	
flunisolide inhaler	<b>AEROBID-M</b>	3	
fluticasone propionate inhaler	<b>FLOVENT DISKUS</b>	4	QL
fluticasone propionate inhaler	<b>FLOVENT HFA</b>	4	QL
flunisolide hfa	<b>AEROSPAN 80mcg</b>	3	QL
mometasone inhaler	<b>ASMANEX</b>	1	QL

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

mometasone inhaler	<b>ASMANEX HFA</b>	1	QL
triamcinolone inhaler	<b>AZMACORT</b>	3	
<b>12-F Pulmonary Fibrosis</b>			
nintedanib esylate cap	<b>OFEV</b>	4	QL PA SP
pirfenidone	<b>ESBRIET</b>	2	QL PA SP
<b>SELF-INJECTABLE/SPECIALTY</b> (injectable drugs)			
<b>13-A Anticoagulants</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
avatrombopag maleate tab	<b>DOPTELET</b>	4	PA SP
dalteparin sodium inj	<b>FRAGMIN</b>	4	QL
enoxaparin sodium inj	* <b>LOVENOX</b>	2	QL
fondaparinux sodium inj	* <b>ARIXTRA</b>	2	QL
<b>13-B Growth Hormones</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
mecasermin inj	<b>INCRELEX</b>	3	QL PA SP
metreleptin inj	<b>MYALEPT</b>	3	QL PA SP
somatropin inj	<b>NUTROPIN AQ</b>	2	QL PA SP
somatropin inj	<b>NUTROPIN AQ NUSPIN</b>	2	QL PA SP
somatropin inj	<b>SEROSTIM</b>	4	QL PA SP
somatropin inj	<b>ZORBTIVE</b>	3	QL PA SP
tesamorelin inj	<b>EGRIFTA</b>	4	PA SP
<b>13-C Hematopoietic Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
darbepoetin alpha inj	<b>ARANESP</b>	2	QL SP
eltrombopag tab	<b>PROMACTA</b>	4	PA SP
epoetin alfa inj	<b>EPOGEN</b>	2	QL SP
epoetin alfa inj	<b>PROCRIT</b>	2	QL SP
filgrastims-sndz inj	<b>ZARXIO</b>	2	SP
fostamatinib disod tab	<b>TAVALISSE</b>	4	QL PA ST SP
lusutrombopag tab	<b>MULPLETA</b>	4	QL PA SP
pegfilgrastim inj	<b>NEULASTA</b>	3	PA SP
pegvaliase-pqpz sq inj	<b>PALYNZIQ</b>	3	PA SP
sargramostim inj	<b>LEUKINE</b>	3	PA SP
<b>13-D Hepatitis C Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
daclatasvir dihydrochloride	<b>DAKLINZA</b>	3	QL PA ST SP
dasab-ombit-paritap-riton	<b>VIEKIRA</b>	4	QL PA ST SP
dasab-ombit-paritap-riton sr 24hr	<b>VIEKIRA XR</b>	4	QL PA ST SP
elbasvir-grazoprevir	<b>ZEPATIER</b>	4	QL PA ST SP
glecaprevir-pibrentasvir	<b>MAVYRET</b>	2	QL PA SP
ledipasvir-sofosbuvir	<b>HARVONI</b>	2	QL PA SP
ombitasvir-paritaprevir-ritonavir	<b>TECHNIVIE</b>	4	QL PA ST SP
peginterferon alfa-2A inj	<b>PEGASYS</b>	2	QL PA SP
peginterferon alfa-2A inj	<b>PEGASYS PROCLICK</b>	2	QL PA SP
peginterferon alfa-2B inj	<b>PEG-INTRON</b>	4	ST SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

peginterferon alfa-2B inj	<b>PEG-INTRON REDIPEN</b>	4	ST SP
peginterferon beta-1a soln inj	<b>PLEGRIDY</b>	3	QL PA SP
simeprevir sodium	<b>OLYSIO</b>	4	QL PA ST SP
sofosbuvir	<b>SOVALDI</b>	4	QL PA ST SP
sofosbuvir-velpatasvir	<b>EPCLUSA</b>	2	QL PA SP
sofosbuvir-velpatasvir-voxilaprevir	<b>VOSEVI</b>	2	QL PA SP
<b>13-E Multiple Sclerosis Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
dalfampridine tab	*AMPYRA	2	QL PA SP
dimethyl fumarate DR cap	<b>TECFIDERA</b>	2	QL PA SP
dimethyl fumarate DR cap	<b>TECFIDERA STARTER PACK</b>	2	QL PA SP
glatiramer acetate inj (Mylan NDC only)	*COPAXONE 20MG & 40MG	2	QL PA SP
fingolimod cap	<b>GILENYA</b>	3	QL PA SP
interferon beta-1A inj	<b>REBIF</b>	3	QL PA ST SP
interferon beta-1A inj	<b>AVONEX</b>	2	QL PA SP
interferon beta-1B inj	<b>BETASERON</b>	2	QL PA SP
teriflunomide tab	<b>AUBAGIO</b>	3	QL PA SP
<b>13-F Osteoporosis Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
teriparatide (recombinant) inj	<b>FORTEO</b>	3	PA SP
<b>13-G Somatostatin Analogs</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
nafarelin nasal soln	<b>SYNAREL</b>	2	
octreotide acetate inj	*SANDOSTATIN	2	PA SP
pasireotide diaspertate inj	<b>SIGNIFOR</b>	4	QL PA SP
pegvisomant inj	<b>SOMAVERT</b>	2	QL PA SP
<b>13-H Immunomodulators</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
adalimumab inj	<b>HUMIRA</b>	2	QL PA SP
anakinra sq inj	<b>KINERET</b>	3	QL PA SP
apremilast tab	<b>OTEZLA</b>	2	QL PA SP
belimumab sq inj	<b>BENLYSTA</b>	2	QL PA SP
brodalumab sq inj	<b>SILIQ</b>	4	QL PA ST SP
certolizumab pegol inj	<b>CIMZIA</b>	2	QL PA SP
daclizumab inj	<b>ZINBRYTA</b>	4	QL PA SP
dupilumab sq inj 300mg/2ml	<b>DUPIXENT ( 300mg/2ml)</b>	4	QL PA ST SP
etanercept sq inj	<b>ENBREL</b>	3	QL ST SP
golimumab sq inj	<b>SIMPONI</b>	2	QL PA SP
guselkumab inj	<b>TREMFYA</b>	2	QL PA SP
ixekizumab sq inj	<b>TALTZ</b>	4	QL PA ST SP
sarilumab sq inj	<b>KEVZARA</b>	4	QL ST SP
secukinumab sq inj	<b>COSENTYX</b>	3	QL ST SP
tocilizumab sq inj	<b>ACTEMRA</b>	3	QL ST SP
tofacitinib tab	<b>XELJANZ</b>	3	QL ST SP
tofacitinib SR 24hr tab	<b>XELJANZ XR</b>	3	QL ST SP
ustekinumab inj	<b>STELARA</b>	2	QL PA SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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

<b>13-I Miscellaneous Specialty</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
abatacept inj	<b>ORENCIA</b>	4	QL ST SP
C1 esterase inhibitor	<b>BERINERT</b>	3	QL PA SP
C1 esterase inhibitor	<b>HAEGARDA</b>	2	QL PA SP
corticotropin gel inj	<b>ACTHAR HP</b>	4	QL PA SP
icatibant acetate inj	<b>FIRAZYR</b>	3	QL PA SP
inotersen sod sq inj	<b>TEGSEDI</b>	4	QL PA SP
interferon alfa-2B	<b>INTRON-A</b>	4	PA SP
interferon gamma-1B inj	<b>ACTIMMUNE</b>	2	QL PA SP
lanadelumab-flyo inj	<b>TAKHZYRO</b>	2	QL PA SP
leuprolide acetate sq inj	<b>ELIGARD</b>	3	PA SP
leuprolide acetate sq inj	<b>LUPRON</b>	2	PA SP
migalastat hcl cap	<b>GALAFOLD</b>	4	PA SP
peginterferon alfa-2B inj	<b>SYLATRON</b>	3	QL PA SP
rilonacept inj	<b>ARCALYST</b>	2	QL PA SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs

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