KAISER PERMANENTE OF GEORGIA

MULTI-CHOICE FORMULARY

This document includes Kaiser Permanente Georgia's Multi-Choice formulary as of January 1, 2020 For an updated formulary, please visit our website at members.kp.org or call 1-888-865-5813, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call 1-800-255-0056.

What is the Kaiser Permanente MultiChoice Formulary?

A formulary is a list of drugs determined to be safe and effective for our members by our Pharmacy and Therapeutics committee. Use of the formulary enables Kaiser Permanente to provide optimal care to you and your family at reasonable costs. Kaiser Permanente continually updates the formulary throughout the year based on new medical evidence, considering the recommendations of appropriate physician experts. Our physicians and pharmacists work closely together to ensure that our formulary meets your needs.

This formulary is only for use at PPO Provider (Tier 2) and Non-Participating Provider (Tier 3) pharmacies. To see which medications are covered at a Select Provider (Tier 1) pharmacy, please reference the Kaiser Permanente HMO Formulary.

Does the formulary ever change?

Yes, Kaiser Permanente periodically updates the formulary based on new medical evidence, considering the recommendations of appropriate physician experts and notifies our doctors, pharmacists, and other clinicians about any changes. If a change in the formulary affects any of your prescriptions, your doctor or pharmacist will let you know.

The enclosed formulary is current as of **January 1, 2020** and represents the most commonly prescribed medications. To get updated information about the drugs covered by Kaiser Permanente, please visit our website at *members.kp.org* or call Member Services at **1-888-865-5813**, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call **1-800-255-0056**.

How do I use the Formulary?

There are two easy ways to find your drug within the formulary:

Medical Condition

The drug list begins on page 4. The drugs on this formulary are grouped into categories depending on the type of medical condition that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Drugs." If you know what your drug is used for, simply look for the category name in the list that begins on page 4. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you can look for the drug in the Index that begins on page 41. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to the drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your

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drug on the list. You may also use the search function on your computer to search this document for the medication by name.

What are generic drugs?

Kaiser Permanente covers both brand-name drugs and generic drugs.

Brand name drugs are drugs that are produced and sold under the original manufacturer's name.

Generic drugs are produced and sold under their chemical names after the patent of the brand name drug expires. Although the price is lower, the quality and effectiveness of generic drugs is the same as brand name drugs. The Federal Food and Drug Administration (FDA) requires that generic drugs contain the same active ingredients in the same amount as the brand name drug. Generic drugs are listed in lower-case italics (e.g., *amoxicillin)* within the formulary on page 4. If a drug is available as a generic, it is only listed with the generic name. Brand-name drugs are capitalized in the formulary (e.g., FLOVENT).

Generally, if a drug is available generically, the generic is on Tier 1 and the brand Tier 3. Because all drug product strengths and package sizes of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed.

How much will I pay for Covered Drugs?

What you pay for covered drugs is determined by the outpatient prescription drug benefit outlined in your Evidence of Coverage. Multichoice plans have a three-tier open formulary benefit.

Open formulary benefits have a generic cost sharing requirement. This means that if you fill a brand name drug when a generic is available, that in addition to your standard copayment or coinsurance, you will also pay the difference in cost between the brand name and generic drug.

Generics are those covered at the lowest co-payment amount defined as Tier 1. Preferred brands are those brands which will be covered at your preferred brand co-payment amount defined as Tier 2. Non-preferred brands are covered at the non-preferred co-payment defined as Tier 3 coverage amount.

Coverage for prescription drugs is limited to drugs for which a prescription is required by law and those that are listed on the Kaiser Permanente MultiChoice drug formulary. Certain diabetic supplies do not require a prescription but must still be listed in our formulary in order to be covered under the benefit.

Each prescription refill is provided on the same basis as the original prescription. Copayments are applied

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on a per prescription basis, for up to the lesser of the dispensing amount listed in the "Schedule of Benefits" or the standard prescription amount.

The standard prescription amount for the following items is:

- Migraine medications — the smallest package size commercially available
- Ophthalmic and otic medications — the smallest package size commercially available
- Oral and nasal inhalers — the smallest standard package unit

Are there any other restrictions on coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- Quantity Limits (QL): For certain drugs, Kaiser Permanente limits the amount of the drug that will be covered.
- Age Restriction (Age): For certain drugs, Kaiser Permanente limits coverage based on a designated age.
- Prior Authorization (PA): For certain drugs, Kaiser Permanente requires review and authorization prior to dispensing. Your Provider must obtain this review and authorization. The list of prescription drugs requiring review and authorization is subject to periodic review and modification by our Pharmacy and Therapeutics Committee.
- Step Therapy (ST)*: For certain drugs, Kaiser Permanente requires the use of similar, alternative medications prior to coverage.

* Only certain plans require step therapy restriction

You can find out if the drug has any additional requirements or limits by looking in the formulary that begins on page 4.

What if my drug is not on the Formulary?

You can contact Member Services at **1-888-865-5813**, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call **1-800-255-0056** and ask Member Services for a list of similar drugs that are covered or MedImpact at **1-800-MedImpact**.

For more information

For more detailed information about your Kaiser Permanente prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Kaiser Permanente, please call Member Services at **1-888-865-5813**, Monday through Friday 7:00 a.m. to 7 p.m. TTY/TDD users should call **1-800-255-0056**.

Or visit members.kp.org.

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ST = Step Therapy, PA = Prior Authorization, QL = Quantity Limit, Age = Age Restriction

Restrictions	Tier	Generic Name	Brand Name	Coverage Status
Antihistamine Drugs				
Antihistamine Drugs				
ST	1	*carbinoxamine maleate*	ARBINOXA	Generic
	1	*cyproheptadine*	PERIACTIN	Generic
	1	*chlorpheniramine, phenylephrine & pyrilamine*	POLY HIST FORTE	Generic
	1	*promethazine & phenylephrine*	PHENERGAN VC	Generic
QL	1	*promethazine*	PHENERGAN	Generic
Anti-infective Agents				
Anthelmintics				
	2	*albendazole*	ALBENZA	Preferred Brand
	1	*ivermectin*	STROMECTOL	Generic
PA, QL	3	*ivermectin*	SOOLANTRA	Non-Preferred
ST	3	*praziquantel*	BILTRICIDE	Non-Preferred
Anti-infectives, Miscellaneous				
ST	3	*bismuth subcitrate & metronidazole*	PYLERA	Non-Preferred
	3	*metronidazole, tetracycline & bismuth subsalicylate*	HELIDAC	Non-Preferred
	3	*benznidazole*	benznidazole	Non-Preferred
Antibacterials				
PA	3	*amikacin liposomal Inhalation*	ARIKAYCE	Non-Preferred
	1	*amoxicillin*	AMOXIL	Generic
	1	*amoxicillin & clavulanate potassium*	AUGMENTIN	Generic
	1	*amoxicillin & clavulanate potassium extended-release*	AUGMENTIN XR	Generic
	1	*ampicillin sodium*	AMPICILLIN	Generic
	1	*azithromycin*	ZITHROMAX	Generic
	1	*cefaclor*	CECLOR	Generic
	1	*cefadroxil*	DURICEF	Generic
	1	*cefdinir*	OMNICEF	Generic
ST	1	*cefditoren*	SPECTRACEF	Generic
	3	*cefixime*	SUPRAX	Non-Preferred
solution	1	*cefixime*	SUPRAX	Generic
	1	*cefpodoxime*	VANTIN	Generic
	1	*cefprozil*	CEFZIL	Generic
ST	3	*ceftibuten*	CEDAX	Non-Preferred
	1	*cefuroxime axetil*	CEFTIN	Generic
	1	*cephalexin*	KEFLEX	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	*ciprofloxacin*	CIPRO	Generic
	1	*clarithromycin*	BIAXIN	Generic
	1	*clarithromycin extended-release*	BIAXIN XL	Generic
	1	*clindamycin hcl*	CLEOCIN HCL	Generic
	1	*clindamycin palmitate*	CLEOCIN PEDIATRIC	Generic
ST	3	*delafloxacin*	BEXDELA	Non-Preferred
	1	*demeclocycline*	DECLOMYCIN	Generic
	1	*dicloxacillin*	DYNAPEN	Generic
	3	*doxycycline*	ORACEA	Non-Preferred
	1	*doxycycline hyclate*	PERIOSTAT	Generic
	3	*doxycycline hyclate*	DORYX	Non-Preferred
	1	*doxycycline monohydrate*	ADOXA	Generic
	1	*doxycycline monohydrate*	MONODOX	Generic
	1	*erythromycin & sulfisoxazole*	E.S.P	Generic
	1	*erythromycin base*	ERYTHROMYCIN	Generic
	1	*erythromycin base delayed-release*	ERY-TAB	Generic
	1	*erythromycin ethylsuccinate*	E.E.S.	Generic
	3	*erythromycin ethylsuccinate*	ERYPED	Non-Preferred
	3	*erythromycin sterate*	ERYTHROCIN	Non-Preferred
ST	3	*fidaxomicin*	DIFICID	Non-Preferred
ST	3	*gemifloxacin*	FACTIVE	Non-Preferred
	1	*gentamicin sulfate*	GARAMYCIN	Generic
	1	*levofloxacin*	LEVAQUIN	Generic
	1	*linezolid*	ZYVOX	Generic
	1	*minocycline*	DYNACIN	Generic
	1	*minocycline*	MINOCIN	Generic
	1	*minocycline*	SOLODYN	Generic
ST	1	*moxifloxacin*	AVELOX	Generic
	1	*neomycin sulfate*	MYCIFRADIN	Generic
	3	*norfloxacin*	NOROXIN	Non-Preferred
	1	*penicillin v potassium*	PEN-VEE K	Generic
ST	3	*omadacycline*	NUZYRA	Non-Preferred
ST, QL	3	*rifaximin*	XIFAXAN	Non-Preferred
	1	*sulfadiazine*	SULFADIAZINE	Generic
	1	*sulfamethoxazole & trimethoprim*	BACTRIM DS	Generic
	1	*sulfamethoxazole & trimethoprim*	SEPTRA	Generic
	1	*sulfasalazine*	AZULFIDINE	Generic
	3	*tedizolid*	SIVEXTRO	Non-Preferred
ST	3	*telithromycin*	KETEK	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	*tetracycline*	TETRACYCLINE	Generic
	3	*tobramycin inhalation powder*	TOBI PODHALER	Non-Preferred
	1	*tobramycin inhalation solution*	TOBI	Generic
capsule	1	*vancomycin*	VANCOCI	Generic
Antifungals				
QL, PA	3	*efinaconazole*	JUBLIA	Non-Preferred
QL	1	*fluconazole*	DIFLUCAN	Generic
	1	*flucytosine*	ANCOBON	Generic
	1	*griseofulvin microsize*	GRIFULVIN V	Generic
	1	*griseofulvin ultramicrosize*	GRIS-PEG	Generic
	3	*isavuconazonium*	CRESEMBA	Non-Preferred
	1	*itraconazole*	SPORANOX	Generic
	1	*ketoconazole*	NIZORAL	Generic
	3	*luliconazole*	LUZU	Non-Preferred
	1	*nystatin*	MYCOSTATIN	Generic
PA, QL	3	*posaconazole*	NOXAFIL	Non-Preferred
	3	*tavaborole*	KERYDIN	Non-Preferred
	1	*terbinafine*	LAMISIL	Generic
	1	*voriconazole tablet*	VFEND	Generic
ST	3	*voriconazole suspension*	VFEND	Non-Preferred
Antimycobacterials				
	1	*cycloserine*	SEROMYCIN	Generic
	1	*dapsone*	AVLOSULFON	Generic
	1	*ethambutol*	MYAMBUTOL	Generic
ST	3	*ethionamide*	TRECATOR	Non-Preferred
	1	*isoniazid*	NYDRAZID	Generic
	1	*pyrazinamide*	PYRAZINAMIDE	Generic
	1	*rifabutin*	MYCOBUTIN	Generic
	1	*rifampin*	RIFADIN	Generic
	1	*rifampin & isoniazid*	RIFAMATE	Generic
ST	3	*rifampin, isoniazid, & pryazinamide*	RIFATER	Non-Preferred
	3	*rifapentine*	PRIFTIN	Non-Preferred
Antiprotozoals				
ST	3	*artemether & lumefantrine*	COARTEM	Non-Preferred
	3	*atovaquone*	MEPRON	Generic
ST	1	*atovaquone & proguanil*	MALARONE	Generic
ST	1	*chloroquine phosphate*	ARALEN	Generic
	1	*hydroxychloroquine sulfate*	PLAQUENIL	Generic
ST	1	*mefloquine*	LARIAM	Generic
	1	*metronidazole*	FLAGYL	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	*metronidazoleextended-release*	FLAGYL ER	Non-Preferred
PA	3	*miltefosine*	IMPAVIDO	Non-Preferred
	3	*nitazoxanide*	ALINIA	Non-Preferred
	1	*paromomycin sulfate*	HUMATIN	Generic
ST	3	*pentamidine*	NEBUPENT	Non-Preferred
	2	*primaquine phosphate*	PRIMAQUINE	Preferred Brand
PA	3	*pyrimethamine*	DARAPRIM	Preferred Brand
ST	1	*quinine sulfate*	QUALAQUIN	Generic
ST	3	*secnidazole*	SOLOSEC	Non-Preferred
Antiviral				
QL	1	*abacavir sulfate & lamivudine*	EPZICOM	Generic
QL	2	*abacavir sulfate solution*	ZIAGEN	Preferred Brand
QL	1	*abacavir sulfate tablet*	ZIAGEN	Generic
	3	*abacavir, dolutegravir & lamivudine*	TRIUMEQ	Non-Preferred
QL	1	*abacavir, lamivudine & zidovudine*	TRIZIVIR	Generic
	1	*acyclovir*	ZOVIRAX	Generic
QL, ST	3	*adefovir dipivoxil*	HEPSERA	Non-Preferred
	3	*atazanavir & cobicistat*	EVOTAZ	Non-Preferred
QL	2	*atazanavir sulfate 150 mg*	REYATAZ	Preferred Brand
QL	1	*atazanavir sulfate 200 mg, 300 mg*	REYATAZ	Generic
QL	2	*bictegravir & emtricitabine & tenofovir*	BIKTARVY	Preferred Brand
QL	3	*boceprevir*	VICTRELIS	Non-Preferred
PA	3	*daclatasvir*	DAKLINZA	Non-Preferred
	2	*darunavir & cobicistat*	PREZCOBIX	Non-Preferred
QL	2	*darunavir ethanolate*	PREZISTA	Preferred Brand
QL	3	*darunavir/cobicistat/FTC/tenofovir*	SYMTUZA	Non-Preferred
QL	2	*delavirdine mesylate*	RESCRIPTOR	Preferred Brand
QL	1	*didanosine*	VIDEX EC	Generic
QL	2	*didanosine solution*	VIDEX	Preferred Brand

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	2	*dolutegravir*	TIVICAY	Preferred Brand
QL	3	*dolutegravir & lamivudine*	DOVATO	Non-Preferred
ST	3	*dolutegravir & rilpivirine*	JULUCA	Non-Preferred
QL	1	*efavirenz 600 mg*	SUSTIVA	Generic
QL	3	*efavirenz, emtricitabine & tenofovir*	ATRIPLA	Non-Preferred
QL	2	*efavirenz 600 mg, lamivudine & tenofvir*	SYMFI	Preferred Brand
QL	3	*efavirenz 400 mg, lamivudine & tenofvir*	SYMFI LO	Non-Preferred
PA	3	*elbasvir & grazoprevir*	ZEPATIER	Non-Preferred
QL	3	*elvitegravir, cobicistat, emtricitabine, & tenofovir*	STRIBILD	Non-Preferred
QL	2	*elvitegravir, cobicistat, emtricitabine, & tenofovir*	GENVOYA	Preferred Brand
QL	2	*emtricitabine*	EMTRIVA	Preferred Brand
QL	2	*emtricitabine & tenofovir*	TRUVADA	Preferred Brand
QL	2	*emtricitabine & tenofovir*	DESCOVY	Preferred Brand
QL	3	*emtricitabine, rilpivirine, & tenofovir*	COMPLERA	Non-Preferred
QL	2	*emtricitabine, rilpivirine, & tenofovir*	ODEFSEY	Preferred Brand
QL	2	*enfuvirtide*	FUZEON	Preferred Brand
QL	1	*entecavir*	BARACLUDE	Generic
QL	2	*etravirine*	INTELENCE	Preferred Brand
ST	1	*famciclovir*	FAMVIR	Generic
QL	2	*fosamprenavir calcium*	LEXIVA	Preferred Brand
	1	*ganciclovir*	CYTOVENE	Generic
QL, PA	3	*glecaprevir & pibrentasvir*	MAVYRET	Non-Preferred
QL	2	*indinavir sulfate*	CRIXIVAN	Preferred Brand
	3	*interferon alfacon-1*	INFERGEN	Non-Preferred
QL, ST	3	*lamivudine*	EPIVIR HBV	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
QL	1	*lamivudine*	EPIVIR	Generic
QL	2	*Lamidudine & tenofovir*	CIMDUO	Preferred Brand
QL	1	*lamivudine & zidovudine*	COMBIVIR	Generic
QL, PA	3	*ledipasvir & sofosbuvir*	HARVONI	Non-Preferred
QL	2	*lopinavir & ritonavir*	KALETRA	Preferred Brand
QL	2	*maraviroc*	SELZENTRY	Preferred Brand
QL	2	*nelfinavir mesylate*	VIRACEPT	Preferred Brand
QL	1	*nevirapine solution*	VIRAMUNE	Generic
QL	1	*nevirapine tablet*	VIRAMUNE	Generic
PA	3	*ombitasvir, paritaprevir & ritonavir*	TECHNIVIE	Non-Preferred
QL, PA	3	*ombitasvir, paritaprevir, ritonavir, & dasabuvir*	VIEKIRA	Non-Preferred
QL, PA	2	*sofosbuvir, velpatasvir, voxilaprevir*	VOSEVI	Preferred Brand
QL	1	*oseltamivir phosphate*	TAMIFLU	Generic
	3	*palivizumab*	SYNAGIS	Non-Preferred
QL	2	*peginterferon alfa-2a*	PEGASYS	Preferred Brand
	2	*peginterferon-alfa 2b*	PEG-INTRON	Preferred Brand
QL	2	*raltegravir*	ISENTRESS	Preferred Brand
QL	2	*raltegravir (600mg)*	ISENTRESS HD	Preferred Brand
	1	*ribavirin*	REBETOL	Generic
QL	3	*rilpivirine*	EDURANT	Non-Preferred
QL	1	*rimantadine*	FLUMADINE	Generic
QL	1	*ritonavir*	NORVIR	Generic
QL	2	*saquinavir mesylate*	INVIRASE	Preferred Brand
QL, PA	3	*simeprevir*	OLYSIO	Non-Preferred
QL, PA	3	*sofosbuvir*	SOVALDI	Non-Preferred
QL, PA	3	*sofosbuvir & velpatasvir*	EPCLUSA	Non-Preferred
QL	1	*stavudine*	ZERIT	Generic
QL	3	*telaprevir*	INCIVEK	Non-Preferred
ST	3	*telbivudine*	TYZEKA	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
QL	3	*tenofovir*	VIREAD	Non-Preferred
QL	1	*tenofovir 300 mg*	VIREAD	Generic
QL, PA	3	*tenofovir alafenamide*	VEMLIDY	Non-Preferred
QL	2	*tipranavir*	APTIVUS	Preferred Brand
ST	1	*valacyclovir*	VALTREX	Generic
	1	*valganciclovir*	VALCYTE	Generic
QL	2	*zanamivir*	RELENZA	Preferred Brand
QL	1	*zidovudine*	RETROVIR	Generic
Urinary Antiinfectives				
ST	3	*fosfomycin*	MONUROL	Non-Preferred
ST	1	*methenamine hippurate*	HIPREX	Generic
	3	*methenamine, sodium biphosphate, phenyl salicylate, methylene blue, and hyoscyamine*	URELLE	Non-Preferred
	2	*nitrofurantoin*	FURADANTIN	Preferred Brand
	1	*nitrofurantoin macrocrystal*	MACRODANTIN	Generic
	1	*nitrofurantoin monohydrate*	MACROBID	Generic
	1	*trimethoprim*	PROLOPRIM	Generic
Antineoplastic Agents				
Antineoplastic Agents				
	3	*abemaciclib*	VERZENIO	Non-Preferred
	2	*abiraterone*	ZYTIGA	Preferred Brand
	3	*acalabrutinib*	CALQUENCE	Non-Preferred
PA, QL	3	*alpelisib*	PIQRAY	Non-Preferred
	1	*anastrozole*	ARIMIDEX	Generic
	3	*axitinib*	INLYTA	Non-Preferred
	2	*bexarotene*	TARGRETIN	Preferred Brand
	1	*bicalutamide*	CASODEX	Generic
	3	*binimetinib*	MEKTOVI	Non-Preferred
	3	*bosutinib*	BOSULIF	Non-Preferred
	2	*busulfan*	MYLERAN	Preferred Brand
QL	3	*cabozantinib*	COMETRIQ	Non-Preferred
	1	*capecitabine*	XELODA	Generic

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	3	*ceritinib*	ZYKADIA	Non-Preferred
	2	*chlorambucil*	LEUKERAN	Preferred Brand
	2	*cobimetinib*	COTELLIC	Preferred Brand
	2	*crizotinib*	XALKORI	Preferred Brand
	1	*cyclophosphamide*	CYTOXAN	Generic
	3	*dacomitinib*	VIZIMPRO	Non-Preferred
PA, QL	3	*darolutamide*	NUBEQA	Non-Preferred
QL	2	*dasatinib*	SPRYCEL	Preferred Brand
	3	*enasidenib*	IDHIFA	Non-Preferred
	3	*encorafenib*	BRAFTOVI	Non-Preferred
	2	*enzalutamide*	XTANDI	Preferred Brand
	2	*erlotinib*	TARCEVA	Preferred Brand
	2	*estramustine*	EMCYT	Preferred Brand
QL	2	*everolimus*	AFINITOR	Preferred Brand
	1	*exemestane*	AROMASIN	Generic
	3	*gilteritinib*	XOSPATA	Non-Preferred
	3	*glasdegib*	DAURISMO	Non-Preferred
	1	*flutamide*	EULEXIN	Generic
	1	*hydroxyurea*	HYDREA	Generic
	2	*hydroxyurea*	DROXIA	Preferred Brand
QL	2	*ibrutinib*	IMBRUVICA	Preferred Brand
	2	*idelalisib*	ZYDELIG	Preferred Brand
	1	*imatinib mesylate*	GLEEVEC	Generic
	3	*ivosidenib*	TIBSOVO	Non-Preferred
	2	*ixazomib*	NINLARO	Preferred Brand
	2	*lapatinib*	TYKERB	Preferred Brand

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QL	2	*lenalidomide*	REVLIMID	Preferred Brand
	2	*lenvatinib*	LENVIMA	Preferred Brand
	1	*letrozole*	FEMARA	Generic
	1	*leuprolide acetate*	LUPRON	Generic
ST	3	*lomustine*	GLEOSTINE	Non-Preferred
	3	*lorlatinib*	LORBRENA	Non-Preferred
	3	*mechlorethamine*	VALCHLOR	Non-Preferred
	2	*melphalan*	ALKERAN	Preferred Brand
	1	*mercaptopurine*	PURINETHOL	Generic
	3	*methotrexate*	RASUVO	Non-Preferred
	3	*methotrexate*	OTREXUP	Non-Preferred
ST	1	*methotrexate sodium*	RHEUMATREX	Generic
	3	*methotrexate sodium*	TREXALL	Non-Preferred
	2	*mitotane*	LYSODREN	Preferred Brand
	2	*nilotinib*	TASIGNA	Preferred Brand
ST	3	*nilutamide*	NILANDRON	Non-Preferred
QL	2	*niraparib*	ZEJULA	Preferred Brand
QL	3	*olaparib*	LYNPARZA	Non-Preferred
QL	2	*palbociclib*	IBRANCE	Preferred Brand
	2	*pazopanib*	VOTRIENT	Preferred Brand
QL	2	*pomalidomide*	POMALYST	Preferred Brand
	3	*ponatinib*	ICLUSIG	Non-Preferred
	2	*procarbazine*	MATULANE	Preferred Brand
	2	*regorafenib*	STIVARGA	Preferred Brand
	3	*ruxolitinib*	JAKAFI	Non-Preferred
	2	*sorafenib tosylate*	NEXAVAR	Preferred Brand
	2	*sunitinib malate*	SUTENT	Preferred Brand

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	*talazoparib*	TALZENNA	Non-Preferred
	1	*tamoxifen citrate*	NOLVADEX	Generic
	1	*temozolomide*	TEMODAR	Generic
	2	*thioguanine*	TABLOID	Preferred Brand
	2	*topotecan*	HYCAMTIN	Preferred Brand
ST	3	*toremifene*	FARESTON	Non-Preferred
	1	*tretinoin*	VESANOID	Generic
	2	*trifluidine/tipiracil*	LONSURF	Preferred Brand
	2	*vandetanib*	CAPRELSA	Preferred Brand
	2	*vemurafenib*	ZELBORAF	Preferred Brand
	2	*vorinostat*	ZOLINZA	Preferred Brand
Autonomic Drugs				
Anticholinergic Agents				
	1	*atropine sulfate*	ATROPINE SULFATE	Generic
	1	*dicyclomine*	BENTYL	Generic
	1	*glycopyrrolate*	ROBINUL	Generic
	1	*glycopyrrolate*	ROBINULFORTE	Generic
	3	*glycopyrrolate inhalation pow*	SEEBRI NEOHALER	Non-Preferred
ST	3	*glycopyrrolate nebulizer soln*	LONHALA MAGNAIR	Non-Preferred
	1	*hyoscyamine sulfate*	LEVBID	Generic
	1	*hyoscyamine sulfate*	LEVSIN	Generic
	1	*hyoscyamine sulfate*	SYMAX	Generic
	3	*hyoscyamine sulfate*	SYMAX DUOTAB	Non-Preferred
	1	*ipratropium bromide*	ATROVENT	Generic
	2	*ipratropium bromide*	ATROVENTHFA	Preferred Brand
ST	1	*methscopolamine*	PAMINE	Generic
	1	*propantheline bromide*	PRO-BANTHINE	Generic
ST	3	*revefenacin*	YUPELRI	Non-Preferred
	3	*tiotropium*	SPIRIVA	Non-Preferred
2.5 mcg	2	*tiotropium*	SPIRIVA RESPIMAT	Preferred Brand
1.25 mcg	3	*tiotropium*	SPIRIVA RESPIMAT	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	*umeclidinium*	INCRUSE ELLIPTA	Non-Preferred
Autonomic Drugs, Miscellaneous				
ST	3	*varenicline*	CHANTIX	Non-Preferred
Parasympathomimetic (Cholinergic) Agents				
	1	*bethanechol chloride*	URECHOLINE	Generic
	1	*cevimeline hcl*	EVOXAC	Generic
	1	*donepezil*	ARICEPT	Generic
	1	*donepezil*	ARICEPT ODT	Generic
	1	*galantamine hydrobromide*	RAZADYNE	Generic
	1	*galantamine hydrobromide*	RAZADYNEER	Generic
	1	*neostigmine bromide*	PROSTIGMIN	Generic
ST	1	*pilocarpine*	SALAGEN	Generic
	1	*pyridostigmine*	MESTION TIMESPAN	Generic
	1	*pyridostigmine*	MESTION	Generic
	1	*rivastigmine tartrate*	EXELON	Generic
	2	*rivastigmine tartrate (solution)*	EXELON	Preferred brand
Skeletal Muscle Relaxants				
	1	*baclofen*	LIORESAL	Generic
ST	1	*carisoprodol*	SOMA	Generic
ST	1	*carisoprodol & aspirin*	SOMA COMPOUND	Generic
	1	*chlorzoxazone*	PARAFON FORTE DSC	Generic
	1	*cyclobenzaprine*	FLEXERIL	Generic
	3	*cyclobenzaprine extended-release*	AMRIX	Non-Preferred
	1	*dantrolene sodium*	DANTRIUM	Generic
ST	1	*metaxalone*	SKELAXIN	Generic
	1	*methocarbamol*	ROBAXIN	Generic
	1	*orphenadrine citrate*	NORFLEX	Generic
	1	*orphenadrine, aspirin, & caffeine*	NORGESIC	Generic
	1	*tizanidine*	ZANAFLEX	Generic
Sympatholytic (Adrenergic Blocking) Agents				
	1	*alfuzosin*	UROXATRAL	Generic
	1	*dihydroergotamine mesylate*	D.H.E.45	Generic
	2	*dihydroergotamine mesylate*	MIGRANAL	Preferred Brand
	1	*ergoloid mesylates*	HYDERGINE	Generic
	1	*ergotamine & caffeine*	CAFERGOT	Generic
ST	1	*phenoxybenzamine*	DIBENZYLINE	Generic

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ST	3	*silodosin*	RAPAFLO	Non-Preferred
	1	*tamsulosin hcl*	FLOMAX	Generic
Sympathomimetic (Adrenergic) Agents				
	1	*albuterol nebulizer solution*	ACCUNEB	Generic
	3	*albuterol sulfate*	PROAIR HFA	Non-Preferred
	3	*albuterol sulfate*	PROVENTIL HFA	Non-Preferred
	2	*albuterol sulfate*	VENTOLIN HFA	Preferred Brand
	3	*albuterol sulfate & ipratropium*	COMBIVENT RESPIMAT	Non-Preferred
	1	*albuterol sulfate & ipratropium*	DUONEB	Generic
	1	*albuterol sulfate tablet*	VOSPIRE ER	Generic
	3	*arformoterol*	BROVANA	Non-Preferred
	3	*droxidopa*	NORTHERA	Non-Preferred
	1	*epinephrine*	ADRENACLICK	Generic
	3	*epinephrine*	AUVI-Q	Non-Preferred
	3	*epinephrine*	EPIPEN	Non-Preferred
	3	*epinephrine*	EPIPEN JR	Non-Preferred
	3	*epinephrine*	TWINJECT	Non-Preferred
	3	*formoterol fumarate*	FORADIL	Non-Preferred
ST	1	*levalbuterol nebulizer solution*	XOPENEX NEBULIZER	Generic
ST	3	*levalbuterol tartrate*	XOPENEX HFA	Non-Preferred
	1	*midodrine hcl*	PROAMATINE	Generic
	2	*olodaterol*	STRIVERDI RESPIMAT	Preferred Brand
ST	3	*pirbuterol acetate*	MAXAIR AUTOHALER	Non-Preferred
	1	*terbutaline sulfate*	BRETHINE	Generic
	3	*umeclidinium & vilanterol*	ANORO ELLIPTA	Non-Preferred
Blood Formation, Coagulation, and Thrombosis				
Coagulants and Anticoagulants				
	2	*aminocaproic acid*	AMICAR	Preferred Brand
	1	*anagrelide*	AGRYLIN	Generic
ST	3	*apixaban*	ELIQUIS	Non-Preferred
	3	*aspirin & dipyridamole*	AGGRENOX	Non-Preferred
ST	3	*betrixaban*	BEVYXXA	Non-Preferred
	1	*cilostazol*	PLETAL	Generic
	2	*clopidogrel*	PLAVIX	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
QL	2	*dabigatran*	PRADAXA	Preferred Brand
ST	3	*dalteparin*	FRAGMIN	Non-Preferred
	1	*dipyridamole*	PERSANTINE	Generic
ST	3	*edoxaban*	SAVAYSA	Non-Preferred
	1	*enoxaparin*	LOVENOX	Generic
ST	1	*fondaparinux*	ARIXTRA	Generic
	1	*heparin*	HEPARIN SODIUM	Generic
	1	*pentoxifylline*	TRENTAL	Generic
	1	*prasugrel*	EFFIENT	Generic
QL, ST	3	*rivaroxaban*	XARELTO	Non-Preferred
	2	*ticagrelor*	BRILINTA	Preferred brand
ST	1	*ticlopidine*	TICLID	Generic
ST	1	*tranexamic acid*	LYSTEDA	Generic
	3	*vorapaxar*	ZONTIVITY	Non-Preferred
	1	*warfarin*	COUMADIN	Generic
Hematopoietic Agents				
	2	*darbepoetin alfa*	ARANESP	Preferred Brand
	2	*eltrombopag*	PROMACTA	Preferred Brand
	2	*epoetin alfa*	PROCRIT	Preferred Brand
	3	*epoetin alfa*	EPOGEN	Non-Preferred
	3	*filgrastim*	NEUPOGEN	Non-Preferred
	2	*filgrastim*	ZARXIO	Preferred Brand
	2	*oprelvekin*	NEUMEGA	Preferred Brand
	3	*pegfilgrastim*	NEULASTA	Non-Preferred
	3	*pegfilgrastim-jmdb*	FULPHILA	Non-Preferred
	2	*sargramostim*	LEUKINE	Preferred Brand
Cardiovascular Drugs				
α-Adrenergic Blocking Agents				
	1	*doxazosin*	CARDURA	Generic
	2	*prazosin*	MINIPRESS	Non-Preferred
	1	*terazosin*	HYTRIN	Generic
Antilipemic Agents				

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	*atorvastatin*	LIPITOR	Generic
	1	*cholestyramine light*	QUESTRAN LIGHT	Generic
	1	*cholestyramine*	QUESTRAN	Generic
ST	3	*colesevelam*	WELCHOL	Non-Preferred
	1	*colestipol*	COLESTID	Generic
ST	3	*ezetimibe*	ZETIA	Non-Preferred
	3	*ezetimibe & simvastatin*	VYTORIN	Non-Preferred
	1	*fenofibrate*	LOFIBRA TAB	Generic
	1	*fenofibrate*	TRICOR	Generic
	1	*fenofibrate, micronized*	LOFIBRA CAP	Generic
	1	*fenofibric acid*	TRILIPIX	Generic
ST	1	*fluvastatin extended-release*	LESCOL XL	Generic
ST	1	*fluvastatin*	LESCOL	Generic
	1	*gemfibrozil*	LOPID	Generic
ST	3	*icosapent*	VASCEPA	Non-Preferred
PA	3	*lomitapide*	JUXTAPID	Non-Preferred
	1	*lovastatin*	MEVACOR	Generic
	3	*lovastatine extended-release*	ALTOPREV	Non-Preferred
PA	3	*mipomersen sodium*	KYNAMRO	Non-Preferred
ST	3	*niacin*	NIASPAN	Non-Preferred
	3	*niacin & lovastatin*	ADVICOR	Non-Preferred
	1	*omega-3 acid ethyl esters*	LOVAZA	Generic
	3	*omega-3-carboxylic acid*	EPANOVA	Non-Preferred
ST	3	*pitavastatin*	LIVALO	Non-Preferred
	1	*pravastatin*	PRAVACHOL	Generic
	1	*rosuvastatin*	CRESTOR	Generic
	1	*simvastatin*	ZOCOR	Generic
Calcium Channel Blocking Agents				
	1	*amlodipine*	NORVASC	Generic
	1	*amlodipine & benazepril*	LOTREL	Generic
	1	*amlodipine & atorvastatin*	CADUET	Generic
	3	*amlodipine & olmesartan*	AZOR	Non-Preferred
ST	3	*amlodipine & telmisartan*	TQYNSTA	Non-Preferred
ST	3	*amlodipine & valsartan*	EXFORGE	Non-Preferred
ST	3	*amlodipine, valsartan & hydrochlorothiazide*	EXFORGE HCT	Non-Preferred
	3	*amlodipine, olmesartan & hydrochlorothiazide*	TRIBENZOR	Non-Preferred
	1	*diltiazem extended-release*	CARDIZEM CD	Generic
	1	*diltiazem extended-release*	TIAZAC	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	*diltiazem extended-release*	CARTIA XT	Generic
	1	*diltiazem extended-release*	CARDIZEM LA	Generic
	1	*diltiazem*	CARDIZEM	Generic
	1	*felodipine*	PLENDIL	Generic
ST	1	*isradipine*	DYNACIRC	Generic
ST	3	*isradipine*	DYNACIRC CR	Non-Preferred
	1	*nicardipine*	CARDENE	Generic
	1	*nifedipine*	PROCARDIA	Generic
	1	*nifedipine extended-release*	ADALAT CC	Generic
	1	*nifedipine extended-release*	PROCARDIA XL	Generic
	1	*nimodipine*	NIMOTOP	Generic
ST	3	*nisoldipine*	SULAR	Non-Preferred
	1	*trandolapril & verapamil*	TARKA	Generic
	1	*verapamil sustained-release cap*	VERELAN	Generic
	3	*verapamil*	COVERA-HS	Non-Preferred
	1	*verapamil extended-release cap*	VERELAN PM	Generic
	1	*verapamil sustained-release cap*	CALAN SR	Generic
	1	*verapamil sustained-release tab*	ISOPTIN SR	Generic
Cardiac Drugs				
	1	*amiodarone*	PACERONE	Generic
	1	*digoxin*	LANOXIN	Generic
	1	*disopyramide*	NORPACE	Generic
	2	*disopyramide controlled-release*	NORPACE CR	Preferred Brand
	1	*dofetilide*	TIKOSYN	Generic
ST	3	*dronedarone*	MULTAQ	Non-Preferred
	1	*flecainide*	TAMBOCOR	Generic
	3	*Ivabradine*	CORLANOR	Non-Preferred
	1	*mexiletine*	MEXITIL	Generic
	1	*propafenone*	RYTHMOL	Generic
	3	*propafenone*	RYTHMOL SR	Non-Preferred
	1	*quinidine gluconate*	QUINAGLUTE	Generic
	1	*quinidine*	QUINIDINE SULFATE	Generic
QL	3	*ranolazine*	RANEXA	Non-Preferred
	3	*sacubitril & valsartan*	ENTRESTO	Non-Preferred
Hypotensive Agents				
ST	1	*clonidine extended-release*	KAPVAY	Generic
	1	*clonidine*	CATAPRES	Generic
	1	*clonidine transdermal*	CATAPRES-TTS	Generic
	1	*guanfacine*	TENEX	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	*hydralazine*	APRESOLINE	Generic
	1	*methyldopa*	ALDOMET	Generic
	1	*methyldopa & hydrochlorothiazide*	ALDORIL-25	Generic
	1	*minoxidil*	LONITEN	Generic
	3	*reserpine*	SERPASIL	Non-Preferred
Renin-Angiotensin-Aldosterone System Inhibitors				
ST	3	*aliskiren*	TEKTURNA	Non-Preferred
ST	3	*aliskiren, amlodipine & hydrochlorothiazide*	AMTURNIDE	Non-Preferred
	3	*aliskiren & amlodipine*	TEKAMLO	Non-Preferred
ST	3	*aliskiren & hydrochlorothiazide*	TEKTURNA HCT	Non-Preferred
	3	*aliskiren & valsartan*	VALTURNA	Non-Preferred
ST	3	*azilsartan*	EDARBI	Non-Preferred
	1	*benazepril*	LOTENSIN	Generic
	1	*benazepril & hydrochlorothiazide*	LOTENSIN HCT	Generic
ST	1	*candesartan*	ATACAND	Generic
ST	1	*candesartan & hydrochlorothiazide*	ATACAND HCT	Generic
	1	*captopril*	CAPOTEN	Generic
	1	*captopril & hydrochlorothiazide*	CAPOZIDE	Generic
	1	*enalapril*	VASOTEC	Generic
	1	*enalapril & hydrochlorothiazide*	VASERETIC	Generic
ST	1	*eplerenone*	INSPRA	Generic
ST	3	*eprosartan*	TEVETEN	Non-Preferred
	3	*eprosartan & hydrochlorothiazide*	TEVETEN	Non-Preferred
ST	1	*fosinopril*	MONOPRIL	Generic
ST	1	*fosinopril & hydrochlorothiazide*	MONOPRIL HCT	Generic
ST	1	*irbesartan*	AVAPRO	Generic
ST	1	*irbesartan & hydrochlorothiazide*	AVALIDE	Generic
	1	*lisinopril*	ZESTRIL	Generic
	1	*lisinopril & hydrochlorothiazide*	ZESTORETIC	Generic
	1	*losartan*	COZAAR	Generic
	1	*losartan & hydrochlorothiazide*	HYZAAR	Generic
ST	1	*moexipril*	UNIVASC	Generic
ST	1	*moexipril & hydrochlorothiazide*	UNIRETIC	Generic
ST	3	*olmesartan*	BENICAR	Non-Preferred
ST	3	*olmesartan & hydrochlorothiazide*	BENICAR HCT	Non-Preferred
ST	1	*perindopril*	ACEON	Generic
ST	1	*quinapril hcl*	ACCUPRIL	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
ST	1	*quinapril & hydrochlorothiazide*	ACCURETIC	Generic
	1	*ramipril*	ALTACE	Generic
	1	*spironolactone & hydrochlorothiazide*	ALDACTAZIDE	Generic
	1	*spironolactone*	ALDACTONE	Generic
ST	1	*telmisartan*	MICARDIS	Generic
ST	1	*telmisartan & hydrochlorothiazide*	MICARDIS HCT	Generic
ST	1	*trandolapril*	MAVIK	Generic
ST	1	*valsartan*	DIOVAN	Generic
ST	1	*valsartan & hydrochlorothiazide*	DIOVAN HCT	Generic
Vasodilating Agents				
	2	*ambrisentan*	LETAIRIS	Preferred Brand
	2	*bosentan*	TRACLEER	Preferred Brand
	3	*isosorbide dinitrate & hydralazine*	BIDIL	Non-Preferred
	1	*isosorbide dinitrate*	ISORDIL	Generic
	1	*isosorbide mononitrate*	IMDUR	Generic
	2	*macitentan*	OPSUMIT	Preferred Brand
	3	*nitroglycerin aerosol*	NITROMIST	Non-Preferred
	1	*nitroglycerin solution*	NITROLINGUAL	Generic
	2	*nitroglycerin sublingual*	NITROSTAT	Preferred Brand
	2	*nitroglycerin topical ointment*	NITRO-BID	Preferred Brand
Excludes 0.8mg strength	1	*nitroglycerin transdermal patch*	NITRO-DUR	Generic
Only 0.8mg strength	2	*nitroglycerin transdermal patch*	NITRO-DUR	Preferred Brand
ST	3	*nitroglycerin (intra-anal)*	RECTIV	Non-Preferred
	1	*papaverine*	PAVABID	Generic
	3	*riociguat*	ADEMPAS	Non-Preferred
	1	*sildenafil*	REVATIO	Generic
	3	*tadalafil*	ADCIRCA	Non-Preferred
	3	*treprostinil*	ORENITRAM	Non-Preferred
	2	*treprostinil*	REMODULIN	Preferred Brand

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
β-Adrenergic Blocking Agents				
	1	*acebutolol*	SECTRAL	Generic
	1	*atenolol*	TENORMIN	Generic
	1	*atenolol & chlorthalidone*	TENORETIC	Generic
ST	1	*betaxolol*	KERLONE	Generic
	1	*bisoprol & hydrochlorothiazide*	ZIAC	Generic
	1	*bisoprolol*	ZEBETA	Generic
	1	*carvedilol*	COREG	Generic
	3	*carvedilol phosphate*	COREG CR	Non-Preferred
	1	*labetalol*	TRANDATE	Generic
	1	*metoprol & hydrochlorothiazide*	LOPRESSOR HCT	Generic
	1	*metoprolol succinate*	TOPROL XL	Generic
	1	*metoprolol tartrate*	LOPRESSOR	Generic
	1	*nadolol*	CORGARD	Generic
	1	*nadolol & bendroflumethiazide*	CORZIDE	Generic
ST	3	*nebivolol*	BYSTOLIC	Non-Preferred
ST	3	*penbutolol*	LEVATOL	Non-Preferred
ST	1	*pindolol*	VISKEN	Generic
	1	*propranolol & hydrochlorothiazide*	INDERIDE	Generic
	3	*propranolol extended-release*	INNOPRAN XL	Non-Preferred
	1	*propranolol*	INDERAL	Generic
	1	*propranolol sustained-release*	INDERAL LA	Generic
	1	*sotalol*	BETAPACE	Generic
	1	*sotalol*	BETAPACE AF	Generic
	1	*timolol*	BLOCADREN	Generic
Central Nervous System Agents				
Analgesics and Antipyretics				
	1	*acetaminophen & codeine*	TYLENOL W/ CODEINE	Generic
	1	*acetaminophen, caffeine, & dihydrocodine*	PANLOR SS	Generic
	1	*buprenorphine*	SUBUTEX	Generic
QL	1	*buprenorphine& naloxone tablet*	SUBOXONE	Generic
QL	3	*buprenorphine & naloxone film*	SUBOXONE	Non-Preferred
QL, ST	3	*buprenorphine transdermal*	BUTRANS	Non-Preferred
	1	*butalbital & acetaminophen*	PHRENILIN	Generic
	3	*butalbital & acetaminophen*	PHRENILIN FORTE	Non-Preferred
	1	*butalbital, acetaminophen, & caffeine*	FIORICET	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	*butalbital, acetaminophen, caffeine, & codeine*	FIORICET W/ CODEINE	Generic
	1	*butalbital, aspirin, & caffeine*	FIORINAL	Generic
	1	*butalbital, aspirin, caffeine, & codeine*	FIORINAL W/ CODEINE	Generic
	1	*butorphanol tartrate*	STADOL	Generic
ST	1	*carisoprodol, aspirin, & codeine*	SOMA COMPOUND W/ CODEINE	Generic
ST	1	*celecoxib*	CELEBREX	Generic
ST	1	*codeine*	CODEINE SULF	Generic
	1	*diclofenac potassium*	CATAFLAM	Generic
	1	*diclofenac sodium*	VOLTAREN	Generic
	1	*diclofenac sodium*	PENNSAID	Generic
	2	*diclofenac sodium & misoprostol*	ARTHROTEC	Generic
	1	*diclofenac sodium extended release*	VOLTAREN XR	Generic
ST	1	*diflunisal*	DIFLUNISAL	Generic
	1	*etodolac*	LODINE	Generic
ST	3	*fenoprofen calcium*	NALFON	Non-Preferred
	3	*fentanyl film*	ONSOLIS	Non-Preferred
	3	*fentanyl intranasal*	LAZANDA	Non-Preferred
	1	*fentanyl lozenge*	ACTIQ	Generic
	3	*fentanyl sublingual*	ABSTRAL	Non-Preferred
	3	*fentanyl tablet*	FENTORA	Non-Preferred
QL	1	*fentanyl transdermal*	DURAGESIC	Generic
ST	1	*flurbiprofen*	ANSAID	Generic
ST	3	*hydrocodone*	ZOHYDRO ER	Non-Preferred
	3	*hydrocodone er*	HYSINGLA ER	Non-Preferred
	1	*hydrocodone & acetaminophen*	NORCO	Generic
	1	*hydrocodone & ibuprofen*	VICOPROFEN	Generic
	3	*hydromorphone oral suspension*	DILAUDID	Non-Preferred
	1	*hydromorphone tablet*	DILAUDID	Generic
ST	3	*hydromorphone tablet*	EXALGO	Non-Preferred
	1	*ibuprofen*	MOTRIN	Generic
	1	*indomethacin*	INDOCIN	Generic
	1	*ketoprofen*	KETOPROFEN	Generic
QL	1	*ketorolac tablet*	TORADOL	Generic
ST	1	*levorphanol*	LEVO-DROMORAN	Generic
ST	1	*meclofenamate*	MECLOMEN	Generic
QL, ST	1	*mefenamic acid*	PONSTEL	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	*meloxicam*	MOBIC	Generic
	1	*meperidine tablet*	DEMEROL	Generic
	1	*methadone*	DOLOPHINE	Generic
	2	*morphine*	MORPHINE SULFATE	Preferred Brand
	1	*morphine*	MSIR	Generic
	3	*morphine beads*	AVINZA	Non-Preferred
	3	*morphine extended-relase capsule*	KADIAN	Non-Preferred
	1	*morphine extended-release tablet*	MS CONTIN	Generic
ST	3	*morphine & naltrexone*	EMBEDA	Non-Preferred
	1	*nabumetone*	RELAFEN	Generic
	1	*nalbuphine*	NUBAIN	Generic
	1	*naproxen*	NAPROSYN	Generic
	1	*naproxen sodium*	ANAPROX	Generic
	3	*naproxen sodium*	NAPRELAN	Non-Preferred
	1	*opium & belladonna alkaloids*	B & O SUPPRETTES	Generic
	3	*opium tincture*	OPIUM	Non-Preferred
ST	1	*oxaprozin*	DAYPRO	Generic
ST	1	*oxycodone*	ROXICODONE	Generic
	1	*oxycodone & acetaminophen*	PERCOCET	Generic
	2	*oxycodone & acetaminophen*	ROXICET	Preferred Brand
	3	*oxycodone & acetaminophen er*	XARTEMIS XR	Non-Preferred
	1	*oxycodone & aspirin*	PERCODAN	Generic
QL	3	*oxycodone & ibuprofen*	COMBUNOX	Non-Preferred
QL, ST	3	*oxycodone controlled-release*	OXYCONTIN	Non-Preferred
ST	3	*oxymorphone*	OPANA	Non-Preferred
ST	3	*oxymorphone extended-release*	OPANA ER	Non-Preferred
ST	3	*pentazocine*	TALWIN	Non-Preferred
	1	*pentazocine & naloxone*	TALWIN NX	Generic
ST	1	*piroxicam*	FELDENE	Generic
	1	*salsalate*	DISALCID	Generic
	1	*sulindac*	CLINORIL	Generic
QL, ST	3	*tapentadol*	NUCYNTA	Non-Preferred
	1	*tolmetin sodium*	TOLECTIN 600	Generic
ST	1	*tramadol*	ULTRAM	Generic
	1	*tramadol & acetaminophen*	ULTRACET	Generic
	1	*tramadol extended-release*	ULTRAM ER	Generic
Anorexigenic Agents and Respiratory and Cerebral Stimulants				

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
ST	3	*amphetamine sulfate*	EVEKEO	
	1	*amphetamine & dextroamphetamine*	ADDERALL	Generic
	1	*amphetamine & dextroamphetamine extended-release*	ADDERALL XR	Generic
QL, ST	1	*armodafinil*	NUVIGIL	Generic
QL	1	*dexmethylphenidate*	FOCALIN	Generic
ST	3	*dexmethylphenidate extended-release*	FOCALIN XR	Non-Preferred
QL	1	*dextroamphetamine sulfate*	DEXTROSTAT	Generic
QL	1	*dextroamphetamine sulfate extended-release*	DEXEDRINE	Generic
ST, QL	3	*lisdexamfetamine*	VYVANSE	Non-Preferred
ST	1	*methamphetamine*	DESOXYN	Generic
	1	*methylphenidate*	METHYLIN	Generic
	1	*methylphenidate*	RITALIN	Generic
QL	1	*methylphenidate extended-release*	METADATE ER	Generic
QL	1	*methylphenidate extended-release*	CONCERTA	Generic
	1	*methylphenidate extended-release*	METADATE CD	Generic
QL, ST	3	*methylphenidate extended-release*	RITALIN LA	Non-Preferred
QL	1	*methylphenidate sustained release*	RITALIN SR	Generic
QL, ST	3	*methylphenidate transdermal patch*	DAYTRANA	Non-Preferred
QL	1	*modafinil*	PROVIGIL	Generic
Anticonvulsants				
	1	*carbamazepine*	TEGRETOL	Generic
	1	*carbamazepine extended-release cap*	CARBATROL	Generic
	3	*carbamazepine extended-release cap*	EQUETRO	Non-Preferred
	1	*carbamazepine extended-release tab*	TEGRETOL XR	Generic
	3	*clobazam*	ONFI	Non-Preferred
	1	*clonazepam*	KLONOPIN	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	*diazepam*	DIASTAT	Generic
	2	*diazepam*	DIASTAT ACUDIAL	Preferred Brand
	1	*divalproex sodium*	DEPAKOTE	Generic
	1	*divalproex sodium capsule*	DEPAKOTE SPRINKLE	Generic
	1	*divalproex sodium extended release*	DEPAKOTE ER	Generic
	3	*eslicarbazepine*	APTIOM	Non-Preferred
ST	3	*ethontoin*	PEGANONE	Non-Preferred
	1	*ethosuximide*	ZARONTIN	Generic
ST	3	*ezogaine*	POTIGA	Non-Preferred
ST	1	*felbamate*	FELBATOL	Generic
	1	*gabapentin*	NEURONTIN	Generic
ST	3	*gabapentin*	HORIZANT	Non-Preferred
QL, ST	3	*lacosamide*	VIMPAT	Non-Preferred
	1	*lamotrigine*	LAMICTAL	Generic
	1	*lamotrigine extended-release*	LAMICTAL XR	Generic
	1	*levetiracetam*	KEPPRA	Generic
	1	*levetiracetam extended-release*	KEPPRA XR	Generic
	2	*methsuximide*	CELONTIN	Preferred Brand
	1	*oxcarbazepine*	TRILEPTAL	Generic
	3	*perampanel*	FYCOMPA	Non-Preferred
	1	*phenytoin sodium extended-release*	DILANTIN	Generic
	1	*phenytoin sodium extended-release*	PHENYTEK	Generic
	1	*phenytoin suspension*	DILANTIN	Generic
ST	3	*pregabalin*	LYRICA	Non-Preferred
	1	*primidone*	MYSOLINE	Generic
ST	3	*rufinamide*	BANZEL	Non-Preferred
ST	1	*tiagabine*	GABITRIL	Generic
	1	*topiramate capsule*	TOPAMAX SPRINKLE	Generic
	1	*topiramate tablet*	TOPAMAX	Generic
	1	*valproate sodium*	DEPAKENE	Generic
	1	*valproic acid*	DEPAKENE	Generic
PA	3	*vigabatrin*	SABRIL	Non-Preferred
	1	*zonisamide*	ZONEGRAN	Generic
Antimigraine Agents				
ST	1	*almotriptan*	AXERT	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	*ergotamine & caffeine*	MIGERGOT	Generic
ST	3	*eletriptan*	RELPAX	Non-Preferred
ST	1	*frovatriptan*	FROVA	Generic
	1	*naratriptan*	AMERGE	Generic
	1	*rizatriptan*	MAXALT	Generic
	1	*rizatriptan orally disintegrating*	MAXALT MLT	Generic
	1	*sumatriptan*	IMITREX	Generic
ST	1	*zolmitriptan*	ZOMIG	Generic
	1	*zolmitriptan orally disintegrating*	ZOMIG ZMT	Generic
Antiparkinsonian Agents				
	1	*amantadine*	SYMMETREL	Generic
ST	3	*amantadine ER*	GOCOVRI	Non-Preferred
ST	3	*apomorphine*	APOKYN	Non-Preferred
	1	*benztropine*	COGENTIN	Generic
	1	*bromocriptine*	PARLODEL	Generic
ST	3	*bromocriptine*	CYCLOSET	Non-Preferred
	1	*cabergoline*	DOSTINEX	Generic
ST	3	*carbidopa*	LODOSYN	Non-Preferred
	1	*carbidopa & levodopa*	SINEMET	Generic
	3	*carbidopa & levodopa*	PARCOPA	Non-Preferred
	1	*carbidopa & levodopa extended release*	SINEMET CR	Generic
	2	*carbidopa, levodopa, & entacapone*	STALEVO	Preferred Brand
	1	*entacapone*	COMTAN	Generic
	1	*pramipexole*	MIRAPEX	Generic
	1	*pramipexole extended-release*	MIRAPEX ER	Generic
ST	3	*rasagiline*	AZILECT	Non-Preferred
	1	*ropinirole*	REQUIP	Generic
ST	1	*ropinirole extended-release*	REQUIP XL	Generic
ST	3	*rotigotine*	NEUPRO	Non-Preferred
	1	*selegiline*	ELDEPRYL	Generic
ST	3	*selegiline*	ZELAPAR	Non-Preferred
ST	3	*selegiline transdermal*	EMSAM	Non-Preferred
	2	*tolcapone*	TASMAR	Preferred Brand
	1	*trihexyphenidyl*	ARTANE	Generic
Anxiolytics, Sedatives, and Hypnotics				
	1	*alprazolam*	XANAX	Generic
	1	*alprazolam extended-release*	XANAX XR	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	*alprazolam orally disintegrating*	NIRAVAM	Non-Preferred
	1	*buspirone*	BUSPAR	Generic
	1	*chlordiazepoxide*	LIBRIUM	Generic
	1	*clorazepate*	TRANXENE	Generic
	1	*diazepam*	VALIUM	Generic
ST	3	*doxepin (sleep)*	SILENOR	Non-Preferred
	1	*estazolam*	PROSOM	Generic
ST	1	*eszopiclone*	LUNESTA	Generic
	1	*flurazepam*	DALMANE	Generic
	1	*hydroxyzine hcl*	ATARAX	Generic
ST	1	*hydroxyzine pamoate*	VISTARIL	Generic
	1	*lorazepam*	ATIVAN	Generic
	1	*meprobamate*	MILTOWN	Generic
	1	*oxazepam*	SERAX	Generic
	1	*phenobarbital*	PHENOBARBITAL	Generic
ST	3	*ramelteon*	ROZEREM	Non-Preferred
	3	*suvorexant*	BELSOMRA	Non-Preferred
PA	3	*tasimelteon*	HETLIOZ	Non-Preferred
	1	*temazepam*	RESTORIL	Generic
	1	*triazolam*	HALCION	Generic
	1	*zaleplon*	SONATA	Generic
	3	*zolipdem sublingual*	EDLUAR	Non-Preferred
	1	*zolpidem*	AMBIEN	Generic
	3	*zolpidem extended-release*	AMBIEN CR	Non-Preferred
	3	*zolpidem oral spray*	ZOLPIMIST	Non-Preferred
Central Nervous System Agents Miscellaneous				
ST	1	*acamprosate*	CAMPRAL	Generic
ST	3	*atomoxetine*	STRATTERA	Non-Preferred
PA	3	*cannabidiol*	EPIDIOLEX	Non-Preferred
PA	3	*deutetrabenazine*	AUSTEDO	Non-Preferred
ST	3	*dextromethorphan & quinidine*	NUEDEXTA	Non-Preferred
	1	*guanfacine extended-release*	INTUNIV	Generic
ST	3	*lofexidine*	LUCEMYRA	Non-Preferred
	1	*memantine*	NAMENDA	Generic
	3	*memantine er & donepezil*	NAMZARIC	Non-Preferred
QL, ST	3	*milnacipran*	SAVELLA	Non-Preferred
	1	*riluzole*	RILUTEK	Generic
PA	3	*solriamfetol*	SUNOSI	Non-Preferred
PA	3	*sodium oxybate*	XYREM	Non-Preferred
PA	3	*tetrabenazine*	XENAZINE	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
PA	3	*valbenazine*	INGREZZA	Non-Preferred
Opioid Antagonists				
	1	*naloxone*	NARCAN	Generic
QL	2	*naloxone nasal spray*	NARCAN	Preferred Brand
	1	*naltrexone*	REVIA	Generic
Psychotherapeutic Agents				
	1	*amitriptyline*	ELAVIL	Generic
	1	*amitriptyline & perphenazine*	TRIAVIL	Generic
	1	*amoxapine*	ASENDIN	Generic
	1	*aripiprazole tablet*	ABILIFY	Generic
ST	3	*aripiprazole solution*	ABILIFY	Non-Preferred
ST	3	*aripiprazole*	ABILIFY DISCMELT	Non-Preferred
ST	3	*asenapine*	SAPHRIS	Non-Preferred
QL, ST	3	*brexpiprazole*	REXULTI	Non-Preferred
	1	*bupropion*	WELLBUTRIN	Generic
	1	*bupropion extended-release*	WELLBUTRIN XL	Generic
ST	3	*bupropion hydrobromide*	APLENZIN	Non-Preferred
	1	*bupropion sustained-release*	WELLBUTRIN SR	Generic
ST	3	*bupropion (smoking deterrent)*	ZYBAN	Non-Preferred
QL, ST	3	*cariprazine*	VRAYLAR	Non-Preferred
	1	*chlordiazepoxide & amitriptyline*	LIMBITROL DS	Generic
	1	*chlorpromazine*	THORAZINE	Generic
	1	*citalopram*	CELEXA	Generic
	1	*clomipramine*	ANAFRANIL	Generic
	1	*clozapine*	CLOZARIL	Generic
	1	*clozapine*	FAZACLO	Generic
	1	*desipramine*	NORPRAMIN	Generic
ST	1	*desvenlafaxine succinate extended release*	PRISTIQ	Generic
ST	1	*desvenlafaxine extended release*	KHEDEZLA	Generic
	1	*doxepin*	SINEQUAN	Generic
	1	*duloxetine*	CYMBALTA	Generic
	1	*escitalopram*	LEXAPRO	Generic
	1	*fluoxetine*	PROZAC	Generic
	3	*fluoxetine*	PROZAC WEEKLY	Non-Preferred
	3	*fluoxetine*	SARAFEM	Non-Preferred
	1	*fluphenazine*	PROLIXIN	Generic
	1	*fluvoxamine*	LUVOX	Generic
	1	*haloperidol*	HALDOL	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
ST	3	*iloperidone*	FANAPT	Non-Preferred
	1	*imipramine*	TOFRANIL	Generic
	1	*imipramine pamoate*	TOFRANIL-PM	Generic
ST	3	*isocarboxazid*	MARPLAN	Non-Preferred
QL	3	*levomilnacipran*	FETZIMA	Non-Preferred
	1	*lithium carbonate capsule*	LITHIUM CARBONATE	Generic
	1	*lithium carbonate extended release*	LITHOBID	Generic
	1	*lithium citrate*	CIBALITH-S	Generic
ST	1	*loxapine*	LOXITANE	Generic
ST, QL	3	*lurasidone*	LATUDA	Non-Preferred
ST	1	*maprotiline*	LUDIOMIL	Generic
	1	*mirtazapine*	REMERON	Generic
	1	*nefazodone*	SERZONE	Generic
	1	*nortriptyline*	PAMELOR	Generic
	1	*olanzapine*	ZYPREXA	Generic
	1	*olanzapine & fluoxetine hcl*	SYMBYAX	Generic
	1	*olanzapine orally disintegrating*	ZYPREXA ZYDIS	Generic
ST	1	*paliperidone*	INVEGA	Generic
	1	*paroxetine*	PAXIL	Generic
	3	*paroxetine extended-release*	PAXIL CR	Non-Preferred
	3	*paroxetine mesylate*	PEXEVA	Non-Preferred
	1	*perphenazine*	TRILAFON	Generic
	1	*phenelzine*	NARDIL	Generic
PA	3	*pimavanserin*	NUPLAZID	Non-Preferred
ST	1	*pimozide*	ORAP	Generic
ST	3	*protriptyline*	VIVACTIL	Non-Preferred
	1	*quetiapine*	SEROQUEL	Generic
	3	*quetiapine extended-release*	SEROQUEL XR	Non-Preferred
	1	*risperidone*	RISPERDAL	Generic
	3	*risperidone orally disintegrating*	RISPERDALM-TAB	Non-Preferred
	1	*sertraline*	ZOLOFT	Generic
	1	*thioridazine*	MELLARIL	Generic
	1	*thiothixene*	NAVANE	Generic
	1	*tranylcypromine sulfate*	PARNATE	Generic
	1	*trazodone*	DESYREL	Generic
	3	*trazodone extended-release*	OLEPTRO	Non-Preferred
	1	*trifluoperazine*	STELAZINE	Generic
ST	3	*trimipramine*	SURMONTIL	Non-Preferred
	1	*venlafaxine*	EFFEXOR	Generic
	1	*venlafaxine extended-release*	EFFEXOR XR	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
QL, ST	3	*vilazodone*	VIIBRYD	Non-Preferred
ST, QL	3	*vortioxetine*	TRINTELLIX	Non-Preferred
	1	*ziprasidone*	GEODON	Generic
Diabetic Supplies				
Diabetic Supplies				
QL	3	*blood sugar diagnostic*	ONE TOUCH ULTRA TEST STRIPS	Non-Preferred
QL	1	*blood sugar diagnostic*	ONE TOUCH VERIO TEST STRIPS	Preferred Brand
QL	3	*blood sugar diagnostic*	ACCU-CHEK TEST STRIPS	Non-Preferred
QL	3	*blood sugar diagnostic*	ASCENSIA TEST STRIPS	Non-Preferred
QL	3	*blood sugar diagnostic*	FREESTYLE TEST STRIPS	Non-Preferred
QL	3	*blood sugar diagnostic*	PRODIGY TEST STRIPS	Non-Preferred
QL	3	*blood-glucose meter*	ONE TOUCH ULTRA 2	Non-Preferred
QL	1	*blood-glucose meter*	ONE TOUCH VERIO FLEX	Preferred Brand
QL	3	*blood-glucose meter*	ACCU-CHEK	Non-Preferred
QL	3	*blood-glucose meter*	ASCENSIA BREEZE	Non-Preferred
QL	3	*blood-glucose meter*	FREESTYLE SYSTEM	Non-Preferred
QL	3	*blood-glucose meter*	ONE TOUCH ULTRA SMART	Non-Preferred
QL	3	*blood-glucose meter*	ONE TOUCH ULTRAMINI	Non-Preferred
QL	3	*blood-glucose meter*	PRODIGY	Non-Preferred
QL	1	*syringe with needle,disposable*	BD INSULIN SYRINGE	Generic
Electrolytic, Caloric and Water Balance				
Acidifying and Alkalinizing Agents				
	3	*citric acid, sodium citrate, & potassium citrate*	CYTRA-3	Non-Preferred
	1	*potassium citrate*	UROCIT-K	Generic
	2	*potassium citrate & citric acid*	POLYCITRA-K	Preferred Brand
	3	*sodium citrate & citric acid*	BICITRA	Non-Preferred
Ammonia Detoxicants				
ST	3	*carglumic acid*	CARBAGLU	Non-Preferred
PA	3	*glycerol phenylbutyrate*	RAVICTI	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	*sodium phenylbutyrate*	BUPHENYL	Non-Preferred
	3	*lactulose*	CHRONULAC	Non-Preferred
	1	*lactulose*	ENULOSE	Generic
	3	*lactulose*	KRISTALOSE	Non-Preferred
Diuretics				
ST	1	*amiloride*	MIDAMOR	Generic
	1	*amiloride & hydrochlorothiazide*	MODURETIC	Generic
	1	*bumetanide*	BUMEX	Generic
ST	1	*chlorothiazide*	DIURIL	Generic
	1	*chlorthalidone*	HYGROTON	Generic
ST	3	*ethacrynic acid*	EDECRIN	Non-Preferred
	1	*furosemide*	LASIX	Generic
	1	*hydrochlorothiazide*	MICROZIDE	Generic
	1	*indapamide*	LOZOL	Generic
ST	1	*methyclothiazide*	METHYCLOTHIAZIDE	Generic
	1	*metolazone*	ZAROXOLYN	Generic
PA	3	*tolvaptan*	JYNARQUE	Non-Preferred
QL	3	*tolvaptan*	SAMSCA	Non-Preferred
	1	*torsemide*	DEMADEX	Generic
ST	3	*triamterene*	DYRENIUM	Non-Preferred
	1	*triamterene & hydrochlorothiazide*	DYAZIDE	Generic
	1	*triamterene & hydrochlorothiazide*	MAXZIDE	Generic
Ion-Removing Agnets				
ST	1	*sevelamer carbonate*	RENVELA	Generic
	2	*sodium polystyrene sulfonate*	SPS	Preferred Brand
	3	*sucroferric oxyhydroxide*	VELPHORO	Non-Preferred
ST	3	*lanthanum carbonate*	FOSRENOL	Non-Preferred
	3	*patiromer*	VELTASSA	Non-Preferred
	3	*sevelamer hcl*	RENAGEL	Non-Preferred
ST	3	*sodium zirconium cyclosilicate*	LOKELMA	Non-Preferred
Replacement Products				
	2	*calcium acetate*	ELIPHOS	Preferred Brand
	1	*calcium acetate*	PHOSLO	Generic
	2	*calcium acetate*	PHOSLYRA	Preferred Brand
	1	*potassium bicarbonate & potassium chloride*	K-LYTE/CL	Generic
	1	*potassium chloride*	K-DUR	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	*potassium chloride*	K-TAB, KLOR-CON 20 MEQ	Generic
	2	*potassium chrloide powder*	KLOR-CON 20 MEQ	Preferred Brand
	1	*potassium gluconate*	KAON	Generic
	2	*potassium phosphate*	PHOSPHA	Preferred Brand
	3	*potassium phosphate, monobasic*	K-PHOS NEUTRAL	Non-Preferred
	2	*potassium phosphate, monobasic*	K-PHOS ORIGINAL	Preferred Brand
Uricosuric Agents				
	1	*colchicine & probenecid*	COL-BENEMID	Generic
	1	*probenecid*	BENEMID	Generic
Enzymes				
Enzymes				
	2	*dornase alfa*	PULMOZYME	Preferred Brand
Eye, Ear, Nose and Throat (EENT)				
Anti-infectives				
	3	*azithromycin (ophth)*	AZASITE	Non-Preferred
	1	*bacitracin & polmyxin B (ophth)*	POLYSPORIN	Generic
	1	*bacitracin (ophth)*	AK-TRACIN	Generic
ST	3	*besilfoxacin*	BESIVANCE	Non-Preferred
	1	*chlorhexidine (mouth-throat)*	PERIDEX	Generic
	3	*ciprofloxacin (ophth) ointment*	CILOXAN	Non-Preferred
	1	*ciprofloxacin (ophth) solution*	CILOXAN	Generic
	1	*erythromycin (ophth)*	ROMYCIN	Generic
ST	3	*ganciclovir (ophth)*	ZIRGAN	Non-Preferred
ST	3	*gatifloxacin (ophth)*	ZYMAXID	Non-Preferred
	1	*gentamicin (ophth)*	GENTAK	Generic
	1	*levofloxacin (ophth)*	QUIXIN	Generic
	2	*moxifloxacin (ophth)*	VIGAMOX	Generic
	2	*natamycin*	NATACYN	Preferred Brand
	1	*neomycin, bacitracin & polymyxin b (ophth)*	NEO-POLYCIN	Generic
	1	*neomycin, polymycin b & gramicidin (ophth)*	NEOSPORIN	Generic
	1	*ofloxacin (ophth)*	OCUFLOX	Generic
	1	*ofloxacin (otic)*	FLOXIN	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	*polymyxin b & trimethoprim (ophth)*	POLYTRIM	Generic
	1	*sulfacetamide sodium (ophth) ointment*	SULFAC	Generic
	1	*sulfacetamide sodium (ophth) solution*	BLEPH-10	Generic
	2	*tobramycin sulfate (ophth) ointment*	TOBREX	Preferred Brand
	1	*tobramycin sulfate (ophth) solution*	TOBREX	Generic
	1	*trifluridine*	VIROPTIC	Generic
Anti-Inflammatory Agents				
	1	*bacitracin, neomycin, polymyxin B & hydrocortisone (ophth)*	NEO-POLYCIN HC	Generic
ST	3	*bromfenac (ophth)*	XIBROM	Non-Preferred
	2	*ciprofloxacin & dexamethasone (ophth)*	CIPRODEX	Preferred Brand
ST	3	*ciprofloxacin & hydrocortisone (otic)*	CIPRO HC	Non-Preferred
QL,ST	3	*cyclosporine (ophth)*	CEQUA	Non-Preferred
QL, ST	3	*cyclosporine (ophth)*	RESTASIS	Non-Preferred
	1	*dexamethasone (ophth) solution*	DECADRON	Generic
	2	*dexamethasone (ophth) suspension*	MAXIDEX	Preferred Brand
	1	*diclofenac sodium (ophth)*	VOLTAREN	Generic
ST	3	*difluprednate*	DUREZOL	Non-Preferred
ST	3	*fluocinolone acetonide (otic)*	DERMOTIC	Non-Preferred
	1	*fluorometholone (ophth)*	FML	Generic
	3	*fluorometholone (ophth)*	FML FORTE	Non-Preferred
ST	3	*fluorometholone (ophth oint)*	FML OINT	Non-Preferred
	2	*fluorometholone acetate*	FLAREX	Preferred Brand
ST	1	*flurbiprofen (ophth)*	OCUFEN	Generic
	2	*gentamicin & prednisolone*	PRED-G	Preferred Brand
ST	1	*hydrocortisone & acetic acid (otic)*	ACETASOL HC	Generic
	1	*ketorolac (ophth)*	ACULAR	Generic
	1	*ketorolac (ophth)*	ACULAR LS	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
QL, ST	3	*lifitegrast*	XIIDRA	Non-preferrred
	3	*loteprednol*	ALREX	Non-Preferred
ST	3	*loteprednol*	LOTEMAX	Non-Preferred
	3	*loteprednol & tobramycin*	ZYLET	Non-Preferred
	3	*neomycin, colistin, hydrocortisone & thonzonium (otic)*	CORTISPORIN-TC	Non-Preferred
	1	*neomycin, polymyxin B & dexamethasone (ophth)*	MAXITROL	Generic
	3	*neomycin, polymyxin B & hydrocortisone (ophth)*	CORTISPORIN	Non-Preferred
	1	*neomycin, polymyxin B & hydrocortisone (otic)*	CORTISPORIN	Generic
ST	3	*nepafenac*	NEVANAC	Non-Preferred
	1	*prednisolone acetate (ophth)*	OMNIPRED	Generic
	1	*prednisolone acetate (ophth)*	PRED FORTE	Generic
	2	*prednisolone acetate (ophth)*	PRED MILD	Preferred Brand
	3	*prednisolone sodium phosphate (ophth)*	INFLAMASE FORTE	Non-Preferred
	1	*prednisolone sodium phosphate (ophth)*	PREDNISOL	Generic
ST	3	*rimexolone*	VEXOL	Non-Preferred
	1	*sulfacetamide sodium & prednisolone*	BLEPHAMIDE	Generic
	2	*tobramycin & dexamethasone ointment*	TOBRADEX	Preferred Brand
	1	*tobramycin & dexamethasone suspension*	TOBRADEX	Generic
Antiallergic Agents				
ST	3	*aflcaftadine*	LASTACAFT	Non-Preferred
	1	*azelastine*	ASTELIN	Generic
	1	*azelastine*	ASTEPRO	Generic
	3	*azelastine & fluticasone*	DYMISTA	Non-Preferred
ST	1	*azelastine (ophth)*	OPTIVAR	Generic
ST	3	*bepotastine*	BEPREVE	Non-Preferred
	1	*cromolyn sodium (ophth)*	OPTICROM	Generic
ST	3	*emedastine*	S	Non-Preferred
ST	1	*epinastine (ophth)*	ELESTAT	Generic

Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	*grass pollen allergen extract (5 glass extract)*	ORALAIR	Non-Preferred
ST	3	*lodoxamide tromethamine*	ALOMIDE	Non-Preferred
	3	*house dust mite allergen extract*	ODACTRA	Non-Preferred
ST	3	*nedocromil sodium (ophth)*	ALOCRIL	Non-Preferred
ST	3	*olopatadine*	PATADAY	Non-Preferred
ST	3	*olopatadine (nasal)*	PATANASE	Non-Preferred
ST	1	*olopatadine (ophth)*	PATANOL	Generic
	3	*short ragweed pollen allergen extract*	RAGWITEK	Non-Preferred
	3	*timothy grass pollen allergen extract*	GRASTEK	Non-Preferred
Antiglaucoma Agents				
	1	*acetazolamide*	DIAMOX	Generic
	1	*acetazolamide*	DIAMOX SEQUELS	Generic
	1	*betaxolol hcl*	BETOPTIC	Generic
	2	*betaxolol hcl*	BETOPTIC S	Preferred Brand
ST	3	*bimatoprost*	LUMIGAN	Non-Preferred
	1	*brimonidine*	ALPHAGAN	Generic
	1	*brimonidine tartrate*	ALPHAGAN P	Generic
ST	3	*brimonidine & timolol*	COMBIGAN	Non-Preferred
ST	3	*brinzolamide*	AZOPT	Non-Preferred
	2	*carbachol*	ISOPTO CARBACHOL	Preferred Brand
ST	1	*carteolol (ophth)*	OCUPRESS	Generic
	1	*dorzolamide*	TRUSOPT	Generic
	1	*dorzolamide & timolol*	COSOPT	Generic
	2	*ecothiophate*	PHOSPHOLINE IODIDE	Preferred Brand
	1	*latanoprost*	XALATAN	Generic
PA	3	*latanoprostene bunod*	VYZULTA	Non-Preferred
	1	*levobunolol*	BETAGAN	Generic
	1	*methazolamide*	NEPTAZANE	Generic
	1	*metipranolol*	OPTIPRANOLOL	Generic
PA	3	*netarsudil*	RHOPRESSA	Non-Preferred
PA	3	*netarsudil & latanoprost*	ROCKLATAN	Non-Preferred
	1	*pilocarpine*	ISOPTO CARPINE	Generic
	3	*pilocarpine gel*	PILOPINE HS	Non-Preferred
	3	*timolol*	BETIMOL	Non-Preferred

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	3	*timolol*	ISTALOL	Non-Preferred
	1	*timolol*	TIMOPTIC	Generic
	3	*timolol*	TIMOPTIC-XE	Non-Preferred
ST	3	*travoprost*	TRAVATAN Z	Non-Preferred
	3	*unoprostone isopropyl*	RESCULA	Non-Preferred
EENT Drugs, Miscellaneous				
	1	*acetic acid*	VOSOL	Generic
	2	*apraclonidine*	IOPIDINE	Preferred Brand
ST	3	*artificial tear insert*	LACRISERT	Non-Preferred
PA	3	*cenegermin-bkbj*	OXERVATE	Non-Preferred
Local Anesthetics				
	1	*antipyrine & benzocaine*	AURODEX	Generic
	1	*lidocaine (mouth-throat)*	XYLOCAINE VISCOUS	Generic
	1	*proparacaine*	OPTHETIC	Generic
Mydriatics				
	1	*atropine*	ISOPTO ATROPINE	Generic
	2	*homatropine*	ISOPTO HOMATROPINE	Preferred Brand
	2	*scopolamine (ophth)*	ISOPTO HYOSCINE	Preferred Brand
Vasoconstrictors				
ST	1	*tetrahydrozoline*	TYZINE	Generic
Gastrointestinal Drugs				
Anti-inflammatory Agents				
	1	*alosetron*	LOTRONEX	Generic
	1	*balsalazide*	COLAZAL	Generic
	3	*balsalazide*	GIAZO	Non-Preferred
PA	3	*eluxadoline*	VIBERZI	Non-Preferred
	2	*mesalamine controlled-release*	PENTASA	Preferred Brand
	2	*mesalamine suppository*	CANASA	Preferred Brand
	1	*mesalamine suspension*	ROWASA	Generic
	1	*mesalamine tablet*	LIALDA	Generic
ST	3	*olsalazine*	DIPENTUM	Non-Preferred
Antidiarrhea Agents				
ST	3	*difenoxin & atropine*	MOTOFEN	Non-Preferred
	1	*diphenoxylate & atropine*	LOMOTIL	Generic

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	3	*paregoric*	PAREGORIC	Non-Preferred
Antiemetics				
	2	*aprepitant*	EMEND	Preferred Brand
ST	3	*dolasetron*	ANZEMET	Non-Preferred
	1	*dronabinol*	MARINOL	Generic
ST	3	*granisetron*	KYTRIL	Non-Preferred
	3	*granisetron*	SANCUSO	Non-Preferred
ST	3	*nabilone*	CESAMET	Non-Preferred
	2	*netupitant & palonosetron*	AKYNZEO	Preferred Brand
	1	*ondansetron*	ZOFRAN	Generic
	1	*ondansetron (orally disintegrating)*	ZOFRAN ODT	Generic
QL	1	*prochlorperazine*	COMPAZINE	Generic
	3	*rolapitant*	VARUBI	Non-Preferred
ST	3	*scopolamine hydrobromide*	TRANSDERM-SCOP	Non-Preferred
ST	1	*trimethobenzamide*	TIGAN	Generic
Antiulcer Agents and Acid Suppressants				
	3	*amoxicillin, clarithromycin, & lansoprazole*	PREVPAC	Non-Preferred
	1	*cimetidine*	TAGAMET	Generic
	1	*misoprostol*	CYTOTEC	Generic
ST	1	*nizatidine*	AXID	Generic
Only 75 mg/5 ml syrup	1	*ranitidine*	ZANTAC	Generic
	1	*sucralfate tablets*	CARAFATE	Generic
	3	*sucralfate suspension*	CARAFATE	Non-Preferred
Cathartics and Laxatives				
	3	*polyethylene glycol-electrolyte solution*	HALFLYTELY	Non-Preferred
ST	3	*polyethylene glycol-electrolyte solution*	MOVIPREP	Non-Preferred
	1	*polyethylene glycol-electrolyte solution*	COLYTE	Generic
	1	*polyethylene glycol-electrolyte solution*	GOLYTELY	Generic
	1	*polyethylene glycol-electrolyte solution*	GAVILYTE-C	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	*polyethylene glycol-electrolyte solution*	NULYTELY	Generic
ST	3	*sodium phosphates*	OSMOPREP	Non-Preferred
	3	*sodium phosphates*	VISICOL	Non-Preferred
ST	3	*sodium picosulfate-mag ox-anhyrous citric acid*	PREPOPIK	Non-Preferred
Digestants				
	2	*pancrelipase (lipase-protease-amylase)*	CREON	Preferred Brand
	2	*pancrelipase (lipase-protease-amylase)*	ZENPEP	Preferred Brand
	2	*pancrelipase (lipase-protease-amylase)*	PANCREAZE	Preferred Brand
	3	*pancrelipase (lipase-protease-amylase)*	VIOKACE	Non-Preferred
	3	*pancrelipase (lipase-protease-amylase)*	PERTZYE	Non-Preferred
GI Drugs, Miscellaneous				
	1	*clidinium & chlordiazepoxide*	LIBRAX	Generic
ST, QL	3	*linaclotide*	LINZESS	Non-Preferred
ST	3	*lubiprostone*	AMITIZA	Non-Preferred
ST	3	*mepenzolate*	CANTIL	Non-Preferred
	1	*metoclopramide*	REGLAN	Generic
ST	3	*methylnaltrexone*	RELISTOR	Non-Preferred
	3	*phenobarbital and belladonna alkaloids*	DONNATAL	Non-Preferred
	3	*teduglutide*	GATTEX	Non-Preferred
	1	*ursodiol*	ACTIGALL	Generic
	1	*ursodiol*	URSO	Generic
	1	*ursodiol*	URSO FORTE	Generic
Gold Compounds				
Gold Compounds				
	2	*auranofin*	RIDAURA	Preferred Brand
Heavy Metal Antagonists				
Heavy Metal Antagonists				
	2	*deferasirox*	EXJADE	Preferred Brand
	3	*deferiprone*	FERRIPROX	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	2	*penicillamine*	CUPRIMINE	Preferred Brand
	2	*penicillamine*	DEPEN	Preferred Brand
ST	3	*succimer*	CHEMET	Non-Preferred
ST	3	*trientine*	SYPRINE	Non-Preferred
Hormones and Synthetic Substitutes				
Adrenals				
	1	*budesonide*	ENTOCORT EC	Generic
	3	*budesonide*	UCERIS	Non-Preferred
ST	1	*cortisone acetate*	CORTONE ACETATE	Generic
	1	*dexamethasone*	DECADRON	Generic
	1	*fludrocortisone*	FLORINEF ACETATE	Generic
	1	*hydrocortisone*	CORTEF	Generic
	1	*methylprednisolone*	MEDROL	Generic
	1	*prednisolone*	PRELONE	Generic
	1	*prednisolone acetate*	PREDNISOLONE	Generic
	1	*prednisolone sodium phosphate*	ORAPRED	Generic
	1	*prednisolone sodium phosphate*	ORAPRED ODT	Generic
	1	*prednisolone sodium phosphate*	PEDIAPRED	Generic
	1	*prednisone*	PREDNISONE	Generic
	3	*prednisone*	RAYOS	Non-Preferred
Anabolic Steroid				
ST	3	*oxymetholone*	ANADROL-50	Non-Preferred
Androgens				
	1	*danazol*	DANOCRINE	Generic
	2	*fluoxymesterone*	ANDROXY	Preferred Brand
	2	*methyltestosterone*	ANDROID 10	Preferred Brand
	3	*methyltestosterone*	METHITEST	Non-Preferred
	1	*methyltestosterone*	TESTRED	Generic
	1	*oxandrolone*	OXANDRIN	Generic
	3	*testosterone*	ANDRODERM	Non-Preferred
	3	*testosterone*	AXIRON	Non-Preferred
ST	1	*testosterone*	ANDROGEL	Generic
	1	*testosterone*	TESTIM	Generic
	3	*testosterone*	FORTESTA	Non-Preferred
	1	*testosterone cypionate*	DEPO-TESTOSTERONE	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
Contraceptives				
QL	1	*desogestrel & ethinyl estradiol*	APRI	Generic
QL	3	*desogestrel & ethinyl estradiol*	DESOGEN	Non-Preferred
QL	3	*desogestrel & ethinyl estradiol*	ORTHO-CEPT	Non-Preferred
QL	1	*desogestrel & ethinyl estradiol*	RECLIPSEN	Generic
QL	1	*desogestrel & ethinyl estradiol (biphasic)*	KARIVA	Generic
QL	1	*desogestrel & ethinyl estradiol (triphasic)*	CYCLESSA	Generic
QL	1	*desogestrel & ethinyl estradiol (triphasic)*	VELIVET	Generic
QL	1	*drospirenone & ethinyl estradiol*	GIANVI	Generic
QL	1	*drospirenone & ethinyl estradiol*	OCELLA	Generic
QL	1	*drospirenone & ethinyl estradiol*	YASMIN	Generic
QL	1	*drospirenone & ethinyl estradiol*	YAZ	Generic
QL	3	*drospirenone & ethinyl estradiol w/ folate*	BEYAZ	Non-Preferred
QL, ST	3	*drospirenone & ethinyl estradiol w/ folate*	SAFYRAL	Non-Preferred
	1	*estradiol cypionate*	DELESTROGEN	Generic
	1	*estradiol valerate*	DEPO-ESTRADIOL	Generic
QL, ST	3	*estradiol valerate & dienogest*	NATAZIA	Non-Preferred
QL	1	*ethynodiol diacetate & ethinyl estradiol*	KELNOR	Generic
QL	1	*ethynodiol diacetate & ethinyl estradiol*	ZOVIA	Generic
QL	2	*etonogestrel & ethinyl estradiol*	NUVARING	Preferred Brand
AGE	1	*levonorgestrel*	PLAN B	Generic
QL	1	*levonorgestrel & ethinyl estradiol*	LUTERA	Generic
QL	1	*levonorgestrel & ethinyl estradiol*	LESSINA	Generic
QL	1	*levonorgestrel & ethinyl estradiol*	PORTIA	Generic
QL	3	*levonorgestrel & ethinyl estradiol*	NORDETTE-28	Non-Preferred
QL	1	*levonorgestrel & ethinyl estradiol (91-day)*	INTROVALE	Generic
QL	3	*levonorgestrel & ethinyl estradiol (91-day)*	LOSEASONIQUE	Non-Preferred
QL	1	*levonorgestrel & ethinyl estradiol (91-day)*	SEASONALE	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
QL	3	*levonorgestrel & ethinyl estradiol (91-day)*	SEASONIQUE	Non-Preferred
QL	1	*levonorgestrel & ethinyl estradiol (continuous)*	AMYTHYST	Generic
QL	3	*levonorgestrel & ethinyl estradiol (continuous)*	LYPREL	Non-Preferred
QL	1	*levonorgestrel & ethinyl estradiol (triphasic)*	TRIVORA	Generic
QL	3	*norelgestromin & ethinyl estradiol*	ORTHO EVRA	Non-Preferred
QL, ST	1	*norelgestromin & ethinyl estradiol*	XULANE	Generic
QL	1	*norethindrone*	CAMILA	Generic
QL	1	*norethindrone*	NORA-BE	Generic
QL	3	*norethindrone*	NOR-QD	Non-Preferred
QL	1	*norethindrone & ethinyl estradiol*	BALZIVA	Generic
QL	3	*norethindrone & ethinyl estradiol*	BREVICON	Non-Preferred
QL	1	*norethindrone & ethinyl estradiol*	JUNEL	Generic
QL	1	*norethindrone & ethinyl estradiol*	MICROGESTIN	Generic
QL	3	*norethindrone & ethinyl estradiol*	MODICON	Non-Preferred
QL	1	*norethindrone & ethinyl estradiol*	NECON	Generic
QL	3	*norethindrone & ethinyl estradiol*	NORINYL 1+35	Non-Preferred
QL	1	*norethindrone & ethinyl estradiol*	NORTREL 1/35	Generic
QL	1	*norethindrone & ethinyl estradiol*	OVCON-35	Generic
QL	3	*norethindrone & ethinyl estradiol*	OVCON-50	Non-Preferred
QL	1	*norethindrone & ethinyl estradiol (biphasic)*	NECON 10/11	Generic
QL	1	*norethindrone & ethinyl estradiol (triphasic)*	ARANELLE	Generic
QL	1	*norethindrone & ethinyl estradiol (triphasic)*	NORTREL 7/7/7	Generic
QL	3	*norethindrone & ethinyl estradiol (triphasic)*	ORTHO-NOVUM	Non-Preferred
QL	3	*norethindrone & ethinyl estradiol (triphasic)*	TRI-NORINYL	Non-Preferred
QL	3	*norethindrone & ethinyl estradiol w/ ferrous fumarate*	ESTROSTEP FE	Non-Preferred
QL, ST	3	*norethindrone & ethinyl estradiol w/ ferrous fumarate*	FEMCON FE	Non-Preferred
QL	1	*norethindrone & ethinyl estradiol w/ ferrous fumarate*	GENERESS FE	Generic

Restrictions	Tier	Generic Name	Brand Name	Coverage Status
QL	3	*norethindrone & ethinyl estradiol w/ ferrous fumarate*	JUNEL FE	Non-Preferred
QL	1	*norethindrone & ethinyl estradiol w/ ferrous fumarate*	MICROGESTIN FE	Generic
QL, ST	3	*norethindrone & ethinyl estradiol w/ ferrous fumarate*	MINASTRIN 24 FE	Non-Preferred
QL	3	*norethindrone acetate & ethinyl estradiol w/ ferrous fumarate*	LOESTRIN 24 FE	Non-Preferred
QL	3	*norethindrone acetate & ethinyl estradiol w/ ferrous fumarate*	LOESTRIN FE	Non-Preferred
QL	1	*norethindrone acetate & ethinyl estradiol w/ ferrous fumarate*	TILIA	Generic
QL, ST	3	*norethindrone acetate & ethinyl estradiol w/ ferrous fumarate (biphasic)*	LO LOESTRIN FE	Non-Preferred
QL	3	*norethindrone-mestranol*	NORINYL 1+50	Non-Preferred
QL	3	*norethindrone-mestranol*	ORTHO-NOVUM	Non-Preferred
QL	1	*norgestimate & ethinyl estradiol*	CRYSELLE	Generic
QL	1	*norgestimate & ethinyl estradiol*	MONONESSA	Generic
QL	3	*norgestimate & ethinyl estradiol*	ORTHO-CYCLEN	Non-Preferred
QL	1	*norgestimate & ethinyl estradiol*	SPRINTEC	Generic
QL	1	*norgestimate & ethinyl estradiol*	TRINESSA	Generic
QL	3	*norgestimate & ethinyl estradiol (triphasic)*	ORTHO TRI-CYCLEN	Non-Preferred
QL	1	*norgestimate & ethinyl estradiol (triphasic)*	TRI-LO-SPRINTEC	Generic
QL	1	*norgestimate & ethinyl estradiol (triphasic)*	TRI-SPRINTEC	Generic
QL	3	*norgestrel & ethinyl estradiol*	LO/OVRAL-28	Non-Preferred
QL	1	*norgestrel & ethinyl estradiol*	LOW-OGESTREL	Generic
QL	1	*norgestrel & ethinyl estradiol*	OGESTREL	Generic
	2	*ulipristal*	ELLA	Preferred Brand
Diabetic Agents				
	1	*acarbose*	PRECOSE	Generic
PA	3	*alirocumab*	PRALUENT	Non-Preferred
PA	1	*alogliptin*	NESINA	Non-Preferred
PA	1	*alogliptin & metformin*	KAZANO	Non-Preferred
PA	1	*alogliptin & pioglitazone*	OSENI	Non-Preferred
PA	3	*canagliflozin*	INVOKANA	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
PA	3	*canagliflozin & metformin*	INVOKAMET	Non-Preferred
ST	1	*chlorpropamide*	CHLORPROPAMIDE	Generic
PA	3	*dapagliflozin*	FARXIGA	Non-Preferred
PA	3	*dapagliflozin & metformin*	XIGDUO XR	Non-Preferred
PA	3	*dulaglutide*	TRULICITY	Non-Preferred
PA, QL	2,3	*empagliflozin*	JARDIANCE	Non-Preferred
PA	3	*empagliflozin & lingaliptin*	GLYXAMBI	Non-Preferred
PA	3	*empagliflozin & metformin*	SYNJARDY	Non-Preferred
PA	3	*ertufliglozin*	STEGLATRO	Non-Preferred
PA	3	*ertugliflozin & metformin*	SEGLUROMET	Non-Preferred
PA	3	*ertugliflozin & sitagliptin*	STEGLUJAN	Non-Preferred
PA	3	*evolocumab*	REPATHA	Non-Preferred
PA, QL	3	*exenatide*	BYETTA	Non-Preferred
PA, QL	3	*exenatide extended-release*	BYDUREON	Non-Preferred
	1	*glimepiride*	AMARYL	Generic
	1	*glipizide*	GLUCOTROL	Generic
	1	*glipizide & metformin*	METAGLIP	Generic
	1	*glipizide extended-release*	GLUCOTROL XL	Generic
	2	*glucagon*	GLUCAGON EMERGENCY KIT	Preferred Brand
	3	*glucagon*	GLUCAGEN HYPOKIT	Non-Preferred
	1	*glyburide*	DIABETA	Generic
	1	*glyburide & metformin*	GLUCOVANCE	Generic
	1	*glyburide micronized*	GLYNASE	Generic
QL	3	*insulin (oral inhalation)*	AFREZZA	Non-Preferred
ST	3	*insulin aspart*	NOVOLOG	Non-Preferred
ST	3	*insulin aspart*	FIASP	Non-Preferred
ST	3	*insulin aspart*	FIASP FlLEXPEN	Non-Preferred
ST	3	*insulin aspart protamine & insulin aspart*	NOVOLOG MIX 70/30	Non-Preferred
ST	3	*insulin aspart protamine & insulin aspart*	NOVOLOG MIX 70/30 FLEXPEN	Non-Preferred
ST	3	*insulin degludec*	TRESIBA	Non-Preferred
	3	*insulin degludec/insulin aspart*	RYZODEG 70/30	Non-Preferred
PA, QL	3	*Insulin degludec/ liraglutide*	XULTOPHY	Non-Preferred
ST	3	*insulin detemir*	LEVEMIR	Non-Preferred
ST	3	*insulin glargine*	LANTUS	Non-Preferred
ST	3	*insulin glargine*	LANTUS SOLOSTAR	Non-Preferred
ST	3	*insulin glargine*	BASAGLAR	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
PA	3	*Insulin glargine/ lixisenatide*	SOLIQUA	Non-Preferred
ST	3	*insulin glulisine*	APIDRA	Non-Preferred
	3	*insulin isophane*	NOVOLIN N	Non-Preferred
	2	*insulin isophane*	HUMULIN N	Preferred Brand
ST	3	*insulin isophane*	HUMULIN N KWIKPEN	Non-Preferred
	3	*insulin isophane & regular insulin*	NOVOLIN 70/30	Non-Preferred
	3	*insulin isophane & regular insulin*	HUMULIN 50/50	Non-Preferred
	2	*insulin isophane & regular insulin*	HUMULIN 70/30	Preferred Brand
ST	3	*insulin isophane & regular insulin*	HUMULIN 70/30 KIWKPEN	Non-Preferred
ST	3	*insulin lispro*	HUMALOG	Non-Preferred
ST	3	*insulin lispro*	HUMALOG KWIKPEN	Non-Preferred
ST	3	*insulin lispro*	ADMELOG	Non-preferred
	3	*insulin lispro protamine & insulin lispro*	HUMALOG MIX 50/50	Non-Preferred
ST	3	*insulin lispro protamine & insulin lispro*	HUMALOG MIX 75/25	Non-Preferred
ST	3	*insulin lispro protamine & insulin lispro*	HUMALOG MIX 75/25 KWIKPEN	Non-Preferred
	3	*insulin regular*	NOVOLIN R	Non-Preferred
	2	*insulin regular*	HUMULIN R	Preferred Brand
ST	2	*insulin regular*	HUMULIN R U-500	Preferred Brand
PA	3	*linagliptin*	TRADJENTA	Non-Preferred
PA	3	*linagliptin & metformin*	JENTADUETO	Non-Preferred
PA, QL	3	*liraglutide*	VICTOZA	Non-Preferred
PA, QL	3	*lixisenatide*	ADLYXIN	Non-Preferred
	1	*metformin*	GLUCOPHAGE	Generic
PA	3	*metformin*	FORTAMET	Non-Preferred
PA	3	*metformin*	GLUMETZA	Non-Preferred
	3	*metformin*	RIOMET	Non-Preferred
	1	*metformin extended-release*	GLUCOPHAGE XR	Generic
PA	3	*mifepristone*	KORLYM	Non-Preferred
ST	3	*miglitol*	GLYSET	Non-Preferred
ST	1	*nateglinide*	STARLIX	Generic
	1	*pioglitazone*	ACTOS	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	*pioglitazone & glimepiride*	DUETACT	Non-Preferred
	3	*pioglitazone & metformin*	ACTOPLUS MET	Non-Preferred
PA	3	*pramlintide acetate*	SYMLIN	Non-Preferred
ST	1	*repaglinide*	PRANDIN	Generic
ST	1	*repaglinide & metformin*	PRANDIMET	Generic
ST	3	*rosiglitazone*	AVANDIA	Non-Preferred
ST	3	*rosiglitazone & glimepiride*	AVANDARYL	Non-Preferred
ST	3	*rosiglitazone & metformin*	AVANDAMET	Non-Preferred
PA	3	*saxagliptin*	ONGLYZA	Non-Preferred
PA	3	*saxagliptin & metformin extended-release*	KOMBIGLYZE XR	Non-Preferred
PA, QL	3	*semaglutide*	OZEMPIC	Non-Preferred
PA	3	*sitagliptin & metformin*	JANUMET	Non-Preferred
PA	3	*sitagliptin & simvastatin*	JUVISYNC	Non-Preferred
PA	3	*sitagliptin phosphate*	JANUVIA	Non-Preferred
ST	1	*tolazamide*	TOLINASE	Generic
ST	1	*tolbutamide*	ORINASE	Generic
Estrogens and Antiestrogens				
	3	*conjugated estrogens & bazedoxifene*	DUAVEE	Non-Preferred
	3	*conjugated estrogens & medroxyprogesterone acetate*	PREMPHASE	Non-Preferred
	3	*conjugated estrogens & medroxyprogesterone acetate*	PREMPRO	Non-Preferred
	3	*drospirenone & estradiol*	ANGELIQ	Non-Preferred
ST	3	*esterified estrogens*	MENEST	Non-Preferred
	1	*estradiol*	ESTRACE TAB	Generic
	1	*estradiol*	GYNODIOL	Generic
ST	3	*estradiol & levonorgestrel*	CLIMARA PRO	Non-Preferred
	1	*estradiol & norethindrone*	ACTIVELLA	Generic
ST	3	*estradiol & norethindrone*	COMBIPATCH	Non-Preferred
	3	*estradiol & norgestimate*	PREFEST	Non-Preferred
	3	*estradiol acetate*	FEMTRACE	Non-Preferred
ST	3	*estradiol acetate vaginal tablets*	FEMRING	Non-Preferred
ST	3	*estradiol gel*	DIVIGEL	Non-Preferred
ST	3	*estradiol gel*	ELESTRIN GEL	Non-Preferred
ST	3	*estradiol transdermal*	ALORA	Non-Preferred
	1	*estradiol transdermal*	CLIMARA DIS	Generic
	3	*estradiol transdermal*	ESTRADERM	Non-Preferred
ST	3	*estradiol transderomal*	EVAMIST	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
ST	3	*estradiol transdermal*	MENOSTAR	Non-Preferred
ST	3	*estradiol transdermal*	MINIVELLE	Non-Preferred
	1	*estradiol transdermal*	VIVELLE-DOT	Non-Preferred
	1	*estradiol vaginal*	ESTRACE CREAM	Generic
	2	*estradiol vaginal*	ESTRING	Preferred Brand
Only 10mg strength	2	*estradiol vaginal*	VAGIFEM	Preferred Brand
All other strengths	3	*estradiol vaginal*	VAGIFEM	Non-Preferred
	1	*estradiol vaginal*	YUVAFEM	Generic
	1	*estradiol vaginal*	ESTRACE	Generic
	1	*estrogen, ester/me-testosterone*	ESTRATEST	Generic
ST	3	*estrogens, conjugated*	PREMARIN	Non-Preferred
	3	*estrogens, conjugated synthetic a*	CENESTIN	Non-Preferred
ST	3	*estrogens, conjugated synthetic b*	ENJUVIA	Non-Preferred
ST	2	*estrogens, conjugated vaginal*	PREMARIN CREAM	Preferred Brand
	1	*estropipate*	ORTHO-EST	Generic
	1	*norethindrone acetate & ethinyl estradiol*	FEMHRT	Generic
	3	*ospemifene*	OSPHENA	Non-Preferred
	1	*raloxifene hcl*	EVISTA	Generic
Gonadatropins				
	2	*nafarelin*	SYNAREL	Preferred Brand
Parathyroid				
PA	3	*abaloparatide*	TYMLOS	Non-Preferred
ST	1	*calcitonin salmon*	FORTICAL	Generic
ST	1	*calcitonin salmon*	MIACALCIN	Generic
PA	3	*teriparatide*	FORTEO	Non-Preferred
Pitutary				
PA	3	*corticotropin*	ACTHAR	Non-Preferred
	1	*desmopressin (non-refrigerated)*	DDAVP	Generic
	3	*desmopressin acetate*	STIMATE	Non-Preferred
Progestins				
	1	*medroxyprogesterone acetate*	PROVERA	Generic
	1	*megestrol acetate*	MEGACE	Generic
	1	*norethindrone acetate*	AYGESTIN	Generic
	1	*progesterone, micronized*	PROMETRIUM	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
Somatotropin Agonists and Antagonists				
PA	3	*somatropin*	GENTROPIN	Non-Preferred
PA	3	*somatropin*	HUMATROPE	Non-Preferred
PA	3	*somatropin*	NORDITROPIN	Non-Preferred
PA	3	*somatropin*	NUTROPIN AQ	Non-Preferred
PA	3	*somatropin*	OMNITROPE	Non-Preferred
PA	3	*somatropin*	SAIZEN	Non-Preferred
PA	3	*somatropin*	SEROSTIM	Non-Preferred
PA	3	*pegvisomant*	SOMAVERT	Non-Preferred
PA	3	*somatropin*	ZORBTIVE	Non-Preferred
Thyroid and Antihyroid Agent				
	1	*levothyroxine*	LEVOTHROID	Generic
	1	*levothyroxine*	LEVOXYL	Generic
	1	*levothyroxine*	SYNTHROID	Generic
	3	*levothyroxine*	TIROSINT	Non-Preferred
	1	*levothyroxine*	UNITHROID	Generic
	1	*liothyronine*	CYTOMEL	Generic
ST	3	*liotrix*	THYROLAR	Non-Preferred
	1	*methimazole*	TAPAZOLE	Generic
	2	*potassium iodide & iodine*	LUGOL'S SOLUTION	Brand
	1	*propylthiouracil*	PROPYLTHIOURACIL	Generic
	3	*thyroid*	ARMOUR THYROID	Non-Preferred
Miscellaneous Therapeutic Agents				
Miscellanous Therapeutic Agents				
	2	*abatacept*	ORENCIA	Preferred Brand
	1	*acetylcysteine*	MUCOMYST-10	Generic
	2	*adalimumab*	HUMIRA	Preferred Brand
	3	*adalimumab*	HUMIRA citrate free	Non-Preferred
	1	*alendronate*	FOSAMAX	Generic
	3	*alendronate & cholecalciferol*	FOSAMAX PLUS D	Non-Preferred
	1	*allopurinol*	ZYLOPRIM	Generic
PA	3	*amifampridine*	FIRDAPSE	Non-Preferred
	3	*anakinra*	KINERET	Non-Preferred
	2	*apremilast*	OTEZLA	Preferred Brand
PA, QL	3	*avatrombopag*	DOPTELET	Non-preferred
	1	*azathioprine*	AZASAN	Generic
	1	*azathioprine*	IMURAN	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
PA	3	*baricitnib*	OLUMIANT	Non-Preferred
	3	*bedaquiline*	SIRTURO	Non-Preferred
ST	3	*betaine*	CYSTADANE POWD	Non-Preferred
PA	3	*brodalumab*	SILIQ	Non-Preferred
PA	3	*c-1 esterase inhibitor*	HAEGARDA	Non-Preferred
PA	3	*canakinumab*	ILARIS	Non-Preferred
PA	3	*cholic acid*	CHOLBAM	Non-Preferred
	2	*cinacalcet*	SENSIPAR	Preferred Brand
ST	3	*colchicine*	COLCRYS	Non-Preferred
	1	*cyclosporine*	SANDIMMUNE	Generic
	1	*cyclosporine, modified*	NEORAL	Generic
PA	3	*cysteamine delayed-release*	PROCYSBI	Non-Preferred
ST	3	*cysteamine immediate-release*	CYSTAGON	Non-Preferred
PA	3	*daclizumab*	ZINBRYTA	Non-preferred
	1	*dalfampridine*	AMPYRA	Generic
QL, PA	3	*dichlorphenamide*	KEVEYIS	Non-Preferred
PA	3	*daflazacort*	EMFLAZA	Non-Preferred
PA	3	*dimethyl fumarate*	TECFIDERA	Non-Preferred
PA	3	*dupilumab*	DUPIXENT	Non-Preferred
	1	*disulfiram*	ANTABUSE	Generic
ST	1	*dutasteride*	AVODART	Generic
	1	*dutasteride & tamsulosin*	JALYN	Generic
PA	3	*elagolix*	ORILISSA	Non-Preferred
PA	3	*eliglustat*	CERDELGA	Non-Preferred
PA	3	*emicizumab-kxwh*	HEMLIBRA	Non-Preferred
PA	3	*erenumab-aooe*	AIMOVIG	Non-Preferred
	2	*etanercept*	ENBREL	Preferred Brand
ST	1	*etidronate*	DIDRONEL	Generic
QL	3	*everolimus*	ZORTRESS	Non-Preferred
ST	3	*febuxostat*	ULORIC	Non-Preferred
PA	3	*fingolimod*	GILENYA	Non-Preferred
PA	3	*fostamatinib*	TAVALISSE	Non-Preferred
PA	3	*galcanezumab*	EMGALITY	Non-Preferred
PA	3	*guselkumab*	TREMFYA	Non-Preferred
PA	3	*glatiramer acetate*	COPAXONE 20 mg	Non-Preferred
	1	*glatiramer acetate*	COPAXONE 40 mg	Generic
	1	*glatiramer acetate*	GLATOPA	Generic
	3	*golimumab*	SIMPONI	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
PA	3	*glutamine*	ENDARI	Non-Preferred
ST	1	*ibandronate*	BONIVA	Generic
PA	3	*icatibant*	FIRAZYR	Non-Preferred
PA	3	*immune globulin*	HYQVIA	Non-Preferred
PA	3	*Immune globulin*	HIZENTRA	Non-Preferred
PA	3	*Inotersen*	TEGSEDI	Non-Preferred
PA	3	*interferon beta-1a*	AVONEX	Non-Preferred
PA	3	*interferon beta-1a*	PLEGRIDY	Non-Preferred
PA	3	*interferon beta-1a*	REBIF	Non-Preferred
PA	3	*interferon beta-1a*	REBIF REBIDOSE	Non-Preferred
	3	*interferon beta-1b*	BETASERON	Non-Preferred
	2	*Interferon beta-1b*	EXTAVIA	Preferred Brand
	2	*interferon gamma-1b*	ACTIMMUNE	Preferred Brand
PA	3	*ixekizumab*	TALTZ	Non-Preferred
PA	3	*lanadelumab*	TAKHZYRO	Non-Preferred
	3	*lanreotide*	SOMATULINE DEPOT	Non-Preferred
	3	*lesinurad*	ZURAMPIC	Non-preferred
	1	*leflunomide*	ARAVA	Generic
	1	*leucovorin*	LEUCOVORIN	Generic
PA, QL	3	*lusutrombopag*	MULPLETA	Non-Preferred
	2	*mesna*	MESNEX	Preferred Brand
	1	*methenamine, sodium biphosphate, phenyl salicylate, methylene blue, and hyoscyamine*	URO-MP	Generic
	1	*methylergonovine maleate*	METHERGINE	Generic
	3	*metreleptin*	MYALEPT	Non-Preferred
	3	*mifepristone*	MIFEPREX	Non-Preferred
PA	3	*migalastat*	GALAFOLD	Non-Preferred
PA	3	*miglustat*	ZAVESCA	Non-Preferred
	1	*mycophenolate mofetil*	CELLCEPT	Generic
	1	*mycophenolate sodium*	MYFORTIC	Generic
	3	*nitisinone*	ORFADIN	Non-Preferred
	1	*octreotide acetate*	SANDOSTATIN	Generic
PA	3	*parathyroid hormone*	NATPARA	Non-Preferred
PA	3	*pasireotide*	SIGNIFOR	Non-preferred
	1	*pediatric multivitamins w/ fluoride*	POLY-VI-FLOR	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	*pediatric multivitamins w/ fluoride & iron*	POLY-VI-FLOR W/IRON	Generic
	1	*pediatric vitamins a, c, & d, w/ fluoride*	TRI-VI-FLOR	Generic
	1	*pediatric vitamins a, c, & d, w/ fluoride & iron*	TRI-VI-FLOR W/IRON	Generic
PA	3	*pegvaliase*	PALYNZIQ	Non-Preferred
	2	*pentosan polysulfate sodium*	ELMIRON	Preferred Brand
PA	3	*risankizumab*	SKYRIZI	Non-Preferred
ST	3	*risedronate sodium*	ACTONEL	Non-Preferred
	3	*risedronate sodium*	ATELVIA	Non-Preferred
PA	3	*sapropterin dihydrochloride*	KUVAN	Non-Preferred
PA	3	*sarilumab*	KEVZARA	Non-Preferred
	2	*secukinumab*	COSENTYX	Preferred Brand
solution	3	*sirolimus*	RAPAMUNE	Non-Preferred
	1	*sirolimus*	RAPAMUNE	Generic
	3	*sodium fluoride*	FLUORABON BASIC	Generic
	1	*sodium fluoride*	FLUORITAB	Generic
	1	*sodium fluoride*	LURIDE CHEW	Generic
	1	*sodium fluoride (dental)*	PREVIDENT	Generic
	1	*sodium fluoride (dental)*	PREVIDENT 5000 PLUS	Generic
	1	*sodium fluoride drops*	LURIDE DROPS	Generic
	2	*stannous fluoride*	GEL-KAM	Preferred Brand
	1	*tacrolimus*	PROGRAF	Generic
PA	3	*teriflunomide*	AUBAGIO	Non-Preferred
QL	2	*thalidomide*	THALOMID	Preferred Brand
PA	3	*tildrakizumab-asmn*	ILUMYA	Non-Preferred
ST	3	*tiludronate*	SKELID	Non-Preferred
	2	*tocilizumab*	ACTEMRA	Preferred Brand
	2	*tofacitinib*	XELJANZ	Preferred Brand
PA	3	*ustekinumab*	STELARA	Non-Preferred
Respiratory Tract Agents				
Antitussives				

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	*benzonatate*	TESSALON PERLES	Generic
	1	*guaifenesin & codeine*	CHERATUSSIN AC	Generic
	3	*hydrocodone & chlorpheniramine*	TUSSIONEX	Non-Preferred
	1	*hydrocodone & homatropine*	HYCODAN	Generic
	1	*promethazine & codeine*	PHENERGAN W/ CODEINE	Generic
	1	*promethazine & dextromethorphan*	PROMETHAZINE-DM	Generic
	1	*promethazine, phenylephrine & codeine*	PHENERGAN VC W/CODEINE	Generic
	3	*pseudoephedrine, brompheniramine & codeine*	M-END MAX D	Non-Preferred
Anti-Inflammatory Agents				
	3	*cromolyn sodium*	GASTROCROM	Non-Preferred
	1	*cromolyn sodium*	INTAL	Generic
	1	*montelukast*	SINGULAIR	Generic
ST	3	*zafirlukast*	ACCOLATE	Non-Preferred
ST	3	*zileuton*	ZYFLO	Non-Preferred
Respiratory Agents, Miscellaneous				
	3	*beclomethasone dipropionate*	QVAR	Non-Preferred
	3	*budesonide*	PULMICORT FLEXHALER	Non-Preferred
	1	*budesonide*	PULMICORT RESPULES	Generic
ST	3	*budesonide & formoterol*	SYMBICORT	Non-Preferred
	2	*ciclesonide*	ALVESCO	Preferred Brand
ST	3	*fluticasone & salmeterol (100/50 mcg)*	ADVAIR DISKUS	Non-Preferred
ST	2	*fluticasone & salmeterol (250/50 mcg and 500/50 mcg)*	ADVAIR DISKUS	Preferred Brand
ST	3	*fluticasone & salmeterol*	ADVAIR HFA	Non-Preferred
ST	3	*fluticasone & vilanterol*	BREO ELLIPTA	Non-Preferred
	3	*fluticasone propionate*	FLOVENT DISKUS AER	Non-Preferred
	3	*fluticasone propionate*	FLOVENT HFA	Non-Preferred
	3	*glycopyrrolate & indacaterol*	UTIBRON NEOHALER	Non-Preferrred
ST	3	*indacaterol*	ARCAPTA NEOHALER	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
PA	3	*ivacaftor*	KALYDECO	Non-Preferred
PA	3	*lumacaftor& ivacaftor*	ORKAMBI	Non-Preferred
ST	3	*mometasone & formoterol*	DULERA	Non-Preferred
	2	*mometasone furoate*	ASMANEX	Preferred Brand
PA	3	*mepolizumab*	NUCALA	Non-Preferred
	3	*nintedanib*	OFEV	Non-Preferred
PA	3	*omalizumab*	XOLAIR	Non-Preferred
	3	*pirfenidone*	ESBRIET	Non-Preferred
ST	3	*roflumilast*	DALIRESP	Non-Preferred
	3	*salmeterol*	SEREVENT DISKUS	Non-Preferred
	3	*sodium chloride*	HYPERSAL	Non-Preferred
PA	3	*tezacaftor & ivacaftor*	SYMDEKO	Non-Preferred
	2	*tiotropium bromide and olodaterol*	STIOLTO RESPIMAT	Preferred Brand
Skin and Mucous Membrane Agents				
Anti-infectives (Skin and Mucous Membranes)				
ST	3	*acyclovir*	ZOVIRAX	Non-Preferred
	3	*benzoyl peroxide & erythromycin*	BENZAMYCIN	Non-Preferred
ST	3	*butenafine*	MENTAX	Non-Preferred
	3	*butoconazole nitrate (vaginal)*	GYNAZOLE-1	Non-Preferred
	1	*ciclopirox*	LOPROX	Generic
	1	*ciclopirox*	PENLAC	Generic
ST	3	*clindamycin & benzoyl peroxide*	BENZACLIN	Non-Preferred
	1	*clindamycin & benzoyl peroxide*	DUAC	Generic
PA		*clindamycin & benzoyl peroxide*	ONEXTON	Non-Preferrred
	1	*clindamycin phosphate (topical)*	CLEOCIN T	Generic
	1	*clindamycin phosphate (topical)*	CLINDAGEL	Generic
	3	*clindamycin phosphate (topical)*	EVOCLIN	Non-Preferred
	1	*clindamyinc phosphate (vaginal)*	CLEOCIN	Generic
	1	*clotrimazole*	MYCELEX	Generic
ST	1	*clotrimazole & betametmethasone*	LOTRISONE	Generic
ST	3	*crotamiton*	EURAX	Non-Preferred
	1	*econazole nitrate*	SPECTAZOLE	Generic
	3	*erythromycin (acne acid)*	AKNE-MYCIN	Non-Preferred
	1	*erythromycin (acne acid)*	ERYGEL	Generic
	1	*gentamicin sulfate (topical)*	GARAMYCIN	Generic
	3	*hexachlorophene*	PHISOHEX	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	*iodoquinol & hydrocortisone*	VYTONE	Generic
	1	*ketoconazole (topical)*	NIZORAL	Generic
	1	*lindane*	KWELL	Generic
ST	3	*mafenide acetate*	SULFAMYLON	Non-Preferred
	1	*malathion*	OVIDE	Generic
	1	*metronidazole (topical)*	METROCREAM	Generic
	1	*metronidazole (topical)*	METROGEL	Generic
	1	*metronidazole (topical)*	METROLOTION	Generic
	1	*metronidazole (vaginal)*	METROGEL-VAGINAL	Generic
	3	*miconazole nitrate & zinc oxide*	VUSION	Non-Preferred
	1	*mupirocin*	BACTROBAN	Generic
	3	*mupirocin calcium*	BACTROBAN NASAL	Non-Preferred
	3	*na sulfacetm/avobenzone/sulfur*	ROSAC	Non-Preferred
ST	3	*naftifine*	NAFTIN	Non-Preferred
	1	*nystatin (topical)*	NYSTATIN	Generic
ST	3	*oxiconazole nitrate*	OXISTAT	Non-Preferred
ST	3	*penciclovir*	S	Non-Preferred
	1	*permethrin*	ELIMITE	Generic
ST	3	*retapamulin*	ALTABAX	Non-Preferred
	3	*selenium sulfide*	SELSEB	Non-Preferred
	3	*selenium sulfide*	SELSUN RX	Non-Preferred
ST	3	*sertaconazole nitrate*	ERTACZO	Non-Preferred
	1	*silver sulfadiazine*	SILVADENE	Generic
	3	*spinosad*	NATROBA	Non-Preferred
ST	3	*sulconazole nitrate*	EXELDERM	Non-Preferred
	1	*sulfacetamide sodium (acne)*	KLARON	Generic
	3	*sulfacetamide sodium (acne)*	SEB-PREV	Non-Preferred
	3	*sulfanilamide*	AVC	Non-Preferred
ST	1	*terconazole*	TERAZOL 7	Generic
ST	1	*terconazole (vaginal)*	TERAZOL 3	Generic
Anti-inflammatory Agents (Skin and Mucous Membranes)				
	1	*alclometasone dipropionate*	ACLOVATE	Generic
ST	1	*amcinonide*	CYCLOCORT	Generic
ST	3	*bacitracin, polymyxin, neomycin & hydrocortisone*	CORTISPORIN	Non-Preferred
	3	*benzoyl peroxide & hydrocortisone*	VANOXIDE-HC	Non-Preferred
	1	*betamethasone dipropionate (topical)*	DIPROSONE	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	*betamethasone dipropionate augmented*	DIPROLENE	Generic
	1	*betamethasone valerate*	LUXIQ	Generic
	1	*betamethasone valerate*	VALISONE	Generic
PA	3	*Betamethasone & calcipotriene*	ENSTILAR FOAM	Non-Preferred
ST	1	*calcipotriene & betamethasone*	TACLONEX	Generic
	1	*clobetasol propionate*	CLOBEX	Generic
	1	*clobetasol propionate*	TEMOVATE	Generic
	1	*clobetasol propionate emollient*	TEMOVATE E	Generic
	3	*clobetasol propionate emulsion*	OLUX-E	Non-Preferred
ST	1	*clocortolone pivalate*	CLODERM	Generic
ST	3	*crisaborole*	EUCRISA	Non-Preferred
QL	1	*desonide*	DESOWEN	Generic
ST	1	*desoximetasone*	TOPICORT	Generic
ST	1	*diflorasone diacetate*	APEXICON	Generic
	3	*fluocinolone acetonide*	CAPEX SHAMPOO	Non-Preferred
	1	*fluocinolone acetonide*	DERMA-SMOOTHE/FS OIL	Generic
	1	*fluocinolone acetonide*	SYNALAR	Generic
	1	*fluocinonide*	LIDEX	Generic
	3	*fluocinonide*	VANOS	Non-Preferred
	1	*fluocinonide emollient*	LIDEX-E	Generic
ST	1, 3	*flurandrenolide*	CORDRAN	Generic
	1	*fluticasone propionate (topical)*	CUTIVATE	Generic
ST	3	*halcinonide*	HALOG	Non-Preferred
	1	*halobetasol propionate*	ULTRAVATE	Generic
	1	*hydrocortisone (intrarectal)*	CORTENEMA	Generic
	3	*hydrocortisone (rectal)*	ANUSOL-HC	Non-Preferred
	1	*hydrocortisone (rectal)*	PROCTOCORT	Generic
	1	*hydrocortisone (topical)*	HYTONE	Generic
	1	*hydrocortisone acetate & urea*	CARMOL HC	Generic
	3	*hydrocortisone acetate (intrarectal)*	CORTIFOAM	Non-Preferred
	1	*hydrocortisone butyrate*	LOCOID	Generic
	3	*hydrocortisone butyrate hydrophilic lipo base*	LOCOID LIPOCREAM	Non-Preferred
	3	*hydrocortisone probutate*	PANDEL	Non-Preferred
	1	*hydrocortisone valerate*	WESTCORT	Generic
	1	*mometasone furoate*	ELOCON	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
ST	1	*nystatin & triamcinolone*	MYCOLOG II	Generic
ST	1	*prednicarbate*	DERMATOP	Generic
	1	*triamcinolone acetonide (topical)*	KENALOG	Generic
Antipruritics and Local Anesthetics				
ST	3	*doxepin (antipuritic)*	ZONALON	Non-Preferred
	3	*hydrocortisone & pramoxine*	ANALPRAM HC	Non-Preferred
	3	*hydrocortisone & pramoxine*	PRAMOSONE	Non-Preferred
	3	*hydrocortisone & pramoxine*	PRAMOSONE-E	Non-Preferred
	3	*hydrocortisone & pramoxine*	PROCTOFOAM-HC	Non-Preferred
	1	*lidocaine (jelly, topical)*	XYLOCAINE	Generic
	3	*lidocaine & hydrocortisone*	LIDAMANTLE	Non-Preferred
	1	*lidocaine & prilocaine*	EMLA	Generic
ST	3	*lidocaine & tetracaine*	SYNERA PATCH	Non-Preferred
	1	*pramoxine*	PROCTOFOAM	Generic
Astringents				
	2	*aluminum chloride hexahydrate*	HYPERCARE	Preferred Brand
PA, QL	3	*glycopyrronium*	QBREXZA	Non-Preferred
Keratolytic Agents				
	3	*sulfacetamide sodium & sulfur*	AVAR	Non-Preferred
	1	*sulfacetamide sodium & sulfur*	PLEXION	Generic
	3	*sulfacetamide sodium & sulfur*	PLEXION SCT	Non-Preferred
	1	*sulfacetamide sodium & sulfur*	ROSULA	Generic
	1	*urea*	CARMOL	Generic
Keratoplastic Agents				
ST	3	*anthralin*	DRITHOCREME HP	Non-Preferred
	3	*anthralin*	PSORIATEC	Non-Preferred
Cell Stimulants and Proliferants				
QL, AGE	1	*tretinoin*	RETIN-A	Generic
QL, AGE	3	*tretinoin microspheres*	RETIN-A MICRO	Non-Preferred
Skin and Mucous Membrane Agents, Miscellaneous				
ST	1	*acitretin*	SORIATANE	Generic
QL, AGE, ST	1	*adapalene*	DIFFERIN	Generic
QL, AGE, ST	3	*adapalene & benzoyl peroxide*	EPIDUO EPIDUO FORTE	Non-Preferred
QL, AGE	3	*alitretinoin*	PANRETIN	Non-Preferred
	1	*ammonium lactate*	LAC-HYDRIN	Generic
ST	3	*azelaic acid*	FINACEA	Non-Preferred
ST	3	*azelaic acid (acne)*	AZELEX	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	2	*becaplermin*	REGRANEX	Preferred Brand
	3	*bexarotene (topical)*	TARGRETIN	Non-Preferred
PA, QL	3	*brimonidine (topical)*	MIRVASO	Non-Preferred
	1	*calcipotriene*	DOVONEX	Generic
	3	*calcipotriene*	SORILUX	Non-Preferred
	2	*calcitriol (topical)*	VECTICAL	Preferred Brand
AGE, ST	3	*clindamycin & tretinoin*	VELTIN	Non-Preferred
AGE, ST	3	*clindamycin & tretinoin*	ZIANA	Non-Preferred
	2	*collagenase*	SANTYL	Preferred Brand
	3	*dapsone (topical)*	ACZONE	Non-Preferred
	3	*diclofenac epolamine*	FLECTOR	Non-Preferred
	1	*diclofenac sodium*	VOLTAREN GEL	Generic
	3	*diclofenac sodium (actinic keratosis)*	SOLARAZE	Non-Preferred
ST	3	*doxepin (antipuritic)*	PRUDOXIN	Non-Preferred
	3	*doxycycline (rosacea)*	ORACEA	Non-Preferred
	3	*fluorouracil (topical)*	CARAC	Non-Preferred
	1	*fluorouracil (topical)*	EFUDEX	Generic
	2	*fluorouracil (topical)*	FLUOROPLEX	Preferred Brand
	1	*imiquimod*	ALDARA	Generic
	3	*imiquimod*	ZYCLARA	Non-Preferred
PA	3	*ingenol mebutate*	PICATO	Non-Preferred
	1	*isotretinoin*	ACCUTANE	Generic
	1	*isotretinoin*	CLARAVIS	Generic
	3	*lactic acid (ammonium lactate)*	LACTINOL	Non-Preferred
	2	*methoxsalen*	8-MOP	Preferred Brand
	1	*methoxsalen, rapid*	OXSORALEN-ULTRA	Generic
	2	*pimecrolimus*	ELIDEL	Preferred Brand
	1	*podofilox*	CONDYLOX	Generic
ST	3	*sinecatechins*	VEREGEN	Non-Preferred
	1	*tacrolimus (topical)*	PROTOPIC	Generic
QL, AGE, ST	3	*tazarotene*	TAZORAC	Non-Preferred
Smooth Muscle Relaxants				

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
Smooth Muscle Relaxants				
ST	1	*darifenacin*	ENABLEX	Generic
ST	3	*dyphylline*	LUFYLLIN	Non-Preferred
ST	3	*fesoterodine*	TOVIAZ	Non-Preferred
ST	3	*flavoxate*	FLAVOXATE	Non-Preferred
ST	3	*mirabegron*	MYRBETRIQ	Non-Preferred
	1	*oxybutynin*	DITROPAN	Generic
	1	*oxybutynin extended-release*	DITROPAN XL	Generic
	3	*oxybutynin transdermal*	OXYTROL	Non-Preferred
	1	*solifenacin*	VESICARE	Generic
	1	*theophylline*	UNIPHYL	Generic
ST	1	*tolterodine*	DETROL	Generic
ST	1	*tolterodine extended-release*	DETROL LA	Generic
	1	*trospium*	SANCTURA	Generic
	3	*trospium extended-release*	SANCTURA XR	Non-Preferred
Vitamins				
Vitamins				
	1	*calcitriol*	ROCALTROL	Generic
ST	1	*doxercalciferol*	HECTOROL	Generic
	1	*ergocalciferol*	DRISDOL	Generic
	1	*niacin*	NIACOR	Generic
ST	1	*paricalcitol*	ZEMPLAR	Generic
	2	*phytonadione*	MEPHYTON	Preferred Brand

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