



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company



SIERRA HEALTH AND LIFE
A UnitedHealthcare Company

Preferred Drug List

► 4-Tier Individual

Four-Tier Individual Drug Benefit Guide

Introduction

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

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

Reading the *Drug Benefit Guide*

Benefits for Covered Drugs obtained at a Designated Plan Pharmacy are payable according to the applicable benefit tiers described below, subject to your obtaining any required Prior Authorization or meeting any applicable Step Therapy requirement.

- ☐ **Tier I** – is the low Cost-share option for Covered Drugs.
- ☐ **Tier II** – is the midrange Cost-share option for Covered Drugs.
- ☐ **Tier III** – is the high Cost-share option for Covered Drugs.
- ☐ **Tier IV** – is the highest Cost-share option for Covered Drugs.

Certain medications may have quantity, age or therapeutic supply limitations based on FDA approved dosages, literature documentation or P&T Committee decisions. **See your plan documents for a complete list of covered benefits, limitations and exclusions.**

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

The generic or chemical name is listed to the left of the brand or trade name for each drug. Drugs with a generic equivalent available are identified by an asterisk (*) before the common brand name of the product (for example, in the listing for amoxicillin...*AMOXIL, indicates that AMOXIL is available as a generic and amoxicillin would be dispensed by the pharmacy). Drugs that are not available generically have the brand-name listed in **BOLD** print (for example, the listing for rivaroxaban.....**XARELTO**,

indicates that there is no generic for XARELTO and the brand name product will be dispensed).

Other abbreviations used throughout the PDL are:

- 1, 2, 3, 4 = tier level for the drug (1 = Tier I, 2 = Tier II, 3 = Tier III, 4 = Tier IV)
- AL = age limitations
- HCR = Health Care Reform
- PA = prior authorization
- QL = quantity limitations
- SF = split fill program
- ST = step therapy
- SP = specialty drug: see <https://specialty.optumrx.com/>

Mandatory Generic Substitution Policy

Most of our prescription drug plans include a mandatory generic requirement, therefore, if a Brand Name Covered Drug is dispensed and a Generic Covered Drug equivalent is available. After satisfying any applicable CYD, you will pay the applicable tier Copayment and/or Coinsurance plus the difference between the Eligible Medical Expenses (“EME”) of the Generic Covered Drug and the EME of the Brand Name Covered Drug to the Designated Plan Pharmacy for each Therapeutic Supply. The difference in the amount between such Brand Name and Generic Covered Drug paid by you does not accumulate to any otherwise applicable plan Calendar Year Prescription Drug Deductible, overall plan CYD or annual Out of Pocket Maximum.

Please note that not all dosage forms or strengths may be available in a generic form. The asterisk (*) indicates that at least one form or strength of the drug is available as a generic at the time of printing. Check with your pharmacist for more information.

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

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

Health Plan of Nevada, Inc.

www.healthplanofnevada.com

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

Sierra Health and Life Insurance Company, Inc.

www.sierrahealthandlife.com

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

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

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

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

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

English:

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

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

Español (Spanish)

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

Tagalog (Tagalog)

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

繁體中文 (Chinese)

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

한국어 (Korean)

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

Tiếng Việt (Vietnamese)

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

አማርኛ (Amharic)

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

ภาษาไทย (Thai)

คุณมีสิทธิขอความช่วยเหลือหรือขอข้อมูลในภาษาของคุณโดยไม่เสียค่าใช้จ่ายใด ๆ เมื่อต้องการล่าม กรุณาโทรฟรีมาที่หมายเลขโทรศัพท์สำหรับสมาชิก ที่อยู่บนบัตรแผนสุขภาพหรือเอกสารแผนสุขภาพของคุณ

日本語 (Japanese)

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

العربية (Arabic)

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

Русский (Russian)

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

вашей идентификационной карты или документах о вашем плане.

Français (French)

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

فارسی (Persian)

و راهنمایی تا هستید برخوردار حق این از شما دریافت رایگان صورت به خودتان زبان به را اطلاعات تلفن شماره با، شفاهی مترجم درخواست برای کنید اسناد یا سلامت طرح شناسایی کارت در موجود رایگان بگیرد تماس طرحتان به مربوط.

Gagana fa'a Sāmoa (Samoan)

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

Deutsch (German)

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

Ilokano (Ilocano)

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

FOUR-TIER Individual Drug Benefit Guide

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

ANTI-INFECTIVES (drugs to treat infections)

1-A Penicillins

Generic Name	Brand Name	Tier	Notes
amoxicillin	*AMOXIL	1	
amoxicillin	*MOXATAG	3	
amoxicillin-k clavulanate	*AUGMENTIN	1	
amoxicillin-k clavulanate SR 12hr	*AUGMENTIN XR	3	
ampicillin		1	
dicloxacillin		1	
gilteritinib tab	XOSPATA	4	QL PA SP
penicillin V potassium		1	

1-B Cephalosporins

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

1-C Macrolides

Generic Name	Brand Name	Tier	Notes
azithromycin ER for oral susp	ZMAX	3	
azithromycin	*ZITHROMAX	1	
clarithromycin	*BIAXIN	2	
clarithromycin SR		2	
clindamycin capsules	*CLEOCIN	1	
erythromycin base		1	
erythromycin EC	PCE	3	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

erythromycin delayed-release EC	ERY-TAB	3	
erythromycin ethylsuccinate	*EES	1	
erythromycin ethylsuccinate	*ERYPED	1	
erythromycin stearate	ERYTHROCIN	2	

1-D Tetracyclines

Generic Name	Brand Name	Tier	Notes
doxycycline hyclate 20mg tab	*PERIOSTAT	3	
doxycycline hyclate 50mg caps	*VIBRAMYCIN	3	
doxycycline hyclate 100mg caps	*VIBRAMYCIN	3	
doxycycline monohydrate susp	*VIBRAMYCIN SUSP	3	
doxycycline hyclate 100mg tabs	*VIBRATAB	3	
doxycycline monohydrate 100mg caps	*MONODOX 100mg	1	
doxycycline monohydrate 50mg caps	*MONODOX 50mg	1	
minocycline hcl tablets	*DYNACIN	3	
minocycline hcl capsules	*MINOCIN	1	
omadacycline tosylate tab	NUZYRA	4	
tetracycline		3	

1-E Fluoroquinolones

Generic Name	Brand Name	Tier	Notes
ciprofloxacin	*CIPRO	1	
ciprofloxacin SR tab	*CIPRO XR	3	
ciprofloxacin oral susp	*CIPRO (5% and 10%)	3	
delafloxacin meglumine tab	BAXDELA	4	
levofloxacin tab	*LEVAQUIN	1	
moxifloxacin tab	*AVELOX	4	
ofloxacin tab		1	

1-F Antimycobacterial Agents

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

1-G Antifungals

Generic Name	Brand Name	Tier	Notes
efinaconazole soln	JUBLIA	3	QL ST
fluconazole	*DIFLUCAN	1	
griseofulvin microsize		1	
griseofulvin ultramicrosize tab	*GRIS-PEG	1	
isavuconazonium sulfate cap	CRESEMBA	3	
itraconazole cap	*SPORANOX	1	QL

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

itraconazole oral soln	*SPORANOX SOLN	2	QL
ketoconazole foam 2%	*EXTINA 2%	3	ST
ketoconazole cream	*NIZORAL	1	QL
miconazole buccal tab	ORAVIG	3	QL
nystatin	BIO-STATIN	2	
nystatin	*MYCOSTATIN susp	1	
posaconazole dr tab	*NOXAFIL TAB	2	
tavaborole soln	*KERYDIN SOLN	4	QL PA ST
terbinafine HCL tab	*LAMISIL	1	QL
terbinafine HCL	LAMISIL GRANULE PACKET	3	QL
voriconazole	*VFEND	1	QL

1-H Miscellaneous Antivirals

Generic Name	Brand Name	Tier	Notes
baloxavir marboxil tab	XOFLUZA	3	QL
famciclovir tab	*FAMVIR	2	QL
letermovir	PREVYMIS	3	PA
oseltamivir	*TAMIFLU	2	QL
ribavirin	*REBETOL	4	SP
rimantadine tab	*FLUMADINE	1	
valacyclovir tab	*VALTREX	1	QL
valganciclovir HCL	*VALCYTE	3	QL
zanamivir inh	RELENZA DISKHALER	3	QL

1-I Antiretrovirals

Generic Name	Brand Name	Tier	Notes
abacavir sulfate	ZIAGEN	4	
abacavir-dolutegravir-lamivudine tab	TRIUMEQ	4	
abacavir-dolutegravir-lam for oral susp	TRIUMEQ PD	4	
abacavir-lamivudine tab	*EPZICOM	4	
abacavir-lamivudine-zidovudine tab	*TRIZIVIR	4	
atazanavir	*REYATAZ	4	
bictegravir-emtricitabine-tenofovir af	BIKTARVY	4	
cobicistat tab	TYBOST	4	
darunavir	PREZISTA	4	
darunavir-cobicistat tab	PREZCOBIX	4	
didanosine DR cap	*VIDEX EC	4	
didanosine oral soln	VIDEX SOLUTION	4	
dolutegravir sodium tab	TIVICAY	4	
dolutegravir sodium-lamivudine tab	DOVATO	4	
dolutegravir sodium- rilpivirine hcl tab	JULUCA	4	
doravirine tab	PIFELTRO	4	
doravirine-lamivudine-tenofovir df tab	DELSTRIGO	4	
efavirenz cap	*SUSTIVA	4	
efavirenz tab	*SUSTIVA	4	
efavirenz-emtricitabine-tenofovir df tab	*ATRIPLA	2	
efav-lamiv-tenof df tab	SYMFI	4	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

efav-lamiv-tenof df lo tab	SYMFI LO	4	
elvi-cobi-emtrici-teno tab	STRIBILD	4	
elvitegrav-cobic-emtricitab-tenofov af tab	GENVOYA	4	
emtricitabine	*EMTRIVA CAPS	4	
emtricitabine-rilpivirine-tenofovir df tab	COMPLERA	4	
emtricitabine-rilpivirine-tenofovir af tab	ODEFSEY	4	QL SP
emtricitabine-tenofovir tab 200-300MG	*TRUVADA 200-300MG	4	QL HCR
emtricitabine-tenofovir tab	*TRUVADA	4	QL
enfuvirtide inj	FUZEON	4	PA SP
entecavir	*BARACLUDE	4	SP
etravirine tab	*INTELENCE	4	
fosamprenavir	*LEXIVA	4	
fostemsavir trom tab er 12hr	RUKOBIA	4	PA
indinavir sulfate cap	CRIXIVAN	4	
lamivudine	*EPIVIR	4	
lamivudine-tenofovir df tab	CIMDUO	4	
lamivudine-zidovudine tab	*COMBIVIR	4	
lopinavir-ritonavir	*KALETRA	4	
lopinavir-ritonavir	*KALETRA SOLUTION	4	
maraviroc	*SELZENTRY	2	PA
nelfinavir mesylatetab	VIRACEPT	4	
nevirapine	*VIRAMUNE	4	
nevirapine tab er 24hr	*VIRAMUNE XR	4	SP
raltegravir	ISENTRESS	4	
raltegravir tab	ISENTRESS HD	4	
rilpivirine tab	EDURANT	4	
ritonavir tab	*NORVIR TAB	4	
saquinavir	INVIRASE	4	
stavudine	*ZERIT	4	
atazanavir sulfate-cobicistat tab	EVOTAZ	4	
tenofovir	VIREAD	4	
tenofovir	*VIREAD 300mg	4	
tenofovir alafenamide fumarate tab	VEMLIDY	4	ST SP
tipranavir	APTIVUS	4	
zidovudine	*RETROVIR	4	

1-J Antimalarials

Generic Name	Brand Name	Tier	Notes
afenoquine succ tab	KRINTAFEL	1	
artemether-lumefantrine tab	COARTEM	3	
atovaquone-proguanil hcl tab	*MALARONE	2	
chloroquine phosphate tab		1	PA
hydroxychloroquine 100mg, 300mg, 400mg		1	
hydroxychloroquine tab 200mg	*PLAQUENIL	1	PA
mefloquine hcl tab		1	
primaquine phosphate tab		1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

pyrimethamine tab	*DARAPRIM	4	PA SP
quinine sulfate cap		1	QL
tafenoquine succinate tab	ARAKODA	4	QL

1-K Anthelmintics

Generic Name	Brand Name	Tier	Notes
albendazole tab	*ALBENZA	3	QL PA
benznidazole tab	BENZNIDAZOLE	2	QL PA
ivermectin tab		1	QL PA
mebendazole chew	EMVERM	4	QL PA
praziquantel tab	*BILTRICIDE	2	
triclabendazole tab	EGATEN	3	

1-L Misc Anti-Infectives

Generic Name	Brand Name	Tier	Notes
amikacin sulfate liposome inhal susp	ARIKAYCE	4	QL PA SP
atovaquone susp	*MEPRON	3	
aztreonam inh soln	CAYSTON	4	QL PA SP
dapsone tabs	*DAPSONE	1	
dornase alfa inh soln	PULMOZYME	4	QL PA SP
elexacaf-tezacaf-ivacaf-ivacaf	TRIKAFTA	4	QL PA SP
fidaxomicin tab	DIFICID	3	QL PA
ivacaftor	KALYDECO	4	QL PA SP
lefamulin acetate tab	XENLETA	4	
linezolid	*ZYVOX	2	QL
lumacaftor-ivacaftor	ORKAMBI	4	QL PA SP
metronidazole	*FLAGYL	1	
miltefosine cap	IMPAVIDO	3	QL PA
neomycin sulfate	*MYCIFRADIN	1	
nifurtimox tab	LAMPIT	4	QL
nitazoxanide susp	ALINIA SUSP	3	
nitazoxanide tab	*ALINIA TAB	2	QL
pentamidine nebulization soln	*NEBUPENT	2	
pretomanid tab	PRETOMANID	4	
SMZ-TMP	*BACTRIM	1	
SMZ-TMP-DS	*BACTRIM DS	1	
sulfadiazine		1	
tedizolid phosphate tab	SIVEXTRO	3	QL
tezacaftor-ivacaftor tab	SYMDEKO	4	QL PA SP
tinidazole tab	*TINDAMAX	3	
tobramycin inh cap	TOBI PODHALER	4	QL PA SP
tobramycin neb soln 300MG/4ML	*BETHKIS	4	QL PA SP
trimethoprim oral soln	TRIMPEX/PRIMSOL	3	
vancomycin cap	*VANCOCIN	3	QL PA
vancomycin compound soln	FIRST-VANCOMYCIN ORAL SOLN	3	
vancomycin hcl for oral solution	FIRVANQ 25MG/ML	2	
vancomycin hcl for oral solution	*FIRVANQ 250MG/5ML	3	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

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

2-A Antineoplastics (cancer drugs)

Generic Name	Brand Name	Tier	Notes
abemaciclib tab	VERZENIO	4	QL PA SP SF
abiraterone acetate 250mg tab	*ZYTIGA 250mg	4	QL PA SP SF
abiraterone acetate tab 125 mg	YONSA	4	QL PA ST SP
acalabrutinib cap	CALQUENCE	4	QL PA SP
afatinib dimaleate tab	GILOTRIF	4	QL PA SP
alectinib hcl cap	ALECENSA	4	QL PA SP
alpelisib tab	PIQRAY	4	QL PA SP
altretamine cap	HEXALEN	4	SP
anastrozole tab	*ARIMIDEX	1	
apalutamide tab	ERLEADA	4	QL PA SP
asciminib tab	SCEMBLIX	4	QL PA SP
avapritinib tab	AYVAKIT	4	QL PA SP
axitinib tab	INLYTA	4	QL PA SP SF
azacitidine	ONUREG	4	QL PA SP
belzutifan tab	WELIREG	4	QL PA SP
bexarotene cap	TARGRETIN (Brand)	4	SP SF
bicalutamide tab	*CASODEX	4	SP
binimetinib tab	MEKTOVI	4	QL PA ST SP
bosutinib tab	BOSULIF	4	QL PA ST SP SF
brigatinib tab	ALUNBRIG	4	QL PA SP
busulfan tab	MYLERAN	4	SP
cabozantinib s-malate cap	COMETRIQ	4	QL PA SP SF
cabozantinib s-malate tab	CABOMETYX	4	QL PA SP SF
capecitabine tab	*XELODA	4	QL SP
capmatinib hcl tab	TABRECTA	4	QL PA SP
ceritinib	ZYKADIA	4	QL PA SP SF
chlorambucil tab	LEUKERAN	4	SP
cobimetinib fumarate tab	COTELLIC	4	QL PA SP
crizotinib cap	XALKORI	4	QL PA SP SF
cyclophosphamide cap	*CYCLOPHOSPH CAPS	2	
dabrafenib mesylate cap	TAFINLAR	4	QL PA SP
dacomitinib tab	VIZIMPRO	4	QL PA SP SF
darolutamide tab	NUBEQA	4	QL PA SP
dasatinib tab	SPRYCEL	4	QL PA ST SP SF
degarelix acetate inj	FIRMAGON	4	SP
enasidenib mesylate tab	IDHIFA	4	QL PA SP
encorafenib cap	BRAFTOVI	4	QL PA ST SP
entrectinib cap	ROZLYTREK	4	QL PA SP
enzalutamide cap	XTANDI	4	QL ST SP SF
erdafitinib tab	BALVERSA	4	QL PA SP
erlotinib tab	*TARCEVA	4	QL PA SP SF

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

estramustine cap	EMCYT	4	SP
etoposide cap	*VEPESID	4	SP
everolimus tab	*AFINITOR	4	QL PA SP SF
exemestane tab	*AROMASIN	2	
fedratinib hcl cap	INREBIC	4	QL PA ST SP
flutamide cap	*EULEXIN	3	
glasdegib maleate tab	DAURISMO	4	QL PA SP SF
gefitinib tab	IRESSA	4	QL PA SP
hydroxyurea cap	DROXIA	4	
hydroxyurea 500mg cap	*HYDREA	1	
hydroxyurea (sickle cell anemia) tab	SIKLOS	4	PA
ibrutinib	IMBRUVICA	4	QL PA SP
idelalisib tab	ZYDELIG	4	QL PA SP
imatinib mesylate tab	*GLEEVEC	4	QL PA SP
infigratinib cap	TRUSELTIQ	4	QL PA SP
ivosidenib tab	TIBSOVO	4	QL PA SP
ixazomib citrate cap	NINLARO	4	QL PA SP
lapatinib ditosylate tab	*TYKERB	4	QL PA SP
larotrectinib sulfate	VITRAKVI	4	QL PA SP
lenalidomide cap	*REVLIMID	4	QL PA SP
lenvatinib cap	LENVIMA	4	QL PA SP
letrozole tab	*FEMARA	1	
leucovorin calcium tab	*LEUCOVORIN CALCIUM	1	
lomustine	GLEOSTINE	4	SP
lorlatinib tab	LORBRENA	4	PA SP SF
mechlorethamine hcl	VALCHLOR GEL	4	QL PA SP
megestrol tab	*MEGACE	1	
megestrol susp	*MEGACE ES	3	
melphalan tab	*ALKERAN	4	SP
mercaptopurine tab	*PURINETHOL	4	SP
mercaptopurine susp	PURIXAN SUSP	4	PA SP
mesna tab	MESNEX	4	SP
methotrexate injection		1	
methotrexate tablets 2.5mg		1	
methotrexate tablets	TREXALL	3	
metyrosine cap	*DEMSEER	4	PA
midostaurin cap	RYDAPT	4	QL PA SP
mitotane tab	LYSODREN	4	SP
mobocertinib succinate cap	EXKIVITY	4	QL PA SP
neratinib maleate tab	NERLYNX	4	QL PA SP
nilotinib cap	TASIGNA	4	QL PA ST SP
nilutamide tab	*NILANDRON	4	SP
niraparib tosylate cap	ZEJULA	4	QL PA SP
olaparib	LYNPARZA	4	QL PA SP
omacetaxine mepesuccinate sq inj	SYNRIBO	4	QL PA SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

osimertinib mesylate tab	TAGRISSO	4	QL PA SP
palbociclib	IBRANCE	4	QL PA SP
panobinostat lactate cap	FARYDAK	4	QL PA SP
pazopanib tab	VOTRIENT	4	QL PA SP SF
pemigatinib tab	PEMAZYRE	4	QL PA SP
pexidartinib hcl cap	TURALIO	4	QL PA SP
pomalidomide cap	POMALYST	4	QL PA SP
ponatinib hcl tab	ICLUSIG	4	QL PA SP
pralsetinib cap	GAVRETO	4	QL PA SP
procarbazine hcl cap	MATULANE	4	SP
regorafenib tab	STIVARGA	4	QL PA SP
relugolix tab	ORGOVYX	4	QL PA SP
ribociclib succinate tab	KISQALI	4	QL PA ST SP
ribociclib tab & letrozole pack tab	KISQALI FEMARA	4	QL PA SP
ripretinib tab	QINLOCK	4	QL PA SP
ropeginterferon alfa-2-B-NJFT pfs	BESREMI	4	PA SP
rucaparib camsylate tab	RUBRACA	4	QL PA ST SP
ruxolitinib phosphate tab	JAKAFI	4	QL PA SP
selinexor tab therapy pack	XPOVIO	4	QL PA SP
selpercatinib cap	RETEVMO	4	QL PA SP
selumetinib sulfate cap	KOSELUGO	4	QL PA SP
sonidegib phosphate cap	ODOMZO	4	QL PA SP SF
sorafenib tosylate tab	NEXAVAR	4	QL PA SP SF
sunitinib cap	*SUTENT	4	QL PA SP
talazoparib tosylate cap	TALZENNA	4	QL PA ST SP SF
tamoxifen tab	*NOLVADEX	1	
tazemetostat hbr tab	TAZVERIK	4	QL PA SP
temozolomide cap	*TEMODAR	4	PA SP
tepotinib hcl tab	TEPMETKO	4	PA SP
thalidomide cap	THALOMID	4	QL PA SP
thioguanine tab	TABLOID	4	SP
tivozanib hcl cap	FOTIVDA	4	QL PA SP
topotecan cap	HYCAMTIN	4	QL PA SP
toremifene citrate tab	*FARESTON	4	
trametinib dimethyl sulfoxide tab	MEKINIST	4	QL PA SP
tretinoin capsules		4	QL SP
trifluridine-tipiracil tab	LONSURF	4	QL PA SP
tucatinib tab	TUKYSA	4	QL PA SP
vandetanib tab	CAPRELSA	4	QL PA SP
vemurafenib tab	ZELBORAF	4	QL PA SP
venetoclax tab	VENCLEXTA	4	QL PA SP
vismodegib cap	ERIVEDGE	4	QL PA SP SF
vorinostat cap	ZOLINZA	4	QL PA SP SF
voxelotor tab	OXBRYTA	4	QL PA SP
zanubrutinib cap	BRUKINSA	4	QL PA SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

2-B Immunosuppressives

Generic Name	Brand Name	Tier	Notes
azathioprine tab 50 mg	*IMURAN	1	
azathioprine tab 75mg, 100mg	*AZASAN	4	
cyclosporine	*SANDIMMUNE	1	
cyclosporine modified	*GENGRAF	4	
cyclosporine modified	*NEORAL	1	
everolimus (immunosuppressant) tab	*ZORTRESS	4	
mycophenolate sod DR tab	*MYFORTIC	4	
mycophenolate mofetil	*CELLCEPT	4	
sirolimus	*RAPAMUNE	4	
tacrolimus cap	*PROGRAF	4	
tacrolimus packet for susp	PROGRAF GRANULES	4	PA

CARDIOVASCULAR (drugs to treat heart conditions)

3-A Cardiotonics

Generic Name	Brand Name	Tier	Notes
digoxin	*LANOXIN	1	

3-B Antianginals

Generic Name	Brand Name	Tier	Notes
isosorbide dinitrate tab		1	
isosorbide dinitrate tab 20 mg	*ISORDIL	2	
isosorbide dinitrate ER tab		1	
isosorbide mononitrate tab		1	
isosorbide mononitrate ER tab		1	
ivabradine hcl tab	CORLANOR	3	QL PA
nitroglycerin ointment	*NITROBID	1	
nitroglycerin patch	*MINITRAN	1	
nitroglycerin patch	*NITRO-DUR	1	
nitroglycerin spray	NITROMIST	3	QL
nitroglycerin sl tab	*NITROSTAT	2	

3-C Beta Blockers

Generic Name	Brand Name	Tier	Notes
acebutolol cap		1	
atenolol tab	*TENORMIN	1	
betaxolol tab		1	
bisoprolol fum tab	*ZEBETA	1	
carvedilol tab	*COREG	1	QL
droxidopa cap	*NORTHERA	4	QL PA SP
labetalol tab		1	
metoprolol tartrate tab	*LOPRESSOR	1	
metoprolol succinate ER tab	*TOPROL XL	2	
metoprolol succ er 24hr sprinkle cap	KAPSPARGO SPRINKLE	4	
nadolol tab	*CORCARD	1	
pindolol tab	*VISKEN	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

propranolol tab	*INDERAL	1	
sotalol tab	*BETAPACE	1	
sotalol AF tab	*BETAPACE AF	1	
sotalol hcl oral soln	SOTYLIZE	4	PA
timolol maleate tab		1	

3-D Calcium Channel Blockers

Generic Name	Brand Name	Tier	Notes
amlodipine tab	*NORVASC	1	
amlodipine benzoate oral susp	KATERZIA	4	PA
diltiazem SR coated beads 24hr cap	*CARTIA XT	2	
diltiazem tab	*CARDIZEM	1	
diltiazem ER beads 24hr cap	*TIAZAC	2	
diltiazem ER 12hr cap	*CARDIZEM SR	1	
diltiazem SR coated beads 24hr cap	*CARDIZEM CD	2	
diltiazem SR coated beads 24HR tab	*CARDIZEM LA	2	
felodipine ER tab	*PLENDIL	1	
isradipine cap	*DYNACIRC	1	
nicardipine cap	*CARDENE	1	
nifedipine CR	*ADALAT CC	1	
nifedipine CR	*PROCARDIA XL	1	
nifedipine IR	*PROCARDIA	1	
nimodipine oral soln	NYMALIZE	3	
nisoldipine ER tab	*SULAR	3	
verapamil tab	*CALAN	1	
verapamil ER 24hr	*CALAN SR	1	
verapamil ER 24hr cap	*VERELAN	3	
verapamil ER 24hr cap	*VERELAN PM	3	

3-E Antiarrhythmics

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

3-F Angiotensin Converting Enzyme (ACE) Inhibitors

Generic Name	Brand Name	Tier	Notes
benazepril tab	*LOTENSIN	1	
captopril tab	*CAPOTEN	1	
enalapril maleate oral soln	*EPANED	3	PA
enalapril tab	*VASOTEC	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

fosinopril tab	*MONOPRIL	1	
lisinopril tab	*PRINIVIL	1	
lisinopril tab	*ZESTRIL	1	
lisinopril oral soln	QBRELIS	4	PA
moexipril tab	*UNIVASC	1	
perindopril tab	*ACEON	2	
quinapril tab	*ACCUPRIL	1	
ramipril cap	*ALTACE	1	
trandolapril tab	*MAVIK	1	

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

Generic Name	Brand Name	Tier	Notes
azilsartan medoxomil tab	EDARBI	3	QL
candesartan tab	*ATACAND	3	
irbesartan tab	*AVAPRO	1	
losartan tab	*COZAAR	1	
olmesartan tab	*BENICAR	2	QL
telmisartan tab	*MICARDIS	2	
valsartan tab	*DIOVAN	2	

3-H Miscellaneous Antihypertensives

Generic Name	Brand Name	Tier	Notes
aliskiren fumarate tab	*TEKTURNA	3	QL
ambrisentan tab	*LETAIRIS	4	QL PA SP
bosentan tab	*TRACLEER	4	QL PA SP
clonidine tab	*CATAPRES	1	
clonidine patch	*CATAPRES-TTS	3	
doxazosin tab	*CARDURA	1	
guanfacine tab	*TENEX	1	
hydralazine tab	*APRESOLINE	1	
iloprost inhl soln	VENTAVIS	4	PA SP
macitentan tab	OPSUMIT	4	QL PA SP
mecamylamine tab	VECAMYL	4	PA
methyldopa tab	*ALDOMET	1	
minoxidil tab		1	
phenoxybenzamine cap	DIBENZYLINE	3	
prazosin cap	*MINIPRESS	1	
riociguat tab	ADEMPAS	4	QL PA SP
selexipag tab	UPTRAVI	4	QL PA SP
selexipag tab	UPTRAVI THERAPY PACK	4	QL PA SP
sildenafil citrate tab (PAH)	*REVATIO TAB 20MG	4	QL SP
sildenafil citrate oral susp (PAH)	*REVATIO SUSP 10MG/ML	4	QL PA SP
tadalafil tab (PAH)	*ADCIRCA	4	QL PA SP
terazosin cap	*HYTRIN	1	
treprostinil diolamine ER tab	ORENITRAM	4	QL PA SP
treprostinil inhl soln	TYVASO	4	PA SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

3-I Antihypertensive Combinations

Generic Name	Brand Name	Tier	Notes
amiloride-HCTZ tab	*MODURETIC	1	
amlodipine-benazepril cap	*LOTREL	1	
amlodipine-valsartan tab	*EXFORGE	2	
atenolol-chlorthalidone tab	*TENORETIC	1	
azilsartan-chlorthalidone tab	EDARBYCLOR	3	QL
benazepril-HCTZ tab	*LOTENSIN HCT	1	
bisoprolol-HCTZ tab	*ZIAC	1	
candesartan-HCTZ tab	*ATACAND HCT	3	
captopril-HCTZ tab	*CAPOZIDE	1	
enalapril-HCTZ tab	*VASERETIC	1	
fosinopril-HCTZ tab	*MONOPRIL HCT	1	
irbesartan-HCTZ tab	*AVALIDE	1	
lisinopril-HCTZ tab	*PRINZIDE	1	
lisinopril-HCTZ tab	*ZESTORETIC	1	
losartan-HCTZ tab	*HYZAAR	1	
methyldopa-HCTZ tab	*ALDORIL	1	
moexipril-HCTZ tab	*UNIRETIC	1	
nadolol-bendroflumethiazide tab	*CORZIDE	1	
nebivolol-valsartan tab	BYVALSON	2	QL
olmesartan-HCTZ tab	*BENICAR HCT	2	QL
propranolol-HCTZ tab	*INDERIDE	1	
quinapril-HCTZ tab	*ACCURETIC	2	
sacubitril-valsartan tab	ENTRESTO	4	QL PA
spironolactone-HCTZ tab	*ALDACTAZIDE	1	
telmisartan-HCTZ tab	*MICARDIS HCT	3	
trandolapril-verapamil er tab	*TARKA	3	
triamterene-HCTZ cap	*DYAZIDE	1	
triamterene-HCTZ tab	*MAXZIDE	1	
valsartan-HCTZ tab	*DIOVAN-HCT	1	

3-J Diuretics

Generic Name	Brand Name	Tier	Notes
acetazolamide tab	*DIAMOX	1	
amiloride tab		1	
bumetanide tab	*BUMEX	1	
chlorothiazide tab	*DIURIL	1	
chlorthalidone tab 25mg, 50mg	*HYGROTON	1	
dichlorphenamide tab	KEVEYIS	4	QL PA SP
eplerenone tab	*INSpra	2	
ethacrynic acid tab	*EDECRIN	3	
furosemide	*LASIX	1	
hydrochlorothiazide tab	*HYDRODIURIL	1	
hydrochlorothiazide cap	*MICROZIDE	1	
indapamide tab	*LOZOL	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

methazolamide tab	*NEPTAZANE	1	
methyclothiazide tab	*AQUATENSEN	1	
metolazone tab	*ZAROXOLYN	1	
spironolactone tab	*ALDACTONE	1	
spironolactone oral susp	CAROSPIR	4	PA
tolvaptan tab	JYNARQUE	4	QL PA SP
tolvaptan tab	*SAMSCA	4	QL PA SP
torsemide tab	*DEMADEX	1	
triamterene cap	*DYRENIUM	3	

3-K Pressors

Generic Name	Brand Name	Tier	Notes
epinephrine inj	*EPIPEN	2	QL
epinephrine inj	*EPIPEN JR	2	QL
epinephrine soln prefilled syringe	SYMJEPI	2	QL
midodrine	*PROAMATINE	1	

3-L Antihyperlipidemics

Generic Name	Brand Name	Tier	Notes
atorvastatin tab	*LIPITOR	1	QL
bempedoic acid tab	NEXLETOL	2	ST
bempedoic acid-ezetimibe tab	NEXLIZET	2	ST
cholestyramine powder	*QUESTRAN	1	
colesevelam	WELCHOL (Brand)	2	
colestipol	*COLESTID	1	
evolocumab inj	REPATHA	4	QL PA ST
ezetimibe tab	*ZETIA	2	QL
fenofibrate tab	*LOFIBRA 54mg & 160mg	1	
fenofibrate tab 145mg	*TRICOR 145MG	2	
fluvastatin cap	*LESCOL	1	QL
gemfibrozil tab	*LOPID	1	
lovastatin tab	*MEVACOR	1	
mipomersen sodium inj	KYNAMRO	4	QL PA ST SP
niacin ER tab	*NIASPAN	3	
omega-3-acid ethyl esters cap	*LOVAZA	2	PA
pitavastatin tab	LIVALO	4	ST
pravastatin tab	*PRAVACHOL	1	
rosuvastatin calcium sprinkle cap	EZALLOR SPRINKLE	3	PA
rosuvastatin tab	*CRESTOR	2	QL
simvastatin tab	*ZOCOR	1	
simvastatin susp	FLOLIPID (Brand)	4	PA

3-M Miscellaneous Cardiovascular

Generic Name	Brand Name	Tier	Notes
isosorbide dinitrate-hydralazine tab	BIDIL	2	
patiromer sorbitex calcium packet	VELTASSA	3	QL PA
ranolazine tab er	*RANEXA	2	
sodium zirconium cyclosilicate for susp	LOKELMA	3	PA

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

tafamidis cap	VYNDAMAX	4	QL PA SP
tafamidis meglumine (cardiac) cap	VYNDAREL	4	QL PA SP

CENTRAL NERVOUS SYSTEM (drugs that affect the brain)

4-A Antianxiety Agents

Generic Name	Brand Name	Tier	Notes
alprazolam tab	*XANAX	1	
alprazolam ER tab	*XANAX XR	1	
alprazolam ODT	*NIRAVAM	1	
buspirone tab		1	
chlordiazepoxide cap	*LIBRIUM	1	
clorazepate tab	*TRANXENE	1	
diazepam tab	*VALIUM	1	
hydroxyzine hcl	*ATARAX	1	
hydroxyzine pamoate	*VISTARIL	1	
lorazepam tab	*ATIVAN	1	
meprobamate tab		1	
oxazepam cap	*SERAX	1	

4-B Antidepressants

Generic Name	Brand Name	Tier	Notes
amitriptyline tab	*ELAVIL	1	
amoxapine tab	*ASENDIN	1	
bupropion tab	*WELLBUTRIN	1	
bupropion ER 12hr tab	*WELLBUTRIN SR	1	
bupropion ER 24hr tab	*WELLBUTRIN XL	1	
citalopram tab	*CELEXA	1	
clomipramine cap	*ANAFRANIL	4	
desipramine tab	*NORPRAMIN	1	
desvenlafaxine ER tab 24hr	*PRISTIQ	3	QL
doxepin cap	*SINEQUAN	1	
duloxetine cap	*CYMBALTA	2	QL
duloxetine hcl cap dr sprinkle	DRIZALMA SPRINKLE	4	QL
escitalopram	*LEXAPRO	1	
esketamine nasal soln	SPRAVATO	4	QL PA SP
fluoxetine tablets	*PROZAC TABLETS	3	QL
fluoxetine capsules	*PROZAC CAPSULES	1	QL
fluoxetine DR cap	*PROZAC WEEKLY	3	QL
fluoxetine (PMDD) caps	*SARAFEM CAPSULES	3	
fluvoxamine tab	*LUVOX	1	QL
fluvoxamine ER cap	*LUVOX CR	3	QL
imipramine hcl tab	*TOFRANIL	1	
imipramine pamoate cap	TOFRANIL PM	3	
maprotiline tab	*LUDIOMIL	1	
mirtazapine tab	*REMERON	1	
mirtazapine odt	*REMERON SOLTABS	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

nefazodone hcl tab	*SERZONE	1	
nortriptyline cap	*PAMELOR	1	
paroxetine hcl	*PAXIL	1	
paroxetine hcl er tab	*PAXIL CR	3	QL
paroxetine susp	*PAXIL SUSP	3	
phenelzine sulfate tab	*NARDIL	1	
protriptyline tab	*VIVACTIL	1	
sertraline hcl tab	*ZOLOFT	1	
trazodone tab	*DESYREL	1	
trimipramine maleate cap	*SURMONTIL	3	
venlafaxine tab	*EFFEXOR	1	
venlafaxine ER 24hr cap	*EFFEXOR XR CAPSULES	1	
vilazodone tab	VIIBRYD	3	QL

4-C Hypnotics (Sleep Aids)

Generic Name	Brand Name	Tier	Notes
estazolam tab	*PROSOM	1	
eszopiclone tab	*LUNESTA	2	QL
flurazepam cap	*DALMANE	1	
phenobarbital		1	
ramelteon tab	*ROZEREM	4	QL ST
tasimelteon cap	HETLIOZ	4	QL PA SP
tasimelteon oral susp	HETLIOZ LQ	4	QL PA SP
temazepam cap	*RESTORIL	1	
triazolam tab	*HALCION	1	
zaleplon cap	*SONATA	1	QL
zolpidem tab	*AMBIEN	1	QL
zolpidem tartrate tab er	*AMBIEN CR	3	QL

4-D Antipsychotics

Generic Name	Brand Name	Tier	Notes
aripiprazole tab	*ABILIFY	2	QL
aripiprazole odt	*ABILIFY DISCMELTS	2	QL
brexpiprazole tab	REXULTI	4	QL ST
chlorpromazine	*THORAZINE	1	QL
clozapine odt	*FAZACLO	3	
clozapine tab	*CLOZARIL	1	
fluphenazine	*PROLIXIN	1	
haloperidol	*HALDOL	1	
lithium carbonate cap	*ESKALITH	1	
lithium carbonate ER tab	*ESKALITH CR	1	
lithium carbonate ER tab	*LITHOBID	1	
loxapine cap	*LOXITANE	1	
lumateperone tosylate cap	CAPLYTA	4	QL PA ST
molindone hcl tab	*MOLINDONE	3	
olanzapine tab	*ZYPREXA	1	QL
olanzapine odt	*ZYPREXA ZYDIS	2	QL

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

perphenazine tab	*TRILAFONE	1	
pimavanserin tartrate	NUPLAZID	4	QL PA
prochlorperazine	*COMPAZINE	1	
quetiapine fumarate tab	*SEROQUEL	1	QL
quetiapine fumarate tab er 24hr	*SEROQUEL XR	3	QL
risperidone tab	*RISPERDAL	1	
risperidone odt	*RISPERDAL M	1	
thioridazine tab		1	
thiothixene cap	*NAVANE	1	
trifluoperazine tab	*STELAZINE	1	
ziprasidone hcl cap	*GEODON	1	QL

4-E Stimulants

Generic Name	Brand Name	Tier	Notes
amphetamine-d-amphetamine tab	*ADDERALL	1	
amphetamine-d-amphetamine SR cap	ADDERALL XR (Brand)	2	QL
armodafinil tab	*NUVIGIL	2	QL PA
atomoxetine cap	*STRATTERA	3	QL
clonidine hcl tab er 12hr	*KAPVAY ER	3	
dexmethylphenidate tab	*FOCALIN	1	
dexmethylphenidate hcl cap er 24hr	*FOCALIN XR	3	QL
dextroamphetamine tab	*DEXEDRINE TABS	1	
dextroamphetamine er cap	*DEXEDRINE ER CAPS	3	QL
dextroamphetamine sulfate oral soln	*PROCENTRA	1	
methamphetamine tab	*DESOXYN	1	
methylphenidate td patch	DAYTRANA PATCHES	4	QL
methylphenidate chew	*METHYLIN (chewable)	3	
methylphenidate	*METHYLIN (suspension)	3	
methylphenidate tab	*RITALIN	1	
methylphenidate ER tab	*RITALIN SR	1	
methylphenidate ER cap	*RITALIN LA	2	QL
methylphenidate ER cap	*METADATE CD	4	QL
methylphenidate ER osmotic release tab	CONCERTA (Brand)	2	QL
modafinil tab	*PROVIGIL	2	QL PA
pitolisant hcl tab	WAKIX	4	QL PA SP
solriamfetol hcl tab	SUNOSI	3	QL PA

4-F Misc Psychotherapeutic and Neurological Agents

Generic Name	Brand Name	Tier	Notes
amitriptyline-chlordiazepoxide tab	LIMBITROL	2	
deutetrabenazine tab	AUSTEDO	4	QL PA SP
dextromethorphan quindine cap	NUDEXTA	2	PA
disulfiram tab	*ANTABUSE	1	
donepezil tab	*ARICEPT 5mg, 10mg	1	
donepezil odt	*ARICEPT ODT	2	
ergoloid mesylates tab	*HYDERGINE	1	
galantamine tab	*RAZADYNE	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

galantamine er cap	*RAZADYNE ER	1	
guanfacine tab		1	
guanfacine er tab	*INTUNIV	2	QL
memantine tab	*NAMENDA	2	
memantine oral soln	*NAMENDA ORAL SOLN	3	
olanzapine-fluoxetine cap	*SYMBYAX	3	QL
perphenazine-amitriptyline tab	*ETRAFON	1	
pimozide tab	*ORAP	2	
rivastigmine cap	*EXELON	1	
rivastigmine td patch	EXELON PATCH	3	
tetrabenazine tab	*XENAZINE	4	PA SP

4-G Anticonvulsants

Generic Name	Brand Name	Tier	Notes
brivaracetam	BRIVIACT	4	PA
cannabidiol soln	EPIDIOLEX	4	PA SP
carbamazepine	*TEGRETOL	3	
carbamazepine ER 12hr cap	*CARBATROL	2	
carbamazepine ER 12hr tab	*TEGRETOL XR TABLETS	3	
clobazam susp	*ONFI SUSP	2	PA
clobazam tabs	*ONFI TABS	2	PA
clonazepam	*KLONOPIN	1	
diazepam nasal spray	VALTOCO	3	QL PA
diazepam rectal	*DIASTAT	3	QL
divalproex sodium DR tab	*DEPAKOTE DR	1	
divalproex sodium ER 24hr tab	*DEPAKOTE ER 24 HR	2	
divalproex sodium DR sprinkle cap	*DEPAKOTE SPRINKLE	2	
ethosuximide	*ZARONTIN	1	
ethotoin	PEGANONE	3	
felbamate	*FELBATOL	3	
gabapentin cap	*NEURONTIN	1	
gabapentin oral soln	*NEURONTIN SOLN	1	
gabapentin encarbil ER tab	HORIZANT	4	
lamotrigine tab	*LAMICTAL	1	
lamotrigine tab	*LAMICTAL STARTER KIT	1	
lamotrigine odt	*LAMICTAL ODT	3	
lamotrigine odt	*LAMICTAL ODT KIT	3	
levetiracetam	*KEPPRA	2	
levetiracetam ER tab	*KEPPRA XR	3	
methsuximide cap	CELONTIN	3	
midazolam nasal spray soln	NAYZILAM	3	QL
milnacipran tab	SAVELLA	3	QL
milnacipran tab	SAVELLA TITRATION PAK	3	QL
oxcarbazepine	*TRILEPTAL	1	
phenytoin caps	*DILANTIN	1	
phenytoin tabs	*DILANTIN CHEW	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

pregabalin caps	*LYRICA	2	QL
pregabalin oral soln	*LYRICA SOLUTION	2	QL
primidone tab	*MYSOLINE	1	
rufinamide susp	*BANZEL SUSP	3	PA
rufinamide tab	BANZEL TAB	3	PA
stiripentol	DIACOMIT	4	PA SP
tiagabine tab	*GABITRIL	1	
topiramate cap	*TOPAMAX SPRINKLES	1	
topiramate tab	*TOPAMAX	1	
valproic acid	*DEPAKENE	1	
vigabatrin pack	*SABRIL POWDER PACK	4	QL PA SP
vigabatrin tab	*SABRIL TABLETS	4	QL PA SP
zonisamide cap	*ZONEGRAN	1	

4-H Antiparkinsonian Agents

Generic Name	Brand Name	Tier	Notes
amantadine		1	
apomorphine hydrochloride film	KYNMOBI	4	QL PA SP
apomorphine inj	*APOKYN	4	QL PA SP
benztropine inj	*COGENTIN	1	
bromocriptine	*PARLODEL	1	
carbidopa tab	*LODOSYN	3	
carbidopa-levodopa tab	*SINEMET	1	
carbidopa-levodopa odt	*PARCOPA	1	
carbidopa-levodopa tab er	*SINEMET CR	1	
carbidopa-levodopa-entacapone tab	*STALEVO	1	
carbidopa-levodopa enteral susp	DUOPA SUSP	4	PA
entacapone tab	*COMTAN	2	
levodopa inhal powder cap	INBRIJA	4	QL PA SP
pramipexole tab	*MIRAPEX	1	
ropinirole hcl tab	*REQUIP	1	
trihexyphenidyl	*ARTANE	1	
selegiline hcl		1	

4-I Smoking Deterrents

Generic Name	Brand Name	Tier	
bupropion SR (smoking deterrent)	*ZYBAN	1	QL
nicotine inhalation	NICOTROL INHALER	3	PA
nicotine nasal spray	NICOTROL NS	3	PA
varenicline tab	*CHANTIX	3	PA

DERMATOLOGICALS (drugs to treat skin disorders or conditions)

5-A Anorectal

Generic Name	Brand Name	Tier	
hydrocortisone rectal cream	*ANUSOL-HC CREAM	1	
hydrocortisone acetate suppositories	*ANUSOL-HC SUPP	2	
hydrocortisone-pramoxine rectal	*ANALPRAM-HC CREAM	1	QL

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

hydrocortisone-pramoxine rectal	PROCTOFOAM-HC	2	
---------------------------------	----------------------	---	--

5-B Acne Products

Generic Name	Brand Name	Tier	Notes
azelaic acid cream	AZELEX	3	QL
azelaic acid foam	FINACEA FOAM	3	
azelaic acid gel	*FINACEA GEL	3	
benzoyl peroxide-erythromycin gel	*BENZAMYCIN 5-3%	1	QL
brimonidine tartrate gel	MIRVASO GEL	4	QL PA
clindamycin foam	EVOCLIN	3	
clindamycin topical	*CLEOCIN-T SOLN & PADS	1	QL
clindamycin topical	*CLEOCIN T 1% GEL & LOT	3	QL
clindamycin-benzoyl peroxide gel 1.2%-5%	*DUAC 1.2%-5%	3	QL
clindamycin-tretinoin gel	VELTIN	3	
erythromycin topical gel	*ERYGEL	1	
isotretinoin cap	*AMNESTEEM	2	
isotretinoin cap	*CLARAVIS	2	
isotretinoin cap	*MYORISAN	2	
isotretinoin cap	*ZENATANE	2	
ivermectin cream	SOOLANTRA (Brand)	4	QL
metronidazole cream	*METROCREAM 0.75%	1	
metronidazole gel 0.75%	*METROGEL	1	
metronidazole gel	*METROGEL PUMP	1	
metronidazole lotion	*METROLOTION 0.75%	1	
sulfacetamide lotion (acne)	*KLARON	1	
sulfacetamide-sod w/sulfur 10-5% and 10-2%		1	
tretinoin cream	*RETIN-A CREAM	3	QL AL

5-C Topical Antibiotics

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

5-D Topical Antifungals

Generic Name	Brand Name	Tier	Notes
butenafine hcl cream	MENTAX	3	
ciclopirox olamine	*LOPROX	2	
ciclopirox nail solution	*PENLAC	1	
clotrimazole-betamethasone cr	*LOTRISONE	1	QL
econazole nitrate cream	*SPECTAZOLE	2	QL

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

ketoconazole shampoo	*NIZORAL SHAMPOO	1	QL
ketoconazole topical		1	QL
nystatin topical	*MYCOSTATIN topical	1	
5-E Topical Antivirals			
Generic Name	Brand Name	Tier	Notes
acyclovir ointment	*ZOVIRAX OINT	4	QL PA ST
5-F Antipsoriatics			
Generic Name	Brand Name	Tier	Notes
acitretin cap	*SORIATANE	3	
calcipotriene crm	*DOVONEX	2	QL
calcipotriene-betame dipro foam	ENSTILAR FOAM	4	QL
calcipotriene-betame dipro oint	*TACLONEX OINT	4	QL
calcitriol ointment	*VECTICAL	1	QL
methoxsalen cap	OXSORALEN-ULTRA	3	
5-G Scabicides and Pediculicides			
Generic Name	Brand Name	Tier	Notes
crotamiton	EURAX	3	
ivermectin lotion	*SKLICE	3	QL
lindane	*KWELL	1	QL
permethrin cream	*ELIMITE	1	
spinosad susp	*NATROBA	3	
5-H Topical Corticosteroids			
Generic Name	Brand Name	Tier	Notes
alclometasone cream	*ACLOVATE	1	
amcinonide	*CYCLOCORT	3	
augmented betamethasone	*DIPROLENE	3	
augmented betamethasone cr	*DIPROLENE AF	1	
betamethasone dipropionate	*DIPROSONE	2	
betamethasone valerate	*VALISONE	1	
clobetasol propionate	*TEMOVATE 0.05% SOLN	1	QL
clobetasol propionate	*TEMOVATE CR, OINT, GEL	2	QL
clobetasol propionate spray 0.05%	*CLOBEX SPRAY	1	QL
clocortolone cream	*CLODERM	3	QL ST
desonide	*DESOWEN CR, LOT, OINT	3	QL
desonide gel	*DESONATE	3	QL ST
desoximetasone	*TOPICORT GEL, OINT	3	QL
diclofenac sodium (actinic keratoses) gel 3%	SOLARAZE GEL 3%	2	QL PA
diflorasone diacetate emollient crm	APEXICON E CREAM	3	QL
fluocin acet oil 0.01% scalp	*DERMA-SMOOTH FS	4	QL
fluocinolone acetonide	*SYNALAR CREAM, SOLN	3	QL
fluocinolone acetonide	*SYNALAR OINT	2	QL
fluocinonide 0.05%		1	
flurandrenolide cream 0.05%	*CORDRAN CREAM 0.05%	3	QL ST
flurandrenolide lotion 0.05%	*CORDRAN LOTION 0.05%	3	QL ST
flurandrenolide oint 0.05%	*CORDRAN OINT 0.05%	3	QL ST

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

fluticasone	*CUTIVATE CREAM, OINT	1	
fluticasone	*CUTIVATE LOTION	3	QL ST
halcinonide cream	*HALOG CREAM	3	QL ST
halcinonide oint	HALOG OINT	3	QL ST
halobetasol	*ULTRAVATE CREAM, OINT	2	QL
hc lot 2% sal acid sulfur 2-2%	SCALACORT DK KIT	3	
hydrocortisone butyrate	*LOCOID CREAM	1	
hydrocortisone valerate	*WESTCORT	3	QL
mometasone	*ELOCON	1	
pramoxine-HC cream	PRAMOSONE E	4	
pramoxine-HC cream	*PRAMOSONE	1	
pramoxine-HC foam	EPIFOAM	2	
prednicarbate	*DERMATOP	1	
sodium hyaluronate	*HYLIRA	1	
triamcinolone acetonide	*KENALOG AEROSOL SPRAY	3	
triamcinolone acetonide	*KENALOG	1	

5-I Miscellaneous Topicals

Generic Name	Brand Name	Tier	Notes
aluminum chloride soln	DRYSOL	3	
aluminum chloride/alcohol soln	XERAC-AC	3	
becaplermin gel	REGRANEX	3	QL PA
collagenase oint	SANTYL	3	QL
crisaborole oint	EUCRISA	3	QL ST
doxepin hcl cream	*PRUDOXIN	4	QL PA
fluorouracil cream 5%	*EFUDEX	1	
fluorouracil cream 1%	FLUOROPLEX	3	
imiquimod cream	*ALDARA	1	QL
lactic acid 12% cream, lotion	*LAC-HYDRIN RX	3	
lidocaine 5% ointment		2	QL
lidocaine (topical)	*XYLOCAINE	1	
lidocaine patch 1.8% (36 mg)	ZTLIDO	3	QL PA
lidocaine patch 5%	*LIDODERM	3	QL PA
lidocaine-prilocaine cream	*EMLA	1	
lidocaine/prilocaine kit		3	
oxymetazoline hcl cream	RHOFADE	4	QL PA
pimecrolimus cream	*ELIDEL	3	QL ST
podofilox gel	CONDYLOX GEL	3	
podofilox soln	*CONDYLOX SOLN	1	
podophyllum resin soln	PODOCON	2	
selenium sulfide shampoo	*SELSUN	1	
sulfacetamide	*OVACE	3	
sulfacetamide	*OVACE PLUS SHAMPOO 1%	3	
sulfacetamide-urea lotion	*CARMOL SCALP	1	
tacrolimus topical oint	*PROTOPIC OINT	2	QL ST
tirbanibulin oint	KLISYRI OINT	4	QL PA

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

trypsin-castor oil-peruvian balsam	*XENADERM	1	
urea cream, gel, lotion 40%		1	
urea foam 40%	*HYDRO 40%	4	

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

6-A Corticosteroids

Generic Name	Brand Name	Tier	Notes
cortisone acetate tab		1	
dexamethasone	*DECADRON	1	
dexamethasone therapy pack	DEXPAK	3	
dexamethasone tab therapy pack	TAPERDEX-7 day	3	
fludrocortisone tab		1	
hydrocortisone acetate tab	*CORTEF	1	
methylprednisolone tab	*MEDROL	1	
prednisolone tab	MILLIPRED DP PACK	3	
prednisolone syrup 15mg/5ml	*PRELONE	1	
prednisolone	PREDNISOLONE 5MG	2	
prednisolone sod phosphate soln	VERIPRED	3	
prednisolone sodium soln	*ORAPRED	1	
prednisolone sodium soln	*PEDIAPRED	1	
prednisone tab		1	

6-B Androgens

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

6-C Estrogens

Generic Name	Brand Name	Tier	Notes
elagolix-estradiol-noreth & elagolix cap pack	ORIAHNN	2	QL PA
esterified estrogens		1	
esterified estrogens	MENEST	3	
estradiol tab	*ESTRACE	1	
estradiol gel	ESTROGEL	3	QL
estradiol patch	*CLIMARA	1	QL
estradiol patch	VIVELLE	2	QL
estradiol patch	*VIVELLE DOT	2	QL
estradiol patch	ALORA	3	QL
estradiol patch	ESCLIM	3	QL

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

estradiol patch	ESTRADERM	3	QL
estradiol patch	MENOSTAR	3	QL
estradiol-progesterone cap	BIJUVA	3	
estradiol spray	EVAMIST	3	
estradiol TD gel	DIVIGEL	3	
estradiol transdermal	ESTRASORB	3	QL
estradiol vaginal insert	IMVEXXY	2	QL
estradiol-levonorgestrel patch	CLIMARA PRO	3	QL
estradiol-norethindrone tab	*ACTIVELLA	3	
estradiol-norethindrone patch	COMBIPATCH	3	QL
estradiol-norgestimate tab	PREFEST	2	
estrogen-medroxyprogesterone tab	PREMPHASE	2	
estrogens-methyltestosterone tab	*ESTRATEST	1	
estrogens-methyltestosterone tab	*ESTRATEST HS	1	
estropipate tab	*OGEN	1	
ethinyl estradiol-norethindrone tab	*FEMHRT	3	
ospemifene tab	OSPHERA	3	QL PA

6-D Contraceptives

Generic Name	Brand Name	Tier	Notes
MONOPHASIC PRODUCTS			
<i>ethinyl estradiol (EE) /desogestrel products</i>			
generics of Ortho Cept	*ORTHO CEPT	1	HCR
<i>mestranol/norethindrone</i>			
generics of Norinyl	*NORINYL	1	HCR
generics of Desogen	*DESOGEN	1	HCR
<i>EE/norgestimate products</i>			
generics of Ortho Cyclen	*ORTHO CYCLEN	1	HCR
<i>EE/norethindrone products</i>			
generic of Femcon Chew	*FEMCON CHEW	4	
generics of Ortho Novum	*ORTHO NOVUM 1/35	1	HCR
generics of Loestrin 24 fe	*LOESTRIN 24 FE	3	
generics of Loestrin fe	*LOESTRIN FE	1	HCR
generics of Loestrin	*LOESTRIN	3	
generics of Ovcon-35	*OVCON-35	3	
generics of Modicon	*MODICON	1	HCR
<i>EE/drospirenone products</i>			
	YASMIN (Brand)	2	
	YAZ (Brand)	2	
<i>EE/norgestrel products</i>			
generics of Lo/Ovral	*LO/OVRAL	1	HCR
<i>EE/ethynodiol products</i>			
generics of Demulen	*DEMULEN	1	HCR
<i>EE/levonorgestrel products</i>			
generics of Nordette	*NORDETTE	1	HCR

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

generics of Alesse	*ALESSE	1	HCR
generics of Seasonale	*SEASONALE	1	HCR
generics of Lybrel	*LYBREL	4	
BIPHASIC PRODUCTS			
EE-desogestrel/EE			
generics of Mircette	*MIRCETTE	3	
EE-levonorgestrel/EE			
generics of Loseasonique	*LOSEASONIQUE	4	QL
generics of Seasonique	*SEASONIQUE	4	QL
TRIPHASIC PRODUCTS			
EE/norethindrone-EE/norethindrone-EE/norethindrone			
generics of Tri-Norinyl	*TRI-NORINYL	1	HCR
generics of Ortho Novum 7/7/7	*ORTHO-NOVUM 7/7/7	1	HCR
EE/levonogestrel-EE/Levonorgestrel-EE/Levonorgestrel			
generics of Triphasil 28	*TRIPHASIL 28	1	HCR
EE/desogestrel-EE/desogestrel-EE/desogestrel			
generics of Cyclessa	*CYCLESSA	1	HCR
EE/norgestimate-EE/norgestimate-EE/norgestimate			
generics of Ortho Tri Cyclen	*ORTHO TRI CYCLEN	1	HCR
generics of Ortho Tri Cyclen lo	*ORTHO TRI CYCLEN LO	2	
4-PHASIC PRODUCTS			
estradiol-estradiol/dienogest-estradiol/dienogest-estradiol			
NATAZIA		2	
PROGESTIN ONLY-PRODUCTS			
Drospirenone			
drospirenone tab	SLYND	4	PA ST
Norethindrone			
generics of Ortho Micronor	*ORTHO MICRONOR	1	HCR
MISCELLANEOUS			
Levonorgestrel			
generics of Plan B	*PLAN B	1	HCR
	PLAN B ONE-STEP	1	HCR
Ulipristal			
	ELLA	1	HCR
Etonogestrel/EE			
etonogestrel/EE vag ring, Eluryng	* NUVARING	1	HCR
Segesterone Ace/EE			
segesterone ace-ethinyl estradiol va ring	ANNOVERA	3	QL
Norelgestromin/EE			
generics of Ortho Evra	*ORTHO EVRA	1	HCR
	DIAPHRAMS	1	HCR
	FEMCAP	1	HCR

QL - Quantity Limits; ST - Step Therapy;
 PA - Prior Authorization; AL - Age Limits
 SP- Specialty Drugs; SF - Split Fill
 HCR - Health Care Reform
 * Drug- generic preferred; Bolded drug- brand only

6-E Progestins

Generic Name	Brand Name	Tier	Notes
hydroxyprogesterone caproate inj	*MAKENA VIAL	3	
hydroxyprogesterone caproate inj	MAKENA AUTO INJECTOR	3	
medroxyprogesterone tab	*PROVERA	1	
medroxyprogesterone acetate inj	*DEPO-PROVERA INJ	1	
norethindrone tab	*AYGESTIN	1	
progesterone micronized cap	*PROMETRIUM	2	
progesterone vaginal gel	CRINONE	4	PA ST
progesterone vaginal insert	ENDOMETRIN	2	PA

6-F Oral Antidiabetics (diabetes)

Generic Name	Brand Name	Tier	Notes
acarbose tab	*PRECOSE	1	
alogliptin benzoate tab	NESINA (Brand)	2	QL
alogliptin-metformin tab	KAZANO (Brand)	2	QL
alogliptin-pioglitazone tab	OSENI (Brand)	2	QL
chlorpropamide tab	*DIABINESE	1	
empagliflozin tab	JARDIANCE	2	QL ST
empagliflozin-linagliptin tab	GLYXAMBI	2	QL ST
empagliflozin-linagliptin-metformin tab er 24hr	TRIJARDY XR	2	
empagliflozin-metformin hcl tab	SYNJARDY	2	QL
empagliflozin-metformin hcl sr tab	SYNJARDY XR	2	QL
glimepiride tab	*AMARYL	1	
glipizide tab	*GLUCOTROL	1	
glipizide CR tab	*GLUCOTROL XL	1	
glipizide-metformin tab	*METAGLIP	1	
glyburide tab	*DIABETA	1	
glyburide-metformin tab	*GLUCOVANCE	1	
glyburide micronized tab	*GLYNASE	1	
linagliptin	TRADJENTA	2	QL
linagliptin-metformin tab	JENTADUETO	2	QL
linagliptin-metformin ER tab	JENTADUETO XR	2	QL
metformin tab	*GLUCOPHAGE	1	
metformin hcl oral soln	*RIOMET SOLN	3	
metformin SR tab	*GLUCOPHAGE XR	1	
miglitol tab	*GLYSET	2	
nateglinide tab	*STARLIX	2	QL
pioglitazone tab	*ACTOS	1	QL
pioglitazone-glimepiride tab	*DUETACT	1	QL
pioglitazone-metformin tab	*ACTOPLUS MET	2	QL
pioglitazone-metformin ER tab	ACTOPLUS MET XR	3	QL
repaglinide tab	*PRANDIN	2	QL
repaglinide-metformin tab	*PRANDIMET	3	
saxagliptin tab	ONGLYZA	2	QL
saxagliptin-metformin ER tab	KOMBIGLYZE XR	2	QL

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

semaglutide tab	RYBELSUS	2	QL PA ST
tolazamide tab	*TOLINASE	1	
tolbutamide tab	*TOLBUTAMIDE	1	
6-G Insulins			
Generic Name	Brand Name	Tier	Notes
insulin (human)	HUMULIN VIAL	1	QL
insulin (human)	HUMULIN PEN	2	QL
insulin glargine inj	LANTUS	2	QL
insulin glargine soln pen-injector	LANTUS SOLOSTAR	2	QL
insulin glargine soln pen-injector	TOUJEO MAX SOLOSTAR	3	QL
insulin glargine soln pen-injector	TOUJEO SOLOSTAR	3	QL
insulin lispro	INSULIN LISPRO VIAL	1	QL
insulin lispro	INSULIN LISPRO JUNIOR KWIKPEN	2	QL
insulin lispro	INSULIN LISPRO KWIKPEN	2	QL
insulin lispro	HUMALOG VIAL	1	QL
insulin lispro	HUMALOG JUNIOR KWIKPEN	2	QL
insulin lispro	HUMALOG KWIKPEN	2	QL
insulin lispro	HUMALOG PEN	2	QL
insulin lispro mix	HUMALOG MIX VIAL	1	QL
insulin lispro mix	HUMALOG MIX PEN	2	QL
insulin lispro-aabc soln	LYUMJEV VIAL	2	QL
insulin lispro-aabc soln pen-inj	LYUMJEV KWIKPEN	2	QL
6-H Glucagon			
Generic Name	Brand Name	Tier	Notes
dasiglucagon hcl sq auto-inj	ZEGALOGUE	2	QL
diazoxide susp	*PROGLYCEM	3	
glucagon (RDNA) inj	*GLUCAGON ER KIT	2	QL
glucagon (RDNA) inj	GLUCAGEN HYPOKIT	2	QL
glucagon nasal powder	BAQSIMI	2	QL
glucagon sq pfs	GVOKE SQ PFS	2	QL
6-I Thyroid Agents			
Generic Name	Brand Name	Tier	Notes
levothyroxine oral soln	TIROSINT SOL	4	PA
levothyroxine tab	*SYNTHROID	1	
levoxyl tab		2	
liothyronine tab	*CYTOMEL	2	
liotrix tab	THYROLAR	3	
methimazole tab	*TAPAZOLE	1	
propylthiouracil tab	*PTU	1	
thyroid tab	ARMOUR THYROID	2	
thyroid tab	NATURE-THROID	2	
thyroid tab	WESTHROID-P	3	
unithroid tab		1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

6-J Miscellaneous Endocrine

Generic Name	Brand Name	Tier	Notes
albiglutide inj	TANZEUM	2	QL
alendronate tab	* FOSAMAX	1	
alendronate-cholecalciferol tab	FOSAMAX PLUS D	3	
asfotase alfa subc inj	STRENSIQ	4	QL PA SP
betaine pow for oral soln	CYSTADANE POWDER	4	SP
cabergoline tab	*DOSTINEX	2	
calcitonin (salmon) nasal soln	MIACALCIN	2	
calcitonin (salmon) nasal soln	*FORTICAL	2	
carglumic acid tab	*CARBAGLU	4	PA SP
cinacalcet hcl tab	*SENSIPAR	3	PA
cysteamine bitrtrate cap	CYSTAGON	4	SP
deferasirox tab for oral susp	*EXJADE	4	PA SP
deferasirox granules packet	*JADENU SPRINKLE	4	PA SP
deferasirox tab	*JADENU	4	PA SP
deferiprone 500mg tab	*FERRIPROX	4	PA SP
desmopressin acetate sl tab	NOC DURNA	3	QL
desmopressin nasal soln	*DDAVP	1	
desmopressin tab	*DDAVP TABLETS	1	
dulaglutide soln pen-injector	TRULICITY	2	QL PA ST
elagolix sodium tab	ORILISSA	2	QL PA
eliglustat tartrate cap	CERDELGA	4	PA SP
etidronate disodium tab	*DIDRONEL	1	
exenatide inj	BYDUREON	2	QL PA ST
exenatide inj	BYETTA	2	QL PA ST
insulin glargine-lixisenatide soln pen-inj	SOLIQUA	2	QL
levocarnitine tab	*CARNITOR	1	
liraglutide inj	VICTOZA 2-PACK	2	QL PA ST
liraglutide inj	VICTOZA 3-PACK	3	QL PA ST
lixisenatide soln pen-injector	ADLYXIN	4	QL PA ST
mifepristone tab	KORLYM	4	PA SP
nitisinone cap	ORFADIN (Brand)	4	PA SP
nitisinone susp	ORFADIN	4	PA SP
pramlintide acetate inj	SYMLINPEN	2	QL
raloxifene tab	*EVISTA	2	
relugolix-estradiol-norethindrone acetate tab	MYFEMBREE	2	QL PA
sapropterin dihydrochloride sol tab	*KUVAN	4	QL PA SP
sapropterin dihydrochloride packet	*KUVAN POWDER	4	QL PA SP
semaglutide soln pen-inj	OZEMPIC	2	QL PA ST
uridine triacetate oral packet	VISTOGARD	2	QL
uridine triacetate oral packet	XURIDEN	4	QL PA SP

6-K Diabetic Supplies

Generic Name	Brand Name	Tier	Notes
	ACCU-CHECK GUIDE METER	3	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

	ACCU-CHEK GUIDE TEST STRIPS	3	
	LIFESCAN ONE TOUCH PRODUCTS	1	QL
	CONTOUR NEXT PRODUCTS	2	QL
	DEXCOM GLUCOSE MONITOR	3	QL PA
	DEXCOM GLUCOSE SUPPLIES	3	QL PA
	FREESTYLE LIBRE MONITOR	3	QL PA
	FREESTYLE LIBRE SUPPLIES	3	QL PA

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

7-A Laxatives

Generic Name	Brand Name	Tier	Notes
lactulose soln		1	
PEG electrolyte	*COLYTE	1	
PEG electrolyte	GOLYTELY	2	
PEG 3350	*MOVI-PREP	3	
peg 3350-kcl-nacl-na sulfate-na ascorbate-c soln	PLENVU	3	
peg(high)-electrolyte	*NULYTELY	1	
sod sulfate-mg sulfate-pot chloride tab	SUTAB	3	
sod sulf-pot sulf-mag sulfate	SUPREP BOWL PREP KIT	3	
sod picosulfate-mg-ox-citric ac sol	CLENPIQ	3	

7-B Antidiarrheals

Generic Name	Brand Name	Tier	Notes
diphenoxylate-atropine tab	*LOMOTIL	1	
opium tincture	*OPIUM TINCTURE	3	
paregoric tincture		1	
telotristat etiprate tab	XERMELO	4	QL PA SP

7-C Miscellaneous Ulcer Drugs

Generic Name	Brand Name	Tier	Notes
amoxicillin-clarithro-omepraz	OMECLAMOX-PAK	3	QL
chlordiazepoxide-methscopolamine	*LIBRAX	3	
dicyclomine	*BENTYL	1	
glycopyrrolate tab	*ROBINUL	1	
glycopyrrolate tab	*ROBINUL FORTE	1	
hyoscyamine sulfate tab	*LEVSIN	1	
hyoscyamine sulfate ER tab	*LEVBID	1	
hyoscyamine odt	*NULEV	1	
methscopolamine bromide tab		1	
misoprostol tab	*CYTOTEC	1	
propantheline bromide tab		1	
sucralfate susp	*CARAFATE SUSP	3	
sucralfate tabs	*CARAFATE TABS	1	

7-D H2 Blockers

Generic Name	Brand Name	Tier	Notes
cimetidine tab	*TAGAMET	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

7-E Proton Pump Inhibitors (PPI)

Generic Name	Brand Name	Tier	Notes
dexlansoprazole DR cap	DEXILANT	3	QL
esomeprazole powder packet	*NEXIUM PWD PCK/SUSP	3	QL ST PA
lansoprazole susp 3mg/ml (compound kit)	FIRST LANSOPRAZOLE	4	QL
lansoprazole DR cap	*PREVACID	3	QL
lansoprazole DR odt	*PREVACID SOLUTAB	3	QL ST
omeprazole DR cap	*PRILOSEC	1	
omeprazole susp 2 mg/ml (compound kit)	FIRST OMEPRAZOLE	3	
omeprazole susp 2 mg/ml (compound kit)	OMEPRAZOLE + SUS SYRSPEND	3	
pantoprazole EC tab	*PROTONIX	1	
rabeprazole EC ta	*ACIPHEX	1	QL

7-F Antiemetics

Generic Name	Brand Name	Tier	Notes
aprepitant cap	*EMEND	2	QL
dolasetron tab	ANZEMET	3	QL
dronabinol cap	*MARINOL	3	
dronabinol soln	SYNDROS	4	QL PA
granisetron tab	*KYTRIL	1	
meclizine hcl tab		1	
netupitant-palonosetron cap	AKYNZEO	4	
ondansetron	*ZOFRAN	1	
ondansetron odt	*ZOFRAN ODT	1	
scopolamine patch	*TRANSDERM-SCOP	3	
trimethobenzamide cap	*TIGAN	1	

7-G Digestive Aids

Generic Name	Brand Name	Tier	Notes
pancrelipase (lip-prot-amyl) DR cap	CREON	2	
cholic acid cap	CHOLBAM	4	QL PA SP
miglustat cap	*ZAVESCA	4	SP
pancrelipase (lip-prot-amyl) DR cap	PERTZYE	4	ST
pancrelipase (lip-prot-amyl) tab	VIOKACE	4	ST
pancrelipase (lip-prot-amyl) DR cap	ZENPEP	2	
pegademase inj	ADAGEN	4	SP
sacrosidase soln	SUCRAID	4	PA SP
sodium phenylbutyrate tab	*BUPHENYL	4	PA SP

7-H Miscellaneous Gastrointestinal

Generic Name	Brand Name	Tier	Notes
adefovir dipivoxil tab	*HEPSERA	4	SP
alosetron hcl tab	*LOTRONEX	3	QL PA
alvimopan cap	*ENTEREG	3	
balsalazide cap	*COLAZAL	1	
budesonide foam	UCERIS RECTAL FOAM	2	
budesonide ER tab	UCERIS (Brand)	3	
budesonide DR caps	*ENTOCORT EC	2	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

calcium acetate (phosphate binder) cap	*PHOSLO	1	
calcium acetate (phosphate binder) tab	*ELIPHOS	1	
cysteamine bitartrate DR cap	PROCYSBI	4	PA ST SP
cysteamine bitartrate dr granules	PROCYSBI GRANULES	4	PA ST SP
eluxadoline tab	VIBERZI	4	QL PA
ferric citrate tab	AURYXIA	4	
glycopyrroate oral soln	*CUVPOSA	3	AL(limited to 16 yrs & under)
hydrocortisone acetate rectal foam	CORTIFOAM	3	
hydrocortisone acetate suppositories		2	
lamivudine (hepatitis) tab	EPIVIR HBV	4	SP
lanthanum carbonate tab	*FOSRENOL	3	
lanthanum carbonate pow pack	FOSRENOL POWDER PACK	3	
linaclotide cap	LINZESS	2	QL PA
lubiprostone cap	*AMITIZA	3	QL PA ST
mesalamine suppositories	*CANASA	2	
mesalamine DR tab	LIALDA (Brand)	2	
mesalamine ER cap	APRISO (Brand)	2	
mesalamine enema	*ROWASA	1	QL
methylnaltrexone bromide inj	RELISTOR INJ	3	QL PA
metoclopramide tab	*REGLAN	1	
naldemedine tosylate tab	SYMPROIC	2	QL PA
obeticholic acid tab	OCALIVA	4	QL PA ST SP
plecanatide tab	TRULANCE	4	QL PA ST
prucalopride succinate tab	MOTEGRITY	4	QL PA
sevelamer hcl tab	*RENAGEL	3	
sevelamer carbonate	*REVELA	2	
sod picosulfate-mg ox-citric acid pak	PREPOPIK	3	
sucroferric oxyhydroxide chew tab	VELPHORO	2	
sulfasalazine tab	*AZULFIDINE	1	
sulfasalazine DR tab	*AZULFIDINE EN	1	
teduglutide inj	GATTEX	4	QL PA SP
tegaserod maleate tab 6 mg	ZELNORM	3	QL PA
ursodiol cap	*ACTIGALL	1	
ursodiol tab 250mg	*URSO	3	
ursodiol tab 500mg	*URSO FORTE	3	

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

8-A Urinary Anti-Infectives

Generic Name	Brand Name	Tier	Notes
fosfomycin powder pack	*MONUROL	3	
nitrofurantoin mono macro cap	*MACROBID	1	
nitrofurantoin macrocrystals cap	*MACRODANTIN	1	
nitrofurantoin susp	*FURADANTIN	2	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

8-B Urinary Antispasmodics

Generic Name	Brand Name	Tier	Notes
bethanechol chl tab	*URECHOLINE	1	
fexoterodine fum ER tab	TOVIAZ	3	
flavoxate tab	*URISPAS	1	
oxybutynin	*DITROPAN	1	
oxybutynin ER tab	*DITROPAN XL	2	
solifenacin succinate tab	*VESICARE	4	
tolterodine tartrate tab	*DETROL	3	
tropium chloride tab	*SANCTURA	3	

8-C Vaginal Products

Generic Name	Brand Name	Tier	Notes
clindamycin vaginal cream	*CLEOCIN vaginal cream	2	
clindamycin vaginal cream	CLINDESSE	3	
estradiol vaginal cream	*ESTRACE VAGINAL CREAM	4	
estradiol vaginal tab	*VAGIFEM	2	
estradiol vaginal ring	ESTRING	3	QL
estradiol vaginal ring	FEMRING	3	QL
estrogens (conjugated) vaginal cr	PREMARIN vaginal	2	
metronidazole vaginal gel	*METROGEL vaginal	2	
metronidazole vaginal gel	*VANDAZOLE	2	
sulfanilamide vaginal cream	AVC vaginal	2	
terconazole vaginal cream	*TERAZOL	1	

8-D Miscellaneous Genitourinary Agents

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

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

9-A Analgesics-Non-Narcotic

Generic Name	Brand Name	Tier	Notes
APAP-butalbital tab	*PHRENILIN	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

APAP-cafeine-butalbital tab	*ESGIC 50/325/40MG	1	QL
APAP-cafeine-butalbital tab	*FIORICET 50/325/40MG	1	QL
APAP-cafeine-butalbital soln	VANATOL LQ	3	PA
ASA-cafeine-butalbital cap	*FIORINAL	1	

9-B Analgesics-Narcotic

Generic Name	Brand Name	Tier	Notes
	CODEINE SULFATE	2	
	*METHADONE	1	QL PA
APAP-codeine	*TYLENOL w/CODEINE	1	QL
APAP 325mg-hydrocodone oral soln		2	QL
APAP 325mg-hydrocodone	*NORCO	1	QL
ASA-cafeine-but-codeine cap	*FIORINAL w/CODEINE	1	
benzhydrocodone hcl-apap tab	*APADAZ	3	QL
butal-acet-caf-cod cap	*FIORICET w/CODEINE 50/325/40/30mg	1	QL
buprenorphine buccal film	BELBUCA	3	QL PA
buprenorphine sl tab	*SUBUTEX	1	QL
buprenorphine hcl-naloxone tab	ZUBSOLV	2	QL
buprenorphine hcl-naloxone sl film	*SUBOXONE	2	QL
buprenorphine hcl-naloxone sl tab	*SUBOXONE	2	QL
butorphanol nasal spray	*STADOL NS	2	QL
dihydrocodeine compound cap	SYNALGOS DC	3	QL
fentanyl lollipop	*ACTIQ	3	QL PA
fentanyl patch	*DURAGESIC	2	QL PA
fentanyl transmucosal lozenge	FENTORA	3	QL PA
hydrocodone bitartrate er abuse deter cap	*ZOHYDRO ER	3	QL PA
hydromorphone	*DILAUDID	1	
ibuprofen-hydrocodone tab	*VICOPROFEN	1	
ibuprofen-hydrocodone tab	*REPREXAIN	3	
meperidine	*DEMEROL	1	
morphine sulfate tab	*MS IR	1	
morphine sulfate SR tab	*MS CONTIN	1	QL PA
naltrexone hcl tab	*REVIA	1	
oxycodone cap	*OXYIR	1	
oxycodone hcl concentrate 100mg/5ml		1	
oxycodone hcl soln 5mg/5ml		1	
oxycodone tab	*ROXICODONE	1	
oxycodone cap er 12hr	XTAMPZA ER	2	QL PA
oxycodone-APAP 325mg tab	*PERCOCET	1	QL
oxycodone-ASA tab	*PERCODAN	1	
oxycodone-ibuprofen tab	COMBUNOX	3	
oxymorphone hcl tab	*OPANA	3	QL
oxymorphone ER tab 12hr		3	QL PA
pentazocine-naloxone tab	*TALWIN NX	1	
tapentadol hcl tab	NUCYNTA	4	QL
tapentadol hcl ER tab	NUCYNTA ER	4	QL PA

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

tramadol hcl tab 50mg	*ULTRAM	1	
tramadol ER tab	*ULTRAM ER	2	QL
tramadol-APAP tab	ULTRACET	2	QL
9-C Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)			
Generic Name	Brand Name	Tier	Notes
celecoxib cap	*CELEBREX	2	QL
choline-mag salicylates	*TRILISATE	1	
diclofenac potassium tab 50mg		1	
diclofenac sod DR tab	*VOLTAREN	1	
diclofenac sod ER 24hr tab	*VOLTAREN XR	1	
diclofenac-misoprostol DR tab	*ARTHROTEC	3	
diflunisal tab		1	
etodolac tab	*LODINE	1	
etodolac SR 24hr tab	*LODINE XL	1	
flurbiprofen tab	*ANSAID	1	
ibuprofen tab	*MOTRIN	1	
indomethacin cap	*INDOCIN	1	
indomethacin ER cap	*INDOCIN SR	1	
ketorolac tab	*TORADOL	1	
meclofenamate sod cap	*MECLOMEN	1	
mefenamic cap	*PONSTEL	3	
meloxicam tabs	*MOBIC	1	
nabumetone tab	*RELAFEN	1	
naproxen tab	*NAPROSYN	1	
naproxen sod tab	*ANAPROX	1	
oxaprozin tab	*DAYPRO	1	
piroxicam cap	*FELDENE	1	
sulindac tab	*CLINORIL	1	
tolmetin sodium tab	*TOLECTIN	2	
9-D Anti-Rheumatic Agents			
Generic Name	Brand Name	Tier	Notes
leflunomide tab	*ARAVA	1	
methotrexate tab		1	
methotrexate oral soln	XATMEP	4	QL PA
methotrexate solution pf inj	RASUVO	2	QL
penicillamine cap 250mg	*CUPRIMINE	4	SP
penicillamine tab 125mg	D-PENAMINE	4	SP
penicillamine tab 250mg	*DEPEN TITRATABS	4	SP
9-E Migraine Products			
Generic Name	Brand Name	Tier	Notes
erenumab-aooe sq inj	AIMOVIG	2	QL PA ST
ergotamine with caffeine	*CAFERGOT	3	
eletriptan tab	*RELPAX	3	QL
frovatriptan tab	*FROVA	3	QL
galcanezumab-gnlm sq inj	EMGALITY	2	QL PA ST

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

lasmiditan succinate tab	REYVOW	2	QL PA
naratriptan tab	*AMERGE	3	QL
rimegepant odt	NURTEC ODT	3	QL PA
rizatriptan tab	*MAXALT	1	QL
rizatriptan odt	*MAXALT MLT	1	QL
sumatriptan tab	*IMITREX	1	QL
sumatriptan nasal spray	*IMITREX NASAL	2	QL
sumatriptan inj	*IMITREX INJ	1	QL
ubrogepant tab	UBRELVY	2	QL PA
zolmitriptan tab	*ZOMIG	2	QL
zolmitriptan nasal spray	ZOMIG NASAL (Brand)	2	QL
zolmitriptan odt	*ZOMIG ZMT	2	QL

9-F Gout

Generic Name	Brand Name	Tier	Notes
allopurinol tab	*ZYLOPRIM	1	
colchicine capsules	MITIGARE (Brand)	2	
colchicine oral soln	GLOPERBA	4	
colchicine-probenecid tab	*COLBENEMID	1	
febuxostat tab	*ULORIC	4	QL ST
glycerol phenylbutyrate oral liquid	RAVICTI	4	QL PA ST SP
probenecid tab	*BENEMID	1	

9-G Musculoskeletal Therapy Agents

Generic Name	Brand Name	Tier	Notes
baclofen oral soln	OZOBAX	4	
baclofen tab		1	
carisoprodol 350mg tab	*SOMA	1	
carisoprodol-ASA tab	*SOMA COMPOUND	1	
carisoprodol-ASA-codeine tab	*SOMA CPD w/CODEINE	1	
chlorzoxazone 500mg tab	*PARAFON FORTE	1	
cyclobenzaprine 5mg tab	*FLEXERIL 5mg	1	
cyclobenzaprine 10mg tab	*FLEXERIL 10mg	1	
dantrolene cap	*DANTRIUM	1	
metaxalone tab	*SKELAXIN	3	
methocarbamol tab	*ROBAXIN	1	
orphenadrine citrate ER 12hr tab	*NORFLEX	2	
tizanidine capsules	*ZANAFLEX capsules	3	
tizanidine tablets	*ZANAFLEX tablets	1	

9-H Miscellaneous Neuromuscular Agents

Generic Name	Brand Name	Tier	Notes
pyridostigmine bromide syrup	*MESTINON	3	
pyridostigmine bromide 60mg tab	*MESTINON 60mg	1	
riluzole susp	TIGLUTIK	4	PA SP
riluzole tab	*RILUTEK	4	SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

9-I Miscellaneous Rescue Agents

Generic Name	Brand Name	Tier	Notes
acetylcysteine effervescent tab	CETYLEV	4	
acetylcysteine inhalation solution		1	
naloxone injection		1	
naloxone hcl nasal spray 8mg/0.1ml	KLOXXADO	2	
naloxone hcl nasal spray 4mg/0.1ml	*NARCAN	2	QL

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

10-A Vitamins

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

10-B Multivitamins

Generic Name	Brand Name	Tier	Notes
B complex-vit C-FA cap	*NEPHROCAPS	1	
ped multi vitamin-fluoride	*POLY-VI-FLOR	1	
ped multi vitamin-fluoride-FE	*POLY-VI-FLOR-FE	1	
ped vitamins ACD-fluoride	*TRI-VI-FLOR	1	
ped vitamins ACD-fluoride-FE	*TRI-VI-FLOR-FE	1	
pnv-select		1	
prenatal FE-CBN-DSS-Methylfol-FA	PRENATE ELITE	3	
prenatal low iron		1	
prenatal mv w/fe fum-fa tab 29-1 mg & dha cap	NEONATAL-DHA	3	
prenatal vitamin-folic acid tab	NEONATAL 19	3	
prenatal vitamin w/ iron-folic acid tab	NEONATAL FE	3	
prenat-fe poly cmplx-fe heme	PREFERA OB	3	
prenat-fe poly cmplx-fe heme	PREFERA OB + DHA	3	
prenatal mv w/fe poly-fa	SELECT-OB+DHA	3	
prenatal -fe- bis-fe prot succ-fa-ca-	DUET DHA	3	
prenatal vitamins-iron carbonyl-FA	NESTABS	3	
prenatal w/dss iron carbonyl-fa	ATABEX EC	3	
prenate w/fe fum-fe poly-fa omega 3	CONCEPT DHA	3	
prenate w/o a w/fe fum-fe poly-fa	CONCEPT OB	3	
prenate w/o Vit A w/ FE-omega 3	NATELLE ONE	3	
prenate FE-Fum-Lmethylfol-FA-CA	PRENATE DHA	3	
prenate w/o a w/fecbn-egl-dss-fa & dha	CITRANATAL ASSURE PAK	3	

10-C Minerals

Generic Name	Brand Name	Tier	Notes
cyanocobalamin nasal spray	NASCOBAL	3	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

cyanocobalamin inj		1	
folic acid		1	

10-D Anticoagulants

Generic Name	Brand Name	Tier	Notes
apixaban tab	ELIQUIS	2	QL
betrixaban maleate cap	BEVYXXA	3	QL
dabigatran cap	PRADAXA	2	QL
edoxaban tab	SAVAYSA	4	QL
rivaroxaban tab	XARELTO STARTER PACK	2	QL
rivaroxaban tab	XARELTO	2	QL
warfarin tab	COUMADIN (NTI)	2	
warfarin tab	*COUMADIN	1	

10-E Miscellaneous Hematologicals

Generic Name	Brand Name	Tier	Notes
aminocaproic acid	*AMICAR	3	
anagrelide cap	*AGRYLIN	1	
cilostazol tab	*PLETAL	1	
clopidogrel tab	*PLAVIX	1	
dipyridamole tab	*PERSANTINE	1	
dipyridamole-aspirin SR cap	*AGGRENOLX	3	
glutamine (sickle cell) powd pack	ENDARI	4	QL PA
pentoxifylline tab	*TARENTAL	1	
prasugrel tab	*EFFIENT	3	QL
ticagrelor tab	BRILINTA	4	QL
sodium polystyrene sulfonate powder	*KAYEXALATE	1	
ticlopidine tab	*TICLID	1	
tranexamic acid tab	*LYSTEDA	2	QL
vorapaxar sulfate tab	ZONTIVITY	4	QL

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

11-A Ophthalmic Anti-infectives

Generic Name	Brand Name	Tier	Notes
azithromycin ophth soln	AZASITE	3	
bacitracin ophth oint		1	
bacitracin-polymyxin B ophth oint	*POLYSPORIN ophth	1	
besifloxacin ophth susp	BESIVANCE	3	
ciprofloxacin ophth	*CILOXAN	1	
gatifloxacin ophth soln	*ZYMADID	3	
gentamycin sulfate ophth oint	*GENTAMICIN OINT 3%	1	
levofloxacin ophth soln	*QUIXIN	1	
moxifloxacin 0.5% ophth soln	*MOXEZA	3	
moxifloxacin 0.5% ophth soln	*VIGAMOX	3	
neomycin-polymyxin B-gramacidin ophth	*NEOSPORIN ophth	1	
ofloxacin ophth soln	*OCUFLOX	1	
sulfacetamide sodium ophth	*BLEPH-10	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

tobramycin ophth	*TOBREX	1	
trifluridine ophth soln	*VIROPTIC	1	
trimethoprim-polymy B ophth soln	*POLYTRIM ophth	1	
11-B Ophthalmics Beta-Blocker			
Generic Name	Brand Name	Tier	Notes
betaxolol HCL ophth susp	BETOPTIC-S	3	
brimonidine timolol ophth soln	COMBIGAN	2	QL
carteolol ophth soln	*OCUPRESS	1	
dorzolamide-timolol ophth soln	*COSOPT	2	
dorzolamide-timolol ophth soln	COSOPT PF	3	QL
levobunolol ophth soln	*BETAGAN	1	
metipranolol ophth soln	*OPTIPRANOLOL	1	
netarsudil dim ophth soln	RHOPRESSA	3	QL
netarsudil dim-latanoprost ophth soln	ROCKLATAN	3	QL
timolol ophth soln	BETIMOL	2	QL
timolol maleate ophth soln	*TIMOPTIC	1	
timolol maleate ophth gel soln	*TIMOPTIC XE	1	
timolol maleate PF ophth soln	*TIMOPTIC OCUDOSE	2	
11-C Ophthalmic Steroids			
Generic Name	Brand Name	Tier	Notes
dexamethasone ophth susp	MAXIDEX	3	
dexamethasone phosphate ophth	*DECADRON ophth	1	
difluprednate ophth emulsion	*DUREZOL	3	
fluorometholone ophth oint	FML	3	
fluorometholone 0.25% ophth susp	FML FORTE	3	
fluorometholone 0.1% ophth susp	*FML LIQUIFILM	1	
fluorometholone ace 0.1% ophth susp	FLAREX	3	
loteprednol etabonate ophth gel	LOTEMAX SM	3	QL
loteprednol etabonate ophth susp	INVELTYS	3	
loteprednol etabonate ophth susp 0.25%	EYSUVIS	4	QL
loteprednol etb-tobramycin ophth susp	ZYLET	3	
loteprednol 0.2% ophth susp	ALREX	4	QL
loteprednol 0.5% ophth oint	LOTEMAX OINT	3	QL
loteprednol 0.5% ophth susp	*LOTEMAX SUSP	3	QL
bac-poly-neo-hc ophth oint	*CORTISPORIN OPHTH	1	
prednisolone ace ophth susp 1%	*PRED FORTE	1	
prednisolone acetate ophth susp 0.12%	PRED MILD	3	
sulfacetamide-prednisolone ophth	*BLEPHAMIDE	1	
tobramycin-dexamethasone ophth	*TOBRADEX	2	
11-D Ophthalmic Prostaglandin			
Generic Name	Brand Name	Tier	Notes
bimatoprost ophth soln	LUMIGAN	2	QL
tafluprost ophth soln	ZIOPTAN	3	QL ST
latanoprost ophth emulsion	XELPROS	3	QL
latanoprost ophth soln	*XALATAN	1	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

11-E Ophthalmic Cycloplegics			
Generic Name	Brand Name	Tier	Notes
atropine sulf ophth soln	ISOPTO ATROPINE	1	
cyclopentolate ophth soln	*CYCLOGYL	1	
homatropine ophth soln	*ISOPTO HOMATROPINE	1	
tropicamide ophth soln	*MYDRIACYL	1	
11-F Ophthalmics Miotics			
Generic Name	Brand Name	Tier	Notes
pilocarpine ophth soln	*ISOPTO CARPINE	1	
11-G Ophthalmics Adrenergic Agents			
Generic Name	Brand Name	Tier	Notes
apraclonidine ophth soln	*IOPIDINE	3	
brimonidine 0.1% ophth soln	ALPHAGAN P 0.1%	2	QL
brimonidine 0.15% ophth soln	*ALPHAGAN P	2	QL
11-H Ophthalmics Miscellaneous			
Generic Name	Brand Name	Tier	Notes
alcaftadine ophth soln	LASTACFT	3	
azelastine hcl ophth soln	*OPTIVAR	4	
bepotastine besilate ophth soln	BEPREVE	4	
brinzolamide ophth susp	*AZOPT	2	QL
bromfenac sod 0.09% ophth soln	*XIBROM	3	
cenegermin-bkbj ophth soln	OXERVATE	4	QL PA SP
cromolyn sodium ophth soln	*CROLOM ophth	1	
cysteamine hcl ophth soln	CYSTARAN	4	QL PA SP
cysteamine hcl ophth soln 0.37%	CYSTADROPS	4	QL PA SP
diclofenac ophth soln	*VOLTAREN ophth	1	
dorzolamide ophth soln	*TRUSOPT	1	
emedastine difumarate ophth soln	EMADINE	4	
epinastine hcl ophth soln	*ELESTAT	1	
flurbiprofen ophth soln	*OCUFEN	1	
ganciclovir ophth gel	ZIRGAN	3	QL
ketorolac 0.5% ophth soln	*ACULAR	1	
ketorolac 0.4% ophth soln	*ACULAR LS	1	
lidocaine ophth gel	AKTEN GEL	3	
lodoxamide ophth oln	ALOMIDE	3	
nedocromil ophth soln	ALOCRIL	3	
nepafenac ophth susp	NEVANAC	2	
olopatadine ophth soln	*PATANOL	3	
11-I Otic (Ear) Medications			
Generic Name	Brand Name	Tier	Notes
antipyrine-benzo-polycosan-ol otic soln	*TREAGAN	1	
benzocaine-antipyrine otic	*AURALGAN	1	
chloroxylenol-pramoxine-zinc acetate otic	ZINOTIC	3	
chloroxylenol-pramoxine-zinc acetate otic	ZINOTIC ES	3	
ciprofloxacin-dexamethasone	CIPRODEX (Brand)	3	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

ciprofloxacin otic soln	*CETRAXAL	1	
hydrocortisone-acetic acid otic	*VOSOL-HC	1	
neomycin-polymyxin-HC otic	*CORTISPORIN otic	1	
neomycin-colistin-HC-thonzonium otic	CORTISPORIN-TC	3	
ofloxacin otic	*FLOXIN OTIC	2	

11-J Mouth and Throat

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

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

12-A Antihistamines

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

12-B Topical Nasal Products

Generic Name	Brand Name	Tier	Notes
azelastine nasal	*ASTELIN	4	
ciclesonide nasal	ZETONNA	3	QL
flunisolide nasal		2	
fluticasone nasal spr 50mcg	*FLONASE	4	QL
ipratropium nasal	*ATROVENT NASAL	1	
olopatadine nasal soln	*PATANASE	4	QL

12-C Cough/Cold/Allergy

Generic Name	Brand Name	Tier	Notes
acrivastine-PSE	SEMPREX-D	3	
benzonatate	*TESSALON	1	
bromphen-PSE_DM	BROMOXAFED	3	
cardec DM	*RONDEC DM	1	
chlorpheniramine	*ED CHLORPED	1	
chlorpheniramine-PSE	*DECONAMINE	1	
codeine-chlorpheniramine tab er 12hr	TUXARIN ER	3	
guaifenesin-codeine soln	*CHERATUSSIN AC	1	PA (under age 18)
pse-guaifenesin-codeine soln	*CHERATUSSIN DAC	1	PA (under age 18)

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

guaifenesin-DM	HUMIBID-DM	3	
hydrocodone-guaifenesin soln	FLOWTUSS	4	QL PA (under age 18) ST
hydrocodone-guaifenesin soln	OBREDON	4	QL PA (under age 18) ST
hydrocodone-homatropine	*HYCODAN	1	PA (under age 18)
promethazine VC	PHENERGAN VC	1	
promethazine VC- codeine	PHENERGAN VC w/CODEINE	1	PA (under age 18)
promethazine-codeine	*PHENERGAN w/CODEINE	1	PA (under age 18)
PSE-guaifenesin-codeine	*NOVAHISTINE	1	
PSE-methscopolamine	*ALLERX-D	1	
pseudoephed-chlorphen-DM	TANAFED DM	3	
pseudoeph-chlorphen w/hydroco soln	*ZUTRIPRO	2	QL PA (under age 18)

12-D Asthma/COPD

Generic Name	Brand Name	Tier	Notes
albuterol HFA inhaler		2	QL
albuterol nebulizer	*PROVENTIL NEBULIZER	1	
albuterol tablets	*PROVENTIL TABS	3	
albuterol HFA inhaler	*PROAIR HFA 8.5GM	2	QL
albuterol HFA inhaler	*PROVENTIL HFA 6.7GM	2	QL
albuterol SR tablets	*VOSPIRE ER	1	
albuterol-ipratropium inhaler	COMBIVENT RESPIMAT	3	QL
albuterol-ipratropium nebulizer	*DUONEB	2	
aminophylline		1	
budesonide formoterol inh 10.2gm	SYMBICORT (Brand) 10.2.GM	2	
budesonide-glycopyrrolate-formoterol inh	BREZTRI AEROSPHERE	2	QL
cromolyn sodium nebulizer	*INTAL NEBULIZER	1	
fluticasone furoate	ARNUITY ELLIPTA	2	QL
fluticasone-salmeterol inh	*AIRDUO RESPICLICK	2	QL
fluticasone furoate-vilanterol aero powd	BREO ELLIPTA	2	QL
fluticasone-umeclidinium-vilanterol aepb	TRELEGY ELLIPTA	2	QL
formoterol	*PERFOROMIST	4	QL
glycopyrrolate inhal cap	SEEBRI NEOHALER	4	ST
glycopyrrolate-formoterol fumarate	BEVESPI AEROSPHERE	2	QL
indacaterol maleate inh	ARCAPTA NEOHALER	3	QL
ipratropium nebulizer	*ATROVENT NEBULIZER	1	
ipratropium HFA inhaler	ATROVENT HFA	2	QL
levalbuterol nebulizer	*XOPENEX NEBULIZER	3	QL
metaproterenol nebulizer	*ALUPENT NEBULIZER	1	
metaproterenol tablets	*ALUPENT	1	
montelukast	*SINGULAIR	1	
montelukast	*SINGULAIR Granules	2	
olodaterol hcl inh	STRIVERDI RESPIMAT	2	QL
omalizumab inj pfs	XOLAIR PFS	4	QL PA SP
revefenacin inhalation solution	YUPELRI	4	QL PA
roflumilast tab	DALIRESP	3	QL PA
salmeterol inh	SEREVENT DISKUS	2	

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

salmeterol-fluticasone inhaler	ADVAIR DISKUS (Brand)	2	QL
salmeterol-fluticasone inhaler	ADVAIR HFA	2	QL
sodium chloride soln nebu 7%	HYPER-SAL NEBULIZER	2	
terbutaline tab	*BRETHINE	1	
theophylline		1	
theophylline	SLO-PHYLLIN	2	
theophylline	THEOLAIR	2	
theophylline CR	*UNIPHYL	1	
theophylline SR	THEO-24	3	
tiotropium bromide monohydrate inhal	SPIRIVA HANDIHALER	2	QL
tiotropium bromide monohydrate inhal	SPIRIVA RESPIMAT	2	QL
tiotropium br-olodaterol inh	STIOLTO RESPIMAT	2	QL
umeclidinium-vilanterol	ANORO ELLIPTA	3	QL
zafirlukast tab	*ACCOLATE	1	

12-E Steroid Inhalers

Generic Name	Brand Name	Tier	Notes
budesonide inhaler	PULMICORT FLEXHALER	2	QL
budesonide inhalation susp	*PULMICORT	2	QL
flunisolide inhaler	AEROBID	3	
flunisolide inhaler	AEROBID-M	3	
flunisolide hfa	AEROSPAN 80mcg	3	QL
fluticasone propionate inh	FLOVENT DISKUS	2	QL
fluticasone propionate inh	FLOVENT HFA	2	QL
triamcinolone inhaler	AZMACORT	3	

12-F Pulmonary Fibrosis

Generic Name	Brand Name	Tier	Notes
pirfenidone	ESBRIET	4	QL PA SP

SELF-INJECTABLE/SPECIALTY (injectable drugs)

13-A Anticoagulants

Generic Name	Brand Name	Tier	Notes
avatrombopag maleate tab	DOPTelet	4	QL PA ST SP
enoxaparin sodium inj	*LOVENOX	2	QL
fondaparinux sodium inj	*ARIXTRA	2	QL

13-B Growth Hormones

Generic Name	Brand Name	Tier	Notes
mecasermin inj	INCRELEX	4	QL PA SP
metreleptin inj	MYALEPT	4	QL PA SP
somatropin inj	NUTROPIN AQ	4	QL PA SP
somatropin inj	NUTROPIN AQ NUSPIN	4	QL PA SP
somatropin inj	ZORBTIVE	4	QL PA SP

13-C Hematopoietic Agents

Generic Name	Brand Name	Tier	Notes
darbepoetin alpha inj	ARANESP	4	QL SP
eltrombopag	PROMACTA	4	PA SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

epoetin alfa-epbx inj	RETACRIT	4	QL SP
filgrastims-sndz inj	ZARXIO	4	SP
fostamatinib disod tab	TAVALISSE	4	QL PA ST SP
lusutrombopag tab	*MULPLETA	4	QL PA SP
pegfilgrastim inj	NEULASTA	4	SP
pegfilgrastim-bmez inj	ZIEXTENZO	4	SP
sargramostim inj	LEUKINE	4	SP

13-D Hepatitis C Agents

Generic Name	Brand Name	Tier	Notes
dasab-ombit-paritap-riton	VIEKIRA	4	QL PA ST SP
dasab-ombit-paritap-riton sr 24hr	VIEKIRA XR	4	QL PA ST SP
elbasvir-grazoprevir	ZEPATIER	4	QL PA SP
glecaprevir-pibrentasvir	MAVYRET	4	QL PA SP
ledipasvir-sofosbuvir tab	*HARVONI	4	QL PA ST SP
ledipasvir-sofosbuvir pellet pack	HARVONI PELLET PACK	4	QL PA ST SP
ombitasvir-paritaprevir-ritonavir	TECHNIVIE	4	QL PA ST SP
peginterferon alfa-2A inj	PEGASYS	4	QL PA SP
peginterferon alfa-2A inj	PEGASYS PROCLICK	4	QL PA SP
peginterferon alfa-2B inj	PEG-INTRON	4	QL PA SP
peginterferon alfa-2B inj	PEG-INTRON REDIPEN	4	QL PA SP
peginterferon beta-1a soln inj	PLEGRIDY	4	QL PA SP
simeprevir sodium	OLYSIO	4	QL PA ST SP
sofosbuvir-velpatasvir	*EPCLUSA	4	QL PA SP
sofosbuvir-velpatasvir-voxilaprevir	VOSEVI	4	QL PA SP

13-E Multiple Sclerosis Agents

Generic Name	Brand Name	Tier	Notes
cladribine tab therapy pack	MAVENCLAD	4	QL PA ST SP
dalfampridine tab	*AMPYRA	4	QL PA SP
dimethyl fumarate DR cap	*TECFIDERA	4	QL PA SP
dimethyl fumarate DR cap	*TECFIDERA STARTER PACK	4	QL PA SP
glatiramer acetate inj (Mylan NDC only)	*COPAXONE 20MG & 40MG	4	QL PA SP
interferon beta-1A inj	AVONEX	4	QL PA SP
interferon beta-1B inj	BETASERON	4	QL PA SP
monomethyl fumarate DR cap	BAFIERTAM	4	QL PA SP
ofatumumab soln auto-injector	KESIMPTA	4	QL PA SP
ozanimod hcl cap	ZEPOSIA	4	QL PA SP
siponimod fumarate tab	MAYZENT	4	QL PA SP

13-F Osteoporosis Agents

Generic Name	Brand Name	Tier	Notes
teriparatide (recombinant) 620mcg inj	TERIPARATIDE 620mcg	4	PA SP

13-G Somatostatin Analogs

Generic Name	Brand Name	Tier	Notes
nafarelin nasal soln	SYNAREL	2	
octreotide acetate inj	*SANDOSTATIN	4	PA SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

13-H Immunomodulators

Generic Name	Brand Name	Tier	Notes
adalimumab inj	HUMIRA	4	QL PA SP
anakinra sq inj	KINERET	4	QL PA SP
apremilast tab	OTEZLA	4	QL PA SP
baricitinib tab	OLUMIANT	4	QL PA SP
belimumab sq inj	BENLYSTA	4	QL PA SP
benralizumab sq pfs inj	FASENRA PEN	4	QL PA SP
certolizumab pegol inj	CIMZIA	4	QL PA SP
daclizumab inj	ZINBRYTA	4	QL PA SP
dupilumab sq inj 200mg/1.14ml	DUPIXENT 200MG/1.14ML	4	QL PA ST SP
dupilumab sq inj 300mg/2ml	DUPIXENT 300mg/2ml	4	QL PA ST SP
etanercept sq inj	ENBREL	4	QL PA ST SP
golimumab sq inj	SIMPONI	4	QL PA SP
guselkumab inj	TREMFYA	4	QL PA SP
mepolizumab sq inj	NUCALA	4	QL PA SP
risankizumab-rzaa soln inj	SKYRIZI	4	QL PA SP
secukinumab sq inj	COSENTYX	4	QL PA ST SP
tocilizumab sq inj	ACTEMRA	4	QL PA ST SP
tofacitinib tab	XELJANZ	4	QL PA ST SP
tofacitinib SR 24hr tab	XELJANZ XR	4	QL PA ST SP
upadacitinib tab er 24hr	RINVOQ	4	QL PA SP
ustekinumab inj	STELARA	4	QL PA SP

13-I Miscellaneous Specialty

Generic Name	Brand Name	Tier	Notes
abatacept inj	ORENCIA	4	QL PA ST SP
amifampridine tab	RUZURGI	4	QL PA SP
amifampridine phos tab	FIRDAPSE	4	QL PA SP
C1 esterase inhibitor	BERINERT	4	QL PA ST SP
C1 esterase inhibitor	HAEGARDA	4	QL PA SP
caplacizumab-yhdp for inj kit	CABLIVI	4	QL PA SP
icatibant acetate inj	FIRAZYR (Brand)	4	QL PA SP
inotersen sod sq inj	TEGSEDI	4	QL PA SP
interferon alfa-2B	INTRON-A	4	PA SP
interferon gamma-1B inj	ACTIMMUNE	4	QL PA SP
lanadelumab-flyo inj	TAKHZYRO	4	QL PA SP
leuprolide acetate sq inj	ELIGARD	4	PA SP
leuprolide acetate sq inj	LUPRON	4	PA SP
lonafarnib cap	ZOKINVY	4	QL PA SP
migalastat hcl cap	GALAFOLD	4	QL PA SP
peanut powder-dnfp	PALFORZIA	4	QL PA SP
pegcetacoplan sq soln	EMPAVELI	4	QL PA SP
peginterferon alfa-2B inj	SYLATRON	4	QL PA SP
rilonacept inj	ARCALYST	4	QL PA SP
risdiplam for soln	EVRYSDI	4	QL PA SP

QL - Quantity Limits; ST - Step Therapy;

PA - Prior Authorization; AL - Age Limits

SP- Specialty Drugs; SF - Split Fill

HCR - Health Care Reform

* Drug- generic preferred; Bolded drug- brand only

