



Blue Cross  
Blue Shield  
of Michigan

# Clinical Drug List (Formulary)

Please note that this listing of medications contained in this Blue Cross Blue Shield of Michigan Clinical Drug List (Formulary) is current at the time that the list is posted to this website, and is subject to change.



# Introduction

Blue Cross Blue Shield of Michigan is pleased to provide the Clinical Drug List as a useful reference and educational tool to assist providers in selecting cost-effective therapies. Please familiarize yourself with this information. To provide effective high-quality care, this Clinical Drug List requires the continuing support of physicians and pharmacists. Your questions and suggestions are welcome.

## Preface

The Blue Cross Blue Shield of Michigan Clinical Drug List is a list of FDA-approved prescription drug medications reviewed by the BCBSM/BCN Pharmacy and Therapeutics (P&T) Committee. The Clinical Drug List will assist in maintaining the quality of patient care and containing cost for the member's drug benefit plan. Providers, physicians, and pharmacists are encouraged to refer to the Clinical Drug List when selecting prescription drug therapy for eligible plan members.

Physicians are encouraged to prescribe medications included in the Clinical Drug List whenever possible. If a prescription is written for a nonpreferred drug or for a drug or dose not appropriate for the member, pharmacists are encouraged to contact the physician. The benefit plan administrator will monitor provider specific drug list prescribing and communicate with providers to optimize compliance.

The Clinical Drug List is divided into major therapeutic categories (chapters) for easy use. Products that are approved for more than one therapeutic indication may be included in more than one chapter. Drugs are listed by generics and brands. Generic drugs will have the trade name listed for reference purposes. Most dosage forms and strengths of a drug are included in the drug list.

# Drug list medication coverage

All drugs included in the Clinical Drug List are not necessarily covered by each patient's prescription drug benefit plan. Patients should consult their prescription drug benefit packet or contact a Customer Service representative to determine specific coverage.

## Approved medications

Only FDA-approved prescription medications are eligible for coverage under the member's policy.

## Dose optimization

BCBSM dose optimization program encourages appropriate prescribing of medications intended for once-daily administration. For certain medications, physicians are encouraged to prescribe prescription drugs in once-daily dosage regimens, as opposed to using lower multiple doses of the same drug to help increase a members adherence to their medication.

## Quantity limits

BCBSM sets quantity limits based on clinical appropriateness and manufacturer recommended dosing for particular drugs.

The [Dose Optimization Program \(PDF\)](#) and [Quantity Limit Program \(PDF\)](#) documents provide a list of medications that are targeted through these initiatives.

## Experimental indications

Medications used for only experimental indications are *not* eligible for coverage.

## Over-the-counter (OTC) medications

When a drug is available in the identical strength and dosage form as both a prescription and nonprescription drug, the prescription drug is usually *not* covered by BCBSM. In these cases, providers should refer the patient to the equivalent OTC product. Certain OTC products, such as omeprazole (Prilosec OTC), are covered for certain BCBSM members with a prescription. Coverage is dependant on the members specific prescription drug benefit. Other exceptions are identified in the Clinical Drug List.

## Preventive drug coverage

Under the Patient Protection and Affordable Care Act, also known as national health care reform, most health plans must cover certain preventive services and drugs with no cost-sharing. For a complete list of preventive drugs refer to [Preventive drug coverage](#) or go to: [bcbsm.com/pharmacy](http://bcbsm.com/pharmacy). Members must meet plan requirements, and a prescription is required for coverage.

## Prior authorization

The [Blue Cross Prior Authorization and Step Therapy Guidelines](#) provide a list of drugs that require approval or step-therapy prior to coverage. To view the current version, visit [bcbsm.com/pharmacy](http://bcbsm.com/pharmacy).

Members should consult their prescription drug benefit packet for information on how to obtain prior approval, or call the Customer Service number on the back of their Blue Cross member ID card for additional information. Physicians can access the medication request forms on the web at [bcbsm.com](http://bcbsm.com), Provider Secured Services - Login. Select the button titled Medication Prior Authorization. The prescribing physician can complete a form online and submit it to us electronically. Prescribers can also look up the status of an electronically submitted request for prior approval of a drug.

Call the number below if you have questions about prior approval, prefer to conduct a review over the phone or want hard-copy medication request forms.

<b>Web - Provider Secured Services - Login</b>	<a href="http://bcbsm.com/index.html">bcbsm.com/index.html</a> Select <b>Medication Prior Authorization</b>
<b>Call</b>	1-800-437-3803
<b>Fax</b>	1-866-601-4425
<b>Write</b>	Blue Cross Blue Shield of Michigan Pharmacy Services P.O. BOX 2320 Detroit, MI 48231-2320

## Generic drug substitution

**Generic drug substitution is the process by which a generic equivalent is dispensed rather than the brand-name product.**

The Maximum Allowable Cost (MAC) list sets a ceiling price for the reimbursement of certain generic prescription drugs. The drugs selected for inclusion on the MAC list are products that are commonly prescribed and dispensed and have generally gone through the FDA's review and approval process. This process ensures that the following conditions are met:

1. The generic drug must contain the same active ingredient(s), be the same strength, and be the same dosage form as the brand-name counterpart.
2. The FDA has given the generic an "A" rating compared to the brand-name counterpart and has determined it to be therapeutically equivalent, *and/or* the BCBSM/BCN P&T Committee has reviewed the product and finds that it is acceptable for generic substitution.

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and have the same safety profile as the prescribed product.

# Copayments

The member's prescription drug benefit plan design determines the applicable copayment for the covered prescriptions.

## Symbols used throughout the document

### KEY:

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## Editor's note

Your comments and suggestions regarding this Clinical Drug List are encouraged. Your input is vital to this Clinical Drug List' continued success. All responses will be reviewed and considered. Please send your comments to:

Blue Cross Blue Shield of MI  
Pharmacy Services MC 512C  
Attn: Drug Information Services  
600 E. Lafayette Blvd.  
Detroit, MI 48226-2998







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# 1. ANTI-INFECTIVES

## 1.1 Penicillins

DRUG NAME	FORMULARY PRODUCTS
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### GENERICS

*Amoxicillin* (Amoxil)  
*Amoxicillin/Potassium Clavulanate* (Augmentin)  
*Amoxicillin Trihydrate/Potassium Clavulanate* (Augmentin)  
*Amoxicillin Trihydrate/Potassium Clavulanate* (Augmentin ES)  
*Amoxicillin Trihydrate/Potassium Clavulanate* (Augmentin XR)  
*Ampicillin Trihydrate* (Principen)  
*Dicloxacillin Sodium* (Dynapen)  
*Penicillin V Potassium* (Pen-Vee K)

### BRANDS

Augmentin Suspension, Reconstituted 125-31.25mg/5ml  
 (*Amoxicillin/Potassium Clavulanate*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
DRUG NAME

Moxatag

## 1.2 Tetracyclines

DRUG NAME	FORMULARY PRODUCTS
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### GENERICS

*Doxycycline Hyclate* (Periostat)  
*Doxycycline Hyclate Capsule (Hard, Soft, Etc.)* (Vibramycin)  
*Doxycycline Hyclate Tablet* (Vibra-Tabs)  
 [PA] *Doxycycline Hyclate Tablet, Enteric Coated* (Doryx)  
 [PA] *Doxycycline Monohydrate* (Adoxa)  
*Doxycycline Monohydrate* (Monodox)  
*Doxycycline Monohydrate Suspension, Reconstituted, Oral (ml)* (Vibramycin)  
*Minocycline HCl* (Dynacin)  
*Minocycline HCl* (Minocin)  
 [PA] *Minocycline HCl, Extended Release* (Solodyn 45mg, 90mg, 135mg)  
*Tetracycline HCl* (Achromycin V)

### BRANDS

Vibramycin (*Doxycycline Calcium Syrup*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
DRUG NAME

[PA] [QL] Acticlate tablet  
 [PA] Doryx MPC  
 [PA] Doxycycline Ir-Dr  
 [PA] Oracea  
 [PA] Solodyn

## 1.3 Cephalosporins

DRUG NAME	FORMULARY PRODUCTS
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### 1.3.1 FIRST GENERATION CEPHALOSPORINS

#### GENERICS

*Cephalexin Monohydrate* (Keflex)  
*Cefadroxil Hydrate* (Duricef)

DRUG NAME	FORMULARY PRODUCTS
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### 1.3.2 SECOND GENERATION CEPHALOSPORINS

#### GENERICS

*Cefaclor* (Ceclor)  
*Cefpodoxime Proxetil Tablet* (Vantin)  
*Cefprozil* (Cefzil)  
*Cefprozil Suspension, Reconstituted, Oral* (Cefzil)  
*Cefuroxime Axetil* (Ceftin)

#### BRANDS

Ceftin Suspension, Reconstituted, Oral (*Cefuroxime*)

DRUG NAME	FORMULARY PRODUCTS
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### 1.3.3 THIRD GENERATION CEPHALOSPORINS

#### GENERICS

*Cefdinir* (Omnicef)  
*Cefditoren* (Spectracef)  
*Cefixime Suspension* (Suprax)  
*Ceftibuten* (Cedax)  
*Ceftibuten Suspension, Reconstituted, Oral* (Cedax)

#### BRANDS

Suprax (*Cefixime*)  
 Suprax 500mg/5mL Suspension

## 1.4 Erythromycins & Other Macrolides

DRUG NAME	FORMULARY PRODUCTS
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### 1.4.1 ERYTHROMYCINS & OTHER MACROLIDES

#### GENERICS

*Azithromycin Tablet* (Zithromax)  
*Azithromycin Suspension, Reconstituted, Oral (ml)* (Zithromax)  
*Clarithromycin* (Biaxin)  
*Clarithromycin* (Biaxin XL)  
*Erythromycin Base* (Eryc)  
*Erythromycin Ethylsuccinate* (E.E.S.)  
*Erythromycin Ethylsuccinate/Sulfisoxazole Acetyl* (Pediazole)  
*Erythromycin Stearate* (Erythrocin Stearate)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
DRUG NAME

[QL] Dificid  
 EryPed Suspension, Reconstituted, Oral (ml) 400mg/5ml  
 Ery-Tab 500mg  
 PCE  
 Zmax

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

# 1. ANTI-INFECTIVES (CONTINUED)

## 1.5 Quinolones

DRUG NAME	FORMULARY PRODUCTS
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### 1.5.1 FLUOROQUINOLONES

#### GENERICS

*Ciprofloxacin HCl - Betaine Combination Tablet, Sustained Release 24hr*  
(Cipro XR)

*Ciprofloxacin HCl Tablet* (Cipro)

*Ciprofloxacin Suspension* (Cipro)

*Levofloxacin* (Levaquin)

*Levofloxacin Solution, Oral* (Levaquin)

*Moxifloxacin HCl* (Avelox)

*Ofloxacin* (Floxin)

#### BRANDS

Avelox ABC Pack

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
DRUG NAME

Factive

## 1.6 Sulfas & Related Agents

DRUG NAME	FORMULARY PRODUCTS
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#### GENERICS

*Erythromycin Ethylsuccinate/Sulfisoxazole Acetyl* (Pediazole)

*Sulfadiazine* (Sulfadiazine)

*Sulfamethoxazole/Trimethoprim* (Bactrim DS)

*Sulfamethoxazole/Trimethoprim* (Septra DS)

## 1.7 Urinary Tract Agents

DRUG NAME	FORMULARY PRODUCTS
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#### GENERICS

*Methenamine Hippurate* (Hiprex)

*Nitrofurantoin Macrocrystal* (Macrochantin)

*Trimethoprim* (Proloprim)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
DRUG NAME

Monurol

Primsol

## 1.8 Antivirals

DRUG NAME	FORMULARY PRODUCTS
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### 1.8.1 MISCELLANEOUS ANTIVIRALS

#### GENERICS

*Acyclovir* (Zovirax)

*Adefovir Dipivoxil* (Hepsera)

*Amantadine HCl* (Symmetrel)

*Entecavir* (Baraclude)

*Famciclovir* (Famvir)

*Lamivudine* (Epivir-HBV)

[QL] *Oseltamivir Phosphate* (Tamiflu)

*Ribavirin* (Copegus)

*Ribavirin* (Rebetol)

*Rimantadine HCl* (Flumadine)

*Valacyclovir HCl* (Valtrex)

*Valganciclovir Hydrochloride* (Valcyte)

#### BRANDS

[PA] [QL] Baraclude Oral Solution (*Entecavir*)

[PA] [QL] Epclusa (*Sofosbuvir/Velpatasvir*)

Rebetol Solution (*Ribavirin*)

[QL] Relenza (*Zanamivir*)

[QL] Tamiflu Oral Suspension (*Oseltamivir Phosphate*)

[PA] [QL] Zepatier (*Elbasvir/Grazoprevir*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
DRUG NAME

[PA] [QL] Daklinza

[PA] [QL] Harvoni

[PA] [QL] Olysio

[ST] [QL] Sitavig

[PA] [QL] Sovaldi

[PA] [QL] Technivie

Tyzeka

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

# 1. ANTI-INFECTIVES (CONTINUED)

DRUG NAME	FORMULARY PRODUCTS
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## 1.8.2 HIV/AIDS THERAPY

### GENERICS

- Abacavir Sulfate/Lamivudine* (Epzicom)
- Abacavir Sulfate/Lamivudine/Zidovudine* (Trizivir)
- Abacavir Sulfate Tablet* (Ziagen)
- Didanosine Capsule, Delayed Release (Enteric Coated)* (Videx EC)
- Lamivudine* (EpiVir)
- Lamivudine/Zidovudine* (Combivir)
- Lamivudine Solution* (EpiVir Solution)
- Nevirapine* (Viramune Tablet)
- Ritonavir/Lopinavir* (Kaletra Solution)
- Stavudine Capsule* (Zerit)
- Tenofovir Disoproxil Fumarate* (Viramune XR)
- Zidovudine Capsule (Hard, Soft, Etc.)* (Retrovir)
- Zidovudine Syrup* (Retrovir)

### BRANDS

- Aptivus (Tipranavir)*
- Aptivus Oral Solution (Tipranavir/Vitamin)*
- Atripla (Efavirenz/Emtricitabine/Tenofovir Disoproxil Fumarate)*
- [QL] *Complera (Emtricitabine/Rilpivirine/Tenofovir)*
- Crixivan (Indinavir Sulfate)*
- [QL] *Descovy (Emtricitabine/Tenofovir Alafenamide)*
- [QL] *Edurant (Rilpivirine)*
- Emtriva (Emtricitabine)*
- EpiVir-HBV Solution (Lamivudine)*
- [QL] *Evotaz (Atazanavir/Cobicistat)*
- Fuzeon (Enfuvirtide)*
- [QL] *Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)*
- Intence (Etravirine)*
- Invirase (Saquinavir Mesylate)*
- Isentress (Raltegravir Potassium)*
- Isentress (Raltegravir Potassium Tablet, Chewable)*
- Kaletra tablet (Ritonavir/Lopinavir)*
- Lexiva (Fosamprenavir Calcium Tablet)*
- Norvir (Ritonavir)*
- [QL] *Odefsey (Emtricitabine/Rilpivirine/Tenofovir)*
- [QL] *Prezcobix (Darunavir/Cobicistat)*
- Prezista (Darunavir Ethanolate)*
- Rescriptor (Delavirdine Mesylate)*
- Reyataz (Atazanavir Sulfate)*
- Selzentry (Maraviroc)*
- [QL] *Stribild (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Disoproxil Fumarate)*
- Sustiva (Efavirenz)*
- Tivicay (Dolutegravir)*
- [QL] *Triumeq (Abacavir/Dolutegravir/Lamivudine)*
- Truvada (Emtricitabine/Tenofovir Disoproxil Fumarate)*
- [QL] *Tybost (Cobicistat)*
- Videx (Didanosine Solution, Reconstituted, Oral)*
- Viracept (Nelfinavir Mesylate)*
- Viramune Suspension (Nevirapine)*
- Viread (Tenofovir Disoproxil Fumarate)*
- Ziagen Solution (Abacavir Sulfate)*

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 1.9 Antifungal Agents

DRUG NAME	FORMULARY PRODUCTS
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### GENERICS

- Clotrimazole Troche* (Mycexel)
- Fluconazole Tablet* (Diflucan)
- Flucytosine* (Ancobon)
- Griseofulvin, Microsize Suspension, Oral (Final Dose Form)* (Grifulvin V)
- Griseofulvin, Microsize Tablet* (Grifulvin V)
- Griseofulvin Ultramicrosize Tablet* (Gris-Peg)
- Itraconazole* (Sporanox)
- Ketoconazole* (Nizoral)
- Nystatin* (Mycostatin)
- Terbinafine HCl Tablet* (Lamisil)
- Voriconazole* (Vfend Suspension, Reconstituted, Oral (mL))
- Voriconazole Suspension* (Vfend)
- Voriconazole Tablet* (Vfend)

### BRANDS

- [QL] *Cresemba*
- [QL] *Noxafil (Posaconazole)*
- Sporanox Solution (Itraconazole)*

### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

#### DRUG NAME

- [QL] *Oravig*

## 1.10 Vancomycin

DRUG NAME	FORMULARY PRODUCTS
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### GENERICS

- Vancomycin HCl Capsule* (Vancocin)

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.



# 1. ANTI-INFECTIVES (CONTINUED)

## 1.11 Miscellaneous Anti-infectives

FORMULARY PRODUCTS	
DRUG NAME	

### 1.11.1 MISCELLANEOUS ANTI-INFECTIVES

#### GENERICS

*Clindamycin HCl* (Cleocin HCl)

*Dapsone* (Dapsone)

*Linezolid* (Zyvox)

*Neomycin Sulfate* (Neomycin Sulfate)

[QL] *Tobramycin/0.25 Normal Saline Ampul for Nebulization (mL)* (Tobi)

#### BRANDS

[QL] Sivextro Tablet (*Rifaximin*)

Xifaxan 200mg (*Rifaximin*)

[PA] [QL] Xifaxan 550mg (*Rifaximin*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

[PA] [QL] Bethkis

[PA] [QL] Cayston

[PA] [QL] Tobi Podhaler

FORMULARY PRODUCTS	
DRUG NAME	

### 1.11.2 ANTIPARASITICS

#### GENERICS

*Atovaquone* (Mepron)

*Ivermectin Tablet* (Stromectol)

*Metronidazole* (Flagyl)

*Paromomycin Sulfate* (Humatin)

*Tinidazole* (Tindamax)

#### BRANDS

[QL] Albenza (*albendazole*)

Alinia (*Nitazoxanide*)

Alinia (*Nitazoxanide Suspension, Reconstituted, Oral (ml)*)

Biltricide (*Praziquantel*)

Flagyl ER (*Metronidazole*)

[PA] [QL] Impavido (*Miltefosine*)

NebuPent (*Pentamidine Isethionate*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

[QL] Emverm

FORMULARY PRODUCTS	
DRUG NAME	

### 1.11.3 ANTIMALARIALS

#### GENERICS

*Atovaquone/Proguanil HCl* (Malarone)

*Chloroquine Phosphate* (Aralen)

*Hydroxychloroquine Sulfate* (Plaquenil)

*Mefloquine HCl* (Lariam)

*Quinine Sulfate* (Qualaquin)

#### BRANDS

Coartem (*Artemether/Lumefantrine*)

Daraprim (*Pyrimethamine*)

Primaquine (*Primaquine Phosphate*)

FORMULARY PRODUCTS	
DRUG NAME	

### 1.11.4 ANTIMYCOBACTERIALS

#### GENERICS

*Ethambutol HCl* (Ethambutol)

*Isoniazid* (Isoniazid)

*Pyrazinamide* (Pyrazinamide)

*Rifabutin* (Mycobutin)

*Rifampin* (Rifadin)

#### BRANDS

Cycloserine (*Cycloserine*)

[PA] Sirturo (*Bedaquiline*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

Paser

Priftin

Rifater

Trecator

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 2. ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

### 2.1 Antineoplastic & Immunosuppressant Drugs

#### FORMULARY PRODUCTS

##### 2.1.1 ALKYLATING AGENTS

###### GENERICS

*Temozolomide (Temodar)*

###### BRANDS

Alkeran (*Melphalan*)

Cyclophosphamide Capsule

Emcyt (*Estramustine Phosphate Sodium*)

Gleostine (*Lomustine*)

Leukeran (*Chlorambucil*)

Lomustine

Matulane (*Procarbazine HCl*)

Myleran (*Busulfan*)

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

##### DRUG NAME

[PA] Valchlor

#### FORMULARY PRODUCTS

##### 2.1.2 ANTIMETABOLITES

###### GENERICS

*Capecitabine (Xeloda)*

*Mercaptopurine (Purinethol)*

*Methotrexate Sodium (Rheumatrex)*

###### BRANDS

[PA] [QL] Lonsurf (*Trifluridine/Tipiracil*)

Tabloid (*Thioguanine*)

Trexall (*Methotrexate Sodium*)

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

##### DRUG NAME

[PA] Purixan

#### FORMULARY PRODUCTS

##### 2.1.3 HORMONAL AGENTS

###### GENERICS

[PA] *Anastrozole (Arimidex)*

*Bicalutamide (Casodex)*

[PA] *Exemestane (Aromasin)*

*Flutamide (Eulexin)*

[PA] *Letrozole (Femara)*

*Leuprolide Acetate (Lupron)*

*Megestrol Acetate (Megace, Megace ES)*

*Nilutamide (Nilandron)*

[PA] [QL] *Raloxifene (Evista)* [PREVENT]

[PA] [QL] *Tamoxifen Citrate (Nolvadex)* [PREVENT]

###### BRANDS

Depo-Provera 400mg (*Medroxyprogesterone Acetate*)

Fareston (*Toremifene Citrate*)

Lupron Depot (*Leuprolide Acetate*)

Lupron Depot-3 Month (*Leuprolide Acetate*)

Lupron Depot-Ped (*Leuprolide Acetate*)

Trelstar (*Triptorelin Pamoate*)

[PA] [QL] Xtandi (*Enzalutamide*)

[QL] Zoladex (*Goserelin Acetate*)

[QL] Zytiga (*Abiraterone Acetate*)

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

##### DRUG NAME

Eligard

Faslodex

Lupaneta Pack

#### FORMULARY PRODUCTS

##### 2.1.4 KINASE INHIBITORS AND MOLECULAR TARGET INHIBITORS

###### GENERICS

Imatinib Mesylate (*Gleevec*)

###### BRANDS

[QL] Afinitor (*Everolimus*)

[QL] Afinitor Disperz (*Everolimus Tablet for Oral Suspension*)

[PA] [QL] Alecensa (*Alectinib*)

[PA] [QL] Bosulif (*Bosutinib*)

[PA] [QL] Cabometyx (*Cabozantinib*)

[QL] Caprelsa (*Vandetanib*)

[PA] [QL] Cometriq (*Cabozantinib*)

[PA] [QL] Cotellic (*Cobimetinib*)

[PA] [QL] Gilotrif (*Afatinib*)

[PA] [QL] Ibrance (*Palbociclib*)

[PA] [QL] Iclusig (*Ponatinib*)

[PA] [QL] Imbruvica (*Ibrutinib*)

[PA] [QL] Inlyta (*Axitinib*)

[PA] [QL] Iressa 250mg (*Gefitinib Tablet*)

[PA] [QL] Jakafi (*Ruxolitinib*)

[PA] [QL] Lenvima (*Lenvatinib*)

[PA] [QL] Lynparza (*Olaparib*)

[PA] [QL] Mekinist (*Trametinib*)

[QL] Nexavar (*Sorafenib Tosylate*)

[PA] [QL] Ninlaro (*Ixazomib*)

[QL] Sprycel (*Dasatinib*)

[PA] [QL] Stivarga (*Regorafenib*)

[QL] Sutent (*Sunitinib Malate*)

[PA] [QL] Tafinlar (*Dabrafenib*)

[PA] [QL] Tagrisso (*Osimertinib*)

[QL] Tarceva (*Erlotinib HCl*)

Tasigna (*Nilotinib Hydrochloride*)

Tykerb (*Lapatinib Ditosylate*)

[PA] [QL] Venclexta (*Venetoclax*)

[QL] Votrient (*Pazopanib*)

[PA] [QL] Xalkori (*Crizotinib*)

[PA] [QL] Zelboraf (*Vemurafenib*)

[PA] [QL] Zydelig (*Idelalisib*)

[PA] [QL] Zykadia (*Ceritinib*)

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

##### DRUG NAME

Zortress

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 2. ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS (CONTINUED)

### FORMULARY PRODUCTS

DRUG NAME

#### 2.1.5 IMMUNOSUPPRESSANT DRUGS

##### GENERICS

*Azathioprine* (Imuran)  
*Cyclosporine Capsule* (Sandimmune)  
*Cyclosporine, Modified* (Neoral)  
*Mycophenolate* (CellCept)  
*Mycophenolic Acid* (Myfortic)  
*Mycophenolate Mofetil Oral Suspension* (CellCept)  
*Sirolimus* (Rapamune)  
*Tacrolimus* (Prograf)

##### BRANDS

Azasan (*Azathioprine*)  
 Rapamune Oral Solution (*Sirolimus*)  
 Sandimmune Oral Solution (*Cyclosporine*)

### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME

Astagraf XL  
 Envarsus XR

### FORMULARY PRODUCTS

DRUG NAME

#### 2.1.6 IMMUNOMODULATORS

##### GENERICS

*Thalomid* (Thalidomide)

### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME

[PA] [QL] Pomalyst

### FORMULARY PRODUCTS

DRUG NAME

#### 2.1.7 MISCELLANEOUS ANTINEOPLASTIC DRUGS

##### GENERICS

[PA] *Bexarotene capsules* (Targretin)  
*Etoposide* (VePesid)  
*Hydroxyurea* (Hydrea)  
 [PA] *Octreotide Acetate Vial (SDV,MDV or Additive) (ml)* (Sandostatin)  
*Tretinoin* (Vesanoid)

##### BRANDS

Droxia (*Hydroxyurea*)  
 [PA] [QL] *Erivedge* (*Vismodegib*)  
 [PA] [QL] *Farydak* (*Panobinostat*)  
 Hexalen (*Altretamine*)  
 Hycamtin (*Topotecan HCl*)  
 Lysodren (*Mitotane*)  
 [PA] [QL] *Ódomzo* (*Sonidegib*)  
 [PA] *Sandostatin LAR* (*Octreotide Acetate Kit*)  
 Zolanza (*Vorinostat*)

## 2.2 Adjunctive Agents

### FORMULARY PRODUCTS

DRUG NAME

#### 2.2.1 ADJUNCTIVE AGENTS

##### GENERICS

*Leucovorin Calcium* (Leucovorin Calcium)  
*Medroxyprogesterone Acetate* (Provera)

##### BRANDS

[PA] *Aranesp* (*Darbepoetin Alfa in Albumin Sol*)  
 Depo-Provera 400mg (*Medroxyprogesterone Acetate*)  
 Granix (*Filgrastim*)  
 Leukine (*Sargramostim*)  
 Mesnex (*Mesna Tablet*)  
 [QL] *Neulasta* (*Pegfilgrastim*)  
 Neupogen (*Filgrastim*)  
 [PA] *Procrit* (*Epoetin Alfa Vial (mL)*)

### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME

[PA] Epogen  
 [PA] [QL] Mircera  
 Zarxio

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

### 3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

#### 3.1 Narcotic Analgesics

DRUG NAME	FORMULARY PRODUCTS
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##### 3.1.1 NARCOTICS

###### GENERICS

- Codeine Sulfate* (Codeine Sulfate)
- Hydromorphone HCl* (Dilaudid)
- Fentanyl* (Duragesic)
- [PA] [QL] *Fentanyl Citrate* (Actiq)
- [QL] *Hydromorphone ER* (Exalgo)
- Meperidine HCl* (Demerol)
- Methadone HCl* (Dolophine HCl)
- Morphine Sulfate* (Kadian)
- Morphine Sulfate* (MSIR)
- Morphine Sulfate* (Rms-Suppository)
- Morphine Sulfate Capsule, Multiphasic Release* (Avinza)
- Morphine Sulfate Solution, Oral* (Morphine Sulfate)
- Morphine Sulfate Tablet, Sustained Action* (MS Contin)
- [QL] *Oxycodone HCl* (Roxicodone)
- [QL] *Oxymorphone* (Opana)
- [PA] [QL] *Oxymorphone HCl, Extended Release* (Opana ER)

###### BRANDS

- [PA] [QL] OxyContin (*Oxycodone HCl*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

- [PA] [QL] Abstral
- [PA] [QL] Butrans
- [PA] [QL] Embeda
- Fentanyl (37.5mcg/hr, 62.5mcg/hr, 87.5mcg/hr)
- [PA] [QL] Fentora
- [PA] [QL] Hysingla ER
- Kadian (40mg, 200mg)
- [PA] [QL] Lazanda
- [PA] [QL] Onsolis
- [PA] [QL] Opana ER
- [PA] [QL] Oxaydo
- [PA] [QL] Subsys
- [PA] [QL] Xartemis XR
- [PA] [QL] Zohydro ER

DRUG NAME	FORMULARY PRODUCTS
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##### 3.1.2 COMBINATION NARCOTIC/ANALGESICS

###### GENERICS

- Acetaminophen/Butalbital* (Phrenilin)
- Acetaminophen/Caffeine/Butalbital* (Fioricet)
- Aspirin/Caffeine/Butalbital* (Fiorinal)
- Butalbital/Acetaminophen/Caffeine* (Esgic)
- Butalbital/Acetaminophen/Caffeine* (Esgic-Plus)
- [QL] *Codeine Phosphate/Acetaminophen* (Tylenol w/Codeine)
- [QL] *Codeine Phosphate/Acetaminophen/Caffeine/Butalbital* (Fioricet w/Codeine)
- Codeine Phosphate/Aspirin/Caffeine/Butalbital* (Fiorinal w/Codeine)
- Dihydrocodeine-Apap-Caffeine* (Trexix)
- [QL] *Hydrocodone Bit/Acetaminophen* (Anexsia)
- [QL] *Hydrocodone Bit/Acetaminophen* (Lorcet Plus)
- [QL] *Hydrocodone Bit/Acetaminophen* (Lorcet 10/650)
- [QL] *Hydrocodone Bit/Acetaminophen* (Lortab)
- [QL] *Hydrocodone Bit/Acetaminophen* (Vicodin)
- [QL] *Hydrocodone Bit/Acetaminophen* (Vicodin ES)
- Hydrocodone Bit/Ibuprofen* (Vicoprofen)
- [QL] *Ibuprofen/Oxycodone HCl* (Combunox)
- Oxycodone/Aspirin* (Percodan)
- [QL] *Oxycodone HCl/Acetaminophen* (Percocet)
- [QL] *Oxycodone HCl/Acetaminophen* (Tylox)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

- Synalgos-DC

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

### 3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH (CONTINUED)

#### 3.3 Non-narcotic Analgesics

DRUG NAME	FORMULARY PRODUCTS
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##### 3.3.1 NSAIDS/COX II INHIBITORS

##### 3.3.1.1 NSAIDS

###### GENERICS

- [PA] [QL] *Diclofenac 1%* (Voltaren Gel)
- Diclofenac Potassium* (Cataflam)
- Diclofenac Sodium* (Voltaren)
- [QL] *Diclofenac Sodium 1.5%* (Pennsaid)
- Diclofenac Sodium Tablet, Sustained Release 24hr* (Voltaren-XR)
- Diclofenac Sodium-Misoprostol* (Arthrotec)
- Etodolac* (Lodine)
- Etodolac Tablet, Sustained Release 24hr* (Lodine XL)
- Flurbiprofen* (Ansaid)
- Ibuprofen* (Motrin Rx)
- Indomethacin* (Indocin)
- Indomethacin Capsule, Sustained Action* (Indocin SR)
- Ketoprofen* (Orudis)
- Ketoprofen Capsule, 24hr Sustained Release Pellets* (Oruvail)
- [QL] *Ketorolac Tromethamine* (Toradol)
- Meclofenamate Sodium* (Meclofenamate Sodium)
- Mefenamic Acid* (Ponstel)
- Meloxicam* (Mobic)
- Nabumetone* (Relafen)
- Naproxen* (Naprosyn Rx)
- Naproxen Sodium* (Anaprox)
- Naproxen Sodium* (Anaprox DS)
- Naproxen Sodium Tablet, Sustained Action* (Naprelan 375mg, 500mg)
- Naproxen, Sustained Release* (EC-Naprosyn)
- Oxaprozin* (Daypro)
- Piroxicam* (Feldene)
- Sulindac* (Clinoril)
- Tolmetin Sodium* (Tolectin)

###### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

###### DRUG NAME

- [ST] [QL] Cambia
- [PA] [QL] Duexis
- [PA] [QL] Flector Patch
- Nalfon
- Naprelan 750mg
- [PA] [QL] Pennsaid 2%
- [QL] Sprix
- [PA] [QL] Tivorbex
- [PA] [QL] Vivlodex
- [ST] [QL] Zipsor
- [PA] [QL] Zorvolex

DRUG NAME	FORMULARY PRODUCTS
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##### 3.3.1.2 NSAIDS- SPECIFIC COX-II INHIBITORS

###### GENERICS

- Celecoxib* (Celebrex)

DRUG NAME	FORMULARY PRODUCTS
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##### 3.3.2 SALICYLATES

###### GENERICS

- Choline Salicylate/Magnesium Salicylate* (Choline Mag Trisalicylate)
- Diffunisal* (Dolobid)
- Salsalate* (Salflex)

DRUG NAME	FORMULARY PRODUCTS
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##### 3.3.3 MISCELLANEOUS ANALGESICS

###### GENERICS

- Pentazocine HCl/Acetaminophen* (Talacen)
- Pentazocine HCl/Naloxone HCl* (Talwin NX)
- Tramadol ER* (Ultram ER)
- Tramadol HCl* (Ryzolt)
- Tramadol HCl* (Ultram)
- Tramadol HCl/Acetaminophen* (Ultracet)

###### BRANDS

- [PA] [QL] Nucynta (*Tapentadol*)

###### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

###### DRUG NAME

- [PA] [QL] Nucynta ER

DRUG NAME	FORMULARY PRODUCTS
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##### 3.3.4 NARCOTIC ANTAGONISTS

###### GENERICS

- Naltrexone HCl* (ReVia)

###### BRANDS

- [QL] Evzio (*Naloxone HCl*)
- [QL] Narcan Nasal Spray (*Naloxone*)

DRUG NAME	FORMULARY PRODUCTS
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##### 3.3.5 NARCOTIC MIXED AGONIST/ANTAGONIST

###### GENERICS

- [QL] *Buprenorphine HCl/Naloxone HCl* (Suboxone SL Tab)
- [PA] [QL] *Buprenorphine* (Subutex)

###### BRANDS

- [QL] Suboxone Film (*Buprenorphine HCl/Naloxone HCl*)
- [QL] Zubsolv (*Buprenorphine/Naloxone*)

###### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

###### DRUG NAME

- [PA] [QL] Belbuca
- [QL] Bunavail
- [PA] [QL] Butrans

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

**3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH (CONTINUED)****3.4 Migraine & Cluster Headache Therapy**

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
	<i>Acetaminophen/Butalbital</i> (Phrenilin)
	<i>Acetaminophen/Caffeine/Butalbital</i> (Fioricet)
	<i>Acetaminophen With Codeine</i> (Cocet)
[ST] [QL]	<i>Almotriptan Malate</i> (Axert)
	<i>Aspirin/Caffeine/Butalbital</i> (Fiorinal)
	<i>Dihydroergotamine Mesylate</i> (D.H.E.45)
[QL]	<i>Dihydroergotamine Mesylate</i> (Migranal)
	<i>Ergotamine Tartrate/Caffeine Suppository, Rectal</i> (Migergot)
	<i>Ergotamine Tartrate/Caffeine Tablet</i> (Cafergot)
[ST] [QL]	<i>Frovatriptan Succinate</i> (Frova)
	<i>Isometheptene Mucate/Acetaminophen/Caffeine</i> (Prodrin)
	<i>Isometheptene Mucate/Acetaminophen/Dichloralphenazone</i> (Midrin)
[QL]	<i>Naratriptan</i> (Amerge)
[QL]	<i>Rizatriptan Benzoate Tablet</i> (Maxalt)
[QL]	<i>Rizatriptan Benzoate Tablet, Rapid Dissolve</i> (Maxalt MLT)
[QL]	<i>Sumatriptan Intranasal Solution</i> (Imitrex Nasal Spray)
[QL]	<i>Sumatriptan Succinate</i> (Alsuma)
[QL]	<i>Sumatriptan Succinate Kit</i> (Imitrex)
[QL]	<i>Sumatriptan Succinate Tablet</i> (Imitrex)
[ST] [QL]	<i>Zolmitriptan Tablet</i> (Zomig)
[ST] [QL]	<i>Zolmitriptan Tablet, Orally Disintegrating</i> (Zomig ZMT)
<b>BRANDS</b>	
	Ergomar ( <i>Ergotamine Tartrate Tablet, Sublingual</i> )

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Allzital
[ST] [QL]	Onzetra Xsail
[ST] [QL]	Relpax
[ST] [QL]	Sumavel Dose Pro
[PA] [QL]	Treximet
[ST] [QL]	Zembrace Symtouch
[ST] [QL]	Zomig Spray

**3.5 Antiparkinsonism Agents**

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
	<i>Amanadine HCl Tablet</i> (Symmetrel)
	<i>Benzotropine Mesylate</i> (Cogentin)
	<i>Bromocriptine Mesylate</i> (Parlodel)
	<i>Carbidopa</i> (Lodosyn)
	<i>Carbidopa/Levodopa</i> (Parcopa)
	<i>Carbidopa/Levodopa</i> (Sinemet)
	<i>Carbidopa/Levodopa/Entacapone</i> (Stalevo)
	<i>Carbidopa/Levodopa Tablet, Sustained Action</i> (Sinemet CR)
	<i>Diphenhydramine HCl</i> (Benadryl)
	<i>Entacapone</i> (Comtan)
	<i>Pramipexol</i> (Mirapex)
[PA] [QL]	<i>Pramipexol ER</i> (Mirapex ER)
	<i>Rasagiline Mesylate</i> (Azilect)
	<i>Ropinirole HCl</i> (Requip)
	<i>Ropinirole HCl Sustained Release</i> (Requip XL)
	<i>Selegiline HCl</i> (Eldepryl)
	<i>Tolcapone</i> (Tasmar)
	<i>Tribexyphenidyl HCl</i> (Artane)
<b>BRANDS</b>	
	Apokyn ( <i>Apomorphine HCl Cartridge (ml)</i> )
[PA] [QL]	Duopa Enteral Suspension ( <i>levodopa/carbidopa</i> )

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL]	Neupro
[ST] [QL]	Rytary

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

### 3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH (CONTINUED)

#### 3.6 Anticonvulsants

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
	<i>Acetazolamide</i> (Diamox)
	<i>Carbamazepine</i> (Carbatrol)
	<i>Carbamazepine</i> (Tegretol)
	<i>Carbamazepine Tablet, Sustained Release 12hr</i> (Tegretol XR)
	<i>Clonazepam</i> (Klonopin)
	<i>Clonazepam Tablet, Rapid Dissolve</i> (Klonopin)
	<i>Diazepam</i> (Diastat Acudial)
	<i>Divalproex Sodium</i> (Depakote)
	<i>Divalproex Sodium Sprinkle Capsules</i> (Depakote Sprinkle)
	<i>Divalproex Sodium Tablets, Delayed Release</i> (Depakote ER)
	<i>Ethosuximide</i> (Zarontin)
	<i>Felbamate</i> (Felbatol)
	<i>Gabapentin</i> (Neurontin)
	<i>Lamotrigine</i> (Lamictal)
	<i>Lamotrigine Orally Disintegrating</i> (Lamictal ODT)
	<i>Lamotrigine Sustained Release</i> (Lamictal XR)
	<i>Lamotrigine Tablet, Dispersible</i> (Lamictal)
	<i>Levetiracetam</i> (Keppra)
	<i>Oxcarbazepine</i> (Trileptal)
	<i>Phenobarbital</i> (Phenobarbital)
	<i>Phenytoin Sodium Extended</i> (Dilantin)
	<i>Phenytoin Sodium Extended Capsule</i> (Phenytek)
	<i>Phenytoin Suspension, Oral</i> (Final Dose Form) ( <i>Dilantin</i> )
	<i>Primidone Tablet</i> (Mysoline)
	<i>Tiagabine HCl</i> (Gabitril 2mg, 4mg)
	<i>Topiramate</i> (Topamax Tablets)
	<i>Topiramate Sprinkle Capsules</i> (Topamax)
	<i>Valproate Sodium Syrup</i> (Depakene)
	<i>Valproic Acid Capsule</i> ( <i>Hard, Soft, Etc.</i> ) (Depakene)
	<i>Zonisamide</i> (Zonegran)
<b>BRANDS</b>	
	Banzel ( <i>Rufinamide</i> )
	Diastat ( <i>Diazepam</i> )
	Dilantin 30mg ( <i>Phenytoin Sodium Extended</i> )
	Gabitril 12mg, 16mg ( <i>Tiagabine HCl</i> )
	Lamictal ( <i>Lamotrigine Tablet, Dose Pack</i> )
	Peganone ( <i>Ethotoin</i> )
	Potiga ( <i>Ezogabine</i> )
	Sabril ( <i>Vigabatrin</i> )
	Vimpat ( <i>Lacosamide</i> )
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[ST] [QL]	Aptiom
[PA] [QL]	Briviact
	Equetro
[PA] [QL]	Fycompa
[PA]	Lyrica
[PA] [QL]	Onfi
[PA] [QL]	Oxtellar XR
[PA] [QL]	Qudexy XR
[PA] [QL]	Spritam
[PA] [QL]	Topiramate ER
[PA] [QL]	Trokendi XR

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

#### 3.7 Miscellaneous Neurological Therapy

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
	<i>Donepezil HCl</i> (Aricept)
[QL]	<i>Donepezil HCl</i> (Aricept 23mg)
	<i>Donepezil HCl Tablet, Rapid Dissolve</i> (Aricept ODT)
	<i>Galantamine Hydrobromide</i> (Razadyne)
	<i>Galantamine Hydrobromide Extended-Release Capsules</i> (Razadyne ER)
	<i>Memantine HCl, Memantine HCl solution, Oral</i> (Namenda)
	<i>Rivastigmine</i> (Exelon)
	<i>Rivastigmine Transdermal System</i> (Exelon Patch)
[PA] [QL]	<i>Tetrabenazine</i> (Xenazine)
<b>BRANDS</b>	
	Copaxone ( <i>Glatiramer Acetate Kit</i> )
[PA] [QL]	Gilenya ( <i>Fingolimod</i> )
[PA] [QL]	Nuedexta ( <i>Dextromethorphan HBR/Quinidine</i> )
[PA] [QL]	Tecfidera ( <i>Dimethyl Fumarate</i> )
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL]	Ampyra
[PA] [QL]	Aubagio
[ST] [QL]	Gralise
[ST] [QL]	Horizant
[ST] [QL]	Namenda XR
[PA] [QL]	Namzaric
[QL]	Revlimid
[PA] [QL]	Savella
[PA] [QL]	Xyrem

#### 3.8 Muscle Relaxants & Antispasmodic Therapy

FORMULARY PRODUCTS	
DRUG NAME	
<b>3.8.1 MUSCLE RELAXANTS &amp; ANTISPASMODIC AGENTS</b>	
<b>GENERICS</b>	
	<i>Baclofen Tablet</i> (Lioresal)
	<i>Carisoprodol Tablet</i> (Soma)
	<i>Carisoprodol/Aspirin</i> (Soma Compound)
	<i>Chlorzoxazone</i> (Parafon Forte DSC)
	<i>Cyclobenzaprine HCl</i> (Flexeril)
	<i>Dantrolene Sodium</i> (Dantrium)
	<i>Diazepam</i> (Valium)
	<i>Metaxalone</i> (Skelaxin)
	<i>Methocarbamol</i> (Robaxin)
	<i>Tizanidine HCl</i> (Zanaflex)
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[ST]	Amrix

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

### 3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH (CONTINUED)

DRUG NAME	FORMULARY PRODUCTS
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#### 3.8.2 MYASTHENIA GRAVIS

##### GENERICS

*Pyridostigmine Bromide Tablet* (Mestinon)

*Pyridostigmine Bromide Tablet, Sustained Action* (Mestinon)

##### BRANDS

Mestinon (*Pyridostigmine Bromide Syrup*)

### 3.9 Psychotherapeutic Drugs

DRUG NAME	FORMULARY PRODUCTS
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#### 3.9.1 HYPNOTIC AGENTS

##### GENERICS

*Chloral Hydrate* (Chloral Hydrate)

[QL] *Estazolam* (ProSom)

[QL] *Eszopiclone* (Lunesta)

[QL] *Flurazepam HCl* (Dalmane)

*Seconal Sodium* (Seconal)

[QL] *Temazepam* (Restoril)

[QL] *Triazolam* (Halcion)

[QL] *Zaleplon* (Sonata)

[QL] *Zolpidem Tartrate* (Ambien)

[QL] *Zolpidem Tartrate Controlled Release* (Ambien CR)

[ST][QL] *Zolpidem Tartrate* (Intermezzo)

##### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME
[ST][QL] Belsomra
Butisol Sodium
[QL] Doral
[ST][QL] Edluar
[PA][QL] Hetlioz
[QL] Rozerem
[ST][QL] Silenor
[ST] Zolpimist

DRUG NAME	FORMULARY PRODUCTS
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#### 3.9.2 ANTIDEPRESSANT AGENTS

##### 3.9.2.1 TRICYCLICS

##### GENERICS

*Amitriptyline HCl* (Elavil)

*Amoxapine* (Asendin)

*Clomipramine HCl* (Anafranil)

*Desipramine HCl* (Norpramin)

*Doxepin HCl* (Sinequan)

*Imipramine HCl* (Tofranil)

*Imipramine Pamoate* (Tofranil-PM)

*Nortriptyline HCl* (Pamelor)

*Protriptyline HCl* (Vivactil)

*Trimipramine Maleate* (Surmontil)

##### 3.9.2.2 MISCELLANEOUS ANTIDEPRESSANTS

##### GENERICS

*Bupropion HCl Tablet* (Wellbutrin)

*Bupropion HCl Tablet, Sustained Action* (Wellbutrin SR)

*Bupropion HCl Tablet, Sustained Release 24 hr* (Wellbutrin XL)

*Desvenlafaxine* (Pristiq)

*Duloxetine* (Cymbalta, Irenka)

*Fluvoxamine Maleate* (Luvox CR)

*Maprotiline HCl* (Ludiomil)

*Mirtazapine Tablet* (Remeron)

*Mirtazapine Tablet, Rapid Dissolve* (Remeron)

*Trazodone HCl* (Desyrel)

*Venlafaxine HCl* (Effexor)

*Venlafaxine XR* (Effexor XR)

*Venlafaxine XR Tablet* (Venlafaxine HCl ER)

##### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME
[ST] Aplenzin
[ST][QL] Desvenlafaxine ER
[ST][QL] Desvenlafaxine Fumarate
[ST][QL] Fetzima
[ST][QL] Forfivo XL
[ST][QL] Khedezla
[PA] Oleptro ER
[ST] Pexeva
[ST][QL] Trintellix
[ST][QL] Viibryd

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.



### 3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH (CONTINUED)

FORMULARY PRODUCTS
DRUG NAME

#### 3.9.2.3 MAO INHIBITORS

##### GENERICS

- Phenelzine Sulfate* (Nardil)
- Tranylcypromine Sulfate* (Parnate)

#### 3.9.2.4 SELECTIVE SEROTONIN REUPTAKE INHIBITORS

##### GENERICS

- Citalopram Hydrobromide* (Celexa)
- Escitalopram Oxalate* (Lexapro)
- Fluoxetine* (Sarafem)
- Fluoxetine HCl* (Prozac)
- [QL] *Fluoxetine HCl* (Prozac Weekly)
- Fluvoxamine Maleate* (Luvox)
- Paroxetine HCl Tablet* (Paxil)
- Paroxetine HCl Tablet* (Paxil CR)
- Sertraline HCl* (Zoloft)

##### BRANDS

- [QL] Fluoxetine 60mg

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
DRUG NAME

- [ST] [QL] Brisdelle
- [ST] Peveva
- [ST] [QL] Viibryd

FORMULARY PRODUCTS
DRUG NAME

#### 3.9.3 ANTIPSYCHOTICS

##### 3.9.3.1 PHENOTHIAZINES

##### GENERICS

- Chlorpromazine HCl* (Thorazine)
- Fluphenazine HCl* (Prolixin)
- Perphenazine* (Trilafon)
- [QL] *Thioridazine HCl* (Mellaril)
- Trifluoperazine HCl* (Stelazine)

##### 3.9.3.2 BUTYROPHENONES

##### GENERICS

- Haloperidol* (Haldol)
- Haloperidol Lactate Concentrate, Oral* (Haldol)

##### 3.9.3.3 MISCELLANEOUS ANTIPSYCHOTICS

##### GENERICS

- Aripiprazole* (Abilify)
- Aripiprazole* (Abilify Discmelt)
- Clozapine* (Clozaril)
- Clozapine ODT* (Fazaclo)
- Loxapine Succinate* (Loxitane)
- Molindone* (Moban)
- Olanzapine Orally Disintegrating Tablets* (Zyprexa Zydis)
- Olanzapine Tablets* (Zyprexa)
- [QL] *Paliperidone Er* (Invega)
- Pimozide* (Orap)
- Quetiapine Fumarate* (Seroquel)
- [ST][QL] *Quetiapine Fumarate ER* (Seroquel XR)
- Risperidone Tablets* (Risperdal)
- Risperidone Tablets, Oral Disintegrating* (Risperdal M-tab)
- Thiothixene* (Navane)
- Ziprasidone HCl* (Geodon)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
DRUG NAME

- Aristada
- [ST] Fanapt
- Fazaclo (150mg, 200mg)
- [ST] Latuda
- [PA] [QL] Nuplazid
- [PA] [QL] Rexulti
- [ST] [QL] Saphris
- [ST] Versacloz
- [ST] [QL] Vraylar

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

### 3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH (CONTINUED)

FORMULARY PRODUCTS	
DRUG NAME	

#### 3.9.4 MISCELLANEOUS PSYCHOTHERAPEUTIC AGENTS

##### GENERICS

- [QL] *Armodafinil* (Nuvigil)
- [QL] *Amphetamine Aspartate/Amphetamine Sulfate/Dextroamphetamine* (Adderall)
- [QL] *Amphetamine Aspartate/Amphetamine Sulfate/Dextroamphetamine Capsules, Sustained Release* (Adderall XR)
- [QL] *Clonidine HCl Extended-Release* (Kapvay)
- D-Amphetamine Sulfate* (Dexedrine)
- D-Amphetamine Sulfate Capsule, Sustained Action* (Dexedrine)
- Dexmethylphenidate HCl* (Focalin)
- Dexmethylphenidate HCl Extended-Release* (Focalin XR)
- Lithium Carbonate* (Eskalith)
- Lithium Carbonate Tablet, Sustained Action* (Eskalith CR)
- Lithium Carbonate Tablet, Sustained Action* (Lithobid)
- Lithium Citrate* (Lithium Citrate)
- Methamphetamine HCl* (Desoxyn)
- Methylphenidate HCl* (Concerta)
- Methylphenidate HCl* (Metadate CD)
- Methylphenidate HCl* (Metadate ER 20mg)
- Methylphenidate HCl* (Ritalin)
- Methylphenidate HCl* (Ritalin LA 20mg, 30mg, 40mg)
- Methylphenidate HCl Tablet* (Methylin)
- Methylphenidate HCl Tablet, Sustained Action* (Ritalin-SR)
- Methylphenidate Solution* (Methylin Solution, Oral)
- [QL] *Modafinil* (Provigil)

##### BRANDS

- Daytrana (*Methylphenidate, Patch, Transdermal 24 hr*)
- Strattera (*Atomoxetine HCl Capsule (Hard, Soft, Etc.)*)

##### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME
[ST] [QL] Adzenys XR ODT
[ST] [QL] Aptensio XR
[PA] [QL] Dyanavel XR
[PA] [QL] Evekeo
[PA] [QL] Quillichew ER
[PA] [QL] Quillivant XR
Ritalin LA (10mg, 60mg)
[PA] [QL] Vyvanse capsule
Zenzedi

FORMULARY PRODUCTS	
DRUG NAME	

#### 3.9.5 ANXIOLYTICS

##### GENERICS

- Alprazolam* (Xanax)
- Alprazolam, Sustained Release 24hr* (Xanax XR)
- Alprazolam Tablets, Oral Disintegrating* (Niravam)
- Bupirone HCl* (Buspar)
- Chlordiazepoxide HCl* (Librium)
- Clorazepate Dipotassium Tablet* (Tranxene T-Tab)
- Diazepam* (Valium)
- Lorazepam* (Ativan)
- Midazolam HCl* (Versed)
- Midazolam HCl Syrup* (Versed)
- Oxazepam* (Serax)

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

### 3.10 ANTIVERTIGO & ANTIEMETIC DRUGS

FORMULARY PRODUCTS	
DRUG NAME	

##### GENERICS

- Aprepitant* (Emend capsule)
- Dronabinol* (Marinol)
- Granisetron HCl* (Kytril)
- Meclizine HCl* (Antivert)
- Ondansetron* (Zofran ODT)
- Ondansetron HCl* (Zofran)
- Prochlorperazine Maleate* (Compazine)
- Prochlorperazine Maleate Suppository, Rectal* (Compazine)
- Promethazine HCl Suppository, Rectal* (Phenergan)
- Promethazine HCl Tablet* (Phenergan)
- Trimethobenzamide HCl* (Tigan)
- Trimethobenzamide HCl/Benzocaine Suppository, Rectal* (Tigan)

##### BRANDS

- Anzemet (*Dolasetron Mesylate Tablet*)
- [PA] [QL] Emend (*Aprepitant Suspension*)
- Transderm-Scop (*Scopolamine Hydrobromide Patch, Transdermal 72 Hours*)

##### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME
[PA] [QL] Akynzeo
[PA] [QL] Diclegis
[PA] [QL] Sancuso
[PA] [QL] Varubi
[PA] Zuplenz

### 3.11 ANTIALCOHOLIC AGENTS

FORMULARY PRODUCTS	
DRUG NAME	

##### GENERICS

- Acamprosate Calcium* (Campral)
- Disulfiram* (Antabuse)

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 4. CARDIOVASCULAR, HYPERTENSION & LIPIDS

### 4.1 Antiarrhythmic Agents

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Amiodarone HCl Tablet</i> (Cordarone)	
<i>Disopyramide Phosphate</i> (Norpace)	
<i>Disopyramide Phosphate Capsule, Sustained Action</i> (Norpace CR)	
<i>Dofetilide</i> (Tikosyn)	
<i>Flecainide Acetate</i> (Tambocor)	
<i>Mexiletine HCl Capsule (Hard, Soft, Etc.)</i> (Mexitil)	
<i>Propafenone HCl</i> (Rythmol SR)	
<i>Propafenone HCl Tablet</i> (Rythmol)	
<i>Quinidine Gluconate Tablet, Sustained Action</i> (Quinaglute)	
<i>Quinidine Sulfate Tablet</i> (Quinidine Sulfate)	
<i>Quinidine Sulfate Tablet, Sustained Action</i> (Quinidex)	
<i>Sotalol HCl</i> (Betapace AF)	
<i>Sotalol HCl Tablet</i> (Betapace)	
<b>BRANDS</b>	
[QL]	Multaq ( <i>Dronedarone HCl</i> )

### 4.2 Cardiac Glycosides

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Digoxin Solution</i> (Lanoxin)	
<i>Digoxin Tablet</i> (Lanoxin)	
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
	Lanoxin 62.5mcg & 187.5mcg

### 4.3 Nitrates

FORMULARY PRODUCTS	
DRUG NAME	
<b>4.3.1 RAPID ACTING NITRATES</b>	
<b>GENERICS</b>	
<i>Nitroglycerin</i> (Nitromist Lingual Spray)	
<i>Nitroglycerin Sublingual Tablet</i> (Nitrostat)	
<b>BRANDS</b>	
Nitrolingual ( <i>Nitroglycerin</i> )	
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
	GoNitro

FORMULARY PRODUCTS	
DRUG NAME	
<b>4.3.2 LONG ACTING NITRATES</b>	
<b>GENERICS</b>	
<i>Isosorbide Dinitrate</i> (Isordil)	
<i>Isosorbide Mononitrate Tablet, Sustained Release 24hr</i> (Imdur)	
<i>Nitroglycerin Capsule, Sustained Action</i> (Nitroglycerin)	
<i>Nitroglycerin Capsule, Sustained Action</i> (Nitro-Time)	
<i>Nitroglycerin Ointment(gm)</i> (Nitro-Bid)	
<i>Nitroglycerin Patch, Transdermal 24 Hours</i> (Nitroglycerin)	
<b>BRANDS</b>	
Dilatrate-SR ( <i>Isosorbide Dinitrate Capsule, Sustained Action</i> )	
Nitro-Dur ( <i>Nitroglycerin Patch, Transdermal 24 Hours</i> )	
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
	Minitran Patch, Transdermal 24 Hours

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

### 4.4 Coagulation Therapy

FORMULARY PRODUCTS	
DRUG NAME	
<b>4.4.1 ANTICOAGULANTS</b>	
<b>GENERICS</b>	
<i>Warfarin Sodium</i> (Coumadin)	
<b>BRANDS</b>	
[QL]	Eliquis ( <i>Apixaban</i> )
[QL]	Xarelto ( <i>Rivaroxaban</i> )

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[QL]	Pradaxa
[QL]	Savaysa

FORMULARY PRODUCTS	
DRUG NAME	

<b>4.4.2 ANTIPLATELET DRUGS</b>	
<b>GENERICS</b>	
<i>Anagrelide HCl</i> (Agrylin)	
<i>Aspirin 81mg, 325mg</i> [PREVENT]	
<i>Aspirin/Dipyridamole Capsule, Multiphasic Release</i> (Aggrenox)	
<i>Aspirin Enteric Coated 81mg, 325mg</i> (Ecotrin) [PREVENT]	
<i>Cilostazol Tablet</i> (Pletal)	
<i>Clopidogrel Bisulfate</i> (Plavix)	
<i>Dipyridamole Tablet</i> (Persantine)	
<i>Ticlopidine HCl Tablet</i> (Ticlid)	
<b>BRANDS</b>	
Brilinta ( <i>Ticagrelor</i> )	
Effient ( <i>Prasugrel HCl</i> )	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL]	Durlaza
[PA] [QL]	Zontivity

FORMULARY PRODUCTS	
DRUG NAME	

<b>4.4.3 HEPARIN</b>	
<b>GENERICS</b>	
<i>Enoxaparin</i> (Lovenox)	
<i>Fondaparinux Sodium</i> (Arixtra)	
<i>Heparin Sodium, Porcine</i> (Heparin Lock Flush)	
<b>BRANDS</b>	
Fragmin ( <i>Dalteparin Sodium, Porcine</i> )	

FORMULARY PRODUCTS	
DRUG NAME	

<b>4.4.4 VITAMIN K</b>	
<b>BRANDS</b>	
Mephyton ( <i>Phytonadione Tablet</i> )	

FORMULARY PRODUCTS	
DRUG NAME	

<b>4.4.5 HEMOSTATICS</b>	
<b>BRANDS</b>	
Amicar ( <i>Aminocaproic acid</i> )	
[PA]	Promacta ( <i>Eltrombopag Olamine</i> )

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 4. CARDIOVASCULAR, HYPERTENSION & LIPIDS (CONTINUED)

FORMULARY PRODUCTS	
DRUG NAME	
<b>4.4.6 MISCELLANEOUS COAGULATION AGENTS</b>	
<b>GENERIC</b>	
<i>Pentoxifylline Tablet, Sustained Action (Trental)</i>	

### 4.5 Antihypertensive Therapy

FORMULARY PRODUCTS	
DRUG NAME	
<b>4.5.1 THIAZIDE &amp; RELATED DIURETICS</b>	
<b>GENERIC</b>	
<i>Amiloride HCl/Hydrochlorothiazide (Moduretic)</i>	
<i>Amiloride HCl Tablet (Midamor)</i>	
<i>Bumetanide (Bumex)</i>	
<i>Chlorothiazide (Diuril)</i>	
<i>Chlorthalidone (Hygroton)</i>	
<i>Eplerenone (Inspra)</i>	
<i>Ethacrynic Acid (Edecrin)</i>	
<i>Furosemide (Lasix)</i>	
<i>Hydrochlorothiazide (HydroDIURIL)</i>	
<i>Indapamide (Lozol)</i>	
<i>Metolazone (Zaroxolyn)</i>	
<i>Spirolactone/Hydrochlorothiazide (Aldactazide)</i>	
<i>Spirolactone Tablet (Aldactone)</i>	
<i>Torsemide (Demadex)</i>	
<i>Triamterene/Hydrochlorothiazide (Dyazide)</i>	
<i>Triamterene/Hydrochlorothiazide (Maxzide)</i>	
<b>BRANDS</b>	
<i>Dyrenium (Triamterene Capsule (Hard, Soft, Etc.))</i>	

FORMULARY PRODUCTS	
DRUG NAME	
<b>4.5.2 BETA-BLOCKERS</b>	
<b>GENERIC</b>	
<i>Acebutolol HCl (Sectral)</i>	
<i>Atenolol (Tenormin)</i>	
<i>Betaxolol HCl (Kerlone)</i>	
<i>Bisoprolol Fumarate (Zebeta)</i>	
<i>Carvedilol (Coreg)</i>	
<i>Labetalol HCl (Normodyne)</i>	
<i>Labetalol HCl (Trandate)</i>	
<i>Metoprolol Succinate Tablet, Sustained Release 24hr (Toprol XL)</i>	
<i>Metoprolol Tartrate (Lopressor)</i>	
<i>Nadolol (Corgard)</i>	
<i>Pindolol (Visken)</i>	
<i>Propranolol HCl (Inderal)</i>	
<i>Propranolol HCl Capsule, Sustained Action 24 hr (Inderal LA)</i>	
<i>Timolol Maleate (Blocadren)</i>	
<b>BRANDS</b>	
<i>Bystolic</i>	
<i>Coreg CR (Carvedilol)</i>	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL] <i>Hemangeol</i>	
<i>Innopran XL</i>	
[PA] <i>Sotylize</i>	

FORMULARY PRODUCTS	
DRUG NAME	
<b>4.5.3 CALCIUM CHANNEL BLOCKERS</b>	
<b>4.5.3.1 CALCIUM CHANNEL BLOCKERS/NON-DIHYDROPYRIDINES</b>	
<b>GENERIC</b>	
[QL] <i>Amlodipine/Atorvastatin (Caduet)</i>	
<i>Diltiazem Extended Release (excluding 120mg) (Cardizem LA)</i>	
<i>Diltiazem HCl (Cardizem)</i>	
<i>Diltiazem HCl Capsule, Sustained Action (Tiazac)</i>	
<i>Diltiazem HCl Capsule, Sustained Release 24 hr (Cardizem CD)</i>	
<i>Nimodipine (Nimotop)</i>	
<i>Verapamil HCl (Calan)</i>	
<i>Verapamil HCl Capsule, 24hr Sustained Release Pellets (Verelan)</i>	
<i>Verapamil HCl Capsule, 24hr Sustained Release Pellets (Verelan PM)</i>	
<i>Verapamil HCl Tablet, Sustained Action (Calan SR)</i>	
<i>Verapamil HCl Tablet, Sustained Action (Isoptin S.R.)</i>	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[QL] <i>Nymalize</i>	

FORMULARY PRODUCTS	
DRUG NAME	
<b>4.5.3.2 CALCIUM CHANNEL BLOCKERS/DIHYDROPYRIDINES</b>	
<b>GENERIC</b>	
<i>Amlodipine Besylate (Norvasc)</i>	
<i>Felodipine ER (Plendil)</i>	
<i>Isradipine (DynaCirc)</i>	
<i>Nifedipine Capsule (Hard, Soft, Etc.) (Procardia)</i>	
<i>Nifedipine Tablet, Sustained Action (Adalat CC)</i>	
<i>Nifedipine Tablet, Sustained Release Osmotic Push (Procardia XL)</i>	
<i>Nisoldipine Tablet (Sular)</i>	

FORMULARY PRODUCTS	
DRUG NAME	
<b>4.5.4 ACE INHIBITORS</b>	
<b>GENERIC</b>	
<i>Benazepril HCl (Lotensin)</i>	
<i>Captopril (Capoten)</i>	
<i>Enalapril Maleate (Vasotec)</i>	
<i>Fosinopril Sodium Tablet (Monopril)</i>	
<i>Lisinopril (Prinivil)</i>	
<i>Lisinopril (Zestril)</i>	
<i>Moexipril HCl (Univasc)</i>	
<i>Perindopril Erbumine (Aceon)</i>	
<i>Quinapril HCl Tablet (Accupril)</i>	
<i>Ramipril (Altace)</i>	
<i>Trandolapril (Mavik)</i>	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
<i>Epaned</i>	
[QL] <i>Qbrelis</i>	

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 4. CARDIOVASCULAR, HYPERTENSION & LIPIDS (CONTINUED)

FORMULARY PRODUCTS	
DRUG NAME	
<b>4.5.5 ADRENERGIC ANTAGONISTS &amp; RELATED DRUGS</b>	
<b>GENERICS</b>	
	<i>Clonidine HCl</i> (Catapres)
	<i>Clonidine HCl Patch, Transdermal Weekly</i> (Catapres-TTS)
	<i>Doxazosin Mesylate</i> (Cardura)
[QL]	<i>Guanfacine Extended Release</i> (Intuniv)
	<i>Guanfacine HCl</i> (Tenex)
	<i>Methyldopa</i> (Aldomet)
	<i>Prazosin HCl</i> (Minipress)
	<i>Terazosin HCl</i> (Hytrin)

FORMULARY PRODUCTS	
DRUG NAME	
<b>4.5.6 AGENTS FOR PHEOCHROMOCYTOMA</b>	
<b>GENERICS</b>	
[PA] [QL]	<i>Phenoxylbenzamine HCl</i> (Dibenzyline)

FORMULARY PRODUCTS	
DRUG NAME	
<b>4.5.7 VASODILATORS</b>	
<b>GENERICS</b>	
	<i>Hydralazine HCl</i> (Apresoline)
	<i>Minoxidil</i> (Loniten)
<b>BRANDS</b>	
	BiDil ( <i>Hydralazine HCl/Isosorbide Dinitrate</i> )

FORMULARY PRODUCTS	
DRUG NAME	
<b>4.5.8 OTHER ANTIHYPERTENSIVE COMBINATIONS</b>	
<b>GENERICS</b>	
	<i>Amlodipine Besylate/Benazepril HCl</i> (Lotrel)
	<i>Amlodipine Besylate/Olmesartan Medoxomil</i> (Azor)
	<i>Amlodipine/Valsartan</i> (Exforge)
	<i>Amlodipine/Valsartan HCTZ</i> (Exforge HCT)
	<i>Atenolol/Chlorthalidone</i> (Tenoretic)
	<i>Benazepril HCl/Hydrochlorothiazide</i> (Lotensin HCT)
	<i>Bisoprolol Fumarate/Hydrochlorothiazide</i> (Ziac)
	<i>Captopril/Hydrochlorothiazide</i> (Capozide)
	<i>Enalapril Maleate/Hydrochlorothiazide</i> (Vaseretic)
	<i>Fosinopril Sodium/Hydrochlorothiazide</i> (Monopril HCT)
	<i>Lisinopril/Hydrochlorothiazide</i> (Prinzide, Zestoretic)
	<i>Methyldopa/Hydrochlorothiazide</i> (Aldoril)
	<i>Metoprolol Tartrate/Hydrochlorothiazide</i> (Lopressor HCT)
	<i>Moexipril HCl/Hydrochlorothiazide</i> (Uniretic)
[QL]	<i>Olmesartan/Amlodipine/HCTZ</i> (Tribenzor)
	<i>Propranolol HCl/Hydrochlorothiazide</i> (Inderide)
	<i>Quinapril HCl/Hydrochlorothiazide Tablet</i> (Accuretic)
	<i>Telmisartan/Amlodipine</i> (Twyinsta)
	<i>Trandolapril/Verapamil</i> (Tarka)
<b>BRANDS</b>	
	Clorpres ( <i>Clonidine HCl/Chlorthalidone Tablet</i> )

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[QL]	Edarbyclor
[ST] [QL]	Prestalia
	Tarka

FORMULARY PRODUCTS	
DRUG NAME	
<b>4.5.9 ANGIOTENSIN II RECEPTOR BLOCKERS</b>	
<b>GENERICS</b>	
	<i>Candesartan Cilexetil</i> (Atacand)
	<i>Candesartan Cilexetil/Hydrochlorothiazide</i> (Atacand HCT)
	<i>Eprosartan</i> (Teveten 600mg)
	<i>Irbesartan</i> (Avapro)
	<i>Irbesartan/Hydrochlorothiazide</i> (Avalide)
	<i>Losartan Potassium</i> (Cozaar)
	<i>Losartan Potassium/Hydrochlorothiazide</i> (Hyzaar)
	<i>Olmesartan Medoxomil</i> (Benicar)
	<i>Olmesartan Medoxomil/HCTZ</i> (Benicar HCT)
	<i>Telmisartan</i> (Micardis)
	<i>Telmisartan/Hydrochlorothiazide</i> (Micardis HCT)
	<i>Valsartan</i> (Diovan)
	<i>Valsartan/Hydrochlorothiazide</i> (Diovan HCT)
<b>BRANDS</b>	
	Benicar ( <i>Olmesartan Medoxomil</i> )
	Benicar HCT ( <i>Olmesartan Medoxomil/Hydrochlorothiazide</i> )

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[ST] [QL]	Byvalson
[QL]	Edarbi
[PA]	Tekturna

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 4. CARDIOVASCULAR, HYPERTENSION & LIPIDS (CONTINUED)

### 4.6 Lipid/Cholesterol Lowering Agents

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
[QL]	<i>Amlodipine/Atorvastatin</i> (Caduet)
[QL]	<i>Atorvastatin Calcium</i> (Lipitor)
	<i>Colestipol</i> (Colestid)
[QL]	<i>Ezetimibe</i> (Zetia)
	<i>Fenofibrate</i> (Antara)
	<i>Fenofibrate</i> (Fenoglide)
	<i>Fenofibrate</i> (Tricor)
	<i>Fenofibrate, Micronized</i> (Fenofibrate)
	<i>Fenofibric Acid</i> (Fibricor)
[QL]	<i>Fenofibric Acid Delayed Release</i> (Trilipix)
[QL]	<i>Fluvastatin ER</i> (Lescol XL)
[QL]	<i>Fluvastatin Sodium</i> (Lescol)
[QL]	<i>Lovastatin</i> (Mevacor)
	<i>Niacin Tablet, Sustained Action Sequential</i> (Niaspan)
	<i>Omega-3 Acid Ethyl Est</i> (Lovaza)
[QL]	<i>Pravastatin Sodium</i> (Pravachol)
[QL]	<i>Rosuvastatin Calcium</i> (Crestor)
[QL]	<i>Simvastatin</i> (Zocor)
<b>BRANDS</b>	
[QL]	Altoprev ( <i>Lovastatin</i> )
[PA] [QL]	Kynamro ( <i>Mipomersen Subcutaneous Injection</i> )
	Lipofen ( <i>Fenofibrate</i> )
	Triglide ( <i>Fenofibrate</i> )
[QL]	Vytorin ( <i>Ezetimibe/Simvastatin</i> )
	Welchol ( <i>Colesevelam HCl</i> )
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL]	Juxtapid
[PA] [QL]	Liptruzet
[QL]	Livalo
[PA] [QL]	Praluent
[PA] [QL]	Repatha
[PA] [QL]	Repatha Pushtronex
[PA] [QL]	Vascepa

### 4.7 Miscellaneous Cardiovascular Agents

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
	<i>Midodrine HCl</i> (ProAmantine)
	<i>Sodium Polystyrene Sulfonate</i> (Kayexalate)
	<i>Sodium Polystyrene Sulfonate Enema (ml)</i> (Sodium Polystyrene Sulfonate)
<b>BRANDS</b>	
[PA] [QL]	Corlanor ( <i>Ivabradine</i> )
	Ranexa ( <i>Ranolazine</i> )
[PA] [QL]	Tyvaso ( <i>Treprostinil</i> )
[PA] [QL]	Veltassa ( <i>Patiromer</i> )
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL]	Entresto
[PA] [QL]	Northera
[PA] [QL]	Vecamyl

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 5. DERMATOLOGICALS/TOPICAL THERAPY

### 5.1 Topical Corticosteroids

DRUG NAME	FORMULARY PRODUCTS
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#### 5.1.1 TOPICAL CORTICOSTEROIDS VERY HIGH POTENCY

##### GENERIC

- Betamethasone Dipropionate* (Diprolene)
- Calcipotriene* (Dovonex)
- Calcipotriene/Betamethasone Dipropionate Ointment* (Taclonex)
- Clobetasol Propionate* (OLUX Foam)
- Clobetasol Propionate* (Temovate)
- Clobetasol Propionate/Emollient* (OLUX-E Foam)
- Clobetasol Propionate/Emollient* (Temovate)
- Clobetasol Propionate Lotion (ml)* (Clobex)
- Clobetasol Propionate Shampoo* (Clobex)
- Clobetasol Propionate Spray* (Clobex)
- Diflorasone Diacetate Ointment(gm)* (Psorcon)
- Halobetasol Propionate Cream* (Ultravate)
- Halobetasol Propionate Ointment* (Ultravate)

##### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

##### DRUG NAME

[QL] Enstilar

DRUG NAME	FORMULARY PRODUCTS
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#### 5.1.2 TOPICAL CORTICOSTEROIDS HIGH POTENCY

##### GENERIC

- Amcinonide* (Cyclocort)
- Betamethasone Dipropionate* (Diprosone)
- Betamethasone Dipropionate Ointment* (Diprolene 0.05%)
- Betamethasone Dipropionate/Propylene Glycol Cream (Grams)* (Diprolene AF 0.05%)
- Betamethasone Valerate Ointment(gm)* (Betatrex 0.10%)
- Desoximetasone Cream (Grams)* (Topicort 0.25%)
- Desoximetasone Gel (gm)* (Topicort 0.05%)
- Desoximetasone Ointment(gm)* (Topicort 0.25%)
- Diflorasone Diacetate Cream (Grams)* (Psorcon)
- Diflorasone Diacetate/Emollient Cream (Grams)* (Psorcon E)
- Fluocinonide* (Lidex)
- Fluocinonide* (Vanos)
- Fluocinonide/Emollient Cream (Grams)* (Lidex-E 0.05%)
- Triamcinolone Acetonide Cream (Grams)* (Kenalog 0.50%)

DRUG NAME	FORMULARY PRODUCTS
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#### 5.1.3 TOPICAL CORTICOSTEROIDS MEDIUM POTENCY

##### GENERIC

- Betamethasone* (Luxiq Foam)
- Betamethasone Valerate* (Betatrex)
- Desoximetasone Cream (Grams)* (Topicort Lp 0.05%)
- Fluocinolone Acetonide Cream (Grams)* (Synalar 0.03%)
- Fluocinolone Acetonide Ointment(gm)* (Synalar 0.03%)
- Flurandrenolide* (Cordran Cream)
- Fluticasone Propionate* (Cutivate)
- Hydrocortisone Butyrate Cream* (Locoid)
- Hydrocortisone Butyrate Ointment* (Locoid)
- Hydrocortisone Butyrate Solution* (Locoid)
- Hydrocortisone Butyrate/Emollient* (Locoid Lipocream 0.1%)
- Hydrocortisone Valerate* (Westcort)
- Mometasone Furoate* (Elocon)
- Triamcinolone Acetonide* (Kenalog)

##### BRANDS

- Clocortolone Pivalate Cream
- Cloderm 0.10% (*Clocortolone Pivalate Cream (Grams)*)
- Cordran 4mcg/sq cm (*Flurandrenolide Tape, Medicated*)
- Cordran Ointment (*Flurandrenolide*)

DRUG NAME	FORMULARY PRODUCTS
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#### 5.1.4 TOPICAL CORTICOSTEROIDS LOW POTENCY

##### GENERIC

- Alclometasone Dipropionate Ointment(gm)* (Aclovate)
- Desonide Cream (Grams)* (DesOwen)
- Desonide Lotion (ml)* (DesOwen)
- Desonide Ointment(gm)* (DesOwen)
- Fluocinolone Acetonide Cream (Grams)* (Fluocinolone Acetonide 0.01%)
- Fluocinolone Acetonide Solution, Non-Oral* (Synalar 0.01%)
- Hydrocortisone Lotion Rx (ml)* (Hydrocortisone)
- Hydrocortisone Rx* (Hytone)

##### BRANDS

- Capex Shampoo 0.01% (*Fluocinolone Acetonide*)

### 5.2 Topical Anesthetics

DRUG NAME	FORMULARY PRODUCTS
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##### GENERIC

- Lidocaine Adhesive Patch* (Lidoderm)
- Lidocaine HCl Cream (Grams)* (Lida Mantle)
- Lidocaine HCl Jel (ml)* (Xylocaine)
- Lidocaine HCl Ointment(gm)* (Xylocaine)
- Lidocaine HCl Solution, Non-Oral* (Xylocaine)
- Lidocaine/Prilocaine* (Emla)

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[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 5. DERMATOLOGICALS/TOPICAL THERAPY (CONTINUED)

### 5.3 Therapy For Acne

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Adapalene</i> (Differin 0.1% cream, gel)	
<i>Adapalene 0.3% gel</i> (Differin)	
<i>Benzoyl Peroxide Rx</i> (Benzoyl Peroxide)	
<i>Clindamycin 1%</i> (Evoclin)	
<i>Clindamycin Phosphate</i> (Cleocin T)	
<i>Clindamycin Phosphate/Benzoyl Peroxide</i> (Benzaclyn)	
<i>Clindamycin Phosphate/Benzoyl Peroxide</i> (Duac)	
<i>Erythromycin Base Solution, Non-Oral</i> (Del-Mycin)	
<i>Erythromycin Base/Benzoyl Peroxide Gel (gm)</i> (Benzamycin)	
<i>Erythromycin Base/Ethyl Alcohol Gel (gm)</i> (A/T/S)	
<i>Erythromycin Base/Ethyl Alcohol Solution, Non-Oral</i> (A/T/S)	
<i>Erythromycin Base/Ethyl Alcohol Swab, Medicated</i> (Erycette)	
<i>Metronidazole</i> (Metrocream)	
<i>Metronidazole</i> (Metro lotion)	
<i>Metronidazole, Topical</i> (Metrogel)	
<i>Sulfacetamide Sodium/Sulfur</i> (Sulfacet-R)	
<i>Tretinoin</i> (Atralin Gel)	
<i>Tretinoin</i> (Retin-A)	
<i>Tretinoin Microsphere</i> (Retin-A Micro)	
<b>BRANDS</b>	
[ST]	<i>Absorica</i> ( <i>Isotretinoin</i> )
	<i>Acanya</i> ( <i>Benzoyl Peroxide/Clindamycin</i> )
	<i>Aczone 5% Gel</i> ( <i>Dapsone</i> )
	<i>Epiduo</i> ( <i>Benzoyl Peroxide/Adapalene</i> )
	<i>Finacea</i> ( <i>Azelaic Acid Gel</i> )
	<i>Tazorac</i> ( <i>Tazarotene</i> )
	<i>Veltin</i> ( <i>Clindamycin/Tretinoin</i> )
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
	Azelex
	Differin Lotion 0.1%
[PA] [QL]	Epiduo Forte
[ST] [QL]	Fabior
[ST] [QL]	Onexton
	Retin-A Micro 0.08%

### 5.4 Topical Antibacterials

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Gentamicin Sulfate</i> (Garamycin)	
<i>Mupirocin Calcium (gm)</i> (Bactroban)	
<b>BRANDS</b>	
<i>Bactroban Nasal</i> ( <i>Mupirocin Calcium</i> )	
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
	Centany

### 5.5 Topical Antifungals

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Ciclopirox</i> (Loprox, Penlac)	
<i>Clotrimazole/Betamethasone Dipropionate Cream (Grams) or Lotion (ml)</i> (Lotrisone)	
<i>Econazole Nitrate</i> (Spectazole)	
<i>Ketoconazole Cream (Grams), Ketoconazole Shampoo</i> (Nizoral)	
[PA] [QL]	<i>Naftifine HCl Cream</i> (Naftin)
[PA] [QL]	<i>Oxiconazole Nitrate Cream</i> (Oxistat)
<i>Nystatin Cream (Grams)</i> (Mycostatin)	
<i>Nystatin/Triamcinolone Acetonide</i> (Mycolog II)	
<b>BRANDS</b>	
<i>Mentax</i> ( <i>Butenafine HCl</i> )	
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
[PA] [QL]	Ecoza
	Exelderm
[PA] [QL]	Luzu
[PA] [QL]	Naftin Gel
[PA] [QL]	Oxistat Lotion
[PA] [QL]	Xolegel

### 5.6 Topical Antivirals

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Acyclovir Ointment</i> (Zovirax)	
<b>BRANDS</b>	
<i>Zovirax</i> ( <i>Acyclovir Cream</i> )	
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
	Denavir

### 5.7 Burn Therapy

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Silver Sulfadiazine</i> (Silvadene)	
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
	Sulfamylon

### 5.8 Topical Enzymes

FORMULARY PRODUCTS	
DRUG NAME	
<b>BRANDS</b>	
<i>Santyl</i> ( <i>Collagenase</i> )	

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[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.



## 5. DERMATOLOGICALS/TOPICAL THERAPY (CONTINUED)

### 5.10 Antipsoriatic/Antiseborrheic

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
	<i>Acitretin</i> (Soriatane)
	<i>Calcitriol</i> (Vectical, Topical)
	<i>Calcipotriene</i> (Dovonex)
	<i>Calcipotriene/Betamethasone</i> (Taclonex Ointment)
	<i>Selenium Sulfide</i> (Selsun Rx)
	<i>Sulfacetamide Sodium</i> (Ovace)
	<i>Sulfacetamide Sodium/Urea</i> (Scalp Treatment)
<b>BRANDS</b>	
[PA] [QL]	Cosentyx ( <i>Secukinumab</i> )
[PA] [QL]	Humira ( <i>Adalimumab</i> )
	Pramosone ( <i>Hydrocortisone Acetate/Pramoxine HCl</i> )
[PA] [QL]	Stelara ( <i>Ustekinumab</i> )
	Tazorac ( <i>Tazarotene</i> )

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL]	Otrexup
[PA] [QL]	Rasuvo
	Taclonex Topical Suspension
[PA] [QL]	Taltz

### 5.11 Topical Scabicides/Pediculicides

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
	<i>Lindane</i> (Lindane)
	<i>Malathion</i> (Ovide)
	<i>Permethrin</i> (Elimite)
<b>BRANDS</b>	
	Eurax Cream ( <i>Crotamiton</i> )
	Eurax Lotion ( <i>Crotamiton</i> )
	Ulesfia ( <i>Benzyl Alcohol</i> )

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[QL]	Sklice

### 5.12 Miscellaneous Dermatologicals

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
	<i>Aluminum Chloride</i> (Drysol)
[PA] [QL]	<i>Diclofenac Sodium 3% Gel</i> (Solaraze)
	<i>Fluorouracil Cream</i> (Efudex)
	<i>Fluorouracil Solution, Non-Oral</i> (Efudex)
	<i>Imiquimod</i> (Aldara)
	<i>Methoxsalen</i> (Oxsoralen-Ultra)
	<i>Sulfacetamide Sodium/Urea Lotion (gm)</i> (Carmol 10%)
	<i>Tacrolimus Ointment</i> (Protopic)
	<i>Urea</i> (Carmol 40)
<b>BRANDS</b>	
[PA] [QL]	Carac Cream ( <i>Fluorouracil</i> )
	Condylox ( <i>Podoflox Solution, Non-Oral</i> )
	Elidel ( <i>Pimecrolimus Cream (Grams)</i> )
[PA] [QL]	Fluorouracil 0.5% cream
	Panretin ( <i>Alitretinoin</i> )

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[ST] [QL]	Finacea Foam
[PA] [QL]	Picato
[ST] [QL]	Soolantra 1% cream
[QL]	Tolak Cream
[PA] [QL]	Zyclara

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 6. EAR, NOSE & THROAT MEDICATIONS

### 6.1 Intranasal Steroids

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
[ST] [QL]	<i>Budesonide</i> (Rhinocort Aqua)
[QL]	<i>Flunisolide</i> (Nasalide)
[QL]	<i>Fluticasone Propionate</i> (Flonase)
[ST][QL]	<i>Mometasone Furoate</i> (Nasonex)
<b>BRANDS</b>	
[ST] [QL]	Qnasl ( <i>Beclomethasone Dipropionate</i> )
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[ST] [QL]	Beconase AQ
[PA] [QL]	Dymista
[ST] [QL]	Omnaris
[ST] [QL]	Veramyst
[ST] [QL]	Zetonna

### 6.2 Miscellaneous Otic Preparations

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
	<i>Acetic Acid/Hydrocortisone</i> (VoSol HC)
	<i>Antipyrine/Benzocaine/Glycerin</i> (Auralgan)
	<i>Ofloxacin</i> (Floxin)

### 6.3 Otic Steroid/Antibiotic

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
	<i>Neomycin Sulfate/Polymyxin B Sulfate/Hydrocortisone</i> (Cortisporin)
<b>BRANDS</b>	
	Cetraxal ( <i>Ciprofloxacin HCl Drops</i> )
	Ciprodex ( <i>Ciprofloxacin HCl/Dexamethasone Suspension, Drops (Final Dosage Form)(ml)</i> )
	Cipro HC ( <i>Ciprofloxacin HCl/Hydrocortisone</i> )
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Coly-Mycin S
	Otovel

### 6.4 Miscellaneous Agents

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
[QL]	<i>Azelastine</i> (Astelin, Astepro)
	<i>Cevimeline HCl</i> (Evoxac)
[QL]	<i>Ipratropium Bromide Aerosol, Spray (ml)</i> (Atrovent)
	<i>Lidocaine HCl, Viscous</i>
[QL]	<i>Olopatadine</i> (Patanase)
	<i>Pilocarpine HCl</i> (Salagen)
	<i>Triamcinolone Acetonide Paste (gm)</i> (Kenalog in Orabase)
<b>BRANDS</b>	
	Numoisyn ( <i>Calcium Phosphate/Saliva Stimulant Agents Combin/Malic Acid/Sorbitol Lozenge</i> )

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 7. ENDOCRINE/DIABETES

### 7.1 Antithyroid Agents

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
	<i>Methimazole Tablet</i> (Tapazole)
	<i>Propylthiouracil Tablet</i> (Propylthiouracil)
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
	SSKI

### 7.2 Thyroid Hormones

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
	<i>Levothyroxine Sodium</i> (Levoxytl)
	<i>Levothyroxine Sodium</i> (Synthroid)
	<i>Liothyronine</i> (Cytomel)
<b>BRANDS</b>	
	Thyrolar ( <i>Liotrix</i> )
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
	Armour Thyroid

### 7.3 Adrenal Hormones

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
	<i>Cortisone Acetate</i> (Cortisone Acetate)
	<i>Dexamethasone Tablet, Dose Pack</i> (Decadron)
	<i>Fludrocortisone Acetate</i> (Florinef Acetate)
	<i>Hydrocortisone</i> (Cortef)
	<i>Methylprednisolone</i> (Medrol)
	<i>Prednisolone Sodium Phosphate Solution, Oral</i> (Pediapred)
	<i>Prednisolone Syrup</i> (Prelone)
	<i>Prednisolone Tablet</i> (Prednisolone)
	<i>Prednisone</i> (Prednisone)
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
	[PA] [QL] Rayos

### 7.4 Miscellaneous Hormones

FORMULARY PRODUCTS	
DRUG NAME	
<b>7.4.1 ANDROGENS</b>	
<b>GENERICS</b>	
	<i>Danazol</i> (Danocrine)
	[PA] [QL] <i>Fluoxymesterone</i> (Androxy)
	<i>Methyltestosterone</i> (Android, Testred)
	[PA] <i>Oxandrolone</i> (Oxandrin)
	<i>Testosterone Cypionate Vial (ml)</i> (Depo-Testosterone)
	<i>Testosterone Enanthate Disposable Syringe (ml)</i> (Delatestryl)
	[PA] [QL] <i>Testosterone Gel 1% in Packet (gm)</i> (Androgel)
	[PA] [QL] <i>Testosterone Gel 1% in Pump (gm)</i> (Androgel)
<b>BRANDS</b>	
	[PA] [QL] Androderm ( <i>Testosterone Patch, Transdermal 24 Hours</i> )
	[PA] [QL] Androgel 1.62% ( <i>Testosterone Gel in Metered-Dose Pump (gm)</i> )
	[PA] [QL] Testim ( <i>Testosterone</i> )

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	[PA] Anadrol-50
	[PA] [QL] Axiron
	[PA] [QL] Fortesta ( <i>Testosterone</i> )
	Methitest
	[PA] Nandrolone
	[PA] [QL] Natesto
	[PA] [QL] Striant
	[PA] [QL] Vogelxo

FORMULARY PRODUCTS	
DRUG NAME	
<b>7.4.2 OVULATORY STIMULANTS</b>	
<b>GENERICS</b>	
	<i>Clomiphene Citrate</i> (Clomid)
<b>BRANDS</b>	
	Bravelle ( <i>Urofollitropin (FSH)</i> )
	Gonal-F, Gonal-F RFF ( <i>Follitropin Alpha, Recombinant</i> )
	Menopur ( <i>Menotropin</i> )
	Ovidrel ( <i>HCG Alpha, Recombinant</i> )
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
	[PA] Follistim AQ

FORMULARY PRODUCTS	
DRUG NAME	
<b>7.4.3 VITAMIN D ANALOGS</b>	
<b>GENERICS</b>	
	<i>Calcitriol Capsule (Hard, Soft, Etc.)</i> (Rocaltrol)
	<i>Calcitriol Solution, Oral</i> (Rocaltrol)
	<i>Doxercalciferol Capsule</i> (Hectorol)
	<i>Paricalcitol</i> (Zemplar)

FORMULARY PRODUCTS	
DRUG NAME	
<b>7.4.4 GONADOTROPIN &amp; RELATED AGENTS</b>	
<b>BRANDS</b>	
	Cetrotide ( <i>Cetrorelix Acetate</i> )
	[PA] Chorionic Gonadotropin, Human
	Ganirelix ( <i>Ganirelix Acetate</i> )
	[PA] Novarel ( <i>Chorionic Gonadotropin, Human</i> )
	[PA] Pregnyl ( <i>Chorionic Gonadotropin</i> )

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 7. ENDOCRINE/DIABETES (CONTINUED)

### 7.5 Diabetes Therapy

FORMULARY PRODUCTS	
DRUG NAME	

#### 7.5.1 INSULIN THERAPY

##### BRANDS

- Basaglar (*Insulin Glargine*)
- Humalog (*Insulin Lispro, Human Rec. Analog*)
- Humalog Mix 75/25 (*Insulin Lispro (NPL)/Insulin Lispro, Human Rec. Analog*)
- Humulin 50/50  
(*Insulin NPH Human Semi-Synthetic/Insulin Regular Human Rec*)
- Humulin 70/30  
(*Insulin NPH Human Recombinant/Insulin Regular Human Rec*)
- Humulin N (*Insulin NPH Human Recombinant*)
- Humulin R (*Insulin Regular Human Rec*)
- Lantus (*Insulin Glargine, Human Recombinant Analog*)
- Lantus Solostar (*Insulin Glargine, Human Recombinant Analog*)
- Levemir (*Insulin Detemir*)
- Levemir Flextouch (*Insulin Detemir*)
- Novolin 70/30 (*Insulin NPH Human Recombinant/Insulin Regular Human Rec Vial (SDV,MDV or Additive) (ml)*)
- Novolin N  
(*Insulin NPH Human Recombinant Vial (SDV,MDV or Additive) (ml)*)
- Novolin R (*Insulin Regular Human Rec Vial (SDV,MDV or Additive) (ml)*)
- NovoLog (*Insulin Aspart Cartridge (ml)*)
- NovoLog (*Insulin Aspart Vial (SDV,MDV or Additive) (ml)*)
- NovoLog FlexPen (*Insulin Aspart Prefilled Syringe (ml)*)
- Novolog Mix 70/30 (*Insulin Aspart Protamine Human/Insulin Aspart Vial (SDV,MDV or Additive) (ml)*)
- Novolog Mix 70/30 FlexPen (*Insulin Aspart Protamine Human/Insulin Aspart Prefilled Syringe (ml)*)
- Toujeo Solostar (*insulin glargine*)
- Tresiba (*Insulin Degludec*)

##### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME	
[PA] Afrezza	
Apidra	

##### FORMULARY PRODUCTS

DRUG NAME	
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#### 7.5.2 NON-INSULIN HYPOGLYCEMIC AGENTS

##### GENERICS

- Acarbose (*Precose*)
- Chlorpropamide (*Diabinese*)
- Glimepiride (*Amaryl*)
- Glipizide (*Glucotrol*)
- Glipizide/Metformin HCl (*Metaglip*)
- Glipizide Tablet, Sustained Release Osmotic Push (*Glucotrol XL*)
- Glyburide (*DiaBeta*)
- Glyburide/Metformin HCl (*Glucovance*)
- Glyburide, Micronized (*Glynase*)
- Metformin HCl (*Glucophage*)
- Metformin HCl Tablet, Extended Release (*Fortamet*)
- Metformin HCl Tablet, Sustained Release 24hr (*Glucophage XR*)
- Nateglinide (*Starlix*)
- Pioglitazone/Glimepiride (*Duetact*)
- Pioglitazone HCl (*Actos*)
- Pioglitazone HCl/Metformin (*Actoplus Met*)
- Repaglinide/Metformin HCl (*Prandimet*)
- Repaglinide (*Prandin*)
- Tolazamide (*Tolinase*)
- Tolbutamide (*Orinase*)

##### BRANDS

- Actoplus Met XR (*Pioglitazone HCl/Metformin Extended Release*)
- [PA] [QL] Bydureon (*Exenatide*)
- [PA] [QL] Byetta (*Exenatide*)
- [ST] [QL] Farxiga (*Dapagliflozin*)
- [ST] [QL] Invokana (*Canagliflozin*)
- [ST] [QL] Invokamet (*Canagliflozin/Metformin HCl*)
- [ST] [QL] Invokamet XR (*Canagliflozin/Metformin HCl Extended Release*)
- Janumet (*Sitagliptin/Metformin HCl*)
- [QL] Janumet XR (*Sitagliptin Phosphate/Metformin HCl*)
- [QL] Januvia (*Sitagliptin Phosphate*)
- Kombiglyze XR (*Saxagliptin/Metformin*)
- [QL] Onglyza (*Saxagliptin*)
- SymlinPen (*Pramlintide Acetate*)
- [PA] [QL] Victoza (*Liraglutide*)
- [ST] [QL] Xigduo (*Dapagliflozin/Metformin HCl Extended-Release*)

##### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME	
[PA] [QL] Adlyxin	
[ST] [QL] Alogliptin	
[ST] [QL] Alogliptin-Metformin	
[ST] [QL] Alogliptin-Pioglitazone	
Avandamet	
Avandia	
[PA] [QL] Cycloset	
[PA] [QL] Glyxambi	
[PA] [QL] Jardiance	
[ST] [QL] Jentadueto	
[ST] [QL] Jentadueto XR	
[ST] [QL] Kazano	
[ST] [QL] Nesina	
[ST] [QL] Oseni	
Riomet	
[PA] [QL] Synjardy	
[PA] [QL] Tanzeum	
[ST] [QL] Tradjenta	
[PA] [QL] Trulicity	

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 7. ENDOCRINE/DIABETES (CONTINUED)

DRUG NAME	FORMULARY PRODUCTS
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### 7.5.3 GLUCOSE ELEVATING AGENTS

#### BRANDS

Glucagon (*Glucagon, Human Recombinant*)

DRUG NAME	FORMULARY PRODUCTS
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### 7.5.4 INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQUIPMENT

#### BRANDS

\*Accu-Chek Active (*test strips*)

\*Accu-Chek Arriva (*test strips*)

\*Accu-Chek Arriva Plus (*test strips*)

\*Accu-Chek Comfort Curve (*test strips*)

\*Accu-Chek Smart View (*test strips*)

\*One Touch Ultra (*test strips*)

\*One Touch Verio (*test strips*)

DRUG NAME	FORMULARY PRODUCTS
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### 7.6 MISCELLANEOUS ENDOCRINE

#### GENERICS

*Cabergoline* (Dostinex)

*Calcitonin, Salmon, Synthetic* (Miacalcin)

*Desmopressin Acetate Solution, Non-Oral* (DDAVP)

*Desmopressin Acetate Tablet* (DDAVP)

[PA] *Octreotide Acetate Vial (SDV, MDV or Additive) (ml)* (Sandostatin)

*Sodium Phenylbutyrate* (Buphenyl Oral Powder)

#### BRANDS

[PA] [QL] Buphenyl Tablets (*Sodium Phenylbutyrate*)

[PA] Carbaglu (*Carglumic Acid*)

[PA] [QL] Cholbam (*Cholic Acid*)

Kuvan (*Sapropterin Dihydrochloride*)

[PA] [QL] Natpara (*Parathyroid Hormone*)

[QL] Samsca (*Tolvaptan*)

[PA] Sandostatin LAR Depot (*Octreotide Acetate*)

[PA] Sandostatin LAR (*Octreotide Acetate Kit*)

Sensipar (*Cinacalcet HCl*)

[PA] [QL] Signifor (*Pasireotide Diaspartate*)

[PA] [QL] Somatuline Depot (*Lanreotide*)

[PA] Somavert (*Pegvisomant*)

[PA] [QL] Strensiq (*Asfotase Alfa*)

Synarel (*Nafarelin Acetate*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

[PA] [QL] Cerdelga

Cetylev

[PA] [QL] Egrifta

[PA] Increlex

[PA] [QL] Korlym

[PA] [QL] Myalept

[PA] [QL] Ravicti

[PA] [QL] Signifor LAR

[PA] [QL] Syprine

[PA] [QL] Zavesca

\*Diabetic test strip coverage depends on your plan.

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 8. GASTROENTEROLOGY

### 8.1 Ulcer Therapy

DRUG NAME	FORMULARY PRODUCTS
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#### 8.1.1 H2 ANTAGONISTS

##### GENERICS

*Cimetidine HCl Liquid (ml)* (Tagamet)  
*Cimetidine Tablet Rx* (Tagamet)  
*Famotidine Rx* (Pepcid)  
*Nizatidine Rx* (Axid)  
*Ranitidine HCl Rx* (Zantac)

DRUG NAME	FORMULARY PRODUCTS
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#### 8.1.2 PROSTAGLANDINS

##### GENERICS

*Misoprostol* (Cytotec)

DRUG NAME	FORMULARY PRODUCTS
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#### 8.1.3 OTHER ULCER THERAPY

##### GENERICS

*Lansoprazole/Amoxicillin Trihydrate/Clarithromycin* (Prevpac)  
*Sucralfate Tablet* (Carafate)

##### BRANDS

*Carafate (Sucralfate Suspension, Oral (Final Dose Form))*  
*Pylera (Bismuth/Metronidazole/Tetracycline)*

DRUG NAME	FORMULARY PRODUCTS
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#### 8.1.4 PROTON PUMP INHIBITORS

##### GENERICS

[ST] *Esomeprazole Magnesium Capsule* (Nexium)  
*Lansoprazole* (Prevacid)  
 [ST] [QL] *Omeprazole/Bicarb* (Zegerid Rx)  
*Omeprazole OTC* (Prilosec OTC)  
*Omeprazole Rx* (Prilosec)  
*Pantoprazole Sodium* (Protonix)  
*Rabeprazole* (Aciphex)

##### BRANDS

*Prevacid Solutab (Lansoprazole Delayed-Release Orally Disintegrating)*  
*Prilosec OTC (Omeprazole)*

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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[ST] [QL] *Aciphex Sprinkle*  
 [ST] *Dexilant*  
 [ST] *Nexium suspension*

### 8.2 Antidiarrheals & Antispasmodics

DRUG NAME	FORMULARY PRODUCTS
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#### 8.2.1 ANTIDIARRHEALS

##### GENERICS

*Diphenoxylate HCl/Atropine Sulfate* (Lomotil)  
*Loperamide HCl Capsule (Hard, Soft, Etc.)* (Imodium 2mg)

##### BRANDS

*Motofen (Difenoxin HCl/Atropine Sulfate)*  
 [PA] [QL] *Mytesi (Crofelemer Delayed Release Capsule)*  
 [PA] [QL] *Viberzi (Eluxadoline)*

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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*Opium Tincture*

DRUG NAME	FORMULARY PRODUCTS
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#### 8.2.2 ANTISPASMODICS

##### GENERICS

*Dicyclomine HCl* (Bentyl)  
*Hyoscyamine Sulfate Tablet, Rapid Dissolve* (Nulev)  
*Hyoscyamine Sulfate Tablet, Sublingual* (Levsin/SL)  
*Hyoscyamine Sulfate Tablet, Sustained Release 12hr* (Levbid)  
*Glycopyrrolate* (Robinul)  
*Propantheline Bromide* (Propantheline Bromide)

DRUG NAME	FORMULARY PRODUCTS
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#### 8.2.3 COMBINATION ANTICHOLINERGICS

##### GENERICS

*Clidinium Bromide/Chlordiazepoxide* (Librax)

### 8.3 Miscellaneous Gastrointestinal Agents

DRUG NAME	FORMULARY PRODUCTS
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#### 8.3.1 BILE ACIDS

##### GENERICS

*Ursodiol* (Actigall)  
*Ursodiol* (Urso)  
*Ursodiol* (Urso Forte)

##### BRANDS

[PA] [QL] *Ocaliva* (Obeticholic Acid)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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[PA] *Chenodal*

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 8. GASTROENTEROLOGY (CONTINUED)

FORMULARY PRODUCTS	
DRUG NAME	
<b>8.3.2 DIGESTIVE ENZYMES</b>	
<b>BRANDS</b>	
Creon ( <i>Amylase/Lipase/Protease</i> )	
Pancreaze ( <i>Pancrelipase</i> )	
Viokace ( <i>Amylase/Lipase/Protease</i> )	
Zenpep ( <i>Pancrelipase</i> )	

FORMULARY PRODUCTS	
DRUG NAME	
<b>8.3.3 MISCELLANEOUS GASTROINTESTINAL AGENTS</b>	
<b>GENERICS</b>	
<i>Alosetron HCl</i> (Lotronex)	
<i>Balsalazide Disodium</i> (Colazal)	
<i>Budesonide Capsule, Sustained Release 24 hr</i> (Entocort EC)	
<i>Cromolyn Sodium</i> (Gastrocrom)	
<i>Hydrocortisone</i> (Cortenema)	
<i>Hydrocortisone</i> (proctoCream-HC 2.50%)	
<i>Hydrocortisone Acetate Suppository, Rectal</i> (Anusol-HC)	
<i>Hydrocortisone Acetate/Pramoxine HCl 2.5%-1%</i> (Analpram-HC)	
<i>Hydrocortisone Acetate/Pramoxine HCl Cream, Rectal</i> (Pramosone)	
<i>Hydrocortisone Cream (Grams)</i> (Anusol-HC)	
<i>Lactulose</i> (Cephulac)	
<i>Mesalamine Enema (ml)</i> (Rowasa)	
<i>Metoclopramide HCl</i> (Reglan)	
<i>Metoclopramide HCl ODT</i> (Metozolv ODT)	
<i>Sulfasalazine</i> (Azulfidine)	
<i>Sulfasalazine Tablet, Enteric Coated</i> (Azulfidine)	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] Amitiza	
Apriso (Mesalamine)	
[ST] [QL] Giazio	
[PA] [QL] Linzess	
Mesalamine DR	
[PA] [QL] Movantik	
[QL] Rectiv	
[PA] [QL] Relistor Tablet	
[PA] [QL] Uceris	
[ST] Uceris Rectal Foam	
[PA] Zorbtive	

FORMULARY PRODUCTS	
DRUG NAME	
<b>8.3.4 ANTIVERTIGO &amp; ANTIEMETIC AGENTS</b>	
<b>GENERICS</b>	
<i>Aprepitant</i> (Emend capsule)	
<i>Dronabinol</i> (Marinol)	
<i>Granisetron HCl</i> (Kytril)	
<i>Meclozine HCl</i> (Antivert)	
<i>Ondansetron</i> (Zofran ODT)	
<i>Ondansetron HCl</i> (Zofran)	
<i>Prochlorperazine Maleate Suppository, Rectal</i> (Compazine)	
<i>Prochlorperazine Maleate Tablet</i> (Compazine)	
<i>Promethazine HCl</i> (Phenergan)	
<i>Promethazine HCl Suppository, Rectal</i> (Phenergan)	
<i>Trimethobenzamide HCl</i> (Tigan)	
<i>Trimethobenzamide HCl/Benzocaine Suppository, Rectal</i> (Tigan)	
<b>BRANDS</b>	
Anzemet ( <i>Dolasetron Mesylate Tablet</i> )	
[PA] [QL] Emend ( <i>Aprepitant</i> ) Suspension	
Transderm-Scop ( <i>Scopolamine Hydrobromide Patch, Transdermal 72 Hours</i> )	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL] Akynzeo	
[PA] [QL] Diclegis	
[PA] [QL] Sancuso	
[PA] [QL] Varubi	
[PA] Zuplenz	

FORMULARY PRODUCTS	
DRUG NAME	
<b>8.3.5 BOWEL EVACUANTS</b>	
<b>GENERICS</b>	
<i>Bisacodyl/Sodium Chloride/Sodium Bicarbonate/Potassium Chloride/Polyethylene Glycol 3350</i> (Halflytely) [PREVENT]	
<i>Sodium Sulfate/Sodium/Sodium Bicarbonate/Potassium Chloride/Polyethylene Glycols</i> (Colyte) [PREVENT]	
<i>Sodium Sulfate/Sodium/Sodium Bicarbonate/Potassium Chloride/Polyethylene Glycols</i> (GoLYTELY Solution) [PREVENT]	
<i>Trilyte With Flavor Packs</i> (Nulytely with Flavor Packs) [PREVENT]	
<b>BRANDS</b>	
GoLYTELY ( <i>Sodium Sulfate/Sodium/Sodium Bicarbonate/Potassium Chloride/Polyethylene Glycols</i> )	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
Moviprep	
NuLytlely	
Osmoprep	
Prepopik	

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 9. IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

### 9.1 Biotechnology Drugs

DRUG NAME	FORMULARY PRODUCTS
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#### 9.1.1 ERYTHROID STIMULANTS BRANDS

[PA] Aranesp (*Darbepoetin Alfa in Albumin Sol*)  
 [PA] Procrit (*Epoetin Alfa*)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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[PA] Epogen  
 [PA] [QL] Mircera

DRUG NAME	FORMULARY PRODUCTS
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#### 9.1.2 MYELOID STIMULANTS BRANDS

Granix (*Filgrastin*)  
 Leukine (*Sargramostim*)  
 [QL] Neulasta (*Pegfilgrastim Disposable Syringe (ml)*)  
 Neupogen (*Filgrastim*)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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Zarxio

DRUG NAME	FORMULARY PRODUCTS
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#### 9.1.3 IMMUNOMODULATORS BRANDS

[PA] [QL] Actemra syringe (*Tocilizumab*)  
 [PA] Arcalyst (*Rilonacept*)  
 [PA] [QL] Cosentyx (*Secukinumab*)  
 [PA] [QL] Gilenya (*Fingolimod*)  
 [PA] [QL] Otezla (*Apremilast*)  
 [PA] [QL] Stelara (*Ustekinumab*)  
 [PA] [QL] Tecfidera (*Dimethyl Fumarate*)  
 Thalomid (*Thalidomide*)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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[PA] [QL] Aubagio  
 [PA] [QL] Kineret  
 [PA] [QL] Orencia (syringe)  
 [PA] [QL] Pomalyst  
 [QL] Revlimid  
 [PA] [QL] Taltz  
 [PA] [QL] Zinbryta

DRUG NAME	FORMULARY PRODUCTS
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#### 9.1.3.1 INTERFERONS GENERICS

*Glatiramer 20mg (Copaxone)*

#### BRANDS

Actimmune (*Interferon Gamma-1b, Recombinant*)  
 Avonex (*Interferon Beta-1A/Albumin Human*)  
 Avonex Pen (*Interferon Beta-1A/Albumin Human*)  
 Copaxone 40mg (*Glatiramer Acetate*)  
 Intron A (*Interferon Alfa-2b, Recombinant*)  
 [QL] Pegasys (*Peginterferon Alfa-2A*)  
 [QL] Pegasys Proclick (*Peginterferon Alfa-2A*)  
 [QL] Peg-Intron (*Peginterferon Alfa-2b*)  
 [QL] Peg-Intron Redipen (*Peginterferon Alfa-2b*)  
 Rebif (*Interferon Beta-1A/Albumin Human Disposable Syringe (ml)*)  
 Rebif Rebidose (*Interferon Beta-1A*)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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Betaseron  
 Extavia  
 [PA] [QL] Plegridy  
 [QL] Sylatron

DRUG NAME	FORMULARY PRODUCTS
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#### 9.1.3.2 TUMOR NECROSIS FACTOR (TNF) - ALPHA BLOCKERS BRANDS

[PA] [QL] Enbrel (*Etanercept*)  
 [PA] [QL] Humira (*Adalimumab*)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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[PA] [QL] Cimzia (syringe)  
 [PA] [QL] Simponi

DRUG NAME	FORMULARY PRODUCTS
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#### 9.1.4 GROWTH HORMONES BRANDS

[PA] Genotropin (*Somatropin*)  
 [PA] Nutropin AQ (*Somatropin*)  
 [PA] Nutropin AQ Nuspin (*Somatropin*)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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[PA] Humatrope  
 [PA] Norditropin Flexpro  
 [PA] Omnitrope  
 [PA] Saizen  
 [PA] Serostim  
 [PA] Zomacton

### 9.2 Immune Globulin

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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[PA] Gammagard  
 [PA] Gammaked  
 [PA] Gamunex-C  
 [PA] Hizentra  
 [PA] HyQvia

### 9.3 Vaccines

DRUG NAME	FORMULARY PRODUCTS
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#### BRANDS

Adacel  
 Afluria  
 Afluria Quad  
 Boostrix  
 Cervarix [AGE 9 TO 27 YEARS]  
 Ez Flu (Afluria)  
 Ez Flu (Fluvirin)  
 Ez Flu (Fluzone)  
 Fluad  
 Fluarix Quad  
 Flublok  
 Flucelvax Quad 2016-2017  
 Flulaval Quad  
 Fluvirin  
 Fluzone (all)  
 Fluzone Intraderm Quad  
 Fluzone Quad (all)  
 Gardasil [AGE 9 TO 27 YEARS]  
 Gardasil 9 [AGE 9 TO 27 YEARS]  
 Menactra  
 Menomune- A/C/Y/W-135  
 Menveo  
 Pneumovax 23  
 Prevnar 13 [AGE 65 AND OVER]  
 Zostavax [AGE 60 AND OVER]



## 10. MUSCULOSKELETAL & RHEUMATOLOGY

### 10.1 NSAID Agents

FORMULARY PRODUCTS	
DRUG NAME	
<b>10.1.1 NSAIDS/COX II INHIBITORS</b>	
<b>10.1.1.1 NSAIDS</b>	
<b>GENERICS</b>	
[PA] [QL]	<i>Diclofenac 1% (Voltaren Gel)</i>
	<i>Diclofenac Potassium (Cataflam)</i>
	<i>Diclofenac Sodium (Voltaren)</i>
	<i>Diclofenac Sodium-Misoprostol (Arthrotec)</i>
[QL]	<i>Diclofenac Sodium 1.5% (Pennsaid)</i>
	<i>Diclofenac Sodium Tablet, Sustained Release 24hr (Voltaren-XR)</i>
	<i>Etodolac (Lodine)</i>
	<i>Etodolac Tablet, Sustained Release 24hr (Lodine XL)</i>
	<i>Flurbiprofen (Ansaid)</i>
	<i>Ibuprofen (Motrin Rx)</i>
	<i>Indomethacin (Indocin)</i>
	<i>Indomethacin Capsule, Sustained Action (Indocin SR)</i>
	<i>Ketoprofen (Orudis)</i>
	<i>Ketoprofen Capsule, 24hr Sustained Release Pellets (Oruvail)</i>
[QL]	<i>Ketorolac Tromethamine (Toradol)</i>
	<i>Meclofenamate Sodium (Meclofenamate Sodium)</i>
	<i>Mefenamic Acid (Ponstel)</i>
	<i>Meloxicam (Mobic)</i>
	<i>Nabumetone (Relafen)</i>
	<i>Naproxen (Naprosyn Rx)</i>
	<i>Naproxen Sodium (Anaprox)</i>
	<i>Naproxen Sodium (Anaprox DS)</i>
	<i>Naproxen Sodium Tablet, Sustained Action (Naprelan 375mg, 500mg)</i>
	<i>Naproxen, Sustained Release (EC-Naprosyn)</i>
	<i>Oxaprozin (Daypro)</i>
	<i>Piroxicam (Feldene)</i>
	<i>Sulindac (Clinoril)</i>
	<i>Tolmetin Sodium (Tolectin)</i>
<b>BRANDS</b>	
	Indocin Suppository ( <i>Indomethacine Suppository</i> )

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[ST] [QL]	Cambia
[PA] [QL]	Duexis
[PA] [QL]	Flector Patch
	Nalfon
	Naprelan 750mg
[PA] [QL]	Pennsaid 2%
[QL]	Sprix
[PA] [QL]	Tivorbex
[PA] [QL]	Vivlodex
[ST] [QL]	Zipsor
[PA] [QL]	Zorvolex

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

FORMULARY PRODUCTS	
DRUG NAME	
<b>10.1.1.2 NSAIDS- SPECIFIC COX-II INHIBITORS</b>	
<b>GENERICS</b>	
	<i>Celecoxib (Celebrex)</i>

FORMULARY PRODUCTS	
DRUG NAME	
<b>10.1.2 SALICYLATES</b>	
<b>GENERICS</b>	
	<i>Choline Salicylate/Magnesium Salicylate Tablet (Choline Mag Trisalicylate)</i>
	<i>Diflunisal (Dolobid)</i>
	<i>Salsalate (Salflex)</i>

### 10.2 Gout Therapy

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
	<i>Allopurinol (Zyloprim)</i>
	<i>Colchicine/Probenecid (Probenecid w/Colchicine)</i>
	<i>Probenecid (Probenecid)</i>
<b>BRANDS</b>	
	Colchicine Tablet
	Colcrys ( <i>Colchicine</i> )
[ST] [QL]	Uloric ( <i>Febuxostat</i> )

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Colchicine Capsule
	Mitigare
[PA] [QL]	Zurampic

### 10.3 Other Rheumatologicals

FORMULARY PRODUCTS	
DRUG NAME	
<b>10.3.1 CORTICOSTEROIDS</b>	
<b>GENERICS</b>	
	<i>Cortisone Acetate (Cortisone Acetate)</i>
	<i>Dexamethasone (Decadron)</i>
	<i>Dexamethasone Tablet, Dose Pack (Decadron)</i>
	<i>Hydrocortisone (Cortef)</i>
	<i>Methylprednisolone (Medrol)</i>
	<i>Prednisolone Sodium Phosphate Solution, Oral (Pediapred)</i>
	<i>Prednisolone Syrup (Prelone)</i>
	<i>Prednisolone Tablet (Prednisolone)</i>
	<i>Prednisone (Prednisone)</i>

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL]	Rayos

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 10. MUSCULOSKELETAL & RHEUMATOLOGY (CONTINUED)

### FORMULARY PRODUCTS

#### 10.3.2 MISCELLANEOUS RHEUMATOLOGICAL AGENTS

##### GENERICS

*Azathioprine* (Imuran)  
*Sulfasalazine* (Azulfidine)  
*Hydroxychloroquine Sulfate* (Plaquenil)  
*Methotrexate Sodium* (Rheumatrex)  
*Sulfasalazine Tablet, Enteric Coated* (Azulfidine EN-tabs)  
*Leflunomide* (Arava)

##### BRANDS

[PA] [QL] *Actemra syringe* (*Tocilizumab*)  
 [PA] [QL] *Cosentyx* (*Secukinumab*)  
 Depen (*Penicillamine*)  
 [PA] [QL] *Enbrel* (*Etanercept*)  
 [PA] [QL] *Humira* (*Adalimumab*)  
 [PA] [QL] *Otezla* (*Apremilast*)  
 Ridaura (*Auranofin*)  
 [PA] [QL] *Stelara* (*Ustekinumab*)  
 Trexall (*Methotrexate Sodium*)  
 [PA] [QL] *Xeljanz* (*Tofacitinib citrate*)  
 [PA] [QL] *Xeljanz XR* (*Tofacitinib citrate*)

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

[PA] [QL] *Cimzia* (syringe)  
 [PA] [QL] *Kineret*  
 [PA] [QL] *Orencia* (syringe)  
 [PA] [QL] *Otrexup*  
 [PA] [QL] *Rasuvo*  
 [PA] [QL] *Simponi*

### FORMULARY PRODUCTS

#### 10.3.3 MUSCLE RELAXANTS & ANTISPASMODIC THERAPY

##### GENERICS

*Baclofen* (Lioresal)  
*Carisoprodol* (Soma)  
*Carisoprodol/Aspirin* (Soma Compound)  
*Chlorzoxazone* (Parafon Forte DSC)  
*Cyclobenzaprine HCl* (Flexeril)  
*Dantrolene Sodium* (Dantrium)  
*Diazepam* (Valium)  
*Diazepam Tablet* (Diazepam)  
*Methocarbamol* (Robaxin)  
*Metaxalone* (Skelaxin)

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

[ST] *Amrix*

## 10.4 Osteoporosis Therapy

### FORMULARY PRODUCTS

##### GENERICS

[QL] *Alendronate Sodium* (Fosamax)  
 [QL] *Alendronate Sodium* (Fosamax Weekly)  
*Calcitonin, Salmon, Synthetic* (Miacalcin)  
 [QL] *Estradiol/Norethindrone Acetate 1.0-0.5mg* (Activella)  
 [QL] *Estradiol Patch, Transdermal Semiweekly* (Vivelle)  
 [QL] *Estradiol Patch, Transdermal Semiweekly* (Vivelle-Dot)  
 [QL] *Estradiol Patch, Transdermal Weekly* (Climara)  
*Estradiol Patch, Transdermal Weekly* (Estradiol)  
*Estropipate Tablet* (Ogen)  
*Ethinyl Estradiol/Norethindrone Acetate* (Femhrt)  
 [QL] *Etidronate Sodium* (Didronel)  
 [QL] *Ibandronate Sodium 150mg Tablet* (Boniva)  
 [PA] [QL] *Raloxifene* (Evista)  
 [ST] [QL] *Risedronate Sodium* (Actonel)  
 [ST] [QL] *Risedronate Sodium Delayed Release* (Atelvia)

##### BRANDS

[QL] *Alora* (*Estradiol*)  
 [QL] *Climara Pro* (*Estradiol/Levonogestrel*)  
 [PA] [QL] *Forteo* (*Teriparatide*)  
*Premarin* (*Estrogens, Conjugated Tablet*)  
*Premphase* (*Estrogens, Conjugated/Medroxyprogesterone Acet*)  
*Prempro* (*Estrogens, Conjugated/Medroxyprogesterone Acet*)

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

[ST] [QL] *Binosto*  
 Duavec  
 [ST] [QL] *Fosamax Plus D*  
 [QL] *Minivelle*

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 11. OBSTETRICS & GYNECOLOGY

### 11.1 Oral Contraceptives & Related Agents

DRUG NAME	FORMULARY PRODUCTS
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#### 11.1.1 MONOPHASIC/BIPHASIC/TRIPHASIC/4-PHASIC AGENTS

##### GENERICS

*Desogestrel-Ethinyl Estradiol* (Cyclessa) [PREVENT]  
*Desogestrel-Ethinyl Estradiol* (Desogen) [PREVENT]  
*Desogestrel-Ethinyl Estradiol* (Ortho-Cept) [PREVENT]  
*Desogestrel-Ethinyl Estradiol/Ethinyl Estradiol* (Mircette) [PREVENT]

*Drospirone/Ethinyl Estradiol/Levomefol* (Beyaz) [PREVENT]  
*Ethinyl Estradiol/Drospirenone* (Yasmin) [PREVENT]  
*Ethinyl Estradiol/Drospirenone* (YAZ) [PREVENT]  
*Ethinodiol D-Ethinyl Estradiol* (Demulen) [PREVENT]  
 [QL] *Levonorgestrel* (Plan B One Step) [PREVENT]  
*Levonorgestrel-Ethinyl Estradiol* (Alesse) [PREVENT]  
*Levonorgestrel-Ethinyl Estradiol* (Levlen) [PREVENT]  
*Levonorgestrel-Ethinyl Estradiol* (Levlite) [PREVENT]  
*Levonorgestrel-Ethinyl Estradiol* (Lybrel) [PREVENT]  
*Levonorgestrel-Ethinyl Estradiol* (Nordette) [PREVENT]  
 [QL] *Levonorgestrel-Ethinyl Estradiol* (Seasonale) [PREVENT]  
*Levonorgestrel-Ethinyl Estradiol* (Tri-Levlen) [PREVENT]  
*Levonorgestrel-Ethinyl Estradiol* (Triphasil) [PREVENT]  
 [QL] *Levonorgestrel-Ethinyl Estradiol-Ethinyl Estradiol* (Loseasonique) [PREVENT]  
 [QL] *Levonorgestrel-Ethinyl Estradiol-Ethinyl Estradiol* (Seasonique) [PREVENT]

*Norethindrone A-E Estradiol* (Loestrin) [PREVENT]  
*Norethindrone A-E Estradiol-Iron* (Loestrin 24 Fe) [PREVENT]  
*Norethindrone A-E Estradiol/Ferrous Fumarate* (Loestrin Fe) [PREVENT]  
*Norethindrone-Ethinyl Estradiol* (Brevicon) [PREVENT]  
*Norethindrone-Ethinyl Estradiol* (Femcon Fe) [PREVENT]  
*Norethindrone-Ethinyl Estradiol* (Modicon) [PREVENT]  
*Norethindrone-Ethinyl Estradiol* (Norinyl) [PREVENT]  
*Norethindrone-Ethinyl Estradiol* (Ortho-Novum) [PREVENT]  
*Norethindrone-Ethinyl Estradiol-Ferrous Fumarate*  
 (Genecss FE Chewable) [PREVENT]

*Norgestimate-Ethinyl Estradiol* (Ortho-Cyclen) [PREVENT]  
*Norgestimate-Ethinyl Estradiol* (Ortho Tri-Cyclen) [PREVENT]  
*Norgestimate-Ethinyl Estradiol* (Ortho Tri-Cyclen Lo) [PREVENT]  
*Norgestrel-Ethinyl Estradiol* (Eprostep Fe) [PREVENT]  
*Norgestrel-Ethinyl Estradiol* (Lo/Ovral) [PREVENT]  
*Norgestrel-Ethinyl Estradiol* (Ovral) [PREVENT]

##### BRANDS

Lo Loestrin Fe (*Norethindrone A-E Estradiol/Ferrous Fumarate*)  
 Natazia (*Ethinyl Estradiol Valerate-Dienogest*)  
 Safyral (*Ethinyl Estradiol/Drospirenone*)

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

##### DRUG NAME

[QL] Ella [PREVENT]  
 [QL] Quartette  
 Taytulla

#### FORMULARY PRODUCTS

##### DRUG NAME

#### 11.1.2 PROGESTIN ONLY

##### GENERICS

*Norethindrone* (Ortho Micronor) [PREVENT]

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

### 11.3 Estrogens & Progestins

DRUG NAME	FORMULARY PRODUCTS
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#### 11.3.1 PROGESTINS

##### GENERICS

*Medroxyprogesterone Acetate* (Depo-Provera, Provera)  
*Norethindrone* (Ortho Micronor) [PREVENT]  
*Norethindrone Acetate* (Aygestin)  
*Progesterone, Micronized* (Prometrium)

##### BRANDS

Crinone (*Progesterone, Micronized Gel*)  
 Depo-Provera 400mg/ml (*Medroxyprogesterone Acet vial*)  
 Depo-Subq Provera (*Medroxyprogesterone Acet Disposable Syringe (ml)*)  
 Endometrin (*Progesterone, Micronized*)

DRUG NAME	FORMULARY PRODUCTS
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#### 11.3.2 ESTROGENS

##### GENERICS

[QL] *Estradiol Patch, Transdermal Semiweekly* (Vivelle-Dot)  
 [QL] *Estradiol Patch, Transdermal Weekly* (Climara)  
*Estradiol Patch, Transdermal Weekly* (Estradiol)  
*Estradiol Tablet* (Estrace)  
*Estropipate* (Ogen)  
*Yuvafem* (Vagifem)

##### BRANDS

[QL] Alora (*Estradiol*)  
 Estrace Vaginal Cream (*Estradiol*)  
 [QL] Estring (*Estradiol Ring, Vaginal*)  
 Premarin (*Estrogens, Conjugated Cream (Grams)*)  
 Premarin (*Estrogens, Conjugated Tablet*)

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

##### DRUG NAME

[QL] Divigel  
 [QL] Elestrin  
 [QL] Estrogel  
 Evamist  
 [QL] Femring  
 [QL] Menostar  
 [QL] Minivelle

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 11. OBSTETRICS & GYNECOLOGY (CONTINUED)

### FORMULARY PRODUCTS

#### 11.3.3 ESTROGEN COMBINATIONS

##### GENERICS

*Estradiol/Norethindrone Acetate 1.0-0.5mg* (Activella)  
*Estrogens, Esterified/Methyltestosterone* (Syntest D.S.)  
*Estrogens, Esterified/Methyltestosterone* (Syntest H.S.)  
*Ethinyl Estradiol/Norethindrone Acetate* (Femhrt)

##### BRANDS

[QL] Combipatch (*Estradiol/Norethindrone Acetate*)  
 Premphase (*Estrogens, Conjugated/Medroxyprogesterone Acet*)  
 Prempro (*Estrogens, Conjugated/Medroxyprogesterone Acet*)

### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

[QL] Angeliq  
 Prefest

## 11.4 Miscellaneous OB/GYN

### FORMULARY PRODUCTS

#### 11.4.1 DRUGS TO TREAT INFERTILITY/IVF AGENTS

##### GENERICS

*Clomiphene Citrate* (Clomid)  
*Leuprolide Acetate* (Lupron)  
*Methylergonovine Maleate* (Methergine)

##### BRANDS

Bravelle (*Urofollitropin (FSH)*)  
 Cetrotide (*Cetrorelix Acetate*)  
 [PA] Chorionic Gonadotropin, Human  
 Ganirelix (*Ganirelix Acetate*)  
 Gonal-F (*Follitropin Alpha, Recombinant*)  
 Gonal-f RFF (*Follitropin Alpha, Recombinant*)  
 Lupron Depot (*Leuprolide Acetate*)  
 Lupron Depot-Ped (*Leuprolide Acetate*)  
 [PA] Novarel (*Gonadotropin, Chorionic, Human*)  
 Ovidrel (*HCG Alpha, Recombinant*)

### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

[PA] Follistim AQ

### FORMULARY PRODUCTS

#### 11.4.2 VAGINAL ANTI-INFECTIVES

##### GENERICS

*Clindamycin Phosphate Vaginal Cream* (Cleocin)  
*Metronidazole* (Vandazole)  
*Metronidazole Gel with Applicator (gm)* (Metrogel)

### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

AVC 15% Vaginal Cream  
 Cleocin Vaginal Ovules  
 Clindesse  
 Nuvessa 1.3% Vaginal Gel

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

### FORMULARY PRODUCTS

#### 11.4.3 VAGINAL ANTIFUNGALS

##### GENERICS

*Fluconazole* (Diflucan)  
*Nystatin* (Nystatin)  
*Terconazole Cream with Applicator* (Terazol)

##### BRANDS

Gynazole-1 (*Butoconazole Nitrate Cream*)

### FORMULARY PRODUCTS

#### 11.4.4 SPECIALIZED OB/GYN DRUGS

##### GENERICS

[QL] *Terbutaline Sulfate* (Brethine)  
 [QL] *Tranexamic Acid* (Lysteda)

##### BRANDS

Synarel (*Nafarelin Acetate*)

### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

[PA][QL] Addyi  
 Ospheña

### FORMULARY PRODUCTS

#### 11.4.5 DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

##### GENERICS

[QL] *Gynol II* [PREVENT]  
 [QL] *Nonoxynol-9* (VCF Contraceptive Foam) [PREVENT]  
 [QL] *Xulane* (Ortho Evra) [PREVENT]

##### BRANDS

[QL] NuvaRing (*Etonogestrel/Ethinyl Estradiol Ring, Vaginal*) [PREVENT]

### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

[QL] Conceptrol [PREVENT]  
 [QL] FC2 Female Condom [PREVENT]  
 [QL] Today Contraceptive Sponge [PREVENT]  
 [QL] VCF Contraceptive Film [PREVENT]

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 12. OPHTHALMOLOGY (CONTINUED)

### 12.1 Beta-blockers

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Betaxolol HCl</i> (Betoptic)	
<i>Carteolol HCl</i> (Ocupress)	
<i>Levobunolol HCl</i> (Betagan)	
<i>Metipranolol</i> (OptiPranolol)	
<i>Timolol Maleate</i> (Timoptic)	
<i>Timolol Maleate Gel-Forming Solution</i> (Timoptic-XE)	
<b>BRANDS</b>	
Betimol Ophthalmic Solution ( <i>Timolol</i> )	
Betoptic S ( <i>Betaxolol HCl</i> )	
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
Istalol	
Timoptic Ocudose	

### 12.2 Cholinesterase Inhibitor Miotics

FORMULARY PRODUCTS	
DRUG NAME	
<b>BRANDS</b>	
Phospholine Iodide ( <i>Echothiophate Iodide</i> )	

### 12.3 Direct Acting Miotics

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Pilocarpine HCl</i> (Isopto Carpine)	

### 12.4 Other Glaucoma Drugs

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Bimatoprost 0.03%</i> (Lumigan)	
<i>Timolol Maleate/Dorzolamide HCl</i> (Cosopt)	
<i>Dorzolamide HCl</i> (Trusopt)	
<i>Latanoprost</i> (Xalatan)	
<i>Travoprost</i> (Travatan)	
<b>BRANDS</b>	
Azopt ( <i>Brimonidamide</i> )	
Combigan ( <i>brimonidine tartrate/timolol maleate</i> )	
Lumigan 0.01% ( <i>Bimatoprost</i> )	
Travatan Z ( <i>Travoprost</i> )	
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
Cosopt PF	
Simbrinza	
Zioptan	

### 12.5 Oral Drugs For Glaucoma

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Acetazolamide</i> (Diamox)	
<i>Acetazolamide Capsules Extended Release</i> (Diamox Sequels)	
<i>Methazolamide</i> (Neptazane)	

### 12.6 Cycloplegic Mydriatics

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Atropine Sulfate</i> (Isopto Atropine)	
<i>Cyclopentolate HCl Drops</i> (Cyclogyl)	
<i>Homatropine HBr</i> (Isopto Homatropine)	
<i>Tropicamide</i> (Mydracil)	

### 12.7 Non-steroidal Anti-inflammatory Agents

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Bromfenac Sodium</i> (Bromday)	
<i>Diclofenac Sodium</i> (Voltaren)	
<i>Flurbiprofen Sodium</i> (Ocufen)	
<i>Ketorolac Tromethamine</i> (Acular, Acular LS)	
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
Acuvail	
Ilevro	
Prolensa	

### 12.8 Vasoconstrictor Decongestants

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Naphazoline HCl</i> (Albalon)	

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 12. OPHTHALMOLOGY (CONTINUED)

### 12.9 Antibiotics

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
	<i>Ciprofloxacin HCl Drops</i> (Ciloxan)
	<i>Erythromycin Base</i> (Ilotycin)
	<i>Gatifloxacin</i> (Zymaxid)
	<i>Gentamicin Sulfate</i> (Garamycin)
	<i>Levofloxacin</i> (Quixin)
	<i>Neomycin Sulfate/Bacitracin/Polymyxin B Ointment(gm)</i> (Neosporin)
	<i>Neomycin Sulfate/Gramicidin D/Polymyxin B Drops</i> (Neosporin)
	<i>Ofloxacin Drops</i> (Ocuflox)
	<i>Polymyxin B Sulfate/Trimethoprim</i> (Polytrim)
	<i>Tobramycin Sulfate</i> (Tobrex)
<b>BRANDS</b>	
	Besivance ( <i>Besifloxacin</i> )
	Ciloxan ( <i>Ciprofloxacin HCl Ointment(gm)</i> )
	Moxeza ( <i>Moxifloxacin HCl</i> )
	Natacyl ( <i>Natamycin</i> )
	Vigamox ( <i>Moxifloxacin HCl</i> )

### 12.10 Sulfonamides

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
	<i>Sulfacetamide Sodium</i> (Bleph-10)
	<i>Sulfacetamide Sodium Ointment(gm)</i> (Sodium Sulamyd)

### 12.11 Steroids

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
	<i>Dexamethasone Sodium Phosphate</i> (Decadron)
	<i>Fluorometholone</i> (FML)
	<i>Prednisolone Acetate</i> (Pred Forte)
	<i>Prednisolone Sodium Phosphate</i> (Inflamase Forte)
<b>BRANDS</b>	
	Alrex ( <i>Loteprednol Etabonate</i> )
	Durezol ( <i>Difluprednate</i> )
	FML Forte ( <i>Fluorometholone</i> )
	FML S.O.P. ( <i>Fluorometholone</i> )
	Lotemax ( <i>Loteprednol Etabonate</i> )
	Pred Mild ( <i>Prednisolone Acetate</i> )

### 12.12 Steroid-antibiotic Combinations

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
	<i>Neomycin/Polymyxin B Sulfate/Dexamethasone</i> (Maxitrol)
	<i>Neomycin Sulfate/Bacitracin Zinc/Polymyxin B/Hydrocortisone Ointment(gm)</i> (Cortisporin)
	<i>Neomycin Sulfate/Polymyxin B Sulfate/Hydrocortisone Suspension, Drops (Final Dosage Form)(ml)</i> (Cortisporin)
	<i>Tobramycin Sulfate/Dexamethasone</i> (TobraDex)
<b>BRANDS</b>	
	Poly-Pred ( <i>Neomycin Sulfate/Polymyxin B Sulfate/Prednisolone</i> )
	TobraDex ( <i>Tobramycin Sulfate/Dexamethasone Ointment</i> )
	TobraDex-ST ( <i>Tobramycin/Dexamethasone</i> )
	Zylet ( <i>Tobramycin/Loteprednol Etabonate</i> )
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
	Pred-G Suspension, Drops (Final Dosage Form)(ml) 0.3%-1%

### 12.13 Steroid-sulfonamide Combinations

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
	<i>Sulfacetamide Sodium/Prednisolone Sodium Phosphate</i> (Vasocidin)
<b>BRANDS</b>	
	Blephamide ( <i>Sulfacetamide Sodium/Prednisolone Acetate</i> )
	Blephamide S.O.P. ( <i>Sulfacetamide Sodium/Prednisolone Acetate</i> )

### 12.14 Sympathomimetics

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
	<i>Brimonidine 0.15%</i> (Alphagan P)
	<i>Brimonidine Tartrate</i> (Alphagan)
<b>BRANDS</b>	
	Alphagan P 0.1% ( <i>Brimonidine Tartrate</i> )

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 12. OPHTHALMOLOGY (CONTINUED)

### 12.15 Miscellaneous Ophthalmologics

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
	<i>Azelastine HCl</i> (Optivar)
	<i>Cromolyn Sodium</i> (Opticrom)
	<i>Olopatadine HCl 0.1%</i> (Patanol)
<b>BRANDS</b>	
	Alocril ( <i>Nedocromil Sodium</i> )
	Alomide ( <i>Lodoxamide Tromethamine</i> )
[PA] [QL]	Cystaran ( <i>Cysteamine HCl</i> )
	Lacrisert ( <i>Hydroxypropyl Cellulose Insert</i> )
	Pataday ( <i>Olopatadine HCl 0.2%</i> )
	Restasis ( <i>Cyclosporine</i> )
	Zirgan ( <i>Ganciclovir</i> )
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Bepreve
	Emadine
[QL]	Pazeo
[QL]	Xiidra

### 12.16 Antivirals

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
	<i>Trifluridine</i> (Viroptic)

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 13. RESPIRATORY, ALLERGY, COUGH & COLD

### 13.1 Antihistamine & Antiallergenic Agents

DRUG NAME	FORMULARY PRODUCTS
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#### 13.1.1 ANTIHISTAMINES

##### GENERICS

- [QL] Azelastine (Astellin)  
 [QL] Azelastine (Astepro)  
 Cetirizine HCl (Zyrtec OTC)  
 Clemastine Fumarate (Tavist)  
 Cyproheptadine HCl (Periactin)  
 [QL] Desloratadine (Clarinex)  
 Diphenhydramine HCl (Benadryl)  
 Hydroxyzine Pamoate (Vistaril)  
 Hydroxyzine HCl (Atarax)  
 [QL] Levocetirizine (Xyzal)  
 Loratadine OTC (Claritin OTC)  
 Promethazine HCl (Phenergan)

##### BRANDS

Zyrtec Rx (Cetirizine Rx)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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- [PA] [QL] Clarinex Syrup  
 [ST] [QL] Karbinal ER

DRUG NAME	FORMULARY PRODUCTS
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#### 13.1.2 ADRENERGICS

##### BRANDS

- [QL] Epinephrine 0.15mg/0.15ml and 0.3mg/0.3ml Auto Injection

DRUG NAME	FORMULARY PRODUCTS
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#### 13.1.3 CORTICOSTEROIDS

##### GENERICS

Cortisone Acetate (Cortisone Acetate)  
 Dexamethasone (Decadron)  
 Hydrocortisone (Cortef)  
 Methylprednisolone (Medrol)  
 Prednisolone Sodium Phosphate Solution, Oral (Pediapred)  
 Prednisolone Syrup (Prelone)  
 Prednisolone Tablet (Prednisolone)  
 Prednisolone Tablet Orally Disintegrating (Orapred ODT)  
 Prednisone (Prednisone)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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- [PA] [QL] Rayos

### 13.2 Cough & Cold Therapy

DRUG NAME	FORMULARY PRODUCTS
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#### 13.2.1 ANTITUSSIVE COMBINATIONS

##### GENERICS

Codeine/Promethazine HCl (Phenergan w/Codeine)  
 Dextromethorphan HBr/Pseudoephedrine HCl/Brompheniramine  
 (Bromfed-DM)

- [QL] Hydrocodone/Pseudoephed/CPM (Zutripo)

##### BRANDS

- [QL] Tussicaps (Hydrocodone Polistrx/Chlorpheniramine Polistirex)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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- [QL] Flowtuss  
 [QL] Hycufenix  
 [QL] Obredon  
 [QL] Rezira  
 [PA] [QL] Tuzistra XR  
 [QL] Vituz

DRUG NAME	FORMULARY PRODUCTS
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#### 13.2.2 EXPECTORANT COMBINATIONS

##### GENERICS

Guaiifenesin/Carbetapentane Citrate/Phenylephrine (Carbatuss)  
 Guaiifenesin/Pseudoephedrine HCl (Entex PSE)  
 Potassium Guaiacolsulfonate/Dextromethorphan HBr (Prolex DM)

DRUG NAME	FORMULARY PRODUCTS
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#### 13.2.3 DECONGESTANT/ANTIHISTAMINES

##### GENERICS

- [QL] Fexofenadine/Pseudoephedrine (Allegra-D 12 Hr)  
 Pseudoephedrine HCl/Cetirizine HCl OTC (Zyrtec-D OTC)  
 Pseudoephedrine HCl/Loratadine OTC (Claritin-D)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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- [QL] Clarinex-D  
 Semprex-D

DRUG NAME	FORMULARY PRODUCTS
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#### 13.2.4 NON-NARCOTIC ANTITUSSIVES

##### GENERICS

Benzonatate (Zonatuss)

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.



## 13. RESPIRATORY, ALLERGY, COUGH & COLD (CONTINUED)

### 13.3 Pulmonary Agents

DRUG NAME	FORMULARY PRODUCTS
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#### 13.3.1 XANTHINES

##### GENERICS

*Theophylline Anhydrous Tablet, Sustained Release 12hr* (Theo-Dur)

##### BRANDS

[QL] Theo-24 (*Theophylline Anhydrous*)

DRUG NAME	FORMULARY PRODUCTS
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#### 13.3.2 BETA AGONISTS ORAL

##### GENERICS

*Albuterol Sulfate* (Proventil)

*Ephedrine Sulfate* (Ephedrine Sulfate)

*Metaproterenol Sulfate* (Alupent)

*Terbutaline Sulfate* (Brethine)

DRUG NAME	FORMULARY PRODUCTS
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#### 13.3.3 BETA AGONISTS INHALERS

##### GENERICS

*Albuterol Solution, Non-Oral* (Accuneb)

*Albuterol Sulfate Solution, Non-Oral* (Proventil)

[QL] *Levalbuterol HCl Solution, Non-Oral 1.25mg/5ml* (Xopenex)

##### BRANDS

[QL] Foradil (*Formoterol Fumarate*)

[QL] Perforomist (*Formoterol Fumarate*)

[QL] ProAir HFA (*Albuterol Aerosol*)

[QL] Proair Respiclick (*albuterol aerosol*)

[QL] Serevent Diskus (*Salmeterol Xinafoate Disk, with Inhalation Device*)

[QL] Striverdi Respimat (*Olodaterol*)

[QL] Ventolin HFA (*Albuterol Aerosol*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

[QL] Arcapta Neohaler

Brovana

[QL] Proventil HFA

[QL] Xopenex HFA

DRUG NAME	FORMULARY PRODUCTS
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#### 13.3.4 INHALED CORTICOSTEROIDS

##### GENERICS

*Budesonide ampul for Nebulization* (Pulmicort)

##### BRANDS

[QL] Alvesco (*Ciclesonide*)

[QL] Arnuity Ellipta (*Fluticasone Furoate*)

[QL] Asmanex (*Mometasone Furoate*)

[QL] Asmanex HFA (*Mometasone Furoate*)

[QL] Flovent Diskus (*Fluticasone Propionate Disk, with Inhalation Device*)

[QL] Flovent HFA (*Fluticasone Propionate*)

[QL] Pulmicort Flexhaler (*Budesonide Aerosol Powder, Breath Activated (ea)*)

[QL] Qvar (*Beclomethasone Dipropionate*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

[QL] Aerospan HFA

DRUG NAME	FORMULARY PRODUCTS
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#### 13.3.5 INTRANASAL STEROIDS

##### GENERICS

[ST] [QL] *Budesonide Spray* (Rhinocort Aqua)

[QL] *Flunisolide* (Nasalide)

[QL] *Flunisolide* (Nasarel)

[QL] *Fluticasone Propionate* (Flonase)

[ST] [QL] *Mometasone Furoate* (Nasonex)

##### BRANDS

[ST] [QL] Qnasl (*Beclomethasone Dipropionate*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

[ST] [QL] Beconase AQ

[PA] [QL] Dymista

[ST] [QL] Omnaris

[ST] [QL] Veramyst

[ST] [QL] Zetonna

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 13. RESPIRATORY, ALLERGY, COUGH & COLD (CONTINUED)

### FORMULARY PRODUCTS

#### DRUG NAME

#### 13.3.6 MISCELLANEOUS PULMONARY AGENTS

##### GENERICIS

- Acetylcysteine Vial (SDV,MDV or Additive) (ml)* (Mucomyst)  
*Albuterol Sulfate/Ipratropium Bromide* (Duoneb)  
*Cromolyn Sodium Ampul for Nebulization (ml)* (Intal)  
 [QL] *Ipratropium Bromide Solution, Non-Oral* (Atrovent)  
 [QL] *Montelukast Sodium* (Singulair)  
 [QL] *Sildenafil Citrate Tablet* (Revatio)  
 [QL] *Zafirlukast* (Accolate)

##### BRANDS

- [PA] [QL] *Adcirca (Tadalafil)*  
 [PA] [QL] *Adempas (Riociguat)*  
 [QL] *Advair Diskus (Fluticasone Propionate/Salmeterol Xinafoate Disk, with Inhalation Device)*  
 [QL] *Advair HFA (Fluticasone Propionate/Salmeterol Xinafoate)*  
 [QL] *Anoro Ellipta (Umeclidinium/Vilanterol)*  
 [QL] *Atrovent HFA (Ipratropium Bromide Aerosol w/Adapter (gm))*  
 [QL] *Breo Ellipta (Fluticasone Furoate/Vilanterol)*  
 [QL] *Combivent Respimat*  
*(Albuterol Sulfate/Ipratropium Bromide Aerosol w/Adapter)*  
 [QL] *Dulera (Mometasone Furoate/Formoterol Fumarate Dihydrate)*  
 [PA] [QL] *Esbriet (Pirfenidone)*  
 [PA] [QL] *Glassia (Alpha 1- Proteinase Inhibitor (Human))*  
 [PA] [QL] *Kalydeco (Ivacaftor)*  
 [PA] [QL] *Letairis (Ambrisentan)*  
 [PA] [QL] *Opsumit (Macitentan)*  
 [PA] [QL] *Orenitram ER (Treprostinil)*  
 [PA] [QL] *Orkambi (Lumacaftor/Ivacaftor)*  
*Pulmozyme (Dornase Alfa Solution, Non-Oral)*  
 [PA] [QL] *Revatio (Sildenafil Citrate Suspension, Oral)*  
 [QL] *Spiriva (Tiotropium Bromide)*  
 [QL] *Spiriva Respimat (Tiotropium Bromide)*  
 [QL] *Stiolto Respimat (Tiotropium Bromide Monohydrate/Olodaterol Hydrochloride)*  
 [QL] *Symbicort (Budesonide/Formoterol Fumarate Dihydrate)*  
 [PA] [QL] *Tracleer (Bosentan)*  
 [QL] *Tudorza Pressair (Aclidinium Bromide)*  
 [PA] [QL] *Uptravi (Selexipag)*  
 [PA] [QL] *Ventavis (Iloprost)*

### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

#### DRUG NAME

- [QL] *Bevespi Aerosphere*  
 [PA] [QL] *Daliresp*  
 [QL] *Incruse Ellipta*  
 [PA] [QL] *Ofev*  
 [QL] *Seebri Neohaler*  
 [QL] *Utibron Neohaler*  
 [QL] *Zyflo*  
 [QL] *Zyflo CR*

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 14. UROLOGICALS

### 14.1 Cholinergic Stimulants

DRUG NAME	FORMULARY PRODUCTS
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#### GENERICS

*Bethanechol Chloride* (Urecholine)

### 14.2 Anticholinergics & Antispasmodics

DRUG NAME	FORMULARY PRODUCTS
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#### GENERICS

- [QL] *Darifenacin Hydrobromide* (Enablex)  
*Dicyclomine HCl* (Bentyl)  
*Dicyclomine HCl Syrup* (Bentyl)  
*Flavoxate HCl* (Urispas)  
*Hyoscyamine* (Cystospaz)  
*Hyoscyamine Sulfate* (Levsin)  
*Hyoscyamine Sulfate Tablet, Rapid Dissolve* (Nulev)  
*Oxybutynin Chloride* (Ditropan)  
*Oxybutynin Chloride* (Ditropan XL)  
*Tolterodine Tartrate Capsule, Sustained Release 24 hr* (Detrol LA)  
*Tolterodine Tartrate Tablet* (Detrol)  
[QL] *Trospium* (Sanctura)  
[QL] *Trospium Chloride* (Sanctura XR)

#### BRANDS

- [ST] [QL] *Oxytrol* (*Oxybutynin Patch, Transdermal Semiweekly*)  
[ST] [QL] *Toviaz* (*Fesoterodine Fumarate*)  
[ST] [QL] *Vesicare* (*Boceprevir*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

- [ST] [QL] *Gelnique*  
[ST] [QL] *Myrbetriq*

### 14.3 Miscellaneous Urologicals

DRUG NAME	FORMULARY PRODUCTS
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#### GENERICS

*Potassium Citrate Tablet, Sustained Action* (Urocit-K)

#### BRANDS

- Fosrenol (*Lanthanum Carbonate*)  
[QL] *Caverject* (*Alprostadil*)  
[PA] [QL] *Cialis* (*Tadalafil*)  
*Cystagon* (*Cysteamine Bitartrate*)  
[QL] *Elmiron* (*Pentosan Polysulfate Sodium*)  
[QL] *Muse* (*Alprostadil Suppository, Urethral*)  
*Renacidin*  
(*Magnesium Carbonate/Citric Acid/Gluconolactone Solution, Irrigation*)  
*Renavel* (*Sevelamer HCl*)  
*Renvela 800mg Tablet* (*Sevelamer Carbonate*)  
*Renvela powder, oral* (*Sevelamer Carbonate*)  
[QL] *Viagra* (*Sildenafil Citrate*)  
[PA] [QL] *Xuriden* (*Uridine Triacetate*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

- [QL] *Edex*  
[QL] *Levitra*  
[PA] *Procysbi*  
[QL] *Staxyn*  
[QL] *Stendra*  
[PA] *Thiola*

### 14.4 Benign Prostatic Hyperplasia (bph) Therapy

DRUG NAME	FORMULARY PRODUCTS
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#### GENERICS

- Alfuzosin HCl* (Uroxatral)  
*Doxazosin Mesylate* (Cardura)  
*Dutasteride* (Avodart)  
[QL] *Dutasteride/Tamsulosin HCl* (Jalyn)  
*Finasteride* (Proscar)  
*Tamsulosin* (Flomax)  
*Tenazosin HCl* (Hytrin)

#### BRANDS

- [PA] [QL] *Cialis* (*Tadalafil*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

- [QL] *Rapaflo*

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 15. VITAMINS, HEMATINICS & ELECTROLYTES

### 15.1 Vitamins & Hematinics

DRUG NAME	FORMULARY PRODUCTS
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#### GENERICS

*Ergocalciferol Capsule (Hard, Soft, Etc.)* (Vitamin D 50000 Unit)  
*Ferrous Fumarate/Folic Acid* (Hemocyte-F)  
*Ferrous Fumarate/Folic Acid/Multivitamins* (Hemocyte Plus Capsule)  
*Fluoride Ion/Iron/Vitamins A, C, and D* (Tri-Vi-Flor w/Iron)  
*Fluoride Ion/Multivitamins* (Poly-Vi-Flor)  
*Fluoride Ion/Multivitamins w-Iron* (Poly-Vi-Flor w/Iron)  
*Fluoride Ion/Vitamins A, C, and D* (Tri-Vi-Flor)  
*Folic Acid* (Folvite)  
*Folic Acid/Vitamin B Comp w-C* (Nephrocaps)  
*Nephro-Vite Rx*  
*Prenatal Vitamin w-o Calcium/Fe Carbonyl-Fe Sulfate/Folic Acid* (Natafort)  
*Prenatal Vitamins/Ferrous Fumarate/Docusate/Folic Acid* (Strongstart)  
*Prenatal Vitamins/Ferrous Fumarate/Folic Acid* (Nestabs fa)  
*Sodium Fluoride 0.25MG and 0.5MG chewable tablet* [PREVENT]  
*Sodium Fluoride 0.25MG and 0.5MG drops* [PREVENT]

#### BRANDS

Foltrate (*Cyanocobalamin/Folic Acid*)  
 Prenate Elite (*Prenatal Vit #36/Iron/Fa CMB#6*)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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Nascobal  
 Nephron fa  
 Vitafol

### 15.3 Electrolytes

DRUG NAME	FORMULARY PRODUCTS
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#### 15.3.1 POTASSIUM

#### GENERICS

*Potassium Bicarbonate/Citric Acid* (K-Lyte)  
*Potassium Chloride* (Micro-K)  
*Potassium Chloride Capsule, Sustained Action* (Micro-K)  
*Potassium Chloride Liquid (ml)* (Kay Ciel)  
*Potassium Chloride Packet* (K-Lor)  
*Potassium Chloride/Potassium Bicarbonate/Citric Acid Tablet, Effervescent*  
 (K-Lyte/Cl 25mEq)  
*Potassium Chloride Tablet, Sustained Action* (Slow-K 8mEq)

#### BRANDS

K-Tab 10mEq (*Potassium Chloride Tablet, Sustained Action*)

DRUG NAME	FORMULARY PRODUCTS
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#### 15.3.2 OTHER ELECTROLYTES

#### GENERICS

*Calcium Acetate* (Phoslo)

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

## 16. DIAGNOSTICS & MISCELLANEOUS AGENTS

### 16.1 Miscellaneous Agents

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
	<i>Levocarnitine</i> (Carnitor)
	<i>Riluzole</i> (Rilutek)
<b>BRANDS</b>	
	Chemet ( <i>Succimer</i> )
	Kuvan ( <i>Sapropterin Dihydrochloride</i> )
	Orfadin ( <i>Nitisinone</i> )
[QL]	Vistogard ( <i>Uridine Triacetate</i> )

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Auryxia
[PA] [QL]	Cerdelga
[PA]	Exjade
[PA] [QL]	Ferriprox
[PA] [QL]	Firazyr
	Fosrenol Oral Powder
[PA] [QL]	Grastek
[PA]	Jadenu
[PA] [QL]	Keveyis
[PA] [QL]	Oralair
[PA] [QL]	Ragwitek
[PA] [QL]	Ruconest
[QL]	Velphoro

### 16.2 Smoking Deterrents

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
[QL]	<i>Bupropion HCl, Sustained Action</i> (Zyban) [PREVENT]
[QL]	<i>Nicotine Polacrilex</i> (Nicotine Gum) [PREVENT]
[QL]	<i>Nicotine Polacrilex</i> (Nicotine Lozenge, OTC) [PREVENT]
[QL]	<i>Nicotine Polacrilex</i> (Nicotine Patch) [PREVENT]
<b>BRANDS</b>	
[ST] [QL]	Chantix ( <i>Varenicline Tartrate</i> ) [PREVENT]
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
[ST] [QL]	Nicotrol Inhaler [PREVENT]
[ST] [QL]	Nicotrol Nasal Spray [PREVENT]

### 16.3 Anorexiant

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
	<i>Benzphetamine HCl</i> (Didrex)
	<i>Diethylpropion HCl Tablet</i> (Tenuate)
	<i>Phendimetrazine Tartrate</i> (Bontril PDM)
	<i>Phendimetrazine Tartrate Capsule, Sustained Action</i> (Prelu-2)
	<i>Phentermine HCl</i> (Fastin)
<b>BRANDS</b>	
	Xenical ( <i>Orlistat</i> )
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
[PA] [QL]	Belviq
[PA] [QL]	Belviq XR
[PA] [QL]	Contrave
[PA] [QL]	Qsymia
[PA] [QL]	Saxenda
[PA] [QL]	Suprenza

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

[ST] In limited circumstances, step therapy may apply, based upon individual plan design.

[PREVENT] Prevent drugs may be covered at \$0 if criteria are met. For a detailed description, see Drug List Medication Coverage.

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Cefibuten	5	Clindesse	35	Cotellic	9
Cefibuten Suspension, Reconstituted, Oral	5	Clinoril	12,32	Cough & Cold Therapy	39
Ceftin	5	Clobetasol Propionate	22	Coumadin	18
Ceftin Suspension, Reconstituted, Oral	5	Clobetasol Propionate Lotion (ml)	22	Cozaar	20
Cefuroxime Axetil	5	Clobetasol Propionate Shampoo	22	Creon	30
Cefuroxime	5	Clobetasol Propionate Spray	22	Cresemba	7
Cefzil	5	Clobetasol Propionate/Emollient	22	Crestor	21
Celebrex	12,32	Clobex	22	Crinone	34
Celecoxib	12,32	Clocortolone Pivalate Cream	22	Crixivan	7
Celexa	16	Clocortolone Pivalate Cream (Grams)	22	Crizotinib	9
CellCept	10	Cloderm 0.10%	22	Crofelemer Delayed Release Capsule	29
Centany	23	Clomid	26,35	Cromolyn Sodium	30,38
Cephalixin Monohydrate	5	Clomiphene Citrate	26,35	Cromolyn Sodium Ampul for Nebulization (ml)	41
Cephalosporins	5	Clomipramine HCl	15	Crotamiton	24
Cephulac	30	Clonazepam	14	Cutivate	22
Cerdelga	28,44	Clonazepam Tablet, Rapid Dissolve	14	Cyanocobalamin/Folic Acid	43
Ceritinib	9	Clonidine HCl	20	Cyclessa	34
Cervarix	31	Clonidine HCl Extended-Release	17	Cyclobenzaprine HCl	14,33
Cetirizine HCl	39	Clonidine HCl Patch, Transdermal Weekly	20	Cyclocort	22
Cetirizine Rx	39	Clonidine HCl/Chlorzhalidone Tablet	20	Cyclogyl	36
Cetralax	25	Clopidogrel Bisulfate	18	Cyclopentolate HCl Drops	36
Cetorelix Acetate	26,35	Clorazepate Dipotassium Tablet	17	Cyclophosphamide Capsule	9
Cetrotide	26,35	Clorpres	20	Cycloplegic Mydriatics	36
Cetylev	28	Clotrimazole Troche	7	Cycloserine	8
Cevimeline HCl	25	Clotrimazole/Betamethasone Dipropionate Cream (Grams) or Lotion (ml)	23	Cycloserine	8
Chantix	44	Clozapine	16	Cycloset	27
Chemet	44	Clozapine ODT	16	Cyclosporine	10,38
Chenodal	29	Clozaril	16	Cyclosporine Capsule	10
Chloral Hydrate	15	Coagulation Therapy	18	Cyclosporine, Modified	10
Chloral Hydrate	15	Coartem	8	Cymbalta	15
Chlorambucil	9	Cobicistat	7	Cyproheptadine HCl	39
Chlordiazepoxide HCl	17	Cobimetinib	9	Cystagon	42
Chloroquine Phosphate	8	Cocet	13	Cystaran	38
Chlorothiazide	19	Codeine Phosphate/Acetaminophen	11	Cysteamine Bitartrate	42
Chlorpromazine HCl	16	Codeine Phosphate/Acetaminophen/Caffeine/ Butalbital	11	Cysteamine HCl	38
Chlorpropamide	27	Codeine Phosphate/Aspirin/Caffeine/ Butalbital	11	Cystospaz	42
Chlorthalidone	19	Codeine Sulfate	11	Cytomel	26
Chlorzoxazone	14,33	Codeine Sulfate	11	Cytotec	29
Cholbam	28	Codeine/Promethazine HCl	39		
Cholic Acid	28	Cogentin	13	<b>D</b>	
Choline Mag Trisalicylate	12,32	Colazal	30	D-Amphetamine Sulfate	17
Choline Salicylate/Magnesium Salicylate	12	Colchicine	32	D-Amphetamine Sulfate Capsule, Sustained Action	17
Choline Salicylate/Magnesium Salicylate Tablet	32	Colchicine Capsule	32	D.H.E.45	13
Cholinergic Stimulants	42	Colchicine Tablet	32	Dabrafenib	9
Cholinesterase Inhibitor Miotics	36	Colchicine/Probenecid	32	Daliresp	41
Chorionic Gonadotropin	26,35	Colcrys	32	Dalmane	15
Chorionic Gonadotropin, Human	26,35	Colesevelam HCl	21	Dalteparin Sodium, Porcine	18
Cialis	42	Colestid	21	Daklinza	6
Ciclesonide	40	Colestipol	21	Danazol	26
Ciclopirox	23	Collagenase	23	Danocrine	26
Cilostazol Tablet	18	Coly-Mycin S	25	Dantrium	14,33
Ciloxan	37	Colyte	30	Dantrolene Sodium	14,33
Cimetidine HCl Liquid (ml)	29	Combigan	36	Dapsone	8,23
Cimetidine Tablet Rx	29	Combination Anticholinergics	29	Dapagliflozin	27
Cimzia (syringe)	31,33	Combination Narcotic/Analgesics	11	Dapagliflozin/Metformin HCl Extended-Release	27
Cinacalcet HCl	28	Combipatch	35	Daraprim	8
Cipro	6	Combivent Respimat	41	Darbepoetin Alfa in Albumin Sol	10,31
Cipro HC	25	Combivir	7	Darifenacin Hydrobromide	42
Cipro XR	6	Combunox	11	Darunavir Ethanolate	7
Ciprodex	25	Cometriq	9	Darunavir/Cobicistat	7
Ciprofloxacin HCl - Betaine Combination Tablet, Sustained Release 24hr	6	Compazine	17,30	Dasatinib	9
Ciprofloxacin HCl Drops	25,37	Compla	7	Daypro	12,32
Ciprofloxacin HCl Ointment (gm)	37	Comtan	13	Daytrana	17
Ciprofloxacin HCl Tablet	6	Concerta	17	DDAVP	28
Ciprofloxacin HCl/Dexamethasone Suspension, Drops (Final Dosage Form) (ml)	25	Conceptrol	35	Decadron	26,32,37,39
Ciprofloxacin HCl/Hydrocortisone	25	Condylox	24	Decongestant/Antihistamines	39
Ciprofloxacin Suspension	6	Contrave	44	Del-Mycin	23
Citalopram Hydrobromide	16	Copaxone 40mg	31	Delatestryl	26
Clarinex	39	Copaxone	14,31	Delavirdine Mesylate	7
Clarinex Syrup	39	Copegus	6	Delzicol	30
Clarinex-D	39	Cordarone	18	Demadex	19
Clarithromycin	5	Cordran 4mcg/sq cm	22	Demerol	11
Claritin OTC	39	Cordran Cream	22	Demulen	34
Claritin-D	39	Cordran Ointment	22	Denavir	23
Clemastine Fumarate	39	Coreg	19	Depakene	14
Cleocin	35	Coreg CR	19	Depakote	14
Cleocin HCl	8	Corgard	19	Depakote ER	14



Depakote Sprinkle	14	<i>Diltiazem HCl Capsule, Sustained Action</i>	19	<i>Efavirenz</i>	7
Depen	33	<i>Diltiazem HCl Capsule, Sustained Release 24 hr</i>	19	<i>Efavirenz/Emtricitabine/Tenofovir</i>	
Depo-Provera	34	<i>Dimethyl Fumarate</i>	14,31	<i>Disoproxil Fumarate</i>	7
Depo-Provera 400mg/ml	10,34	Diovan	20	Effexor	15
Depo-Subq Provera	34	Diovan HCT	20	Effexor XR	15
Depo-Testosterone	26	<i>Diphenhydramine HCl</i>	13,39	Effient	18
Descovy	7	<i>Diphenoxylate HCl/Atropine Sulfate</i>	29	Efudex	24
<i>Desipramine HCl</i>	15	Diprolene	22	Egrifta	28
<i>Desloratadine</i>	39	Diprolene 0.05%	22	Elavil	15
<i>Desmopressin Acetate Solution, Non-Oral</i>	28	Diprolene AF 0.05%	22	<i>Elbasvir/Grazoprevir</i>	6
<i>Desmopressin Acetate Tablet</i>	28	Diprosone	22	Eldepryl	13
Desogen	34	<i>Dipyridamole Tablet</i>	18	Electrolytes	43
<i>Desogestrel-Ethinyl Estradiol</i>	34	Direct Acting Mitotics	36	Elestrin	34
<i>Desogestrel-Ethinyl Estradiol/Ethinyl Estradiol</i>	34	<i>Disopyramide Phosphate</i>	18	Elidel	24
<i>Desonide Cream (Grams)</i>	22	<i>Disopyramide Phosphate Capsule, Sustained Action</i>	18	Eligard	9
<i>Desonide Lotion (ml)</i>	22	Disulfiram	17	Elimite	24
<i>Desonide Ointment(gm)</i>	22	Ditropan	42	Eliquis	18
DesOwen	22	Ditropan XL	42	Ella	34
<i>Desoximetasone Cream (Grams)</i>	22	Diuril	19	Elmiron	42
<i>Desoximetasone Gel (gm)</i>	22	<i>Divalproex Sodium</i>	14	Elocon	22
<i>Desoximetasone Ointment(gm)</i>	22	<i>Divalproex Sodium Sprinkle Capsules</i>	14	<i>Eltrombopag Olamine</i>	18
Desoxyn	17	<i>Divalproex Sodium Tablets, Delayed Release</i>	14	<i>Eluxadoline</i>	29
<i>Desvenlafaxine</i>	15	Divigel	34	<i>Elvitegravir/Cobicistat/Emtricitabine/</i>	
<i>Desvenlafaxine ER</i>	15	<i>Dofetilide</i>	18	<i>Tenofovir Alafenamide</i>	7
<i>Desvenlafaxine Fumarate</i>	15	<i>Dolasetron Mesylate Tablet</i>	17,30	<i>Elvitegravir/Cobicistat/Emtricitabine/</i>	
Desyrel	15	Dolobid	12,32	<i>Tenofovir Disoproxil Fumerate</i>	7
Detrol	42	Dolophine HCl	11	Emadine	38
Detrol LA	42	<i>Dolutegravir</i>	7	Embeda	11
<i>Dexamethasone</i>	32,39	<i>Donepezil HCl</i>	14	Emcyt	9
<i>Dexamethasone Sodium Phosphate</i>	37	<i>Donepezil HCl Tablet, Rapid Dissolve</i>	14	Emend capsule	17,30
<i>Dexamethasone Tablet, Dose Pack</i>	26,32	Doral	15	Emend Suspension	30
Dexedrine	17	<i>Dornase Alfa Solution, Non-Oral</i>	41	Emla	22
Dexilant	29	Doryx	5	<i>Emtricitabine/Rilpivirine/Tenofovir</i>	7
<i>Dexmethylphenidate HCl</i>	17	Doryx MPC	5	<i>Emtricitabine</i>	7
<i>Dexmethylphenidate HCl Extended-Release</i>	17	<i>Dorzolamide HCl</i>	36	<i>Emtricitabine/Rilpivirine/Tenofovir</i>	7
<i>Dextromethorphan HBr/Pseudoephedrine HCl/</i>		Dostinex	28	<i>Emtricitabine/Tenofovir Alafenamide</i>	7
<i>Brompheniramine</i>	39	Dovonex	22,24	<i>Emtricitabine/Tenofovir Disoproxil</i>	
<i>Dextromethorphan HBR/Quinidine</i>	14	<i>Doxazosin Mesylate</i>	20,42	<i>Fumarate</i>	7
DiaBeta	27	<i>Doxepin HCl</i>	15	Emtriva	7
Diabetes Therapy	27	<i>Doxercalciferol Capsule</i>	26	Emverm	8
Diabinese	27	<i>Doxycycline Calcium Syrup</i>	5	Enablex	42
Diamox	14,36	<i>Doxycycline Hyclate</i>	5	<i>Enalapril Maleate</i>	19
Diamox Sequels	36	<i>Doxycycline Hyclate Capsule (Hard, Soft, Etc.)</i>	5	<i>Enalapril Maleate/Hydrochlorothiazide</i>	20
Diaphragms And Other Non-Oral		<i>Doxycycline Hyclate Tablet</i>	5	Enbrel	31,33
Contraceptives	35	<i>Doxycycline Hyclate Tablet, Enteric Coated</i>	5	Endometrin	34
Diastat	14	<i>Doxycycline Tr-Dr</i>	5	<i>Enfuvirtide</i>	7
Diastat Acudial	14	<i>Doxycycline Monohydrate</i>	5	<i>Enoxaparin</i>	18
Diazepam	33	<i>Doxycycline Monohydrate Suspension,</i>		Enstilar	22
<i>Diazepam</i>	14,17,33	<i>Reconstituted, Oral (ml)</i>	5	<i>Entacapone</i>	13
<i>Diazepam Tablet</i>	33	<i>Dronabinol</i>	17,30	<i>Entecavir</i>	6
Dibenzyline	20	<i>Dronedarone HCl</i>	18	Entex PSE	39
Diclegis	17,30	<i>Drosiprone/Estradiol/Levomefol</i>	34	Entocort EC	30
<i>Diclofenac 1%</i>	12,32	Droxia	10	Entresto	21
<i>Diclofenac Potassium</i>	12,32	Drugs To Treat Infertility/IVF Agents	35	Envarsor XR	10
<i>Diclofenac Sodium</i>	12,32,36	Drysol	24	<i>Enzalutamide</i>	9
<i>Diclofenac Sodium 1.5%</i>	12,32	Duac	23	Epaned	19
<i>Diclofenac Sodium 3% Gel</i>	24	Duavee	33	Epclusa	6
<i>Diclofenac Sodium Tablet, Sustained</i>		Duetact	27	Ephedrine Sulfate	40
<i>Release 24hr</i>	12,32	Duexis	12,32	<i>Ephedrine Sulfate</i>	40
<i>Diclofenac Sodium-Misoprostol</i>	12,32	Dulera	41	Epiduo	23
<i>Dicloxacillin Sodium</i>	5	<i>Duloxetine</i>	15	Epiduo Forte	23
<i>Dicyclomine HCl</i>	29,42	Duoneb	41	Epinephrine 0.15mg/0.15ml and 0.3mg/0.3ml	
<i>Dicyclomine HCl Syrup</i>	42	Duopa Enteral Suspension	13	Auto Injection	39
<i>Didanosine Capsule, Delayed Release</i>		Duragesic	11	Epivir	7
<i>(Enteric Coated)</i>	7	Durezol	37	Epivir Solution	7
<i>Didanosine Solution, Reconstituted, Oral</i>	7	Duricef	5	Epivir-HBV	6
Didrex	44	Durlaza	18	Epivir-HBV Solution	7
Didronel	33	<i>Dutasteride</i>	42	<i>Eplerenone</i>	19
<i>Diethylpropion HCl Tablet</i>	44	<i>Dutasteride/Tamsulosin HCl</i>	42	<i>Epoetin Alfa</i>	31
<i>Difenoxin HCl/Atropine Sulfate</i>	29	Dyanavel XR	17	<i>Epoetin Alfa Vial (mL)</i>	10
Differin	23	Dyazide	19	Epogen	10,31
Differin 0.1% cream, gel	23	Dymista	25,40	<i>Eprosartan</i>	20
Differin Lotion 0.1%	23	Dynacin	5	Epzicom	7
Difcid	5	DynaCirc	5	Equetro	14
<i>Diflorasone Diacetate Cream (Grams)</i>	22	Dynapen	5	<i>Ergocalciferol Capsule (Hard, Soft, Etc.)</i>	43
<i>Diflorasone Diacetate Ointment(gm)</i>	22	Dyrenium	19	Ergomar	13
<i>Diflorasone Diacetate/Emollient Cream (Grams)</i>	22			<i>Ergotamine Tartrate Tablet, Sublingual</i>	13
Diflucan	7,35			<i>Ergotamine Tartrate/Caffeine</i>	13
Diflunisal	12,32			<i>Ergotamine Tartrate/Caffeine Suppository, Rectal</i>	13
<i>Difluprednate</i>	37			<i>Ergotamine Tartrate/Caffeine Tablet</i>	13
Digestive Enzymes	30			Erivedge	10
<i>Digoxin Solution</i>	18			<i>Erlotinib HCl</i>	9,10
<i>Digoxin Tablet</i>	18			Ery-Tab 500mg	5
<i>Dihydrocodeine-Apap-Caffeine</i>	11			Eryc	5
<i>Dihydroergotamine Mesylate</i>	13			Erycette	23
Dilantin	14			EryPed Suspension, Reconstituted, Oral	
Dilantin 30mg	14			(ml) 400mg/5ml	5
Dilatrate-SR	18			Erythrocin Stearate	5
Dilaudid	11			Erythroid Stimulants	31
<i>Diltiazem Extended Release (excluding 120mg)</i>	19			<i>Erythromycin Base</i>	5,37
<i>Diltiazem HCl</i>	19			<i>Erythromycin Base Solution, Non-Oral</i>	23

## E

E.E.S.	5
EC-Naprosyn	12,32
<i>Echothiophate Iodide</i>	36
<i>Econazole Nitrate</i>	23
Ecotrin	18
Ecoza	23
Edarbi	20
Edarbyclor	20
Edecrin	19
Edex	42
Edluar	15
Edurant	7

<i>Erythromycin Base/Benzoyl Peroxide Gel (gm)</i>	23
<i>Erythromycin Base/Ethyl Alcohol Gel (gm)</i>	23
<i>Erythromycin Base/Ethyl Alcohol Solution, Non-Oral</i>	23
<i>Erythromycin Base/Ethyl Alcohol Swab, Medicated</i>	23
<i>Erythromycin Ethylsuccinate</i>	5
<i>Erythromycin Ethylsuccinate/Sulfisoxazole Acetyl</i>	5,6
<i>Erythromycin Stearate</i>	5
<i>Erythromycins &amp; Other Macrolides</i>	5
<i>Esbriet</i>	41
<i>Escitalopram Oxalate</i>	16
<i>Esgic</i>	11
<i>Esgic-Plus</i>	11
<i>Eskalith</i>	17
<i>Eskalith CR</i>	17
<i>Esomeprazole Magnesium Capsule</i>	29
<i>Estazolam</i>	15
<i>Estrace</i>	34
<i>Estrace Vaginal Cream</i>	34
<i>Estradiol</i>	33,34
<i>Estradiol</i>	33,34
<i>Estradiol Patch, Transdermal Semiweekly</i>	33,34
<i>Estradiol Patch, Transdermal Weekly</i>	33,34
<i>Estradiol Ring, Vaginal</i>	34
<i>Estradiol Tablet</i>	34
<i>Estradiol Valerate-Dienogest</i>	34
<i>Estradiol/Levonorgestrel</i>	33
<i>Estradiol/Norethindrone Acetate</i>	35
<i>Estradiol/Norethindrone Acetate 1.0-0.5mg</i>	33,35
<i>Estramustine Phosphate Sodium</i>	9
<i>Estring</i>	34
<i>EstroGel</i>	34
<i>Estrogen Combinations</i>	35
<i>Estrogens</i>	34
<i>Estrogens &amp; Progestins</i>	34
<i>Estrogens, Conjugated Tablet</i>	33
<i>Estrogens, Conjugated/Medroxyprogesterone Acet</i>	33,35
<i>Estrogens, Esterified/Methyltestosterone</i>	35
<i>Estrogens, Conjugated Cream (Grams)</i>	34
<i>Estrogens, Conjugated Tablet</i>	34
<i>Estropipate</i>	34
<i>Estropipate Tablet</i>	33
<i>Estrostep Fe</i>	34
<i>Eszopiclone</i>	15
<i>Etanercept</i>	31,33
<i>Ethacrynic Acid</i>	19
<i>Ethambutol</i>	8
<i>Ethambutol HCl</i>	8
<i>Ethinyl Estradiol/Drospirenone</i>	34
<i>Ethinyl Estradiol/Norethindrone Acetate</i>	33,35
<i>Ethosuximide</i>	14
<i>Ethotoin</i>	14
<i>Ethinodiol D-Ethinyl Estradiol</i>	34
<i>Etidronate Sodium</i>	33
<i>Etodolac</i>	12,32
<i>Etodolac Tablet, Sustained Release 24hr</i>	12,32
<i>Etonogestrel/Ethinyl Estradiol Ring, Vaginal</i>	35
<i>Etoposide</i>	10
<i>Etravirine</i>	7
<i>Eulexin</i>	9
<i>Eurax Cream</i>	24
<i>Eurax Lotion</i>	24
<i>Evamist</i>	34
<i>Evekeo</i>	17
<i>Everolimus</i>	9
<i>Everolimus Tablet for Oral Suspension</i>	9
<i>Evista</i>	9,33
<i>Evoclin</i>	23
<i>Evotaz</i>	7
<i>Evoxac</i>	25
<i>Evzio</i>	12
<i>Exalgo</i>	11
<i>Exelderm</i>	23
<i>Exelon</i>	14
<i>Exelon Patch</i>	14
<i>Exemestane</i>	9
<i>Exenatide</i>	27
<i>Exforge</i>	20
<i>Exforge HCT</i>	20
<i>Exjade</i>	44
<i>Expectorant Combinations</i>	39
<i>Extavia</i>	31
<i>Ez Flu</i>	32
<i>Ezetimibe</i>	21
<i>Ezetimibe/Stimvastatin</i>	21
<i>Ezogabine</i>	14

<b>F</b>	
<i>Fabior</i>	23
<i>Factive</i>	6
<i>Famciclovir</i>	6
<i>Famotidine Rx</i>	29
<i>Famvir</i>	6
<i>Fanapt</i>	16
<i>Fareston</i>	9
<i>Farxiga</i>	27
<i>Farydak</i>	10
<i>Fastin</i>	44
<i>Fazaclo</i>	16
<i>Fazaclo (150mg, 200mg)</i>	16
<i>Faslodex</i>	9
<i>FC2 Female Condom</i>	35
<i>Febuxostat</i>	32
<i>Felbamate</i>	14
<i>Felbatol</i>	14
<i>Feldene</i>	12,32
<i>Felodipine ER</i>	19
<i>Femara</i>	9
<i>Femcon Fe</i>	34
<i>Femhrt</i>	33,35
<i>Femring</i>	34
<i>Fenofibrate</i>	21
<i>Fenofibrate</i>	21
<i>Fenofibrate, Micronized</i>	21
<i>Fenofibric Acid</i>	21
<i>Fenofibric Acid Delayed Release</i>	21
<i>Fenoglide</i>	21
<i>Fentanyl</i>	11
<i>Fentanyl (37.5mcg/hr, 62.5mcg/hr, 87.5mcg/hr)</i>	11
<i>Fentanyl Citrate</i>	11
<i>Fentora</i>	11
<i>Ferriprox</i>	44
<i>Ferrous Fumarate/Folic Acid</i>	43
<i>Ferrous Fumarate/Folic Acid/Multivitamins</i>	43
<i>Fesoterodine Fumarate</i>	42
<i>Fetzima</i>	15
<i>Fibrinor</i>	21
<i>Filgrastim</i>	10,31
<i>Filgrastin</i>	31
<i>Finacea</i>	23
<i>Finacea Foam</i>	24
<i>Finasteride</i>	42
<i>Fingolimod</i>	14,31
<i>Fioricet</i>	11,13
<i>Fioricet w/Codeine</i>	11
<i>Fiorinal</i>	11,13
<i>Fiorinal w/Codeine</i>	11
<i>Firazyr</i>	44
<i>First Generation Cephalosporins</i>	5
<i>Flagyl</i>	8
<i>Flagyl ER</i>	8
<i>Flavoxate HCl</i>	42
<i>Flecainide Acetate</i>	18
<i>Flector Patch</i>	12,32
<i>Flexeril</i>	14,33
<i>Flomax</i>	42
<i>Flonase</i>	25,40
<i>Florinef Acetate</i>	26
<i>Flovent Diskus</i>	40
<i>Flovent HFA</i>	40
<i>Flowtuss</i>	39
<i>Floxin</i>	6,25
<i>Fluad</i>	31
<i>Fluarix Quad</i>	32
<i>Flublok</i>	31
<i>Flucelvax Quad 2016-2017</i>	31
<i>Fluconazole</i>	35
<i>Fluconazole Tablet</i>	7
<i>Flucytosine</i>	7
<i>Fludrocortisone Acetate</i>	26
<i>Flulaval Quad</i>	31,32
<i>Flumadine</i>	6
<i>Flunisolide</i>	25,40
<i>Fluocinolone Acetonide</i>	22
<i>Fluocinolone Acetonide 0.01%</i>	22
<i>Fluocinolone Acetonide Cream (Grams)</i>	22
<i>Fluocinolone Acetonide Ointment (gm)</i>	22
<i>Fluocinolone Acetonide Solution, Non-Oral</i>	22
<i>Fluocinonide</i>	27
<i>Fluocinonide/Emollient Cream (Grams)</i>	22
<i>Fluoride Ion/Iron/Vitamins A, C, and D</i>	43
<i>Fluoride Ion/Multivitamins</i>	43
<i>Fluoride Ion/Multivitamins w-Iron</i>	43
<i>Fluoride Ion/Vitamins A, C, and D</i>	43
<i>Fluorometholone</i>	37
<i>Fluoroquinolones</i>	6
<i>Fluorouracil</i>	24
<i>Fluorouracil Cream</i>	24

<i>Fluorouracil 0.5% cream</i>	24
<i>Fluorouracil Solution, Non-Oral</i>	24
<i>Fluoxetine</i>	16
<i>Fluoxetine 60mg</i>	16
<i>Fluoxetine HCl</i>	16
<i>Fluoxymesterone</i>	26
<i>Fluphenazine HCl</i>	16
<i>Flurandrenolide</i>	22
<i>Flurandrenolide Tape, Medicated</i>	22
<i>Flurazepam HCl</i>	15
<i>Flurbiprofen</i>	12,32
<i>Flurbiprofen Sodium</i>	36
<i>Flutamide</i>	9
<i>Fluticasone Furoate</i>	40
<i>Fluticasone Furoate/Vilanterol</i>	41
<i>Fluticasone Propionate</i>	22,25,40
<i>Fluticasone Propionate Disk, with Inhalation Device</i>	40
<i>Fluticasone Propionate/Salmeterol Xinafoate</i>	41
<i>Fluticasone Propionate/Salmeterol Xinafoate Disk, with Inhalation Device</i>	41
<i>Fluvastatin ER</i>	21
<i>Fluvastatin Sodium</i>	21
<i>Fluvirin</i>	31,32
<i>Fluvoxamine Maleate</i>	15,16
<i>Fluzone</i>	31,32
<i>Fluzone Intraderm Quad</i>	31
<i>Fluzone Quad</i>	31
<i>FML</i>	37
<i>FML Forte</i>	37
<i>FML S.O.P.</i>	37
<i>Focalin</i>	17
<i>Focalin XR</i>	17
<i>Folic Acid</i>	43
<i>Folic Acid/Vitamin B Comp w-C</i>	43
<i>Follistim AQ</i>	26,35
<i>Follitropin Alpha, Recombinant</i>	26,35
<i>Foltrate</i>	43
<i>Folvite</i>	43
<i>Fondaparinux Sodium</i>	18
<i>Foradil</i>	40
<i>Forfivo XL</i>	15
<i>Formoterol Fumarate</i>	40
<i>Fortamet</i>	27
<i>Forteo</i>	33
<i>Fortesta</i>	26
<i>Fosamax</i>	33
<i>Fosamax Plus D</i>	33
<i>Fosamax Weekly</i>	33
<i>Fosamprenavir Calcium Tablet</i>	7
<i>Fosinopril Sodium Tablet</i>	19
<i>Fosinopril Sodium/Hydrochlorothiazide</i>	20
<i>Fosrenol</i>	42
<i>Fosrenol Oral Powder</i>	44
<i>Fragmin</i>	18
<i>Prova</i>	13
<i>Frovatriptan Succinate</i>	13
<i>Furosemide</i>	19
<i>Fuzeon</i>	7
<i>Fycompa</i>	14

<b>G</b>	
<i>Gabapentin</i>	14
<i>Gabitril 12mg, 16mg</i>	14
<i>Gabitril 2mg, 4mg</i>	14
<i>Galantamine Hydrobromide</i>	14
<i>Galantamine Hydrobromide Extended-Release Capsules</i>	14
<i>Gammagard</i>	31
<i>Gammaked</i>	31
<i>Gamunex-C</i>	31
<i>Ganciclovir</i>	38
<i>Ganirelix</i>	26,35
<i>Ganirelix Acetate</i>	26,35
<i>Garamycin</i>	23,37
<i>Gardasil</i>	31
<i>Gardasil 9</i>	31
<i>Gastrocrom</i>	30
<i>Gatifloxacin</i>	37
<i>Gattex</i>	30
<i>Gefitinib Tablet</i>	9
<i>Gelnique</i>	42
<i>Genotropin</i>	31
<i>Generex FE Chewable</i>	34
<i>Gentamicin Sulfate</i>	23,37
<i>Genvoya</i>	7
<i>Geodon</i>	16
<i>Giazo</i>	30
<i>Gilenya</i>	14,31

Gilotrif	9	Humulin N	27	Inflamase Forte	37
Giltuss	39	Humulin R	27	Inhaled Corticosteroids	40
Glassia	41	Hycamtin	10	Inlyta	9
Glatiramer 20mg	31	Hycufenix	39	Innopran XL	19
Glatiramer Acetate	31	Hydralazine HCl	20	Inspra	19
Glatiramer Acetate Kit	14	Hydralazine HCl/Isosorbide Dinitrate	20	Insulin Aspart Cartridge (ml)	27
Gleevec	9	Hydra	10	Insulin Aspart Prefilled Syringe	27
Gleostine	9	Hydrochlorothiazide	19	Insulin Aspart Protamine Human/Insulin Aspart Prefilled Syringe (ml)	27
Glimepiride	27	Hydrocodone Bit/Acetaminophen	11	Insulin Aspart Protamine Human/Insulin Aspart Vial (SDV,MDV or Additive) (ml)	27
Glipizide	27	Hydrocodone Bit/Ibuprofen	11	Insulin Aspart Vial (SDV,MDV or Additive) (ml)	27
Glipizide Tablet, Sustained Release Osmotic Push	27	Hydrocodone Polistix/Chlorpheniramine Polistirex	39	Insulin Aspart Vial (SDV,MDV or Additive) (ml)	27
Glipizide/Metformin HCl	27	Hydrocodone/Pseudoephed/CPM	39	Insulin Degludec	27
Glucagon	28	Hydrocortisone	22	Insulin Detemir	27
Glucagon,Human Recombinant	28	Hydrocortisone	26,30,33,39	Insulin Glargine	27
Glucophage	27	Hydrocortisone Acetate Foam (gm)	30	Insulin Glargine,Human Recombinant Analog	27
Glucophage XR	27	Hydrocortisone Acetate Suppository, Rectal	30	Insulin Lispro (NPL)/Insulin Lispro,Human Rec.Anlog	27
Glucose Elevating Agents	28	Hydrocortisone Acetate/Pramoxine HCl	24	Insulin Lispro,Human Rec.Anlog	27
Glucotrol	27	Hydrocortisone Acetate/Pramoxine HCl 2.5%-1%	30	Insulin NPH Human Recombinant	27
Glucotrol XL	27	Hydrocortisone Acetate/Pramoxine HCl Cream, Rectal	30	Insulin NPH Human Recombinant Vial (SDV, MDV or Additive) (ml)	27
Glucovance	27	Hydrocortisone Butyrate Cream	22	Insulin NPH Human Recombinant/Insulin Regular Human Rec Vial (SDV,MDV or Additive) (ml)	27
Glyburide	27	Hydrocortisone Butyrate Ointment	22	Insulin NPH Human Recombinant/Insulin Regular Human Rec Vial (SDV,MDV or Additive) (ml)	27
Glyburide, Micronized	27	Hydrocortisone Butyrate Solution	22	Insulin NPH Human Semi-Synthetic/Insulin Regular Human Rec Vial (SDV,MDV or Additive) (ml)	27
Glyburide/Metformin HCl	27	Hydrocortisone Butyrate/Emollient	22	Insulin NPH Human Semi-Synthetic/Insulin Regular Human Rec Vial (SDV, MDV or Additive) (ml)	27
Glycopyrrolate	29	Hydrocortisone Cream (Grams)	30	Insulin Regular Human Rec Vial (SDV, MDV or Additive) (ml)	27
Glyxambi	27	Hydrocortisone Lotion Rx (ml)	22	Insulin Syringes/Miscellaneous Durable Medical Equipment	28
GoLYTELY	30	Hydrocortisone Rx	22	Insulin Therapy	27
GoLYTELY Solution	30	Hydrocortisone Valerate	22	Intal	41
Gonadotropin & Related Agents	27	Hydrocortisone/Pramoxine	30	Intelence	7
Gonal-F	35	HydroDIURIL	19	Interferon Alfa-2b,Recombinant	31
Gonal-F RFF	35	Hydromorphone ER	11	Interferon Beta-1A	31
Gonal-F, Gonal-F RFF	26	Hydromorphone HCl	11	Interferon Beta-1A/Albumin Human	31
GoNitro	18	Hydroxychloroquine Sulfate	8,33	Interferon Beta-1A/Albumin Human Disposable Syringe (ml)	31
Goserelin Acetate	9	Hydroxypropyl Cellulose Insert	38	Interferon Gamma-1b,Recombinant	31
Gout Therapy	32	Hydroxyurea	10	Interferons	31
Gralise	14	Hydroxyzine HCl	39	Intermezzo	15
Granisetron HCl	17,30	Hydroxyzine Pamoate	39	Intranasal Steroids	25,40
Granix	10,31	Hygrotin	19	Intron A	31
Grastek	44	Hyosciamine	42	Intuniv	20
Grifulvin V	7	Hyosciamine Sulfate	42	Invega	16
Gris-Peg	7	Hyosciamine Sulfate Tablet, Rapid Dissolve	29,42	Invirase	7
Griseofulvin Ultramicrosize Tablet	7	Hyosciamine Sulfate Tablet, Sublingual	29	Invokamet	27
Griseofulvin, Microsize Suspension, Oral (Final Dose Form)	7	Hyosciamine Sulfate Tablet, Sustained Release 12hr	29	Invokamet XR	27
Griseofulvin, Microsize Tablet	7	Hypnotic Agents	15	Invokana	27
Growth Hormones	31	HyQvia	31	Ipratropium Bromide Aerosol w/Adapter (gm)	41
Guaifenesin/Carbetapentane Citrate/Phenylephrine	39	Hysingla ER	11	Ipratropium Bromide Aerosol, Spray (ml)	25
Guaifenesin/Pseudoephedrine HCl	39	Hytone	22	Ipratropium Bromide Solution, Non-Oral	41
Guanfacine Extended Release	20	Hytrin	20,42	Irbesartan	20
Guanfacine HCl	20	Hyzaar	20	Irbesartan/Hydrochlorothiazide	20
Gynazole-1	35			Irenka	15
Gynol II	35			Iressa 250mg	9
				Isentress	7
<b>H</b>		<b>I</b>		Isometheptene Mucate/Acetaminophen/ Caffeine	13
H2 Antagonists	29	Ibandronate Sodium 150mg Tablet	33	Isometheptene Mucate/Acetaminophen/ Dichloralphenazone	13
Halcion	15	Ibrance	9	Isoniazid	8
Haldol	16	Ibrutinib	9	Isoniazid	8
Halflytely	30	Ibuprofen	12,32	Isoptin S.R.	19
Halobetasol Propionate Cream	22	Ibuprofen/Oxycodone HCl	11	Isopto Atropine	36
Halobetasol Propionate Ointment	22	Iclusig	9	Isopto Carpine	36
Haloperidol	16	Idelalisib	9	Isopto Homatropine	36
Haloperidol Lactate Concentrate, Oral	16	Ilevo	36	Isordil	18
Harvoni	6	Iloprost	41	Isosorbide Dinitrate	18
HCG Alpha,Recombinant	26,35	Ilotycin	37	Isosorbide Dinitrate Capsule, Sustained Action	18
Headache Therapy	13	Imatinib Mezylate	9	Isosorbide Mononitrate Tablet, Sustained Release 24hr	18
Hectorol	26	Imbruvica	9	Isotretinoin	23
Hemangeol	19	Imdur	18	Isradipine	19
Hemocyte Plus Capsule	43	Imipramine HCl	15	Istalol	36
Hemocyte-F	43	Imipramine Pamoate	15	Ivabradine	21
Hemostatics	18,43	Imiquimod	24	Itraconazole	7
Heparin	18,43	Imitrex	13	IVacaftor	41
Heparin Lock Flush	18	Imitrex Nasal Spray	13	Ivermectin Tablet	8
Heparin Sodium, Porcine	18	Immune Globulin	31	Ixazomib	9
Hepsera	6	Immunomodulators	10,31		
Hetlioz	15	Immunosuppressant Drugs	9		
Hexalen	10	Imodium 2mg	29		
Hiprex	6	Impavido	8		
HIV/AIDS Therapy	7	Imuran	10,33		
Hizentra	31	Increlex	28		
Homatropine HBr	36	Increase Ellipta	41		
Horizant	14	Indapamide	19		
Hormonal Agents	9	Inderal	19		
Humalog	27	Inderal LA	19		
Humalog Mix 75/25	27	Inderide	20		
Humatin	8	Indinavir Sulfate	7		
Humatrope	31	Indocin	12,32		
Humira	24,30,31,33	Indocin SR	12,32		
Humulin 50/50	27	Indocin Suppository	32		
Humulin 70/30	27	Indomethacin	12,32		
		Indomethacin Capsule, Sustained Action	12,32		
		Indomethacin Suppository	32		

<b>J</b>	
Jadenu	44
Jakafi	9
Jalyn	42
Janumet	27
Janumet XR	27
Januvia	27
Jardiance	27
Jentadueto	27
Jentadueto XR	27
Juxtapid	21

<b>K</b>	
K-Lor	43
K-Lyte	43
K-Lyte/Cl 25mEq	43
K-Tab 10mEq	43
Kadian	11
Kadian (40mg, 200mg)	11
Kaletra tablet	7
Kaletra Solution	7
Kalydeco	41
Kapvay	17
Karbinal ER	39
Kay Ciel	43
Kayexalate	21
Kazano	27
Keflex	5
Kenalog	22
Kenalog 0.50%	22
Kenalog in Orabase	25
Keppra	14
Kerlone	19
<i>Ketoconazole</i>	7
<i>Ketoconazole Cream (Grams), Ketoconazole Shampoo</i>	23
<i>Ketoprofen</i>	12,32
<i>Ketoprofen Capsule, 24hr Sustained Release Pellets</i>	12,32
<i>Ketorolac Tromethamine</i>	12,32,36
Keveyis	44
Khedeza	15
Kinase Inhibitors And Molecular Target Inhibitors	9
Kineret	31,33
Klonopin	14
Kombiglyze XR	27
Korlym	28
Kristalose	30
Kuvan	28,44
Kynamro	21
Kytril	17,30

<b>L</b>	
<i>Labetalol HCl</i>	19
<i>Lacosamide</i>	14
Lacrisert	38
Lactulose	30
Lamictal	14
Lamictal ODT	14
Lamictal XR	14
Lamisil	7
<i>Lamivudine</i>	6,7
<i>Lamivudine Solution</i>	7
<i>Lamivudine/Raltegravir</i>	7
<i>Lamivudine/Zidovudine</i>	7
<i>Lamotrigine</i>	14
<i>Lamotrigine Orally Disintegrating</i>	14
<i>Lamotrigine Sustained Release</i>	14
<i>Lamotrigine Tablet, Dispersible</i>	14
<i>Lamotrigine Tablet, Dose Pack</i>	14
Lanoxin	18
Lanoxin 62.5mcg & 187.5mcg	18
<i>Lanreotide</i>	28
<i>Lansoprazole</i>	29
<i>Lansoprazole Delayed-Release Orally Disintegrating</i>	29
<i>Lansoprazole/Amoxicillin Trihydrate/Clarithromycin</i>	29
<i>Lanthanum Carbonate</i>	42
Lantus	27
Lantus Solostar	27
<i>Lapatinib Ditosylate</i>	9
Lariam	8
Lasix	19
<i>Latanoprost</i>	36
Latuda	16
Lazanda	11
<i>Leftunomide</i>	33

<i>Levamisole</i>	9
<i>Levatinib</i>	9
Lescol	21
Lescol XL	21
Letairis	41
<i>Letrozole</i>	9
Leucovorin Calcium	10
<i>Leucovorin Calcium</i>	10
Leukeran	9
Leukine	10,31
<i>Leuprolide Acetate</i>	9,35
<i>Levalbuterol HCl Solution, Non-Oral 1.25mg/5ml</i>	40
Levaquin	6
Levbid	29
Levemir	27
Levemir Flextouch	27
<i>Levetiracetam</i>	14
Levitra	42
Levlen	34
Levite	34
<i>Levobunolol HCl</i>	36
<i>Levocarnitine</i>	44
<i>Levocetirizine</i>	39
<i>levodopa/carbidopa</i>	13
<i>Levofloxacin</i>	6,37
<i>Levofloxacin Solution, Oral</i>	6
<i>Levonorgestrel</i>	34
<i>Levonorgestrel-Ethinyl Estradiol</i>	34
<i>Levonorgestrel-Ethinyl Estradiol-Ethinyl Estradiol</i>	34
<i>Levothyroxine Sodium</i>	26
Levoxyl	26
Levsin	42
Levsin/SL	29
Lexapro	16
Lexiva	7
Lialda	30
Librax	29
Librium	17
Lida Mantle	22
Lidex	22
Lidex-E 0.05%	22
<i>Lidocaine Adhesive Patch</i>	22
<i>Lidocaine HCl Cream (Grams)</i>	22
<i>Lidocaine HCl Jel (ml)</i>	22
<i>Lidocaine HCl Ointment(gm)</i>	22
<i>Lidocaine HCl Solution, Non-Oral</i>	22
<i>Lidocaine HCl, Viscous</i>	25
<i>Lidocaine/Prilocaine</i>	22
Lidoderm	22
Lindane	24
<i>Lindane</i>	24
<i>Linezolid</i>	8
Linzess	30
Lioresal	14,33
<i>Liothyronine</i>	26
<i>Liotrix</i>	26
Lipid/Cholesterol Lowering Agents	21
Lipitor	21
Lipofen	21
<i>Liraglutide</i>	27
<i>Lisinopril</i>	19
<i>Lisinopril/Hydrochlorothiazide</i>	20
<i>Lithium Carbonate</i>	17
<i>Lithium Carbonate Tablet, Sustained Action</i>	17
<i>Lithium Citrate</i>	17
<i>Lithium Citrate</i>	17
Lithobid	17
Livalo	21
Lo Loestrin Fe	34
Lo/Ovral	34
Locoid	22
Locoid Lipocream 0.1%	22
Lodine	12,32
Lodine XL	12,32
Lodosyn	13
<i>Lodoxamide Tromethamine</i>	38
Loestrin	34
Loestrin Fe	34
Loestrin 24 Fe	34
Lomofil	29
<i>Lomustine</i>	9
Long Acting Nitrates	18
Loniten	20
Lonsurf	9
<i>Loperamide HCl Capsule (Hard, Soft, Etc.)</i>	29
Lopressor	19
Lopressor HCT	20
Loprox	23
<i>Loratadine OTC</i>	39
Lorazepam	17
Lorcet 10/650	11

Lorcet Plus	11
Lortab	11
<i>Losartan Potassium</i>	20
<i>Losartan Potassium/Hydrochlorothiazide</i>	20
Loseasonique	34
Lotemax	37
Lotensin	19
Lotensin HCT	20
<i>Loteprednol Etabonate</i>	37
Lotrel	20
Lotrisone	23
Lotronex	30
<i>Lovastatin</i>	21
Lovaza	21
Lovenox	18
<i>Loxapine Succinate</i>	16
Loxitan	16
Lozol	19
Ludiomil	15
<i>Lumacaftor/Ivacaftor</i>	41
Lumigan 0.01%	36
Lumigan	36
Lunesta	15
Lupaneta Pack	9
Lupron	9,35
Lupron Depot	9,35
Lupron Depot-3 Month	9
Lupron Depot-Ped	9,35
Luvox	16
Luvox CR	15
Luxiq Foam	22
Luzu	23
Lybrel	34
Lynparza	9
Lyrica	14
Lysodren	10
Lysteda	35

<b>M</b>	
<i>Macitentan</i>	41
Macrodantin	6
<i>Magnesium Carbonate/Citric Acid/Gluconolactone Solution, Irrigation</i>	42
Malarone	8
Malathion	24
Mao Inhibitors	16
<i>Maprotiline HCl</i>	15
Marinol	17,30
Matulane	9
Mavik	19
Maxalt	13
Maxalt MLT	13
Maxitrol	37
Maxzide	19
<i>Meclizine HCl</i>	17,30
Meclofenamate Sodium	12,32
<i>Meclofenamate Sodium</i>	12,32
Medrol	26,32,39
<i>Medroxyprogesterone Acet val</i>	34
<i>Medroxyprogesterone Acetate</i>	10,34
<i>Mefenamic Acid</i>	12,32
<i>Mefloquine HCl</i>	8
Megace, Megace ES	9
<i>Megestrol Acetate</i>	9
Mekinist	9
Mellaril	16
Meloxicam	12,32
<i>Melphalan</i>	9
<i>Memantine HCl, Memantine HCl Solution, Oral</i>	14
Menactra	31
Menomune- A/C/Y/W-135	31
Menopur	26
Menostar	34
<i>Menotropins</i>	26
Mentax	23
Menveo	31
<i>Meperidine HCl</i>	11
Mephyton	18
Mepron	8
<i>Mercaptopurine</i>	9
<i>Mesalamine</i>	30
<i>Mesalamine Capsule, Sustained Action</i>	30
<i>Mesalamine Delayed-Release</i>	30
<i>Mesalamine Enema (ml)</i>	30
<i>Mesalamine Suppository, Rectal</i>	30
<i>Mesna Tablet</i>	10
Mesnex	10
Mestinon	15
Metadate CD	17
Metadate ER 20mg	17

Metaglip	27	Miscellaneous Rheumatological Agents	33	Nardil	16
Metaproterenol Sulfate	40	Miscellaneous Urologicals	42	Nasalide	25,40
Metaxalone	14,33	Misoprostol	29	Nasarel	40
Metformin HCl	27	Mitigare	32	Nascobal	43
Metformin HCl Tablet, Extended Release	27	Mitotane	10	Nasonex	25,40
Metformin HCl Tablet, Sustained Release 24hr	27	Moban	16	Natacyn	37
Methadone HCl	11	Mobic	12,32	Natafort	43
Methamphetamine HCl	17	Modafinil	17	Natamycin	37
Methazolamide	36	Modicon	34	Natazia	34
Methenamine Hippurate	6	Moduretic	19	Nateglinide	27
Methergine	35	Moexipril HCl	19	Natesto	26
Methimazole Tablet	26	Moexipril HCl/Hydrochlorothiazide	20	Natpara	26,28
Methitest	26	Molindone	16	Navane	16
Methocarbamol	14,33	Mometasone Furoate	22,25,40	NebuPent	8
Methotrexate Sodium	9,33	Mometasone Furoate/Formoterol Fumarate Dihydrate	41	Nedocromil Sodium	38
Methylidopa	20	Monodox	5	Nelfinavir Mesylate	7
Methyldopa/Hydrochlorothiazide	20	Monophasic/Biphasic/Triphasic/4-Phasic Agents	34	Neomycin Sulfate	8
Methylergonovine Maleate	35	Monopril	19	Neomycin Sulfate	8
Methylin	17	Monopril HCT	20	Neomycin Sulfate/Bacitracin Zinc/Polymyxin B/ Hydrocortisone Ointment(gm)	37
Methylin Solution, Oral	17	Montelukast Sodium	41	Neomycin Sulfate/Bacitracin/Polymyxin B Ointment(gm)	37
Methylnatrexone Bromide	30	Monuril	6	Neomycin Sulfate/Gramicidin D/Polymyxin B Drops	37
Methylphenidate HCl	17	Morphine Sulfate	11	Neomycin Sulfate/Polymyxin B Sulfate/ Hydrocortisone	25
Methylphenidate HCl Tablet	17	Morphine Sulfate	11	Neomycin Sulfate/Polymyxin B Sulfate/ Hydrocortisone Suspension, Drops (Final Dosage Form)(ml)	37
Methylphenidate HCl Tablet, Sustained Action	17	Morphine Sulfate	11	Neomycin Sulfate/Polymyxin B Sulfate/ Prednisolone	37
Methylphenidate Solution	17	Morphine Sulfate Capsule, Multiphasic Release	11	Neomycin/Polymyxin B Sulfate/Dexamethasone	10
Methylphenidate, Patch, Transdermal 24 hr.	17	Morphine Sulfate Solution, Oral	11	Neosporin	37
Methylprednisolone	26,32,39	Morphine Sulfate Tablet, Sustained Action	11	Nephro-Vite Rx	43
Methyltestosterone	26	Motifen	29	Nephrocaps	43
Metipranolol	36	Motrin Rx	12,32	Nephron fa.	43
Metoclopramide HCl	30	Movantik	30	Neptazane	36
Metoclopramide HCl ODT	30	Moviprep	30	Nesina	27
Metolazone	19	Moxatag	5	Nestabs fa.	43
Metoprolol Succinate Tablet, Sustained Release 24hr	19	Moxeza	37	Neulasta	10,31
Metoprolol Tartrate	19	Moxifloxacin HCl	6,37	Neupogen	10,31
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