



HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company



SIERRA HEALTH AND LIFE  
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# Preferred Drug List

## ▶ 3-Tier

# THREE-Tier Drug Benefit Guide

## Table of Contents

Introduction .....	i
Drug Benefit Guide .....	1
Section 1	Anti-Infectives
Section 2	Cancer and Transplant
Section 3	Cardiovascular
Section 4	Central Nervous System
Section 5	Dermatologicals
Section 6	Endocrine and Hormones
Section 7	Gastrointestinals
Section 8	Genitourinary
Section 9	Musculoskeletal and Pain
Section 10	Vitamins and Hematologicals
Section 11	Eye, Ear, and Throat
Section 12	Respiratory
Section 13	Self-Injectable/Specialty
Section 14	Exclusions
Preferred Alternatives.....	48
Alphabetical Index .....	50

# Three-Tier Drug Benefit Guide

## Introduction

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

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

### Reading the *Drug Benefit Guide*

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

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

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

Other abbreviations used throughout the PDL are:

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

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

## **Mandatory Generic Substitution Policy**

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

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

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

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

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

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*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.*

## THREE-TIER Drug Benefit Guide

This drug benefit guide is applicable for HPN, and SHL members with a 3-tier prescription drug benefit

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

#### 1-A Penicillins

Generic Name	Brand Name	Tier	Notes
amoxicillin	*AMOXIL	1	
amoxicillin	AMOXIL (400mg chewable)	2	
amoxicillin	DISPERMOX	3	
amoxicillin	*MOXATAG	3	QL (10 tablets/50 days)
amoxicillin-clavulanate	*AUGMENTIN	1	
amoxicillin-clavulanate SR	AUGMENTIN XR	3	QL (40 tablets/month)
ampicillin	*PRINCIPEN	1	
ampicillin	PRINCIPEN (suspension)	2	
aztreonam	CAYSTON	2	QL (84 mls/42 days) PA
dicloxacillin	*DYNAPEN	1	
penicillin V potassium	*VEETIDS	1	

#### 1-B Cephalosporins

Generic Name	Brand Name	Tier	Notes
cefaclor ER	CECLOR CD	2	
cefaclor	*CECLOR	1	
cefadroxil	*DURICEF	1	
cefdinir caps		1	
cefdinir susp 125mg/5ml		2	QL (24 ml/day)
cefdinir susp 250mg/5ml		2	QL (12 ml/day)
cefditoren pivoxil	SPECTRACEF	3	
cefixime	SUPRAX CHEW	3	
cefixime	*SUPRAX SUSP	3	
cefixime	SUPRAX TABLET	3	
cefepodoxime	*VANTIN 200mg	1	QL (28 tablets/month)
cefprozil	*CEFZIL 250mg	1	QL (28 tablets/month)
cefprozil	*CEFZIL 500mg	1	QL (28 tablets/month)
cefprozil	*CEFZIL 125mg/ml	1	QL (140 mls/month)
cefprozil	*CEFZIL 250mg/ml	1	QL (140 mls/month)
ceftibuten	*CEDAX	1	
cefuroxime	*CEFTIN (tablets)	1	QL (28 tablets/month)
cefuroxime	*CEFTIN (suspension)	3	
cephalexin	*KEFLEX	1	

#### 1-C Macrolides

Generic Name	Brand Name	Tier	Notes
azithromycin ER	ZMAX	3	QL (1 dose/fill)

QL - Quantity Limits; SIO - Self-Injectable  
 PA - Prior Authorization; AL - Age Limits  
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3-Tier Drug Benefit Guide  
 03/01/16

azithromycin	*ZITHROMAX 250mg	1	QL (6 tablets/fill)
azithromycin	*ZITHROMAX 500mg	1	QL (4 tablets/fill)
azithromycin	*ZITHROMAX 600mg	1	QL (8 tablets/fill)
azithromycin	*ZITHROMAX 100mg/5ml	1	QL (30 mls/fill)
azithromycin	*ZITHROMAX 200mg/5ml	1	QL (30 mls/fill)
clarithromycin	*BIAXIN	2	QL (28 tablets/month)
clarithromycin SR	*BIAXIN XL	2	QL (28 tablets/month)
clindamycin	*CLEOCIN T 1% GEL & LOT	3	
erythromycin	PCE	3	
erythromycin EC	*ERY-TAB	3	
erythromycin ethylsuccinate	*EES	1	
erythromycin ethylsuccinate	*ERYPED	1	
erythromycin stearate	*ERYTHROCIN	1	
telithromycin	KETEK	3	QL (20 tablets/month)
	ERYTHROMYCIN BASE	2	

### 1-D Tetracyclines

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

### 1-E Fluoroquinolones

Generic Name	Brand Name	Tier	Notes
ciprofloxacin	*CIPRO	1	QL (60 tablets/month)
ciprofloxacin SR	*CIPRO XR	3	QL (14 tablets/month)
ciprofloxacin oral susp 250mg/5ml	*CIPRO (5%)	2	
levofloxacin	*LEVAQUIN	1	QL (14 tablets/month)
moxifloxacin	*AVELOX	3	
norfloxacin	NOROXIN	3	
ofloxacin	*FLOXIN	1	

### 1-F Antimycobacterial Agents

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

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3-Tier Drug Benefit Guide  
03/01/16

rifabutin	*MYCOBUTIN	3	
rifampin	*RIFADIN	1	

### 1-G Antifungals

Generic Name	Brand Name	Tier	Notes
efinaconazole soln	<b>JUBLIA</b>	3	PA
fluconazole	*DIFLUCAN 50mg	1	QL (30 tablets/month)
fluconazole	*DIFLUCAN 100mg	1	QL (30 tablets/month)
fluconazole	*DIFLUCAN 150mg	1	QL (1 tablet/fill)
fluconazole	*DIFLUCAN 200mg	1	QL (30 tablets/month)
griseofulvin microsize	*GRIFULVIN V	1	
griseofulvin ultramicrosize	*GRIS-PEG	2	
isavuconazonium sulfate	<b>CRESEMBA</b>	3	
itraconazole	*SPORANOX	1	QL (14 capsules/month)
ketoconazole foam	<b>EXTINA 2%</b>	3	
ketoconazole	*NIZORAL	1	
nystatin	<b>BIO-STATIN</b>	2	
nystatin	*MYCOSTATIN susp	1	
posaconazole	<b>NOXAFIL TAB</b>	2	
tavaborole soln	<b>KERYDIN SOLN</b>	3	PA
terbinafine HCL	*LAMISIL	1	QL (90 tablets/year)
terbinafine HCL	<b>LAMISIL GRANULE PACKET</b>	3	QL (30 packets/month)
voriconazole	*VFEND 50mg	1	QL (180 tablets/month)
voriconazole	*VFEND 200mg	1	QL (60 tablets/month)

### 1-H Miscellaneous Antivirals

Generic Name	Brand Name	Tier	Notes
acyclovir	*ZOVIRAX tablets and capsules	1	
famciclovir	*FAMVIR 125mg	2	QL (60 tablets/month)
famciclovir	*FAMVIR 250mg	2	QL (60 tablets/month)
famciclovir	*FAMVIR 500mg	2	QL (21 tablets/month)
ganciclovir	<b>ZIRGAN</b>	3	QL (5 gm/month)
oseltamivir	<b>TAMIFLU capsules</b>	3	QL (10 capsules/3 months)
oseltamivir	<b>TAMIFLU suspension</b>	3	QL (50 mls/months)
ribavirin	*REBETOL capsules/tablets	1	QL (180 capsules/tablets/month) PA SP
ribavirin	<b>REBETOL solution</b>	3	PA SP
rimantadine	*FLUMADINE	1	QL (14 pills/fill)
valacyclovir	*VALTREX 500mg	3	QL (60 tablets/month)
valacyclovir	*VALTREX 1gm	3	QL (30 tablets/month)
valganciclovir HCL	*VALCYTE	3	QL (60 tablets/month)
zanamivir	<b>RELENZA</b>	3	QL (1 diskhaler/month)

### 1-I Antiretrovirals

Generic Name	Brand Name	Tier	Notes
abacavir sulfate	<b>ZIAGEN</b>	2	
abacavir-dolutegravir-lamivudine	<b>TRIUMEQ</b>	2	QL (30 tablets/month) SP
abacavir-lamivudine	<b>EPZICOM</b>	3	QL (30 tablets/month) SP

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abacavir-lamivudine-zidovudine	*TRIZIVIR	1	
atazanavir	REYATAZ	3	SP
cobicistat	TYBOST	2	SP
darunavir	PREZISTA 75mg	3	QL (60 tablets/month) SP
darunavir	PREZISTA 150mg	3	QL (60 tablets/month) SP
darunavir	PREZISTA 300mg	3	QL (120 tablets/month) SP
darunavir	PREZISTA 400mg	3	QL (120 tablets/month) SP
darunavir	PREZISTA 600mg	3	QL (60 tablets/month) SP
darunavir	PREZISTA 800MG	3	QL (30 tablets/month) SP
darunavir	PREZISTA SUSP	3	QL (12ml/day)
darunavir-cobicistat	PREZCOBIX	2	QL (30 tablets/month) SP
delavirdine	RESCRIPTOR	3	
didanosine		1	SP
didanosine	*VIDEX EC	1	SP
dolutegravir sodium	TIVICAY	3	SP
efavirenz	SUSTIVA	3	SP
efavirenz-emtricitabine-tenofovir	ATRIPLA	3	SP
elvitegravir	VITEKTA	2	
elvi-cobi-emtrici-teno	STRIBILD	3	PA SP
emtricitabine	EMTRIVA	2	QL (30 capsules/month) SP
emtricitabine-rilpivirine-tenofovir	COMPLERA	3	SP
emtricitabine-tenofovir	TRUVADA	2	QL (30 tablets/month) SP
enfuvirtide	FUZEON	2	SIO SP
entecavir	*BARACLUDE	2	QL (30 tablets/month) SP
etravirine	INTELENCE	3	QL (120 tablets/month) SP
fosamprenavir	LEXIVA	3	QL (120 tablets/month) SP
indinavir sulfate	CRIXIVAN	2	SP
lamivudine	*EPIVIR	1	SP
lamivudine-zidovudine	Combivir	1	SP
lopinavir-ritonavir	KALETRA	2	SP
maraviroc	SELZENTRY 150mg	3	QL (60 tablets/month) PA SP
maraviroc	SELZENTRY 300mg	3	QL (120 tablets/month) PA SP
nelfinavir mesylate	VIRACEPT	3	SP
nevirapine	*VIRAMUNE	1	SP
nevirapine XR	VIRAMUNE XR 100MG	2	SP
nevirapine XR	*VIRAMUNE XR 400MG	2	SP
raltegravir	ISENTRESS	3	QL (60 tablets/month) SP
rilpivirine	EDURANT	3	SP
ritonavir	NORVIR	3	SP
saquinavir	INVIRASE	3	SP
stavudine	*ZERIT	1	SP
atazanavir sulfate-cobicistat	EVOTAZ	2	SP
telbivudine	TYZEKA	3	QL (30 tablets/month) SP
tenofovir	VIREAD	2	SP
tipranavir	APTIVUS capsules	3	QL (120 capsules/month) SP
tipranavir	APTIVUS suspension	3	QL (300 mls/month) SP

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zidovudine	*RETROVIR	1	SP
<b>1-J Antimalarials</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
artemether-lumefantrine	COARTEM	3	QL (24 tablets/60 days)
atovaquone-proguanil HCL	MALARONE	2	
chloroquine	*ARALEN	1	
hydroxychloroquine	*PLAQUENIL	1	
mefloquine	*LARIAM	1	
primaquine	*PRIMAQUINE	1	
pyrimethamine	DARAPRIM	2	
quinine sulfate		1	
<b>1-K Anthelmintics</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
albendazole	ALBENZA	3	
ivermectin	*STROMEKTOL	1	
mebendazole	VERMOX	2	
praziquantel	BILTRICIDE	3	
thiabendazole	MINTEZOL	3	
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
atovaquone	*MEPRON	3	
dapsone	DAPSONE	2	
dornase alfa	PULMOZYME	2	SP
EES-sulfisoxazole	*PEDIAZOLE	1	
fidaxomicin	DIFICID	3	PA
iodoquinol	*YODOXIN	1	
ivacaftor	KALYDECO	3	PA ST SP
linezolid	*ZYVOX	2	PA
loracarbef	LORABID	3	
lumacaftor-ivacaftor	ORKAMBI	3	PA SP QL (112 tablets/28 days)
metronidazole	*FLAGYL tablets	1	
metronidazole	*FLAGYL capsule	1	
metronidazole CR	FLAGYL ER	3	QL (7 tablets/fill)
neomycin	*MYCIFRADIN	1	
nitazoxanide	ALINIA tablets	3	QL (6 tablets/fill)
nitazoxanide	ALINIA suspension	3	QL (60 mls/fill)
rifaximin	XIFAXAN	3	QL (60 tablets/month) ST
<b>XIFAXAN ST = requires failure to lactulose within the past 2 years</b>			
SMZ-TMP	*BACTRIM	1	
SMZ-TMP	*SEPTRA	1	
sulfadiazine		1	
tedizolid phosphate	SIVEXTRO	3	PA
tinidazole	TINDAMAX	3	
tobramycin	TOBI PODHALER	3	PA SP
tobramycin neb soln	BETHKIS	2	PA SP
trimethoprim	*TRIMPEX	1	

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vancomycin	*VANCOCIN	3	QL (56 capsules/14 days) PA
vancomycin	FIRST-VANCOMYCIN ORAL SOLN	3	

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

### 2-A Antineoplastics (cancer drugs)

Generic Name	Brand Name	Tier	Notes
abiraterone acetate	ZYTIGA	2	PA SP
altretamine	HEXALEN	2	
anastrozole	*ARIMIDEX	1	QL (30 tablets/month)
axitinib	INLYTA	3	QL PA SP
bexarotene	*TARGRETIN	3	PA SP
bicalutamide	*CASODEX	1	
bosutinib	BOSULIF	2	PA ST SP
<b>Bosulif ST = requires failure to Tasigna and Gleevec</b>			
busulfan	MYLERAN	2	
cabozantinib	COMETRIQ	3	PA
capecitabine	XELODA	1	PA SP
ceritinib	ZYKADIA	3	PA SP
chlorambucil	LEUKERAN	2	
crizotinib	XALKORI	3	PA
cyclophosphamide	CYCLOPHOSPH CAPS	2	
dabrafenib mesylate	TAFINLAR	3	PA SP
dasatinib	SPRYCEL	3	PA ST SP
<b>Sprycel ST = requires trial of Tasigna</b>			
degarelix acetate	FIRMAGON	3	SP (80MG - 1 vial/mo and 120MG vial - vials/year)
enzalutamide	XTANDI	3	PA ST SP
<b>Xtandi ST = requires trial of Zytiga</b>			
erlotinib	TARCEVA	3	PA SP
estramustine	EMCYT	2	
etoposide	*VEPESID	1	
everolimus	AFINITOR	3	PA SP
exemestane	*AROMASIN	2	QL (30 tablets/month)
fludarabine	OFORTA	3	PA
flutamide	*EULEXIN	1	
gefitinib	IRESSA	3	QL (30 tablets/month)
hydroxyurea	*HYDREA	1	
ibrutinib	IMBRUVICA	3	PA SP
idelalisib	ZYDELIG	3	PA SP
imatinib mesylate	GLEEVEC	2	PA SP
ixazomib citrate	NINLARO	3	PA SP
lapatinib ditosylate	TYKERB	3	PA SP
lenalidomide	REVLIMID	3	PA SP
letrozole	*FEMARA	1	QL (30 tablets/month)
leucovorin calcium	*LEUCOVORIN CALCIUM	1	SIO
leucovorin calcium	*WELLCOVORIN	1	
lomustine	*CEENU	1	

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3-Tier Drug Benefit Guide  
03/01/16

mechlorethamine hcl	<b>VALCHLOR</b>	2	PA SP
megestrol	*MEGACE	1	
megestrol	*MEGACE ES	3	
melphalan	<b>ALKERAN</b>	2	
mercaptopurine	*PURINETHOL	1	
mercaptopurine	<b>PURIXAN</b>	3	PA
mesna	<b>MESNEX</b>	2	
methotrexate		1	
methotrexate	<b>TREXALL</b>	3	
mitotane	<b>LYSODREN</b>	2	
nilotinib	<b>TASIGNA</b>	2	PA SP
nilutamide	<b>NILANDRON</b>	3	
olaparib	<b>LYNPARZA</b>	3	PA SP
palbociclib	<b>IBRANCE</b>	3	PA SP
panobinostat lactate	<b>FARYDAK</b>	3	PA SP
pazopanib	<b>VOTRIENT</b>	3	PA SP
pomalidomide	<b>POMALYST</b>	3	PA SP
ponatinib hcl	<b>ICLUSIG</b>	3	PA ST
<b>Iclusig ST = requires trial of Tassigna</b>			
procarbazine HCL	<b>MATULANE</b>	2	
regorafenib	<b>STIVARGA</b>	3	PA SP
ruxolitinib phosphate	<b>JAKAFI</b>	3	PA SP
sorafenib tosylate	<b>NEXAVAR</b>	3	PA SP
sunitinib	<b>SUTENT</b>	3	PA SP
tamoxifen	*NOLVADEX	1	
tamoxifen	<b>SOLTAMOX</b>	3	
temozolomide	*TEMODAR	3	PA SP
thalidomide	<b>THALOMID</b>	3	PA SP
thioguanine	<b>THIOGUANINE</b>	2	
topotecan	<b>HYCANTIM</b>	3	PA
toremifene citrate	<b>FARESTON</b>	3	QL (30 tablets/month)
trametinib dimethyl sulfoxide	<b>MEKINIST</b>	3	PA SP
tretinoin	*VESANOID	2	SP
vandetanib	<b>CAPRELSA</b>	3	PA SP
vemurafenib	<b>ZELBORAF</b>	3	PA SP
vismodegib	<b>ERIVEDGE</b>	3	QL PA SP
vorinostat	<b>ZOLINZA</b>	3	PA SP
<b>2-B Immunosuppressives</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
azathioprine	*IMURAN	1	
cyclosporine	*SANDIMMUNE (NTI)	2	SP
cyclosporine modified	*GENGRAF	1	SP
cyclosporine modified	*NEORAL (NTI)	2	SP
mycophenolate	*MYFORTIC	2	QL (120 tablets/month) SP
mycophenolate mofetil	*CELLCEPT	1	SP
sirolimus	*RAPAMUNE	2	SP

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3-Tier Drug Benefit Guide  
03/01/16

tacrolimus	*PROGRAF	1	SP
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## CARDIOVASCULAR (drugs to treat heart conditions)

### 3-A Cardiotonics

Generic Name	Brand Name	Tier	Notes
digoxin	*LANOXIN	1	

### 3-B Antianginals

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

### 3-C Beta Blockers

Generic Name	Brand Name	Tier	Notes
acebutolol	*SECTRAL	1	
atenolol	*TENORMIN	1	
betaxolol	*KERLONE	1	
bisoprolol	*ZEBETA	1	
carteolol HCL	<b>CARTROL</b>	3	
carvedilol	*COREG 3.125mg	1	QL (60 tablets/month)
carvedilol	*COREG 6.25mg	1	QL (60 tablets/month)
carvedilol	*COREG 12.5mg	1	QL (60 tablets/month)
carvedilol	*COREG 25mg	1	QL (120 tablets/month)
droxidopa	<b>NORTHERA</b>	2	PA SP
labetalol	*NORMODYNE	1	
labetalol	*TRANDATE	1	
metoprolol	*LOPRESSOR	1	
metoprolol succinate SR	*TOPROL XL	2	QL (45 tablets/month)
nadolol	*CORGARD 20mg	1	QL (90 tablets/month)
nadolol	*CORGARD 40mg	1	QL (60 tablets/month)
nadolol	*CORGARD 80mg	1	QL (90 tablets/month)
nadolol	*CORGARD 120mg	1	QL (60 tablets/month)
nebivolol	<b>BYSTOLIC 2.5mg</b>	2	QL (30 tablets/month)
nebivolol	<b>BYSTOLIC 5mg</b>	2	QL (30 tablets/month)
nebivolol	<b>BYSTOLIC 10mg</b>	2	QL (120 tablets/month)
nebivolol	<b>BYSTOLIC 20mg</b>	2	QL (60 tablets/month)
penbutolol sulfate	<b>LEVATOL</b>	3	
pindolol	*VISKEN	1	
propranolol	*INDERAL	1	
propranolol HCL CR	*INDERAL LA	2	
propranolol HCL SR	<b>INNOPRAN XL</b>	3	QL (30 capsules/month)

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3-Tier Drug Benefit Guide  
 03/01/16

sotalol	*BETAPACE	1	
sotalol AF	*BETAPACE AF	1	
sotalol hcl oral soln	<b>SOTYLIZE</b>	3	PA
timolol maleate	*BLOCADREN	1	
<b>3-D Calcium Channel Blockers</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
amlodipine	*NORVASC	1	
cartia XT		2	QL (60 capsules/month)
diltiazem	*CARDIZEM	1	
diltiazem SR	*TIAZAC	2	
diltiazem SR 12HR	*CARDIZEM SR	1	
diltiazem SR 24HR	*CARDIZEM CD	2	QL (60 tablets/month)
diltiazem SR 24HR	*CARDIZEM LA	2	QL (30 tablets/month)
felodipine	*PLENDIL	1	QL (60 tablets/month)
isradipine	*DYNACIRC	1	QL (60 tablets/month)
isradipine	<b>DYNACIRC CR 5mg</b>	3	QL (30 tablets/month)
isradipine	<b>DYNACIRC CR 10mg</b>	3	QL (60 tablets/month)
nicardipine	*CARDENE	1	
nicardipine	<b>CARDENE SR</b>	3	
nifedipine CR	*ADALAT CC	1	
nifedipine CR	*PROCARDIA XL	1	
nifedipine IR	*PROCARDIA	1	
nimodipine	<b>NYMALIZE</b>	3	
nisoldipine SR	*SULAR 8.5mg	3	QL (30 tablets/month)
nisoldipine SR	*SULAR 10mg	3	QL (30 tablets/month)
nisoldipine SR	*SULAR 17mg	3	QL (30 tablets/month)
nisoldipine SR	*SULAR 20mg	3	QL (30 tablets/month)
nisoldipine SR	*SULAR 25.5mg	3	QL (60 tablets/month)
nisoldipine SR	*SULAR 30mg	3	QL (60 tablets/month)
nisoldipine SR	*SULAR 34mg	3	QL (30 tablets/month)
nisoldipine SR	*SULAR 40mg	3	QL (30 tablets/month)
verapamil	*CALAN	1	
verapamil CR (controlled onset)	<b>COVERA HS</b>	3	QL (60 tablets/month)
verapamil SR	*CALAN SR	1	
verapamil SR	*VERELAN	3	
verapamil SR	*VERELAN PM	3	
<b>3-E Antiarrhythmics</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
amiodarone	*CORDARONE	1	
disopyramide	*NORPACE	1	
dofetilide	<b>TIKOSYN</b>	3	QL (60 capsules/month)
dronedarone	<b>MULTAQ</b>	3	QL (60 tablets/month)
flecainide	*TAMBOCOR	1	
mexiletine	*MEXITIL	1	
propafenone	*RYTHMOL	1	
propafenone	*RYTHMOL SR	3	

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3-Tier Drug Benefit Guide  
03/01/16

quinidine gluconate		1	
quinidine sulfate		1	

### 3-F Angiotensin Converting Enzyme (ACE) Inhibitors

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

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

Generic Name	Brand Name	Tier	Notes
azilsartan medoxomil	<b>EDARBI</b>	3	QL (30 tablets/month)
candesartan	*ATACAND	3	QL (60 tablets/month)
eprosartan	*TEVETEN 600mg	1	QL (30 tablets/month)
irbesartan	*AVAPRO	1	QL (30 tablets/month)
losartan	*COZAAR 25mg	1	QL (60 tablets/month)
losartan	*COZAAR 50mg	1	QL (60 tablets/month)
losartan	*COZAAR 100mg	1	QL (30 tablets/month)
olmesartan	<b>BENICAR</b>	2	QL (30 tablets/month)
telmisartan	*MICARDIS	2	QL (30 tablets/month)
valsartan	*DIOVAN 40mg	2	QL (30 tablets/month)
valsartan	*DIOVAN 80mg	2	QL (30 tablets/month)
valsartan	*DIOVAN 160mg	2	QL (60 tablets/month)
valsartan	*DIOVAN 320mg	2	QL (30 tablets/month)

### 3-H Miscellaneous Antihypertensives

Generic Name	Brand Name	Tier	Notes
aliskiren fumarate	<b>TEKTURNA</b>	3	QL (30 tablets/month)
ambrisentan	<b>LETAIRIS</b>	2	PA SP
apremilast	<b>OTEZLA</b>	3	PA ST SP
bosentan	<b>TRACLEER</b>	2	QL (60 tablets/month) PA SP
clonidine	*CATAPRES	1	
clonidine patch	*CATAPRES-TTS	3	QL (8 patches/month)
deserpidine-methyclothiazide	<b>ENDURONYL</b>	3	
doxazosin	*CARDURA	1	QL (60 tablets/month)
guanfacine	*TENEX	1	
hydralazine	*APRESOLINE	1	
iloprost	<b>VENTAVIS</b>	3	PA SP
macitentan	<b>OPSUMIT</b>	2	PA

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mecamylamine	<b>VECAMYL</b>	3	PA SP
methyl dopa	*ALDOMET	1	
minoxidil	*LONITEN	1	
phenoxybenzamine	<b>DIBENZYLINE</b>	3	
prazosin	*MINIPRESS	1	
reserpine		3	
riociguat	<b>ADEMPAS</b>	2	PA SP
sildenafil	*REVATIO	3	PA SP
sildenafil	<b>REVATIO IV SOLN</b>	3	PA SP
sildenafil	<b>REVATIO SUSP 10MG/ML</b>	3	PA SP
tadalafil	<b>ADCIRCA</b>	3	QL (60 tablets/month) PA SP
terazosin	*HYTRIN	1	QL (60 capsules/month)
treprostinil diolamine	<b>ORENITRAM</b>	3	PA SP
treprostinil	<b>TYVASO</b>	3	QL (30 pouches/month) PA SP

### 3-I Antihypertensive Combinations

Generic Name	Brand Name	Tier	Notes
amlodipine-benazepril	*LOTREL	1	QL (30 capsules/month)
amlodipine-valsartan	<b>EXFORGE</b>	2	QL (30 tablets/month)
atenolol-chlorthalidone	*TENORETIC	1	
azilsartan-chlorthalidone	<b>EDARBYCLOR</b>	3	
benazepril-HCTZ	*LOTENSIN HCT	1	QL (60 tablets/month)
bisoprolol-HCTZ	*ZIAC	1	
candesartan-HCTZ	*ATACAND HCT	3	QL (60 tablets/month)
captopril-HCTZ	*CAPOZIDE	1	
enalapril-felodipine	<b>LEXXEL</b>	3	QL (60 tablets/month)
enalapril-HCTZ	*VASERETIC	1	
eprosartan-HCTZ	<b>TEVETEN HCT</b>	3	QL (30 tablets/month)
fosinopril-HCTZ	*MONOPRIL HCT	1	QL (60 tablets/month)
irbesartan-HCTZ	*AVALIDE	1	QL (30 tablets/month)
lisinopril-HCTZ	*PRINZIDE	1	
lisinopril-HCTZ	*ZESTORETIC	1	
losartan-HCTZ	*HYZAAR	1	QL (30 tablets/month)
methyl dopa-HCTZ	*ALDORIL	1	
metoprolol/HCTZ	<b>DUTOPROL</b>	2	QL (60 tablets/month)
moexipril-HCTZ	*UNIRETIC	1	QL (60 tablets/month)
nadolol-bendroflumethiazide	*CORZIDE	1	QL (60 tablets/month)
olmesartan-HCTZ	<b>BENICAR HCT</b>	2	QL (30 tablets/month)
propranolol-HCTZ	*INDERIDE	1	
quinapril-HCTZ	*ACCURETIC	2	QL (60 tablets/month)
sacubitril-valsartan	<b>ENTRESTO</b>	3	PA QL (60 tablets/month)
telmisartan-HCTZ	*MICARDIS HCT	3	QL (30 tablets/month)
trandolapril-verapamil	*TARKA	3	QL (60 tablets/month)
valsartan-HCTZ	*DIOVAN-HCT 80-12.5mg & 160-12.5mg	1	QL (60 tablets/month)
valsartan-HCTZ	*DIOVAN-HCT 160-25mg, 320-12.5mg, & 320-25mg	1	QL (30 tablets/month)

### 3-J Diuretics

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

### 3-K Pressors

Generic Name	Brand Name	Tier	Notes
epinephrine inj	EPIPEN	2	
epinephrine inj	EPIPEN JR	2	
epinephrine inj	TWINJECT	3	
midodrine	*PROAMATINE	1	

### 3-L Antihyperlipidemics

Generic Name	Brand Name	Tier	Notes
alirocumab inj	PRALUENT	2	PA SP QL (2 inj/28 days)
atorvastatin	*LIPITOR	1	QL (30 tablets/month)
cholestyramine	*QUESTRAN	1	
colesevelam	WELCHOL	2	QL (210 tablets/month)
colestipol	*COLESTID	1	
evolocumab	REPATHA	3	PA SP ST
<b>REPATHA ST - requires trial of Praluent</b>			
ezetimibe	ZETIA	3	QL (30 tablets/month)
ezetimibe-simvastatin	VYTORIN	3	QL (30 tablets/month)
fenofibrate	*LOFIBRA 54mg & 160mg	1	
fluvastatin	LESCOL 20mg	3	ST QL (30 capsules/month)
<b>LESCOL ST = requires trial of THREE statins</b>			
fluvastatin	LESCOL 40mg	3	ST QL (60 capsules/month)
<b>LESCOL ST = requires trial of THREE statins</b>			
fluvastatin SR	*LESCOL XL	3	ST QL (30 tablets/month)
<b>LESCOL XL ST = requires trial of THREE statins</b>			

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gemfibrozil	*LOPID	1	
icosapent ethyl	VASCEPA	3	PA
lomitapide mesylate	JUXTAPID	3	PA
lovastatin	*MEVACOR 10mg	1	QL (30 tablets/month)
lovastatin	*MEVACOR 20mg	1	QL (30 tablets/month)
lovastatin	*MEVACOR 40mg	1	QL (60 tablets/month)
lovastatin SR	ALTOCOR	3	
mipomersen sodium	KYNAMRO	3	PA
niacin SR	*NIASPAN	3	
niacin-lovastatin CR	ADVICOR	3	QL (60 tablets/month)
omega-3-acid ethyl esters	*LOVAZA	3	PA QL (120 capsules/month)
pitavastatin	LIVALO	3	ST QL (30 tablets/month)

**LIVALO ST** = requires trial of THREE generic statins

pravastatin	*PRAVACHOL	1	QL (30 tablets/month)
rosuvastatin	CRESTOR	2	
simvastatin	*ZOCOR	1	QL (30 tablets/month)

### 3-M Miscellaneous Cardiovascular

Generic Name	Brand Name	Tier	Notes
isosorbide dinitrate-hydralazine	BIDIL	2	
ranolazine	RANEXA	2	QL (60 tablets/month)

## CENTRAL NERVOUS SYSTEM (drugs that affect the brain)

### 4-A Antianxiety Agents

Generic Name	Brand Name	Tier	Notes
alprazolam	*XANAX	1	
alprazolam SR	*XANAX XR 0.5mg	1	QL (30 tablets/month)
alprazolam SR	*XANAX XR 1mg	1	QL (30 tablets/month)
alprazolam SR	*XANAX XR 2mg	1	QL (30 tablets/month)
alprazolam SR	*XANAX XR 3mg	1	QL (60 tablets/month)
alprazolam	*NIRAVAM	3	
bupirone	BUSPAR (7.5mg)	2	
bupirone	*BUSPAR 10mg	1	QL (60 tablets/month)
bupirone	*BUSPAR 15mg	1	QL (120 tablets/month)
chlordiazepoxide	*LIBRIUM	1	
clorazepate	*TRANXENE	1	
diazepam	*VALIUM	1	
hydroxyzine HCL	*ATARAX	1	
hydroxyzine pamoate	*VISTARIL	1	
lorazepam	*ATIVAN	1	
meprobamate		1	
oxazepam	*SERAX	1	

### 4-B Antidepressants

Generic Name	Brand Name	Tier	Notes
amitriptyline	*ELAVIL	1	
amoxapine	*ASENDIN	1	
bupropion	*WELLBUTRIN 75mg	1	QL (180 tablets/month)

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3-Tier Drug Benefit Guide  
03/01/16

bupropion	*WELLBUTRIN 100mg	1	QL (120 tablets/month)
bupropion SR	*WELLBUTRIN SR 100mg	1	QL (60 tablets/month)
bupropion SR	*WELLBUTRIN SR 150mg	1	QL (60 tablets/month)
bupropion SR	*WELLBUTRIN SR 200mg	1	QL (60 tablets/month)
bupropion XL	*WELLBUTRIN XL	1	QL (30 tablets/month)
citalopram	*CELEXA	1	QL (45 tablets/month)
clomipramine	*ANAFRANIL	1	
desipramine	*NORPRAMIN	1	
desvenlafaxine	<b>PRISTIQ</b>	3	QL (30 tablets/month)
doxepin	*SINEQUAN	1	
duloxetine	*CYMBALTA 20mg	3	QL (60 capsules/month)
duloxetine	*CYMBALTA 30mg	3	QL (60 capsules/month)
duloxetine	*CYMBALTA 60mg	3	QL (60 capsules/month)
escitalopram	*LEXAPRO 5mg	1	QL (45 tablets/month)
escitalopram	*LEXAPRO 10mg	1	QL (45 tablets/month)
escitalopram	*LEXAPRO 20mg	1	QL (30 tablets/month)
fluoxetine	*PROZAC 10mg	1	QL (30 capsules/month)
fluoxetine	*PROZAC 20mg	1	QL (120 capsules/month)
fluoxetine	*PROZAC 40mg	1	QL (60 capsules/month)
fluoxetine	*PROZAC 60mg	2	QL (30 capsules/month)
fluoxetine	*PROZAC WEEKLY	3	QL (4 capsules/month)
fluoxetine	<b>SARAFEM</b>	3	QL (30 capsules/month)
fluvoxamine	*LUVOX	1	QL (90 tablets/month)
fluvoxamine	*LUVOX CR 100mg	3	QL (30 capsules/month)
fluvoxamine	*LUVOX CR 150mg	3	QL (60 capsules/month)
imipramine	*TOFRANIL	1	
imipramine pamoate	<b>TOFRANIL PM</b>	3	
levomilnacipran hcl	<b>FETZIMA</b>	3	ST
<b>Fetzima ST = requires 60 day consistent trial of 3 the following agents (fluoxetine, paroxetine, citalopram, sertraline, bupropion/SR, venlafaxine) in the past 2 years</b>			
maprotiline	*LUDIOMIL	1	
mirtazapine	*REMERON	1	QL (30 tablets/month)
mirtazapine soltabs	*REMERON SOLTABS	1	QL (30 tablets/month)
nefazodone HCL	*SERZONE	1	
nortriptyline	*PAMELOR	1	
paroxetine HCL	*PAXIL 10mg	1	QL (30 tablets/month)
paroxetine HCL	*PAXIL 20mg	1	QL (30 tablets/month)
paroxetine HCL	*PAXIL 30mg	1	QL (60 tablets/month)
paroxetine HCL	*PAXIL 40mg	1	QL (45 tablets/month)
paroxetine HCL SR	*PAXIL CR 12.5mg	3	QL (30 tablets/month)
paroxetine HCL SR	*PAXIL CR 25mg	3	QL (60 tablets/month)
paroxetine HCL SR	*PAXIL CR 37.5mg	3	QL (60 tablets/month)
phenelzine sulfate	*NARDIL	1	
protriptyline	*VIVACTIL	1	
sertraline HCL	*ZOLOFT 25mg	1	QL (45 tablets/month)
sertraline HCL	*ZOLOFT 50mg	1	QL (45 tablets/month)

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sertraline HCL	*ZOLOFT 100mg	1	QL (60 tablets/month)
trazodone	*DESYREL	1	
trimipramine maleate	*SURMONTIL	1	
trimipramine maleate	<b>SURMONTIL</b>	3	
venlafaxine	*EFFEXOR	1	QL (90 tablets/month)
venlafaxine SR	*EFFEXOR XR (cap) 37.5mg	1	QL (90 capsules/month)
venlafaxine SR	*EFFEXOR XR (cap) 75mg	1	QL (90 capsules/month)
venlafaxine SR	*EFFEXOR XR (cap) 150mg	1	QL (60 capsules/month)
vilazodone	<b>VIIBRYD</b>	3	QL (30 tablets/month)
vortioxetine hbr	<b>BRINTELLIX</b>	3	QL (30 tablets/month) ST

**Brintellix ST** = requires 60 day consistent trial of 3 the following agents (fluoxetine, paroxetine, citalopram, sertraline, bupropion/SR, venlafaxine) in the past 2 years

#### 4-C Hypnotics (Sleep Aids)

Generic Name	Brand Name	Tier	Notes
chloral hydrate	<b>SOMNOTE</b>	2	
estazolam	*PROSOM	1	
eszopiclone	*LUNESTA	2	QL (30 tablets/month)
flurazepam	*DALMANE	1	
phenobarbital		1	
ramelteon	<b>ROZEREM</b>	3	QL (30 tablets/month) ST

**Rozerem ST** = requires 30 day fill of one of the following: zolpidem, eszopiclone or zaleplon in the past 2 years

suvorexant	<b>BELSOMRA</b>	3	QL (30 tablets/month) ST
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**BELSOMRA ST** = requires 30 day fill of one of the following: zolpidem, eszopiclone or zaleplon in the past 2 years

temazepam	*RESTORIL	1	QL (30 capsules/month)
triazolam	*HALCION	1	QL (15 tablets/fill; 2 fills/month)
zaleplon	*SONATA 5mg	1	QL (30 capsules/month)
zaleplon	*SONATA 10mg	1	QL (60 capsules/month)
zolpidem	*AMBIEN	1	QL (30 tablets/month)

#### 4-D Antipsychotics

Generic Name	Brand Name	Tier	Notes
aripiprazole	*ABILIFY	2	QL (30 tablets/month)
asenapine	<b>SAPHRIS</b>	3	PA ST QL (60 tablets/month)

**Saphris ST** = requires failure/contraindication to Risperidone and Quetiapine AND supported diagnosis in the past 2 years

brexpiprazole	<b>REXULTI</b>	3	ST QL (30 tablets/month)
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**Rexulti ST** = requires failure/contraindication to Risperidone and Quetiapine AND supported diagnosis in the past 2 years

chlorpromazine	*THORAZINE	1	
clozapine	*FAZACLO	3	PA ST

**Fazaclo ST** = requires failure/contraindication to Risperidone and Quetiapine AND supported diagnosis in the past 2 years

clozapine	* <b>CLOZARIL (NTI)</b>	2	PA ST
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**Clozaril ST** = requires failure/contraindication to Risperidone and Quetiapine AND supported diagnosis in the past 2 years

fluphenazine	*PROLIXIN	1	
haloperidol	*HALDOL	1	

iloperidone	<b>FANAPT</b>	3	QL (60 tablets/month)PA ST
<b>Fanapt ST</b> = requires failure/contraindication to Risperidone and Quetiapine AND supported diagnosis in past 2 years			
lithium carbonate	*ESKALITH	1	
lithium carbonate CR	*ESKALITH CR	1	
lithium carbonate CR	*LITHOBID	1	
loxapine	*LOXITANE	1	
lurasidone	<b>LATUDA</b>	3	
olanzapine	*ZYPREXA	3	QL (30 tablets/month)
olanzapine	*ZYPREXA ZYDIS	3	QL (30 tablets/month)
paliperidone	*INVEGA	3	QL (30 tablets/month) PA ST
<b>Invega ST</b> = requires failure/contraindication to Risperidone and Quetiapine AND supported diagnosis in past 2 years			
perphenazine	*TRILAFONE	1	
prochlorperazine	*COMPAZINE	1	
quetiapine fumarate	*SEROQUEL 25mg	1	QL (90 tablets/month)
quetiapine fumarate	*SEROQUEL 100mg	1	QL (90 tablets/month)
quetiapine fumarate	*SEROQUEL 200mg	1	QL (120 tablets/month)
quetiapine fumarate	*SEROQUEL 300mg	1	QL (90 tablets/month)
quetiapine fumarate	<b>SEROQUEL XR 50mg</b>	3	QL (90 tablets/month)
quetiapine fumarate	<b>SEROQUEL XR 150mg</b>	3	QL (30 tablets/month)
quetiapine fumarate	<b>SEROQUEL XR 200mg</b>	3	QL (30 tablets/month)
quetiapine fumarate	<b>SEROQUEL XR 300mg</b>	3	QL (60 tablets/month)
quetiapine fumarate	<b>SEROQUEL XR 400mg</b>	3	QL (60 tablets/month)
risperidone	*RISPERDAL	1	
risperidone	*RISPERDAL M	1	
thioridazine		1	
thiothixene	*NAVANE	1	
trifluoperazine	*STELAZINE	1	
ziprasidone HCL	*GEODON	1	QL (60 capsules/month)
<b>4-E Stimulants</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
amphetamine-d-amphetamine	*ADDERALL	1	
amphetamine-d-amphetamine SR	<b>ADDERALL XR 5mg</b>	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	<b>ADDERALL XR 10mg</b>	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	<b>ADDERALL XR 15mg</b>	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	<b>ADDERALL XR 20mg</b>	2	QL (60 capsules/month)
amphetamine-d-amphetamine SR	<b>ADDERALL XR 25mg</b>	2	QL (30 capsules/month)
amphetamine-d-amphetamine SR	<b>ADDERALL XR 30mg</b>	2	QL (30 capsules/month)
armodafinil	<b>NUVIGIL</b>	3	QL (30 tablets/month) PA
atomoxetine	<b>STRATTERA</b>	3	QL (30 capsules/month)
dexmethylphenidate	*FOCALIN	1	QL (60 tablets/month)
dextroamphetamine	*DEXEDRINE ER CAPS	3	
dextroamphetamine sulfate oral soln	*PROCENTRA	1	
lisdexamfetamine dimesylate	<b>VYVANSE</b>	2	QL (30 capsules/month)
methamphetamine	*DESOXYN	1	QL (150 tablets/month)

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methylphenidate	<b>DAYTRANA PATCHES</b>	3	QL (30 patches/month)
methylphenidate	*METHYLIN (chewable) 2.5mg	3	QL (60 tablets/month)
methylphenidate	*METHYLIN (chewable) 5mg	3	QL (180 tablets/month)
methylphenidate	*METHYLIN (chewable) 10mg	3	QL (180 tablets/month)
methylphenidate	<b>METHYLIN (suspension) 5mg/ml</b>	3	QL (1800 mls/month)
methylphenidate	<b>METHYLIN (suspension) 10mg/ml</b>	3	QL (900 mls/month)
methylphenidate	*RITALIN 5MG	1	QL (180 tablets/month)
methylphenidate	*RITALIN 10MG	1	QL (180 tablets/month)
methylphenidate	*RITALIN 20MG	1	QL (60 tablets/month)
methylphenidate ER		1	QL (90 tablets/month)
methylphenidate CR	*RITALIN SR	1	QL (180 tablets/month)
methylphenidate CR	<b>METADATE CD</b>	2	QL (30 capsules/month)
methylphenidate SA	<b>CONCERTA 18mg</b>	2	QL (30 tablets/month)
methylphenidate SA	<b>CONCERTA 27mg</b>	2	QL (30 tablets/month)
methylphenidate SA	<b>CONCERTA 36mg</b>	2	QL (60 tablets/month)
methylphenidate SA	<b>CONCERTA 54mg</b>	2	QL (30 tablets/month)
modafinil	*PROVIGIL 100mg	3	PA QL (30 tablets/month)
modafinil	*PROVIGIL 200mg	3	PA QL (60 tablets/month)
sodium oxybate	<b>XYREM</b>	3	PA

#### 4-F Misc Psychotherapeutic and Neurological Agents

Generic Name	Brand Name	Tier	Notes
amitriptyline-chlordiazepoxide	<b>LIMBITROL</b>	2	
disulfiram	*ANTABUSE	1	
dextromethorphan quindine	<b>NUDEXTA</b>	2	QL (60 tablets/month) SP
donepezil	*ARICEPT	1	QL (30 tablets/month)
donepezil odt	*ARICEPT ODT	2	QL (30 tablets/month)
ergoloid mesylates	*HYDERGINE	1	
galantamine	*RAZADYNE	1	QL (60 tablets/month)
galantamine	*RAZADYNE ER	1	QL (30 capsules/month)
guanfacine	*INTUNIV	2	QL (30 tablets/month)
menantine	*NAMENDA	2	QL (60 tablets/month)
menantine	*NAMENDA ORAL SOLN	3	
memantine	<b>NAMENDA XR</b>	3	
olanzapine-fluoxetine	*SYMBYAX	3	
perphenazine-amitriptyline	*ETRAFON	1	
pimozide	*ORAP	2	
rivastigmine	*EXELON	2	QL (60 capsules/month)
rivastigmine	<b>EXELON PATCH</b>	3	QL (30 patches/month)
tacrine	<b>COGNEX</b>	3	
tetrabenazine	<b>XENAZINE</b>	3	

#### 4-G Anticonvulsants

Generic Name	Brand Name	Tier	Notes
carbamazepine	*TEGRETOL (NTI)	2	
carbamazepine SR	*CARBATROL	3	
carbamazepine SR	*TEGRETOL XR	1	
clobazam	<b>ONFI</b>	3	PA

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clonazepam	*KLONOPIN	1	
diazepam rectal	*DIASTAT	3	QL (1 kit/month)
divalproex sodium EC	*DEPAKOTE	1	
divalproex sodium sprinkle	*DEPAKOTE SPRINKLE	2	
eslicarbazepine acetate	<b>APTIOM</b>	3	PA
ethosuximide	*ZARONTIN	1	
ethotoin	<b>PEGANONE</b>	3	
ezogabine	<b>POTIGA</b>	3	
felbamate	<b>FELBATOL</b>	3	
gabapentin	*GABARONE	1	
gabapentin	*NEURONTIN 100mg	1	QL (240 capsules/month)
gabapentin	*NEURONTIN 300mg	1	QL (360 capsules/month)
gabapentin	*NEURONTIN 400mg	1	QL (270 capsules/month)
gabapentin	*NEURONTIN 600mg	1	QL (180 tablets/month)
gabapentin	*NEURONTIN 800mg	1	QL (120 tablets/month)
gabapentin	<b>NEURONTIN (solution)</b>	3	
lacosamide	<b>VIMPAT</b>	3	PA QL (60 tablets/month)
lacosamide	<b>VIMPAT (solution)</b>	3	PA
lamotrigine	*LAMICTAL	1	
lamotrigine	<b>LAMICTAL ODT</b>	3	
lamotrigine	<b>LAMICTAL ODT KIT</b>	3	QL (1 kit/month)
lamotrigine	*LAMICTAL STARTER KIT	1	QL (1 kit/month)
lamotrigine	*LAMICTAL XR	3	
lamotrigine	*LAMICTAL XR KIT	3	QL (1 kit/month)
levetiracetam	*KEPPRA	2	
levetiracetam	*KEPPRA XR	3	
methsuximide	<b>CELONTIN</b>	3	
milnacipran	<b>SAVELLA</b>	3	QL (60 capsules/month)
milnacipran	<b>SAVELLA TITRATION PAK</b>	3	QL (1 kit/month)
oxcarbazepine	*TRILEPTAL 100mg	1	QL (60 tablets/month)
oxcarbazepine	*TRILEPTAL 300mg	1	QL (90 tablets/month)
oxcarbazepine	*TRILEPTAL 600mg	1	QL (120 tablets/month)
perampanel	<b>FYCOMPA</b>	3	PA
phenytoin	*DILANTIN (NTI)	2	
phenytoin	*DILANTIN CHEW	3	
pregabalin	<b>LYRICA 25mg</b>	3	QL (90 capsules/month) ST
pregabalin	<b>LYRICA 50mg</b>	3	QL (90 capsules/month) ST
pregabalin	<b>LYRICA 75mg</b>	3	QL (90 capsules/month) ST
pregabalin	<b>LYRICA 100mg</b>	3	QL (90 capsules/month) ST
pregabalin	<b>LYRICA 150mg</b>	3	QL (90 capsules/month) ST
pregabalin	<b>LYRICA 200mg</b>	3	QL (90 capsules/month) ST
pregabalin	<b>LYRICA 225mg</b>	3	QL (60 capsules/month) ST
pregabalin	<b>LYRICA 300mg</b>	3	QL (60 capsules/month) ST
pregabalin	<b>LYRICA SOLUTION</b>	3	QL ST
primidone	*MYSOLINE	1	
rufinamide	<b>BANZEL</b>	3	PA

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rufinamide	<b>BANZEL suspension</b>	3	QL (80 mls/day)
tiagabine	*GABITRIL	1	
topiramate	*TOPAMAX SPRINKLES	1	QL (120 capsules/month)
topiramate	*TOPAMAX	1	QL (90 tablets/month)
valproic acid	*DEPAKENE	1	
valproic acid	<b>STAVZOR</b>	3	PA QL (60 capsules/month)
vigabatrin	<b>SABRIL</b>	3	QL (180 tablets/month)
zonisamide	*ZONEGRAN 25mg	1	QL (120 capsules/month)
zonisamide	*ZONEGRAN 50mg	1	QL (120 capsules/month)
zonisamide	*ZONEGRAN 100mg	1	QL (180 capsules/month)

#### 4-H Antiparkinsonian Agents

Generic Name	Brand Name	Tier	Notes
	<b>AMANTADINE</b> (Symmetrel)	2	
apomorphine	<b>APOKYN</b>	2	SIO SP
benztropine	*COGENTIN	1	
bromocriptine (tablets)	*PARLODEL	1	
carbidopa	*LODOSYN	3	
carbidopa-levodopa	*SINEMET	1	
carbidopa-levodopa	*PARCOPA	1	
carbidopa-levodopa CR	*SINEMET CR	1	
carbidopa-levodopa-entacapone	<b>STALEVO</b>	3	QL (240 tablets/month)
carbidopa-levodopa enteral susp	<b>DUOPA</b>	3	PA
entacapone	*COMTAN	2	QL (240 tablets/month)
pramipexole	*MIRAPEX	1	QL (90 tablets/month)
rasagiline mesylate	<b>AZILECT</b>	3	
ropinirole	*REQUIP	1	QL (90 tablets/month)
tolcapone	<b>TASMAR</b>	2	
trihexyphenidyl	*ARTANE	1	
	*SELEGILINE	1	

#### 4-I Smoking Deterrents

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

### DERMATOLOGICALS (drugs to treat skin disorders or conditions)

#### 5-A Anorectal

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

#### 5-B Acne Products

Generic Name	Brand Name	Tier	Notes
adapalene	<b>DIFFERIN 0.1% Cr/Gel</b>	2	QL (45 gm/60 days) AL
adapalene	<b>DIFFERIN 0.1% lotion</b>	3	QL (1 bottle/60 days) AL
adapalene	*DIFFERIN 0.1%	3	ST AL

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3-Tier Drug Benefit Guide  
03/01/16

<b>Differin 0.1% generic ST = requires trial of BRAND Differin the past 120 days</b>			
adapalene	*DIFFERIN 0.3%	3	QL (45 gm/60 days) AL
azelaic acid	<b>AZELEX</b>	3	
azelaic acid foam	<b>FINACEA FOAM</b>	3	
azelaic acid	<b>FINACEA</b>	3	
benzoyl peroxide-vit E	<b>INOVA KIT</b>	3	
benzoyl peroxide-salicylic acid-vit E	<b>INOVA 4/1 KIT</b>	3	
benzoyl peroxide-adapalene	<b>EPIDUO</b>	3	QL (45 gm/month) AL
benzoyl peroxide-erythromycin gel	*BENZAMYCIN	1	QL (60 gm/month)
benzoyl peroxide-urea	<b>ZODERM 5.75% cleanser</b>	3	QL (473 mls/month)
benzoyl peroxide-urea	<b>ZODERM cleanser</b>	3	QL (400 mls/month)
benzoyl peroxide-urea	<b>ZODERM cream</b>	3	QL (125 mls/month)
benzoyl peroxide-urea	<b>ZODERM gel</b>	3	QL (125 mls/month)
clindamycin foam	<b>EVOCLIN</b>	3	
clindamycin topical	*CLEOCIN-T SOLN & PADS	1	
clindamycin-benzoyl peroxide gel	*DUAC	3	AL
dapsone	<b>ACZONE</b>	3	
erythromycin topical	*ERYGEL	1	
isotretinoin	*ACUTANE	3	QL (60 capsules/month) PA
isotretinoin	*AMNESTEEM	3	QL (60 capsules/month) PA
isotretinoin	*CLARAVIS	3	QL (60 capsules/month) PA
isotretinoin	*SOTRET	3	QL (60 capsules/month) PA
ivermectin cream	<b>SOOLANTRA</b>	3	ST

**SOOLANTRA ST = requires trial of topical metronidazole and oral doxycycline**

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

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

**5-C Topical Antibiotics**

Generic Name	Brand Name	Tier	Notes
bac-polymy-neomycin HC oint	<b>CORTISPORIN OINTMENT</b>	2	
erythromycin ointment	<b>AKNE-MYCIN</b>	3	
gentamicin topical	*GARAMYCIN	1	
mupirocin	*BACTROBAN	1	
mupirocin	*BACTROBAN CREAM	3	
mupirocin	<b>BACTROBAN NASAL OINTMENT</b>	2	
neomycin-polymyxin-HC cream	<b>CORTISPORIN CREAM</b>	2	
retapamuln	<b>ALTABAX</b>	3	QL (15 gm/month)
silver sulfadiazine	*SILVADENE	1	

**5-D Topical Antifungals**

Generic Name	Brand Name	Tier	Notes
butenafine	<b>MENTAX</b>	3	

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ciclopirox	*LOPROX	2	
ciclopirox solution	*PENLAC	1	QL (7 ml/month)
clotrimazole-betamethasone	*LOTRISONE	1	QL (30 ml/month)
econazole	*SPECTAZOLE	1	
ketoconazole shampoo	*NIZORAL SHAMPOO	1	
ketoconazole topical		1	
nystatin topical	*MYCOSTATIN topical	1	
oxiconazole	<b>OXISTAT CREAM</b>	3	ST
<b>OXISTAT ST</b> - requires a 30-day trial of one of the following: ketoconazole or ciclopirox			
<b>5-E Topical Antivirals</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
Acyclovir Ointment	*ZOVIRAX OINT	3	PA
<b>5-F Antipsoriatics</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
anthralin	*PSORiatec	1	
acitretin	*SORIATANE	3	
acitretin	*SORIATANE CK kit	3	QL (1 kit/month)
calcipotriene	*DOVONEX	2	QL (1 tube/month)
calcipotriene-betamethasone	*TACLONEX	3	QL (1 tube/month)
calcitriol ointment	*VECTICAL	1	QL (100 gm/month)
methoxsalen	<b>OXSORALEN-ULTRA</b>	3	
tazarotene	<b>TAZORAC **</b>	3	QL (1 tube/month) AL
** Larger tube sizes (60 grams or above) will be subject to a 60-day supply limit and 2 copays will apply			
<b>5-G Scabicides and Pediculicides</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
crotamiton	<b>EURAX</b>	3	
lindane shampoo	*KWELL	1	
permethrin	*ELIMITE	1	
spinosad	*NATROBA	3	
<b>5-H Topical Corticosteroids</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
alclometasone	*ACLOVATE	1	
amcinonide	*CYCLOCORT	3	
augmented betamethasone	*DIPROLENE	3	
augmented betamethasone	*DIPROLENE AF	1	
betamethasone dipropionate	*DIPROSONE	2	
betamethasone valerate	*VALISONE	1	
clobetasol propionate	*TEMOVATE	1	
clocortolone	*CLODERM	3	ST
<b>CLODERM ST</b> - requires a 30-day trial of Elocon			
desonide	<b>DESONATE 0.05% GEL</b>	3	ST
<b>DESONATE GEL ST</b> - requires a 30-day trial of one of the following: cutivate, locoid, dermatop, kenalog			
desonide	*DESOWEN CREAM	3	
desonide	*DESOWEN LOTION & OINT	3	
desoximetasone	*TOPICORT GEL & OINT	3	
diclofenac gel	<b>VOLTAREN GEL</b>	3	QL (500 gm/month)

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diclofenac sodium	*SOLARAZE 3% GEL	3	PA
diflorasone diacetate 0.05% cr & oint		3	
diflorasone diacetate	*APEXICON OINTMENT	3	
diflorasone diacetate	*APEXICON E CREAM	3	
diflorasone diacetate	<b>PSORCON OINT</b>	3	QL (60 gm/month)
flucinolone oil	*DERMA-SMOOTH FS	3	
fluocinolone acetonide	*SYNALAR	3	
fluocinonide	*LIDEX	1	
flurandrenolide patch	<b>CORDRAN .05% lotion &amp; cr</b>	3	ST
<b>Cordran ST</b> - requires a 30-day trial of one of the following: cutivate, locoid, dermatop, kenalog			
fluticasone	*CUTIVATE **	1	
halcinonide	<b>HALOG</b>	3	ST
<b>HALOG ST</b> - requires a 30-day trial of one of the following: Diprolene AF or Lidex			
halobetasol	*ULTRAVATE	2	
halobetasol	<b>ULTRAVATE KIT</b>	3	QL (1 kit/month)
hc lot 2% sal acid sulfur 2-2%	<b>SCALACORT DK KIT</b>	3	
hydrocortisone butyrate	*LOCOID CREAM	1	QL (45 gm/month)
hydrocortisone valerate	*WESTCORT	3	
mometasone	*ELOCON	1	
pramoxine-HC cream	<b>PRAMOSONE E</b>	3	
pramoxine-HC cream	*PRAMOSONE	1	
pramoxine-HC foam	<b>EPIFOAM</b>	2	
prednicarbate	*DERMATOP	1	
sodium hyaluronate	*HYLIRA	1	
triamcinolone acetonide	*KENALOG AEROSOL SPRAY	3	
triamcinolone acetonide	*KENALOG	1	

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

### 5-I Miscellaneous Topicals

Generic Name	Brand Name	Tier	Notes
alefacept	<b>AMEVIVE</b>	3	
aluminum chloride	*DRYSOL	1	
aluminum chloride/alcohol	<b>XERAC-AC</b>	3	
becaplermin	<b>REGRANEX</b>	3	PA
collagenase	<b>SANTYL</b>	3	
fluorouracil	*EFUDEX	1	
fluorouracil	<b>CARAC</b>	2	
fluorouracil	<b>FLUOROPLEX</b>	3	
imiquimod	*ALDARA	2	QL (12 packets/month)
lidocaine (topical)	*XYLOCAINE	1	
lidocaine patch	*LIDODERM	3	PA
lidocaine/hydrocortisone	*ANAMANTLE	1	
lidocaine-prilocaine	*EMLA cream	1	QL (30 gm/month)
lidocaine/prilocaine kit		3	
lidocaine/tetracaine	<b>SYNERA PATCH</b>	3	QL (4 patches/month)
pimecrolimus	<b>ELIDEL</b>	3	QL (1 tube/month)

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3-Tier Drug Benefit Guide  
03/01/16

podofilox	*CONDYLOX	3	
podophyllum resin	<b>PODOCON</b>	2	
selenium sulfide shampoo	*SELSUN	1	
sulfacetamide	*OVACE	3	
sulfacetamide	*OVACE PLUS SHAMPOO 1%	3	
sulfacetamide-urea lotion	*CARMOL SCALP	1	
tacrolimus topical	*PROTOPIC OINT	1	QL (1 tube/month)
trypsin-castor oil-peruvian balsam	*XENADERM	1	
urea	*VANAMIDE	1	
urea	*Hydro 40	3	QL (70 gm/month)
urea	<b>KERAFOAM</b>	3	QL (60 gm/month)
urea (carbamide)	*CARMOL 40	1	
urea in zinc	<b>KEROL AD</b>	3	

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

### 6-A Corticosteroids

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

### 6-B Androgens

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

### 6-C Estrogens

Generic Name	Brand Name	Tier	Notes
conjugated estrogens-bazedoxifene	<b>DUAVEE</b>	2	
esterified estrogens		1	
esterified estrogens	<b>MENEST</b>	3	
estradiol	*ESTRACE	1	
estradiol gel	<b>ESTROGEL</b>	3	QL (93gm/month)

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3-Tier Drug Benefit Guide  
03/01/16

estradiol patch	*CLIMARA	1	QL (4 patches/month)
estradiol patch	VIVELLE	2	QL (8 patches/month)
estradiol patch	VIVELLE DOT	2	QL (8 patches/month)
estradiol patch	ALORA	3	QL (8 patches/month)
estradiol patch	ESCLIM	3	
estradiol patch	ESTRADERM	3	QL (8 patches/month)
estradiol patch	MENOSTAR	3	QL (4 patches/month)
estradiol spray	EVAMIST	3	QL (9 ml/month)
estradiol TD gel	DIVIGEL	3	QL (1 tube/month)
estradiol transdermal	ESTRASORB	3	QL (56 packets/month)
estradiol-levonorgestrel patch	CLIMARA PRO	3	QL (4 patches/month)
estradiol-norethindrone	*ACTIVELLA	3	QL (1 dialpak/month)
estradiol-norethindrone patch	COMBIPATCH	3	QL (8 patches/month)
estradiol-norgestimate	ORTHO-PREFEST	2	
estrogen-medroxyprogesterone	PREMPHASE	2	QL (1 dialpak/month)
estrogen-medroxyprogesterone	PREMPRO	2	QL (1 dialpak/month)
estrogens (conjugated synthetic)	ENJUVIA	3	QL (30 tablets/month)
estrogens (conjugated)	PREMARIN	3	QL (30 tablets/month)
estrogens-methyltestosterone	*ESTRATEST	1	
estrogens-methyltestosterone	*ESTRATEST HS	1	
estropipate	*OGEN	1	
ethinyl estradiol-norethindrone	FEMHRT	3	QL (1 dialpak/month)
ospemifene	OSPHENA	3	
<b>6-D Contraceptives</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
<b>MONOPHASIC PRODUCTS</b>			
<i>ethinyl estradiol (EE) /desogestrel products</i>			
Apri, Emoquette, Reclipsen, Solia	*ORTHO CEPT	1	QL (28 tablets/21 days)
<i>mestranol/norethindrone</i>			
Necon 1/150	*NORINYL	1	QL (28 tablets/21 days)
	DESOGEN	3	QL (28 tablets/21 days)
<i>EE/norgestimate products</i>			
	ORTHO CYCLEN	1	QL (28 tablets/21 days)
Sprintec, Previfem, Mononessa		3	QL (28 tablets/21 days) ST
<b>Sprintec, Previfem, Mononessa ST = requires trial of brand Ortho Cyclen within the last 120 days</b>			
<i>EE/norethindrone products</i>			
l,Cyclafem,Necon,Norinyl,Alyacen	*ORTHO NOVUM 1/35	1	QL (28 tablets/21 days)
Lomedia 24 FE	*LOESTRIN 24 FE	3	QL (28 tablets/month)
Junel Fe, Gildess Fe, Microgestin Fe	*LOESTRIN FE	1	QL (28 tablets/21 days)
Microgestin, Junel, Gildess	*LOESTRIN	3	QL (28 tablets/21 days)
Balziva, Zenchent FE, Briellyn	*OVCON-35	3	QL (28 tablets/21 days)
Nortrel, Necon, Brevicon	*MODICON	1	QL (28 tablets/21 days)
<i>EE/drospirenone products</i>			
	YAZ	2	QL (28 tablets/21 days)
Gianvi, Loryna,		3	QL (28 tablets/21 days) ST

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3-Tier Drug Benefit Guide  
03/01/16

<b>Gianvi, Loryna ST = requires trial of brand Yaz within the last 120 days</b>			
	<b>YASMIN</b>	1	QL (28 tablets/21 days)
Ocella, Zarah, Syeda		3	QL (28 tablets/21 days) ST
<b>Ocella , Zarah, Syeda ST = requires trial of brand Yasmin in past 120 days</b>			
<b>EE/norgestrel products</b>			
Low-ogestrel, Cryselle	*LO/OVRAL	1	QL (28 tablets/21 days)
<b>EE/ethynodiol products</b>			
Kelnor		1	QL (28 tablets/21 days)
Zovia 1/35		1	QL (28 tablets/21 days)
<b>EE/levonorgestrel products</b>			
Altavera, Levora, Marlissa, Portia	*NORDETTE	1	QL (28 tablets/21 days)
Aviane, Lessina, Lutera, Sronyx, Orsythia	*ALESSE	1	QL (28 tablets/21 days)
Jolessa, Introvale, Quasense	*SEASONALE	1	QL (91 tablets/3 months)
Amethyst	*LYBREL	1	QL (28 tablets/21 days)
<b>BIPHASIC PRODUCTS</b>			
<b>EE-desogestrel/EE</b>			
Kariva, Azurette, Viorele	*MIRCETTE	3	QL (28 tablets/month)
<b>EE-levonorgestrel/EE</b>			
Camrese Lo, Amethia Lo	*LOSEASONIQUE	1	QL (28 tablets/21 days)
Camrese, Amethia,	*SEASONIQUE	1	QL (91 tablets/3 months)
<b>EE/norethindrone-EE/norethindrone</b>			
Necon 10/11	*ORTHO NOVUM 10/11	1	QL (28 tablets/21 days)
	<b>LO LOESTRIN FE</b>	3	QL (28 tablets/month)
<b>TRIPHASIC PRODUCTS</b>			
<b>EE/norethindrone-EE/norethindrone-EE/norethindrone</b>			
Aranelle, Leena	*TRI-NORINYL	1	QL (28 tablets/21 days)
	<b>ORTHO-NOVUM 7/7/7</b>	1	QL (28 tablets/21 days)
Necon 7/7/7, Nortrel 7/7/7, Cyclafem		3	QL (28 tablets/21 days) ST
<b>Alyacen, Necon 7/7/7, Nortrel 7/7/7, Cyclafem ST = requires failure of brand Ortho Novum 7/7/7</b>			
Tilia FE, Tri Legest FE	*ESTROSTEP (FE)	1	QL (28 tablets/21 days)
<b>EE/levonogestrel-EE/Levonorgestrel-EE/Levonorgestrel</b>			
Trivora, Myzilra	*ENPRESSE	1	QL (28 tablets/21 days)
<b>desogestrel-EE/desogestrel-EE/desogestrel</b>			
Cesia, Velivet, Caziant	*CYCLESSA	1	QL (28 tablets/21 days)
<b>estimate-EE/norgestimate-EE/norgestimate</b>			
	<b>ORTHO TRI CYCLEN</b>	1	QL (28 tablets/21 days)
Tri-Sprintec, Tri-Previfem, Trinessa		3	QL (28 tablets/21 days) ST
<b>Tri-Sprintec, Tri-Previfem, Trinessa ST= requires trial of brand Ortho Tri Cyclen within the last 120 days</b>			
	<b>ORTHO TRI CYCLEN LO</b>	2	QL (28 tablets/21 days)
tri-lo-estarylla, trinessa lo,	*ORTHO TRI CYCLEN LO	3	QL (28 tablets/21 days)
<b>4-PHASIC PRODUCTS</b>			
<b>estradiol-estradiol/dienogest-estradiol/dienogest-estradiol</b>			
	<b>NATAZIA</b>	1	QL
<b>PROGESTIN ONLY-PRODUCTS</b>			

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<b>Norethindrone</b>			
	<b>ORTHO MICRONOR</b>	1	QL (28 tablets/month)
Camila, Errin, Heather, Jolivette, Nora Be		3	QL (28 tablets/month) ST
<b>Camila, Errin, Heather, Jolivette, Nora Be ST = requires failure to brand Ortho Micronor</b>			
<b>MISCELLANEOUS</b>			
<b>Levonorgestrel</b>			
mifepristone	<b>KORLYM</b>	3	PA SP
Next choice	*PLAN B	1	
	<b>PLAN B ONE-STEP</b>	1	
<b>Ulipristal</b>			
	<b>ELLA</b>	1	QL (28 tablets/21 days)
<b>Etonogestrel/EE</b>			
	<b>NUVARING</b>	1	QL (1 ring/month)
<b>Norelgestromin/EE</b>			
xulane	*ORTHO EVRA	1	QL (3 patches/month)
	<b>DIAPHRAMS</b>	1	
	<b>FEMCAP</b>	3	QL (1 cap/year)
<b>6-E Progestins</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
hydroxyprogesterone caproate	<b>MAKENA</b>	3	QL (5ml's/month)
medroxyprogesterone	*PROVERA	1	
norethindrone	*AYGESTIN	1	
progesterone micronized	*PROMETRIUM	2	
progesterone vaginal	<b>CRINONE</b>	3	PA
<b>6-F Oral Antidiabetics (diabetes)</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
acarbose	*PRECOSE	1	QL (90 tablets/month)
alogliptin benzoate	<b>NESINA</b>	2	
alogliptin-metformin	<b>KAZANO</b>	2	
alogliptin-pioglitazone	<b>OSENI</b>	2	
bromocriptine	<b>CYCLOSET</b>	3	
canagliflozin	<b>INVOKANA</b>	2	ST
<b>Invokana ST= requires a 30-day trial of metformin, glimepiride, glipizide, glyburide or pioglitazone</b>			
canagliflozin-metformin	<b>INVOKAMET</b>	2	
chlorpropamide	*DIABINESE	1	
dapagliflozin propanediol	<b>FARXIGA</b>	3	ST
<b>FARXIGA ST - requires a trial/failure of both Invokana and Jardiance and one of the following:</b>			
metformin, glipizide, glyburide, glimepiride, pioglitazone			
empagliflozin	<b>JARDIANCE</b>	2	ST
<b>JARDIANCE ST: requires a 30-day trial of metformin, glimepiride, glipizide, glyburide or Actoplus Met</b>			
glimepiride	*AMARYL	1	QL (60 tablets/month)
glipizide	*GLUCOTROL 5mg	1	QL (120 tablets/month)
glipizide	*GLUCOTROL 10mg	1	QL (120 tablets/month)
glipizide CR	*GLUCOTROL XL 2.5mg	1	QL (90 tablets/month)

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glipizide CR	*GLUCOTROL XL 5mg	1	QL (60 tablets/month)
glipizide CR	*GLUCOTROL XL 10mg	1	QL (60 tablets/month)
glipizide-metformin	*METAGLIP	1	QL (120 tablets/month)
glyburide	*DIABETA	1	
glyburide-metformin	*GLUCOVANCE	1	QL (120 tablets/month)
glyburide micronized	*GLYNASE	1	QL (60 tablets/month)
linagliptin	<b>TRADJENTA</b>	2	
linagliptin-metformin	<b>JENTADUETO</b>	2	QL (60 tablets/month)
metformin	*GLUCOPHAGE 500mg	1	QL (150 tablets/month)
metformin	*GLUCOPHAGE 850mg	1	QL (90 tablets/month)
metformin	*GLUCOPHAGE 1000mg	1	QL (75 tablets/month)
metformin	<b>RIOMET</b>	3	QL (750 mls/month)
metformin SR	*GLUCOPHAGE XR 500mg	1	QL (120 tablets/month)
metformin SR	*GLUCOPHAGE XR 750mg	1	QL (90 tablets/month)
miglitol	<b>GLYSET</b>	3	QL (120 tablets/month)
nateglinide	*STARLIX	2	QL (90 tablets/month)
pioglitazone	*ACTOS	1	QL (30 tablets/month)
pioglitazone-glimepiride	*DUETACT	1	QL (30 tablets/month)
pioglitazone-metformin	*ACTOPLUS MET	2	QL (90 tablets/month)
pioglitazone-metformin	<b>ACTOPLUS MET XR</b>	3	QL (30 tablets/month)
repaglinide	*PRANDIN	2	QL (120 tablets/month)
repaglinide-metformin	<b>PRANDIMET</b>	2	
repaglinide-metformin	*PRANDIMET	3	
rosiglitazone	<b>AVANDIA</b>	3	QL (30 tablets/month)
rosiglitazone maleate-glimepiride	<b>AVANDARYL 4/1mg</b>	3	QL (60 tablets/month)
rosiglitazone maleate-glimepiride	<b>AVANDARYL 4/2mg</b>	3	QL (60 tablets/month)
rosiglitazone maleate-glimepiride	<b>AVANDARYL 4/4mg</b>	3	QL (30 tablets/month)
rosiglitazone-metformin	<b>AVANDAMET 1/500mg</b>	3	QL (120 tablets/month)
rosiglitazone-metformin	<b>AVANDAMET 2/500mg</b>	3	QL (120 tablets/month)
rosiglitazone-metformin	<b>AVANDAMET 4/500mg</b>	3	QL (120 tablets/month)
rosiglitazone-metformin	<b>AVANDAMET 2/1000mg</b>	3	QL (60 tablets/month)
rosiglitazone-metformin	<b>AVANDAMET 4/1000mg</b>	3	QL (60 tablets/month)
saxagliptin	<b>ONGLYZA</b>	2	QL (30 tablets/month)
saxagliptin-metformin	<b>KOMBIGLYZE XR 5-500mg</b>	2	QL (30 tablets/month)
saxagliptin-metformin	<b>KOMBIGLYZE XR 5-1000mg</b>	2	QL (30 tablets/month)
saxagliptin-metformin	<b>KOMBIGLYZE XR 2.5-1000mg</b>	2	QL (60 tablets/month)
sitagliptin	<b>JANUVIA</b>	3	QL (30 tablets/month) ST
<b>Januvia ST</b> = requires a trial of THREE of the following in the past 2 years: Nesina, Tradjenta, Onglyza			
sitagliptin-metformin	<b>JANUMET</b>	3	QL (60 tablets/month) ST
<b>Janumet ST</b> = requires trial/failure to all of the following: Kazano, Jentaduetto, Kombiglyze XR			
sitagliptin-metformin	<b>JANUMET XR</b>	3	QL (30 tablets/month) ST
<b>Janumet XR ST</b> = requires trial/failure to all of the following: Kazano, Jentaduetto, Kombiglyze XR			
sitagliptin-simvastatin	<b>JUVISYNC</b>	3	QL (30 tablets/month) ST
<b>Juvisync ST</b> = requires fill of metformin within the past 2 years			
tolazamide	*TOLINASE	1	
tolbutamide	*TOLBUTAMIDE	1	

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<b>6-G Insulins</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
insulin (human)	<b>NOVOLIN</b>	3	ST
<b>NOVOLIN ST</b> = requires failure of a Lilly product within the last 2 years			
insulin (human)	<b>HUMULIN</b>	1	
insulin (human)	<b>HUMULIN PEN</b>	2	
insulin (human)	<b>RELION</b>	3	
insulin aspart	<b>NOVOLOG</b>	3	ST
<b>NOVOLOG ST</b> = requires failure of a Lilly product within the last 2 years			
insulin aspart mix	<b>NOVOLOG MIX</b>	3	ST
<b>NOVOLOG MIX ST</b> = requires failure of a Lilly product within the last 2 years			
insulin detemir	<b>LEVEMIR</b>	1	
insulin glargine	<b>LANTUS (vials/pen/solostar)</b>	3	
insulin glulisine	<b>APIDRA</b>	3	ST
<b>APIDRA ST</b> = requires failure of at least a 90 day supply within the last 180 days for Humalog vial or pen or Humalog Mix 75/25			
insulin lispro	<b>HUMALOG</b>	1	
insulin lispro	<b>HUMALOG PEN</b>	2	
insulin lispro mix	<b>HUMALOG MIX</b>	1	
insulin lispro mix	<b>HUMALOG MIX PEN</b>	2	
<b>6-H Glucagon</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
	<b>GLUCAGON</b>	2	QL (2 kits/month)
<b>6-I Thyroid Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
levothyroid		1	QL (60 tablets/month)
levothyroxine		1	QL (60 tablets/month)
levothyroxine	<b>*SYNTHROID (NTI)</b>	2	QL (60 tablets/month)
levoxyl		2	QL (60 tablets/month)
liothyronine	<b>*CYTOMEL</b>	2	
liotrix	<b>THYROLAR</b>	3	
methimazole	<b>*TAPAZOLE</b>	1	QL (90 tablets/month)
methimazole	<b>NORTHYX</b>	2	QL (90 tablets/month)
propylthiouracil	<b>*PTU</b>	1	
thyroid	<b>ARMOUR THYROID</b>	2	
thyroid	<b>NATURE-THROID</b>	2	
thyroid	<b>WESTHROID-P</b>	3	
unithroid		1	QL (60 tablets/month)
<b>6-J Miscellaneous Endocrine</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
albiglutide	<b>TANZEUM INJ</b>	2	
alendronate	<b>* FOSAMAX 5mg</b>	1	QL (30 tablets/month)
alendronate	<b>* FOSAMAX 10mg</b>	1	QL (30 tablets/month)
alendronate	<b>* FOSAMAX 35mg</b>	1	QL (4 tablets/month)
alendronate	<b>* FOSAMAX 40mg</b>	1	QL (4 tablets/month)
alendronate	<b>* FOSAMAX 70mg</b>	1	QL (4 tablets/month)

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alendronate-cholecalciferol	<b>FOSAMAX PLUS D</b>	3	QL (4 tablets/month)
asfotase alfa subc inj	<b>STRENSIQ</b>	3	PA SP
cabergoline	* <b>DOSTINEX</b>	2	
calcitonin	<b>MIACALCIN</b>	2	QL (2 bottles/month)
calcitonin (salmon) nasal	* <b>FORTICAL</b>	2	QL (2 bottles/month)
carglumic acid	<b>CARBAGLU</b>	3	
cinacalcet	<b>SENSIPAR 30mg</b>	3	QL (60 tablets/month)
cinacalcet	<b>SENSIPAR 60mg</b>	3	QL (60 tablets/month)
cinacalcet	<b>SENSIPAR 90mg</b>	3	QL (120 tablets/month)
cysteamine bitartrate	<b>CYSTAGON</b>	2	
deferasirox	<b>EXJADE</b>	2	PA SP
deferasirox	<b>JADENU</b>	2	PA SP
deferiprone	<b>FERRIPROX</b>	3	PA SP
desmopressin (nasal)	* <b>DDAVP</b>	1	QL (1 bottle/month)
desmopressin (nasal)	<b>STIMATE</b>	3	QL (1 bottle/month)
desmopressin (oral)	* <b>DDAVP 0.1mg</b>	1	QL (30 tablets/month)
desmopressin (oral)	* <b>DDAVP 0.2mg</b>	1	QL (90 tablets/month)
dulaglutide soln pen-injector	<b>TRULICITY</b>	3	ST
<b>TRULICITY ST = requires trial/failure of TWO of the following agents: Bydureon, Byetta, Tanzeum or Victoza</b>			
eliglustat tartrate	<b>CERDELGA</b>	2	PA SP
etidronate	* <b>DIDRONEL</b>	1	
exenatide	<b>BYDUREON</b>	2	
exenatide	<b>BYETTA</b>	2	
ibandronate	* <b>BONIVA</b>	3	QL (1 tablet/month)
levocarnitine	* <b>CARNITOR</b>	1	
liraglutide	<b>VICTOZA 2-PACK</b>	2	QL (2 pens/month)
liraglutide	<b>VICTOZA 3-PACK</b>	3	QL (3 pens/month)
pramlintide	<b>SYMLIN AMYLIN ANALOG</b>	2	
raloxifene	* <b>EVISTA</b>	2	QL (30 tablets/month)
risedronate	<b>ACTONEL 5mg</b>	3	QL (30 tablets/month)
risedronate	<b>ACTONEL 30mg</b>	3	QL (4 tablets/month)
risedronate	<b>ACTONEL 35mg</b>	3	QL (4 tablets/month)
risedronate	* <b>ACTONEL 150mg</b>	3	QL (1 tablet/month)
risedronate-calcium	<b>ACTONEL with CALCIUM</b>	3	QL (30 tablets/month)
sapropterin dihydrochloride	<b>KUVAN</b>	3	PA SP
sapropterin dihydrochloride	<b>KUVAN POWDER</b>	3	PA SP
ulipristal	<b>ELLA</b>	3	
<b>6-K Diabetic Supplies</b>			
	<b>LIFESCAN ONE TOUCH PRODUCTS</b>	1	
	<b>DEXCOM GLUCOSE MONITOR</b>	3	PA
<b>GASTROINTESTINAL</b> (drugs to treat stomach or intestinal conditions, ie reflux, constipation, etc)			
<b>7-A Laxatives</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
lactulose		1	
na sulf-k sulf-mg sulf & peg 3350	<b>SUCLEAR</b>	3	

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3-Tier Drug Benefit Guide  
03/01/16

PEG electrolyte	*COLYTE	1	
PEG electrolyte	<b>GOLYTELY</b>	2	
PEG 3350	<b>MOVIPREP</b>	3	
peg(high)-electrolyte	*NULYTELY	1	
polyeth glyc powder 3350	*MIRALAX RX	1	QL (527gm/month)
sod sulf-pot sulf-mag sulfate	<b>SUPREP</b>	3	
sod phos mon-sod phos di	<b>VISICOL</b>	3	

### 7-B Antidiarrheals

Generic Name	Brand Name	Tier	Notes
diphenoxylate-atropine	*LOMOTIL	1	
opium tincture	*OPIUM TINCTURE	3	QL (72 mls/month)
paregoric		3	

### 7-C Miscellaneous Ulcer Drugs

Generic Name	Brand Name	Tier	Notes
amoxicillin-clarithro-omepraz	<b>OMECLAMOX-PAK</b>	3	
bismuth subcit-metronidazole-tetracycline	<b>PYLERA</b>	3	QL (2 paks/year)
chlordiazepoxide-methscopolamine	<b>LIBRAX</b>	3	
dicyclomine	*BENTYL	1	
glycopyrrolate	*ROBINUL	1	
glycopyrrolate	*ROBINUL FORTE	1	
hyoscyamine	*LEVSIN	1	
hyoscyamine	*LEVBID	1	
hyoscyamine	*NULEV	1	
methscopolamine	<b>PAMINE</b>	3	
misoprostol	*CYTOTEC	1	QL (120 tablets/month)
phenobarbital-belladonna	*DONNATAL	1	
propantheline	<b>PRO-BANTHINE</b>	2	
sucralfate	<b>CARAFATE</b>	2	

### 7-D H2 Blockers

Generic Name	Brand Name	Tier	Notes
cimetidine	*TAGAMET	1	
famotidine	*PEPCID	1	
nizatadine	*AXID	2	
ranitidine	*ZANTAC	1	

### 7-E Proton Pump Inhibitors (PPI)

Generic Name	Brand Name	Tier	Notes
dexlansoprazole	<b>DEXILANT</b>	3	QL (30 capsules/month)
esomeprazole	<b>NEXIUM PWD PCK/SUSP</b>	3	ST

**NEXIUM PWD PCK/SUSP ST** - requires trial/failure to all of the following: omeprazole, pantoprazole, rabeprazole and OTC PPI

lansoprazole	*PREVACID	3	QL (30 capsules/month)
lansoprazole	<b>PREVACID SOLUTAB</b>	3	QL (30 tablets/month) PA

**PREVACID SOLUTAB ST** - requires trial/failure to all of the following: omeprazole, pantoprazole, rabeprazole and OTC PPI

omeprazole	*PRILOSEC 20mg capsules	1	QL (60 capsules/month)
omeprazole	*PRILOSEC 20mg tablets	1	QL (60 tablets/month)
omeprazole	*PRILOSEC 40mg	1	QL (60 capsules/month)
pantoprazole	*PROTONIX	1	QL (60 tablets/month)
rabeprazole	*ACIPHEX	1	QL (30 tablets/month)

### 7-F Antiemetics

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

### 7-G Digestive Aids

Generic Name	Brand Name	Tier	Notes
amylase-lipase-protease	CREON	2	
cholic acid	CHOLBAM	3	PA
miglustat	ZAVESCA	2	
pancrelipase	PANCREAZE	3	ST
<b>Pancreaze ST=</b> requires a 30-day supply of BOTH preferred agents CREON & ZENPEP within the past 180 days			
pancrelipase	PERTZYE	3	ST
<b>Pertzye ST=</b> requires a 30-day supply of BOTH preferred agents CREON and ZENPEP within the past 180 days			
pancrelipase	ULTRESA	3	ST
<b>Ultresa ST=</b> requires a 30-day supply of BOTH preferred agents CREON and ZENPEP within the past 180 days			
pancrelipase	VIOKACE	3	ST
<b>Viokace ST=</b> requires a 30-day supply of BOTH preferred agents CREON and ZENPEP within the past 180 days			
pancrelipase	ZENPEP	2	
pegademase	ADAGEN	2	
sacrosidase	SUCRAID	2	
sodium phenylbutyrate	BUPHENYL	2	

### 7-H Miscellaneous Gastrointestinal

Generic Name	Brand Name	Tier	Notes
	<b>BXN MOUTHWASH</b>	3	
balsalazide	*COLAZAL	1	QL (270 capsules/month)
adefovir	*HEPSERA	3	QL (30 tablets/month) SP
alosetron	*LOTRONEX	3	QL (60 tablets/month) PA
budesonide SR	*ENTOCORT EC	2	QL (90 capsules/month)
calcium acetate (phosphate binder)	*PHOSLO	1	
calcium acetate (phosphate binder)	ELIPHOS	2	
crofelemer	FULYZAQ	3	PA

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cysteamine bitartrate	<b>PROCYSBI</b>	3	PA SP
ferric citrate	<b>AURYXIA</b>	3	
glycopyrroate	<b>CUVPOSA</b>	3	AL (limited to 16 years of age and under)
hycosamine-phenyltoloxamine	<b>DIGEX NF</b>	3	
lamivudine (hepatitis)	<b>EPIVIR HBV</b>	2	QL (30 tablets/month)
lanthanum	<b>FOSRENOL 500mg</b>	3	QL (150 tablets/month)
lanthanum	<b>FOSRENOL 750mg</b>	3	QL (150 tablets/month)
lanthanum	<b>FOSRENOL 1000mg</b>	3	QL (120 tablets/month)
lanthanum	<b>FOSRENOL POWDER PACK</b>	3	
linaclotide	<b>LINZESS</b>	2	PA
lubiprostone	<b>AMITIZA</b>	3	PA ST
<b>Amitiza Step</b> = requires trial of OTC and Linzess in the past 6 months			
mesalamine	<b>CANASA</b>	2	
mesalamine	<b>LIALDA</b>	2	QL (120 tablets/month)
mesalamine CR	<b>APRISO</b>	2	
mesalamine enema	*ROWASA	1	
methylnaltrexone bromide	<b>RELISTOR</b>	3	PA
metoclopramide	*REGLAN	1	
naloxegol oxalate	<b>MOVANTIK</b>	2	PA (30 tablets/month)
sevelamer	<b>RENAGEL</b>	3	
sevelamer	*RENVELA	2	
sucroferric oxyhydroxide	<b>VELPHORO</b>	3	
sulfasalazine	*AZULFIDINE	1	
sulfasalazine EC	*AZULFIDINE EN	1	
teduglutide	<b>GATTEX</b>	3	PA
ursodiol	*ACTIGALL	1	
ursodiol	*URSO	3	
ursodiol	*URSO FORTE	3	
	<b>DIPENTUM</b>	3	

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

### 8-A Urinary Anti-Infectives

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

### 8-B Urinary Antispasmodics

Generic Name	Brand Name	Tier	Notes
bethanechol	*URECHOLINE	1	
fexoterodine	<b>TOVIAZ</b>	3	QL (30 tablets/month)
flavoxate	*URISPAS	1	QL (240 tablets/month)
oxybutynin	*DITROPAN	1	QL (240 tablets/month)
oxybutynin CR	*DITROPAN XL 5mg	2	QL (30 tablets/month)
oxybutynin CR	*DITROPAN XL 10mg	2	QL (60 tablets/month)

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3-Tier Drug Benefit Guide

03/01/16

oxybutynin CR	*DITROPAN XL 15mg	2	QL (60 tablets/month)
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### 8-C Vaginal Products

Generic Name	Brand Name	Tier	Notes
clindamycin vaginal	*CLEOCIN vaginal cream	1	Notes
clindamycin vaginal	CLINDESSE	3	
estradiol vaginal	ESTRACE vaginal	3	
estradiol vaginal	VAGIFEM	3	
estradiol vaginal ring	ESTRING	3	
estradiol vaginal ring	FEMRING	3	
estrogens (conjugated) vaginal	PREMARIN vaginal	2	
metronidazole vaginal	*METROGEL vaginal	1	
metronidazole vaginal	*VANDAZOLE	1	
nystatin vaginal		1	
sulfanilamide vaginal	AVC vaginal	2	
terconazole vaginal	TERAZOL	2	
triple sulfas vaginal		1	

### 8-D Miscellaneous Genitourinary Agents

Generic Name	Brand Name	Tier	Notes
citric acid-sodium citrate	*BICITRA	1	
citric acid-D-gluconic acid	RENACIDIN	3	
dutasteride	*AVODART	3	QL (30 capsules/month)
finasteride	*PROSCAR	1	QL (30 tablets/month)
methylergonovine	METHERGINE	3	
pentosan polysulfate sodium	ELMIRON	2	QL (90 capsules/month)
phenazopyridine	*PYRIDIDIUM	1	
potassium citrate CR	*UROKIT-K	1	
potassium phosphate	K-PHOS	2	
	POTASSIUM CHLORIDE	2	
silodosin	RAPAFLO	3	QL (30 capsules/month)
tadalafil	CIALIS	3	ST
tamsulosin	*FLOMAX	1	QL (60 capsules/month)
tiopronin	THIOLA	3	

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

### 9-A Analgesics-Non-Narcotic

Generic Name	Brand Name	Tier	Notes
APAP-butalbital	*PHRENILIN	1	QL (360 tablets/month)
	DIFLUNISAL	2	
APAP-caffeine-butalbital	*ESGIC	1	QL (360 tablets/month)
APAP-caffeine-butalbital	*FIORICET	1	QL (360 tablets/month)
ASA-caffeine-butalbital	*FIORINAL	1	
choline-mag salicylates	*TRILISATE	1	

### 9-B Analgesics-Narcotic

Generic Name	Brand Name	Tier	Notes
	CODEINE SULFATE	2	
	*METHADONE	1	

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3-Tier Drug Benefit Guide  
 03/01/16

acet-caffeine-dihydrocodeine	<b>TREZIX</b>	3	QL (12 tablets/day)
APAP-codeine	*TYLENOL w/CODEINE	1	QL (390 tablets/month)
APAP-hydrocodone liquid		2	
APAP-hydrocodone	*LORTAB	3	QL (240 tablets/month)
APAP-hydrocodone	*NORCO	1	QL (360 tablets/month)
APAP-hydrocodone	*VICODIN	3	QL (240 tablets/month)
APAP-hydrocodone	*VICODIN ES	3	QL (150 tablets/month)
APAP-hydrocodone	*VICODIN HP	3	QL (180 tablets/month)
APAP-hydrocodone	*XODOL 5-300 MG	3	
APAP-hydrocodone	*XODOL 7.5-300 MG	3	
APAP-hydrocodone	*XODOL 10-300 MG	3	
APAP-hydrocodone liquid	*XODOL LIQUID 10-300 MG/15ML	3	
APAP-hydrocodone	<b>ZAMICET</b>	3	QL (360 mls/month)
APAP-hydrocodone	<b>ZYDONE</b>	2	QL (300 mls/month)
ASA-caffeine-but-codeine	*FIORINAL w/CODEINE	1	
ASA-codeine	*EMPIRIN w/CODEINE	1	
buprenorphine	<b>BUTRANS</b>	3	ST
<b>Butrans ST</b> = Requires a 30 day trial of at least 2 of the following within the past 6 months: hydrocodone/apap, tramadol, apap with codeine, oxycodone/apap, and/or morphine IR.			
buprenorphine	*SUBUTEX	3	PA
buprenorphine hcl-naloxone	<b>ZUBSOLV</b>	2	PA
butorphanol	*STADOL NS	2	QL (1 bottle/month)
dihydrocodeine compound	<b>SYNALGOS DC</b>	3	
fentanyl citrate nasal	<b>LAZANDA</b>	3	PA
fentanyl lollipop	*ACTIQ	3	QL (120 lozenges/month) PA
fentanyl patch	*DURAGESIC	2	QL (10 patches/month) ST
<b>Duragesic ST</b> = requires 30 day trial fill of MSSR in past 2 years			
fentanyl transmucosal film	<b>ONSOLIS</b>	3	PA
fentanyl transmucosal lozenge	<b>FENTORA</b>	3	QL (120 lozenges/month) PA
hydrocodone bitartrate	<b>ZOHYDRO ER</b>	3	ST QL (60 tablets/month)
<b>ZOHYDRO ER ST</b> = requires failure of 3 of the following agents: Opana ER, MSSR, Nucynta ER, Fentanyl Patches			
hydromorphone	*DILAUDID 2mg	1	QL (360 tablets/month)
hydromorphone	*DILAUDID 4mg	1	QL (360 tablets/month)
hydromorphone	*DILAUDID 8mg	1	QL (360 tablets/month)
hydromorphone ER	*EXALGO	3	QL (30 tablets/month) ST
<b>*EXALGO ST</b> = requires failure of 3 of the following agents: Opana ER, MSSR, Nucynta ER, Fentanyl Patches			
ibuprofen-hydrocodone	*VICOPROFEN	1	QL (480 tablets/month)
ibuprofen-hydrocodone	*REPREXAIN	3	QL (480 tablets/month)
ketorolac tromethamine nasal	<b>SPRIX NASAL</b>	3	QL (1 bottle/day; 1 box/5 bottles per month )
meperidine	*DEMEROL	1	QL (360 tablets/month)
morphine	*AVINZA 30mg	3	QL (30 capsules/month) ST
morphine	*AVINZA 60mg	3	QL (30 capsules/month) ST
morphine	*AVINZA 90mg	3	QL (60 capsules/month) ST
morphine	*AVINZA 120mg	3	QL (90 capsules/month) ST
<b>*Avinza ST</b> = requires failure of 3 of the following agents: Opana ER, MSSR, Nucynta ER, Fentanyl Patches			
morphine sulfate	*ROXANOL	1	

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3-Tier Drug Benefit Guide  
03/01/16

morphine sulfate SR	*MS CONTIN	1	
naloxone		1	
naltrexone	*REVIA	1	
oxycodone	*OXYIR	1	
oxycodone	*ROXICODONE	1	QL (360 tablets/month)
oxycodone SR	*OXYCONTIN	3	QL (60 tablets/month) ST
<b>Oxycontin ST</b> =requires failure of 3 of the following agents: Opana ER, MSSR, Nucynta ER, Fentanyl Patches			
oxycodone-APAP	*PERCOCET 2.5-325mg	1	QL (360 tablets/month)
oxycodone-APAP	*PERCOCET 5-325mg	1	QL (360 tablets/month)
oxycodone-APAP	*PERCOCET 7.5-325mg	1	QL (360 tablets/month)
oxycodone-APAP	*PERCOCET 10-325mg	1	QL (360 tablets/month)
oxycodone-APAP	*PERCOCET 7.5-500mg	1	QL (240 tablets/month)
oxycodone-APAP	*PERCOCET 10-650mg	1	QL (180 tablets/month)
oxycodone-ASA	*PERCODAN	1	QL (360 tablets/month)
oxycodone-ibuprofen	<b>COMBUNOX</b>	3	QL (7 day treatment; 4 tablets/day)
oxymorphone	*OPANA	3	QL (180 tablets/month)
oxymorphone ER	<b>OPANA ER</b> (Crush Resistant)	2	QL (60 tablets/month)
oxymorphone ER		3	ST QL (60 tablets/month)
<b>oxymorphone ER ST</b> - requires failure of 3 of the following agents: Opana ER, MSSR, Nucynta ER, Fentanyl Patches			
pentazocine-naloxone	*TALWIN NX	1	
propoxyphene-APAP	<b>DARVOCET A</b>	3	QL (240 tablets/month)
propoxyphene napsylate	<b>DARVON-N</b>	3	QL (180 tablets/month)
tapentadol	<b>NUCYNTA</b>	3	QL (180 tablets/month)
tapentadol SR	<b>NUCYNTA ER</b>	3	QL (60 tablets/month)
tramadol	*ULTRAM	1	QL (240 tablets/month)
tramadol ER	*ULTRAM ER 100mg	2	QL (90 tablets/month)
tramadol ER	*ULTRAM ER 200mg	2	QL (30 tablets/month)
tramadol ER	*ULTRAM ER 300mg	2	QL (30 tablets/month)
tramadol-APAP	<b>ULTRACET</b>	2	QL (240 tablets/month)
<b>9-C Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
celecoxib	*CELEBREX 50mg	2	QL (60 capsules/month)
celecoxib	*CELEBREX 100mg	2	QL (60 capsules/month)
celecoxib	*CELEBREX 200mg	2	QL (60 capsules/month)
celecoxib	*CELEBREX 400mg	2	QL (30 capsules/month)
diclofenac	*VOLTAREN 25mg	1	QL (240 tablets/month)
diclofenac	*VOLTAREN 50mg	1	QL (120 tablets/month)
diclofenac	*VOLTAREN 75mg	1	QL (90 tablets/month)
diclofenac potassium	*CATAFLAM	1	QL (120 tablets/month)
diclofenac SR	*VOLTAREN XR	1	
diclofenac-misoprostol	*ARTHROTEC	3	QL (120 tablets/month)
etodolac	*LODINE 200mg	1	QL (90 capsules/month)
etodolac	*LODINE 300mg	1	QL (90 capsules/month)
etodolac	*LODINE 400mg	1	QL (90 tablets/month)
etodolac	*LODINE 500mg	1	QL (90 tablets/month)
etodolac SR	*LODINE XL 600mg	1	QL (60 tablets/month)

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fenoprofen	*NALFON	1	
flurbiprofen	*ANSAID	1	
ibuprofen	*MOTRIN	1	
indomethacin	*INDOCIN	1	
indomethacin CR	*INDOCIN SR	1	
ketoprofen	<b>ORUDIS</b>	2	QL (60 capsules/month)
ketoprofen SR	<b>ORUVAIL</b>	3	
ketorolac	*TORADOL	1	QL (20 tablets/month)
lansoprazole-naproxen	<b>PREVACID NAP KIT</b>	3	
meclofenamate	*MECLOMEN	1	
mefenamic acid	*PONSTEL	3	
meloxicam	*MOBIC 7.5mg	1	QL (60 tablets/month)
meloxicam	*MOBIC 15mg	1	QL (30 tablets/month)
nabumetone	*RELAFEN	1	
naproxen	*NAPROSYN	1	
naproxen sodium	*ANAPROX	1	
oxaprozin	*DAYPRO	1	QL (90 tablets/month)
piroxicam	*FELDENE	1	
sulindac	*CLINORIL	1	
tolmetin sodium	*TOLECTIN	2	

#### 9-D Anti-Rheumatic Agents

Generic Name	Brand Name	Tier	Notes
auranofin	<b>RIDAURA</b>	2	
leflunomide	*ARAVA	1	QL (30 tablets/month)
methotrexate		1	
methotrexate solution pf	<b>RASUVO</b>	3	ST
<b>RASUVO ST = requires trial of oral methotrexate</b>			
penicillamine	<b>DEPEN</b>	2	

#### 9-E Migraine Products

Generic Name	Brand Name	Tier	Notes
almotriptan	*AXERT	3	QL (6 tablets/fill; 2 fills/month)
dihydroergotamine (nasal)	*MIGRANAL	3	
divalproex sodium (migraine)	*DEPAKOTE ER	1	
eletriptan	<b>RELPAX</b>	2	QL (6 tablets/fill; 2 fills/month)
ergotamine-phenobarb-belladonna		1	
frovatriptan	<b>FROVA</b>	3	QL (6 tablets/fill; 2 fills/month)
naratriptan	*AMERGE	3	QL (6 tablets/fill; 2 fills/month)
rizatriptan	*MAXALT	1	QL (6 tablets/fill; 2 fills/month)
rizatriptan	*MAXALT MLT	1	QL (6 tablets/fill; 2 fills/month)
sumatriptan	*IMITREX	1	QL (9 tablets/fill; 2 fills/month)
sumatriptan	*IMITREX NASAL	2	QL (6 vials/month)
sumatriptan	*SUMATRIPTAN INJ	1	QL (2 statdose cartridges/fill, 2 fills/mo)
sumatriptan	<b>SUMAVEL DOSEPRO</b>	3	QL (2 kits/fill, 2 fills/month)
zolmitriptan	*ZOMIG	3	QL (6 tablets/fill; 2 fills/month)
zolmitriptan	<b>ZOMIG NASAL</b>	3	QL (6 vials/month)
zolmitriptan	*ZOMIG ZMT	3	QL (6 tablets/fill; 2 fills/month)

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<b>9-F Gout</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
allopurinol	*ZYLOPRIM	1	
colchicine capsules	MITIGARE	2	
colchicine-probenecid	*COLBENEMID	1	
febuxostat	ULORIC	3	ST QL (30 tablets/month)
ULORIC ST = requires trial of allopurinol			
glycerol phenylbutyrate	RAVICTI	3	
probenecid	*BENEMID	1	
<b>9-G Musculoskeletal Therapy Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
baclofen	*LIORESAL	1	
carisoprodol	*SOMA	1	QL (120 tablets/month)
carisoprodol-ASA	*SOMA COMPOUND	1	QL (120 tablets/month)
carisoprodol-ASA-codeine	*SOMA CPD w/CODEINE	1	QL (120 tablets/month)
chlorzoxazone	*PARAFON FORTE	1	
cyclobenzaprine	*FLEXERIL 5mg	1	QL (90 tablets/month)
cyclobenzaprine	*FLEXERIL 10mg	1	
cyclobenzaprine	AMRIX	3	QL (30 capsules/month)
cyclobenzaprine	*FEXMID	3	QL (90 tablets/month)
dantrolene	*DANTRIUM	1	
metaxalone	*SKELAXIN	3	QL (240 tablets/month)
methocarbamol	*ROBAXIN	1	
orphenadrine citrate	*NORFLEX	2	
tizanidine	*ZANAFLEX capsules	3	
tizanidine	*ZANAFLEX tablets	1	
<b>9-H Miscellaneous Neuromuscular Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
pyridostigmine	*MESTINON	1	
riluzole	*RILUTEK	3	QL (60 tablets/month)
<b>VITAMINS &amp; HEMATOLOGICALS</b> (drugs to treat vitamin deficiencies and other blood disorders)			
<b>10-A Vitamins</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
calcitriol	*ROCALTROL	1	
docercalciferol	*HECTOROL	3	
ergocalciferol [vitamin D]	*CALCIFEROL	1	
parathyroid hormone (recombinant)	NATPARA	3	PA QL (1/day)
paricalcitol [vitamin D]	*ZEMPLAR	1	QL (30 capsules/month) SP
phytonadione	MEPHYTON	2	
potassium aminobenzoate	POTABA	2	
<b>10-B Multivitamins</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
B complex-vit C-FA	*NEPHROCAPS	1	
fe bisglycin-fe polysac	NIFEREX GOLD	3	QL (30 tablets/month)
multi vitamin	TANDEM F	3	

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3-Tier Drug Benefit Guide  
03/01/16

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

#### 10-C Minerals

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

#### 10-D Anticoagulants

Generic Name	Brand Name	Tier	Notes
apixaban	<b>ELIQUIS</b>	3	
dabigatran	<b>PRADAXA</b>	2	
edoxaban	<b>SAVAYSA</b>	3	
rivaroxaban	<b>XARELTO STARTER PACK</b>	2	
rivaroxaban	<b>XARELTO 15mg</b>	2	QL (42 tablets/21 days)
rivaroxaban	<b>XARELTO 20mg</b>	2	QL (30 tablets/month)
warfarin	* <b>COUMADIN (NTI)</b>	2	

#### 10-E Miscellaneous Hematologicals

Generic Name	Brand Name	Tier	Notes
aminocaproic acid	* <b>AMICAR</b>	1	
anagrelide	* <b>AGRYLIN</b>	1	
cilostazol	* <b>PLETAL</b>	1	QL (60 tablets/month)
clopidogrel	* <b>PLAVIX</b>	1	

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3-Tier Drug Benefit Guide  
03/01/16

dipyridamole	*PERSANTINE	1	
dipyridamole-aspirin SR	AGGRENOX	3	QL (60 capsules/month)
pentoxifylline	*TRENAL	1	QL (90 tablets/month)
prasugrel	EFFIENT	3	QL (30 tablets/month)
ticagrelor	BRILINTA	3	
sodium polystyrene sulfonate	*KAYEXALATE	1	
ticlopidine	*TICLID	1	QL (60 tablets/month)
tranexamic acid	*LYSTEDA	2	QL (5 days therapy/28 days)
vorapaxar sulfate	ZONTIVITY	3	PA

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

### 11-A Ophthalmic Anti-infectives

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

### 11-B Ophthalmics Beta-Blocker

Generic Name	Brand Name	Tier	Notes
betaxolol HCL ophth	BETOPTIC-S	3	
brimonidine timolol ophth	COMBIGAN	2	QL (5 ml/month)
carteolol ophth	*OCUPRESS	1	
dorzolamide-timolol ophth	*COSOPT	2	
dorzolamide-timolol ophth	COSOPT PF	3	QL (60 sing-use vials per month)
levobunolol ophth	*BETAGAN	1	
metipranolol ophth	*OPTIPRANOLOL	1	
timolol ophth	BETIMOL	2	QL (5 ml/month)
timolol maleate ophth	*TIMOPTIC	1	
timolol maleate ophth	*TIMOPTIC XE	1	

### 11-C Ophthalmic Steroids

QL - Quantity Limits; SIO - Self-Injectable  
PA - Prior Authorization; AL - Age Limits  
ST - Step Therapy; SP - Specialty Drugs

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

#### 11-D Ophthalmic Prostaglandin

Generic Name	Brand Name	Tier	Notes
bimatoprost ophth	<b>LUMIGAN</b>	2	QL (2.5 ml/month)
tafluprost oph soln	<b>ZIOPTAN</b>	3	ST QL (1 carton (30 vials) per mo (QD))
<b>Zioptan ST</b> = requires trial of latanoprost			
latanoprost ophth		1	QL (2.5 ml/month)
travaprost ophth	<b>TRAVATAN Z</b>	2	QL (2.5 ml/month)
travaprost ophth		3	ST QL (2.5 ml/month)
<b>Travaprost ST</b> = requires trial of latanoprost			
unoprostone isopropyl oph	<b>RESCULA</b>	3	ST QL (5ml/month)
<b>Rescula Step</b> = requires 30 day trial of latanoprost in the past 180 days			

#### 11-E Ophthalmic Cycloplegics

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

#### 11-F Ophthalmics Miotics

Generic Name	Brand Name	Tier	Notes
pilocarpine ophth	*ISOPTO CARPINE	1	
pilocarpine ophth	<b>PILOPINE HS</b>	2	

#### 11-G Ophthalmics Adrenergic Agents

Generic Name	Brand Name	Tier	Notes
apraclonidine ophth	*IOPIDINE	3	
brimonidine ophth	<b>ALPHAGAN P 0.1%</b>	2	QL (10ml per month)
brimonidine ophth	*ALPHAGAN P 0.2%	2	QL (10ml per month)
brimonidine ophth	*ALPHAGAN P 0.15%	2	QL (10ml per month)

#### 11-H Ophthalmics Miscellaneous

QL - Quantity Limits; SIO - Self-Injectable  
PA - Prior Authorization; AL - Age Limits  
ST - Step Therapy; SP - Specialty Drugs

3-Tier Drug Benefit Guide  
03/01/16

Generic Name	Brand Name	Tier	Notes
brinzolamide ophth	<b>AZOPT</b>	2	QL (10 ml/month)
bromfenac ophth	*XIBROM	3	QL (2.5 ml/month)
cromolyn sodium ophth	*CROLOM ophth	1	
cyclosporine ophth	<b>RESTASIS</b>	3	PA QL (60 vials(1 box/month)
cysteamine	<b>CYSTARAN</b>	3	PA
diclofenac ophth	*VOLTAREN ophth	1	
diclofenac ophth	<b>VOLTAREN ophth gel</b>	3	
dorzolamide ophth	*TRUSOPT	1	
flurbiprofen ophth	*OCUFEN	1	
ketorolac ophth	*ACULAR	1	
ketorolac ophth	*ACULAR LS	1	QL (5ml per month)
lidocaine ophth	<b>AKTEN GEL</b>	3	
lodoxamide ophth	<b>ALOMIDE</b>	3	
nedocromil ophth	<b>ALOCRI</b>	3	
nepafenac ophth	<b>NEVANAC</b>	2	QL (3 ml/month)
olopatadine	*PATANOL	3	
pemirolast ophth	<b>ALAMAST</b>	3	
tasimelteon	<b>HETLIOZ</b>	3	PA SP

### 11-I Otic (Ear) Medications

Generic Name	Brand Name	Tier	Notes
antipyrine-benzo-polycosanol otic soln	*TREAGAN	1	
benzocaine-antipyrine otic	*AURALGAN	1	
chloroxylenol-pramoxine-zinc acetate otic	<b>ZINOTIC</b>	3	QL (15 ml/month)
chloroxylenol-pramoxine-zinc acetate otic	<b>ZINOTIC ES</b>	3	QL (15 ml/month)
ciprofloxacin-dexamethasone	<b>CIPRODEX</b>	3	QL (8 ml/month)
ciprofloxacin-HC otic	<b>CETRAXAL</b>	3	
ciprofloxacin-HC otic	<b>CIPRO HC OTIC</b>	3	QL (10 ml/month)
hydrocortisone-acetic acid otic	*VOSOL-HC	1	
neomycin-polymyxin-HC otic	*CORTISPORIN otic	1	
neomycin-colistin-HC-thonzonium otic	<b>CORTISPORIN-TC</b>	3	
ofloxacin otic	*FLOXIN OTIC	1	QL (10 ml/month)

### 11-J Mouth and Throat

Generic Name	Brand Name	Tier	Notes
amlexanox oral paste	<b>APHTHASOL</b>	3	
cevimeline	*EVOXAC	3	QL (90 capsules/month)
chlorhexidine	*PERIDEX	1	
clotrimazole troche	*MYCELEX TROCHE	1	
lidocaine	*VISCIOUS LIDOCAINE	1	
oral hydrogel wafer	<b>MUCOTROL</b>	3	QL (120 wafers/month)
pilocarpine	*SALAGEN 5mg	1	QL (180 tablets/month)
pilocarpine	*SALAGEN 7.5mg	1	QL (120 tablets/month)
sodium fluoride	*KARIGEL	1	
sodium fluoride	*KARIGEL-N	1	
triamcinolone/orabase	*KENALOG-ORABASE	1	

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

QL - Quantity Limits; SIO - Self-Injectable  
PA - Prior Authorization; AL - Age Limits  
ST - Step Therapy; SP - Specialty Drugs

**RESTRICTIONS (drugs to treat breathing conditions, ie asthma and allergies)****12-A Antihistamines**

Generic Name	Brand Name	Tier	Notes
cyproheptadine	*PERIACTIN	1	
grass mixed pollen	<b>ORALAIR</b>	3	PA
promethazine	*PHENERGAN	1	
pyrilamine tannate	<b>PYRLEX SYRUP</b>	3	QL (120 ml/month)
short ragweed pollen allergen extract	<b>RAGWITEK</b>	3	PA
timothy grass pollen allergen	<b>GRASTEK</b>	3	PA
triprolidine tannate	<b>ZYMINE XR SYRUP</b>	3	QL (120 ml/month)

**12-B Topical Nasal Products**

Generic Name	Brand Name	Tier	Notes
azelastine nasal	*ASTELIN	1	QL (1 inhaler/month)
ciclesonide nasal	<b>ZETONNA</b>	3	
flunisolide nasal		2	QL (3 inhalers/month)
fluticasone nasal	*FLONASE	1	
ipratropium nasal	*ATROVENT 0.03% NASAL	1	QL (1 inhaler/month)
ipratropium nasal	*ATROVENT 0.06% NASAL	1	QL (2 inhalers/month)
olopatadine nasal	<b>PATANASE</b>	3	QL (1 inhaler/month)
triamcinolone nasal	<b>TRI-NASAL</b>	3	QL (1 inhaler/month)

**12-C Cough/Cold/Allergy**

Generic Name	Brand Name	Tier	Notes
acetylcysteine	*MUCOMYST	1	
acrivastine-PSE	<b>SEMPREX-D</b>	3	
benzonatate	*TESSALON	1	
bromphen-PSE_DM	<b>BROMOXAFED</b>	3	
cardec DM	*RONDEC DM	1	
chlorpheniramine	*ED CHLORPED	1	
chlorpheniramine-PSE	*DECONAMINE	1	
guaifenesin-DM	<b>HUMIBID-DM</b>	3	
hydrocodone-homatropine	*HYCODAN	1	
hydrocodone polst-chlorphen susp	*TUSSIONEX	3	
phenylephrine-guaifenesin	<b>MAXIPHEN-G</b>	3	
promethazine VC	PHENERGAN VC	1	
promethazine VC- codeine	PHENERGAN VC w/CODEINE	1	
promethazine-codeine	*PHENERGAN w/CODEINE	1	
PSE-guaifenesin-codeine	*NOVAHISTINE	1	
PSE-methscopolamine	*ALLERX-D	1	
pseudoephed-chlorphen-DM	<b>TANAFED DM</b>	3	
pseudoephed-chlorphen w/hydroco soln	*ZUTRIPRO	2	

**12-D Asthma/COPD**

Generic Name	Brand Name	Tier	Notes
acridinium bromide	<b>TUDORZA</b>	2	
albuterol nebulizer	*PROVENTIL (nebulizer)	1	
albuterol tablets	*PROVENTIL (tablets)	1	
albuterol HFA inhaler	<b>PROAIR HFA</b>	3	QL (2 inhalers/month)

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3-Tier Drug Benefit Guide  
 03/01/16

albuterol sulfate aer pow ba	<b>PROAIR RESPICLICK</b>	3	QL (2 inhalers/month)
albuterol HFA inhaler	<b>PROVENTIL HFA</b>	3	QL (2 inhalers/month)
albuterol HFA inhaler	<b>VENTOLIN HFA</b>	2	QL (2 inhalers/month)
albuterol SR tablets	*VOSPIRE ER 4mg	1	QL (60 tablets/month)
albuterol SR tablets	*VOSPIRE ER 8mg	1	QL (120 tablets/month)
albuterol-ipratropium inhaler	<b>COMBIVENT RESPIMAT</b>	3	QL (2 inhalers/month)
albuterol-ipratropium nebulizer	*DUONEB	2	QL (540 mls/month)
aminophylline		1	
arformoterol tartrate nebulizer	<b>BROVANA</b>	3	QL (60 vials/month (2ml/vial)
cromolyn sodium nebulizer	*INTAL (nebulizer)	1	QL (120 vials/month)
fluticasone furoate	<b>ARNUITY ELLIPTA</b>	3	QL (1 inhaler/month)
fluticasone furoate-vilanterol aero powd	<b>BREO ELLIPTA</b>	2	QL (#1/month)
formoterol fumarate inhaler	<b>PERFOROMIST</b>	3	QL (60 vials/month)
formoterol inhaler	<b>FORADIL</b>	3	QL (60 capsules/month)
ipratropium nebulizer	*ATROVENT (nebulizer)	1	QL (450 mls/month)
ipratropium HFA inhaler	<b>ATROVENT HFA</b>	2	QL (2 inhalers/month)
levalbuterol nebulizer	*XOPENEX 0.31mg/3ml	3	QL (270 mls/month (1 vial = 3 ml)
levalbuterol nebulizer	*XOPENEX 0.63mg/3ml	3	QL (270 mls/month (1 vial = 3 ml)
levalbuterol nebulizer	*XOPENEX 1.25mg/3ml	3	QL (270 mls/month (1 vial = 3 ml)
levalbuterol nebulizer	*XOPENEX 1.25 mg/0.5 ml	3	QL (90 mls/month (1 vial = 3 ml)
levalbuterol inhaler	<b>XOPENEX HFA</b>	3	QL (2 inhalers/month)
metaproterenol nebulizer	*ALUPENT (nebulizer)	1	QL (120 vials/month (300 ml/month)
metaproterenol tablets	*ALUPENT (tablets)	1	
montelukast	*SINGULAIR 4mg	1	QL (30 tablets/month)
montelukast	*SINGULAIR 5mg	1	QL (30 tablets/month)
montelukast	*SINGULAIR 10mg	1	QL (30 tablets/month)
montelukast	*SINGULAIR 4mg Granules	2	QL (30 packets/month)
mometasone-formoterol inhalers	<b>DULERA</b>	2	QL (#1/month)
olodaterol hcl	<b>STRIVERDI RESPIMAT</b>	2	QL (#1/month)
pirbuterol inhaler	<b>MAXAIR</b>	3	QL (2 inhalers/month)
roflumilast	<b>DALIRESP</b>	3	PA QL (30 tablets/month)
salmeterol inhaler	<b>SEREVENT DISKUS</b>	3	QL (1 inhaler/month)
salmeterol-fluticasone inhaler	<b>ADVAIR</b>	2	QL (1 inhaler/month)
sodium chloride soln nebu 7%	<b>HYPER-SAL NEBULIZER</b>	2	
terbutaline	*BRETHINE	1	QL (30 tablets/month)
theophylline		1	
theophylline	<b>SLO-PHYLLIN</b>	2	
theophylline	<b>THEOLAIR</b>	2	
theophylline CR	*UNIPHYL	1	
theophylline SR	<b>THEO-24</b>	3	
tiotropium bromide mono inhal	<b>SPIRIVA HANDIHALER</b>	3	QL (30 capsules/month)
tiotropium bromide mono inhal	<b>SPIRIVA RESPIMAT</b>	3	QL (1 inhaler/month)
umeclidinium br aero pwd breath	<b>INCRUSE ELLIPTA</b>	2	QL (1 inhaler/month)
umeclidinium-vilanterol	<b>ANORO ELLIPTA</b>	3	QL (1 inhaler/month)
zafirlukast	*ACCOLATE	1	QL (60 tablets/month)

## 12-E Steroid Inhalers

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3-Tier Drug Benefit Guide

03/01/16

Generic Name	Brand Name	Tier	Notes
beclomethasone HFA inhaler	<b>QVAR 40mcg</b>	1	QL (1 inhaler/month)
beclomethasone HFA inhaler	<b>QVAR 80mcg</b>	1	QL (2 inhaler/month)
budesonide inhaler	<b>PULMICORT FLEXIHALER</b>	3	QL (1 inhaler/month)
<b>PULMICORT FLEXIHALER ST-</b> requires a trial/failure of one of the following: QVAR, Asmanex, Alvesco			
budesonide nebulizer	*PULMICORT RESPULES 0.25mg	2	QL (120 respules/month)
budesonide nebulizer	*PULMICORT RESPULES 0.5mg	2	QL (60 respules/month)
budesonide nebulizer	<b>PULMICORT RESPULES 1MG</b>	3	QL (120 respules/month)
ciclesonide inhaler	<b>ALVESCO</b>	1	
flunisolide inhaler	<b>AEROBID</b>	3	QL (3 inhalers/month)
flunisolide inhaler	<b>AEROBID-M</b>	3	QL (3 inhalers/month)
fluticasone inhaler	<b>FLOVENT DISKUS</b>	3	QL (1 diskus/month)
fluticasone inhaler	<b>FLOVENT HFA</b>	3	QL (2 inhalers/month)
flunisolide hfa	<b>AEROSPAN 80mcg</b>	3	
mometasone inhaler	<b>ASMANEX</b>	1	QL (1 inhaler/month)
mometasone inhaler	<b>ASMANEX HFA</b>	1	QL (1 inhaler/month)
triamcinolone inhaler	<b>AZMACORT</b>	3	QL (2 inhalers/month)

### 12-F Pulmonary Fibrosis

nintedanib esylate	<b>OFEV</b>	3	PA SP
pirfenidone	<b>ESBRIET</b>	2	PA SP

## SELF-INJECTABLE/SPECIALTY (injectable drugs)

### 13-A Anticoagulants

Generic Name	Brand Name	Tier	Notes
dalteparin sodium	<b>FRAGMIN</b>	2	SIO (covered up to 21 days without prior auth)
enoxaparin sodium	*LOVENOX	2	SIO (covered up to 30 days without prior auth)
fondaparinux sodium	*ARIXTRA	2	f
tinzaparin sodium	<b>INNOHEP</b>	3	PA SIO

### 13-B Growth Hormones

Generic Name	Brand Name	Tier	Notes
mecasermin	<b>INCRELEX</b>	3	PA SIO SP
metreleptin	<b>MYALEPT</b>	3	PA
somatropin	<b>NUTROPIN AQ</b>	2	PA SIO SP
somatropin	<b>NUTROPIN AQ NUSPIN</b>	2	PA SIO SP
somatropin	<b>NUTROPIN</b>	2	PA SIO SP
somatropin	<b>SEROSTIM</b>	2	PA SIO SP
somatropin	<b>ZORBTIVE</b>	3	PA SIO SP
tesamorelin	<b>EGRIFTA</b>	3	PA SIO SP

### 13-C Hematopoietic Agents

Generic Name	Brand Name	Tier	Notes
darbepoetin alpha	<b>ARANESP</b>	2	PA SIO SP
eltrombopag	<b>PROMACTA</b>	3	PA SP
epoetin alfa	<b>EPOGEN</b>	3	PA SIO SP
epoetin alfa	<b>PROCRIT</b>	3	PA SIO SP
filgrastim	<b>NEUPOGEN</b>	2	QL SP (1st time fill - 5 doses x 21 days, then PA)
pegfilgrastim	<b>NEULASTA</b>	3	PA SIO SP

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3-Tier Drug Benefit Guide  
03/01/16



peginesatide acetate soln	<b>OMONTYS</b>	3	PA SIO SP
sargramostim	<b>LEUKINE</b>	3	PA SIO SP
tbo-filgrastim soln	<b>GRANIX</b>	3	PA SIO SP
<b>13-D Hepatitis C Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
boceprevir	<b>VICTRELIS</b>	3	PA SP
daclatasvir dihydrochloride	<b>DAKLINZA 30MG</b>	2	PA QL (90 tablets/month) SP
daclatasvir dihydrochloride	<b>DAKLINZA 60MG</b>	2	PA QL (30 tablets/month) SP
interferon alfacon-1	<b>INFERGEN</b>	3	PA SIO SP
ledipasvir-sofosbuvir	<b>HARVONI</b>	2	PA SP QL (30 tablets/month)
ombitasvir-paritaprevir-ritonavir	<b>TECHNIVIE</b>	3	PA SP QL (60 tablets/month)
ombitasvir-paritaprevir-ritonavir	<b>VIEKIRA</b>	3	PA SP ST (120 tablets/month)
peginterferon alfa-2A	<b>PEGASYS</b>	2	PA SIO SP
peginterferon alfa-2A	<b>PEGASYS PROCLICK</b>	2	PA SIO SP
peginterferon alfa-2B	<b>PEG-INTRON</b>	3	PA SIO SP ST
peginterferon alfa-2B	<b>PEG-INTRON REDIPEN</b>	3	PA SIO SP ST
<b>Peg-Intron ST = requires trial of Pegasys</b>			
simeprevir sodium	<b>OLYSIO</b>	3	PA SP
sofosbuvir	<b>SOVALDI</b>	2	PA SP QL (30 tablets/month)
	<b>REBETRON</b>	3	PA SP
	<b>ROFERON A</b>	3	SP
<b>13-E Multiple Sclerosis Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
dalfampridine	<b>AMPYRA</b>	3	QL (60 tablets/month) PA SP
dimethyl fumarate	<b>TECFIDERA STARTER PACK</b>	2	PA SP
dimethyl fumarate	<b>TECFIDERA</b>	2	PA SP
glatiramer acetate	<b>COPAXONE 20MG &amp; 40mg</b>	2	PA SIO SP
fingolimod	<b>GILENYA</b>	3	PA SP ST
<b>Gilenya ST= requires trial to 1 formulary alternative: Avonex, Copaxone and/or Rebif</b>			
interferon beta-1A	<b>REBIF</b>	3	PA SIO SP ST
<b>Rebif ST= requires trial to 2 formulary alternatives: Avonex, Copaxone, Betaseron, and/or Tecfidera</b>			
interferon beta-1A	<b>AVONEX</b>	2	PA SIO SP
interferon beta-1A	<b>AVONEX ADMINISTRATION PACK</b>	2	PA SIO SP
interferon beta-1B	<b>BETASERON</b>	2	PA SIO SP
teriflunomide	<b>AUBAGIO</b>	3	PA ST SP
<b>Aubagio ST = requires trial of 2 formulary alternatives: Avonex, Betaseron, Copaxone and Tecfidera</b>			
<b>13-F Osteoporosis Agents</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
teriparatide (recombinant)	<b>FORTEO</b>	2	PA SIO SP
<b>13-G Somatostatin Analogs</b>			
<b>Generic Name</b>	<b>Brand Name</b>	<b>Tier</b>	<b>Notes</b>
lanreotide acetate	<b>SOMATULINE DEPOT</b>	2	PA SIO SP
nafarelin	<b>SYNAREL</b>	2	PA
octreotide acetate	<b>*OCTREOTIDE</b>	2	PA SIO SP
pegvisomant	<b>SOMAVERT</b>	2	PA SIO SP
<b>13-H Immunomodulators</b>			

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3-Tier Drug Benefit Guide  
03/01/16

Generic Name	Brand Name	Tier	Notes
adalimumab	<b>HUMIRA</b>	2	PA SIO SP
anakira subcutaneous	<b>KINERET</b>	3	PA SIO SP
certolizumab pegol	<b>CIMZIA</b>	2	PA SIO SP
etanercept for subcutaneous	<b>ENBREL</b>	3	PA ST SIO SP
<b>ENBREL ST</b> = requires trial of 2 formulary alternatives: Humira, Simponi, and/or Cimzia			
golimumab	<b>SIMPONI</b>	2	QL (1 unit/month) PA SIO SP
secukinumab	<b>COSENTYX</b>	3	PA SP
tocilizumab	<b>ACTEMRA</b>	3	PA SP
tofacitinib	<b>XELJANZ</b>	3	PA ST SP
<b>XELJANZ ST</b> - requires trial of 2 formulary alternatives: Humira, Simponi, and/or Cimzia			
ustekinumab	<b>STELARA</b>	3	PA SP

### 13-I Miscellaneous Specialty

Generic Name	Brand Name	Tier	Notes
abatcept	<b>ORENCIA</b>	3	PA ST SP
<b>Orencia ST</b> = requires trial of 2 formulary alternatives: Humira, Simponi, and/or Cimzia			
corticotropin	<b>ACTHAR HP</b>	3	PA SIO SP
icatibant acetate	<b>FIRAZYR</b>	3	PA SP
interferon alfa-2B	<b>INTRON-A</b>	3	PA SIO
interferon gamma-1B	<b>ACTIMMUNE</b>	2	PA SIO
leuprolide acetate	<b>ELIGARD</b>	3	PA SIO
leuprolide acetate	<b>LUPRON</b>	2	PA SIO
nitisinone	<b>ORFADIN</b>	2	PA
oprelvekin	<b>NEUMEGA</b>	2	PA SP
oxandrolone	<b>*OXANDRIN</b>	1	PA
oxymetholone	<b>ANADROL-50</b>	2	
palonosetron	<b>ALOXI (tablets)</b>	2	PA
peginterferon alfa-2B	<b>SYLATRON</b>	3	PA SIO SP
peginterferon alfa-2B	<b>SYLATRON 4-PACK</b>	3	PA SIO SP
riloncept	<b>ARCALYST</b>	2	PA SIO

## EXCLUSIONS (excluded drugs)

### 14-A Excluded From Coverage

Generic Name	Brand Name	Tier	Notes
acyclovir topical cream	<b>ZOVIRAX CREAM</b>		
acyclovir buccal	<b>SITAVIG</b>		
acyclovir hydrocortisone	<b>XERESE</b>		
adapalene-benzoyl peroxide gel	<b>EPIDUO FORTE</b>		
alcaftadine	<b>LASTACAFT</b>		
allantoin-lidocaine-petrolatum	<b>VEXA</b>		
alendronate	<b>BINOSTO</b>		
amantad-amitript-gaba-cycloben	<b>A.A.G.C. KIT IN TERODERM</b>		
amantad-gabap-diclof-baclo-lido cr cmp kit	<b>EXTARDOL</b>		
amilodipine-atorvastatin	<b>CADUET</b>		

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3-Tier Drug Benefit Guide  
03/01/16

amino acids	GLUTARADE GA-1		
amlodipine-aliskiren	TEKAMLO		
amlodipine-aliskiren-hctz	AMTURNIDE		
amlodipine-olmesartan	AZOR		
amlodipine-valsartan-hctz	EXFORGE HCT		
amox-clarithro-lansopraz	PREVPAC (brand+ generic)		
amphetamine susp ext release	DYANAVEL XR		
amphetamine sulfate	EVEKEO		
amphetamine-d-amphetamine SR	generic ADDERALL XR		
antipyrine-benzocaine-polycosanol	OTIC CARE		
antiseborrheic	PROMISEB COMPLETE KIT		
APAP-caffeine-butalbital	ORBIVAN		
APAP-codeine	COCET PLUS		
APAP-hydrocodone	ZOLVIT		
APAP-isometh-caffeine	PRODRIN		
aspirin cap sr 24hr	DURLAZA		
atorvastatin calcium COQ10	EQUAPAX		
azelastine	OPTIVAR		
azelastine hcl-fluticasone	DYMISTA		
azelastine nasal	ASTEPRO		
balsalazide disodium	GIAZO		
beclomethasone dipropionate	QNASL		
beclomethasone nasal	BECONASE AQ		
benzo-capsaicin-lido-methyl salicylate	ADAZIN CREAM		
benzonatate	ZONATUSS		
benzoyl peroxide	BREVOXYL		
benzoyl peroxide	DELOS		
benzoyl peroxide	NEOBENZ MICRO KIT PLUS		
benzoyl peroxide	RIAX		
benzoyl peroxide	TRIAZ		
benzoyl peroxide cleansing pad	PACNEX HP		
benzoyl peroxide cleansing pad	PACNEX LP		
benzoyl peroxide foam	BENZEFOAM AER		
benzoyl peroxide foam	BENZEFOAM ULTRA		
bepotastine ophth	BEPREVE		
betamethasone foam	*LUXIQ		
bimatoprost ophth	LUMIGAN 0.03%		
brinzolamide-brimonidine tartrate	SIMBRINZA		
bromfenac ophth	BROMDAY		
bromfenac sodium	PROLENSA		
budesonide foam	UCERIS RECTAL FOAM 2mg/act		
budesonide nasal	RHINOCORT AQUA		
budesonide formoterol inhaler	SYMBICORT		
buprenorphine buccal	BELBUCA		
buprenorphine-naloxone	BUNAVAIL		
buprenorphine naloxone	SUBOXONE FILM TAB		

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buprenorphine naloxone	SUBOXONE TABLETS		
bupropion SR	APLENZIN		
bupropion SR	FORFIVO XL		
butal/acet/caf/cod 50/300/40/30mg			
calcipotriene-betame dipro foam	ENSTILAR FOAM		
calcitriol-fluti-tacro cr cmpd kit	VALIDERM		
capecitabine	generic XELODA		
capsaicin-lidocaine-menthol	ANODYNERX PAD		
capsaicin-lidocaine-menthol	SILVERA PAIN RELIEF PAD		
capsaicin-menthol	RELEEVIA		
capsaicin-menthol topical patch	PAIN RELIEF PATCH		
capsaicin-menthol topical patch	QROXIN		
capsaicin-menthol topical patch	RENOVO		
capsaicin-menthol topical patch	SOLAICE		
carbidopa + levodopa	RYTARY		
carvedilol	COREG CR		
cetirizine	ZYRTEC		
chlorhex soln-dimet-silic tape-hom	DERMACINRX SURGICAL COMBOPAK		
chlorzoxazone	LORZONE		
ciclesonide nasal	OMNARIS		
ciclopirox	CICLODAN KIT		
ciclopirox	PEDIPIROX		
clindamycin phosphate	CLINDACIN PAC		
clindamycin phosphate	CLINDAGEL 1%		
clindamycin phosphate swab	CLINDACIN-P		
clindamycin-benzoyl peroxide gel	BENZAACLIN		
clindamycin-benzoyl peroxide gel	BENZAACLIN CARE KIT		
adapalene-clinda phosp cr cmp kit	CLINDAP-T		
clindamycin-benzoyl perox gel 1.5-5% & cr kit	NEUAC KIT		
clindamycin -benzoyl peroxide gel	NEUAC		
clindamycin -benzoyl peroxide gel	ONEXTON		
clindamycin-tretinoin	VELTIN		
clindamycin-tretinoin	ZIANA		
clindamycin-tretinoin	ACANYA		
clindamycin-tretinoin-cholesty cr	CLINOIN		
clioquinol-hc	DERMASORB AF KIT 3-0.5%		
clobetasol	CLOBETA		
clobetasol	CLOBEX LOTION		
clobetasol	CLOBEX SHAMPOO		
clobetasol foam	OLUX		
clobetasol	OLUX-CP		
clobetasol	OLUX FOAM		
clobetasol	OLUX-E FOAM		
clobetasol prop shampoo 0.05% & cleanser kit	CLODAN KIT		
clobetasol propionate shampoo	CLODAN SHAMPOO		
clonidine	KAPVAY		

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clonidine SR	NEXICLON XR (suspension)		
clonidine SR	NEXICLON XR (tablet)		
clotrimazole	LOTRIMIN 1%		
clozapine susp	VERSACLOZ SUSP		
codeine polist-chlorphen polist er susp	TUZISTRA XR SUSP		
colchicine tablets			
colchicine tablets	COLCRYS		
cyanocobalamin-salcaprozate sod	ELIGEN B12		
cycloben 10mg & capsaicin-menth pat	FLEXEPAX		
dapagliflozin-metformin hcl	XIGDUO XR		
darifenacin	ENABLEX		
dasabuvir	EXVIERA		
dermatological	GENADUR KIT		
desloratadine	CLARINEX		
desonide	DESONIL		
desonide foam	VERDESO		
desoximetasone	TOPICORT SPRAY		
desvenlafaxine	KHEDEZLA		
desvenlafaxine er	DESVENLAFAX		
	DESVENLAFAXINE FUM TAB SR 24HR (BASE EQUIV)		
dexmethylphenidate SR	*FOCALIN XR		
dextroamphetamine sulfate	ZENZEDI		
dichlorphenamide	KEVEYIS		
diclofenac	CAMBIA		
diclofenac-gabap-lido cream	DIPENTOCAINE 5-5-2% KIT		
diclofenac patch	FLECTOR		
diclofenac potassium	ZIPSOR		
diclofenac sodium cream 1%	REXAPHENAC		
diclofenac sod tab 75mg & lido-men-methyl sal ptch kit	DERMACINRX ANAL COMBOPAK		
diclofenac sol	PENNSAID		
diclofenac	ZORVOLEX		
dietary management	DERMANIC		
dietary management	PERCURA		
dimethicone cr 5% & silicone tape kit	DERMACINRX SILAPAK		
donepezil	ARICEPT 23mg		
doxepin	SILENOR		
doxycycline hyclate	ACTICLATE		
doxycycline hyclate	DORYX		
doxycycline hyclate	MORGIDOX		
doxycycline hyclate	TARGADOX		
doxycycline monohydrate	ADOXA		
doxycycline monohydrate	Brand MONODOX		
doxycycline monohydrate	Monodox 75mg		
doxycycline monohydrate	NICAZELDOXY 30 KIT		
doxycycline (rosacea) cap delayed release	DOXYCYCLINE		
drosiprone-ethyinal-levomefolate	BEYAZ		

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drospirenone-ethinyl	SAFYRAL		
duloxetine hcl enteric coated pellets 40mg	IRENKA		
dutasteride-tamsulosin	JALYN		
econazole nitrate foam	ECOZA 1%		
elbasvir-grazoprevir	ZEPATIER		
eluxadoline	VIBERZI		
elvitegrav-cobic-emtricitab-tenofov af	GENVOYA		
emedastine	EMADINE		
empagliflozin-metformin hcl	SYNJARDY		
empagliflozin-linagliptin	GLYXAMBI		
epinastine	ELESTAT		
epinephrine inj	ADRENACLICK		
epinephrine inj	AUVI-Q		
esomeprazole	NEXIUM		
estradiol-estriol-progesterone cream	BIEST/PROGES CMPD KIT		
estradiol patch	generic VIVELLE-DOT		
estrogens (conjugated synthetic)	CENESTIN		
ezetimibe-atorvastatin	LIPTRUZET		
fenofibrate	ANTARA		
fenofibrate	FENOGLIDE		
fenofibrate	LIPOFEN		
fenofibrate	LOFIBRA 67mg, 134mg, 200mg		
fenofibrate	TRIGLIDE		
fenofibrate	TRICOR 48MG & 145MG		
fenofibric acid	FIBRICOR 35MG & 105MG		
fenofibric acid	TRILIPIX		
fentanyl citrate	ABSTRAL		
fentanyl patch	DURAGESIC PATCH 37.5mcg		
fentanyl patch	DURAGESIC PATCH 62.5mcg		
fentanyl patch	DURAGESIC PATCH 87.5mcg		
fentanyl sublingual spray	SUBSYS		
ferric subsulfate soln	MONSELS		
fexofenadine	ALLEGRA		
fexofenadine-pseudoephedrine	ALLEGRA D		
filgrastim-sndz soln prefilled syr	ZARXIO		
flibanserin	ADDYI		
fluocinolone acetonide soln	SYNALAR TS		
fluocinonide	VANOS		
fluorouracil	generic CARAC		
fluorouracil cream 4%	TOLAK		
fluorouracil-diclofenac-sodium cr	FLUORAC		
fluorouracil-salicylic acid cr cmpd kit	SUPRACIL		
flurbiprofen-cyclobenzaprine cr	ACTIVE-PREP KITS		
flurbiprofen-baclofen-lidocaine cr	FBL KIT CREAM 15-4-5%		
flurb-gabapent-cycloben-lido-dexameth cr	AIF #2		
fluticasone furoate nasal	VERAMYST		

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gabapentin	ACTIVE-PAC		
gabapentin	GRALISE		
gabapentin enacarbil	HORIZANT		
glatiramer acetate soln 20mg	GLATOPA 20MG (gen Copaxone)		
glycopyrrolate	GLYCATE		
glycopyrrolate inhal cap	SEEBRI NEOHALER		
granisetron patch	SANCUSO		
hc-pramoxine cr-diet manage prod tab-cleans wipe kit	ANALPRAM ADVANCED KIT		
hydrocodone-guaifenesin soln	FLOWTUSS		
hydrocodone-guaifenesin soln	OBREDON		
hydrocodone bitartrate er	HYSINGLA ER		
hydrocortisone butyrate	LOCOID LOTION		
hydrocortisone butyrate	LOCOID LIPOCREAM		
hydrocortisone topical	HYDROCORTISONE 0.05%		
hydrocortisone topical	HYDROCORTISONE 1%		
hydrocortisone topical	HYTONE		
hydrocortisone topical	NUCORT		
hydrocortisone-pramoxine	PROCORT		
hydroquin-fluticas-tretinoin cr cmpd kit	CLARYS		
hypochlorous acid cleanser soln	I-LID CLEANSER		
ibuprofen-famotidine	DUEXIS		
imatinib mesylate	*GLEEVEC		
imiquimod	ZYCLARA		
indacaterol-glycopyrrolate inhal	UTIBRON NEOHALER		
indomethacin	TIVORBEX		
insulin degludec soln pen-injector	TRESIBA FLEXTOUCH		
insulin glargine soln	TOUJEO SOLOSTAR		
insulin regular (human) inhalation powder	AFREZZA		
interferon beta-1B	EXTAVIA		
iodoquinol-hydroc	VYTONE		
isotretinoin	ABSORICA		
itraconazole	ONMEL		
ketoconazole-hydrocortisone	KETOCON		
ketorolac ophth	ACUVAIL		
ketotifen	ZADITOR		
ketotifen	ZADITOR OTC		
l-mehylfolate	DEPLIN		
lactic acid	LAC-HYDRIN		
levocetirizine	XYZAL		
levomefolate glucosamine	Q-TABS		
levonor-eth es	QUARTETTE		
levothyroxine	TIROSINT		
lidocaine	PROZENA 4% PATCH		
lidocaine cream	LIDOZOL 3.75%		
lidocaine hcl cream	LIDOVIN CREAM		
lidocaine gel	LIDORX		

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lido-capsaicin cr 5-0.05%	RENOVO LIDO 5		
lidocaine-capsaicin-chondroitin-glucos	REMAXAZON		
lidocaine-dm-trolamine salicylate	PERMAVAN		
lidocaine-menthol patch	ATENDIA		
lidocaine-menthol	AVALIN-RX 4-1% PATCH		
lidocaine-menthol	LIDENZA		
lidocaine-menthol	LIDOTHOL		
lidocaine-menthol	LORENZA		
lidocaine-menthol	PROLIDA		
lidocaine-menthol	RELEEVIA ML		
lidocaine-menthol cream 4-1%	SYNVEXIA TC		
lidocaine-menthol patch 4-5%	RELYYKS		
liraglutide (weight mngt) soln	SAXENDA		
loperamide	IMODIUM		
loratadine	CLARITIN		
lorcaserin hcl	BELVIQ		
loteprednol etabonate	LOTEMAX GEL		
lovastatin SR	ALTOPREV		
lucinactant intratracheal susp	SURFAXIN		
luliconazole	LUZU		
mag+bisacodyl+peg+metoclo+electrol	PCP 100 KIT		
meloxicam cap	VIVLODEX		
memantine hcl-donepezil hcl	NAMZARIC		
mesalamine	DELZICOL		
mesalamine CR	PENTASA		
mesalamine	ASACOL HD		
metformin	GLUMETZA		
metformin SR	FORTAMET		
methotrexate injection	OTREXUP		
methoxy polyethylene glycol-epoetin beta inj	MIRCERA		
methyl salicylate-lidocaine-menthol	CLEVER CHOICE COMFORT EZ PATCH		
methyl salicylate-lidocaine-menthol	VELMA PAIN RELIEF 16-2-4%		
methylphenidate hcl cap xr 24hr	APTENSIO XR		
methylphenidate hcl chew tab er	QUILLICHEW ER		
methylphenidate hcl susp	QUILLIVANT XR		
methylphenidate CR	*METADATE CD Generic only		
methylphenidate SA	*CONCERTA Generic only		
methylphenidate SR	*Ritalin LA		
metoclopramide	METOZOLV ODT		
metronidazole cream	NORITATE		
metronidazole cr w/ cleanser	ROSADAN/KIT		
metronidazole vag gel 1.3%	NUVESSA		
metronidaz-tetracyc-bis subsal chew	HELIDAC		
miconazole-zinc oxide-white petroleum	VUSION		
miconazole nitrate	MICONAZOLE NITRATE		
minocycline	MINOCIN 75MG CAP		

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minocycline	SOLODYN		
mirabegron	MYRBETRIQ		
molindone hcl	MOLINDONE		
mometasone	MOMEXIN KIT		
mometasone nasal	NASONEX		
morphine	KADIAN		
morphine+naltrexone	EMBEDA		
multiple vitamins	NICAZEL FORTE		
mupurocin oint kit	CENTANY AT		
naftifine	NAFTIN		
naloxone hcl nasal spray	NARCAN		
naloxone hcl solution	EVZIO		
naltrexone hcl-bupropion	CONTRAVE		
naproxen	NAPRELAN CR DOSE CARD		
naproxen esomeprazole	VIMOVO		
naproxen 500mg & capsaicin-menthpat	NAPROPAX		
neomycin-fluocinolone cream	NEO-SYNALAR		
neomycin-fluocino cr 0.5-0.025% & cr kit	NEO-SYNALAR KIT		
norethindone ace-eth estradiol-fe	LO MINASTRIN FE		
norethindone ace-eth estradiol-fe	MINASTRIN 24 FE		
norethindrone-ethinyl estradiol-fe	GENERESS FE		
nystatin cream-diaper rash cream kit	PEDIADERM AF		
nystatin-triamcinolone	MYCOLOG II		
olmesartan-amlodipine-HCTZ	TRIBENZOR		
olopatadine	PATADAY		
olopatadine hcl oph soln	PAZEO		
omeprazole susp	FIRST-OMEPRAZOLE SUSP		
omeprazole	PRILOSEC PWD PKT/SUSP		
omeprazole-sodium bicarb	*ZEGERID		
ondansetron oral soluble film	ZUPLENZ		
oral wound care gel	GELX		
oral wound care liquid	EPISIL		
oxcarbazepine	OXTELLAR XR		
oxiconazole nitrate lotion	OXISTAT LOTION		
oxybutynin patches	OXYTROL		
oxybutynin td gel	GELNIQUE GEL		
oxycodone	OXAYDO		
oxycodone w/acet	XARTEMIS XR		
pantoprazole	PROTONIX GRANULE PKT		
paroxetine mesylate	BRISDELLE		
paroxetine mesylate	PEXEVA		
patiomer sorbitex calcium	VELTASSA		
peginterferon beta-1a soln	PLEGRIDY STARTER PACK		
peginterferon beta-1a soln	PLEGRIDY		
penciclovir	DENAVIR		
penicillamine	CUPRIMINE		

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perindopril arginine-amlod besylate	PRESTALIA		
phenylephrine-triprolidine-cod syr	HISTEX-AC		
poly-l-lactid acid	SCULPTRA		
pramipexole SR	MIRAPEX ER		
prasterone & ibuprofen kit	PRASTERA KIT		
prednisone	RAYOS		
prednisolone sodium phosphate	ASMALPRED		
propranolol hcl oral soln	HEMANGEOL		
pseudoephedrine w/hydrocodone-gg soln	HYCOFENIX		
rabeprazole sodium	ACIPHEX SPRINKLE		
ribavirin	MODERIBA PAK		
ribavirin	RIBAPAK		
risedronate	ATELVIA		
rolapitant	VARUBI		
ropinirole SR	REQUIP XL		
salicylic acid film-forming soln	ULTRASAL-ER		
salsalate	DISALCID		
selenium sulfide-pyrithione zinc	SELRX		
selexipag	UPTRAVI		
selexipag	UPTRAVI THERAPY PACK		
serum-derived bovine	ENTERAGAM		
setraconazole	ERTACZO		
solifenacin	VESICARE		
somatropin	GENOTROPIN		
somatropin	HUMATROPE		
somatropin	NORDITROPIN		
somatropin	NORDITROPIN FLEXP		
somatropin	NORDITROPIN NORDIFLEX		
somatropin	OMNITROPE		
somatropin (non-refrigerated)	SAIZEN		
somatropin	TEV-TROPIN		
somatropin for subc inj	ZOMACTON		
sulfacetamide sodium	APOP		
sulfacetamide sodium foam	OVACE PLUS FOAM		
sulfacetamide sodium lotion	OVACE PLUS LOTION		
	AVAR FOAM		
sulfacetamide sodium w/sulfur	PLEXION 9.8-4.8% CR, LOT, LIQ, CLTH		
sulfacetamide sod-sulfur wash	SODIUM SULFACETAMIDE/Sulfur Kit		
sulfacetamide sodium sulfur	SSS 10-4		
sulfacetamide w/ sulfur wash	SUMADAN		
sulfacetamide sodium-sulfur pad	SUMAXIN CP KIT		
sulfacetamide sodium-sulfur susp	SUMAXIN TS		
sulfacetamide sod sulfur wash	ROSULA		
sulfacetamide sod-sulfur wash	SUMADAN XLT KIT		
sulfacetamide sod w/sulfur	AVAR		
sumatriptan succ td iontophoretic patch	ZECUITY		

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sumatriptan auto-injection	ALSUMA		
	TERMINEX		
sumatriptan-naproxen sodium	TREXIMET		
tacrolimus	ASTAGRAF XL		
tacrolimus	ENVARUSUS XR		
tazarotene foam	FABIOR		
telmisartan-amlodipine	TWYNSTA		
test strips	ABBOTT TEST STRIPS		
test strips	ADVOCATE TEST STRIPS		
test strips	BAYER TEST STRIPS		
test strips	CLEVER CHOICE TEST STRIPS		
test strips	GMATE TEST STRIPS		
test strips	FORA TEST STRIPS		
test strips	REDI+PLUS TEST STRIPS		
test strips	ROCHE TEST STRIPS		
test strips	TRUETEST TEST STRIPS		
test strips	UNISTRIP TEST STRIPS		
testosterone	ANDROGEL		
testosterone nasal gel	NATESTO		
testosterone td gel	VOGELXO		
tetracaine-menthol-camphor liqd spray	TETRAMEX SPRAY		
tiotropium br-olodaterol	STIOLTO RESPIMAT		
tobramycin nebu solution	KITABIS PAK		
tobramycin nebulizer	TOBI NEBS		
tobramycin-dexamethasone ophth	TOBRADEX ST		
tolterodine	DETROL		
tolterodine SR	DETROL LA		
topiramate cap er 24hr sprinkle	QUDEXY XR		
topiramate SR	TROKENDI XR		
tramadol ER	CONZIP		
tramadol ER	RYZOLT		
trazodone SR	OLEPTRO		
tretinoin	ATRALIN		
tretinoin	RETIN-A MICRO		
tretinoin	RETIN-A PUMP		
tretinoin	TRETIN-X		
tretinoin cr & men-zinc ox oint & sili tape pak	DERMAPAK PLUS		
triamcinolone nasal	NASACORT AQ		
triamcinolone	TRIANEX		
triamcinolone cream-emollient cream kit	PEDIADERM TA		
tropium	*SANCTURA		
tropium chloride	SANCTURA XR		
urea cream	DERMASORB XM KIT 39%		
urea cream	KERALAC 47% CREAM		
urea cream	KERALAC 47% CREAM		
urea cream	UREVAZ		

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urea emulsion	UMECTA EMOLLIENT		
urea solution	URAMAXIN GT KIT		
uridine triacetate	XURIDEN		
valsartan aliskiren	VALTURNA		
vardenafil	STAXYN		
	VENLAFAXINE HCL TAB SR 24HR (BASE EQUIVALEN		
wound dressing	ALEVICYN DERMAL SPRAY		
wound dressing	ATRAPRO CP		
zolpidem	EDLUAR		
zolpidem	INTERMEZZO		
zolpidem	ZOLPIMIST		
zolpidem CR	*AMBIEN CR		
<b>14-B Excluded from coverage – bulk powders for compounding</b>			

# Preferred Alternatives

The following table identifies the preferred alternatives for some commonly prescribed non-preferred drugs. Copayments are lower when preferred drugs are prescribed.

<u>Non-Preferred Drug</u>	<u>Preferred Alternative(s)</u>
ACEON	benazepril, fosinopril, lisinopril, quinapril, trandolapril UNIVASC
ACTIVELLA	ORTHO-PREFEST, PREMPRO, PREMPHASE
AEROBID	ASMANEX, QVAR
AEROBID-M	ASMANEX, QVAR
AGGRENEX	dipyridamole and aspirin
ALORA	VIVELLE, VIVELLE DOT
ALTOCOR	simvastatin, lovastatin, LIPITOR
AMERGE	sumatriptan, RELPAX
ATACAND	BENICAR, losartan
ATACAND HCT	BENICAR HCT, losartan-HCTZ
AVALIDE	BENICAR HCT, losartan-HCTZ
AVAPRO	BENICAR, losartan
AXERT	sumatriptan, RELPAX
AZMACORT	ASMANEX, QVAR
AZOPT	TRUSOPT
BETAPACE AF	sotalol (BETAPACE)
BREVICON	MODICON
CARBATROL	carbamazepine, TEGRETOL, TEGRETOL XR
CELEBREX	ibuprofen, naproxen, others (see section 9-C)
CLIMARA	VIVELLE, VIVELLE DOT
COGNEX	donepezil, galantamine
CONCERTA	methylphenidate, dextroamphetamine, ADDERALL XR
COREG CR	carvedilol, metoprolol succinate SR
COVERA HS	verapamil
CYCLESSA	another oral contraceptive (see section 6-D)
DEMULEN	another oral contraceptive (see section 6-D)
DESOGEN	ORTHO-CEPT
DESOXYN	methylphenidate, dextroamphetamine, ADDERALL XR
DETROL	oxybutynin, URECHOLINE, URISPAS
DETROL LA	oxybutynin XL, URECHOLINE, URISPAS
DIOVAN	BENICAR, losartan
DIOVAN HCT	BENICAR HCT, losartan-HCTZ
DUONEB	COMBIVENT
DYNACIRC	nifedipine XR
ESCLIM	estradiol patch, VIVELLE, VIVELLE DOT
ESTRADERM	estradiol patch, VIVELLE, VIVELLE DOT

## Preferred Alternatives

FAMVIR	acyclovir
FEMHRT	ORTHO-PREFEST, PREMPRO, PREMPHASE
FLOVENT	ASMACORT, QVAR
FOCALIN	methylphenidate, dextroamphetamine, ADDERALL XR
FROVA	sumatriptan, RELPAX
GEODON	RISPERDAL
GLYSET	PRECOSE
LEXXEL	enalapril
LIDODERM	lidocaine (topical)
MIRCETTE	another oral contraceptive (see section 6-D)
NASACORT	fluticasone
NASACORT AQ	fluticasone
NASAREL	fluticasone
NASCOBAL	cyanocobalamin injection
NEXIUM	omeprazole, pantoprazole
NORINYL	ORTHO-NOVUM
NOR-QD	MICRONOR
NOVOLIN insulins	HUMULIN insulins
NOVOLOG insulins	HUMALOG insulins
NULEV	generic Levsin, Levbid
ORAMORPH	morphine sulfate (MS CONTIN)
OVCON	another oral contraceptive (see section 6-D)
OVRAL	another oral contraceptive (see section 6-D)
OVRETTE	another oral contraceptive (see section 6-D)
OXYCONTIN	morphine sulfate SR (MS CONTIN)
PATANOL	flurbiprofen, ZADITOR
PAXIL CR	paroxetine
PERIOSTAT	doxycycline
PLETAL	pentoxifylline
PREVACID	omeprazole, pantoprazole
PROTOPIC	ELIDEL
PROZAC WEEKLY	fluoxetine
RELION insulins	HUMULIN insulins
RESCULA	LUMIGAN, TRAVATAN
SARAFEM	fluoxetine
SKELAXIN	baclofen, carisoprodol, methocarbamol
TARKA	benzepril-hctz , lisinopril-hctz, quinapril-hctz, enalapril-hctz
Ticlopidine (TICLID)	PLAVIX
TOFRANIL PM	imipramine
TOLBUTAMIDE	glipizide, glyburide, AMARYL
TRI-NASAL	fluticasone
TRI-NORINYL	another oral contraceptive (see section 6-D)

## Preferred Alternatives

TRIPHASIL  
VALCYTE  
VALTREX  
VERELAN PM  
XALATAN  
XOPENEX  
ZEGERID  
ZYPREXA

TRI-LEVLEN  
CYTOVENE  
    acyclovir  
    verapamil  
LUMIGAN, TRAVATAN  
    albuterol nebs  
    omeprazole, pantoprazole  
RISPERDAL

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
A.A.G.C. KIT IN TERODERM	14-A	ACTOS	6-F
abacavir sulfate	1-I	ACULAR	11-H
abacavir-dolutegravir-lamivudine	14-A	ACULAR LS	11-H
abacavir-lamivudine	1-I	ACUVAIL	14-A
abacavir-lamivudine-zidovudine	1-I	acyclovir	1-H
abatacept	13-I	acyclovir buccal	14-A
ABBOTT TEST STRIPS	14-A	acyclovir hydrocortisone	14-A
ABILIFY	4-D	acyclovir ointment	5-E
abiraterone acetate	2-A	acyclovir topical	14-A
ABSORICA	14-A	ACZONE	5-A
ABSTRAL	14-A	ADAGEN	7-G
ACANYA	14-A	ADALAT CC	3-D
acarbose	6-F	adalimumab	13-H
ACCOLATE	12-D	adapalene	5-A
ACCUPRIL	3-F	ADAZIN CREAM	14-A
ACCURETIC	3-I	ADCIRCA	3-H
AC CUTANE	5-A	ADDERALL	4-E
acebutolol	3-C	ADDERALL XR	4-E
ACEON	3-F	ADDYI	14-A
acetazolamide	3-J	adefovir	7-H
acetylcysteine	12-C	ADEMPAS	3-H
ACIPHEX	7-E	ADOXA	14-A
ACIPHEX SPRINKLE	14-A	ADRENACLICK	14-A
acitretin	5-E	ADVAIR	12-D
aclidinium bromide	12-D	ADVICOR	3-L
ACLOVATE	5-H	ADVOCATE TEST STRIPS	14-A
acrivastine-PSE	12-C	AEROBID	12-E
ACTEMRA	13-H	AEROBID-M	12-E
ACTHAR HP	13-I	AEROSPAN 80mcg	12-E
ACTICLATE	14-A	AFINITOR	2-A
ACTIGALL	7-H	AFREZZA	14-A
ACTIMMUNE	13-I	AGGRENOX	1-E
ACTIQ	9-B	AGRYLIN	1-E
ACTIVELLA	6-C	AIF #2	14-A
ACTIVE-PAC	14-A	AKNE-MYCIN	5-C
ACTIVE-PREP KITS	14-A	AKTEN GEL	11-H
ACTONEL	6-J	AKYNZEO	7-F
ACTONEL with CALCIUM	6-J	ALAMAST	11-H
ACTOPLUS MET	6-F	albendazole	1-K
ACTOPLUS MET XR	6-F	ALBENZA	1-K



# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
albiglutide	6-F	alprazolam SR	4-A
albuterol HFA inhaler	12-D	ALREX	11-C
albuterol nebulizer	12-D	ALSUMA	14-A
albuterol SR tablets	12-D	ALTABAX	5-C
albuterol tablets	12-D	ALTACE	3-F
albuterol-ipratropium inhaler	12-D	altavera	6-D
albuterol-ipratropium nebulizer	12-D	ALTOCOR	3-L
alcaftadine	14-A	ALTOPREV	14-A
alclometasone	5-H	altretamine	2-A
ALDACTAZIDE	3-J	aluminum chloride	5-I
ALDACTONE	3-J	aluminum chloride/alcohol	5-I
ALDARA	5-I	ALUPENT (nebulizer)	12-D
ALDOMET	3-H	ALUPENT (tablets)	12-D
ALDORIL	3-I	ALVESCO	12-E
alefacept	5-I	alyacen	6-D
alendronate	6-J	amantad- amitript- gaba- cycloben	14-A
alendronate	14-A	AMANTADINE (Symmetrel)	4-H
alendronate-cholecalciferol	6-J	AMARYL	6-F
ALESSE	6-D	AMBIEN	4-C
ALEVICYN DERMAL SPRAY	14-A	AMBIEN CR	14-A
ALINIA suspension	1-L	ambrisentan	3-H
ALINIA tablets	1-L	amcinonide	5-H
aliskiren fumarate	3-H	AMERGE	9-E
ALKERAN	2-A	amethia	6-D
allantoin-lidocaine-petrolatum	14-A	amethia lo	6-D
ALLEGRA	14-A	amethyst	6-D
ALLEGRA D	14-A	AMEVIVE	5-I
ALLERX-D	12-C	AMICAR	1-E
allopurinol	9-F	amilodipine-atorvastatin	14-A
almotriptan	9-E	amiloride	3-J
ALOCRIAL	11-H	amiloride-HCTZ	3-J
alogliptin benzoate	6-F	aminocaproic acid	10-E
alogliptin-metformin	6-F	aminophylline	12-D
alogliptin-pioglitazone	6-F	amiodarone	3-E
ALOMIDE	11-H	AMITIZA	7-H
ALORA	6-C	amitriptyline	4-B
alosetron	7-H	amitriptyline-chlordiazepoxide	4-F
ALOXI (tablets)	13-I	amlexanox oral paste	11-J
ALPHAGAN P	11-G	amlodipine	3-D
alprazolam	4-A	amlodipine-aliskiren	14-A

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
amlodipine-aliskiren-hctz	14-A	ANUSOL-HC	5-A
amlodipine-benazepril	3-I	ANZEMET	7-F
amlodipine-olmesartan	14-A	APAP-butalbital	9-A
amlodipine-valsartan	14-A	APAP-caffeine-butalbital	9-A
amlodipine-valsartan-hctz	14-A	APAP-codeine	14-A
AMNESTEEM	5-A	APAP-hydrocodone	14-A
amoxapine	4-B	APAP-hydrocodone liquid	9-B
amox-clarithro-lansopraz	14-A	APAP-isometh-caffeine	9-E
amoxicillin	1-A	APHTHASOL	11-J
amoxicillin-clarithro-omepraz	7-C	APIDRA	6-G
amoxicillin-clavulanate	1-A	apixaban	10-D
amoxicillin-clavulanate SR	1-A	APLENZIN	14-A
AMOXIL	1-A	APOKYN	4-H
amphetamine-d-amphetamine	4-E	apomorphine	4-H
amphetamine-d-amphetamine SR	4-E	APOP	14-A
ampicillin	1-A	apraclonidine ophth	11-G
AMPYRA	13-E	apremilast	3-H
AMRIX	9-G	APRESOLINE	3-H
AMTURNIDE	14-A	apri	6-D
amylase-lipase-protease	7-G	APRISO	7-H
ANADROL-50	13-I	APTENSIO XR	14-A
ANAFRANIL	4-B	APTIOM	4-G
anagrelide	10-E	APTIVUS capsules	1-I
anakira subcutaneous	13-H	APTIVUS suspension	1-I
ANALPRAM ADVANCED KIT	14-A	AQUATENSEN	3-J
ANALPRAM-HC	5-A	ARALEN	1-J
ANAMANTLE	5-I	aranelle	6-D
ANAPROX	9-C	ARANESP	13-C
anastrozole	2-A	ARAVA	9-D
ANDRODERM	6-B	ARCALYST	13-I
ANDROGEL	14-A	arformoterol tartrate nebulizer	12-D
ANDROID	6-B	ARICEPT	4-F
ANODYNERX PAD	14-A	ARICEPT ODT	4-F
ANORO ELLIPTA	12-D	ARICEPT 23mg	14-A
ANSAID	9-C	ARIMIDEX	2-A
ANTABUSE	4-F	aripiprazole	4-D
ANTARA	14-A	ARIXTRA	13-A
anthralin	5-E	armodafinil	4-E
antipyrine-benzocaine-polycosanol	14-A	ARMOUR THYROID	6-I
antiseborrheic	14-A	ARNUITY ELLIPTA	12-D

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
AROMASIN	2-A	AUGMENTIN XR	1-A
ARTANE	4-H	AURALGAN	11-I
artemether-lumefantrine	1-J	auranofin	9-D
ARTHROTEC	9-C	AURYXIA	7-H
ASA-caffeine-butalbital	9-A	AUVI-Q	14-A
ASA-caffeine-but-codeine	9-B	AVALIDE	3-I
ASA-codeine	9-B	AVALIN-RX 4-1% PATCH	14-A
ASACOL HD	14-A	AVANDAMET	6-F
asenapine	4-D	AVANDARYL	6-F
ASENDIN	4-B	AVANDIA	6-F
ASMALPRED	14-A	AVAPRO	3-G
ASMANEX	12-E	AVAR	14-A
ASMANEX HFA	12-E	AVC vaginal	8-C
ASTAGRAF XL	14-A	AVELOX	1-E
ASTELIN	12-B	aviane	6-D
ATENDIA	14-A	AVINZA	9-B
ASTEPRO	14-A	AVODART	8-D
ATABEX EC	1-B	AVONEX	13-E
ATACAND	3-G	AVONEX ADMINISTRATION PACK	13-E
ATACAND HCT	3-I	AXERT	9-E
ATARAX	4-A	AXID	7-D
atazanavir	1-I	AXIRON	6-B
ATELVIA	14-A	axitinib	2-A
atenolol	3-C	AYGESTIN	6-E
atenolol-chlorthalidone	3-I	AZASITE	11-A
ATIVAN	4-A	azathioprine	2-B
atomoxetine	4-E	azelaic acid	5-A
atorvastatin	3-L	azelastine	14-A
atovaquone	1-L	azelastine hcl-fluticasone	14-A
atovaquone-proguanil HCL	1-J	azelastine nasal	12-B
ATRALIN	14-A	azelastine nasal	14-A
ATRAPRO CP	14-A	AZELEX	5-A
ATRIPLA	1-I	AZILECT	4-H
atropine ophth	11-E	azilsartan medoxomil	3-G
ATROVENT (nebulizer)	12-D	azilsartan-chlorthalidone	3-I
ATROVENT HFA	12-D	azithromycin	1-C
ATROVENT NASAL	12-B	azithromycin ER	1-C
AUBAGIO	13-E	azithromycin ophth	11-A
augmented betamethasone	5-H	AZMACORT	12-E
AUGMENTIN	1-A	AZOPT	11-H

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
AZOR	14-A	benzocaine-antipyrine otic	14-A
aztreonam	1-A	benzonatate	12-C
AZULFIDINE	7-H	benzonatate	14-A
AZULFIDINE EN	7-H	benzoyl peroxide	14-A
azurette	6-D	benzoyl peroxide cleansing pad	14-A
B complex-vit C-FA	10-B	benzoyl peroxide foam	14-A
bacitracin ophth	11-A	benzoyl peroxide-adapalene	5-A
bacitracin-polymyxin B ophth	11-A	benzoyl peroxide-erythromycin gel	5-A
baclofen	9-G	benzoyl peroxide-salicylic acid-vit E	5-A
bac-polymy-neomycin HC oint	5-C	benzoyl peroxide-urea	5-A
BACTRIM	1-L	benzoyl peroxide-vit E	5-A
BACTROBAN	5-C	benztropine	4-H
BACTROBAN CREAM	5-C	bepotastine ophth	14-A
BACTROBAN NASAL OINTMENT	5-C	BEPREVE	14-A
balsalazide	7-H	besifloxacin ophth	11-A
balsalazide disodium	14-A	BESIVANCE	11-A
balziva	6-D	BETAGAN	11-B
BANZEL	4-G	betamethasone dipropionate	5-H
BANZEL suspension	4-G	betamethasone foam	14-A
BARACLUDE	1-I	betamethasone valerate	5-H
BAYER TEST STRIPS	14-A	BETAPACE	3-C
becaplermin	5-I	BETAPACE AF	3-C
beclomethasone dipropionate	14-A	BETASERON	13-E
beclomethasone HFA inhaler	12-E	betaxolol	3-C
beclomethasone nasal	14-A	betaxolol HCL ophth	11-B
BECONASE AQ	14-A	bethanechol	8-B
bedaquiline fumarate	1-F	BETHKIS	1-L
BELSOMRA	4-C	BETIMOL	11-B
BELVIQ	14-A	BETOPTIC-S	11-B
benazepril	3-F	bexarotene	2-A
benazepril-HCTZ	3-I	BEYAZ	14-A
BENEMID	9-F	BIAXIN	1-C
BENICAR	3-G	BIAXIN XL	1-C
BENICAR HCT	3-I	bicalutamide	2-A
BENTYL	7-C	BICITRA	8-D
BENZAACLIN	14-A	BIDIL	3-M
BENZAACLIN CARE KIT	14-A	BIEST-PROGEST KIT	14-A
BENZAMYCIN	5-A	BILTRICIDE	1-K
BENZEFOAM AER	14-A	bimatoprost ophth	11-D
BENZEFOAM ULTRA	14-A	BINOSTO	14-A

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
BIO-STATIN	1-G	BUMEX	3-J
bismuth subcit-metronidazole-tetracycline	7-C	BUNAVAIL	14-A
bisoprolol	3-C	BUPHENYL	7-G
bisoprolol-HCTZ	3-I	buprenorphine	9-B
BLEPH-10	11-A	buprenorphine hcl-naloxone	9-B
BLEPHAMIDE	11-C	buprenorphine naloxone	14-A
BLOCADREN	3-C	bupropion	4-B
boceprevir	13-D	bupropion SR	4-B
BONIVA	6-J	bupropion SR	14-A
bosentan	3-H	bupropion XL	4-B
BOSULIF	2-A	BUSPAR	4-A
bosutinib	2-A	bupirone	4-A
Brand MONODOX	14-A	busulfan	2-A
BREO ELLIPTA	12-D	butal/acet/caf/cod 50/300/40/30mg	14-A
BRETHINE	12-D	butenafine	5-D
brevicon	6-D	butorphanol	9-B
BREVOXYL	14-A	BUTRANS	9-B
briellyn	6-D	BXN MOUTHWASH	7-H
BRILINTA	1-E	BYDUREON	6-J
brimonidine ophth	11-G	BYETTA	6-J
brimonidine timolol ophth	11-B	BYSTOLIC	3-C
BRINTELLIX	4-B	cabergoline	6-J
brinzolamide ophth	11-H	cabozantinib	2-A
brinzolamide-brimonidine tartrate	14-A	CADUET	14-A
BRISDELLE	14-A	CALAN	3-D
BROMDAY	14-A	CALAN SR	3-D
bromfenac ophth	11-H	CALCIFEROL	1-A
bromfenac ophth	14-A	calcipotriene	5-E
bromfenac sodium	14-A	calcipotriene-betamethasone	5-E
bromocriptine	6-F	calcitonin	6-J
bromocriptine (tablets)	4-H	calcitonin (salmon) nasal	6-J
BROMOXAFED	12-C	calcitriol	10-A
bromphen-PSE_DM	12-C	calcitriol ointment	5-E
BROVANA	12-D	calcium acetate (phosphate binder)	7-H
budesonide formoterol inhaler	14-A	CAMBIA	14-A
budesonide inhaler	12-E	camila	6-D
budesonide nasal	14-A	camrese	6-D
budesonide nebulizer	12-E	camrese lo	6-D
budesonide SR	7-H	canagliflozin	6-F
bumetanide	3-J	canagliflozin-metformin	6-F

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
CANASA	7-H	carvedilol	14-A
candesartan	3-G	CASODEX	2-A
candesartan-HCTZ	3-I	CATAFLAM	9-C
capecitabine	2-A	CATAPRES	3-H
CAPOTEN	3-F	CATAPRES-TTS	3-H
CAPOZIDE	3-I	CAYSTON	1-A
CAPRELSA	2-A	caziant	6-D
captopril	3-F	CECLOR	1-B
captopril-HCTZ	3-I	CECLOR CD	1-B
CARAC	5-I	CEDAX	1-B
generic CARAC	14-A	CEENU	2-A
CARAFATE	7-C	cefaclor	1-B
CARBAGLU	6-J	cefaclor ER	1-B
carbamazepine	4-G	cefadroxil	1-B
carbamazepine SR	4-G	cefdinir caps	1-B
CARBATROL	4-G	cefdinir susp	1-B
carbidopa	4-H	cefditoren pivoxil	1-B
carbidopa-levodopa	4-H	cefixime	1-B
carbidopa-levodopa CR	4-H	cefixime	14-A
carbidopa-levodopa-entacapone	4-H	cefpodoxime	1-B
cardec DM	12-C	cefprozil	1-B
CARDENE	3-D	ceftibuten	1-B
CARDENE SR	3-D	CEFTIN (suspension)	1-B
CARDIZEM	3-D	CEFTIN (tablets)	1-B
CARDIZEM CD	3-D	cefuroxime	1-B
CARDIZEM LA	3-D	CEFZIL	1-B
CARDIZEM SR	3-D	CELEBREX	9-C
CARDURA	3-H	celecoxib	9-C
carglumic acid	6-J	CELEXA	4-B
carisoprodol	9-G	CELLCEPT	2-B
carisoprodol-ASA	9-G	CELONTIN	4-G
carisoprodol-ASA-codeine	9-G	CENESTIN	14-A
CARMOL 40	5-I	CENTANY AT	14-A
CARMOL SCALP	5-I	cephalexin	1-B
CARNITOR	6-J	CERDELGA	14-A
carteolol HCL	3-C	ceritinib	2-A
carteolol ophth	11-B	certolizumab pegol	13-H
cartia XT	3-D	cesia	6-D
CARTROL	3-C	cetirizine	14-A
carvedilol	3-C	CETRAXAL	11-I

## Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
cevimeline	11-J	ciprofloxacin oral susp	1-E
CHANTIX	4-I	ciprofloxacin SR	1-E
chloral hydrate	4-C	ciprofloxacin-dexamethasone	11-I
chlorambucil	2-A	ciprofloxacin-HC otic	11-I
chlordiazepoxide	4-A	citalopram	4-B
chlordiazepoxide-methscopolamine	7-C	CITRANATAL ASSURE PAK	1-B
chlorhexidine	11-J	citric acid-D-gluconic acid	8-D
chloroquine	1-J	citric acid-sodium citrate	8-D
chlorothiazide	3-J	CLARAVIS	5-A
chloroxylenol-pramoxine-zinc acetate otic	11-I	CLARINEX	14-A
chlorpheniramine	12-C	clarithromycin	1-C
chlorpheniramine-PSE	12-C	clarithromycin SR	1-C
chlorpromazine	4-D	CLARITIN	14-A
chlorpropamide	6-F	CLARYS	14-A
chlorthalidone	3-J	CLEOCIN	1-C
chlorzoxazone	14-A	CLEOCIN vaginal cream	8-C
CHOLBAM	7-G	CLEOCIN-T	5-A
cholestyramine	3-L	CLEVER CHOICE TEST STRIPS	14-A
choline-mag salicylates	9-A	CLIMARA	6-C
CHROMAGEN FORTE	1-C	CLIMARA PRO	6-C
CIALIS	8-D	CLINDACIN PAC	14-A
ciclesonide inhaler	12-E	CLINDACIN-P	14-A
ciclesonide nasal	12-B	CLINDAGEL 1%	14-A
ciclesonide nasal	14-A	clindamycin	1-C
CICLODAN KIT	14-A	clindamycin foam	5-A
ciclopirox	5-D	clindamycin phosphate	14-A
ciclopirox	14-A	clindamycin phosphate swab	14-A
ciclopirox solution	5-D	clindamycin phosph-benzoyl peroxide gel	14-A
cilostazol	10-E	clindamycin topical	5-A
CILOXAN	11-A	clindamycin vaginal	8-C
cimetidine	7-D	clindamycin-benzoyl perox gel 1.5-5% & cr kit	14-A
CIMZIA	13-H	clindamycin-benzoyl peroxide gel	5-A
cinacalcet	6-J	clindamycin-benzoyl peroxide gel	14-A
CIPRO	1-E	clindamycin-tretinoin	14-A
CIPRO (5%)	1-E	CLINDAP-T	14-A
CIPRO HC OTIC	11-I	CLINDESSE	8-C
CIPRO XR	1-E	CLINOIN	14-A
CIPRODEX	11-I	CLINORIL	9-C
ciprofloxacin	1-E	clioquinol-hc	14-A
ciprofloxacin ophth	11-A	clobazam	4-G

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
CLOBETA	14-A	colestipol	3-L
clobetasol	14-A	collagenase	5-I
clobetasol foam	5-H	COLYTE	7-A
clobetasol foam	14-A	COMBIGAN	11-B
clobetasol prop shampoo 0.05% & cleanser kit	14-A	COMBIPATCH	6-C
clobetasol propionate	5-H	COMBIVENT RESPIMAT	12-D
clobetasol propionate shampoo	14-A	Combivir	1-I
CLOBEX LOTION	14-A	COMBUNOX	9-B
CLOBEX SHAMPOO	14-A	COMETRIQ	2-A
clocortolone	5-H	COMPAZINE	4-D
CLODAN KIT	14-A	COMPLERA	1-I
CLODAN SHAMPOO	14-A	COMTAN	4-H
CLODERM	5-H	CONCEPT DHA	1-B
clomipramine	4-B	CONCEPT OB	1-B
clonazepam	4-G	CONCERTA	4-E
clonidine	3-H	CONCERTA Generic only	14-A
clonidine	14-A	CONDYLOX	5-I
clonidine patch	3-H	CONTRAVE	14-A
clonidine SR	14-A	CONZIP	14-A
clopidogrel	10-E	COPAXONE 20MG & 40mg	13-E
clorazepate	4-A	CORDARONE	3-E
clotrimazole	14-A	CORDRAN .05% lotion & cr	5-H
clotrimazole troche	11-J	COREG	3-C
clotrimazole-betamethasone	5-D	COREG CR	14-A
clozapine	4-D	CORGARD	3-C
clozapine susp	4-D	CORLANOR	3-B
CLOZARIL (NTI)	4-D	CORTEF	6-A
COARTEM	1-J	corticotropin	13-I
COCET PLUS	14-A	cortisone acetate	6-A
CODEINE SULFATE	9-B	CORTISPORIN CREAM	5-C
COGENTIN	4-H	CORTISPORIN OINTMENT	5-C
COGNEX	4-F	CORTISPORIN OPHTH	11-C
COLAZAL	7-H	CORTISPORIN otic	11-I
COLBENEMID	9-F	CORTISPORIN-TC	11-I
colchicine tablets	14-A	CORTONE	6-A
colchicine capsules	14-A	CORZIDE	3-I
colchicine-probenecid	9-F	COSENTYX	13-H
COLCRYS	14-A	COSOPT	11-B
colesevelam	3-L	COSOPT PF	11-B
COLESTID	3-L	COUMADIN (NTI)	1-D



# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
COVERA HS	3-D	dabrafenib mesylat	2-A
COZAAR	3-G	DAKLINZA	13-D
CREON	7-G	dalfampridine	13-E
CRESEMBA	1-G	DALIRESP	12-D
CRESTOR	3-L	DALMANE	4-C
CRINONE	6-E	dalteparin sodium	13-A
CRIXIVAN	1-I	danazol	6-B
crizotinib	2-A	DANOCRINE	6-B
crofelemer	7-H	DANTRIUM	9-G
CROLOM ophth	11-H	dantrolene	9-G
cromolyn sodium nebulizer	12-D	dapsone	1-L
cromolyn sodium ophth	11-H	dapsone	5-A
crotamiton	5-G	DARAPRIM	1-J
cryselle	6-D	darbepoetin alpha	13-C
CUPRIMINE	14-A	darifenacin	14-A
CUTIVATE	5-H	darunavir	1-I
CUVPOSA	7-H	DARVOCET A	9-B
cyanocobalamin (nasal)	10-C	DARVON-N	9-B
cyanocobalamin inj	10-C	dasatinib	2-A
cyclafem	6-D	DAYPRO	9-C
CYCLESSA	6-D	DAYTRANA PATCHES	4-E
cyclobenzaprine	9-G	DDAVP	6-J
CYCLOCORT	5-H	DECADRON	6-A
CYCLOGYL	11-E	DECADRON ophth	11-C
cyclopentolate ophth	11-E	DECONAMINE	12-C
CYCLOPHOSPH	2-A	deferasirox	9-D
cyclophosphamide	2-A	deferiprone	9-D
CYCLOSET	6-F	degarelix acetate	2-A
cyclosporine	2-B	delavirdine	1-I
cyclosporine modified	2-B	DELOS	14-A
cyclosporine ophth	11-H	DELZICOL	14-A
CYMBALTA	4-B	DEMADEX	3-J
cyproheptadine	12-A	DEMEROL	9-B
CYSTAGON	6-J	DENAVIR	14-A
CYSTARAN	11-H	DEPAKENE	4-G
cysteamine	11-H	DEPAKOTE	4-G
cysteamine bitartrate	7-H	DEPAKOTE ER	9-E
cysteamine bitartrate	6-J	DEPAKOTE SPRINKLE	4-G
CYTOMEL	6-I	DEPEN	9-D
CYTOTEC	7-C	DEPLIN	14-A

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
DERMACINRX SILAPAK	14-A	dexmethylphenidate	4-E
DERMACINRX SURGICAL COMBO	14-A	dexmethylphenidate SR	14-A
DERMANIC	14-A	dextroamphetamine	4-E
DERMAPAK PLUS	14-A	dextroamphetamine sulfate	14-A
DERMA-SMOOTH FS	5-H	dextroamphetamine sulfate oral soln	4-E
DERMASORB AF KIT 3-0.5%	14-A	dextromethorphan quindine	4-F
DERMASORB XM KIT 39%	14-A	DIABETA	6-F
dermatological	14-A	DIABINESE	6-F
DERMATOP	5-H	DIAMOX	3-J
deserpidine-methyclothiazide	3-H	DIAPHRAMS	6-D
desipramine	4-B	DIASTAT	4-G
desloratadine	14-A	diazepam	4-A
desmopressin (nasal)	6-J	diazepam rectal	4-G
desmopressin (oral)	6-J	DIBENZYLINE	3-H
DESOGEN	6-D	dibigatran	10-D
DESONATE 0.05% GEL	5-H	DICLEGIS	7-F
desonide	5-H	diclofenac	9-C
desonide	14-A	diclofenac	14-A
desonide foam	14-A	diclofenac gel	5-H
DESONIL	14-A	diclofenac ophth	11-H
DESOWEN	5-H	diclofenac patch	14-A
desoximetasone	5-H	diclofenac potassium	9-C
desoximetasone	14-A	diclofenac potassium	14-A
DESOXYN	4-E	diclofenac sodium	5-H
DESVENLAFAX	14-A	diclofenac sol	14-A
desvenlafaxine	4-B	diclofenac SR	9-C
desvenlafaxine	14-A	diclofenac-misoprostol	9-C
desvenlafaxine er	14-A	dicloxacillin	1-A
DESVENLAFAXINE FUM TAB SR 24HR (BASE EQUIV)	14-A	dicyclomine	7-C
DESYREL	4-B	didanosine	1-I
DETROL	14-A	DIDRONEL	6-J
DETROL LA	14-A	dietary management	14-A
dexamethasone	6-A	DIFFERIN	5-A
dexamethasone ophth	11-C	DIFICID	1-L
dexamethasone phosphate ophth	11-C	diflorasone diacetate	5-H
DEXCOM	6-K	diflorasone diacetate 0.05% cr & oint	5-H
DEXEDRINE ER CAPS	4-E	DIFLUCAN	1-G
DEXILANT	7-E	DIFLUNISAL	9-A
dexlansoprazole	7-E	difluprednate ophth	11-C
		DIGEX NF	7-H

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
digoxin	3-A	doorzolamide-timolol ophth	11-B
dihydrocodeine compound	9-B	DOSTINEX	6-J
dihydroergotamine (nasal)	9-E	DOVONEX	5-E
DILANTIN	4-G	doxazosin	3-H
DILANTIN CHEW	4-G	doxepin	4-B
DILAUDID	9-B	doxepin	14-A
diltiazem	3-D	doxycycline	1-D
diltiazem SR	3-D	doxycycline hyclate	1-D
dimethyl fumarate	13-E	doxycycline hyclate	14-A
DIOVAN	3-G	doxycycline monohydrate	1-D
DIOVAN-HCT	3-I	doxycycline monohydrate	14-A
DIPENTOCAINE	14-A	doxycycline susp	1-D
DIPENTUM	7-H	doxylamine-pyridoxine	7-F
diphenoxylate-atropine	7-B	dronabinol	7-F
DIPROLENE	5-H	dronedarone	3-E
DIPROLENE AF	5-H	drospirenone-ethyinal-levomefolate	14-A
DIPROSONE	5-H	drospirenone-ethinyl	14-A
dipyridamole	10-E	droxidopa	14-A
dipyridamole-aspirin SR	10-E	DRYSOL	5-I
DISALCID	14-A	DUAC	5-A
disopyramide	3-E	DUAVEE	6-C
DISPERMOX	1-A	DUET DHA	1-B
disulfiram	4-F	DUETACT	6-F
DITROPAN	8-B	DUEXIS	14-A
DITROPAN XL	8-B	DULERA	12-D
DIURIL	3-J	duloxetine	4-B
divalproex sodium (migraine)	9-E	DUONEB	12-D
divalproex sodium EC	4-G	DUOPA	4-H
divalproex sodium sprinkle	4-G	DURAGESIC	9-B
DIVIGEL	6-C	DUREZOL	11-C
docercalciferol	10-A	DURICEF	1-B
dofetilide	3-E	DURLAZA	14-A
dolasetron	7-F	dutasteride	8-D
dolutegravir sodium	1-I	dutasteride-tamsulosin	14-A
donepezil	4-F	DUTOPROL	3-I
donepezil	14-A	DYANAVEL XR	14-A
DONNATAL	7-C	DYAZIDE	3-J
dornase alfa	1-L	DYMISTA	14-A
DORYX	14-A	DYNACIN	1-D
doorzolamide ophth	11-H	DYNACIRC	3-D

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
DYNACIRC CR	3-D	emedastine	14-A
DYNAPEN	1-A	EMLA cream	5-I
DYRENIUM	3-J	emoquette	6-D
econazole	5-D	empagliflozin	14-A
econazole nitrate foam	14-A	EMPIRIN w/CODEINE	9-B
ECOZA 1%	14-A	emtricitabine	1-I
ED CHLORPED	12-C	emtricitabine- rilpivirine-tenofovir	1-I
EDARBI	3-G	emtricitabine-tenofovir	1-I
EDARBYCLOR	3-I	EMTRIVA	1-I
EDLUAR	14-A	ENABLEX	14-A
EDURANT	1-I	enalapril	3-F
EES	1-C	enalapril maleate	3-F
EES-sulfisoxazole	1-L	enalapril-felodipine	3-I
efavirenz	1-I	enalapril-HCTZ	3-I
efavirenz-emtricitabine-tenofovir	1-I	ENBREL	13-H
EFFEXOR	4-B	ENDURONYL	3-H
EFFEXOR XR (cap)	4-B	enfuvirtide	1-I
EFFIENT	1-E	ENJUVIA	6-C
efinaconazole soln	1-G	enoxaparin sodium	13-A
EFUDEX	5-I	ENPRESSE	6-D
EGRIFTA	13-B	ENSTILAR FOAM	14-A
ELAVIL	4-B	entacapone	4-H
ELESTAT	14-A	entecavir	1-I
eletriptan	9-E	ENTERAGAM	14-A
ELIDEL	5-I	ENTOCORT EC	7-H
ELIGARD	13-I	ENTRESTO	3-I
ELIGEN B12	14-A	ENVARUSUS XR	14-A
eliglustat tartrate	14-A	enzalutamide	2-A
ELIMITE	5-G	EPANED	3-F
ELIPHOS	7-H	EPIDUO	5-A
ELIQUIS	1-D	EPIDUO FORTE	14-A
ELLA	6-D	EPIFOAM	5-H
ELLA	6-J	epinastine	14-A
ELMIRON	8-D	epinephrine inj	3-K
ELOCON	5-H	epinephrine inj	14-A
eltrombopag	13-C	EPIPEN	3-K
elvi-cobi-emtrici-teno	1-I	EPIPEN JR	3-K
EMADINE	14-A	EPISIL	14-A
EMBEDA	14-A	EPIVIR	1-I
EMCYT	2-A	EPIVIR HBV	7-H

## Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
eplerenone	3-J	ESTRADERM	6-C
epoetin alfa	13-C	estradiol	6-C
EPOGEN	13-C	estradiol gel	6-C
eprosartan	3-G	estradiol patch	14-A
eprosartan-HCTZ	3-I	estradiol spray	6-C
EPZICOM	1-I	estradiol TD gel	6-C
EQUAPAX	14-A	estradiol transdermal	6-C
ergocalciferol [vitamin D]	10-A	estradiol vaginal	8-C
ergoloid mesylates	4-F	estradiol vaginal ring	8-C
ergotamine-phenobarb-belladonna	9-E	estradiol-levonorgestrel patch	6-C
ERIVEDGE	2-A	estradiol-norethindrone	6-C
erlotinib	2-A	estradiol-norethindrone patch	6-C
errin	6-D	estradiol-norgestimate	6-C
ERTACZO	14-A	estramustine	2-A
ERYGEL	5-A	ESTRASORB	6-C
ERYPED	1-C	ESTRATEST	6-C
ERY-TAB	1-C	ESTRATEST HS	6-C
ERYTHROCIN	1-C	ESTRING	8-C
erythromycin	1-C	ESTROGEL	6-C
ERYTHROMYCIN BASE	1-C	estrogen-medroxyprogesterone	6-C
erythromycin EC	1-C	estrogens (conjugated synthetic)	6-C
erythromycin ethylsuccinate	1-C	estrogens (conjugated synthetic)	14-A
erythromycin ointment	5-C	estrogens (conjugated)	6-C
erythromycin stearate	1-C	estrogens (conjugated) vaginal	8-C
erythromycin topical	5-A	estrogens-methyltestosterone	6-C
ESBRIET	12-F	estropipate	6-C
escitalopram	4-B	ESTROSTEP (FE)	6-D
ESCLIM	6-C	eszopiclone	4-C
ESGIC	9-A	etanercept for subcutaneous	13-H
ESKALITH	4-D	ethambutol	1-F
ESKALITH CR	4-D	ethinyl estradiol-norethindrone	6-C
eslicarbazepine acetate	4-G	ethionamide	1-F
esomeprazole	7-E	ethosuximide	4-G
esomeprazole	14-A	ethotoin	4-G
esomeprazole strontium	14-A	etidronate	6-J
		etodolac	9-C
estazolam	4-C	etodolac SR	9-C
esterified estrogens	6-C	etoposide	2-A
ESTRACE	6-C	ETRAFON	4-F
ESTRACE cream	8-C	etravirine	1-I

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
EULEXIN	2-A	FE fum-vit C-vit B12-FA	10-C
EURAX	5-G	febuxostat	9-F
EVAMIST	6-C	felbamate	4-G
EVEKEO	14-A	FELBATOL	4-G
everolimus	2-A	FELDENE	9-C
EVISTA	6-J	felodipine	3-D
EVOCLIN	5-A	FEMARA	2-A
EVOTAZ	1-I	FEMCAP	6-D
EVOXAC	11-J	FEMHRT	6-C
EVZIO	14-A	FEMRING	8-C
EXALGO	9-B	fenofibrate	3-L
EXELON	4-F	fenofibrate	14-A
EXELON PATCH	4-F	fenofibric acid	14-A
exemestane	2-A	FENOGLIDE	14-A
exenatide	6-J	fenoprofen	9-C
EXFORGE	3-I	fentanyl citrate	14-A
EXFORGE HCT	14-A	fentanyl citrate nasal	9-B
EXJADE	9-D	fentanyl lollipop	9-B
EXTARDOL	14-A	fentanyl patch	9-B
EXTAVIA	14-A	fentanyl patch	14-A
EXTINA 2%	1-G	fentanyl sublingual spray	9-B
EXVIERA	14-A	fentanyl transmucosal film	9-B
ezetimibe	3-L	fentanyl transmucosal lozenge	9-B
ezetimibe-atorvastatin	14-A	FENTORA	9-B
ezetimibe-simvastatin	3-L	ferric citrate	14-A
ezogabine	4-G	ferric subsulfate soln	14-A
FABIOR	14-A	FERRIPROX	9-D
famciclovir	1-H	FETZIMA	4-B
famotidine	7-D	FEXMID	9-G
FAMVIR	1-H	fexofenadine	14-A
FANAPT	4-D	fexofenadine-pseudoephedrine	14-A
FARESTON	2-A	fexoterodine	8-B
FARYDAK	2-A	FIBRICOR	14-A
FA-vit B6-vit B12	10-C	fidaxomicin	1-L
FAZACLO	4-D	filgrastim	13-C
FBL KIT CREAM 15-4-5%	14-A	FINACEA	5-B
fe bisglycin-fe polysac	10-B	FINACEA FOAM	5-B
FE fum-FA-DSS-B complex-vit C	10-C	finasteride	8-D
FE fum-fe poly-fa-c-b3	10-C	fingolimod	13-E
FE fum-iron polysacch complex	10-C	FIORICET	9-A

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
FIORINAL	9-A	fluphenazine	4-D
FIORINAL w/CODEINE	9-B	flurandrenolide patch	5-H
FIRAZYR	13-I	flurazepam	4-C
FIRMAGON	2-A	flurb-gabapent-cycloben-lido-dexameth cr	14-A
FIRST OMEPRAZOLE SUSP	14-A	flurbiprofen	9-C
FIRST-VANCOMYCIN ORAL SOLN	1-K	flurbiprofen ophth	11-H
FLAGYL capsule	1-L	flurbiprofen-baclofen-lidocaine cr	14-A
FLAGYL ER	1-L	flurbiprofen-cyclobenzaprine cr	14-A
FLAGYL tablets	1-L	flutamide	2-A
FLAREX	11-C	fluticasone	5-H
flavoxate	8-B	fluticasone furoate nasal	14-A
flecainide	3-E	fluticasone furoate-vilanterol aero powd	12-D
FLECTOR	14-A	fluticasone inhaler	12-E
FLEXEPAX	14-A	fluticasone nasal	12-B
FLEXERIL	9-G	fluvastatin	3-L
FLOMAX	8-D	fluvastatin SR	3-L
FLONASE	12-B	fluvoxamine	4-B
FLORINEF	6-A	FML FORTE	11-C
FLOVENT DISKUS	12-E	FML LIQUIFILM	11-C
FLOVENT HFA	12-E	FML SOP	11-C
FLOWTUSS	14-A	FOCALIN	4-E
FLOXIN	1-E	FOCALIN XR	14-A
FLOXIN OTIC	11-I	FOLBEE	1-C
flucinolone oil	5-H	FOLGARD RX	1-C
fluconazole	1-G	folic acid	10-C
fludarabine	2-A	fondaparinux sodium	13-A
fludrocortisone	6-A	FOR A TEST STRIPS	14-A
FLUMADINE	1-H	FORADIL	12-D
flunisolide hfa	12-E	FORFIVO XL	14-A
flunisolide inhaler	12-E	formoterol fumarate inhaler	12-D
flunisolide nasal	12-B	formoterol inhaler	12-D
fluocinolone acetonide	5-H	FORTAMET	14-A
fluocinolone acetonide soln	14-A	FORTEO	13-F
fluocinonide	5-H	FORTESTA	6-B
fluocinonide	14-A	FORTICAL	6-J
FLUORAC	14-A	FOSAMAX	6-J
fluorometholone ophth	11-C	FOSAMAX PLUS D	6-J
FLUROPLEX	5-I	fosamprenavir	1-I
fluorouracil	5-I	fosfomycin	8-A
fluoxetine	4-B	fosinopril	3-F

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
fosinopril-HCTZ	3-I	glimepiride	6-F
FOSRENOL	7-H	glipizide	6-F
FRAGMIN	13-A	glipizide CR	6-F
FROVA	9-E	glipizide-metformin	6-F
frovatriptan	9-E	GLUCAGON	6-H
FULYZAQ	7-H	GLUCOPHAGE	6-F
FURADANTIN	8-A	GLUCOTROL	6-F
furosemide	3-J	GLUCOTROL XL	6-F
FUZEON	1-I	GLUCOVANCE	6-F
FYCOMPA	4-G	GLUMETZA	14-A
gabapentin	4-G	GLUTARADE GA-1	14-A
gabapentin	14-A	glyburide	6-F
gabapentin enacarbil	14-A	glyburide micronized	6-F
GABARONE	4-G	glyburide-metformin	6-F
GABITRIL	4-G	GLYCATE	14-A
galantamine	4-F	glycerol phenylbutyrate	9-F
ganciclovir	1-H	glycopyrrolate	14-A
GARAMYCIN	5-C	GLYNASE	6-F
gatifloxacin ophth	11-A	GLYSET	6-F
GATTEX	7-H	GLYXAMBI	14-A
gefitinib	2-A	GMATE TEST STRIPS	14-A
GELNIQUE GEL	14-A	golimumab	13-H
GELX	14-A	GOLYTELY	7-A
gemfibrozil	3-L	GRALISE	14-A
GENADUR KIT	14-A	granisetron	7-F
GENERESS FE	14-A	granisetron patch	14-A
GENGRAF	2-B	GRANIX	13-C
GENOTROPIN	14-A	grass mixed pollen	12-A
GENTAMICIN OINT 3%	11-A	GRASTEK	12-A
gentamicin topical	5-C	GRIFULVIN V	1-G
gentamycin sulfate ophth	11-A	griseofulvin microsize	1-G
GENVOYA	14-A	griseofulvin ultramicrosize	1-G
GEODON	4-D	GRIS-PEG	1-G
gianvi	6-D	guaifenesin-DM	12-C
GIAZO	14-A	guanfacine	3-H
gildess	6-D	guanfacine	4-F
gildess fe	6-D	halcinonide	5-H
GILENYA	13-E	HALCION	4-C
glatiramer acetate	13-E	HALDOL	4-D
GLEEVEC	2-A	halobetasol	5-H



# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
HALOG	5-H	hydrocortisone rectal	5-A
haloperidol	4-D	hydrocortisone topical	14-A
HARVONI	13-D	hydrocortisone valerate	5-H
hc lot 2% sal acid sulfur 2-2%	5-H	hydrocortisone-acetic acid otic	11-I
hc-pramoxine cr-diet manage prod tab-		hydrocortisone-pramoxine	14-A
cleans wipe kit	14-A	hydrocortisone-pramoxine rectal	5-A
heather	6-D	HYDRODIURIL	3-J
HECTOROL	1-A	hydromorphone	9-B
HELIDAC	14-A	hydromorphone ER	9-B
HEMANGEOL	14-A	hydroxychloroquine	1-J
HEPSERA	7-H	hydroxyprogesterone caproate	6-E
HETLIOZ	11-H	hydroxyurea	2-A
HEXALEN	2-A	hydroxyzine HCL	4-A
HISTEX-AC	14-A	hydroxyzine pamoate	4-A
homatropine ophth	11-E	HYGROTON	3-J
HORIZANT	14-A	HYLIRA	5-H
HUMALOG	6-G	hyoscyamine	7-C
HUMALOG	6-G	HYPER-SAL NEBULIZER	12-D
HUMATROPE	14-A	HYSINGLA ER	14-A
HUMIBID-DM	12-C	HYTONE	14-A
HUMIRA	13-H	HYTRIN	3-H
HUMULIN	6-G	HYZAAR	3-I
HUMULIN PEN	6-G	I-LID CLEANSER	14-A
HYCAMTIM	2-A	ibandronate	6-J
HYCODAN	12-C	ibrutinib	2-A
HYCOFENIX	14-A	ibuprofen	9-C
hycosamine-phenyltoloxamine	7-H	ibuprofen-famotidine	14-A
HYDERGINE	4-F	ibuprofen-hydrocodone	9-B
hydralazine	3-H	icatibant acetate	13-I
HYDREA	2-A	ICLUSIG	2-A
Hydro 40	5-I	icosapent ethyl	3-L
hydrochlorothiazide	3-J	idelalisib	2-A
hydrocodone bitartrate	9-B	iloperidone	4-D
hydrocodone polst-chlorphen susp	12-C	iloprost	3-H
hydrocodone-homatropine	12-C	imatinib mesylate	2-A
HYDROCORTISONE 0.05%	14-A	IMBRUVICA	2-A
HYDROCORTISONE 1%	14-A	IMDUR	3-B
hydrocortisone acetate	6-A	imipramine	4-B
hydrocortisone butyrate	5-H	imipramine pamoate	4-B
hydrocortisone butyrate	14-A	imiquimod	5-I

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
imiquimod	14-A	introvale	6-D
IMITREX	9-E	INTUNIV	4-F
IMITREX NASAL	9-E	INVIRASE	1-I
IMODIUM	14-A	INVOKAMET	6-F
IMURAN	2-B	INVOKANA	6-F
INCRELEX	13-B	iodoquinol	1-L
INCRUSE ELLIPTA	12-D	iodoquinol-hydroc	14-A
indapamide	3-J	IOPIDINE	11-G
INDERAL	3-C	ipratropium HFA inhaler	12-D
INDERAL LA	3-C	ipratropium nasal	12-B
INDERIDE	3-I	ipratropium nebulizer	12-D
indinavir sulfate	1-I	irbesartan	3-G
INDOCIN	9-C	irbesartan-HCTZ	3-I
INDOCIN SR	9-C	IRENKA	14-A
indomethacin	9-C	IRESSA	2-A
indomethacin CR	9-C	ISENTRESS	1-I
INFERGEN	13-D	isoniazid	1-F
INLYTA	2-A	isoniazid-rifampin	1-F
INNOHEP	13-A	isoniazid-rifampin-pyrazinamide	1-F
INNOPRAN XL	3-C	ISOPTO ATROPINE	11-E
INOVA 4/1 KIT	5-A	ISOPTO CARPINE	11-F
INOVA KIT	5-A	ISOPTO HOMATROPINE	11-E
INSPRA	3-J	ISOPTO HYOSCINE	11-E
insulin detemir	6-G	ISORDIL	3-B
insulin glargine	6-G	isosorbide dinitrate	3-B
insulin glulisine	6-G	isosorbide dinitrate-hydralazine	3-M
insulin lispro	6-G	isosorbide mononitrate	3-B
insulin lispro mix	6-G	isotretinoin	5-A
INTAL (nebulizer)	12-D	isotretinoin	14-A
INTEGRA F	1-C	isradipine	3-D
INTEGRA PLUS	1-C	itraconazole	1-G
INTELENCE	1-I	itraconazole	14-A
interferon alfa-2B	13-I	ivacaftor	1-L
interferon alfacon-1	13-D	ivermectin	1-K
interferon beta-1A	13-E	JADENU	14-A
interferon beta-1B	13-E	JAKAFI	2-A
interferon beta-1B	14-A	JALYN	14-A
interferon gamma-1B	13-I	JANUMET	6-F
INTERMEZZO	14-A	JANUMET XR	6-F
INTRON-A	13-I	JANUVIA	6-F

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
JARDIANCE	6-F	ketorolac ophth	14-A
JENTADUETO	6-F	ketorolac tromethamine nasal	9-B
jolessa	6-D	ketotifen	14-A
jolivette	6-D	KEVEYIS	3-J
JUBLIA	1-G	KHEDEZLA	14-A
junel	6-D	KINERET	13-H
junel fe	6-D	KITABIS PAK	14-A
JUVISYNC	6-F	KLARON	5-A
JUXTAPID	3-L	KLONOPIN	4-G
KADIAN	14-A	KOMBIGLYZE XR	6-F
KALETRA	1-I	KORLYM	6-D
KALYDECO	1-L	K-PHOS	8-D
KAPVAY	14-A	KUVAN	6-J
KARIGEL	11-J	KUVAN POWDER	6-J
KARIGEL-N	11-J	KWELL	5-G
kariva	6-D	KYNAMRO	3-L
KAYEXALATE	1-E	KYTRIL	7-F
KAZANO	6-F	labetalol	3-C
KEFLEX	1-B	LAC-HYDRIN	14-A
Kelnor	6-D	lacosamide	4-G
KENALOG	5-H	lactic acid	14-A
KENALOG-ORABASE	11-J	lactulose	7-A
KEPPRA	4-G	LAMICTAL	4-G
KEPPRA XR	4-G	LAMICTAL ODT	4-G
KERAFOAM	5-I	LAMICTAL ODT KIT	4-G
KERALAC 47% CREAM	14-A	LAMICTAL STARTER KIT	4-G
KERLONE	3-C	LAMICTAL XR	4-G
KEROL AD	5-I	LAMICTAL XR KIT	4-G
KERYDIN	14-A	LAMISIL	1-G
KETEK	1-C	LAMISIL GRANULE PACKET	1-G
KETOCON	14-A	lamivudine	1-I
ketoconazole	1-G	lamivudine (hepatitis)	7-H
ketoconazole foam	1-G	lamivudine-zidovudine	1-I
ketoconazole shampoo	5-D	lamotrigine	4-G
ketoconazole topical	5-D	LANOXIN (NTI)	3-A
ketoconazole-hydrocortisone	14-A	lanreotide acetate	13-G
ketoprofen	9-C	lansoprazole	7-E
ketoprofen SR	9-C	lansoprazole-naproxen	9-C
ketorolac	9-C	lanthanum	7-H
ketorolac ophth	11-H	LANTUS (vials/pen/solostar)	6-G

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
lapatinib ditosylate	2-A	levora	6-D
LARIAM	1-J	levothroid	6-I
LASIX	3-J	levothyroxine	6-I
LASTACAFT	14-A	levoxyl	6-I
latanoprost ophth	11-D	LEVSIN	7-C
LATUDA	4-D	LEXAPRO	4-B
LAZANDA	9-B	LEXIVA	1-I
ledipasvir-sofosbuvir	14-A	LEXXEL	3-I
leena	6-D	LIALDA	7-H
ZITHROMAX 250mg	1-C	LIBRAX	7-C
ZITHROMAX 500mg	1-C	LIBRIUM	4-A
ZITHROMAX 600mg	1-C	LIDENZA	14-A
leflunomide	9-D	LIDEX	5-H
ZITHROMAX 200mg/5ml	1-C	lidocaine	11-J
lenalidomide	2-A	lidocaine (topical)	5-I
LESCOL	3-L	lidocaine gel	14-A
LESCOL XL	3-L	lidocaine ophth	11-H
lessina	6-D	lidocaine patch	5-I
LETAIRIS	3-H	lidocaine/hydrocortisone	5-I
letrozole	2-A	lidocaine/prilocaine kit	5-I
leucovorin calcium	2-A	lidocaine/tetracaine	5-I
LEUKERAN	2-A	lidocaine-prilocaine	5-I
LEUKINE	13-C	LIDODERM	5-I
leuprolide acetate	13-I	LIDORX	14-A
levabuterol inhaler	12-D	LIDOTHOL	14-A
levabuterol nebulizer	12-D	LIDOVIN CREAM	14-A
LEVAQUIN	1-E	LIDOZOL	14-A
LEVATOL	3-C	LIFESCAN ONE TOUCH PRODUCTS	6-K
LEVBID	7-C	LIMBITROL	4-F
LEVEMIR	6-G	linaclotide	7-H
levetiracetam	4-G	linagliptin	6-F
levobunolol ophth	11-B	linagliptin-metformin	6-F
levocarnitine	6-J	lindane shampoo	5-G
levocetirizine	14-A	linezolid	1-L
levofloxacin	1-E	LINZESS	7-H
levofloxacin ophth	11-A	LIORESAL	9-G
levomefolate glucosamine	14-A	liothyronine	6-I
levomilnacipran hcl	4-B	liotrix	6-I
levonor-eth es	14-A	LIPITOR	3-L
levonorgestrel	6-D	LIPOFEN	14-A

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
LIPTRUZET	14-A	loratadine	14-A
liraglutide	6-J	lorazepam	4-A
lisdexamfetamine dimesylate	4-E	lorcaserin hcl	14-A
lisinopril	3-F	LORENZA	14-A
lisinopril-HCTZ	3-I	LORTAB	9-B
lithium carbonate	4-D	loryna	6-D
lithium carbonate CR	4-D	LORZONE	14-A
LITHOBID	4-D	losartan	3-G
LIVALO	3-L	losartan-HCTZ	3-I
l-methylfolate	14-A	LOSEASONIQUE	6-D
L-methylfolate	10-C	LOTEMAX	11-C
L-methylfolate B12 B6	10-C	LOTEMAX GEL	14-A
L-methylfolate B12 B6 B2	10-C	LOTENSIN	3-F
LO LOESTRIN FE	6-D	LOTENSIN HCT	3-I
LO MINASTRIN FE	14-A	loteprednol etabonate	14-A
LO/OVRAL	6-D	loteprednol etb-tobramycin ophth	11-C
LOCOID CREAM	5-H	loteprednol ophth	11-C
LOCOID LIPOCREAM	14-A	LOTREL	3-I
LOCOID LOTION	14-A	LOTRIMIN 1%	14-A
LODINE	9-C	LOTRISONE	5-D
LODINE XL	9-C	LOTRONEX	7-H
LODOSYN	4-H	lovastatin	3-L
lodoxamide ophth	11-H	lovastatin SR	3-L
LOESTRIN	6-D	lovastatin SR	14-A
LOESTRIN 24 FE	6-D	LOVAZA	3-L
LOESTRIN FE	6-D	LOVENOX	13-A
LOFIBRA 67MG, 134MG &200MG	14-A	low-ogestrel	6-D
LOFIBRA 54mg & 160mg	3-L	loxapine	4-D
Lomedia 24 FE	6-D	LOXITANE	4-D
lomitapide mesylate	3-L	LOZOL	3-J
LOMOTIL	7-B	lubiprostone	7-H
lomustine	2-A	lucinactant intratracheal susp	14-A
LONITEN	3-H	LUDIOMIL	4-B
loperamide	14-A	luliconazole	14-A
LOPID	3-L	LUMIGAN	11-D
lopinavir-ritonavir	1-I	LUNESTA	4-C
LOPRESSOR	3-C	LUPRON	13-I
LOPROX	5-D	lurasidone	4-D
LORABID	1-L	luteru	6-D
loracarbef	1-L	LUVOX	4-B

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
LUVOX CR	4-B	meloxicam	9-C
LUXIQ	14-A	melphalan	2-A
LUZU	14-A	memantine	4-F
LYBREL	6-D	menantine	4-F
LYNPARZA	2-A	MENEST	6-C
LYRICA	4-G	MENOSTAR	6-C
LYRICA SOLUTION	4-G	MENTAX	5-D
LYSODREN	2-A	meperidine	9-B
LYSTEDA	1-E	MEPHYTON	1-A
macitentan	3-H	meprobamate	4-A
MACROBID	8-A	MEPRON	1-L
MACRODANTIN	8-A	mercaptapurine	2-A
MAKENA	6-E	mercaptapurine	14-A
MALARONE	1-J	mesalamine	7-H
maprotiline	4-B	mesalamine	14-A
maraviroc	1-I	mesalamine CR	7-H
MARINOL	7-F	mesalamine CR	14-A
marlissa	6-D	mesalamine enema	7-H
MATULANE	2-A	mesna	2-A
MAVIK	3-F	MESNEX	2-A
MAXAIR	12-D	MESTINON	9-H
MAXALT	9-E	mestranol/norethindrone	6-D
MAXALT MLT	9-E	METADATE CD	4-E
MAXIDEX	11-C	METADATE CD Generic only	14-A
MAXIPHEN-G	12-C	METAGLIP	6-F
MAXZIDE	3-J	metaproterenol nebulizer	12-D
mebendazole	1-K	metaproterenol tablets	12-D
mecamylamine	3-H	metaxalone	9-G
mecasermin	13-B	metformin	6-F
mechlorethamine hcl	2-A	metformin SR	6-F
meclofenamate	9-C	METHADONE	9-B
MECLOMEN	9-C	methamphetamine	4-E
MEDROL	6-A	methazolamide	3-J
medroxyprogesterone	6-E	methenamine-NA biphosphate	8-A
mefenamic acid	9-C	METHERGINE	8-D
mefloquine	1-J	methimazole	6-I
MEGACE	2-A	METHITEST	6-B
MEGACE ES	2-A	methocarbamol	9-G
megestrol	2-A	methotrexate	2-A
MEKINIST	2-A	methotrexate	9-D

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
methoxsalen	5-E	metronidazole lotion	5-A
methscopolamine	7-C	metronidazole vaginal	8-C
methsuximide	4-G	metronidaz-tetracyc-bis subsal chew	14-A
methyclothiazide	3-J	MEVACOR	3-L
methyl dopa	3-H	mexiletine	3-E
methyl dopa-HCTZ	3-I	MEXITIL	3-E
methylergonovine	8-D	MIACALCIN	6-J
METHYLIN (chewable)	4-E	MICARDIS	3-G
METHYLIN (suspension)	4-E	MICARDIS HCT	3-I
METHYLIN (tablets)	4-E	miconazole nitrate	14-A
METHYLIN ER	4-E	miconazole-zinc oxide-white petroleum	14-A
methylnaltrexone bromide	7-H	microgestin	6-D
methylphenidate	4-E	microgestin fe	6-D
methylphenidate CR	4-E	MICROZIDE	3-J
methylphenidate CR	14-A	midodrine	3-K
methylphenidate hcl susp	14-A	mifepristone	6-D
methylphenidate SA	4-E	miglitol	6-F
methylphenidate SA	14-A	miglustat	7-G
methylphenidate SR	14-A	MIGRANAL	9-E
methylprednisolone	6-A	MILIPRED DP PAK	6-A
methyltestosterone	6-B	milnacipran	4-G
metoclopramide	7-H	MINASTRIN 24 FE	14-A
metoclopramide	14-A	MINIPRESS	3-H
metolazone	3-J	MINITRAN	3-B
metoprolol	3-C	MINOCIN	1-D
metoprolol succinate SR	3-C	MINOCIN 75MG CAP	14-A
metoprolol/HCTZ	3-I	minocycline	14-A
METOZOLV ODT	14-A	minocycline capsules	1-D
metreleptin	13-B	minocycline tablets	1-D
METROCREAM	5-A	minoxidil	3-H
METROGEL	5-A	MINTEZOL	1-K
METROGEL PUMP	5-A	mipomersen sodium	3-L
METROGEL vaginal	8-C	mirabegron	14-A
METROLOTION	5-A	MIRALAX	7-A
metronidazole	1-L	MIRAPEX	4-H
metronidazole CR	1-L	MIRAPEX ER	14-A
metronidazole cr w/ cleanser	14-A	MIRCERA	14-A
metronidazole cream	5-A	MIRCETTE	6-D
metronidazole cream	14-A	mirtazapine	4-B
metronidazole gel	5-A	mirtazapine soltabs	4-B

## Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
misoprostol	7-C	MULTAQ	3-E
MITIGARE	9-F	multi vitamin	10-B
mitotane	2-A	multiple vitamins	14-A
MOBIC	9-C	mupirocin	5-C
modafinil	4-E	mupurocin oint kit	14-A
MODERIBA PAK	14-A	MYALEPT	13-B
MODICON	6-D	MYAMBUTOL	1-F
MODURETIC	3-J	MYCELEX TROCHE	11-J
moexipril	3-F	MYCIFRADIN	1-L
moexipril-HCTZ	3-I	MYCOBUTIN	1-F
MOLINDONE	14-A	MYCOLOG II	14-A
mometasone	5-H	mycophenlate	2-B
mometasone	14-A	mycophenolate mofetil	2-B
mometasone inhaler	12-E	MYCOSTATIN susp	1-G
mometasone nasal	14-A	MYCOSTATIN topical	5-D
mometasone-formoterol inhalers	12-D	MYDRIACYL	11-E
MOMEXIN KIT	14-A	MYFORTIC	2-B
MONODOX	1-D	MYLERAN	2-A
Monodox 75mg	14-A	MYRBETRIQ	14-A
mononessa	6-D	MYSOLINE	4-G
MONOPRIL	3-F	myzilra	6-D
MONOPRIL HCT	3-I	na sulf-k sulf-mg sulf & peg 3350	7-A
MONSELS	14-A	nabumetone	9-C
montelukast	12-D	nadolol	3-C
MONUROL	8-A	nadolol-bendroflumethiazide	3-I
MORGIDOX	14-A	nafarelin	13-G
morphine	9-B	naftifine	14-A
morphine	14-A	NAFTIN	14-A
morphine sulfate	9-B	NALFON	9-C
morphine sulfate SR	9-B	naltrexone	9-B
MOTRIN	9-C	NAMENDA	4-F
MOVANTIK	7-H	NAMENDA XR	4-F
MOVIPREP	7-A	NAMZARIC	14-A
MOXATAG	1-A	NAPRELAN CR DOSE CARD	14-A
MOXEZA	11-A	NAPROPAX	14-A
moxifloxacin	1-E	NAPROSYN	9-C
moxifloxacin ophth	11-A	naproxen	9-C
MS CONTIN	9-B	naproxen	14-A
MUCOMYST	12-C	naproxen esomeprazole	14-A
MUCOTROL	11-J	naproxen sodium	9-C



# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
naratriptan	9-E	netupitant-palonosetron	14-A
NARCAN	14-A	NEUAC	14-A
NARDIL	4-B	NEUAC KIT	14-A
NASACORT AQ	14-A	NEULASTA	13-C
NASCOBAL	1-C	NEUMEGA	13-I
NASONEX	14-A	NEUPOGEN	13-C
NATAZIA	6-D	NEURONTIN	4-G
nateglinide	6-F	NEURONTIN (solution)	4-G
NATELLE	1-B	NEVANAC	11-H
NATELLE ONE	1-B	nevirapine	1-I
NATESTO	14-A	nevirapine XR	1-I
NATPARA	10-A	NEXAVAR	2-A
NATROBA	5-G	NEXICLON XR (suspension)	14-A
NATURE-THROID	6-I	NEXICLON XR (tablet)	14-A
NAVANE	4-D	NEXIUM	14-A
nebivolol	3-C	NEXIUM PWD PCK/SUSP	7-E
necon	6-D	Next choice	6-D
nedocromil ophth	11-H	niacin SR	3-L
NEEVO DHA	1-B	niacin-lovastatin CR	3-L
nefazodone HCL	4-B	NIASPAN	3-L
nelfinavir mesylate	1-I	nicardipine	3-D
NEOBENZ MICRO KIT PLUS	14-A	NICAZEL FORTE	14-A
neomycin	1-L	NICAZELDOXY 30 KIT	14-A
neomycin-colistin-HC-thonzonium otic	11-I	NICOTROL INHALER	4-I
neomycin-fluocino cr 0.5-0.025% & cr kit	14-A	NICOTROL NS	4-I
neomycin-fluocinolone cream	14-A	nifedipine CR	3-D
neomycin-polymyxin B-gramacidin ophth	11-A	nifedipine IR	3-D
neomycin-polymyxin-HC cream	5-C	NIFEREX GOLD	1-B
neomycin-polymyxin-HC ophth	11-C	NILANDRON	2-A
neomycin-polymyxin-HC otic	11-I	nilotinib	2-A
NEORAL (NTI)	2-B	nilutamide	2-A
NEOSPORIN ophth	11-A	nimodipine	3-D
NEO-SYNALAR	14-A	NINLARO	2-A
NEO-SYNALAR KIT	14-A	nintedanib esylate	14-A
nepafenac ophth	11-H	NIRAVAM	4-A
NEPHROCAPS	1-B	nisoldipine SR	3-D
NEPHRON FA	1-C	nitazoxanide	1-L
NEPTAZANE	3-J	nitisinone	13-I
NESINA	6-F	NITROBID	3-B
NESTABS	1-B	NITRO-DUR	3-B

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
nitrofurantoin macro	8-A	NOVOLIN	6-G
nitrofurantoin macrocrystals	8-A	NOVOLOG	6-G
nitrofurantoin susp	8-A	NOVOLOG MIX	6-G
nitroglycerin ointment	3-B	NOXAFIL TAB	1-G
nitroglycerin patch	3-B	NUCORT	14-A
nitroglycerin spray	3-B	NUCYNTA	9-B
NITROLINGUAL PUMPSPRAY	3-B	NUCYNTA ER	9-B
NITROMIST	3-B	NUDEXTA	4-F
nitroquick	3-B	NULEV	7-C
NITROSTAT	3-B	NULYTELY	7-A
nizatadine	7-D	NUTROPIN	13-B
NIZORAL	1-G	NUTROPIN AQ	13-B
NIZORAL SHAMPOO	5-D	NUTROPIN AQ NUSPIN	13-B
NOLVADEX	2-A	NUVARING	6-D
nora be	6-D	NUVESSA	14-A
NORCO	9-B	NUVIGIL	4-E
NORDETTE	6-D	NYMALIZE	3-D
NORDITROPIN	14-A	nystatin	1-G
NORDITROPIN FLEXPRO	14-A	nystatin cream-diaper rash cream kit	14-A
NORDITROPIN NORDIFLEX	14-A	nystatin topical	5-D
norethindone ace-eth estradiol-fe	14-A	nystatin vaginal	8-C
norethindrone	6-E	nystatin-triamcinolone	14-A
norethindrone	6-D	OBREDON	14-A
norethindrone-ethinyl estradiol-fe	14-A	ocella	6-D
NORFLEX	9-G	OCTREOTIDE	13-G
norfloxacin	1-E	octreotide acetate	13-G
norinyl	6-D	OCUFEN	11-H
NORINYL	6-D	OCUFLOX	11-A
NORITATE	14-A	OCUPRESS	11-B
NORMODYNE	3-C	OFEV	12-F
NOROXIN	1-E	ofloxacin	1-E
NORPACE	3-E	ofloxacin ophth	11-A
NORPRAMIN	4-B	ofloxacin otic	11-I
NORTHERA	3-C	OFORTA	2-A
NORTHYX	6-I	OGEN	6-C
nortrel	6-D	olanzapine	4-D
nortriptyline	4-B	olanzapine-fluoxetine	4-F
NORVASC	3-D	OLEPTRO	14-A
NORVIR	1-I	olmesartan	3-G
NOVAHISTINE	12-C	olmesartan-amlodipine-HCTZ	14-A

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
olmesartan-HCTZ	3-I	ORKAMBI	1-L
olodaterol hcl	14-A	orphenadrine citrate	9-G
olopatadine	14-A	orsythia	6-D
olopatadine nasal	12-B	ORTHO CEPT	6-D
OLUX	14-A	ORTHO CYCLEN	6-D
OLUX-CP	14-A	ORTHO EVRA	6-D
OLYSIO	13-D	ORTHO MICRONOR	6-D
OMECLAMOX-PAK	7-C	ORTHO NOVUM 1/35	6-D
omega-3-acid ethyl esters	3-L	ORTHO NOVUM 10/11	6-D
omeprazole	7-E	ORTHO TRI CYCLEN	6-D
omeprazole	14-A	ORTHO TRI CYCLEN LO	6-D
omeprazole-sodium bicarb	14-A	ORTHO-NOVUM 7/7/7	6-D
OMNARIS	14-A	ORTHO-PREFEST	6-C
OMNITROPE	14-A	ORUDIS	9-C
OMONTYS	13-C	ORUVAIL	9-C
ondansetron	7-F	oseltamivir	1-H
ondansetron oral soluble film	14-A	OSENI	6-F
ONEXTON	14-A	ospemifene	6-C
ONFI	4-G	OSPHENA	6-C
ONGLYZA	6-F	OTEZLA	3-H
ONMEL	14-A	OTIC CARE	14-A
ONSOLIS	9-B	OTREXUP	14-A
OPANA	9-B	OVACE	5-I
OPANA ER	9-B	OVACE PLUS LOTION & FOAM	14-A
opium tincture	7-B	OVACE PLUS SHAMPOO 1%	5-I
oprelvekin	13-I	OVCON-35	6-D
OPSUMIT	3-H	OXANDRIN	13-I
OPTIPRANOLOL	11-B	oxandrolone	13-I
OPTIVAR	14-A	oxaprozin	9-C
ORACEA	1-D	OXAYDO	14-D
oral hydrogel wafer	11-J	oxazepam	4-A
oral wound care gel	14-A	oxcarbazepine	4-G
oral wound care liquid	14-A	oxcarbazepine	14-A
ORALAIR	12-A	oxiconazole	5-D
ORAP	4-F	OXISTAT CREAM	5-D
ORAPRED	6-A	OXSORALEN-ULTRA	5-E
ORBIVAN	14-A	OXTELLAR XR	14-A
ORENCIA	13-I	oxybutynin	8-B
ORENITRAM	3-H	oxybutynin CR	8-B
ORFADIN	13-I	oxybutynin patches	14-A

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
oxybutynin td gel	14-A	PCP 100 KIT	14-A
oxycodone	9-B	ped multi vitamin-fluoride	10-B
oxycodone SR	9-B	ped multi vitamin-fluoride-FE	10-B
oxycodone w/acet	14-A	ped vitamins ACD-fluoride	10-B
oxycodone-APAP	9-B	ped vitamins ACD-fluoride-FE	10-B
oxycodone-ASA	9-B	PEDIADERM AF	14-A
oxycodone-ibuprofen	9-B	PEDIADERM TA	14-A
OXYCONTIN	9-B	PEDIAPRED	6-A
OXYIR	9-B	PEDIAZOLE	1-L
oxymetholone	13-I	PEDIPIROX	14-A
oxymorphone	9-B	PEG 3350	7-A
oxymorphone ER	9-B	PEG electrolyte	7-A
OXYTROL	14-A	peg(high)-electrolyte	7-A
PACNEX HP	14-A	pegademase	7-G
PACNEX LP	14-A	PEGANONE	4-G
PAIN RELIEF PATCH	14-A	PEGASYS	13-D
paliperidone	4-D	PEGASYS PROCLICK	13-D
palonosetron	13-I	pegfilgrastim	13-C
PAMELOR	4-B	peginesatide acetate soln	13-C
PAMINE	7-C	peginterferon alfa-2A	13-D
PANCREAZE	7-G	peginterferon alfa-2B	13-D
pancrelipase	7-G	peginterferon alfa-2B	13-I
pantoprazole	7-E	peginterferon beta-1a soln	14-A
pantoprazole	14-A	PEG-INTRON	13-D
PARAFON FORTE	9-G	PEG-INTRON REDIPEN	13-D
PARCOPA	4-H	pegvisomant	13-G
paregoric	7-B	penirolast ophth	11-H
paricalcitol [vitamin D]	10-A	penbutolol sulfate	3-C
PARLODEL	4-H	penciclovir	14-A
paroxetine HCL	4-B	penicillamine	9-D
paroxetine HCL SR	4-B	penicillin V potassium	1-A
paroxetine mesylate	14-A	PENLAC	5-D
PATADAY	14-A	PENNSAID	14-A
PATANASE	12-B	PENTASA	14-A
PATANOL	11-H	pentazocine-naloxone	9-B
PAXIL	4-B	pentosan polysulfate sodium	8-D
PAXIL CR	4-B	pentoxifylline	10-E
PAZEO	14-A	PEPCID	7-D
pazopanib	2-A	perampanel	4-G
PCE	1-C	PERCOCET	9-B

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
PERCODAN	9-B	pitavastatin	3-L
PERCURA	14-A	PLAN B	6-D
PERFOROMIST	12-D	PLAN B ONE-STEP	6-D
PERIACTIN	12-A	PLAQUENIL	1-J
PERIDEX	11-J	PLAVIX	1-E
perindopril	3-F	PLEGRIDY	14-A
PERIOSTAT	1-D	PLEGRIDY STARTER PACK	14-A
PERMAVAN	14-A	PLENDIL	3-D
permethrin	5-G	PLETAL	1-E
perphenazine	4-D	PLEXION	5-A
perphenazine-amitriptyline	4-F	PLEXION 9.8-4.8% CR, LOT, LIQ, CLTH	14-A
PERSANTINE	1-E	pnv-select	10-B
PERTZYE	7-G	PODOCON	5-I
PEXEVA	14-A	podofilox	5-I
phenazopyridine	8-D	podophyllum resin	5-I
phenelzine sulfate	4-B	poly-l-lactid acid	14-A
PHENERGAN	12-A	POLYSPORIN ophth	11-A
PHENERGAN VC	12-C	POLYTRIM ophth	11-A
PHENERGAN VC w/CODEINE	12-C	POLY-VI-FLOR	1-B
PHENERGAN w/CODEINE	12-C	POLY-VI-FLOR-FE	1-B
phenobarbital	4-C	pomalidomide	2-A
phenobarbital-belladonna	7-C	POMALYST	2-A
phenoxybenzamine	3-H	ponatinib hcl	2-A
phenylephrine-guaifenesin	12-C	PONSTEL	9-C
phenytoin	4-G	portia	6-D
PHOSLO	7-H	posaconazole	14-A
PHRENILIN	9-A	POTABA	1-A
phytonadione	10-A	potassium aminobenzoate	10-A
pilocarpine	11-J	POTASSIUM CHLORIDE	8-D
pilocarpine ophth	11-F	potassium citrate CR	8-D
PILOPINE HS	11-F	potassium phosphate	8-D
pimecrolimus	5-I	POTIGA	4-G
pimozide	4-F	PRADAXA	1-D
pindolol	3-C	PRALUENT	14-A
piolitzone	6-F	pramipexole	4-H
piolitzone-glimepiride	6-F	pramipexole SR	14-A
piolitzone-metformin	6-F	pramlintide	6-J
pirbuterol inhaler	12-D	PRAMOSONE	5-H
pirfenidone	14-A	PRAMOSONE E	5-H
piroxicam	9-C	pramoxine-HC cream	5-H

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
pramoxine-HC foam	5-H	prenate w/o a w/fe fum-fe poly-fa	10-B
PRANDIMET	6-F	prenate w/o a w/fecbn-egl-dss-fa & dha	10-B
PRANDIN	6-F	prenate w/o Vit A w/ FE	10-B
PRASTERA KIT	14-A	prenat-fe poly cmplx-fe heme	10-B
prasugrel	10-E	PRESTALIA	14-A
PRAVACHOL	3-L	PREVACID	7-E
pravastatin	3-L	PREVACID NAP KIT	9-C
praziquantel	1-K	PREVACID SOLUTAB	7-E
prazosin	3-H	previfem	6-D
PRECOSE	6-F	PREVPAC (brand+ generic)	14-A
PRED FORTE	11-C	PREZCOBIX	1-I
prednicarbate	5-H	PREZISTA 150mg	1-I
prednisolone	6-A	PREZISTA 300mg	1-I
PREDNISOLONE 5MG	6-A	PREZISTA 400mg	1-I
prednisolone ophth	11-C	PREZISTA 600mg	1-I
prednisolone sod phosphate	6-A	PREZISTA 75mg	1-I
prednisolone sodium	6-A	PREZISTA 800MG	1-I
prednisolone sodium phosphate	14-A	PREZISTA SUSP	1-I
prednisone	6-A	PRILOSEC 20mg capsules	7-E
prednisone	14-A	PRILOSEC 20mg tablets	7-E
PREFERA OB	1-B	PRILOSEC 40mg	7-E
PREFERA OB + DHA	1-B	PRILOSEC PWD PKT/SUSP	14-A
pregabalin	4-G	primaquine	1-J
PRELONE	6-A	primidone	4-G
PREMARIN	6-C	PRINCIPEN	1-A
PREMARIN vaginal	8-C	PRINCIPEN (suspension)	1-A
PREMPHASE	6-C	PRINIVIL	3-F
PREMPRO	6-C	PRINZIDE	3-I
prenatal -fe- bis-fe prot succ-fa-ca-	10-B	PRISTIQ	4-B
prenatal FE-CBN-DSS-Methylfol-FA	10-B	PROAIR HFA	12-D
prenatal low iron	10-B	PROAIR RESPICLICK	12-D
prenatal mv w/fe poly-fa	10-B	PROAMATINE	3-K
prenatal vitamins-iron carbonyl-FA	10-B	PRO-BANTHINE	7-C
prenatal vit-FE-bisglycinate-FA	10-B	probenecid	9-F
prenatal w/dss iron carbonyl-fa	10-B	procarbazine HCL	2-A
prenatal w/fe fum-l methylfolate	10-B	PROCARDIA	3-D
PRENATE DHA	1-B	PROCARDIA XL	3-D
PRENATE ELITE	1-B	PROCENTRA	4-E
prenate FE-Fum-Lmethylfol-FA-CA	10-B	prochlorperazine	4-D
prenate w/fe fum-fe poly-fa omega 3	10-B	PROCORT	14-A

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
PROCRIT	13-C	PROZENA	14-A
PROCTOFOAM-HC	5-A	PSE-guaifenesin-codeine	12-C
PROCYSBI	7-H	PSE-methscopolamine	12-C
PRODRIN	14-A	pseudoeph-chlorphen w/hydroco soln	12-C
progesterone micronized	6-E	pseudoephed-chlorphen-DM	12-C
progesterone vaginal	6-E	PSORCON	5-H
PROGRAF	2-B	PSORiatec	5-E
PROLENSA	14-A	PTU	6-I
PROLIDA	14-A	PULMICORT FLEXIHALER	12-E
PROLIXIN	4-D	PULMICORT RESPULES	12-E
PROMACTA	13-C	PULMOZYME	1-L
promethazine	12-A	PURINETHOL	2-A
promethazine VC	12-C	PURIXAN	2-A
promethazine VC- codeine	12-C	PYLERA	7-C
promethazine-codeine	12-C	pyrazinamide	1-F
PROMETRIUM	6-E	PYRIDIUM	8-D
PROMISEB COMPLETE KIT	14-A	pyridostigmine	9-H
propafenone	3-E	pyrilamine tannate	12-A
propantheline	7-C	pyrimethamine	1-J
propoxyphene napsylate	9-B	PYRLEX SYRUP	12-A
propoxyphene-APAP	9-B	QNASL	14-A
propranolol	3-C	QROXIN	14-A
propranolol HCL CR	3-C	Q-TABS	14-A
propranolol hcl oral soln	14-A	QUARTETTE	14-A
propranolol HCL SR	3-C	quasense	6-D
propranolol-HCTZ	3-I	QUDEXY XR	14-A
propylthiouracil	6-I	QUESTRAN	3-L
PROSCAR	8-D	quetiapine fumarate	4-D
PROSOM	4-C	QUILLICHEW ER	14-A
PROTONIX	7-E	QUILLIVANT XR	14-A
PROTONIX GRANULE PKT	14-A	quinapril	3-F
PROTOPIC	5-I	quinapril-HCTZ	3-I
protriptyline	4-B	quinidine gluconate	3-E
PROVENTIL (nebulizer)	12-D	quinidine sulfate	3-E
PROVENTIL (tablets)	12-D	quinine sulfate	1-J
PROVENTIL HFA	12-D	QUIXIN	11-A
PROVERA	6-E	QVAR	12-E
PROVIGIL	4-E	rabeprazole	7-E
PROZAC	4-B	rabeprazole sodium	14-A
PROZAC WEEKLY	4-B	RAGWITEK	12-A

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
raloxifene	6-J	REPREXAIN	9-B
raltegravir	1-I	REQUIP	4-H
ramelteon	4-C	REQUIP XL	14-A
ramipril	3-F	RESCRIPTOR	1-I
RANEXA	3-M	RESCULA	11-D
ranitidine	7-D	reserpine	3-H
ranolazine	3-M	RESTASIS	11-H
RAPAFLO	8-D	RESTORIL	4-C
RAPAMUNE	2-B	retapamuln	5-C
RASUVO	9-D	RETIN-A	5-A
RAVICTI	9-F	RETIN-A MICRO	14-A
RAYOS	14-A	RETIN-A PUMP	14-A
RAZADYNE	4-F	RETROVIR	1-I
RAZADYNE ER	4-F	REVATIO	3-H
REBETOL capsules/tablets	1-H	REVIA	9-B
REBETOL solution	1-H	REVLIMID	2-A
REBETRON	13-D	REXAPHENAC	14-A
REBIF	13-E	REXULTI	4-D
reclipsen	6-D	REYATAZ	1-I
REDI+PLUS TEST STRIPS	14-A	RHINOCORT AQUA	14-A
REGLAN	7-H	RIAX	14-A
regorafenib	2-A	RIBAPAK	14-A
REGRANEX	5-I	ribavirin	1-H
RELAFEN	9-C	ribavirin	14-A
RELEEVA	14-A	RIDAURA	9-D
RELENZA	1-H	rifabutin	1-F
RELION	6-G	RIFADIN	1-F
RELISTOR	7-H	RIFAMATE	1-F
RELYYKS	14-A	rifampin	1-F
RELPAK	9-E	RIFATER	1-F
REMAXAZON	14-A	rifaximin	1-L
REMERON	4-B	rilonacept	13-I
REMERON SOLTABS	4-B	rilpivirine	1-I
RENACIDIN	8-D	RILUTEK	9-H
RENOVO	14-A	riluzole	9-H
RENAGEL	7-H	rimantadine	1-H
REVELA	7-H	rimexolone ophth	11-C
repaglinide	6-F	riociguat	3-H
repaglinide-metformin	6-F	RIOMET	6-F
REPATHA	14-A	risedronate	6-J



# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
risedronate	14-A	SAFYRAL	14-A
risedronate-calcium	6-J	SAIZEN	14-A
RISPERDAL	4-D	SALAGEN	11-J
RISPERDAL M	4-D	salicylic acid film-forming soln	14-A
risperidone	4-D	salmeterol inhaler	12-D
RITALIN	4-E	salmeterol-fluticasone inhaler	12-D
Ritalin LA	14-A	salsalate	14-A
RITALIN SR	4-E	SAMSCA	3-J
ritonavir	1-I	SANCTURA	14-A
rivaroxaban	10-D	SANCTURA XR	14-A
rivastigmine	4-F	SANCUSO	14-A
rizatriptan	9-E	SANDIMMUNE (NTI)	2-B
ROBAXIN	9-G	SANTYL	5-I
ROBINUL	7-C	SAPHRIS	4-D
ROBINUL FORTE	7-C	sapropterin dihydrochloride	6-J
ROCALTROL	1-A	saquinavir	1-I
ROCHE TEST STRIPS	14-A	SARAFEM	4-B
ROFERON A	13-D	sargramostim	13-C
roflumilast	12-D	SAVAYSA	10-D
RONDEC DM	12-C	SAVELLA	4-G
ropinirole	4-H	SAVELLA TITRATION PAK	4-G
ropinirole SR	14-A	saxagliptin	6-F
ROSDAN/KIT	14-A	saxagliptin-metformin	6-F
rosiglitazone	6-F	SAXENDA	14-A
rosiglitazone maleate-glimepiride	6-F	SCALACORT DK KIT	5-H
rosiglitazone-metformin	6-F	scopolamine ophth	11-E
ROSULA	14-A	scopolamine patch	7-F
rosuvastatin	3-L	SCULPTRA	14-A
ROWASA	7-H	VOLTAREN 50mg	9-C
ROXANOL	9-B	VOLTAREN 75mg	9-C
ROXICODONE	9-B	SEASONALE	6-D
ROZEREM	4-C	SEASONIQUE	6-D
rufinamide	4-G	SECTRAL	3-C
ruxolitinib phosphate	2-A	SEEBRI NEOHALER	14-A
RYTARY	14-A	SELECT-OB+DHA	1-B
RYTHMOL	3-E	SELEGILINE	4-H
RYTHMOL SR	3-E	selenium sulfide shampoo	5-I
RYZOLT	14-A	selenium sulfide-pyrithione zinc	14-A
SABRIL	4-G	SELRX	14-A
sacrosidase	7-G	SELSUN	5-I

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
SELZENTRY 150mg	1-I	sodium chloride soln nebu 7%	12-D
SELZENTRY 300mg	1-I	sodium fluoride	11-J
SEMPREX-D	12-C	sodium hyaluronate	5-H
SENSIPAR	6-J	sodium oxybate	4-E
SEPTRA	1-L	sodium phenylbutyrate	7-G
SERAX	4-A	sodium polystyrene sulfonate	10-E
SEREVENT DISKUS	12-D	SODIUM SULFACETAMIDE/Sulfur Kit	14-A
SEROQUEL	4-D	sofosbuvir	13-D
SEROQUEL XR	4-D	SOLAICE	14-A
SEROSTIM	13-B	SOLARAZE 3% GEL	5-H
sertraline HCL	4-B	solia	6-D
serum-derived bovine	14-A	solifenacin	14-A
SERZONE	4-B	SOLODYN	14-A
setraconazole	14-A	SOLTAMOX	2-A
sevelamer	7-H	SOMA	9-G
short ragweed pollen allergen extract	12-A	SOMA COMPOUND	9-G
sildenafil	3-H	SOMA CPD w/CODEINE	9-G
SILENOR	14-A	somatropin	13-B
silodosin	8-D	somatropin	14-A
SILVADENE	5-C	somatropin (non-refrigerated)	13-B
SILVERA PAIN RELIEF PAD	14-A	SOMATULINE DEPOT	13-G
silver sulfadiazine	5-C	SOMAVERT	13-G
SIMBRINZA	14-A	SOMNOTE	4-C
simeprevir sodium	13-D	SONATA	4-C
SIMPONI	13-H	SOOLANTRA	5-B
simvastatin	3-L	sorafenib tosylate	2-A
SINEMET	4-H	SORIATANE	5-E
SINEMET CR	4-H	SORIATANE CK kit	5-E
SINEQUAN	4-B	sotalol	3-C
SINGULAIR	12-D	sotalol AF	3-C
sirolimus	2-B	SOTRET	5-A
SIRTURO	1-F	SOTYLIZE	3-C
sitagliptin	6-F	SOVALDI	13-D
SITAVIG	14-A	SPECTAZOLE	5-D
SIVEXTRO	1-L	SPECTRACEF	1-B
SKELAXIN	9-G	spinosad	5-G
SLO-PHYLLIN	12-D	SPIRIVA HANDIHALER	12-D
SMZ-TMP	1-L	SPIRIVA RESPIMAT	12-D
sod phos mon-sod phos di	7-A	spironolactone	3-J
sod sulf-pot sulf-mag sulfate	7-A	spironolactone-HCTZ	3-J

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
SPORANOX	1-G	sulfacetamide sodium-sulfur pad	14-A
sprintec	6-D	sulfacetamide sodium-sulfur susp	14-A
SPRIX NASAL	9-B	sulfacetamide sod-sulfur wash	14-A
SPRYCEL	2-A	sulfacetamide w/ sulfur wash	14-A
sronyx	6-D	sulfacetamide-prednisolone ophth	11-C
SSS 10-4	14-A	sulfacetamide-sulfur emulsion	5-A
STADOL NS	9-B	sulfacetamide-urea lotion	5-I
STALEVO	4-H	sulfadiazine	1-L
STARLIX	6-F	sulfanilamide vaginal	8-C
stavudine	1-I	sulfasalazine	7-H
STAVZOR	4-G	sulfasalazine EC	7-H
STAXYN	14-A	sulindac	9-C
STELARA	13-H	SUMADAN	14-A
STELAZINE	4-D	SUMADAN XLT KIT	14-A
STIMATE	6-J	sumatriptan	9-E
STIOLTO RESPIMAT	14-A	sumatriptan auto-injection	14-A
STIVARGA	2-A	SUMATRIPTAN INJ	9-E
STRATTERA	4-E	sumatriptan-naproxen sodium	14-A
STRENSIQ	6-J	SUMAVEL DOSEPRO	9-E
STRIANT	6-B	SUMAXIN CP KIT	14-A
STRIBILD	1-I	SUMAXIN TS	14-A
STRIVERDI RESPIMAT	12-D	SUMYCIN	1-D
STROMECTOL	1-K	sunitinib	2-A
SUBOXONE FILM TAB	14-A	SUPRACIL	14-A
SUBOXONE TABLETS	14-A	SUPRAX CHEW	1-B
SUBSYS	14-A	SUPRAX SUSP	1-B
SUBUTEX	9-B	SUPRAX TABLET	1-B
SUCLEAR	7-A	SUPREP	7-A
SUCRAID	7-G	SURFAXIN	14-A
sucralfate	7-C	SURMONTIL	4-B
sucroferric oxyhydroxide	7-H	SUSTIVA	1-I
SULAR	3-D	SUTENT	2-A
sulfacetamide	5-I	syeda	6-D
sulfacetamide lotion (acne)	5-A	SYLATRON	13-I
sulfacetamide sod w/sulfur	14-A	SYLATRON 4-PACK	13-I
sulfacetamide sodium	14-A	SYMBICORT	14-A
sulfacetamide sodium lotion	14-A	SYMBYAX	4-F
sulfacetamide sodium ophth	11-A	SYMLIN AMYLIN ANALOG	6-J
sulfacetamide sodium sulfur	14-A	SYNALAR	5-H
sulfacetamide sodium w/sulfur	14-A	SYNALAR TS	14-A

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
SYNALGOS DC	9-B	TECFIDERA	13-E
SYNAREL	13-G	TECFIDERA STARTER PACK	13-E
SYNERA PATCH	5-I	TECHNIVIE	14-A
SYNJARDY	14-A	tedizolid phosphate	1-L
SYNTHROID (NTI)	6-I	teduglutide	7-H
SYNVEXIA TC	14-A	TEGRETOL (NTI)	4-G
TACLONEX	5-E	TEGRETOL XR	4-G
tacrine	4-F	TEKAMLO	14-A
tacrolimus	2-B	TEKTURNA	3-H
tacrolimus	14-A	telbivudine	1-I
tacrolimus topical	5-I	telithromycin	1-C
tadalafil	3-H	telmisartan	3-G
tadalafil	8-D	telmisartan-amlodipine	14-A
TAFINLAR	2-A	telmisartan-HCTZ	3-I
tafluprost oph soln	11-D	temazepam	4-C
TAGAMET	7-D	TEMODAR	2-A
TALWIN NX	9-B	TEMOVATE	5-H
TAMBOCOR	3-E	temozolomide	2-A
TAMIFLU capsules	1-H	TENEX	3-H
TAMIFLU suspension	1-H	tenofovir	1-I
tamoxifen	2-A	TENORETIC	3-I
tamsulosin	8-D	TENORMIN	3-C
TANAFED DM	12-C	TERAZOL	8-C
TANDEM F	1-B	terazosin	3-H
TANZEUM INJ	6-J	terbinafine HCL	1-G
TAPAZOLE	6-I	terbutaline	12-D
tapentadol	9-B	terconazole vaginal	8-C
tapentadol SR	9-B	teriflunomide	13-E
TARCEVA	2-A	teriparatide (recombinant)	13-F
TARGADOX	14-A	TERMINEX	14-A
TARGRETIN	2-A	tesamorelin	13-B
TARKA	3-I	TESSALON	12-C
TASIGNA	2-A	TESTIM	6-B
tasimelteon	11-H	testosterone	6-B
TASMAR	4-H	testosterone	14-A
tavaborole soln	14-A	testosterone buccal system	6-B
tazarotene	5-E	testosterone td gel	14-A
tazarotene foam	14-A	testosterone TD sol	6-B
TAZORAC	5-E	tetrabenazine	4-F
tbo-filgrastim soln	13-C		

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
tetracycline	1-D	tiotropium inhaler	12-D
TETRAMEX SPRAY	14-A	tipranavir	1-I
TEVETEN	3-G	TIROSINT	14-A
TEVETEN HCT	3-I	TIVICAY	1-I
TEV-TROPIN	14-A	TIVORBEX	14-A
thalidomide	2-A	tizanidine	9-G
THALOMID	2-A	TOBI NEBS	14-A
THEO-24	12-D	TOBI PODHALER	1-L
THEOLAIR	12-D	TOBRADEX	11-C
theophylline	12-D	TOBRADEX ST	14-A
theophylline CR	12-D	tobramycin	1-L
VOSPIRE ER 8mg	12-D	tobramycin neb soln	1-L
theophylline SR	12-D	tobramycin nebulizer	14-A
thiabendazole	1-K	tobramycin ophth	11-A
thioguanine	2-A	tobramycin-dexamethasone ophth	11-C
THIOLA	8-D	tobramycin-dexamethasone ophth	14-A
thioridazine	4-D	TOBREX	11-A
thiothixene	4-D	tocilizumab	13-H
THORAZINE	4-D	tofacitinib	13-H
thyroid	6-I	TOFRANIL	4-B
THYROLAR	6-I	TOFRANIL PM	4-B
tiagabine	4-G	TOLAK	14-A
TIAZAC	3-D	tolazamide	6-F
ticagrelor	10-E	tolbutamide	6-F
TICLID	1-E	TOLECTIN	9-C
ticlopidine	10-E	TOLINASE	6-F
TIGAN	7-F	tolmetin sodium	9-C
TIKOSYN	3-E	tolterodine	14-A
tilia fe	6-D	tolterodine SR	14-A
timolol maleate	3-C	tolvaptan	3-J
timolol maleate ophth	11-B	TOPAMAX	4-G
timolol ophth	11-B	TOPAMAX SPRINKLES	4-G
TIMOPTIC	11-B	TOPICORT	5-H
TIMOPTIC XE	11-B	TOPICORT SPRAY	14-A
timothy grass pollen allergen	12-A	topiramate	4-G
TINDAMAX	1-L	topiramate cap er 24hr sprinkle	14-A
tinidazole	1-L	topiramate SR	14-A
tinzaparin sodium	13-A	topotecan	2-A
tiopronin	8-D	TOPROL XL	3-C
		TORADOL	9-C

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
toremifene citrate	2-A	triamcinolone nasal	14-A
torsemide	3-J	triamcinolone/orabase	11-J
TOUJEO SOLOSTAR	14-A	triamterene	3-J
TOVIAZ	8-B	triamterene-HCTZ	3-J
TRACLEER	3-H	TRIANEX	14-A
TRADJENTA	6-F	TRIAZ	14-A
tramadol	9-B	triazolam	4-C
tramadol ER	9-B	TRIBENZOR	14-A
tramadol ER	14-A	TRICOR 48MG & 145MG	14-A
tramadol-APAP	9-B	trifluoperazine	4-D
trametinib dimethyl sulfoxide	2-A	trifluridine ophth	11-A
TRANDATE	3-C	TRIGLIDE	14-A
trandolapril	3-F	trihexyphenidyl	4-H
trandolapril-verapamil	3-I	TRILAFONE	4-D
tranexamic acid	10-E	TRILEPTAL	4-G
TRANSDERM-SCOP	7-F	TRILIPIX	14-A
TRANXENE	4-A	TRILISATE	9-A
travaprost ophth	11-D	trimethobenzamide	7-F
TRAVATAN Z	11-D	trimethoprim	1-L
trazodone	4-B	trimethoprim-polymy B ophth	11-A
trazodone SR	14-A	trimipramine maleate	4-B
TREAGAN	11-I	TRIMPEX	1-L
TRECATOR-SC	1-F	TRI-NASAL	12-B
TRENTAL	1-E	TRI-NORINYL	6-D
treprostinil	3-H	triple sulfas vaginal	8-C
treprostinil diolamine	3-H	tri-previfem	6-D
TRESIBA FLEXTOUCH	14-A	triprolidine tannate	12-A
tretinoin	2-A	tri-sprintec	6-D
tretinoin	5-A	TRIUMEQ	1-I
tretinoin	14-A	TRI-VI-FLOR	1-B
TRETIN-X	14-A	TRI-VI-FLOR-FE	1-B
TREXALL	2-A	trivora	6-D
TREXIMET	14-A	TRIZIVIR	1-I
TREZIX	9-B	TROKENDI XR	14-A
tri legest fe	6-D	tropicamide ophth	11-E
triamcinolone	14-A	tropium	14-A
triamcinolone acetamide	5-H	tropium chloride	14-A
triamcinolone cream-emollient cream kit	14-A	TRUETEST TEST STRIPS	14-A
triamcinolone inhaler	12-E	TRUSOPT	11-H
triamcinolone nasal	12-B	TRUVADA	1-I

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
trypsin-castor oil-peruvian balsam	5-I	UROQID	8-A
TUDORZA	12-D	URSO	7-H
TUSSIONEX	12-C	URSO FORTE	7-H
TUZISTRA XR SUSP	14-A	ursodiol	7-H
TWINJECT	3-K	UTIBRON NEOHALER	14-A
TWYNSTA	14-A	VAGIFEM	8-C
TYBOST	1-I	valacyclovir	1-H
TYKERB	2-A	VALCHLOR	2-A
TYLENOL w/CODEINE	9-B	VALCYTE	1-H
TYVASO	3-H	valganciclovir HCL	1-H
TYZEKA	1-I	VALIDERM	14-A
UCERIS	14-A	VALISONE	5-H
ulipristal	6-D	VALIUM	4-A
ulipristal	6-J	valproic acid	4-G
ULORIC	9-F	valsartan	3-G
ULTRACET	9-B	valsartan aliskiren	14-A
ULTRAM	9-B	valsartan-HCTZ	3-I
ULTRAM ER	9-B	VALTREX 1gm	1-H
ULTRASAL-ER	14-A	VALTREX 500mg	1-H
ULTRAVATE	5-H	VALTURNA	14-A
ULTRAVATE KIT	5-H	VANAMIDE	5-I
ULTRESA	7-G	VANCOCIN	1-L
UMECTA EMOLLIENT	14-A	vancomycin	1-L
UNIPHYL	12-D	VANDAZOLE	8-C
UNIRETIC	3-I	vandetanib	2-A
UNISTRIP TEST STRIPS	14-A	VANOS	14-A
unithroid	6-I	VANTIN 200mg	1-B
UNIVASC	3-F	varденаfil	14-A
unoprostone isopropyl oph	11-D	VARUBI	14-A
URAMAXIN GT KIT	14-A	VASCEPA	3-L
urea	5-I	VASERETIC	3-I
urea (carbamide)	5-I	VASOTEC	3-F
urea cream	14-A	VECAMYL	3-H
urea emulsion	14-A	VECTICAL	5-E
urea in zinc	5-I	VEETIDS	1-A
urea solution	14-A	velivet	6-D
URECHOLINE	8-B	VELMA PAIN RELIEF	14-A
UREVAZ	14-A	VELPHORO	7-H
URISPAS	8-B	VELTIN	14-A
UROCID-K	8-D	vemurafenib	2-A

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
venlafaxine	4-B	VIOKACE	7-G
VENLAFAXINE HCL TAB SR 24HR (BASE EQUIVALENT)	14-A	viorele	6-D
venlafaxine SR	4-B	VIRACEPT	1-I
VENTAVIS	3-H	VIRAMUNE	1-I
VENTOLIN HFA	12-D	VIRAMUNE XR 100MG	1-I
VEPESID	2-A	VIREAD	1-I
VERAMYST	14-A	VIROPTIC	11-A
verapamil	3-D	VISCOUS LIDOCAINE	11-J
verapamil CR (controlled onset)	3-D	VISICOL	7-A
verapamil SR	3-D	VISKEN	3-C
VERDESO	14-A	vismodegib	2-A
VERELAN PM	3-D	VISTARIL	4-A
VERIO IQ STRIPS	6-K	VITEKTA	1-I
VERIO STRIPS	6-K	VIVACTIL	4-B
VERIPRED	6-A	VIVELLE	6-C
VERMOX	1-K	VIVELLE DOT	6-C
VERSACLOZ SUSP	14-A	VOGELXO	14-A
VESANOID	2-A	VOLTAREN	9-C
VESICARE	14-A	VOLTAREN GEL	5-H
VEXA	14-A	VOLTAREN ophth	11-H
VEXOL	11-C	VOLTAREN ophth gel	11-H
VFEND 200mg	1-G	VOLTAREN XR	9-C
VIBRAMYCIN SUSP	1-D	vorapaxar sulfate	10-E
VIBRATABS	1-D	voriconazole	1-G
VICODIN	9-B	vorinostat	2-A
VICODIN ES	9-B	vortioxetine hbr	4-B
VICODIN HP	9-B	VOSOL-HC	11-I
VICOPROFEN	9-B	VOSPIRE ER 4mg	12-D
VICTOZA	6-J	VOTRIENT	2-A
VICTRELIS	13-D	VUSION	14-A
VIDEX EC	1-I	VYTONE	14-A
VIEKIRA	13-D	VYTORIN	3-L
vigabatrin	4-G	VYVANSE	4-E
VIGAMOX	11-A	warfarin	10-D
VIIBRYD	4-B	WELCHOL	3-L
vilazodone	4-B	WELLBUTRIN	4-B
VIMOVO	14-A	WELLBUTRIN SR	4-B
VIMPAT	4-G	WELLBUTRIN XL	4-B
VIMPAT (solution)	4-G	WELLCOVORIN	2-A
		WESTCORT	5-H



# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
WESTHROID-P	6-I	ZAROXOLYN	3-J
wound dressing	14-A	ZARXIO	14-A
XALKORI	2-A	ZAVESCA	7-G
XANAX	4-A	ZEBETA	3-C
XANAX XR	4-A	ZECUITY	14-A
XARELTO	1-D	ZEGERID	14-A
XARTEMIS XR	14-A	ZELBORAF	2-A
XELJANZ	13-H	ZEMPLAR	1-A
XELODA	2-A	zenchent fe	6-D
generic XELODA	14-A	ZENPEP	7-G
XENADERM	5-I	ZENZEDI	14-A
XENAZINE	4-F	ZEPATIER	14-A
XERAC-AC	5-I	ZERIT	1-I
XERESE	14-A	ZERVALX	1-C
XIBROM	11-H	ZESTORETIC	3-I
XIFAXAN	1-L	ZESTRIL	3-F
XIGDUO XR	14-A	ZETIA	3-L
XODOL	9-B	ZETONNA	12-B
XODOL LIQUID	9-B	ZIAC	3-I
XOPENEX 0	12-D	ZIAGEN	1-I
XOPENEX HFA	12-D	ZIANA	14-A
XTANDI	2-A	zidovudine	1-I
XURIDEN	14-A	ZINOTIC	11-I
XYLOCAINE	5-I	ZINOTIC ES	11-I
XYREM	4-E	ZIOPTAN	11-D
XYZAL	14-A	ziprasidone HCL	4-D
YASMIN	6-D	ZIPSOR	14-A
YAZ	6-D	ZIRGAN	1-H
YODOXIN	1-L	ZITHROMAX 100mg/5ml	1-C
ZADITOR	14-A	ZMAX	1-C
ZADITOR OTC	14-A	ZOCOR	3-L
zafirlukast	12-D	ZODERM 5.75% cleanser	5-A
zaleplon	4-C	ZODERM cleanser	5-A
ZAMICET	9-B	ZODERM cream	5-A
ZANAFLEX capsules	9-G	ZODERM gel	5-A
ZANAFLEX tablets	9-G	ZOFRAN	7-F
zanamivir	1-H	ZOFRAN ODT	7-F
ZANTAC	7-D	ZOHYDRO ER	9-B
zarah	6-D	ZOLINZA	2-A
ZARONTIN	4-G	zolmitriptan	9-E

# Alphabetical Index

<u>Drug Name</u>	<u>PDL Section</u>	<u>Drug Name</u>	<u>PDL Section</u>
ZOLOFT	4-B		
zolpidem	4-C		
zolpidem	14-A		
zolpidem CR	14-A		
ZOLPIMIST	14-A		
ZOLVIT	14-A		
ZOMACTON	14-A		
ZOMIG	9-E		
ZOMIG NASAL	9-E		
ZOMIG ZMT	9-E		
ZONATUSS	14-A		
ZONEGRAN 25mg	4-G		
zonisamide	4-G		
ZONTIVITY	10-E		
ZORBTIVE	13-B		
ZORVOLEX	14-A		
Zovia 1/35	6-D		
ZOVIRAX	1-H		
ZOVIRAX OINT	5-E		
ZOVIRAX CREAM	14-A		
ZUBSOLV	9-B		
ZUPLENZ	14-A		
ZUTRIPRO	12-C		
ZYBAN	4-I		
ZYCLARA	14-A		
ZYDELIG	2-A		
ZYDONE	9-B		
ZYKADIA	2-A		
ZYLET	11-C		
ZYLOPRIM	9-F		
ZYMAR	11-A		
ZYMAXID	11-A		
ZYMINE XR SYRUP	12-A		
ZYPREXA	4-D		
ZYPREXA ZYDIS	4-D		
ZYRTEC	14-A		
ZYTIGA	2-A		
ZYVOX	1-L		

# Alphabetical Index

Drug Name

PDL Section