



Preferred Drug List (PDL)

New York – Essential Plan

Effective Date: 10/1/17



NOTICE OF NON-DISCRIMINATION

UnitedHealthcare Community Plan complies with Federal civil rights laws. UnitedHealthcare Community Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

UnitedHealthcare Community Plan provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call the toll-free member phone number listed on your member ID card.

If you believe that UnitedHealthcare Community Plan has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Civil Rights Coordinator by:

- Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
- Email: **UHC_Civil_Rights@uhc.com**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- Web: Office for Civil Rights Complaint Portal at
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building, Washington, D.C. 20201
- Phone: Toll-free 1-800-868-1019, 1-800-537-7697 (TDD)

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 Member Services at **1-866-265-1893, TTY 711**, Monday – Friday, 8:00 a.m. – 6:00 p.m.

NOTIFICACIÓN DE LA NO-DISCRIMINACIÓN

UnitedHealthcare Community Plan cumple con los requisitos fijados por las leyes Federales de los derechos civiles. UnitedHealthcare Community Plan no excluye a las personas o las trata de manera diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo.

UnitedHealthcare Community Plan provee lo siguiente:

- Asistencia y servicios gratuitos de ayuda para las personas con discapacidades en su comunicación con nosotros, con:
 - Interpretes calificados en el lenguaje de señas
 - Información por escrito en diferentes formatos (letras de mayor tamaño, audición, formatos electrónicos accesibles, otros formatos)
- Servicios gratuitos con diversos idiomas para personas para quienes el inglés no es su lengua materna, como:
 - Interpretes calificados
 - Información impresa en diversos idiomas

Si usted necesita estos servicios, por favor llame gratuitamente al número anotado en su tarjeta de identificación como miembro.

Si usted piensa que UnitedHealthcare Community Plan no le ha brindado estos servicios o le han tratado a usted de manera diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja ante el Coordinador de los Derechos Civiles (Civil Rights Coordinator) haciéndolo por:

- Correo: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
- Correo electrónico: **UHC_Civil_Rights@uhc.com**

Usted también puede presentar una queja acerca de sus derechos civiles ante el Departamento de Salud y Servicios Humanos de los Estados Unidos, Oficina de Derechos Civiles, haciendo por:

- Internet: Sitio en Internet para la Oficina de Derechos Civiles en
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Correo: U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building, Washington, D.C. 20201
- Teléfono: Gratuitamente al 1-800-868-1019, 1-800-537-7697 (TDD)

Ofrecemos servicios gratuitos para ayudarle a comunicarse con nosotros. Tales como, cartas en otros idiomas o en letra grande. O bien, puede solicitar un intérprete. Para pedir ayuda, por favor llame a Servicios para Miembros al **1-866-265-1893, TTY 711**, de lunes a viernes, 8:00 a.m. – 6:00 p.m.

LANGUAGE ASSISTANCE

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-866-265-1893 TTY/711.	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-265-1893 TTY/711.	Spanish/ Español
注意：您可以免費獲得語言援助服務。請致電 1-866-265-1893 TTY/711。	Chinese/ 中文
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-265-1893 رقم هاتف الصم والبكم TTY/711.	Arabic/ اللغة العربية
주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 1-866-265-1893 TTY/711로 전화하시기 바랍니다.	Korean/ 한국어
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-265-1893 (телетайп: TTY/711).	Russian/ Русский
ATTENZIONE: Nel caso in cui la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il 1-866-265-1893 TTY/711.	Italian/ Italiano
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-265-1893 TTY/711.	French/ Français
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-265-1893 TTY/711.	French Creole/ Kreyòl ki soti nan Fransè
אכטונג: אויב איר רעדט אידיש, זענען פאראן פאר איך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-866-265-1893 TTY/711.	Yiddish/ אידיש
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-265-1893 TTY/711.	Polish/ Polski
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyong pantulong sa wika nang walang bayad. Tumawag sa 1-866-265-1893 TTY/711.	Tagalog
দৃষ্টি আকর্ষণ: যদি আপনার ভাষা “Bengali বাংলা” হয় তাহলে আপনি বিনামূল্যে ভাষা সহায়তা পাবেন। 1-866-265-1893 TTY/711 নম্বরে ফোন করুন।	Bengali/ বাংলা
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-866-265-1893 TTY/711.	Albanian/ Shqip
ΠΡΟΣΟΧΗ: Στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-265-1893 TTY/711.	Greek/ Ελληνικά
توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان سے متعلق مدد کی خدمات مفت دستیاب ہیں۔ کال کریں 1-866-265-1893 TTY/711.	Urdu/ اردو

UnitedHealthcare Community Plan List of Preferred Drugs

Frequently Asked Questions (FAQ)

Find answers here to questions you have about this UnitedHealthcare Community Plan List of Preferred Drugs. You can read all of the FAQ to learn more, or look for a question and answer.

1 What drugs are on the Preferred Drug List? (We call the Preferred Drug List the “Drug List” for short.)

The drugs on Preferred Drug List that starts on page <4> are the drugs covered by UnitedHealthcare Community Plan. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

UnitedHealthcare will cover all medically necessary drugs if:

- your doctor or other prescriber says you need them to get better or stay healthy, *and*
- you fill the prescription at a UnitedHealthcare Community Plan network pharmacy.

UnitedHealthcare may have additional steps to access certain drugs (see question <#5> below).

You can also see an up-to-date drug list on our website at <myuhc.com/CommunityPlan> or call Member Services at < 1-866-265-1893> TTY 711.

2 Does the Drug List ever change?

Yes. UnitedHealthcare Community Plan may add or remove drugs on the Drug List during the year. Generally, the Drug List will only change if:

- a cheaper drug comes along that works as well as a drug on the Drug List now, *or*
- we learn that a drug is not safe.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval for a drug. (*Prior approval* is permission from UnitedHealthcare Community Plan before you can get a drug.)
- Add or change the amount of a drug you can get (called “quantity limits”).

- Add or change step therapy restrictions on a drug. (*Step therapy* means you must try one drug before we will cover another drug.)

For more information on these drug rules, see pages <4, 5 and 9>.

Questions 3, 4, and 7 below have more information on what happens when the Drug List changes.

You can always check the up-to-date Drug List online at <myuhc.com/CommunityPlan>

You can also call Member Services to check the current Drug List at < 1-866-265-1893, TTY 711>.

3 What happens when another drug comes along that works as well as a drug on the Drug List now?

If you are taking a drug that is removed because another drug that works just as well is available, we will tell you. You will get a letter letting you know about the change. We will also tell you what alternate drugs are available to you. Contact your doctor or other prescriber to make sure another drug will work for you.

4 What happens when we find out a drug is not safe?

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the Drug List right away. We will also send you a letter telling you that. Contact your doctor or other prescriber and ask about your other options.

5 Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases your doctor must do something before you can get the drug. For example:

- Prior approval (or prior authorization): For some drugs, your doctor or other prescriber must get approval from UnitedHealthcare before you fill your prescription. If you don't get approval, UnitedHealthcare may not cover the drug.

- Quantity limits: Sometimes UnitedHealthcare limits the amount of a drug you can get.

- Step therapy: Sometimes UnitedHealthcare requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If

your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages <4-57>. You can also get more information by visiting our website at <myuhc.com/CommunityPlan>. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also call Member Services and ask us to send you information about our prior authorization and step therapy restrictions.

6 How will you know if the drug you want has limitations or if there are required actions to take to get the drug?

The Preferred Drug List on pages <4-57> has a column labeled "Requirements and Limits."

7 What happens if we change our rules on how we cover some drugs? For example, if we add prior authorization (approval), quantity limits, and/or step therapy restrictions on a drug.

We will tell you if we add prior approval, quantity limits, and/or step therapy restrictions on a drug. We will tell you before the restriction is added.. This gives you time to talk to your doctor or other prescriber about what to do next.

8 How can you find a drug on the Drug List?

There are two ways to find a drug:

- You can search by medical condition.

To search by medical condition, find the section labeled "List of drugs by medical condition" on pages <4-57>. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

- You can also search for drugs alphabetically.

To search alphabetically, go to the <Index of Covered Drugs> starting on page <58> Find the name of your drug. The page number where you can find the drug will be next to it.

9 What if the drug you want to take is not on the Drug List?

If you don't see your drug on the Drug List, call Member Services and ask about it. If you learn that UnitedHealthcare does not prefer the drug, you can do one of these things:

- Ask Member Services for a list of drugs that are similar to the one you want to take.

Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. *Or*

- You can ask the health plan to make an exception to cover your drug. Please see question 11 for more information about exceptions.

10 What if you just joined UnitedHealthcare Community Plan and can't find your drug on the Drug List or have a problem getting your drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of UnitedHealthcare. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead, or whether to request an exception.

11 Can you ask for an exception to cover your drug?

Yes. Your doctor can ask UnitedHealthcare Community Plan to make an exception to cover a drug that is not on the Drug List.

Your doctor can also ask us to change the rules on your drug.

- For example, we may limit the amount of a drug we will cover. If your drug has a limit, your doctor can ask us to change the limit and cover more.
- Other examples: Your doctor can ask us to drop step therapy restrictions or prior approval requirements.

12 How long does it take to get an exception?

First, we must receive some information from your doctor supporting your request for an exception. After we receive the information, we will give you a decision on your exception request within the timeframes required by the state, generally within 24 hours.

13 How can you ask for an exception?

To ask for an exception, you can do one of two things:

- Call Member Services. A Member Services representative will work with you and your doctor to help ask for an exception.
- Call your doctor and ask them to request an exception by calling the Prior Notification Service at <1-800-310-6826<, or they can fax a request to<866-940-7328>.

14 What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). In most instances UnitedHealthcare covers generic drugs first. If your doctor feels a brand name drug is medically necessary, you will need to ask your doctor to submit for prior approval.

15 What are OTC drugs?

OTC stands for "over-the-counter." UnitedHealthcare prefers some OTC drugs when they are written as prescriptions by your provider. You can read the UnitedHealthcare Community Plan Drug List to see what OTC drugs are preferred.

16 Does UnitedHealthcare cover OTC non-drug products?

UnitedHealthcare covers some OTC non-drug products when they are written as prescriptions by your provider. You can read the UnitedHealthcare Community Plan Drug List to see what OTC non-drug products are covered.

17 What is a Specialty Pharmacy Medication?

A specialty pharmacy medication is a drug that generally has one or more of the following characteristics:

- It's used by a small number of people
- It treats rare, chronic, and/or potentially life-threatening diseases

- It has special storage or handling requirements such as needing to be refrigerated
- It may need close monitoring, ongoing clinical support and management, and complete patient education and engagement
- It's a high cost medication
- It may not be available at retail pharmacies
- It may be oral, injectable, or inhaled

Specialty pharmacy medications are available through our specialty pharmacy network. If you have questions, call Member Services at < 1-866-265-1893, TTY 711>.

List of Preferred Drugs

The List of Preferred Drugs that begins <on the next page> gives you information about the drugs covered by UnitedHealthcare Community Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page <58>

.

The first column of the chart lists the generic name of the drug. The second column of the chart lists brand name drugs. Brand name drugs are capitalized (e.g., CRESTOR). The third column in the list tells you if the preferred drug covered is the brand or generic version.

The information in the "Requirements & Limits" column tells you if UnitedHealthcare has any rules for covering your drug.

Utilization Management Restrictions

PA - Prior approval (or prior authorization)

For some drugs, your doctor or other prescriber must get approval from UnitedHealthcare Community Plan before you fill your prescription. If you don't get approval, UnitedHealthcare may not cover the drug.

QL - Quantity limits

Sometimes UnitedHealthcare Community Plan limits the amount of a drug you can get.

ST - Step therapy

Sometimes UnitedHealthcare Community Plan requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then your doctor can ask for approval to cover the second.

Other special requirements for coverage

SP – Specialty Pharmacy

Drug needs to be accessed through a network Specialty Pharmacy. Specialty Pharmacy Drugs may require extra handling, provider coordination or patient education that can't be done at a network retail pharmacy.

Drug Tiers

The drugs listed in the PDL have different tiers. The tiers are listed in the grid below.

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

[ABBREVIATIONS]

OTC = Over the Counter
PA = Prior Authorization required
QL = Quantity Limit
ST = Step Therapy
SP = Specialty Pharmacy

[You can find information on what the symbols and abbreviations in this table mean by going to page <4-57 in footnotes>]

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Antineoplastics & Immunosuppressants				
Antineoplastic Agents				
Alkylating Agents				
altretamine	HEXALEN	brand	2	oral chemo
busulfan	MYLERAN	brand	2	oral chemo
chlorambucil	LEUKERAN	brand	2	oral chemo
cyclophosphamide	CYTOXAN	generic	1	oral chemo
estramustine phosphate sodium	EMCYT	brand	2	oral chemo
lomustine	GLEOSTINE	brand	2	oral chemo
melphalan	ALKERAN	brand	2	oral chemo
temozolomide	TEMODAR	generic	1	PA, SP, oral chemo
Antimetabolites				
capecitabine	XELODA	generic	1	SP, oral chemo
mercaptopurine	PURINETHOL	generic	1	oral chemo
thioguanine	TABLOID	brand	2	oral chemo
trifluridine/tipiracil	LONSURF	brand	2	PA, SP, QL, oral chemo
Histone Deacetylase Inhibitors				
panobinostat	FARYDAK	brand	2	PA, SP, oral chemo
vorinostat	ZOLINZA	brand	2	PA, SP, oral chemo
Kinase Inhibitor				
afatinib	GILOTRIF	brand	2	PA, SP, oral chemo
alectinib	ALECENSA	brand	2	PA, SP, oral chemo
axitinib	INLYTA	brand	2	PA, SP, oral chemo
bosutinib	BOSULIF	brand	2	PA, SP, oral chemo
cabozantinib	COMETRIQ CABOMETYX	brand	2	PA, SP, oral chemo
ceritinib	ZYKADIA	brand	2	PA, SP, oral chemo
cobimetinib	COTELLIC	brand	2	PA, SP, oral chemo
crizotinib	XALKORI	brand	2	PA, SP, oral chemo
dabrafenib	TAFINLAR	brand	2	PA, SP, oral chemo
dasatinib	SPRYCEL	brand	2	PA, SP, oral chemo
erlotinib	TARCEVA	brand	2	PA, SP, oral chemo
everolimus	AFINITOR AFINITOR DISPERZ	brand	2	PA, SP, oral chemo
gefitinib	IRESSA	brand	2	PA, SP, QL, oral chemo
ibrutinib	IMBRUVICA	brand	2	PA, SP, oral chemo

OTC = Over the Counter

PA = Prior Authorization required

QL = Quantity Limit

ST = Step Therapy

SP = Specialty Pharmacy

Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
idelalisib	ZYDELIG	brand	2	PA, SP, oral chemo
imatinib mesylate	GLEEVEC	generic	1	PA, QL, SP, oral chemo
lapatinib ditosylate	TYKERB	brand	2	PA, SP, oral chemo
lenvatinib	LENVIMA	brand	2	PA, SP, oral chemo
nilotinib	TASIGNA	brand	2	PA, SP, oral chemo
palbociclib	IBRANCE	brand	2	PA, SP, oral chemo
pazopanib	VOTRIENT	brand	2	PA, SP, oral chemo
ponatinib	ICLUSIG	brand	2	PA, SP, oral chemo
regorafenib	STIVARGA	brand	2	PA, SP, oral chemo
ruxolitinib	JAKAFI	brand	2	PA, SP, oral chemo
sorafenib	NEXAVAR	brand	2	PA, SP, oral chemo
sunitinib	SUTENT	brand	2	PA, SP, oral chemo
trametinib	MEKINIST	brand	2	PA, SP, oral chemo
vandetanib	CAPRELSA	brand	2	PA, SP, oral chemo
vemurafenib	ZELBORAF	brand	2	PA, SP, oral chemo
Miscellaneous				
leucovorin	LEUCOVORIN	generic	1	QL, tabs
mesna	MESNEX	brand	2	SP, tablets, oral chemo
venetoclax	VENCLEXTA	brand	2	PA, SP
Proteasome Inhibitors				
ixazomib	NINLARO	brand	2	PA, SP, oral chemo
Hormonal Antineoplastic Agents				
Androgen Biosynthesis Inhibitors				
abiraterone	ZYTIGA	brand	2	PA, SP, oral chemo
Antiandrogens				
bicalutamide	CASODEX	generic	1	oral chemo
flutamide	EULEXIN	generic	1	oral chemo
Antiestrogens				
tamoxifen	NOLVADEX	generic	1	oral chemo
toremifene	FARESTON	brand	2	oral chemo
Aromatase Inhibitors				
anastrozole	ARIMIDEX	generic	1	oral chemo
exemestane	AROMASIN	generic	1	oral chemo
letrozole	FEMARA	generic	1	oral chemo
Gonadotropin Releasing Hormone Analog				
leuprolide	LUPRON LUPRON DEPOT	generic	1	PA, SP
leuprolide	LUPRON DEPOT 6-MONTH LUPRON DEPOT-PED	brand	2	PA, SP
Progestin				
megestrol acetate	MEGACE	generic	1	oral chemo

OTC = Over the Counter

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QL = Quantity Limit

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SP = Specialty Pharmacy

Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Immunomodulators				
Interferons				
interferon alfa-2b	INTRON A	brand	2	PA, SP
interferon gamma-1b	ACTIMMUNE	brand	2	PA, SP
peginterferon alfa-2b	SYLATRON	brand	2	PA, SP
Miscellaneous				
lenalidomide	REVLIMID	brand	2	PA, SP
pomalidomide	POMALYST	brand	2	PA, SP, oral chemo
thalidomide	THALOMID	brand	2	PA, SP
Immunosuppressants				
Antimetabolites				
azathioprine	IMURAN	generic	1	
mycophenolate mofetil	CELLCEPT	generic	1	
mycophenolate sodium	MYFORTIC	generic	1	
Calcineurin Inhibitors				
cyclosporine	SANDIMMUNE	generic	1	
cyclosporine, modified	NEORAL	generic	1	caps, QL
	GENGRAF			
tacrolimus	HECORIA	generic	1	
	PROGRAF			
Other				
everolimus	ZORTRESS	brand	2	
Rapamycin Derivative				
sirolimus	RAPAMUNE	generic	1	tabs
sirolimus	RAPAMUNE	brand	2	solution
Miscellaneous				
alitretinoin 1% gel	PANRETIN	brand	2	PA
bexarotene caps	TARGRETIN	generic	1	PA, SP, oral chemo
bexarotene topical gel	TARGRETIN	brand	2	PA, SP
cysteamine bitartrate	CYSTAGON	brand	2	SP
etoposide	VEPESID	generic	1	oral chemo
hydroxyurea	DROXIA	brand	2	
hydroxyurea	HYDREA	generic	1	oral chemo
mitotane	LYSODREN	brand	2	oral chemo
octreotide	SANDOSTATIN	generic	1	SP
olaparib	LYNPARZA	brand	2	PA, SP, oral chemo
pasireotide	SIGNIFOR	brand	2	PA, SP
procarbazine	MATULANE	brand	2	SP, oral chemo
rucaparib	RUBRACA	brand	2	PA, SP
sonidegib	ODOMZO	brand	2	PA, SP, QL, oral chemo

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
topotecan	HYCAMTIN	brand	2	PA, SP
tretinoin	VESANOID	generic	1	SP, caps, oral chemo
vismodegib	ERIVEDGE	brand	2	PA, SP, oral chemo
Blood Modifiers - Anticoagulants				
Anticoagulants				
apixaban	ELIQUIS	brand	2	Diagnosis Required, QL
edoxaban	SAVAYSA	brand	2	Diagnosis Required, QL
enoxaparin	LOVENOX	generic	1	PA, QL, PA only applies for quantities greater than 14 days
heparin	HEPARIN	generic	1	INJ 5000 UNIT/ML, PF INJ 5000 UNIT/0.5ML, INJ 10000 UNIT/ML
rivaroxaban	XARELTO	brand	2	Diagnosis Required, QL
warfarin	COUMADIN	generic	1	
Blood Cell Formation				
darbepoetin alfa	ARANESP	brand	2	PA, SP
epoetin alfa	EPOGEN	brand	2	PA, SP
	PROCRIT			
filgrastim	ZARXIO	brand	2	PA, SP
oprelvekin	NEUMEGA	brand	2	PA, SP
pegfilgrastim	NEULASTA	brand	2	PA, SP
plerixafor	MOZOBIL	brand	2	PA, SP
sargramostim	LEUKINE	brand	2	PA, SP
Platelet Inhibitors				
anagrelide	AGRYLIN	generic	1	
aspirin	BAYER	generic	1	OTC, preventative drug
	ECOTRIN			
cilostazol	PLETAL	generic	1	
clopidogrel	PLAVIX	generic	1	QL
dipyridamole	PERSANTINE	generic	1	
prasugrel	EFFIENT	generic	1	Diagnosis Required, QL
ticagrelor	BRILINTA	brand	2	Diagnosis Required, QL
Miscellaneous				
aminocaproic acid	AMICAR	brand	2	500 mg tabs
deferasirox	EXJADE	brand	2	PA, SP
	JADENU			
pentoxifylline extended-release	TRENTAL	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Cardiovascular Agents				
Ace Inhibitors				
benazepril	LOTENSIN	generic	1	
captopril	CAPOTEN	generic	1	
enalapril	VASOTEC	generic	1	
enalapril oral soln	EPANED	brand	2	Members ≥ 8 years of age will require prior authorization.
fosinopril	MONOPRIL	generic	1	QL
lisinopril	ZESTRIL	generic	1	QL
quinapril	ACCUPRIL	generic	1	QL
ramipril	ALTACE	generic	1	
trandolapril	MAVIK	generic	1	
Ace Inhibitor/Diuretic Combinations				
benazepril/ hydrochlorothiazide	LOTENSIN HCT	generic	1	
captopril/ hydrochlorothiazide	CAPOZIDE	generic	1	
enalapril/ hydrochlorothiazide	VASERETIC	generic	1	
fosinopril/ hydrochlorothiazide	MONOPRIL-HCT	generic	1	QL
lisinopril/ hydrochlorothiazide	ZESTORETIC	generic	1	QL
quinapril/ hydrochlorothiazide	ACCURETIC	generic	1	QL
Adrenolytics, Central				
clonidine	CATAPRES	generic	1	tablets
guanfacine	TENEX	generic	1	
Alpha Blockers				
doxazosin	CARDURA	generic	1	
prazosin	MINIPRESS	generic	1	
terazosin	HYTRIN	generic	1	
Angiotensin II Receptor Blockers (Antagonists)				
losartan	COZAAR	generic	1	QL
Angiotensin II Receptor Blocker Combinations				
losartan/HCTZ	HYZAAR	generic	1	QL
Antiarrhythmics and Cardiac Glycosides				
amiodarone tabs	CORDARONE	generic	1	200 mg and 400 mg
digoxin	LANOXIN	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
disopyramide	NORPACE	generic	1	
disopyramide extended-release	NORPACE CR	brand	2	
dofetilide	TIKOSYN	generic	1	
flecainide	TAMBOCOR	generic	1	
mexiletine	MEXITIL	generic	1	
propafenone	RYTHMOL	generic	1	IR only
quinidine gluconate extended-release	QUINIDINE GLUCONATE EXT-REL	generic	1	
quinidine sulfate	QUINIDINE SULFATE	generic	1	
quinidine sulfate extended-release	QUINIDINE SULFATE EXT-REL	generic	1	
Beta Blockers and Beta Blocker/Diuretic Combinations				
acebutolol	SECTRAL	generic	1	
atenolol	TENORMIN	generic	1	
atenolol/chlorthalidone	TENORETIC	generic	1	
betaxolol	KERLONE	generic	1	
bisoprolol	ZEBETA	generic	1	
bisoprolol/ hydrochlorothiazide	ZIAC	generic	1	
carvedilol	COREG	generic	1	QL
labetalol	TRANDATE	generic	1	
metoprolol	LOPRESSOR	generic	1	25, 50, 100mg tablets
metoprolol succinate	TOPROL XL	generic	1	
propranolol	INDERAL	generic	1	IR only
propranolol ER 24HR	INDERAL LA	generic	1	Diagnosis Required, QL
propranolol/HCTZ	INDERIDE	generic	1	
sotalol	BETAPACE	generic	1	
sotalol AF	BETAPACE AF	generic	1	
Calcium Channel Blockers				
Dihydropyridines				
amlodipine	NORVASC	generic	1	QL
felodipine extended-release	PLENDIL	generic	1	QL
nicardipine	CARDENE	generic	1	
nifedipine	PROCARDIA	generic	1	
nifedipine extended-release	ADALAT CC PROCARDIA XL	generic	1	QL
nimodipine	NIMOTOP	generic	1	QL
nimodipine oral soln	NYMALIZE	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Nondihydropyridines				
diltiazem	CARDIZEM	generic	1	
diltiazem extended-release	CARDIZEM CD	generic	1	QL
diltiazem extended-release	DILACOR XR TIAZAC	generic	1	QL
diltiazem sustained-release	CARDIZEM SR	generic	1	QL
verapamil	CALAN	generic	1	
verapamil extended-release	CALAN SR	generic	1	QL
Diuretics				
amiloride	MIDAMOR	generic	1	
amiloride/ hydrochlorothiazide	MODURETIC	generic	1	
bumetanide	BUMEX	generic	1	
chlorthalidone	CHLORTHALIDONE	generic	1	
chlorothiazide	DIURIL	generic	1	
chlorothiazide	DIURIL ORAL SUSPENSION	brand	2	QL
furosemide	LASIX	generic	1	
hydrochlorothiazide	HYDROCHLOROTHIAZIDE	generic	1	soln, tabs
hydrochlorothiazide	MICROZIDE	generic	1	12.5 mg caps
indapamide	LOZOL	generic	1	
metolazone	ZAROXOLYN	generic	1	
spironolactone	ALDACTONE	generic	1	
spironolactone/ hydrochlorothiazide	ALDACTAZIDE	generic	1	
toremide	DEMADEX	generic	1	
triamterene/ hydrochlorothiazide	DYAZIDE MAXZIDE	generic	1	
Lipid Lowering Agents				
Bile Acid Resin				
cholestyramine	QUESTRAN QUESTRAN-LIGHT	generic	1	Only the bulk products are covered (cans). Individual packets are not covered.
Fibrates				
fenofibrate	LOFIBRA	generic	1	ST
gemfibrozil	LOPID	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
HMG-CoA Reductase Inhibitors and Combinations				
atorvastatin	LIPITOR	generic	1	
lovastatin	MEVACOR	generic	1	QL
simvastatin	ZOCOR	generic	1	QL
Niacins				
niacin	NIACOR	generic	1	
niacin extended-release	NIASPAN	generic	1	
Miscellaneous				
alirocumab	PRALUENT	brand	2	PA, QL, SP
ezetimibe	ZETIA	generic	1	PA
omega 3 acid ethyl esters	LOVAZA	generic	1	PA
Nitrates				
Oral				
isosorbide dinitrate	ISORDIL	generic	1	
isosorbide dinitrate extended-release	ISOSORBIDE DINITRATE ER	generic	1	
isosorbide mononitrate	ISMO	generic	1	
isosorbide mononitrate extended-release	IMDUR	generic	1	
Sublingual				
isosorbide dinitrate	ISORDIL S.L.	generic	1	
nitroglycerin	NITROLINGUAL	generic	1	
nitroglycerin	NITROSTAT	generic	1	
Transdermal				
nitroglycerin	NITREK	generic	1	transdermal, QL
nitroglycerin	NITRO-DUR	generic	1	
nitroglycerin	NITRO-BID	generic	1	oint
Potassium-Removing Agents				
patiromer	VELTASSA	brand	2	PA
sodium polystyrene sulfonate	KAYEXALATE	generic	1	susp (susp only)
Pulmonary Arterial Hypertension				
ambrisentan	LETAIRIS	brand	2	PA, SP
bosentan	TRACLEER	brand	2	PA, SP
macitentan	OPSUMIT	brand	2	PA, SP
riociguat	ADEMPAS	brand	2	PA, SP
sildenafil	REVATIO	generic	1	PA, SP, tablets
Miscellaneous				
guanabenz	WYTENSIN	generic	1	
hydralazine	APRESOLINE	generic	1	
methyl dopa	ALDOMET	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
methyldopa/HCTZ	ALDORIL	generic	1	
midodrine	PROAMATINE	generic	1	
minoxidil	LONITEN	generic	1	
ranolazine	RANEXA	brand	2	ST

Central Nervous System

Alzheimer's Disease

donepezil	ARICEPT	generic	1	5 mg and 10 mg, QL, Members <18 years of age will require prior authorization.
donepezil	ARICEPT	generic	1	23 mg, ST, Members <18 years of age will require prior authorization.
galantamine	RAZADYNE	generic	1	QL, Members <18 years of age will require prior authorization.
memantine	NAMENDA	generic	1	QL, Members <18 years of age will require prior authorization.
rivastigmine	EXELON	generic	1	QL, Members <18 years of age will require prior authorization.

Analeptics

armodafinil	NUVIGIL	generic	1	Diagnosis Required, QL
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Analgesics

Barbiturate Non-Narcotic Analgesics

butalbital/acetaminophen	PHRENILIN	generic	1	QL
butalbital/acetaminophen	SEDAPAP	generic	1	QL
butalbital/acetaminophen/ caffeine	ESGIC FIORICET ZEBUTAL	generic	1	QL
butalbital/aspirin/caffeine	FIORINAL	generic	1	QL

Non-Narcotic Analgesics

acetaminophen	TYLENOL	generic	1	OTC
aspirin/acetaminophen/ caffeine	EXCEDRIN MIGRAINE	generic	1	250-250-65 mg, OTC
tramadol	ULTRAM	generic	1	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
NSAIDS				
diclofenac potassium	CATAFLAM	generic	1	
diclofenac sodium delayed-release	VOLTAREN	generic	1	
diclofenac sodium extended-release	VOLTAREN XR	generic	1	
etodolac	LODINE	generic	1	IR Only
ibuprofen	ADVIL	generic	1	tabs, chew tabs and susp, OTC
ibuprofen	MOTRIN	generic	1	tabs, chew tabs and susp
indomethacin	INDOCIN	generic	1	
ketoprofen	ORUDIS	generic	1	IR only
ketorolac tromethamine	TORADOL	generic	1	QL
meloxicam	MOBIC	generic	1	QL
nabumetone	RELAFEN	generic	1	
naproxen	NAPROSYN	generic	1	Not EC
naproxen delayed release	ENTERIC COATED-NAPROSYN	generic	1	QL
oxaprozin	DAYPRO	generic	1	
piroxicam	FELDENE	generic	1	
sulindac	CLINORIL	generic	1	
Opioids - Narcotic Analgesics				
butalbital/apap/caff/cod	FIORICET W/CODEINE	generic	1	QL, 50-325-40-30 mg
butalbital/asa/caff/cod	FIORINAL W/CODEINE	generic	1	QL
butorphanol	STADOL	generic	1	nasal spray, QL
codeine sulfate		generic	1	QL
codeine/acetaminophen	TYLENOL W/CODEINE	generic	1	QL
fentanyl transdermal	DURAGESIC	generic	1	PA, QL
	LORCET			
	LORTAB			
hydrocodone/acetaminophen	LORTAB ELIXIR	generic	1	QL
	NORCO			
	VICODIN			
	VICODIN ES			
hydrocodone ER	ZOHYDRO ER	brand	2	PA, QL
hydromorphone	DILAUDID	generic	1	QL
meperidine	DEMEROL	generic	1	QL
morphine	MSIR	generic	1	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
morphine	RMS	generic	1	QL
morphine extended-release	MS CONTIN	generic	1	PA, QL
oxycodone	OXYFAST	generic	1	soln, QL
oxycodone	ROXICODONE	generic	1	QL
oxycodone/acetaminophen	PERCOCET	generic	1	5/325, QL
oxycodone/aspirin	PERCODAN	generic	1	QL
oxymorphone ER	OXYMORPHONE ER	generic	1	PA, QL, non-crush resistant
pentazocine/naloxone	TALWIN NX	generic	1	QL
Migraine Acute Therapy				
Ergotamine Derivatives				
dihydroergotamine	D.H.E. 45	generic	1	inj, QL
dihydroergotamine	MIGRANAL	generic	1	
ergotamine/caffeine	CAFERGOT	generic	1	
ergotamine tartrate/caffeine	MIGERGOT SUPPOSITORIES	brand	2	QL
Selective Serotonin Agonists				
naratriptan	AMERGE	generic	1	ST
rizatriptan	MAXALT/MAXALT MLT	generic	1	QL
sumatriptan	IMITREX	generic	1	QL
sumatriptan	IMITREX 4 MG AND 6 MG INJ	generic	1	4 mg and 6 mg inj
Migraine Prophylactic Therapy				
amitriptyline	ELAVIL	generic	1	
divalproex sodium cap sprinkle	DEPAKOTE SPRINKLE	generic		Members ≥ 8 years of age will require prior authorization.
divalproex sodium delayed-release	DEPAKOTE	generic	1	Minimum age 2
propranolol	INDERAL	generic	1	IR only
verapamil	CALAN	generic	1	
Multiple Sclerosis				
daclizumab	ZINBRYTA	brand	2	PA, SP
dimethyl fumarate	TECFIDERA	brand	2	PA, QL, SP
fingolimod	GILENYA	brand	2	PA, QL, SP
glatiramer acetate	COPAXONE 40 MG	brand	2	PA, QL, SP (40mg)

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
glatiramer acetate	COPAXONE GLATOPA	generic	1	PA, QL, SP (20mg)
peginterferon beta-1a	PLEGRIDY	brand	2	PA, SP
teriflunomide	AUBAGIO	brand	2	PA, QL, SP
Myasthenia Gravis				
pyridostigmine	MESTINON	generic	1	tabs
pyridostigmine	MESTINON	brand	2	syrup
pyridostigmine extended-release	MESTINON TIMESPAN	generic	1	
Parkinson's Disease				
amantadine	SYMMETREL	generic	1	except tabs
benztropine	COGENTIN	generic	1	
carbidopa/levodopa	SINEMET	generic	1	
carbidopa/levodopa extended-release	SINEMET CR	generic	1	
entacapone	COMTAN	generic	1	
pramipexole	MIRAPEX	generic	1	
ropinirole	REQUIP	generic	1	
selegiline	ELDEPRYL	generic	1	tabs
tolcapone	TASMAR	generic	1	
trihexyphenidyl	ARTANE	generic	1	
Seizures				
carbamazepine	TEGRETOL	generic	1	
carbamazepine extended-release	CARBATROL TEGRETOL-XR	generic	1	
clobazam	ONFI	brand	2	Diagnosis Required, QL
clonazepam	KLONOPIN	generic	1	tabs
diazepam	DIASTAT ACUDIAL	generic	1	rectal gel, QL
divalproex sodium cap sprinkle	DEPAKOTE SPRINKLE	generic	1	Members ≥ 8 years of age will require prior authorization.
divalproex sodium delayed-release	DEPAKOTE	generic	1	Minimum age 2
ethosuximide	ZARONTIN	generic	1	
exogabine	POTIGA	brand	2	Age Limits Apply
felbamate	FELBATOL	generic	1	Diagnosis Required, QL, tablets
felbamate oral susp	FELBATOL ORAL SUSP	generic	1	Diagnosis Required, QL, suspension, Members ≥ 8 years of age will require prior authorization.

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
gabapentin	NEURONTIN	generic	1	caps and tabs only
lacosamide	VIMPAT	brand	2	Age Limits Apply
lamotrigine	LAMICTAL	generic	1	QL
lamotrigine chew dispersible tab	LAMICTAL CD CHEW TAB	generic	1	Members ≥ 8 years of age will require prior authorization.
lamotrigine starter kit	LAMICTAL STARTER KIT	brand	2	
levetiracetam	KEPPRA			QL, Maximum age of 9 for solution
methsuximide	CELONTIN	brand	2	
oxcarbazepine	TRILEPTAL	generic	1	QL, Maximum age of 9 for suspension
phenobarbital	PHENOBARBITAL	generic	1	
phenytoin	DILANTIN INFATABS	generic	1	
phenytoin sodium extended	DILANTIN PHENYTEK	generic	1	
pregabalin	LYRICA	brand	2	PA
pregabalin	LYRICA SOLUTION	brand	2	oral solution, PA
primidone	MYSOLINE	generic	1	
rufinamide	BANZEL	brand	2	Diagnosis Required, QL
tiagabine	GABITRIL	generic	1	Age Limits Apply, 2mg & 4mg
tiagabine	GABITRIL	brand	2	Age Limits Apply, 12mg & 16mg
topiramate	TOPAMAX	generic	1	QL
topiramate sprinkle caps	TOPAMAX SPRINKLE	generic	1	QL, Members ≥ 8 years of age will require prior authorization.
valproic acid	DEPAKENE	generic	1	
vigabatrin oral solution	SABRIL SOLUTION	brand	2	PA, SP
zonisamide	ZONEGRAN	generic	1	QL
Miscellaneous				
tetrabenazine	XENAZINE	generic	1	PA, SP
Dermatology				
Acne Vulgaris				
Oral				
isotretinoin	ACUTANE	generic	1	PA
Topical				
adapalene gel	DIFFERIN OTC GEL 0.1%	generic	1	
azelaic acid	FINACEA	brand	2	gel

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
benzoyl peroxide	BENZAC AC	generic	1	
clindamycin	CLEOCIN T	generic	1	gel
clindamycin	CLEOCIN T	generic	1	lotion
clindamycin	CLEOCIN T	generic	1	soln
erythromycin	ERYGEL	generic	1	gel 2%
erythromycin	T-STAT	generic	1	soln
salicylic acid	NEUTROGENA OIL FREE ACNE WASH	generic	1	liquid 2%, OTC
sulfacetamide/sulfur	SULFACET-R	generic	1	lotion
sulfacetamide/sulfur	PLEXION	generic	1	
tretinoin	AVITA RETIN-A	generic	1	cream, ST
Bacterial Infections				
bacitracin	BACITRACIN	generic	1	OTC
gentamicin	GENTAK	generic	1	
mupirocin	BACTROBAN	generic	1	ointment, 22 gram tube only
neomycin/polymyxin B/ bacitracin	NEOSPORIN	generic	1	OTC
silver sulfadiazine	SILVADENE	generic	1	
Corticosteroids				
Low Potency				
alclometasone	ACLOVATE	generic	1	0.05% crm/oint
fluocinolone acetonide	DERMA-SMOOTHIE OIL/FS	generic	1	oil 0.01%
fluocinolone acetonide	SYNALAR	generic	1	soln/crm 0.01%
hydrocortisone	CORTIZONE	generic	1	crm, oint, lot OTC
hydrocortisone	HYTONE	generic	1	crm 0.5%, 1%, & 2.5%
hydrocortisone	HYTONE	generic	1	lotion 1% & 2.5%
hydrocortisone/aloe	CORTIZONE-10 INTENSIVE HEALING	generic	1	crm 0.5% & 1%, OTC
Medium Potency				
betamethasone val	BETA-VAL	generic	1	crm/oint/lotion 0.1%
fluocinolone acetonide	DERMA-SMOOTHIE OIL/FS	generic	1	oil 0.01%
fluocinolone acetonide	SYNALAR	generic	1	crm, oint 0.025%
fluticasone propionate	CUTIVATE	generic	1	crm 0.05%, oint 0.005%
hydrocortisone butyrate	LOCOID	generic	1	crm/oint/soln 0.1%
hydrocortisone valerate	WESTCORT	generic	1	crm 0.2%
mometasone furoate	ELOCON	generic	1	crm/oint/soln 0.1%
prednicarbate	DERMATOP	generic	1	crm 0.1%

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
triamcinolone acetonide	KENALOG	generic	1	crm/lot/oint 0.025%
triamcinolone acetonide	KENALOG	generic	1	crm/oint/lotion 0.1%
High Potency				
betamethasone augmented dip	DIPROLENE	generic	1	lotion 0.05%
betamethasone augmented dip	DIPROLENE AF	generic	1	crm 0.05%
betamethasone dipropionate		generic	1	crm/lotion/oint 0.05%
fluocinonide	LIDEX	generic	1	crm/oint/gel/soln 0.05%
fluocinonide emulsified base	LIDEX E	generic	1	crm 0.05%
triamcinolone acetonide	KENALOG	generic	1	crm 0.5%
Very High Potency				
betamethasone dip augmented	DIPROLENE	generic	1	gel 0.05%
betamethasone dip augmented	DIPROLENE	generic	1	oint 0.05%
clobetasol propionate	TEMOVATE	generic	1	soln 0.05%
halobetasol	ULTRAVATE	generic	1	cream
Fungal Infections				
ciclopirox	PENLAC SOLUTION 8%	generic	1	
clotrimazole	LOTRIMIN AF	generic	1	OTC
clotrimazole	MYCELEX	generic	1	
clotrimazole with betamethasone	LOTRISONE	generic	1	
ketoconazole	NIZORAL	generic	1	
miconazole	DESENEX	generic	1	2% OTC
miconazole	MICATIN	generic	1	OTC
miconazole	MONISTAT-DERM	generic	1	
nystatin	MYCOSTATIN	generic	1	
terbinafine	LAMISIL AT	generic	1	OTC
tolnaftate	TINACTIN	generic	1	OTC
Psoriasis				
acitretin	SORIATANE	generic	1	oral caps, PA
calcipotriene	DOVONEX	generic	1	crm/oint, ST
calcipotriene	DOVONEX	generic	1	soln
calcitriol	VECTICAL	generic	1	ST
methoxsalen	OXSORALEN-ULTRA	generic	1	
salicylic acid	SCALPICIN	generic	1	liquid 3%

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Rosacea				
brimonidine	MIRVASO	brand	2	PA
metronidazole	METROCREAM	generic	1	
	METROGEL			
	METROLOTION			
Scabies and Pediculosis				
crotamiton	EURAX	brand	2	
malathion	OVIDE	generic	1	
permethrin	ELIMITE	generic	1	5%, QL
permethrin	NIX CREME RINSE	generic	1	1%, OTC
pyrethrins/piperonyl but	RID SHAMPOO/ BUTOXIDE SHAMPOO	generic	1	4% OTC
Viral Infections				
podofilox	CONDYLOX SOL	generic	1	sol
salicylic acid 17%/ collodion	DUOFILM	generic	1	OTC
Miscellaneous				
aluminum acetate		brand	2	soln/cream, OTC
aluminum chloride topical solution	HYPERCARE 15%	brand	2	
ammonium lactate	LAC-HYDRIN	generic	1	crm 12%, lotion 5% & 12%
ammonium lactate	LACTINOL	generic	1	lotion 10%
becaplermin gel	REGRANEX	brand	2	PA
calamine		brand	2	lotion/ointment, OTC
collagenase oint	SANTYL	brand	2	QL
fluorouracil	EFUDEX	generic	1	
hydrocortisone	PROCTOSOL HC CREAM 2.5%	generic	1	
	PROCTOZONE CREAM-HC 2.5%			
	ANUSOL HC 2.5%			
imiquimod 5% cream	ALDARA	generic	1	
ketoconazole	NIZORAL SHAMPOO	generic	1	shampoo 2%
lidocaine	LIDAMANTEL	generic	1	3% cream
lidocaine	LMX-4	generic	1	4% cream (15 gm tubes), QL
lidocaine	XYLOCAINE	generic	1	jelly 2%
lidocaine patch	LIDODERM	generic	1	Diagnosis Required, QL
lidocaine/prilocaine	EMLA	generic	1	2.5% cream
nitroglycerin	RECTIV	brand	2	Diagnosis Required, QL, 0.4% rectal ointment

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
pimecrolimus	ELIDEL	brand	2	cream, QL, ST; not covered for members less than 2 years of age
selenium sulfide	SELSUN	generic	1	lotion 2.5%
tacrolimus	PROTOPIC 0.03%	generic	1	ointment 0.03%, QL, ST; not covered for members less than 2 years of age
tacrolimus	PROTOPIC 0.1%	generic	1	ointment 0.1%, ST (minimum age 16)
urea 10%, urea 20%	UREA 10% CREAM	brand		
	UREA 20% CREAM			
urea 40%	UREA 10% LOTION	generic		
	UREA 40% LOTION		1	lotion
Ear, Nose & Throat				
Ear				
acetic acid	VOSOL OTIC	generic	1	otic
acetic acid/ aluminum acetate	DOMEBORO OTIC	generic	1	
acetic acid/ hydrocortisone	VOSOL HC OTIC	generic	1	
benzocaine/antipyrine	BENZOTIC	generic	1	
carbamide peroxide	DEBROX	generic	1	6.5%, OTC
ciprofloxacin/ dexamethasone	CIPRODEX	brand	2	Diagnosis Required, QL
neomycin/polymyxin B/ hydrocortisone	CORTISPORIN OTIC	generic	1	otic
ofloxacin	FLOXIN OTIC	generic	1	
Nose				
Antihistamines - First Generation, Sedating				
chlorpheniramine extended-release	CHLOR-TRIMETON ALLERGY	generic	1	12 mg, OTC
chlorpheniramine maleate	CHLOR-TRIMETON SYRUP	generic	1	2 mg/5 ml, OTC
clemastine	CLEMASTINE	generic	1	
cyproheptadine	CYPROHEPTADINE	generic	1	
diphenhydramine		generic	1	
diphenhydramine	BENADRYL	generic	1	OTC
hydroxyzine HCL	ATARAX	generic	1	
hydroxyzine pamoate	VISTARIL	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Antihistamines - Second Generation, Nonsedating				
cetirizine	ZYRTEC	generic	1	OTC
cetirizine chew tab	ZYRTEC CHEWABLE TABLET	generic	1	OTC, Members ≥ 8 years of age will require prior authorization.
levocetirizine	XYZAL	generic	1	tabs
loratadine	ALAVERT CLARITIN	generic	1	OTC
Antihistamines - Others Antihistamine/Decongestant Combinations				
azelastine	ASTELIN	generic	1	spray
Antihistamine/Decongestant Combinations - First Generation				
chlorpheniramine/ phenylephrine/ pyrilamine	TRITANN	generic	1	
chlorpheniramine/ pseudoephedrine	ACTIFED	generic	1	OTC
Antihistamine/Decongestant Combinations - Second Generation				
cetirizine hydrochloride/ pseudoephedrine hydrochloride 12 hours extended-release	ZYRTEC-D	generic	1	5 mg-120 mg tablet
loratadine/ pseudoephedrine extended-release	ALAVERT-D ALAVERT ALRG TAB/SINUS ALLERY/CONG	generic	1	OTC
Nasal Steroids				
fluticasone	FLONASE	generic	1	
triamcinolone nasal spray	NASACORT ALLERGY 24 HOUR	brand	2	OTC
Miscellaneous Nasal Decongestants				
oxymetazoline	AFRIN	generic	1	OTC
phenylephrine	NEO-SYNEPHRINE DIMEATAPP DRO DECONGES	generic	1	OTC
Miscellaneous Nasal				
cromolyn sodium	NASALCROM	generic	1	OTC
ipratropium nasal	ATROVENT NASAL SPRAY	generic	1	QL
saline nasal spray 0.65%	OCEAN NASAL SPRAY	generic	1	OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Throat and Mouth				
chlorhexidine gluconate	PERIDEX	generic	1	
lidocaine viscous	XYLOCAINE	generic	1	
pilocarpine	SALAGEN	generic	1	
triamcinolone	KENALOG IN ORABASE	generic	1	paste
Endocrinology				
Adrenal Corticosteroids				
cortisone acetate		generic	1	
dexamethasone	DECADRON	generic	1	
fludrocortisone	FLORINEF	generic	1	
hydrocortisone	CORTEF	generic	1	
methylprednisolone	MEDROL	generic	1	4mg, 8mg, 16mg, 32mg
methylprednisolone	MEDROL	brand	2	2mg
prednisolone				
prednisolone	PRELONE	generic	1	syrup
prednisolone sodium phosphate	ORAPRED PEDIAPRED	generic	1	
prednisone	DELTASONE	generic	1	
Androgens				
testosterone cypionate	DEPO-TESTOSTERONE	generic	1	
testosterone enanthate	DELATESTRYL	generic	1	Vials only. Disposable syringes not covered.
testosterone gel topical tube, packet, and pump bottle	TESTOSTERONE 1% TOPI- CAL GEL	generic	1	PA
Diabetes Mellitus				
Glucose Elevating Agents				
glucagon, human recombinant	GLUCAGON	brand	2	QL
Insulin Combinations				
insulin glargine/lixisenatide	SOLIQUA	brand	2	ST
Insulins				
insulin aspart	NOVOLOG	brand	2	QL, vials
insulin aspart protamine 70%/ insulin aspart 30%	NOVOLOG MIX 70/30	brand	2	QL, vials
insulin glargine	BASAGLAR	brand	2	
insulin glargine 300 unit/ml	TOUJEO SOLOSTAR	brand	2	
insulin human	NOVOLIN R	brand	2	OTC, QL, vials

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
insulin human	RELION R	brand	2	OTC, QL, vials
insulin isophane	HUMULIN N	brand	2	OTC, QL, vials
insulin isophane human	NOVOLIN N	brand	2	OTC, QL, vials
insulin isophane human	RELION N	brand	2	OTC, QL, vials
insulin isophane human 70%/regular 30%	NOVOLIN 70/30	brand	2	OTC, QL, vials
insulin isophane human 70%/regular 30%	RELION 70/30	brand	2	OTC, QL, vials
insulin isophane/regular	HUMULIN 70/30	brand	2	OTC, QL, vials
insulin lisopro pro/lispro	HUMALOG MIX 50/50	brand	2	QL, vials
insulin lisopro prot/lispro	HUMALOG MIX 75/25	brand	2	QL, vials
insulin lispro	HUMALOG	brand	2	QL, vials
insulin regular	HUMULIN R	brand	2	OTC, QL, vials
Monitoring - Strips and Kits/Diabetic Supplies				
ONE TOUCH SYSTEMS (ULTRA 2, ULTRAMINI, VERIO, VERIO FLEX, VERIO IQ, VERIO SYNC)		brand	2	QL for insulin dependent or pregnant members: allow testing up to 6 times per day, DME supply
ONE TOUCH TEST STRIPS (ULTRA, VERIO)		brand	2	QL for insulin dependent or pregnant members: allow testing up to 6 times per day, DME supply
Oral Agents				
acarbose	PRECOSE	generic	1	
alogliptin	NESINA	generic	1	ST
alogliptin/metformin	KAZANO	generic	1	ST
alogliptin/pioglitazone	OSENI	generic	1	ST
canagliflozin	INVOKANA	brand	2	ST
canagliflozin/metformin	INVOKAMET	brand	2	ST
canagliflozin/metformin extended-release	INVOKAMET XR	brand	2	ST
chlorpropamide	DIABINESE	generic	1	
empagliflozin	JARDIANCE	brand	2	ST
empagliflozin/metformin	SYNJARDY	brand	2	ST
empagliflozin/metformin extended-release	SYNJARDY XR	brand	2	ST
glimepiride	AMARYL	generic	1	
glipizide	GLUCOTROL	generic	1	
glipizide ext-rel	GLUCOTROL XL	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
glyburide	MICRONASE	generic	1	
glyburide, micronized	GLYNASE	generic	1	
metformin	GLUCOPHAGE	generic	1	
metformin ER	GLUCOPHAGE ER	generic	1	
metformin/glyburide	GLUCOVANCE	generic	1	
nateglinide	STARLIX	generic	1	
pioglitazone	ACTOS	generic	1	QL
repaglinide	PRANDIN	generic	1	
tolazamide	TOLINASE	generic	1	
tolbutamide	TOLBUTAMIDE	generic	1	
Miscellaneous Antidiabetic Agents				
albiglutide	TANZEUM	brand	2	ST
dulaglutide	TRULICITY	brand	2	ST
lixisenatide	ADLYXIN	brand	2	ST
pramlintide	SYMLIN	brand	2	PA
Growth Stimulating Agents				
mecasermin	INCRELEX	brand	2	PA, SP
somatropin	NUTROPIN AQ NUSPIN	brand	2	PA, SP
Hormones and Hormone Modifiers				
Gonadotropin Releasing Hormone Receptor Antagonist				
cetorelix acetate for inj kit	CETROTIDE	brand	2	PA, SP
ganirelix acetate inj	GANIRELIX ACETATE	brand	2	PA, SP
Ovulation Stimulants				
choriogonadotropin alfa inj	OVIDREL	brand	2	PA, SP
follitropin alfa for inj	GONAL-F	brand	2	PA, SP
	GONAL-F RFF PEN			
follitropin beta inj	FOLLISTIM AQ	brand	2	PA, SP
menotropins for inj	MENOPUR	brand	2	PA, SP
	REPRONEX			
urofollitropin purified for inj	BRAVELLE	brand	2	PA, SP
Osteoporosis				
abaloparatide inj	TYMLOS	brand	2	PA, SP
alendronate	FOSAMAX	generic	1	QL
calcitonin-salmon	MIACALCIN	generic	1	nasal spray, QL
calcitonin-salmon	FORTICAL	brand	2	nasal spray, QL
etidronate	DIDRONEL	generic	1	
raloxifene	EVISTA	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Thyroid Disease				
levothyroxine	LEVOXYL	generic	1	
levothyroxine	SYNTHROID	generic	1	
liothyronine	CYTOMEL	generic	1	
liotrix	THYROLAR	brand	2	
methimazole	TAPAZOLE	generic	1	
propylthiouracil	PROPYLTHIOURACIL	generic	1	
Miscellaneous				
asfotase alfa	STRENSIQ	brand	2	PA, SP
cabergoline	DOSTINEX	generic	1	
cholic acid	CHOLBAM	brand	2	PA, SP
desmopressin	DDAVP	generic	1	QL
methylergonovine	METHERGINE	generic	1	
mifepristone	KORLYM	brand	2	PA, SP
nitisinone	ORFADIN	brand	2	PA, SP
pegvisomant	SOMAVERT	brand	2	PA, SP
sapropterin	KUVAN	brand	2	PA, SP
sapropterin powder	KUVAN POWDER FOR SOLUTION	brand	2	PA, SP
uridine	VISTOGARD	brand	2	SP
Gastrointestinal				
Constipation/Laxatives				
casanthranol-docusate sodium		generic	1	OTC
docusate calcium plus		generic	1	OTC
docusate potassium		generic	1	OTC
docusate sodium	COLACE	generic	1	OTC
lactulose	ENULOSE	generic	1	
linaclotide	LINZESS	brand	2	Diagnosis Required, QL
glycerin	GLYCERIN SUPPOSITORY	generic	1	suppository, OTC
peg 3350/electrolytes	COLYTE	generic	1	
peg 3350/sodium bicarbonate/sodium chloride	TRILYTE	generic	1	
peg 3350/sodium bicarbonate/sodium chloride/potassium chloride	NULYTELY	generic	1	
polyethylene glycol 3350	MIRALAX	generic	1	
sennosides	SENOKOT	generic	1	8.6 mg tab, OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Diarrhea				
crofelemer	MYTESI	brand	2	Diagnosis Required, QL
diphenoxylate/atropine	LOMOTIL	generic	1	
loperamide	IMODIUM A-D	generic	1	OTC
loperamide	LOPERAMIDE	generic	1	
Emesis				
aprepitant	EMEND	generic	1	QL applies to 40 mg, 80 mg and 80-125 mg
dronabinol	MARINOL	generic	1	PA
meclizine	ANTIVERT	generic	1	
metoclopramide	REGLAN	generic	1	
ondansetron	ZOFRAN	generic	1	QL
	ZOFRAN ODT			
prochlorperazine	COMPAZINE	generic	1	
promethazine	PHENERGAN	generic	1	
rolapitant	VARUBI	brand	2	
trimethobenzamide	TIGAN	generic	1	300 mg caps
Gastroesophageal Reflux Disease (Gerd)/Peptic Ulcers				
alginate acid/sodium bicarbonate		brand	2	OTC
alumina/magnesia	MAALOX	generic	1	OTC
alumina/magnesia/simethicone	MYLANTA	generic	1	OTC
cimetidine	TAGAMET	generic	1	
esomeprazole	NEXIUM 24HR OTC	brand	2	PA
esomeprazole granules	NEXIUM DELAYED RELEASE PACKET	brand	2	Members ≥ 2 years of age will require prior authorization.
famotidine	PEPCID	generic	1	OTC Pepcid AC 10 mg and 20 mg also covered/ encouraged with written prescription.
	PEPCID AC			
lansoprazole	PREVACID	generic	1	
lansoprazole delayed-release	PREVACID SOLUTAB	generic	1	orally disintegrating tabs, Members ≥ 2 years of age will require prior authorization. QL
omeprazole delayed-release	PRILOSEC	generic	1	Capsules only, QL
pantoprazole	PROTONIX	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
ranitidine	ZANTAC	generic	1	150 mg tabs
ranitidine syrup	ZANTAC	generic	1	
sucralfate	CARAFATE	generic	1	
sulcralfate	CARAFATE SUSPENSION	generic	1	suspension, Members 10 years of age up to 65 years of age will require prior authorization.
Gastrointestinal Spasm				
dicyclomine	BENTYL	generic	1	tablets only, QL
glycopyrrolate	ROBINUL	generic	1	
hyoscyamine sulfate	LEVSIN	generic	1	
hyoscyamine sulfate extended-release	LEVSINEX	generic	1	
Inflammatory Bowel Disease				
balsalazide	COLAZAL	generic	1	
budesonide	ENTOCORT EC	generic	1	Diagnosis Required, QL
hydrocortisone	COLOCORT	generic	1	enema
mesalamine	ROWASA	generic	1	enema only
mesalamine extended-release	APRISO DELZICOL	brand	2	
mesalamine supp	CANASA	brand	2	
olsalazine sodium	DIPENTUM	brand	2	
sulfasalazine	AZULFIDINE	generic	1	
sulfasalazine delayed-release	AZULFIDINE EN-TABS	generic	1	
Pancreatic Enzymes				
pancrelipase	CREON CREON 3000 UNIT ZENPEP	brand	2	
Probiotic Supplementation				
acidophilus	ACIDOPHILUS	brand	2	caps and tabs, OTC
acidophilus	ACIDOPHILUS XTRA	brand	2	OTC
acidophilus/bifidus	ACIDOPHILUS/ BIFIDUS WAFER	brand	2	OTC
acidophilus/citrus pectin	ACIDOPHILUS/ CITRUS PECTIN	brand	2	tabs, OTC
acidophilus/pectin	ACIDOPHILUS/PECTIN	brand	2	caps, OTC
lactobacillus	FLORANEX	brand	2	chewable tablets, OTC
probiotic product	PROBIOTIC FORMULA	brand	2	caps, OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Miscellaneous				
atropine sulfate	SAL-TROPINE	brand	2	
misoprostol	CYTOTEC	generic	1	
naloxegol	MOVANTIK	brand	2	Diagnosis Required, QL
teduglutide	GATTEX	brand	2	PA, SP
	ACTIGALL			
ursodiol	URSO	generic	1	
	URSO FORTE			
Infectious Diseases				
Anthelmintics				
albendazole	ALBENZA	brand	2	PA
ivermectin	STROMECTOL	brand	2	
praziquantel	BILTRICIDE	brand	2	Diagnosis Required, QL
pyrantel pamoate	PIN-X	brand	2	chewable tablets, suspension
pyrantel pamoate	REESE'S PINWORM MEDICINE	brand	2	tablets, suspension
Antibacterials				
Antituberculosis Agents				
aminosalicylic acid	PASER	brand	2	QL
cycloserine	SEROMYCIN	generic	1	QL
ethambutol	MYAMBUTOL	generic	1	
ethionamide	TRECTOR	brand	2	QL
isoniazid	ISONIAZID	generic	1	
pyrazinamide	PYRAZINAMIDE	generic	1	
rifabutin	MYCOBUTIN	generic	1	
rifampin	RIFADIN	generic	1	
rifapentine	PRIFTIN	brand	2	QL
Cephalosporins - First Generation				
cefadroxil	DURICEF	generic	1	
cephalexin	KEFLEX	generic	1	tabs are not covered
Cephalosporins - Second Generation				
cefaclor	CECLOR	generic	1	
cefprozil	CEFZIL	generic	1	
cefuroxime axetil	CEFTIN	generic	1	tabs
cefuroxime axetil	CEFTIN	brand	2	suspension
Cephalosporins - Third Generation				
cefdinir	OMNICEF	generic	1	
cefixime	SUPRAX	brand	2	400 mg caps only, QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Fluoroquinolones				
ciprofloxacin	CIPRO	generic	1	
levofloxacin	LEVAQUIN	generic	1	tablets only
ofloxacin	FLOXIN	generic	1	tabs
Macrolides				
azithromycin	ZITHROMAX	generic	1	QL
clarithromycin	BIAXIN	generic	1	
clarithromycin ER	BIAXIN XL	generic	1	
erythromycin delayed-release	ERYC	generic	1	
erythromycin delayed-release	ERY-TAB	brand	2	
erythromycin ethylsuccinate	E.E.S.	generic	1	
erythromycin stearate	ERYTHROCIN	generic	1	
erythromycin/sulfisoxazole	PEDIAZOLE	generic	1	
fidaxomicin	DIFICID	brand	2	PA
Penicillins				
amoxicillin	AMOXICILLIN CAPSULES AND CHEWABLES	generic	1	Except 500 mg and 875 mg film-coated tabs.
amoxicillin	AMOXIL SUSP	generic	1	suspension
amoxicillin/clavulanate	AUGMENTIN	generic	1	
ampicillin	PRINCIPEN	generic	1	
dicloxacillin	DICLOXACILLIN	generic	1	
penicillin VK	VEETIDS	generic	1	
Sulfonamides				
sulfamethoxazole/ trimethoprim, DS	BACTRIM BACTRIM DS	generic	1	
Tetracyclines				
doxycycline monohydrate	DOXYCYCLINE MONOHYDRATE	generic	1	50 mg & 100 mg caps
minocycline	MINOCIN	generic	1	capsules, except 75 mg
Miscellaneous				
vancomycin HCl	VANCOCIN HCL	generic	1	cap, ST
Antifungals				
clotrimazole	MYCELEX	generic	1	troches
fluconazole	DIFLUCAN	generic	1	QL
griseofulvin microsize	GRIFULVIN V	generic	1	
griseofulvin ultramicrosize	GRIS-PEG	generic	1	
itraconazole	SPORANOX	generic	1	caps, PA, QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
itraconazole	SPORANOX	brand	2	soln, PA, QL
ketoconazole	NIZORAL	generic	1	
nystatin	MYCOSTATIN	generic	1	
terbinafine	LAMISIL	generic	1	QL
voriconazole	VFEND	generic	1	PA
Antiprotozoals				
atovaquone	MEPRON	generic	1	PA
miltefosine	IMPAVIDO	brand	2	PA
nitazoxanide suspension	ALINIA SUSPENSION	brand	2	Members ≥ 8 years of age will require prior authorization.
nitazoxanide tablet	ALINIA	brand	2	PA
Antivirals				
Cytomegalovirus Treatment				
ganciclovir	CYTOVENE	generic	1	
valganciclovir	VALCYTE	generic	1	tabs only
Hepatitis Treatment				
elbasvir/grazoprevir	ZEPATIER	brand	2	PA, SP, QL, preferred for Genotypes 1 & 4
entecavir	BARACLUDE	generic	1	SP
interferon alfa-2b	INTRON A	brand	2	PA, SP
lamivudine	EPIVIR HBV	brand	2	SP, solution
lamivudine	EPIVIR HBV	generic	1	SP, tablets
peginterferon alfa-2a	PEGASYS	brand	2	PA, SP
peginterferon alfa-2a	PEGASYS PROCLICK	brand	2	PA, SP
ribavirin	REBETOL/COPEGUS	generic	1	200 mg caps and tabs only, SP
sofosbuvir	SOVALDI	brand	2	PA, SP, preferred for Genotype 2
sofosbuvir/velpatasvir	EPCLUSA	brand	2	PA, SP, preferred for Genotypes 2, 3, 5, & 6
Herpes Treatment				
acyclovir	ZOVIRAX	generic	1	caps, tabs, suspension
docosanol	ABREVA OTC CREAM	brand	2	
valacyclovir	VALTREX	generic	1	
Influenza Treatment				
amantadine	SYMMETREL	generic	1	except tabs
oseltamivir	TAMIFLU	generic	1	capsules, QL
rimantadine	FLUMADINE	generic	1	
zanamivir	RELENZA	brand	2	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Integrase Inhibitors - Diagnosis Required				
dolutegravir	TIVICAY	brand	2	
raltegravir	ISENTRESS	brand	2	
raltegravir	ISENTRESS CHEWABLE	brand	2	chewable tablet
raltegravir susp	ISENTRESS SUSP	brand	2	Members ≥ 2 years of age will require prior authorization.
Non-Nucleoside Reverse Transcriptase Inhibitors - Diagnosis Required				
delavirdine	RESCRIPTOR	brand	2	
efavirenz	SUSTIVA	brand	2	
etravirine	INTELENCE	brand	2	
nevirapine	VIRAMUNE	generic	1	
nevirapine ER	VIRAMUNE XR	brand	2	
rilpivirine	EDURANT	brand	2	
Nucleoside Analogues Nucleoside Reverse - Transcriptase Inhibitors/and Combinations - Diagnosis Required				
abacavir	ZIAGEN	generic	1	
abacavir/lamivudine	EPZICOM	generic	1	
abacavir/lamivudine/ zidovudine	TRIZIVIR	generic	1	
didanosine	VIDEX	brand	2	
didanosine delayed-release	VIDEX EC	generic	1	
emtricitabine	EMTRIVA	brand	2	
emtricitabine/rilpivirine/ tenofovir	COMPLERA	brand	2	
lamivudine	EPIVIR	generic	1	
lamivudine/zidovudine	COMBIVIR	generic	1	
stavudine	ZERIT	generic	1	
zidovudine	RETROVIR	generic	1	
Nucleoside/Nucleotide Reverse - Transcriptase Inhibitor Combination - Diagnosis Required				
efavirenz/emtricitabine/ tenofovir	ATRIPLA	brand	2	
emtricitabine/rilpivirine/ tenofovir	ODEFSEY	brand	2	
emtricitabine/tenofovir alafenamide	DESCOVY	brand	2	QL
emtricitabine/tenofovir disoproxil	TRUVADA	brand	2	
Nucleotide Analogues Nucleotide Reverse - Transcriptase Inhibitor - Diagnosis Required				
tenofovir	VIREAD	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Protease Inhibitors - Diagnosis Required				
atazanavir	REYATAZ	brand		
atazanavir	REYATAZ POWDER PACKET	brand	2	Members ≥ 8 years of age will require prior authorization
darunavir	PREZISTA	brand	2	
fosamprenavir	LEXIVA	brand	2	
indinavir	CRIXIVAN	brand	2	
lopinavir/ritonavir	KALETRA	brand	2	tablets
lopinavir/ritonavir	KALETRA	generic	1	solution
nelfinavir	VIRACEPT	brand	2	
ritonavir	NORVIR	brand	2	
saquinavir mesylate	INVIRASE	brand	2	
tipranavir	APTIVUS	brand	2	
Miscellaneous				
abacavir/dolutegravir/lamivudine	TRIUMEQ	brand	2	Diagnosis Required
atazanavir/cobicistat	EVOTAZ	brand	2	
cobicistat	TYBOST	brand	2	
cobicistat/elvitegravir/emtricitabine/tenofovir	STRIBILD	brand	2	Diagnosis Required
darunavir/cobicistat	PREZCOBIX	brand	2	
elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide fumarate	GENVOYA	brand	2	Diagnosis Required
enfuvirtide	FUZEON	brand	2	
maraviroc	SELZENTRY	brand	2	Diagnosis Required
Miscellaneous				
bedaquiline	SIRTURO	brand	2	
chloroquine phosphate	ARALEN	generic	1	
clindamycin	CLEOCIN	generic	1	150 mg and 300 mg only
dapsone	DAPSONE	brand	2	
hydroxychloroquine	PLAQUENIL	generic	1	
linezolid	ZYVOX	generic	1	PA
mefloquine	LARIAM	generic	1	
metronidazole	FLAGYL	generic	1	tabs only
neomycin sulfate		brand	2	
nitrofurantoin extended-release	MACROBID	generic	1	
nitrofurantoin macrocrystals	MACRODANTIN	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
nitrofurantoin susp	FURADANTIN SUSP 25 MG/5 ML	generic	1	Members ≥ 8 years of age will require prior authorization.
palivizumab	SYNAGIS	brand	2	PA, SP
paromomycin	HUMATIN	generic	1	
povidone-iodine		generic	1	OTC
primaquine		generic	1	
pyrimethamine	DARAPRIM	brand	2	PA, SP
trimethoprim	TRIMETHOPRIM	generic	1	tabs only

Musculoskeletal

Arthritis

Disease Modifying Anti-Rheumatic Drugs

adalimumab	HUMIRA	brand	2	PA, SP
anakinra	KINERET	brand	2	PA, SP
auranofin	RIDAURA	brand	2	
azathioprine	IMURAN	generic	1	
canakinumab	ILARIS	brand	2	PA, SP
certolizumab pegol	CIMZIA	brand	2	PA, SP
golimumab	SIMPONI	brand	2	PA, SP, QL
hydroxychloroquine	PLAQUENIL	generic	1	
leflunomide	ARAVA	generic	1	
methotrexate		generic	1	oral chemo
penicillamine	DEPEN TITRATABLE	brand	2	PA, SP, QL
secukinumab	COSENTYX	brand	2	PA, SP
sulfasalazine	AZULFIDINE	generic	1	
sulfasalazine delayed-release	AZULFIDINE EN-TABS	generic	1	
ustekinumab	STELARA	brand	2	PA, SP, QL

NSAIDs and Other Analgesics

acetaminophen	TYLENOL	generic	1	OTC
aspirin	BAYER	generic	1	OTC, preventative drug
capsaicin	CAPSAGEL	brand	2	OTC, gel, lotion, 0.035% cream
	CAPZASIN-P CASTIVA			
capsaicin		generic	1	OTC, 0.025%, 0.075%, & 0.1% cream
celecoxib	CELEBREX	generic	1	PA, QL
diclofenac 1% gel	VOLTAREN 1% TOPICAL GEL	generic	1	PA

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
diclofenac potassium	CATAFLAM	generic	1	
diclofenac sodium delayed-release	VOLTAREN	generic	1	
diclofenac sodium extended-release	VOLTAREN XR	generic	1	
etodolac	LODINE	generic	1	IR only
ibuprofen	ADVIL	generic	1	tabs, chew tabs and susp, OTC
ibuprofen	MOTRIN	generic	1	tabs, chew tabs and susp
indomethacin	INDOCIN	generic	1	
ketoprofen	ORUDIS	generic	1	IR only
meloxicam	MOBIC	generic	1	QL
naproxen	NAPROSYN	generic	1	not EC
naproxen delayed release	ENTERIC COATED- NAPROSYN	generic	1	QL
oxaprozin	DAYPRO	generic	1	
piroxicam	FELDENE	generic	1	
salsalate	DISALCID	generic	1	QL
sulindac	CLINORIL	generic	1	
Gout				
allopurinol	ZYLOPRIM	generic	1	
colchicine	MITIGARE	brand	2	
febuxostat	ULORIC	brand	2	ST
probenecid	PROBENECID	generic	1	
Skeletal Muscle Relaxants				
Muscle Spasm				
chlorzoxazone	PARAFON FORTE DSC	generic	1	
cyclobenzaprine	FLEXERIL	generic	1	5mg & 10mg
methocarbamol	ROBAXIN	generic	1	
orphenadrine extended-release	NORFLEX	generic	1	
Spasticity				
baclofen	BACLOFEN	generic	1	
dantrolene	DANTRIUM	generic	1	
diazepam	VALIUM	generic	1	QL
tizanidine	ZANAFLEX	generic	1	tabs only, QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
OB-GYN				
Contraceptives				
Biphasic				
desogestrel/EE	MIRCETTE	generic	1	QL, preventative drug
norethindrone/EE	ORTHO-NOVUM 10/11	generic	1	QL, preventative drug
Emergency Contraception				
levonorgestrel	PLAN B ONE STEP	generic	1	preventative drug
Extended Cycle				
levonorgestrel/EE	SEASONALE	generic	1	QL, preventative drug
Injectable				
medroxyprogesterone acetate	DEPO-PROVERA	generic	1	QL, preventative drug
Intravaginal				
etonogestrel/EE	NUVARING	brand	2	ring, QL, preventative drug
ortho diaphragm	ORTHO COIL	brand	2	QL, preventative drug
	ORTHO FLAT			
	ORTHO FLEX			
Monophasic - 20 mcg Estrogen				
levonorgestrel/EE	ALESSE	generic	1	0.1/20, QL, preventative drug
norethindrone acetate/EE	LOESTRIN 1/20	generic	1	1/20, QL, preventative drug
norethindrone acetate/EE/iron	LOESTRIN FE 1/20	generic	1	1/20, QL, preventative drug
Monophasic - 30 mcg Estrogen				
desogestrel/EE	ORTHO-CEPT	generic	1	0.15/30, QL, preventative drug
levonorgestrel/EE	NORDETTE	generic	1	0.15/30, QL, preventative drug
norethindrone acetate/EE	LOESTRIN 1.5/30	generic	1	1.5/30, QL, preventative drug
norethindrone acetate/EE/iron	LOESTRIN FE 1.5/30	generic	1	1.5/30, QL, preventative drug
norgestrel/EE	LO/OVRAL	generic	1	0.3/30, QL, preventative drug

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Monophasic - 35 mcg Estrogen				
ethynodiol diacetate/EE	ZOVIA 1/35	generic	1	1/35, QL, preventative drug
norethindrone/EE	BALZIVA	generic	1	0.4/35, QL, preventative drug
norethindrone/EE	MODICON	generic	1	0.5/35, QL, preventative drug
norethindrone/EE	ORTHO-NOVUM 1/35	generic	1	1/35, QL, preventative drug
norgestimate/EE	ORTHO-CYCLEN	generic	1	0.25/35, QL, preventative drug
Monophasic - 50 mcg Estrogen				
ethynodiol diacetate/EE	ZOVIA 1/50	generic	1	1/50, QL, preventative drug
norethindrone/EE	OVCON 50	generic	1	1/50, QL, preventative drug
norethindrone/ME	ORTHO-NOVUM 1/50	generic	1	1/50, QL, preventative drug
norgestrel/EE	OVRAL	generic	1	0.5/50, QL, preventative drug
Progestin				
norethindrone	ORTHO MICRONOR	generic	1	preventative drug
Transdermal				
norelgestromin/EE	ORTHO EVRA XULANE	generic	1	preventative drug
Triphasic				
desogestrel/EE	CYCLESSA	generic	1	QL, preventative drug
levonorgestrel/EE	TRIVORA	generic	1	QL, preventative drug
norethindrone acetate/EE/iron	ESTROSTEP FE	generic	1	QL, preventative drug
norethindrone/EE	TRI-NORINYL	generic	1	QL, preventative drug
norethindrone/EE	ORTHO-NOVUM 7/7/7	generic	1	QL, preventative drug
norgestimate/EE	ORTHO TRI-CYCLEN	generic	1	QL, preventative drug
Endometriosis				
danazol	DANOCRINE	generic	1	Gender edits apply: for female patients only.

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Hormone Therapy/Menopause				
Estrogens - Intravaginal				
estradiol	ESTRACE CRM	brand	2	
estrogens, conjugated	PREMARIN	brand	2	crm
Estrogens - Oral				
estradiol	ESTRACE	generic	1	
estrogens, conjugated	PREMARIN	brand	2	
estropipate	OGEN	generic	1	
Estrogens - Transdermal				
estradiol	CLIMARA	generic	1	QL
Estrogen/Progestin				
estrogens, conjugated/ medroxyprogesterone	PREMPHASE PREMPRO	brand	2	
Progestins				
medroxyprogesterone acetate	PROVERA	generic	1	
norethindrone acetate	AYGESTIN	generic	1	
progesterone micronized cap	PROMETRIUM	generic	1	Diagnosis Required, QL
Vaginal Infections				
Oral				
fluconazole	DIFLUCAN	generic	1	QL
metronidazole	FLAGYL	generic	1	tabs
Vaginal				
clotrimazole	GYNE-LOTRIMIN	generic	1	OTC
clindamycin	CLEOCIN	generic	1	crm
metronidazole	METROGEL-VAGINAL METROGEL 1%	generic	1	
miconazole	MONISTAT	generic	1	OTC
miconazole	MONISTAT 3	generic	1	
terconazole	TERAZOL 3/7	generic	1	crm
Miscellaneous				
conjugated estrogen/ bazedoxifene	DUAVEE	brand	2	
methylergonovine	METHERGINE	generic	1	
tranexamic acid	LYSTEDA	generic	1	PA

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Ophthalmic				
Allergy				
azelastine	OPTIVAR	generic	1	ST
cromolyn sodium	CROLOM	generic	1	QL
ketotifen	ALAWAY OTC	generic	1	
naphazoline/glycerin	CLEAR EYES REDNESS RELIEF	generic	1	
naphazoline HCL	VASOCLEAR	generic	1	soln 0.02%
naphazoline/zinc sulfate	VASOCLEAR A	brand	2	OTC
tetrahydrozoline/ zinc sulfate	VISINE-AC	generic	1	
Anti-Inflammatories				
Nonsteroidal				
diclofenac sodium	VOLTAREN	generic	1	
flurbiprofen	OCUFEN	generic	1	
ketorolac	ACULAR/ACULAR LS	generic	1	
Steroidal				
dexamethasone sodium phosphate	DEXASOL	generic	1	
fluorometholone	FML	brand	2	oint 0.1%
fluorometholone	FML FORTE	brand	2	susp 0.25%
fluorometholone	FML LIQUIFILM	generic	1	susp 0.1%
prednisolone acetate	PRED FORTE	generic	1	1%
prednisolone acetate	PRED MILD	brand	2	0.12%
prednisolone phosphate	INFLAMASE FORTE	generic	1	1%
Anti-Infective/Anti-Inflammatory Combinations				
bacitracin/polymyxin/ neomycin/hc	CORTISPORIN	generic	1	ointment
gentamicin/prednisolone acetate	PRED-G	brand	2	
neomycin/polymyxin B/ hydrocortisone	CORTISPORIN	generic	1	suspension
neomycin/polymyxin B/ dexamethasone	MAXITROL	generic	1	
sulfacetamide/pred phos	VASOCIDIN	generic	1	10%/0.25%
tobramycin/ dexamethasone	TOBRADEX	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Glaucoma				
Beta-Blockers				
carteolol		generic	1	
levobunolol	BETAGAN	generic	1	ophthalmic solution
metipranolol	OPTIPRANOLOL	generic	1	0.3% ophthalmic solution
timolol	TIMOPTIC XE	generic	1	gel forming solution
timolol maleate	TIMOPTIC	generic	1	
Carbonic Anhydrase Inhibitors				
dorzolamide	TRUSOPT	generic	1	
Carbonic Anhydrase Inhibitor/Beta-Blocker Combination				
dorzolamide/ timolol maleate	COSOPT	generic	1	
Cholinesterase Inhibitor				
ecothiophate	PHOSPHOLINE IODINE	brand	2	
Mydriatics				
atropine	ISOPTO ATROPINE	generic	1	
cyclopentolate	CYCLOGYL	generic	1	1%
homatropine	ISOPTO HOMATROPINE	generic	1	5%
homatropine	ISOPTO HOMATROPINE	brand	2	2%
scopolamine	ISOPTO HYOSCINE	brand	2	
Oral				
acetazolamide	ACETAZOLAMIDE	generic	1	
acetazolamide extended-release	DIAMOX SEQUELS	generic	1	
methazolamide	NEPTAZANE	generic	1	
Prostaglandins				
latanoprost	XALATAN	generic	1	QL
Topical - Parasympathomimetics				
pilocarpine	ISOPTO CARPINE	generic	1	
pilocarpine	PILOPINE HS GEL	brand	2	
Topical - Sympathomimetics				
brimonidine	ALPHAGAN P	brand	2	0.1%
brimonidine	ALPHAGAN P	generic	1	0.15%
brimonidine	ALPHAGAN	generic	1	0.2%
Immunologic Agents				
lifitegrast	XIIDRA	brand	2	PA
Infections				
Bacterial				
bacitracin		generic	1	
ciprofloxacin	CILOXAN	generic	1	solution
ciprofloxacin	CILOXAN	brand	2	ointment

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
erythromycin	ERYTHROMYCIN	generic	1	
gentamicin	GENTAK	generic	1	
neomycin/bacitracin/ polymyxin	NEOSPORIN	generic	1	ointment
neomycin/polymyxin B/ gramicidin	NEOSPORIN	generic	1	solution
ofloxacin	OCUFLOX	generic	1	
polymyxin B/bacitracin	POLYSPORIN	generic	1	
polymyxin B/trimethoprim	POLYTRIM	generic	1	
sulfacetamide	BLEPH-10	generic	1	oint/soln
tobramycin	TOBREX	generic	1	
Viral				
trifluridine	VIROPTIC	generic	1	
Miscellaneous				
cysteamine 0.44% ophthalmic solution	CYSTARAN	brand	2	PA, SP
sodium chloride hypertonic	MURO 128	generic	1	soln 5%
Psychiatric				
Alcohol Deterrents				
acamprosate	CAMPRAL	brand	2	
disulfiram	ANTABUSE	generic	1	
naltrexone	REVIA	generic	1	
Anxiety				
Benzodiazepines				
alprazolam	XANAX	generic	1	QL, IR only
chlordiazepoxide	LIBRIUM	generic	1	
clonazepam	KLONOPIN	generic	1	not wafers
clorazepate	TRANXENE	generic	1	
diazepam	VALIUM	generic	1	QL
lorazepam	ATIVAN	generic	1	QL
oxazepam	SERAX	generic	1	QL
Miscellaneous				
bupirone	BUSPAR	generic	1	
fluvoxamine	LUVOX	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Attention Deficit Hyperactivity Disorder (ADHD) - Diagnosis Required				
amphetamine/ dextroamphetamine mixed salts	ADDERALL	generic	1	Age Limits Apply, QL
amphetamine/ dextroamphetamine mixed salts extended-release	ADDERALL XR (BRAND ADDERALL XR IS PREFERRED)	brand	2	Age Limits Apply, QL
guanfacine ER	INTUNIV	generic	1	
lisdexamfetamine	VYVANSE	brand	2	Age Limits Apply, QL
lisdexamfetamine chewable tab	VYVANSE CHEWABLE	brand	2	Diagnosis Required
methylphenidate	RITALIN	generic	1	Age Limits Apply, tabs only, QL
methylphenidate extended-release	CONCERTA	generic	1	Age Limits Apply, QL
methylphenidate extended-release	METADATE ER RITALIN-SR RITALIN LA	generic	1	Age Limits Apply, QL
Bipolar Disorder				
divalproex sodium cap sprinkle	DEPAKOTE SPRINKLE	generic	1	Members ≥ 8 years of age will require prior authorization.
divalproex sodium delayed-release	DEPAKOTE	generic	1	Minimum age 2
lithium carbonate	LITHIUM CARBONATE	generic	1	
lithium carbonate extended-release	ESKALITH CR LITHOBID	generic	1	
Depression				
Monoamine Oxidase Inhibitor (MAOI)				
tranylcypromine	PARNATE	generic	1	
Selective Serotonin Reuptake Inhibitor (SSRIs)				
citalopram	CELEXA	generic	1	tablets, QL
escitalopram	LEXAPRO	generic	1	tablets, QL
fluoxetine	PROZAC	generic	1	10 mg and 20 mg caps and 20 mg soln only
paroxetine	PAXIL	generic	1	tablets
sertraline	ZOLOFT	generic	1	tablets, QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)				
duloxetine	CYMBALTA	generic	1	QL
venlafaxine	EFFEXOR	generic	1	QL
venlafaxine XR	EFFEXOR XR	generic	1	QL
Tricyclic Antidepressants (TCAs)				
amitriptyline	ELAVIL	generic	1	tablets
amoxapine		generic	1	
desipramine	NORPRAMIN	generic	1	
doxepin	SINEQUAN	generic	1	
imipramine HCL	TOFRANIL	generic	1	tablets
nortriptyline	PAMELOR	generic	1	
Tricyclic Antidepressant/Phenothiazine Combination				
amitriptyline/perphenazine	TRIAVIL	generic	1	
Miscellaneous Agents				
bupropion	WELLBUTRIN	generic	1	
bupropion extended-release	WELLBUTRIN SR	generic	1	QL, preventative drug
bupropion extended-release	WELLBUTRIN XL	generic	1	150 mg and 300 mg
maprotiline	LUDIOMIL	generic	1	
mirtazapine	REMERON	generic	1	tabs (not soltabs)
trazodone	DESYREL	generic	1	50mg, 100mg, & 150mg only
Insomnia				
Benzodiazepines				
flurazepam	DALMANE	generic	1	QL
temazepam	RESTORIL	generic	1	15 mg and 30 mg only, QL
triazolam	HALCION	generic	1	QL
Non-Benzodiazepines				
chloral hydrate	CHLORAL HYDRATE	generic	1	
diphenhydramine	NYTOL QUICK CAPS	generic	1	OTC
doxylamine succinate	UNISOM	generic	1	25mg, OTC, QL
zaleplon	SONATA	generic	1	QL
zolpidem	AMBIEN	generic	1	QL
Narcotic Antagonists				
buprenorphine	SUBUTEX	generic	1	PA, QL
buprenorphine/naloxone	SUBOXONE	brand	2	2mg and 8mg film only, PA, QL
naloxone	NALOXONE INJ	generic	1	QL
naloxone	NARCAN NASAL SPRAY	brand	2	
naltrexone	REVIA	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Psychoses - Diagnosis Required				
Atypicals				
aripiprazole	ABILIFY TABLETS	generic	1	Age Limit Applies, tablets, PA, QL
aripiprazole ER injection	ABILIFY MAINTENA	brand	2	Age Limit Applies, PA, QL
aripiprazole injection	ARISTADA	brand	2	PA
clozapine	CLOZARIL	generic	1	Age Limit Applies, QL, 25mg, 50mg, 100mg only
olanzapine	ZYPREXA	generic	1	Age Limit Applies, tablets, QL
paliperidone	INVEGA SUSTENNA	brand	2	Age Limit Applies, PA, QL
paliperidone	INVEGA TRINZA	brand	2	Age Limit Applies, PA, QL
quetiapine	SEROQUEL	generic	1	Age Limit Applies, QL
risperidone	RISPERDAL	generic	1	Age Limit Applies, QL, (Not M-Tabs)
risperidone	RISPERDAL CONSTA	brand	2	Age Limit Applies, PA, QL
risperidone oral soln	RISPERDAL SOLUTION	generic	1	QL, Members ≥ 8 years of age will require prior authorization.
ziprasidone	GEODON	generic	1	Age Limit Applies, QL
Smoking Cessation				
nicotine	NICODERM CQ	generic	1	patches, QL, preventative drug
nicotine polacrilex gum	NICORETTE OTC	generic	1	QL, preventative drug
nicotine polacrilex lozenge	COMMITT OTC	generic	1	QL, preventative drug
varenicline	CHANTIX	brand	2	QL, preventative drug
Miscellaneous				
chlorpromazine	THORAZINE	generic	1	
dextromethorphan/ quinidine	NUEDEXTA	brand	2	Diagnosis Required, QL
fluphenazine	PROLIXIN	generic	1	
fluphenazine decanoate	PROLIXIN DECANOATE	generic	1	
haloperidol	HALDOL	generic	1	
haloperidol decanoate	HALDOL DECANOATE	generic	1	
loxapine	LOXITANE	generic	1	
perphenazine	TRILAFON	generic	1	
pimozide	ORAP	generic	1	
thioridazine	MELLARIL	generic	1	
thiothixene	NAVANE	generic	1	
trifluoperazine	STELAZINE	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Respiratory Drugs				
Antitussives, Decongestants, Expectorants and Combinations				
benzonatate	TESSALON	generic	1	
brompheniramine & phenylephrine	DIMETAPP CLD ELX/ ALLERGY	generic	1	
brompheniramine/ pseudoephedrine	UNI-HIST DROPS ACCUHIST DROPS	generic	1	
brompheniramine/ pseudoephedrine/ dextromethorphan	BROMFED DM	generic	1	syrup
chlorphen tan/ carbetapentane tan	TUSSI-12 S	generic	1	susp
chlorphen tan/pyrilamine tan/PE tan	TRITANN PEDIATRIC SUSP R-TANNAMINE	generic	1	susp
chlorpheniramine/ dextromethorphan	ROBITUSSIN PED LIQ CGH/COLD ROBITUSSIN LIQ CGH/CLD DIMETAPP SYP CGH/CLD CORICIDIN TAB CGH/CLD	generic	1	
chlorpheniramine maleate phenylephrine HCL	ED A-HIST TABLETS AND LIQUID	generic	1	
chlorpheniramine/ phenylephrine	RONDEC DROPS CARDEC DRO	generic	1	liquid
chlorpheniramine/ phenylephrine	RONDEC SYRUP CARDEC SYP	generic	1	syrup
chlorpheniramine/ pseudoephedrine	LOHIST-D	generic	1	
chlorpheniramine tan/ phenylephrine tan	RYNATAN PEDIATRIC SUSP	generic	1	susp
codeine/ chlorpheniramine/ pseudoephedrine	DIHISTINE DH PHENYLHIST LIQ DH	generic	1	
codeine/guaifenesin	GUIATUSS AC GG/CODEINE M-CLEAR WC	generic	1	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
codeine/guaifenesin/ pseudoephedrine	GUIATUSS DAC	generic	1	
codeine/promethazine	PROMETHAZINE W/CODEINE	generic	1	QL
codeine/promethazine/ phenylephrine	PROMETHAZINE VC W/CODEINE	generic	1	QL
dextromethorphan/ brompheniramine/ pseudoephedrine	BROMETANE DX	generic	1	
dextromethorphan- guaifenesin	DURATUSS DM ELX	generic	1	soln 25-225 mg/5 ml
dextromethorphan/ guaifenesin	GG/DM CR MUCINEX DM ROBITUSSIN DM TUSSIN DM	generic	1	OTC
dextromethorphan- guaifenesin	ROBITUSSIN LIQ CGH/ CONG	generic	1	liq 10-200 mg/ 5 ml
dextromethorphan hbr	ROBITUSSIN SYP MAX-ST ROBITUSSIN PED SYP	generic	1	syrup
dextromethorphan polistirex extended-release	DELSYM	brand	2	OTC
dextromethorphan/ promethazine	PHENERGAN DM PROMETHAZINE SYP DM	generic	1	
guaifenesin	ROBITUSSIN	generic	1	OTC
guaifenesin	ROBITUSSIN SYP CHST CNG	generic	1	syrup 100 mg/5 ml
guaifenesin extended-release	MUCINEX	generic	1	OTC
guaifenesin/ pseudoephedrine	ROBITUSSIN PE PSE/GG	generic	1	syrup, OTC
guaifenesin/ pseudoephedrine/ dextromethorphan	ROBITUSSIN CF	generic	1	
guaifenesin/ pseudoephedrine extended-release	MUCINEX D	generic	1	OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
hydrocodone/ homatropine	HYCODAN HYDROMET SYP HYDROCODONE/ TAB HOMATROP	generic	1	
loratadine & pseudoephedrine SR 24hr	CLARITIN-D	generic	1	
phenylephrine/ brompheniramine/ dextromethorphan		generic	1	OTC
phenylephrine/ chlorpheniramine/ dextromethorphan	RONDEC DM STATUSS DM SYP CARDEC DM SYP MINUTUSS DR SYP	generic	1	syrup
phenylephrine/ chlorpheniramine/ dextromethorphan	RONDEC DM DROPS CARDEC DM DRO ROBITUSSIN LIQ CGH/ALRG	generic	1	liquid
phenylephrine/ chlorpheniramine/ dihydrocodeine	DIHYDRO-PE SYP	generic	1	
phenylephrine/ dextromethorphan	DIMETAPP DRO DCON/CGH	generic	1	
phenylephrine/ dextromethorphan/ guaifenesin	ROBITUSSIN LIQ CGH/CLD	generic	1	
phenylephrine/ephed/ CPM w/ carbetapentane	RYNATUSS PEDIATRIC SUSP	generic	1	susp
phenylephrine/guaifenesin	ROBITUSSIN LIQ HD/CHST	generic	1	
phenylephrine/pyrilamine w/hydrocodone	CODIMAL DH	generic	1	syrup
promethazine & phenylephrine	PROMETH VC SYP 6.25-5/5	generic	1	syrup 6.25-5 mg/ 5 mg
pseudoephedrine/ acetaminophen/ dextromethorphan	MAPAP COLD TAB	generic	1	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
pseudoephedrine/ chlorpheniramine/ dextromethorphan	PEDIACARE LIQ MULTI-SY ROBITUSSIN LIQ PED NGHT	generic	1	
pseudoephedrine/ dextromethorphan/ guaifenesin	MULTI SYMPTOM TAB COLD RLF	generic	1	
pseudoephedrine/ ibuprofen	CHILD IBUPRO SUS COLD IBUOROFEN TAB COLD/SIN	generic	1	
pseudoephedrine tan/ dexchlorphen tan/ DM tan	TANAFED DMX SUSPENSION TRI-FED X	generic	1	susp
pyrilamine tan/phenyleph tan	RYNA-12 S	generic	1	susp
tripolidine/ pseudoephedrine	TRIPROL/PSE SYP APHEDRID TAB	generic	1	
Asthma/COPD				
Inhalers - Beta Agonists				
albuterol sulfate	VENTOLIN HFA	brand	2	QL
indacaterol	ARCAPTA NEOHALER	brand	2	
olodaterol	STRIVERDI RESPIMAT	brand	2	
Inhalers - Corticosteroids				
fluticasone furoate	ARNUITY ELLIPTA	brand	2	QL
mometasone	ASMANEX TWISTHALER	brand	2	QL
mometasone inhalation	ASMANEX HFA	brand	2	QL
Inhalers - Corticosteroid/Beta Agonist Combinations				
fluticasone/salmeterol	AIRDUO RESPICLICK	generic	1	QL
fluticasone/vilanterol	BREO ELLIPTA	brand	2	ST
Inhalers - Others				
ipratropium/albuterol	COMBIVENT RESPIMAT	brand	2	inhaler
ipratropium HFA	ATROVENT HFA	brand	2	
omalizumab	XOLAIR	brand	2	PA, SP
umeclidinium inhalation	INCRUSE ELLIPTA	brand	2	
umeclidinium/vilanterol	ANORO ELLIPTA	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
Inhalers for Nebulization				
albuterol	ACCUNEB	generic	1	0.63 mg/3 ml and 1.25 mg /3 ml, Covered for members less than 8 years of age. Members ≥ 8 years of age will require prior authorization.
albuterol	PROVENTIL	generic	1	soln 0.083%, 0.5% susp, Members ≥ 5 years of age will require prior authorization. QL
budesonide	PULMICORT RESPULES	generic	1	soln, QL
cromolyn	INTAL	generic	1	soln, QL
ipratropium	ATROVENT	generic	1	soln, QL
ipratropium/albuterol	DUONEB	generic	1	soln
levalbuterol HCl	XOPENEX RESPULES	generic	1	QL, ST
Oral Agents - Beta Agonists				
metaproterenol	METAPROTERENOL SYRUP	generic	1	
terbutaline	BRETHINE	generic	1	
Oral Agents - Leukotriene Modifiers				
montelukast	SINGULAIR	generic	1	QL
Oral Agents - Theophylline				
theophylline	THEOPHYLLINE	generic	1	liquid
theophylline extended-release	THEO-24	brand	2	caps
theophylline extended-release	THEOCHRON UNIPHYL	generic	1	tabs
Urological				
Symptomatic Benign Prostatic Hypertrophy				
alfuzosin ER	UROXATRAL	generic	1	
doxazosin	CARDURA	generic	1	
finasteride	PROSCAR	generic	1	
tamsulosin	FLOMAX	generic	1	
terazosin	HYTRIN	generic	1	
Miscellaneous				
bethanechol	URECHOLINE	generic	1	
hyoscyamine, methenamine, phenyl salicylate, sodium phosphate monobasic, methylene blue	UTIRA C	brand	2	

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
methenamine hippurate	HIPREX UREX	generic	1	
oxybutynin chloride	DITROPAN XL	generic	1	QL
oxybutynin IR	DITROPAN	generic	1	
oxybutynin patch	OXYTROL FOR WOMEN OTC PATCH	brand	2	
pentosan polysulfate sodium	ELMIRON	brand	2	Diagnosis Required, QL
phenazopyridine	PYRIDIUM	generic	1	
potassium citrate	UROCIT-K	generic	1	
propantheline		generic	1	
sodium citrate/citric acid	BICITRA	generic	1	
tolterodine	DETROL	generic	1	ST
tropium	SANCTURA	generic	1	ST
Vitamins and Minerals				
b-complex	B-COMPLEX VITAMIN TAB	generic	1	OTC, QL
calcitriol	ROCALTROL	generic	1	
calcitriol oral soln	ROCALTROL SOLUTION	generic	1	Members ≥ 8 years of age will require prior authorization.
calcium	OS-CAL	generic	1	OTC
cholecalciferol	BIO-D DRO-MULSION	generic	1	drops 400 unit/0.03 ml, OTC
cholecalciferol	BIO-D-MULSIO DRO FORTE	generic	1	drops 2000 unit/0.03 ml, OTC
cholecalciferol	D3-50 CAP	brand	2	cap 50000 unit, OTC
cholecalciferol	VITAMIN D 400 UNIT	generic	1	cap & tab 400 unit, OTC
cholecalciferol	VITAMIN D 2000 UNIT	generic	1	cap & tab 2000 unit, OTC
cholecalciferol	VITAMIN D1000 UNIT	generic	1	cap & tab 1000 unit, OTC
cyanocobalamin	VITAMIN B-12	generic	1	inj
electrolyte	PEDIALYTE	generic	1	soln, oral, OTC
ergocalciferol (D2)	DRISDOL	generic	1	
ferrous sulfate	FEOSOL	generic	1	OTC, preventative drug
	GEL-KAM			
	LURIDE			
fluoride	LURIDE LOZI-TABS	generic	1	
	PREIDENT			
	PHOS-FLUR			
folic acid	FOLIC ACID	generic	1	preventative drug

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
magnesium oxide	MAG-OX	generic	1	OTC
multivitamins/ fluoride/±iron	POLY-VI-FLOR	generic	1	
multivitamins/minerals	CENTRUM	generic	1	OTC
phytonadione	MEPHYTON	brand	2	
prenat-FE Bis-FE prot succ-FA-CA & omega 3	COMPLETE NATALCARE PAK DHA	brand	2	
prenat-FE Bis-FE prot succ-FA-CA & omega 3	TRUST NATALCARE PAK DHA	brand	2	
prenat-FE Bis-FE prot succ-FA-CA & omega 3	PRUET DHA PAK SETONET PAK	brand	2	
prenat-FE bis-FE prot succ-FA-CA & omega DR	PRUET DHAEC PAK	brand	2	
prenat w/o A w/fecbn-fegl- DSS-FA & DHA	FOLTABS PAK PLUS DHA RE OB + DHA PAK	brand	2	
prenatal vit w/FE bisglycinate chelate-FA	VINATE II	brand	2	
prenatal vit w/FE bisglycinate chelate-FA	GENTEX ADE 28-1 MG	brand	2	
prenatal vit w/FE bisglycinate chelate-FA	VINATE AZ EX	brand	2	
prenatal vit w/FE polysac cmplx-FA	EDGE OB CHW	brand	2	
prenatal vit w/iron carbonyl-FA	ATABEX PRENATAL	brand	2	
prenatal vitamins w/folic acid	PRENATAL VITAMINS W/ FOLIC ACID MATERNA NESTABS	generic	1	QL
prenatal w/o A w/FE carbonyl-FA gluc-DSS-FA	FOLTABS PRENATAL TRI RX	brand	2	
vitamin A		generic	1	OTC

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
vitamin ADC/fluoride/±iron drops	TRI-VI-FLOR	generic	1	
vitamin B complex/ vitamin C/folic acid	NEPHROCAPS	generic	1	
vitamin B-1		generic	1	OTC
vitamin B-6		generic	1	OTC
vitamin C		generic	1	OTC
vitamins pediatric	TRI-VI-SOL	generic	1	members <3 years old, OTC
zinc		generic	1	OTC
Potassium				
phosphorus	K-PHOS NEUTRAL	generic	1	tabs
potassium acid phosphate	K-PHOS ORIGINAL	brand	2	
potassium bicarbonate/ potassium citrate effervescent	K-LYTE	generic	1	tabs
potassium chloride extended-release	K-DUR 10 K-DUR 20 KLOR-CON 8 KLOR-CON 10	generic	1	tabs
potassium chloride extended-release	MICRO-K 10	generic	1	caps
potassium chloride	K-LOR	generic	1	powder
potassium chloride	POTASSIUM CHLORIDE	generic	1	liquid
Miscellaneous				
Anaphylaxis				
epinephrine	EPIPEN EPIPEN JR.	generic	1	QL
Antidotes				
acetylcysteine	CETYLEV	brand	2	
succimer	CHEMET	brand	2	QL
Cystic Fibrosis				
acetylcysteine	MUCOMYST	generic	1	
aztreonam	CAYSTON	brand	2	PA, SP
dornase alfa	PULMOZYME	brand	2	PA, SP
ivacaftor	KALYDECO KALYDECO GRANULES	brand	2	PA, SP
lumacaftor/ivacaftor	ORKAMBI	brand	2	PA, SP

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
sodium chloride for nebulizer	HYPERSAL NEBUSAL	generic	1	
tobramycin neb soln	BETHKIS	brand	2	PA, SP
Hereditary Angioedema				
C1 Inhibitor, Human	BERINERT	brand	2	PA, SP
icatibant	FIRAZYR	brand	2	PA, SP
Hyperphosphatemia				
calcium acetate		generic	1	667 mg tablet only
cinacalcet	SENSIPAR	brand	2	PA
sevelamer	REVELA	brand	2	ST
Idiopathic Pulmonary Fibrosis (IPF)				
nintedanib	OFEV	brand	2	PA, SP
pirfenidone capsule	ESBRIET	brand	2	PA, SP
Immune Thrombocytopenic Purpura				
eltrombopag	PROMACTA	brand	2	PA, SP
Medical Devices				
insulin syringes				QL
lancets				QL
spacers				QL, DME Supply
Metabolic Modifiers				
carglumic acid	CARBAGLU	brand	2	PA, SP
glycerol phenylbutyrate	RAVICTI	brand	2	PA, SP
sodium phenylbutyrate oral powder	BUPHENYL ORAL POWDER	generic	1	PA, SP
Vaccine				
diphtheria-tetanus tox adsorbed (dt) im	DIP/TET PED INJ	brand	2	QL
hepatitis a vaccine susp	HAVRIX VAQTA	brand	2	QL
hepatitis b vaccine (recombinant)	ENGERIX-B RECOMBIVAX HB	brand	2	QL
human papillomavirus (hpv) 9-valent recomb vac	GARDASIL 9	brand	2	QL
human papillomavirus (hpv) quadrivalent recombinant vac	GARDASIL	brand	2	QL
influenza virus vaccine recombinant hemagglutinin (ha)	FLUBLOK	brand	2	QL

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Generic Drug Name	Brand Drug Name	Covered Drug	Tier	Requirements & Limits
influenza virus vaccine split	AFLURIA FLUZONE SPLT	brand	2	QL
influenza virus vaccine split high-dose pf	FLUZONE HD PF	brand	2	QL
influenza virus vaccine split pf	AFLURIA PF	brand	2	QL
influenza virus vaccine split quadrivalent	FLUARIX QUAD FLULAVAL QUAD FLUZONE QUAD	brand	2	QL
influenza virus vaccine tissue culture subunit	FLUCELVAX	brand	2	QL
influenza virus vaccine types a&b surface antigen	FLUVIRIN	brand	2	QL
measles, mumps & rubella virus vaccines for inj	M-M-R II	brand	2	QL
meningococcal (a, c, y, and w-135)	MENOMUNE	brand	2	QL
meningococcal (a, c, y, and w-135) conjugate vaccine	MENACTRA	brand	2	QL
meningococcal (a, c, y, and w-135) oligo conj vac for inj	MENVEO	brand	2	QL
pneumococcal 13-valent conjugate	PREVNAR 13	brand	2	QL
pneumococcal vaccine polyvalent	PNEUMOVAX PNEUMOVAX 23	brand	2	QL
tet tox-diph-acell pertuss ad	ADACEL BOOSTRIX	brand	2	QL
tetanus immune globulin (human)	HYPERTET S/D	brand	2	QL
tetanus-diphtheria toxoids (td)	TENIVAC TET/DIP TOX INJ	brand	2	QL
typhoid vaccine	VIVOTIF BERNA	brand	2	capsules, preventative drug
varicella virus vac live for subcutaneous	VARIVAX	brand	2	QL
zoster vaccine live	ZOSTAVAX	brand	2	QL, Age Limits Apply

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Generic Drug Name	Brand Drug Name Examples
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OTC MEDICATIONS

The following is a list of OTC products on the PDL. Some OTC products are listed on the drug list. OTC products covered are restricted to generics when available. Brand names are provided as reference only. Over-the-counter drugs are coverable for Essential Plan 3 and 4 only.

Acne

adapalene gel	DIFFERIN OTC GEL 0.1%
benzoyl peroxide crm, gel, lotion	CLEARASIL

Antivirals

docosanol	ABREVA OTC CREAM
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Antifungals

clotrimazole	MICATIN
miconazole crm	LOTRIMIN AF
tolnaftate	TINACTIN
vaginal products	MONISTAT GYNE-LOTRIMIN

Atopic Dermatitis

emollients	BETACARE CREAM AND LOTION CETAPHIL CREAM AND LOTION DERMAPHOR OINTMENT E-OINTMENT GLYCERIN TOPICAL
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Cough/Cold Allergy

antihistamines	CHLOR-TRIMETON BENADRYL CLARITIN ALAVERT ZYRTEC
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Antihistamine/Decongestant Combinations

brompheniramine/pseudoephedrine	DIMETAPP
cetirizine/pseudoephedrine OTC	ZYRTEC D
chlorpheniramine/pseudoephedrine	ACTIFED ALAVERT ALRG TAB/SINUS
loratadine/pseudoephedrine	ALAVERT D ALLERGY/CONG

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Generic Drug Name	Brand Drug Name Examples
Cough/Cold	
	ROBITUSSIN
antitussives	ROBITUSSIN DM
Age edit applied. Not covered for members under the age 2.	ROBITUSSIN PE
	ROBITUSSIN CF
	DELSYM
	NEO-SYNEPHRINE
nasal sprays	AFRIN
	DIMETAPP DRO DECONGES
Diabetes	
alcohol swabs (DME Supply)	CURITY ALCOHOL PADS
glucose oral tablets	
insulin (vials only)	HUMULIN
	NOVOLIN
Earwax Removal Products	
carbamide peroxide	DEBROX
Family Planning	
	TROJAN
	KIMONO
	LIFESTYLES
condoms-male (preventative drug)	TRUSTEX
	DUREX
	FANTASY
contraceptive foam (preventative drug)	DELFIN
contraceptive gel (preventative drug)	GYNOL II
First Aid	
Burow's soln, wet dressings	DOMEBORO
dermatological baths	COLLOIDAL OATMEAL BATHS
hydrocortisone crm, oint	CORTAID
	NEOSPORIN
topical antibacterials	BACITRACIN
Gastrointestinal	
	MYLANTA LIQUID
antacids liquids, chew tabs	MAALOX LIQUID
	TUMS

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Generic Drug Name	Brand Drug Name Examples
antidiarrheals	IMODIUM A-D
	KAOPECTATE
electrolyte rehydrating soln	PEDIALYTE
famotidine	PEPCID AC
laxative enemas	FLEET ENEMA
	DULCOLAX
laxatives	FLEET PHOSPHO-SODA
psyllium	METAMUCIL
rectal hydrocortisone crm, suppositories	PREPARATION H
simethicone	MYLICON
stool softeners	COLACE
sugar+orthophosphoric acid	EMETROL
Insomnia	
doxylamine succinate	UNISOM
Lice Products	
permethrin	NIX
piperonyl butoxide gel, liquid shampoo	PIPERONYL BUTOXIDE
Motion Sickness	
dimenhydrinate	DRAMAMINE
meclizine	BONINE
Ophthalmics	
allergic conjunctivitis	ALAWAY
artificial tears	HYPOTEARNS
	VISINE
decongestants	MURINE
	NAPHCN A
Pain	
acetaminophen tabs, liquid, drops, suppositories, chew tabs	TYLENOL
aspirin tabs, EC tabs, chew tabs (preventative drug)	BAYER
	ECOTRIN
aspirin with buffers tabs	
ibuprofen tabs, chew tabs, drops, susp	ADVIL
	MOTRIN IB
Smoking Cessation Products	
	COMMIT LOZENGES (QUANTITY LIMIT)
nicotine (preventative drug)	NICODERM CQ (QUANTITY LIMIT)
	NICOTINE GUM (QUANTITY LIMIT)
	NICOTROL (QUANTITY LIMIT)

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Generic Drug Name	Brand Drug Name Examples
Urological	
oxybutynin patch	OXYTROL FOR WOMEN OTC PATCH
Vitamins/Minerals	
b-complex	B-COMPLEX VITAMIN TAB OS-CAL
calcium	CALTRATE TUMS
iron (preventative drug) ferrous fumarate, ferrous gluconate, ferrous sulfate, ferrous bis-glycinate chelate and polysaccharide iron caps	FERGON FEOSOL
magnesium oxide	MAG-OX
vitamin D 400 IU	VITAMIN D 400 IU VI-DAYLIN
vitamins pediatric members <3 years old	POLY-VI-SOL TRI-VI-SOL
vitamins prenatal	STUART PRENATAL
Warts	
salicylic acid 17%/collodion	DUOFILM
Miscellaneous	
fluoride dental rinse	PHOS-FLUR

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ALL CAPS = Brand-name drug

Lower case = Generic drug

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