



AmeriHealth[®]

SELECT DRUG PROGRAM[®] FORMULARY

EFFECTIVE OCTOBER 1, 2018

www.amerihealth.com

Dear Valued Member:

We are committed to providing you with comprehensive prescription drug coverage. With this coverage, we offer a formulary feature as part of your prescription drug benefit. A formulary is a list of selected drugs that are approved by the U.S. Food and Drug Administration (FDA). It is also reviewed by our Pharmacy and Therapeutics Committee, a group of physicians and pharmacists from the area. These prescription drugs have been selected for their reported medical effectiveness, safety, and value.

Our pharmacy benefits manager, FutureScripts®, an independent company, continuously monitors the effectiveness and safety of drugs and drug prescribing patterns. Several procedures support safe prescribing patterns for our prescription drug programs, such as:

- prior authorization;
- age limits;
- quantity limits;
- safety edits.

Prior authorization requirements and utilization management limits are designed to optimize your prescription drug benefits by promoting appropriate utilization. They are based on FDA guidelines, and the criteria are approved by our Pharmacy and Therapeutics Committee.

A detailed description of the procedures that support safe prescribing is included at the end of the formulary list.

Please note: Because prescription drug benefits vary by group, the inclusion of a drug in this formulary does not imply coverage. This formulary was current at the time of printing and is subject to change. Please call Customer Service at the number listed on the back of your ID card if you have any questions about your prescription drug benefits. Please discuss any questions or concerns about your drug therapy with your physician or pharmacist.

Non-preferred brand drugs listed in the formulary are available at the highest level of cost-sharing (i.e., the highest cost to you). A non-preferred brand drug is displayed next to the equivalent generic drug that is available, to the extent applicable, at the lowest level of cost-sharing (i.e., the lowest cost to you). For example: ciprofloxacin is the generic drug available at the lowest level of cost-sharing; Cipro® is the non-preferred brand available at the highest level of cost-sharing. In most cases when brand drugs have a generic equivalent, the brand version is considered non-preferred.

- Covered generic drugs not listed in the formulary are available at the lowest level of cost-sharing.
- Covered brand drugs not listed are non-preferred and are available at the highest level of cost-sharing.

Authorized Generics [AG] are Brand Name Drugs that are marketed without the brand name on its label. An Authorized Generic may be marketed by the Brand Name Drug company, or another company with the brand company's permission. Unlike a standard Generic Drug, the Authorized Generic is not approved by the Food and Drug Administration (FDA) abbreviated new drug application process (ANDA). For cost sharing purposes, Authorized Generics are treated as Brand Name Drugs and are not eligible for coverage on the generic tier(s). For example, oxycodone ER tablet, an Authorized Generic of brand OxyContin®, is listed as non-preferred and is available at the non-preferred level of cost-sharing.

Prior Authorization Requirements for Selected Non-Preferred Drugs

Prior Authorization Requirements for Selected Non-Preferred Drugs are in place for certain non-preferred medications. This expedites the review process by using information available in the member's pharmacy benefit claim history to determine coverage for the requested medication at the pharmacy. For example, Flovent is a non-preferred medication that requires previous trial of either one of the preferred medications Asmanex® or Qvar®. With the Prior Authorization Requirements for Selected Non-Preferred Drugs, a member will be able to immediately receive coverage for Flovent® if the claim history shows a previous paid claim for either Asmanex® or Qvar®. A manual prior authorization request will not be needed. If our records do not show a previous history of using either drug (e.g., if the prescriber provided a sample for the member to try) then a prior authorization request will be needed in accordance with the standard prior authorization process.

Preventative Medications

Certain preventive medications, as described in the Patient Protection and Affordable Care Act (PPACA) and detailed by the U.S. Preventive Services Task Force, are covered without cost-sharing with a doctor's prescription when provided by a participating retail or mail-order pharmacy. Coverage includes certain products within the following drug categories: 1) low-dose aspirin (81mg) when used either for the primary prevention of cardiovascular disease and colorectal cancer in adults aged 50 to 59 years or as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia, 2) breast cancer chemotherapy prevention for members 35 years of age and older, 3) fluoride supplementation for children 6 months to 60 months, 4) prescription bowel prep medications indicated for colonoscopy screenings, for adults ages 50-75, 5) folic acid supplementation for women planning or capable of pregnancy, 6) iron supplementation (limited to strength 11mg per day or less) for children ages 6 to 12 months who are at increased risk for iron deficiency anemia, 7) tobacco interventions for adults who use tobacco products, 8) vitamin D supplementation (limited to strength 800 IU per day or less) for ages 65 and over to prevent falls, 9) contraceptives as mandated by the Women's Preventive Services provision, and 10) low- to moderate-dose statin for the prevention of CVD events and mortality in adults aged 40 to 75 years without a history of CVD when they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and a calculated 10-year risk of a cardiovascular event of 10% or greater.

The following categories of drugs may be available at no member cost share with a prescription. Please note that individual benefits may vary. Always refer to your benefits to determine your coverage. This list is subject to change. Refer to the searchable drug lookup tool to check the status of a specific drug.

Category	Example Product(s)
Aspirin products (OTC) For adults age 50-59 to prevent cardiovascular disease and colorectal cancer; low dose (81mg) for women after 12 weeks' gestation who are at high risk for preeclampsia	aspirin tab 81mg aspirin chew tab 81mg
Bowel Preparations Bowel preparation for colonoscopy needed for preventive colon cancer screening, for ages 50-75	Gavilyte-C® Gavilyte-G® Gavilyte-N® Gavilyte-H® with bisacodyl peg 3350/electrolytes Trilyte® w/packets

Category	Example Product(s)
Breast cancer chemo prevention For members age 35 and older who are at increased risk for breast cancer	tamoxifen 20mg
Contraceptives Includes, but not limited to, oral, injectable, implantable, transdermal, diaphragms, cervical caps, devices, intravaginal, female condoms, and contraceptive film and jelly	VCF foam 12.5%, 28% Options Conceptrol® 4%, Options Gynol® 3% Xulane patches Levonorgestrel 1.5mg tab, My Way® 1.5mg tab Nuvaring® medroxyprogesterone injection Oral: Amethia, Cryselle-28, Emoquette, Fayosim, Necon, Ocella, Sprintec, Trivora
Fluoride For children ages 6 months to 5 years. Includes generics strengths up to 0.5mg	sodium fluoride solution 1.1 (0.5f) mg/ml sodium fluoride chewable tab 0.55 (0.25f) mg fluoritab solution 0.275 (0.125f) mg/drop fluoritab chewable tab 1.1 (0.5f) mg
Folic acid For ages <51 and planning for or capable of pregnancy. Limited to 0.4 to 0.8mg of folic acid	folic acid tab 400mcg folic acid tab 800mcg folic acid cap 0.8mg (including generic prenatal vitamins with the above listed folic acid dose)
Iron (limited to strength 11mg per day or less) Previous recommendation: iron supplementation for children ages 6 to 12 months who are at increased risk for iron deficiency anemia. As of September 2015, the USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for iron deficiency anemia in children ages 6 to 24 months.	ferrous sulfate liquid 220 (44 FE) mg/5ml oral ferrous sulfate solution 75 (15 FE) mg/ml oral ferrous sulfate syrup 300 (60 FE) mg/5ml oral
Tobacco interventions For adults ages 18+ years, who use tobacco products and want to quit	Chantix Bupropion SR (generic Zyban®) tablet nicotine polacrilex lozenge 2mg, 4mg nicotine patch 24 hour transdermal (7mg, 14mg, 21mg) Nicotrol® Inhaler 10mg Inhalation Nicotrol® Ns Solution 10mg/MI Nasal
Vitamin D (limited to strength 800 IU per day or less) For ages 65 and older when used for vitamin D supplementation for ages 65 and over to prevent falls	vitamin D3 capsule 400 unit oral vitamin D3 liquid 400 unit/ml oral vitamin D3 tablet 400 unit oral
Statins Low-to-moderate dose statin for prevention of cardiovascular disease, recommended for ages 40-75	Lovastatin 10mg Lovastatin 20mg Lovastatin 40mg

Dear Valued Physician:

This is a listing of formulary drugs to be considered for your patient, a Select Drug Program® participant. Please refer to this formulary guide in order to choose a drug. Because prescription drug benefits vary by group, the inclusion of a drug in this formulary does not imply coverage.

This formulary was current at the time of printing and is subject to change. Please understand that this formulary is not intended as a substitute for your independent, professional judgment. Rather, it is offered as a tool to help Plan members recognize formulary drugs. We hope that you will refer to the formulary as a guide to prescribing formulary drugs.

Sincerely,

AmeriHealth

Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al número telefónico de Servicio al Cliente que figura en el reverso de su tarjeta de identificación.

Chinese: 注意：如果您讲中文，您可以得到免费的语言协助服务。请致电您ID卡背面的客户服务电话号码。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 고객 서비스 번호로 전화해 주십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para telefone do Atendimento ao Cliente que está no verso do seu cartão de identificação.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. કૃપયા તમારા આઈડી કાર્ડની પાછળ ગ્રાહક સેવા નંબર પર કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi số Dịch Vụ Chăm Sóc Khách Hàng ở mặt sau thẻ ID của bạn.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Позвоните в службу поддержки клиентов по номеру телефона, указанном на обратной стороне вашей идентификационной карты.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer Obsługi klienta znajdujący się na odwrocie Twojego identyfikatora.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiami il numero dell'Assistenza clienti che troverà sul retro della sua tessera identificativa.

Arabic:

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. الرجاء الاتصال برقم "خدمة العملاء" الموجود على ظهر بطاقة هويتك.

French Creole: ATANSYON : Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri rele nimewo Sèvis Kliyantèl ki sou do kat idantifikasyon ou a.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Mangyaring tawagan ang numero ng Customer Service na nasa likod ng iyong ID card.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Veuillez composer le numéro du service clientèle indiqué au dos de votre carte d'identité Médicale.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deutsch schwetzscht, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Number uff die hinnerscht Seit vun dei ID Card uff fer schwetze mit ebber as dich helfe kann.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कृपया अपने आईडी कार्ड के पीछे दिए ग्राहक सेवा नंबर पर कॉल करें।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Bitte rufen Sie unsere Kundendienstnummer auf der Rückseite Ihrer Identifikationskarte an.

Japanese: 備考: 母国語が日本語の方は、言語アシスタンスサービス（無料）をご利用いただけます。ご自分のIDカードの裏面に記載されているカスタマーサービスの番号へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. لطفاً با شماره خدمات مشتریان که در پشت کارت شناسایی شما درج شده است تماس بگیرید.

Navajo: Díí baa akó nínizin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'anída'áwo'déé', t'áá jiiik'eh. T'áá shoqdí hódíłnih koji'Áká'anídaalwo'jii éí binumber naaltsoos nitł'izgo nantinígíí bine'déé' bikáá'.

Urdu:

توجہ درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ آپ کے شناختی کارڈ کے پیچھے دئیے گئے صارف خدمات نمبر پر برائے کرم کال کریں۔

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍៖

ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ សូមទូរសព្ទទៅលេខសេវាសមាជិក ដែលមាននៅ ផ្នែកខាងក្រោយនៃបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក ។

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA, 19103; By phone: 1-888-377-3933 (TTY: 711), By fax: 215-761-0245, By email: civilrightscordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIBIOTICS & OTHER DRUGS USED FOR INFECTION		
<i>abacavir sulfate tab, soln</i>	G	
<i>abacavir sulfate/lamivudine</i>	G	
<i>abacavir/lamivudine/zidovudine</i>	G	
Acticlate +	NPD	PA
<i>acyclovir</i>	G	
<i>adefovir dipivoxil</i>	G, SP	
Altabax	NPD	PA
<i>amoxicillin</i>	LCG	
<i>amoxicillin/clavulanate</i>	G	
<i>amoxicillin/clavulanate extended-release</i>	G	
<i>ampicillin</i>	LCG	
Ancobon	NPD	
<i>atazanavir</i>	G	
<i>atovaquone</i>	G	
<i>atovaquone/proguanil</i>	G	
Atripla	PB	
Augmentin	NPD	
Augmentin XR	NPD	
Avelox	NPD	
<i>avidoxy</i>	G	
<i>azithromycin</i>	G	
Bactrim, Bactrim DS	NPD	
Baraclude	NPD, SP	
Baxdela	NPD	PA
Benznidazole	NPD	
Biaxin	NPD	
Biktarvy	NPD	
Biltricide	NPD	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefaclor</i>	G	
<i>cefaclor ER</i>	G	
<i>cefadroxil</i>	G	
<i>cefdinir</i>	G	
<i>cefixime susp 100mg/5ml, 200mg/5ml</i>	G	
<i>ceftibuten</i>	G	
Ceftin	NPD	
<i>cefuroxime axetil</i>	G	
<i>cephalexin</i>	G	
<i>chlorhexidine gluconate soln</i>	LCG	
<i>chloroquine phosphate</i>	G	
Cimduo	NPD	
Cipro	NPD	
Cipro XR	NPD	
<i>ciprofloxacin</i>	G	
<i>ciprofloxacin ER tabs</i>	G	
<i>clarithromycin</i>	G	
<i>clarithromycin ER</i>	G	
Cleocin	NPD	
<i>clotrimazole troches</i>	G	
Combivir	NPD	
Complera	PB	
Cresemba	NPD	QL, PA
Crixivan	PB	
Daklinza	NPD, SP	PA, QL, Q/T
Dapsone	G	
Daxbia	NPD	
<i>demeclocycline</i>	G	
<i>dicloxacillin</i>	G	
<i>didanosine</i>	G	
Diflucan	NPD	

Bold type = Brand Name Drug *Lower case italic* = Generic drug

PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic **LDD** = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **+** = PA for Selected NPD **NF** = Non Formulary **G** = Generic **Q/T** = Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **HCR** = \$0 Preventative Drug **MME** = Morphine Milligram Equivalent

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Doryx 50mg and 200mg DR tablet	NPD	PA
<i>doxycycline DR 40mg</i>	G	PA
<i>doxycycline hyclate</i>	G	
<i>doxycycline hyclate 50mg and 200mg DR tablet</i>	G	
<i>doxycycline monohydrate</i>	G	
Edurant	PB	
E.E.S., EryPed	NPD	
<i>efavirenz</i>	G	
Emtriva	PB	
Emverm	NPD	QL
<i>entecavir</i>	G, SP	
Epclusa	NPD, SP	PA, QL, Q/T
Epivir	NPD	
Epzicom	NPD	
Ery-Tab	NPD	
Erythrocin	NPD	
<i>erythromycin delayed release</i>	G	
<i>erythromycin ethylsuccinate</i>	G	
<i>erythromycin stearate</i>	G	
<i>ethambutol</i>	G	
<i>famciclovir</i>	G	
Firvanq Soln	NPD	AL
Flagyl	NPD	
<i>fluconazole</i>	G	
<i>flucytosine</i>	G	
Flumadine	NPD	
<i>fosamprenavir calcium tab</i>	G	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Fuzeon	NPD	
<i>griseofulvin microsize</i>	G	
<i>griseofulvin ultramicrosize</i>	G	
Gris-PEG	NPD	
Harvoni	PB, SP	PA, QL, Q/T
Hepsera	NPD, SP	
Hiprex	NPD	
<i>hydroxychloroquine</i>	G	
Impavido	NPD	QL
Invirase	PB	
Isentress	PB	
<i>isoniazid</i>	LCG	
<i>itraconazole</i>	G	
<i>ivermectin</i>	G	
Juluca	NPD	
Kaletra Soln	NPD	
Kaletra Tabs	PB	
Kalydeco	NPD, SP	PA, LDD
Keflex	NPD	
<i>ketoconazole tab</i>	G	
Lamisil Tabs	NPD	
<i>lamivudine</i>	G	
<i>lamivudine/zidovudine</i>	G	
Levaquin	NPD	
<i>levofloxacin</i>	LCG	
Lexiva	NPD	
<i>linezolid</i>	G	PA
<i>lopinavir/ritonavir</i>	G	
Macrodantin	NPD	
Malarone	NPD	
Mavyret	PB, SP	PA, QL, Q/T
<i>mefloquine</i>	G	
Mepron	NPD	

Bold type = Brand Name Drug *Lower case italic* = Generic drug

PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **SDS** = Day Supply Limit **R** = Requires Rider **+** = PA for Selected NPD **NF** = Non Formulary
G = Generic **Q/T** = Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **HCR** = \$0 Preventative Drug
MME = Morphine Milligram Equivalent

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methenamine hippurate</i>	G	
<i>metronidazole</i>	G	
Minocin +	NPD	PA
<i>minocycline caps</i>	G	
<i>minocycline ER tablet</i>	G	QL, Q/T
<i>minocycline tablet</i>	G	
<i>moderiba</i>	G, SP	
Moxatag	NPD	
<i>moxifloxacin hcl</i>	G	
Myambutol	NPD	
Mycobutin	NPD	
Mytesi +	NPD	PA
<i>nevirapine</i>	G	
<i>nevirapine ER</i>	G	
<i>nitrofurantoin macrocrystals</i>	G	
Norvir	NPD	
Noxafil	NPD	QL, PA
Onmel	NPD	PA
Oracea	NPD	PA
Orkambi	NPD, SP	PA, LDD
<i>oseltamivir caps/soln</i>	G	QL
Pegasys	NPD, SP	
PegIntron	NPD, SP	
Plaquenil	NPD	
<i>praziquantel</i>	G	
Prevymis	NPD, SP	
Prezista	PB	
Qualaquin	NPD	PA
<i>quinine sulfate</i>	G	PA
Relenza	NPD	QL, AL
Retrovir	NPD	
Reyataz	NPD	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Ribasphere		
Ribapak		
200mg & 400mg/	G, SP	
400mg & 600mg		
<i>rifabutin</i>	G	
Rifadin	NPD	
<i>rifampin</i>	G	
<i>rimantadine</i>	G	
<i>ritonavir</i>	G	
Selzentry	PB	
Sivextro	NPD	QL, PA
Solodyn +	NPD	PA, QL, Q/T
Solosec GRA	NPD	
Sovaldi	NPD, SP	PA, QL, Q/T
Sporanox	NPD	
<i>stavudine</i>	G	
Stribild	PB	
Stromectol	NPD	
<i>sulfamethoxazole/tmp</i>	G	
Suprax Susp		
100mg/5ml,	NPD	
200mg/5ml		
Sustiva	NPD	
Symfi	NPD	
Symfi-Lo	NPD	
Tamiflu	NPD	QL
Targadox +	NPD	PA
Technivie	NPD, SP	PA, QL, Q/T
<i>tenofovir</i>	G	
<i>terbinafine tabs</i>	G	
Tindamax	NPD	
<i>tinidazole</i>	G	
Tobi	NPD, SP	
<i>tobramycin neb</i>	G, SP	
Triumeq	PB	
Trizivir	NPD	
Truvada	PB	

Bold type = Brand Name Drug *Lower case italic* = Generic drug

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>valacyclovir tab</i>	G	
Valcyte	NPD	
<i>valganciclovir</i>	G	
Valtrex +	NPD	PA
<i>vancomycin</i>	G	
Vemlidy	NPD, SP	
Vfend	NPD	
Vibramycin +	NPD	PA
Videx EC	NPD	
Viekira Pak	NPD, SP	PA, QL, Q/T
Viekira XR	NPD, SP	PA, QL, Q/T
Viramune	NPD	
Viramune XR	NPD	
Viread	NPD	
<i>voriconazole</i>	G	
Vosevi	NPD, SP	PA, QL, Q/T
Xifaxan 200mg	NPD	QL
Xifaxan 550mg	NPD	PA, QL, Q/T
Ximino ER +	NPD	PA
Zepatier	NPD	PA, QL, Q/T
Zerit	NPD	
Ziagen	NPD	
<i>zidovudine</i>	G	
Zithromax	NPD	
Zmax +	NPD	PA
Zovirax	NPD	
Zyvox	NPD	PA

CANCER & ORGAN TRANSPLANT DRUGS

Afinitor	NPD, SP	PA
Alecensa	NPD, SP	PA
Alunbrig tab/pak	NPD, SP	PA
<i>anastrozole</i>	G	
Aranesp	NPD, SP	
Arimidex	NPD	
Aromasin	NPD	
<i>azathioprine</i>	G	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Benlysta	NPD, SP	PA
<i>bexarotene</i>	G, SP	
<i>bicalutamide</i>	G	
Bosulif	NPD, SP	PA
Cabometyx	NPD, SP	PA
Calquence	NPD, SP	PA
<i>capecitabine</i>	G, SP	
Caprelsa	NPD, SP	PA
Casodex	NPD	
Cellcept	NPD	
Cometriq	NPD, SP	PA
Cotellic	NPD, SP	PA, LDD
<i>cyclophosphamide</i>	G, SP	
<i>cyclosporine</i>	G	
Cytosan	NPD, SP	
<i>danazol</i>	G	
Danocrine	NPD	
Deltasone	NPD	
Emcyt	NPD	
Epogen	NPD, SP	
Erivedge	NPD, SP	PA
Erleada	NPD, SP	PA
<i>etoposide</i>	G, SP	
Eulexin	NPD	
<i>exemestane</i>	G	
Farydak	NPD, SP	PA, LDD
Femara	NPD	
<i>flutamide</i>	G	
Gilotrif	NPD, SP	PA
Gleevec	NPD, SP	PA
Gleostine	NPD, SP	
Hexalen	NPD	
Hycamtin	NPD, SP	PA
Hydrea	NPD	
<i>hydroxyurea</i>	G	
Ibrance	NPD, SP	PA, LDD

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Iclusig	NPD, SP	PA	<i>prednisone</i>	LCG	
Idhifa	NPD, SP	PA	Prograf	NPD	
<i>imatinib mesylate</i>	G, SP	PA	Protopic	NPD	PA
Imbruvica	NPD, SP	PA	Purixan	NPD, SP	
Imuran	NPD		Rapamune 1mg/ml Sol	PB	
Inlyta	NPD, SP	PA	Rapamune tab	NPD	
Kisqali	NPD, SP	PA, LDD	Revlimid	NPD, SP	PA
Lenvima	NPD, SP	PA, LDD	Rubraca	NPD, SP	PA
<i>letrozole</i>	G		Rydapt	NPD, SP	PA
<i>leucovorin calcium</i>	G		Sandimmune, Neoral	NPD	
Leukeran	PB		<i>sirolimus</i>	G	
<i>leuprolide</i>	G, SP		Sprycel	NPD, SP	PA
Lonsurf	NPD, SP	PA	Stivarga	NPD, SP	PA
Lynparza	NPD, SP	PA	Sutent	NPD, SP	PA
Lysodren	NPD		Tabloid	NPD	
Matulane	PB, SP		<i>tacrolimus</i>	G	
Megace	NPD		Tafinlar	NPD, SP	PA
<i>megestrol</i>	G		Tagrisso	NPD, SP	PA
<i>megestrol acetate</i>	G		<i>tamoxifen 10mg</i>	G	
Mekinist	NPD, SP	PA	Tarceva	NPD, SP	PA
<i>mercaptopurine</i>	G, SP		Targretin cap	NPD, SP	
Mesnex	NPD, SP		Tasigna	NPD, SP	PA
<i>methotrexate</i>	G		Temodar	NPD, SP	PA
<i>mycophenolate</i>	G		<i>temozolomide</i>	G, SP	PA
<i>mycophenolic acid</i>	G		Thalomid	NPD, SP	PA
Myfortic	NPD		<i>thioguanine</i>	G	
Myleran	NPD		<i>tretinoin caps</i>	G, SP	
Neoral	NPD		Trexall tab	NPD	
Nerlynx	NPD, SP	PA	Tykerb	NPD, SP	PA
Nexavar	NPD, SP	PA	Valchlor	NPD, SP	PA
Nilandron	NPD, SP		Venclexta	NPD, SP	PA
<i>nilutamide</i>	G, SP		Verzenio	NPD, SP	PA
Ninlaro	NPD, SP	PA	Votrient	NPD, SP	PA
Odomzo	NPD, SP	PA	Xalkori	NPD, SP	PA
Pomalyst	NPD, SP	PA	Xatmep	NPD	AL

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Xeloda	NPD, SP	
Xtandi	NPD, SP	PA, LDD
Zejula	NPD, SP	PA, LDD
Zelboraf	NPD, SP	PA, LDD
Zolinza	NPD, SP	PA, LDD
Zydelig	NPD, SP	PA, LDD
Zykadia	NPD, SP	PA, LDD
Zytiga	NPD, SP	PA, LDD

PAIN, NERVOUS SYSTEM, & PSYCH

Abilify	NPD	PA
Abstral	NPD	PA, QL, MME
<i>acamprosate DR tab 333mg</i>	G	
<i>acetaminophen/codeine</i>	G	AL, QL, 5DS, MME
Actiq	NPD	PA, QL, MME
Adderall	NPD	PA, QL
Adderall XR	NPD	QL
Adipex-P	NPD	PA, R
Adzenys ER Susp	NPD	PA, QL
Adzenys XR ODT	NPD	PA, QL
Allzital 25-325mg	NPD	QL, 5DS
<i>almotriptan maleate</i>	G	QL, AL
<i>alprazolam</i>	G	AL
<i>alprazolam ER</i>	G	AL
<i>amantadine</i>	G	
Ambien	NPD	PA, QL
Ambien CR	NPD	PA, QL
Amerge	NPD	PA, QL, AL
<i>amitriptyline</i>	G	
<i>amitriptyline hcl</i>	G	
<i>amoxapine</i>	G	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amphetamine aspartate/amphetamine sulfate/dextro-amphetamine</i>	G	QL
<i>amphetamine aspartate/amphetamine sulfate/dextro-amphetamine ER</i>	G	QL
Anafranil	NPD	
Antabuse	NPD	
Aplenzin +	NPD	PA
Aptensio XR	NPD	PA, QL
Aricept	NPD	AL
<i>aripiprazole</i>	G	
<i>armodafinil</i>	G	PA
Arymo ER	NPD	QL, PA, MME
Ativan	NPD	PA, AL
<i>atomoxetine</i>	G	QL
Aubagio +	NPD, SP	PA
Austedo	NPD, SP	PA
Avonex	PB, SP	QL
Axert	NPD	PA, QL, AL
Azilect	NPD	
Belbuca	NPD	QL, PA, MME
Belsomra +	NPD	QL, PA
Belviq [XR]	NPD	PA, R
<i>benzphetamine</i>	G	R, PA
<i>benztropine</i>	G	
Betaseron	PB, SP	QL
Brisdelle	NPD	
Briviact +	NPD	PA
<i>bromocriptine mesylate</i>	G	
Bunavail	NPD	QL
<i>buprenorphine</i>	G	QL, MME

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>buprenorphine hcl/naloxone hcl</i>	G	QL
<i>buprenorphine patch 5mcg, 10mcg, 15mcg, 20mcg</i>	G	QL, PA, MME
<i>buprenorphine patch 7.5mcg</i>	NPD	QL, PA, MME
<i>bupropion</i>	G	
<i>bupropion ER 150mg</i>	G	QL
<i>bupropion SR</i>	G	
<i>bupropion XL</i>	G	
Buspar	NPD	
<i>buspirone</i>	G	
<i>butalbital-acetaminophen</i>	G	QL, 5DS
<i>butalbital/apap/caffeine</i>	G	QL, 5DS
<i>butalbital/apap/caffeine/codeine</i>	G	QL, 5DS, AL, MME
<i>butalbital/aspirin/caffeine/codeine</i>	G	QL, 5DS, AL, MME
<i>butorphanol tartrate nasal</i>	G	QL, 5DS, AL, MME
Butrans	NPD	QL, PA, MME
Cafergot	NPD	
<i>carbamazepine</i>	G	
<i>carbamazepine XR</i>	G	
<i>carbidopa</i>	G	
<i>carbidopa/levodopa</i>	G	
<i>carbidopa/levodopa ER</i>	G	
<i>carbidopa/levodopa ODT</i>	G	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carbidopa/levodopa/entacapone</i>	G	
<i>carisoprodol-aspirin-codeine</i>	G	QL, 5DS, AL, MME
Celexa	NPD	
Celontin	PB	
Chantix	HCR	QL
<i>chlordiazepoxide</i>	G	AL
<i>chlorpromazine HCl</i>	G	
<i>citalopram</i>	LCG	
<i>clomipramine HCl</i>	G	
<i>clonazepam</i>	G	
<i>clorazepate dipotassium</i>	G	AL
<i>clozapine</i>	G	
<i>clozapine ODT</i>	G	
Clozaril	NPD	
<i>codeine tabs</i>	G	QL, 5DS, AL, MME
Comtan	NPD	
Concerta +	NPD	QL, PA
Contrave ER	NPD	PA, R
Conzip +	NPD	PA, AL, QL, MME
Copaxone	PB, SP	QL
Cotempla XR ODT +	NPD	QL, PA
Cymbalta	NPD	
Dantrium	NPD	
<i>dantrolene</i>	NPD	
Daypro	NPD	
Daytrana +	NPD	QL, PA
Demerol	NPD	QL, PA, 5DS, MME
Depakene	NPD	
Depakote	NPD	
Depakote ER	NPD	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Depakote Sprinkle Caps	NPD	
<i>desipramine</i>	G	
Desoxyn +	NPD	PA, QL
<i>desvenlafaxine ER</i>	G	
Dexedrine +	NPD	PA, QL
<i>dexmethylphenidate ER</i>	G	QL
<i>dexmethylphenidate hcl</i>	G	QL
<i>dextroamphetamine</i>	G	QL
<i>dextroamphetamine ER</i>	G	QL
D.H.E.45	NPD	PA
Diastat	NPD	
<i>diazepam</i>	LCG	
<i>diazepam rectal gel</i>	G	
<i>diclofenac potassium</i>	G	
<i>diclofenac sodium</i>	G	
<i>diclofenac sodium gel 1%</i>	G	
<i>diethylpropion</i>	G	R, PA
<i>diflunisal</i>	G	
<i>dihydrocodein/APAP/caff</i>	G	QL, 5DS, AL, MME
<i>dihydrocodeine/aspirin/caffeine</i>	G	QL, 5DS, AL, MME
<i>dihydroergotamine inj</i>	G	PA
<i>dihydroergotamine nasal spray</i>	G	PA
Dilantin chewable tablets	PB	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Dilaudid	NPD	PA, QL, 5DS, MME
<i>disulfiram</i>	G	
<i>divalproex sodium</i>	G	
<i>divalproex sodium ER</i>	G	
<i>divalproex sprinkle cap</i>	G	
Dolophine	NPD	QL, PA, MME
<i>donepezil hydrochloride</i>	G	AL
Doral +	NPD	PA, AL
<i>doxepin</i>	G	
<i>duloxetine</i>	G	
Duragesic patch	NPD	QL, PA, MME
Dyanavel XR +	NPD	QL, PA
Effexor XR +	NPD	PA
Eldepryl	NPD	
<i>eletriptan</i>	G	QL, AL
Embeda	NPD	QL, PA, MME
<i>endocet</i>	G	5DS, QL, MME
<i>entacapone</i>	G	
<i>ergotamine tartrate/caffeine</i>	G	
<i>escitalopram</i>	G	
Esgic tablet	NPD	QL, 5DS
Esgic capsule	G	QL, 5DS
<i>estazolam</i>	G	QL, AL
<i>eszopiclone</i>	G	QL, PA (3mg only)
<i>ethosuximide</i>	G	
<i>etodolac</i>	G	
Evekeo	NPD	QL, PA
Evzio	NPD	QL, PA
Exalgo	NPD	PA, QL, MME
Exelon	NPD	AL
Extavia +	NPD, SP	PA
Fanapt +	NPD	PA
Fazaclo	NPD	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>felbamate</i>	G	
Felbatol	NPD	
Feldene	NPD	
<i>fenoprofen calcium</i>	G	
<i>fentanyl citrate OTFC</i>	G	QL, PA, MME
<i>fentanyl transdermal</i>	G	QL, PA, MME
Fentora	NPD	QL, PA, MME
Fetzima +	NPD	PA
Fioricet	NPD	QL, 5DS
Fioricet with codeine	NPD	QL, AL, 5DS, PA, MME
Fiorinal with codeine	NPD	QL, AL, 5DS, PA, MME
<i>fluoxetine</i>	G	QL (Weekly Only)
<i>fluphenazine</i>	G	
<i>flurazepam</i>	G	QL, AL
<i>flurbiprofen</i>	G	
<i>fluvoxamine</i>	G	
<i>fluvoxamine ER</i>	G	
Focalin	NPD	QL
Focalin XR +	NPD	PA, QL
ForFivo XL	NPD	
Frova	NPD	PA, QL, AL
<i>frovatriptan succinate</i>	NPD	QL, AL
Fycompa	NPD	AL
<i>gabapentin</i>	G	
Gabitril	NPD	
<i>galantamine</i>	G	AL
<i>galantamine ER</i>	G	AL
Geodon	NPD	
Gilenya +	NPD, SP	PA
<i>glatiramer acetate</i>	G, SP	QL
<i>glatopa</i>	G, SP	QL

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Gocovri	NPD	
<i>guanfacine ER</i>	G	QL
Halcion +	NPD	PA, QL, AL
<i>haloperidol</i>	G	
Hetlioz	NPD, SP	QL, PA
Horizant	NPD	PA
<i>hydrocodone/acetaminophen</i>	G	QL, 5DS, AL, MME
<i>hydromorphone ER</i>	G	QL, PA, MME
<i>hydromorphone IR</i>	G	QL, 5DS, MME
Hysingla ER	NPD	QL, PA, MME
Ibudone	NPD	QL, AL, 5DS, PA, MME
<i>ibuprofen/hydrocodone</i>	G	QL, 5DS, MME, AL
<i>imipramine</i>	G	
Imitrex	NPD	AL
Ingrezza	NPD	PA
Intermezzo	NPD	QL, PA
Intuniv +	NPD	QL, PA
Invega ER tablet +	NPD	PA
<i>isometheptene/dichloralphenazone/apap</i>	G	
Jakafi	NPD, SP	PA, LDD
Kadian ER	NPD	QL, PA, MME
Kapvay +	NPD	PA, QL
Keppra +	NPD	PA
Keppra XR	NPD	PA
<i>ketoprofen</i>	G	
<i>ketorolac</i>	G	
Khedezla +	NPD	PA
Klonopin	NPD	
Lamictal +	NPD	PA
Lamictal ODT	NPD	PA
Lamictal XR	NPD	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lamotrigine</i>	G	
<i>lamotrigine ER</i>	G	
<i>lamotrigine ODT</i>	G	
Latuda +	NPD	PA
Lazanda	NPD	PA, QL, MME
<i>levetiracetam</i>	G	
<i>levetiracetam ER</i>	G	
<i>levorphanol</i>	G	QL, 5DS, MME
Lexapro +	NPD	PA
Librax	NPD	
<i>lithium carbonate</i>	G	
<i>lithium carbonate ER</i>	G	
Lithobid	NPD	
Lodine	NPD	
Lodosyn	NPD	
Lomaira	NPD	PA, R
<i>lorazepam</i>	G	AL
Lortab	NPD	QL, 5DS, AL, PA
<i>loxapine</i>	G	
Lunesta	NPD	PA, QL
Lyrica	NPD	PA
Lyrica CR	NPD	PA
<i>maprotiline</i>	G	
Maxalt, Maxalt-MLT	NPD	AL, QL
<i>meclofenamate</i>	G	
<i>memantine</i>	G	AL
<i>memantine ER</i>	G	AL
<i>meperidine HCl</i>	G	QL, 5DS, MME
<i>meprobamate</i>	G	
Mestinon	NPD	
<i>methadone</i>	G	PA, QL, MME
<i>methamphetamine</i>	G	QL
<i>methocarbamol</i>	G	
Methylin	NPD	QL

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>methylphenidate</i>	G	QL
<i>methylphenidate ER</i>	G	QL
<i>methylphenidate ER (CD)</i>	G	QL
<i>methylphenidate ER (LA)</i>	G	QL
Midrin	NPD	
Migranal	NPD	PA
Mirapex	NPD	
Mirapex ER	NPD	
<i>mirtazapine</i>	G	
<i>modafinil</i>	G	PA
<i>molindone hcl</i>	G	
MorphaBond ER	NPD	QL, PA, MME
<i>morphine IR</i>	G	QL, 5DS, MME
<i>morphine sulfate ER</i>	G	QL, PA, MME
<i>morphine suppositories</i>	G	QL, 5DS, MME
MS Contin	NPD	QL, PA, MME
Mydayis +	NPD	QL, PA
Mysoline	NPD	
<i>nabumetone</i>	G	
Nalfon	NPD	
<i>naltrexone 50mg</i>	G	
Namenda [XR]	NPD	AL
Namzaric	NPD	AL
<i>naratriptan</i>	G	QL, AL
Narcan 4mg/actuation spray	NPD	QL
Nardil	NPD	
<i>nefazodone</i>	G	
Neurontin	NPD	
Norpramin	NPD	
<i>nortriptyline</i>	G	
Nucynta	NPD	QL, 5DS, MME

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Nucynta ER	NPD	QL, PA, MME
Nuplazid	NPD	PA
Nuvigil	NPD	PA
<i>olanzapine</i>	G	
<i>olanzapine ODT</i>	G	
<i>olanzapine/ fluoxetine hcl</i>	G	
Onzetra Xsail	NPD	QL, PA, AL
Opana	NPD	QL, 5DS, PA, MME
Opana ER	NPD	QL, PA, MME
Orap	NPD	
<i>oxaprozin</i>	G	
Oxaydo	NPD	QL, 5DS, MME
<i>oxazepam</i>	G	AL
<i>oxcarbazepine</i>	G	
<i>oxycodone ER tablet</i>	NPD	QL, PA, MME
<i>oxycodone IR</i>	G	QL, 5DS, MME
<i>oxycodone/ acetaminophen</i>	G	QL, 5DS, MME
<i>oxycodone/ aspirin</i>	G	QL, 5DS, MME
<i>oxycodone/ ibuprofen</i>	G	QL, 5DS, MME
OxyContin	NPD	QL, PA, MME
<i>oxymorphone ER</i>	G	QL, PA, MME
<i>oxymorphone IR</i>	G	QL, 5DS, MME
<i>paliperidone er tablet</i>	G	
Pamelor	NPD	
Parlodel	NPD	
Parnate	NPD	
<i>paroxetine</i>	G	
<i>paroxetine ER</i>	G	
Paxil	NPD	
Paxil CR	NPD	
<i>pentazocine-naloxone</i>	G	QL, 5DS, MME

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Percocet	NPD	QL, 5DS, PA, MME
<i>perphenazine</i>	G	
<i>phendimetrazine tartrate</i>	G	PA, R
<i>phenelzine</i>	G	
<i>phenobarbital</i>	G	
<i>phentermine hcl</i>	G	PA, R
Phenytek	NPD	
<i>phenytoin</i>	G	
<i>pimozide</i>	G	
<i>piroxicam</i>	G	
Plegridy	PB, SP	QL
<i>pramipexole</i>	G	
<i>pramipexole ER</i>	G	
<i>primidone</i>	G	
Pristiq +	NPD	PA
Procentra 1mg/ml	NPD	QL
Provigil	NPD	PA
Prozac +	NPD	PA
<i>pyridostigmine</i>	G	
Qsymia ER	NPD	PA, R
<i>quazepam</i>	G	QL, AL
Qudexy XR	NPD	
<i>quetiapine ER</i>	G	
<i>quetiapine fumarate</i>	G	
Quillichew ER +	NPD	QL, PA
Quillivant XR +	NPD	QL, PA
<i>rasagiline</i>	G	
Razadyne	NPD	AL
Razadyne ER	NPD	AL
Rebif Rebidose +	NPD, SP	QL, PA
Regimex	NPD	PA, R
Relpax	NPD	QL, PA, AL
Remeron	NPD	
Remeron SolTab	NPD	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Requip	NPD	
Requip XL	NPD	
Restoril +	NPD	PA, AL
Rexulti +	NPD	PA
Rilutek	NPD	
<i>riluzole</i>	G	
Risperdal, Risperdal M-Tab	NPD	
<i>risperidone</i>	G	
Ritalin LA + 20mg, 30mg, 40mg	NPD	QL, PA
Ritalin LA 10mg	NPD	QL
<i>rivastigmine</i>	G	AL
<i>rizatriptan benzoate</i>	G	QL, AL
Robaxin	NPD	
<i>ropinirole</i>	G	
<i>ropinirole ER</i>	G	
Roxicodone	NPD	QL, 5DS, PA, MME
Roxybond	NPD	QL, 5DS, MME
Rozerem	NPD	QL
Rytary +	NPD	PA
Sabril	NPD, SP	
Saphris +	NPD	PA
Saxenda	NPD	PA, R
<i>selegiline HCl</i>	G	
Seroquel	NPD	
Seroquel XR	NPD	
<i>sertraline</i>	LCG	
Silenor +	NPD	PA
Sinemet	NPD	
Sinemet CR	NPD	
Sonata +	NPD	QL, PA
Sprix Nasal Spray	NPD	QL
Stalevo	NPD	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Strattera +	NPD	QL, PA
Suboxone Sublingual Film	PB	QL
Subsys	NPD	PA, QL, MME
<i>sulindac</i>	G	
<i>sumatriptan</i>	G	QL, AL
<i>sumatriptan/ naproxen</i>	G	QL, AL
Sylatron	NPD, SP	PA
Symbyax	NPD	
Tasmar	NPD	
Tecfidera	PB, SP	LDD
Tegretol	NPD	
Tegretol XR	NPD	
<i>temazepam</i>	G	QL, AL
<i>tetrabenazine</i>	G, SP	PA
<i>thioridazine</i>	G	
<i>thiothixene</i>	G	
<i>tiagabine hcl</i>	G	
Tivorbex	NPD	
Tofranil	NPD	
<i>tolcapone</i>	G	
<i>tolmetin sodium</i>	G	
Topamax +	NPD	PA
Topamax Sprinkle Capsules +	NPD	PA
<i>topiramate</i>	G	
<i>topiramate ER</i>	G	
<i>topiramate sprinkle cap</i>	G	
<i>tramadol</i>	G	QL, AL, MME
<i>tramadol ER cap</i>	NPD	QL, AL, MME
<i>tramadol ER (biphasic) tablet</i>	G	QL, AL, MME
<i>tramadol ER tablet</i>	G	QL, AL, MME

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tramadol/ acetaminophen</i>	G	QL, AL, MME
Tranxene T	NPD	AL
<i>tranycypromine sulfate</i>	G	
<i>trazodone</i>	G	
Treximet	NPD	PA, QL, AL
Trerix	NPD	
<i>triazolam</i>	G	QL, AL
<i>trifluoperazine</i>	G	
<i>trihexyphenidyl</i>	G	
Trileptal	NPD	
<i>trimipramine</i>	G	
Trintellix +	NPD	PA
Tylenol w/ Codeine	NPD	AL, QL, 5DS, PA, MME
Ultracet	NPD	QL, AL, PA, MME
Ultram	NPD	QL, AL, PA, MME
Valium +	NPD	PA
<i>valproic acid</i>	G	
<i>venlafaxine</i>	G	
<i>venlafaxine ER</i>	G	
<i>vigabatrin pak 500mg</i>	G, SP	
VIMPAT	NPD	
Vraylar +	NPD	PA
Vyvanse	PB	QL
Wellbutrin SR	NPD	
Wellbutrin XL +	NPD	PA
Xadago +	NPD	PA
Xanax +	NPD	PA, AL
Xanax XR	NPD	AL
Xenazine	NPD	
Xodol, Norco	NPD	QL, 5DS, PA, AL, MME
Xtampza ER	PB	QL, PA, MME
Xyrem	NPD, SP	PA, QL
<i>zaleplon</i>	G	QL

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Zarontin	NPD	
Zembrace	NPD	QL, PA
Symtouch	NPD	QL
Zenzedi	NPD	QL
<i>ziprasidone</i>	G	
Zohydro ER	NPD	QL, PA, MME
<i>zolmitriptan</i>	G	QL, AL
Zoloft +	NPD	PA
<i>zolpidem tartrate</i>	G	QL, PA (10mg only)
<i>zolpidem tartrate ER</i>	G	QL, PA (12.5mg only)
<i>zolpidem tartrate SL</i>	G	QL, PA (3.5mg only)
Zomig	NPD	QL, PA, AL
Zonegran	NPD	
<i>zonsinamide</i>	G	
Zorvolex	NPD	
Zubsolv	PB	QL
Zyban	NPD	QL
Zyprexa	NPD	
Zyprexa Zydis	NPD	

HEART, BLOOD PRESSURE, & CHOLESTEROL

Accupril	NPD	
Accuretic	NPD	
<i>acebutolol</i>	G	
<i>acetazolamide</i>	G	
<i>acetazolamide ER</i>	G	
Actimmune	NPD, SP	
Adalat CC	NPD	
Adcirca	NPD, SP	PA
Adempas	NPD, SP	PA
Advate	PB, SP	PA
Adynovate	NPD, SP	PA
Afstyla	NPD, SP	PA
Aggrenox	NPD	
Agrylin	NPD	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Aldactazide	NPD	
Aldactone	NPD	
Alphanate	NPD, SP	PA
Alphanine	NPD, SP	PA
Alprolix	NPD, SP	PA, LDD
Altace	NPD	
Altoprev	NPD	
<i>amiloride</i>	LCG	
<i>amiloride/HCTZ</i>	G	
<i>aminocaproic acid</i>	G	
<i>amiodarone</i>	G	
<i>amlodipine</i>	LCG	
<i>amlodipine besylate/olmesartan</i>	G	
<i>amlodipine/benazepril</i>	G	
<i>amlodipine/valsartan</i>	G	
<i>amlodipine/valsartan/HCTZ</i>	G	
<i>anagrelide</i>	G	
Antara	NPD	
Arixtra	NPD	
<i>aspirin-dipyridamole er</i>	G	
Atacand +	NPD	PA
Atacand HCT +	NPD	PA
<i>atenolol</i>	LCG	
<i>atenolol/chlorthalidone</i>	G	
<i>atorvastatin</i>	G	
<i>atorvastatin/amlodipine</i>	G	
Avalide +	NPD	PA
Avapro +	NPD	PA
Azor +	NPD	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Bebulin	NPD, SP	PA
<i>benazepril</i>	LCG	
<i>benazepril/HCTZ</i>	G	
BeneFIX	PB, SP	PA
Benicar +	NPD	PA
Benicar HCT +	NPD	PA
Betapace AF	NPD	
<i>betaxolol</i>	G	
Bevyxxa	NPD	QL
<i>bisoprolol</i>	G	
<i>bisoprolol/HCTZ</i>	LCG	
<i>bumetanide</i>	G	
Bystolic	PB	
Byvalson +	NPD	PA
Caduet	NPD	
Calan	NPD	
Calan SR	NPD	
<i>candesartan</i>	G	
<i>candesartan/hydrochlorothiazide</i>	G	
<i>captopril</i>	G	
<i>captopril/HCTZ</i>	G	
Cardizem	NPD	
Cardizem CD	NPD	
Cardizem LA	NPD	
Cardura	NPD	
Carospir	NPD	
Cartia XT	LCG	
<i>carvedilol</i>	LCG	
<i>carvedilol ER</i>	G	
Catapres tablets	NPD	
Catapres-TTS	NPD	
<i>chlorothiazide</i>	G	
<i>chlorthalidone</i>	G	
<i>cholestyramine</i>	G	
<i>cholestyramine light</i>	G	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cilostazol</i>	G	
<i>clonidine ER 12 HR tab</i>	G	QL
<i>clonidine IR tablet</i>	LCG	
<i>clonidine patches</i>	G	
<i>clopidogrel</i>	G	
Coagadex	NPD, SP	PA
Colestid	NPD	
<i>colestipol HCl</i>	G	
Coreg	NPD	
Coreg CR	NPD	
Corgard	NPD	
Corifact	NPD	PA
Corlanor	NPD	PA
Corzide	NPD	
Coumadin	PB	
Cozaar +	NPD	PA
Crestor +	NPD	PA
Demadex	NPD	
Dibenzyline	NPD	PA
<i>digoxin</i>	G	
Dilt-CD	G	
<i>diltiazem HCl</i>	G	
<i>diltiazem HCl CD</i>	LCG	
<i>diltiazem HCl ER</i>	G	
<i>diltiazem HCl LA</i>	LCG	
<i>diltiazem HCl SR</i>	LCG	
Diltzac ER	G	
Diovan +	NPD	PA
Diovan HCT +	NPD	PA
<i>dipyridamole</i>	G	
<i>disopyramide</i>	G	
<i>dofetilide</i>	G	
<i>doxazosin mesylate</i>	G	
Durlaza +	NPD	PA
Dutoprol	NPD	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Dyazide	NPD	
Edarbi +	NPD	PA
Edarbyclor +	NPD	PA
Edecrin	NPD	
Effient	NPD	
Eliquis	NPD	
Eloctate	NPD, SP	PA
<i>enalapril</i>	G	
<i>enalapril/HCTZ</i>	G	
<i>enoxaparin</i>	G	
Entresto	NPD	QL, PA
Epaned Sol 1mg/ml	NPD	AL
<i>eplerenone</i>	G	
<i>eprosartan</i>	G	PA
<i>ethacrynic acid</i>	G	
Exforge +	NPD	PA
Exforge HCT +	NPD	PA
<i>ezetimibe</i>	G	
<i>ezetimibe/simvastatin</i>	G	
Feiba	NPD, SP	PA
<i>felodipine ER</i>	G	
<i>fenofibrate</i>	G	
<i>fenofibrate nanocrystallized</i>	G	
<i>fenofibric acid</i>	G	
Fenoglide	NPD	
Fibricor	NPD	
<i>flecainide</i>	G	
<i>fluvastatin sodium</i>	G	
<i>fondaparinux</i>	G	
<i>fosinopril</i>	G	
<i>fosinopril/HCTZ</i>	G	
Fragmin	NPD	
<i>furosemide</i>	LCG	
<i>gemfibrozil</i>	G	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>guanfacine</i>	G	
Helixate FS	PB, SP	PA
Hemlibra Soln	NPD, SP	PA
Hemofil M	NPD, SP	PA
Humate-P	PB, SP	PA
<i>hydralazine</i>	G	
<i>hydrochlorothiazide</i>	LCG	
Hyzaar +	NPD	PA
<i>indapamide</i>	G	
Inderal LA +	NPD	PA
InnoPran XL	NPD	
Inspra	NPD	
<i>irbesartan</i>	G	
<i>irbesartan hydrochlorothiazide</i>	G	
Isordil Titradoso Tabs	NPD	
<i>isosorbide dinitrate</i>	G	
<i>isosorbide dinitrate ER</i>	G	
<i>isosorbide mononitrate</i>	G	
<i>isosorbide mononitrate ER</i>	G	
<i>isradipine</i>	G	
Ixinity	NPD, SP	PA
Jantoven	G	
Juxtapid	NPD, SP	PA
Koate-DVI	NPD, SP	PA
Kogenate FS	PB, SP	PA
Kynamro	NPD, SP	PA
<i>labetalol HCl</i>	G	
Lanoxin	NPD	
Lasix	NPD	
Lescol	NPD	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Letairis	PB, SP	PA
Lipitor +	NPD	PA
Lipofen	NPD	
<i>lisinopril</i>	LCG	
<i>lisinopril/HCTZ</i>	LCG	
Livalo +	NPD	PA
Lopid	NPD	
Lopressor HCT	NPD	
<i>losartan</i>	LCG	
<i>losartan-HCTZ</i>	G	
Lotensin	NPD	
Lotrel	NPD	
<i>lovastatin</i>	G	
Lovaza	NPD	PA
Lovenox	NPD	
Maxzide	NPD	
<i>methyldopa</i>	G	
<i>metolazone</i>	G	
<i>metoprolol succinate</i>	G	
<i>metoprolol succinate/HCTZ ER</i>	NPD	
<i>metoprolol tartrate</i>	LCG	
<i>metoprolol tartrate/HCT</i>	G	
Mevacor	NPD	
<i>mexiletine HCl</i>	G	
Micardis +	NPD	PA
Micardis HCT +	NPD	PA
Microzide	NPD	
Minipress	NPD	
<i>minoxidil</i>	G	
<i>moexipril</i>	G	
<i>moexipril/HCTZ</i>	G	
Monoclate-P	NPD, SP	PA
Mononine	PB, SP	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Multaq	PB	
<i>nadolol</i>	G	
<i>nadolol-bendroflume thiazide</i>	G	
<i>niacin ER</i>	G	
Niaspan	NPD	
<i>nicardipine</i>	G	
Nifedical XL	G	
<i>nifedipine</i>	G	
<i>nifedipine ER</i>	G	
<i>nimodipine</i>	G	
<i>nisoldipine ER</i>	G	
Nitro-Bid	PB	
Nitro-Dur	NPD	
<i>nitroglycerin ER</i>	G	
<i>nitroglycerin patches</i>	G	
<i>nitroglycerin SL</i>	G	
<i>nitroglycerin spray</i>	G	
Nitrolingual Spray	NPD	
Nitromist	NPD	
Nitrostat SL	NPD	
Norpace	NPD	
Northera	NPD, SP	PA
Norvasc	NPD	
Novoeight	NPD, SP	PA
Novoseven RT	NPD, SP	PA
Nuwiq	NPD, SP	PA
Obizur	NPD	PA
<i>olmesartan medoxomil</i>	G	
<i>olmesartan/amlodipine/hctz</i>	G	
<i>olmesartan/hctz</i>	G	
<i>omega-3 acid ethyl esters</i>	G	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Opsumit	NPD, SP	PA
Orenitram	NPD, SP	PA
Pacerone	G	
<i>pentoxifylline ER</i>	G	
<i>perindopril</i>	G	
Persantine	NPD	
<i>phenoxybenzamine hcl</i>	G	PA
<i>pindolol ER</i>	G	
Plavix	NPD	
Pradaxa	PB	
Praluent	PB, SP	PA
<i>prasugrel</i>	G	
Pravachol	NPD	
<i>pravastatin</i>	G	
<i>prazosin</i>	G	
Prevalite	G	
Prinivil	NPD	
Procardia	NPD	
Procardia XL	NPD	
Procrit	PB, SP	
Profilnine	NPD, SP	PA
Promacta	NPD, SP	PA
<i>propafenone</i>	G	
<i>propafenone ER</i>	G	
<i>propranolol</i>	G	
<i>propranolol ER</i>	G	
<i>propranolol/HCTZ</i>	G	
Qbrelis	NPD	AL
Questran	NPD	
Questran Light	NPD	
<i>quinapril</i>	G	
<i>quinapril/HCTZ</i>	G	
<i>ramipril</i>	G	
Rebinyn Soln	NPD, SP	PA
Recombinate	PB, SP	PA
Repatha	PB, SP	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Revatio	NPD, SP	PA
Riastap	NPD	PA
Rixubis	NPD, SP	PA
<i>rosuvastatin</i>	G	
Rythmol	NPD	
Rythmol SR	NPD	
Samsca	NPD, SP	PA, LDD
<i>sildenafil citrate 20mg</i>	G, SP	PA
<i>sildenafil citrate 25mg, 50mg, 100mg</i>	G	PA, QL
<i>simvastatin</i>	G	
<i>sotalol HCl</i>	G	
Sotylize soln	NPD	
<i>spironolactone</i>	G	
<i>spironolactone/ HCTZ</i>	G	
Stimate	NPD	
Sular	NPD	
Tarka	NPD	
Tazia XT	LCG	
Tekturna/ Tekturna HCT +	NPD	PA
<i>telmisartan</i>	G	
<i>telmisartan-amlodipine</i>	G	
<i>telmisartan/ hydrochloro-thiazide</i>	G	
Tenoretic +	NPD	PA
Tenormin +	NPD	PA
Tiazac	NPD	
<i>ticlopidine HCl</i>	G	
Tikosyn	NPD	
<i>timolol</i>	G	
Toprol XL	NPD	
<i>torseamide</i>	G	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Tracleer	PB, SP	PA, LDD
<i>trandolapril</i>	G	
<i>trandolapril/ verapamil ER</i>	G	
Tretten	NPD, SP	PA
<i>triamterene/ HCTZ</i>	G	
Tribenzor +	NPD	PA
Tricor	NPD	
Trilipix	NPD	
Twynsta +	NPD	PA
Tyvaso	NPD, SP	PA
Uptravi	NPD, SP	PA
<i>valsartan</i>	G	
<i>valsartan/ hydrochloro-thiazide</i>	G	
Vascepa	NPD	
Vaseretic	NPD	
Vasotec	NPD	PA
Vecamyl +	G	PA
Ventavis	NPD, SP	PA
<i>verapamil HCl</i>	G	
<i>verapamil HCl ER</i>	G	
Verelan ER, PM	LCG	
Vonvendi	NPD, SP	PA
Vytorin +	NPD	PA
<i>warfarin</i>	G	
Wilate	NPD, SP	PA
Xarelto	PB	
Xyntha	PB, SP	PA
Zestoretic	NPD	
Zestril	NPD	PA
Zetia	NPD	PA
Ziac	NPD	
Zocor	NPD	
Zypitamag	NPD	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SKIN MEDICATIONS		
Absorica +	NPD	PA
Acanya +	NPD	PA
<i>acitretin</i>	G	
<i>acyclovir</i>	G	
Aczone +	NPD	PA, AL
<i>adapalene 0.1% lotion</i>	G	AL
<i>adapalene 0.3% gel</i>	G	AL
<i>adapalene cream</i>	G	AL
<i>adapalene-benzoyl-peroxide gel 0.1-2.5%</i>	G	AL
<i>alclometasone cream, ointment</i>	G	
Aldara	NPD	
<i>amcinonide</i>	G	
<i>anthralin</i>	G	
Apexicon E	NPD	
Atralin +	NPD	PA, AL
Avita	G	AL
Azelex +	NPD	PA
Benzaclin +	NPD	PA
Benzamycin gel +	NPD	PA
Benzamycinpak +	NPD	PA
<i>benzoyl peroxide/erythromycin</i>	G	
<i>betamethasone dipropionate</i>	G	
<i>betamethasone valerate</i>	G	
<i>betamethasone/clotrimazole</i>	G	
<i>calcipotriene cream</i>	G	
<i>calcipotriene-betamethasone dp</i>	G	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>calcitriol ointment</i>	G	
Capex +	NPD	PA
Carac +	NPD	PA
<i>ciclopirox 0.77% cream</i>	G	
<i>ciclopirox 8% solution</i>	G	
<i>ciclopirox cream, gel, shampoo, suspension</i>	G	
Cleocin T +	NPD	PA
Clindagel +	NPD	PA
<i>clindamycin, clindamycin-benzoyl peroxide gel [w/pump]</i>	G	
<i>clindamycin/benzoyl peroxide 1%/5%</i>	NPD	PA
<i>clindamycin/tretinoin gel</i>	G	AL
<i>clobetasol cream, ointment, solution</i>	G	
Clobex +	NPD	PA
<i>clocortolone pivalate</i>	G	
<i>clodan</i>	G	
Cloderm +	NPD	PA
Condylox	NPD	
Cordran +	NPD	PA
Cosentyx	NPD, SP	PA
Cutivate +	NPD	PA
<i>dapsone gel</i>	G	AL
Denavir	NPD	QL
Derma-Smoother FS +	NPD	PA
Dermatop	NPD	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Desonate +	NPD	PA
Desowen +	NPD	PA
<i>desoximetasone cream, gel, ointment</i>	G	
<i>diclofenac 3% gel</i>	G	PA
Differin + 0.1% cream	NPD	PA, AL
Differin + 0.1% lotion	NPD	PA, AL
Differin + 0.3% gel	NPD	PA, AL
<i>diflorasone diacetate</i>	G	
Diprolene, Diprolene AF	NPD	
Dovonex cream	NPD	
<i>doxepin cream 5%</i>	G	QL
Duac +	NPD	PA
Dupixent	NPD, SP	PA
<i>econazole</i>	G	
Ecoza +	NPD	PA
Efudex cream	NPD, SP	
Elidel	NPD	PA
Elimite	NPD	
Elocon	NPD	
Enstilar +	NPD	PA
Epiduo	NPD	AL
Epiduo Forte gel	PB	AL
Ertaczo +	NPD	PA
Erygel	NPD	
<i>erythromycin gel, soln, swabs</i>	G	
Eucrisa	PB	PA
Evoclin +	NPD	PA
Exelderm +	NPD	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Extina +	NPD	PA
Fabior	NPD	AL
<i>fluocinolone acetonide cream, sol, oil</i>	G	
<i>fluocinonide gel, ointment</i>	G	
<i>fluorouracil cream</i>	G	
<i>fluorouracil solution 2%</i>	G, SP	
<i>flurandrenolide cream, lotn, oint</i>	G	
<i>fluticasone propionate</i>	G	
<i>gentamicin topical cream, ointment</i>	G	
<i>halobetasol propionate</i>	G	
Halog +	NPD	PA
<i>hydrocortisone 2.5%</i>	G	
<i>hydrocortisone butyrate 0.1%</i>	G	
<i>hydrocortisone lot 0.1%</i>	G	
<i>hydrocortisone butyrate/emoll</i>	G	
<i>hydrocortisone supp</i>	G	
<i>hydrocortisone valerate 0.2%</i>	G	
<i>hydrocortisone/lidocaine HCl</i>	G	
<i>imiquimod cream</i>	G	
Impoysz Cream 0.025%	NPD	
<i>isotretinoin</i>	G	
Jublia	NPD	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Kenalog Spray +	NPD	PA
Kerydin	NPD	PA
<i>ketoconazole cream</i>	G	
<i>ketoconazole shampoo</i>	G	
Klaron	NPD	
<i>lidocaine patch 5%</i>	G	
<i>lidocaine solution, gel, ointment</i>	G	
Lidoderm +	NPD	PA
Locoid +	NPD	PA
Locoid Lipocream +	NPD	PA
Loprox +	NPD	PA
Lotrisone	NPD	
Luxiq +	NPD	PA
Luzu +	NPD	PA
<i>malathion lotion</i>	G	
<i>methoxsalen</i>	G	
MetroCream	NPD	
MetroGel	NPD	
MetroLotion	NPD	
<i>metronidazole cream, lotion, gel</i>	G	
<i>mometasone cream, ointment, solution</i>	G	
<i>mupirocin cream, ointment</i>	G	
<i>naftifine cream</i>	G	
Naftin	NPD	
Natroba	NPD	
Nizoral shampoo	NPD	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nystatin/ triamcinolone cream, ointment</i>	G	
Olux [E] +	NPD	PA
Onexton +	NPD	PA
Ovide	NPD	
<i>oxiconazole nitrate</i>	NPD	
Oxistat +	NPD	PA
Oxsoralen Ultra	NPD	
Pandel +	NPD	PA
Penlac	NPD	PA
<i>permethrin</i>	G	
<i>podofilox soln</i>	G	
<i>prednicarbate ointment</i>	G	
<i>prilocaine/ lidocaine</i>	G	
Proctofoam HC	PB	
Prudoxin cream 5%	NPD	QL
Retin-A +	NPD	PA, AL
Retin-A Micro +	NPD	PA, AL
Rhofade 1% cream	NPD	
Sernivo	NPD	PA
Siliq	NPD, SP	PA
Silvadene	NPD	
<i>silver sulfadiazine</i>	G	
<i>sodium sulfacetamide suspension</i>	G	
Solaraze	NPD	PA
Soriatane	NPD	
<i>spinosad</i>	G	
Sulfamylon	NPD	
Synalar +	NPD	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Taclonex +	NPD	PA
Taltz Autoinjector	NPD, SP	PA
Targretin gel	PB	PA
<i>tazarotene cream 0.1%</i>	G	AL
Tazorac cream 0.1%	NPD	AL
Temovate	NPD	
Topicort +	NPD	PA
Tremfya	PB, SP	PA
<i>tretinoin gel, cream</i>	G	AL
<i>tretinoin microspheres gel</i>	NPD	AL
<i>triamcinolone acetonide</i>	G	
Trianex	NPD	
Ultravate +	NPD	PA
Vectical	NPD	
Veltin +	NPD	PA, AL
Verdeso +	NPD	PA
Vusion +	NPD	PA
Xolegel +	NPD	PA
Ziana	NPD	PA, AL
Zonalon cream 5%	NPD	QL
Zovirax cream	PB	QL
Zovirax oint	NPD	

EAR, NOSE, THROAT MEDICATIONS

<i>acetasol HC, acetic acid HC otic</i>	G	
<i>azelastine</i>	G	
Bactroban nasal oint	PB	
Cetraxal	NPD	
<i>cevimeline hcl</i>	G	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Ciprodex	PB	
<i>ciprofloxacin</i>	G	
<i>cortane B otic drops</i>	G	
Dermotic	NPD	
Evoxac	NPD	
<i>fluocinolone acetonide oil</i>	G	
<i>mometasone furoate nasal spray</i>	G	PA
Nasonex	NPD	PA
<i>neomycin/ polymyxin/ hydrocortisone</i>	G	
<i>ofloxacin otic</i>	G	
<i>olopatadine</i>	G	
Omnaris	NPD	PA
Patanase	NPD	
<i>pilocarpine HCl</i>	G	
Qnasl	NPD	PA
<i>ribavirin</i>	G, SP	
Salagen	NPD	
Virazole	NPD, SP	
Xhance	NPD	PA
Zetonna	NPD	PA

DIABETES, THYROID, STEROIDS, & OTHER MISCELLANEOUS HORMONES

<i>acarbose</i>	G	
Actos	NPD	
Adlyxin +	NPD	PA
Admelog	NPD	PA, QL
Afrezza	NPD	PA
<i>alogliptin benz/ metformin hcl</i>	G	
<i>alogliptin benz/ pioglitazone</i>	G	
<i>alogliptin benzoate</i>	G	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Amaryl	NPD	
Androderm patch	NPD	PA
Androgel 1.62% Packet, Pump	PB	PA
Androgel 1%	NPD	PA
Apidra	NPD	QL, PA
Axiron	NPD	PA
Basaglar +	NPD	QL, PA
Breeze 2 Test Strips	PB	QL
Bydureon	PB	
Byetta	PB	
<i>calcitriol capsules</i>	G	
Carnitor	NPD	
Cetrotide Kit	NPD, SP	R
Contour Next Test Strips	PB	QL
Contour Test Strips	PB	QL
Cortef	NPD	
Cytomel	NPD	
<i>danazol</i>	G	
DDAVP	NPD	
<i>desmopressin acetate</i>	G	
<i>dexamethasone</i>	G	
<i>doxercalciferol</i>	G	
Duetact	NPD	
Emflaza	NPD	PA
Farxiga +	NPD	PA
Fiasp	NPD	QL
<i>fludrocortisone acetate</i>	G	
Fortamet +	NPD	PA
Forteo	NPD, SP	PA, Q/T
Fortesta	NPD	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Freestyle Insulin Test Strips	PB	QL
Freestyle Lite Test Strips	PB	QL
Freestyle Test Strips	PB	QL
Genotropin	NPD, SP	PA
<i>glimepiride</i>	G	
<i>glipizide</i>	G	
<i>glipizide ER</i>	G	
<i>glipizide XL</i>	G	
Glucagen Inj Hypokit	PB	
Glucagon Emergency Kit	NPD	
Glucophage	NPD	
Glucophage XR	NPD	
Glucotrol	NPD	
Glucotrol XL	NPD	
Glucovance	NPD	
<i>glyburide</i>	LCG	
<i>glyburide micronized</i>	LCG	
Glynase	NPD	
Glyset	NPD	
Glyxambi	PB	
Hectorol	NPD	
Humalog +	NPD	QL, PA
Humatrope	NPD, SP	PA
Humulin +	NPD	QL, PA
<i>hydrocortisone</i>	G	
Increlex	NPD, SP	PA, LDD
Invokamet	PB	
Invokana	PB	
Janumet	PB	
Janumet XR	PB	
Januvia	PB	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Jardiance	PB	
Jentadueto tablet +	NPD	PA
Jentadueto XR	NPD	PA
Kazano tablet +	NPD	PA
Kombiglyze XR	PB	
Korlym tablet	NPD, SP	PA
Lantus	PB	QL
Levemir	PB	QL
<i>levocarnitine</i>	G	
<i>levothyroxine</i>	G	
Levoxyl	G	
<i>liothyronine</i>	G	
Medrol	NPD	
<i>metformin</i>	G	
<i>metformin ER (OSM)</i>	NPD	
<i>metformin ER (generic for Glucophage XR)</i>	G	
<i>metformin/ glyburide</i>	G	
<i>methimazole</i>	G	
<i>methylpred-nisolone</i>	G	
<i>miglitol</i>	G	
Millipred	NPD	
Myalept	NPD, SP	PA
<i>nateglinide</i>	G	
Natesto	NPD	PA
Natpara	NPD, SP	PA
Nesina tablet +	NPD	PA
Noctiva Emulsion	NPD	PA
Norditropin	PB, SP	PA
Novolin	PB	QL
Novolog	PB	QL
Nutropin AQ	PB, SP	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Omnitrope	NPD, SP	PA
Onglyza	PB	
Orapred ODT	NPD	
Oseni +	NPD	PA
Oxandrin	NPD	
<i>oxandrolone</i>	G	
Ozempic Soln	NPD	PA
<i>paricalcitol</i>	G	
<i>pioglitazone</i>	G	
<i>pioglitazone/ glimepiride</i>	G	
Prandin	NPD	
Precision XTRA Test Strips	PB	QL
Precose	NPD	
<i>prednisolone</i>	G	
Prelone	NPD	
Procysbi	NPD, SP	PA
<i>propylthiouracil</i>	G	
Qtern	NPD	PA
Rayos	NPD	PA
<i>repaglinide</i>	G	
Rocaltrol capsules	NPD	
Saizen	NPD, SP	PA
Segluromet	NPD	PA
Sensipar	PB	
Serostim	NPD, SP	PA, LDD
Signifor	NPD, SP	PA
Soliqua +	NPD	PA
Somavert	NPD, SP	
Starlix	NPD	
Steglatro	NPD	PA
Steglujan	NPD	PA
Striant buccal system	NPD	PA
Symlin +	PB	PA
Synjardy	PB	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Synjardy XR	PB	
Synthroid	NPD	
Tanzeum +	NPD	PA
Tapazole	NPD	
Testim Gel	NPD	PA
<i>testosterone transdermal</i>	G	PA
Tirosint	NPD	PA
<i>tolbutamide</i>	G	
Toujeo Solostar	PB	QL
Tradjenta tablet +	NPD	PA
Tresiba	PB	QL
Trulicity	PB	
Tymlos	NPD, SP	PA, Q/T
Unithroid	G	
Veripred soln 20mg/5ml	NPD	
Victoza	PB	
Vogelxo	NPD	PA
Xigduo XR +	NPD	PA
Xultophy +	NPD	PA
Zemplar	NPD	
Zomacton	NPD, SP	PA

STOMACH, ULCER, & BOWEL MEDS

Aciphex	NPD	QL, PA
Aciphex Sprinkle	NPD	QL, PA, AL
Actigall	NPD	
Amitiza +	NPD	PA
<i>amoxicillin-clarithromycin-lansoprazole</i>	G	
Ampyra	PB, SP	QL, PA
Anusol-HC cream	NPD	
<i>aprepitant</i>	G	QL
Asacol HD	NPD	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Azulfidine	NPD	
<i>balsalazide</i>	G	
Bentyl	NPD	
Bonjesta	NPD	PA
<i>budesonide</i>	G	
Canasa supp	PB	
Carafate susp	PB	
Carafate tabs	NPD	
<i>chlordiazepoxide/clidinium</i>	G	
Cholbam	NPD, SP	PA
<i>cimetidine</i>	G	
Clenpiq Soln	NPD	
Colazal	NPD	
Colocort	NPD	
Creon	PB	
<i>cromolyn sodium solution</i>	G	
Cytotec	NPD	
Delzicol	PB	
Dexilant	NPD	QL, PA
Diclegis	NPD	PA
<i>dicyclomine</i>	G	
<i>diphenoxylate HCl/atropine</i>	G	
<i>dronabinol</i>	G	
Emend	NPD	QL
Emverm	NPD	QL
Endari powder	NPD	PA
Entocort EC	NPD	
<i>esomeprazole</i>	G	QL, PA
<i>esomeprazole strontium</i>	NPD	QL, PA
<i>famotidine 40mg tab, suspension</i>	G	
Gastrocrom	NPD	
Gattex	NPD, SP	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>granisetron</i>	G	
<i>hydrocortisone cream</i>	G	
<i>hydrocortisone retention enema</i>	G	
<i>lactulose soln</i>	G	
<i>lansoprazole cap</i>	G	QL
<i>lansoprazole solutab</i>	G	PA, QL
Lialda	NPD	
Linzess	PB	
Lomotil	NPD	
Marinol	NPD	
<i>meclizine</i>	LCG	
<i>mesalamine</i>	G	
<i>mesalamine DR</i>	G	
<i>mesalamine rectal susp</i>	G	
<i>metoclopramide</i>	G	
<i>misoprostol</i>	G	
Movantik	PB	
Nexium capsule	NPD	PA, QL
Nexium packets	NPD	PA, QL, AL
<i>nizatidine solution</i>	G	
Nulytely	NPD	QL
<i>omeprazole</i>	G	QL
<i>ondansetron HCl</i>	G	
<i>orlistat</i>	G	PA, R
<i>pancrelipase EC/SA</i>	G	
<i>pantoprazole</i>	G	QL
PEG 3350 & electrolytes	G	
Pentasa	PB	
Pepcid tabs, suspension	NPD	
Pertzye	NPD	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Prevacid caps	NPD	QL, PA
Prevacid SoluTab	NPD	QL, PA
Prilosec packets	NPD	QL, PA
<i>prochlorperazine suppository</i>	G	
<i>prochlorperazine tabs</i>	G	
Protonix	NPD	QL, PA
Protonix packets	NPD	QL, PA
<i>rabeprazole</i>	G	QL
<i>ranitidine 300mg</i>	G	
Reglan	NPD	
Relistor +	NPD	PA
<i>scopolamine patch</i>	G	
SFRowasa enema	NPD	
<i>sucralfate tabs</i>	G	
<i>sulfasalazine</i>	G	
Symproic +	NPD	PA
Syndros	NPD	
Tigan	NPD	
Transderm-Scop patch	NPD	
<i>trimetho-benzamide</i>	G	
Trulance +	NPD	PA
<i>ursodiol</i>	G	
Viberzi +	NPD	PA
Xenical	NPD	PA, R
Xermelo	NPD	PA
Zantac	NPD	
Zegerid packets	NPD	PA, QL
Zenpep	PB	
Zofran	NPD	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Zorbtive	NPD, SP	PA
Zuplenz	NPD	
BONE, JOINT, & MUSCLE		
Actemra SC	NPD, SP	QL, PA
Actonel	NPD	QL
<i>alendronate</i>	LCG	QL
<i>allopurinol</i>	G	
<i>alose tron hcl</i>	G	
Amrix +	NPD	PA
Anaprox DS +	NPD	PA
Arava	NPD	
Arthrotec +	NPD	PA
Atelvia	NPD	QL
<i>baclofen</i>	G	
Binosto	NPD	QL
Boniva	NPD	QL
<i>calcitonin-salmon (rDNA origin) nasal spray</i>	G	
<i>carisoprodol</i>	G	
Celebrex +	NPD	PA
<i>celecoxib</i>	G	
<i>chlorzoxazone</i>	G	
Cimzia	PB, SP	PA
<i>colchicine</i>	G	
<i>colchicine/probenecid</i>	G	
Colcrys +	NPD	PA
Cuprimine +	NPD, SP	PA
<i>cyclobenzaprine</i>	G	
Dantrium	NPD	
<i>dantrolene</i>	G	
Daypro +	NPD	PA
<i>diclofenac potassium</i>	G	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>diclofenac sodium DR</i>	G	
<i>diclofenac sodium ER</i>	G	
<i>diclofenac sodium soln 1.5%</i>	NPD	
<i>diclofenac/misoprostol</i>	G	
EC-Naprosyn +	NPD	PA
Enbrel	NPD, SP	PA
<i>etidronate disodium</i>	G	
<i>etodolac</i>	G	
Evista	NPD	
Feldene	NPD	
<i>fenoprofen calcium</i>	G	
Fexmid	NPD	
Flector Patch	NPD	QL, PA
<i>flurbiprofen</i>	G	
Fosamax	NPD	QL
Fosamax Plus D	NPD	QL
Humira	PB, SP	PA
<i>ibandronate</i>	G	QL
<i>ibuprofen</i>	G	
<i>indomethacin</i>	G	
<i>indomethacin SR</i>	G	
<i>ketoprofen</i>	G	
<i>ketoprofen ER</i>	G	
<i>ketorolac</i>	G	
Kevzara	NPD, SP	PA
Kineret	NPD, SP	PA
<i>leflunomide</i>	G	
Lorzone +	NPD	PA
Lotronex	NPD	
<i>meclofenamate</i>	G	
<i>meloxicam</i>	LCG	

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G = Generic **Q/T** = Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **HCR** = \$0 Preventative Drug

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metaxalone</i>	NPD	
<i>methocarbamol</i>	G	
Miacalcin	NPD	
Mitigare +	NPD	PA
Mobic +	NPD	PA
<i>nabumetone</i>	G	
Napreelan +	NPD	PA
Naprosyn +	NPD	PA
<i>naproxen sodium</i>	G	
<i>naproxen sodium DR</i>	G	
<i>naproxen sodium ER</i>	G	
Orencia	NPD, SP	PA
<i>orphenadrine ER</i>	G	
Otezla	PB, SP	PA
Otrexup	NPD	PA
<i>oxaprozin</i>	G	
Pennsaid	NPD	PA
<i>piroxicam</i>	G	
<i>probenecid</i>	G	
<i>raloxifene hcl</i>	G	
Rasuvo	NPD	PA
<i>risedronate</i>	G	QL
<i>risedronate DR</i>	G	QL
Robaxin	NPD	
Simponi	PB, SP	PA
Skelaxin +	NPD	PA
Soma +	NPD	PA
Stelara	PB	PA
<i>sulindac</i>	G	
<i>tizanidine</i>	G	
<i>tolmetin</i>	G	
Toviaz +	NPD	PA
Uloric +	NPD	PA
Viibryd +	NPD	PA
Voltaren Gel	NPD	
Xeljanz [XR]	NPD, SP	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Zanaflex +	NPD	PA
Zipsor +	NPD	QL, PA
Zurampic 200mg	NPD	PA
Zyloprim	NPD	

FEMALE, HORMONE REPLACEMENT, & BIRTH CONTROL

The Injectable Fertility Agents in this section are covered only under certain benefits programs. Please check your handbook to determine coverage.

Activella	NPD	
Addyi	NPD	PA
Alora	NPD	
Aygestin	NPD	
Balcoltra	NPD	
Beyaz +	NPD	PA
Bravelle +	NPD, SP	QL, PA, R
Brevicon	NPD	
Cenestin	PB	
Cleocin vaginal	NPD	
Climara patch	NPD	
<i>clomiphene citrate</i>	G	
Cyclessa	NPD	
Depo SubqQ Provera	NPD	QL
Depo-Provera	NPD	QL
Desogen	NPD	
<i>desogestrel-ethinyl estradiol</i>	HCR	
Diflucan	NPD	
Divigel	NPD	
<i>drospirenone-ethinyl estradiol</i>	HCR	
Estrace	NPD	
<i>estradiol</i>	G	
<i>estradiol cream 0.1%</i>	G	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>estradiol transdermal</i>	G	
Estring	PB	
<i>estropipate</i>	G	
Estrostep FE	NPD	
Evista	NPD	
Femcon FE	NPD	
FemHRT	NPD	
<i>fluconazole 150mg</i>	G	
Follistim AQ +	NPD, SP	QL, PA, R
Ganirelix	NPD, SP	
Generess FE	NPD	
Gonal	PB, SP	QL, R
Intrarosa	NPD	
<i>levonorgestrel-ethinyl estradiol</i>	HCR	
<i>levonorgestrel/my way/next dose</i>	HCR	
Loestrin	NPD	
Lo Loestrin FE	PB	
Loseasonique	NPD	
Lysteda	NPD	
<i>medroxyprogesterone acetate suspension IM</i>	HCR	QL
<i>medroxyprogesterone acetate tab</i>	LCG	
Menopur +	NPD, SP	QL, PA, R
Metrogel vaginal	NPD	
<i>metronidazole</i>	G	
<i>metronidazole vaginal gel</i>	G	
Ministrin 24 FE +	NPD	PA
Minivelle	NPD	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Mircette	NPD	
Natazia	HCR	
<i>norethindrone</i>	G	
<i>norethindrone acetate</i>	G	
<i>norethindrone-ethinyl estradiol</i>	HCR	
<i>norethindrone-mestranol</i>	HCR	
<i>norgestimate-ethinyl estradiol</i>	HCR	
<i>norgestrel-ethinyl estradiol</i>	HCR	
Nuvaring	HCR	QL
OB Complete	NPD	PA
Ortho Micronor	NPD	
Ortho Novum	NPD	
Ortho Tri-Cyclen	NPD	
Ortho Tri-Cyclen Lo	NPD	
Ortho Cyclen	NPD	
Ovidrel	NPD, SP	R
Plan B One-Step	NPD	QL
Premarin	PB	
Premarin vaginal cream	PB	
Premphase	PB	
Prempro	PB	
<i>progesterone, micronized</i>	G	
Prometrium	NPD	
Provera	NPD	
Quartette	NPD	
<i>raloxifene</i>	G	
Safyral +	NPD	PA
Seasonique	NPD	
Synarel	NPD	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Taytulla	NPD	
<i>terconazole cream</i>	G	
Tri-norinyl	NPD	
Vagifem	NPD	
Vandazole	NPD	
Vivelle Dot	NPD	
<i>xulane</i>	HCR	QL
Yasmin	NPD	
YAZ	NPD	
<i>yuvafem</i>	G	

EYE MEDICATIONS

Acular/Acular LS	NPD	
Alcaine	NPD	
Alphagan P	NPD	
Alrex	PB	
<i>apraclonidine</i>	G	
<i>atropine sulfate</i>	G	
<i>azelastine HCL drops</i>	G	
Azopt	PB	
<i>bacitracin ophth</i>	G	
<i>bacitracin/polymyxin B ophth oint</i>	G	
Besivance	PB	
Betagan	NPD	
<i>betaxolol</i>	G	
Betimol	PB	
Betoptic S	PB	
<i>bimatoprost</i>	G	
Bleph 10	NPD	
Blephamide S.O.P. ointment	PB	
<i>brimonidine tartrate</i>	G	
<i>carteolol</i>	LCG	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Ciloxan Sol	NPD	
<i>ciprofloxacin</i>	G	
Cosopt	NPD	
<i>cromolyn ophth</i>	G	
Cyclogyl	NPD	
<i>cyclopentolate HCl</i>	G	
<i>dexamethasone ophth</i>	G	
Diamox Sequels	NPD	
<i>dorzolamide HCl 2%</i>	G	
<i>dorzolamide-timolol</i>	G	
Elestat	NPD	
<i>epinastine HCl</i>	G	
<i>erythromycin</i>	G	
<i>fluorometholone</i>	G	
<i>flurbiprofen</i>	G	
FML Liquifilm suspension	NPD	
Gentak	NPD	
<i>gentamicin ophth</i>	G	
<i>homatropine ophthalmic</i>	G	
Iopidine	NPD	
Isopto Carpine	NPD	
Istalol Drops	NPD	
<i>ketorolac ophth soln</i>	G	
<i>latanoprost</i>	G	
<i>levobunolol</i>	G	
Lotemax	NPD	
Lumigan	PB	
Maxitrol	NPD	
<i>methazolamide</i>	G	
<i>moxifloxacin ophthalmic soln</i>	G	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Mydracil	NPD	
<i>neomycin/ polymyxin B/ dexamethasone</i>	G	
Neosporin soln	NPD	
Ocufen	NPD	
Ocuflox	NPD	
<i>ofloxacin</i>	G	
<i>olopatadine hcl</i>	G	
Omnipred	NPD	
Patanol	NPD	
Phospholine Iodide	PB	
<i>pilocarpine</i>	G	
<i>polymyxin B/neo/ bacitracin</i>	G	
<i>polymyxin B/neo/ gramicidin</i>	G	
Polytrim	NPD	
Pred-Forte	NPD	
<i>prednisolone acetate</i>	G	
<i>prednisolone sodium phosphate</i>	G	
<i>prednisolone/ sodium sulfacetamide</i>	G	
<i>proparacaine</i>	G	
Rescula +	NPD	PA
Restasis	PB	QL
Rhopressa Soln 0.02%	NPD	PA
<i>sulfacetamide</i>	G	
<i>timolol ophth</i>	G	
Timoptic	NPD	
Timoptic XE	NPD	
Tobradex	NPD	
<i>tobramycin</i>	LCG	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tobramycin- dexamethasone</i>	G	
Tobrex	NPD	
Travatan Z	PB	
<i>trifluridine</i>	G	
<i>trimethoprim sulfate/ polymyxin B</i>	G	
<i>tropicamide</i>	G	
Trusopt	NPD	
Vigamox	NPD	
Viroptic	NPD	
Vyzulta Soln 0.024% OP	NPD	PA
Xalatan	NPD	
Xiidra +	NPD	PA
Zioptan +	NPD	PA
Zymaxid	NPD	

ALLERGY, COUGH & COLD, LUNG MEDS

Accolate	NPD	AL
<i>acetylcysteine</i>	G	
Adcirca	NPD, SP	PA
Advair Diskus	PB	
Advair HFA	PB	
Aerospan +	NPD	PA
AirDuo RespiClick +	NPD	PA
<i>albuterol sulfate er</i>	G	
<i>albuterol sulfate nebulizer soln, syrup, tab</i>	G	
Alvesco +	NPD	PA
Anoro Ellipta	PB	
ArmonAir RespiClick +	NPD	PA
Arnuity Ellipta +	NPD	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Asmanex	PB	
Atrovent HFA	PB	
Auvi-Q 0.1mg	NPD	QL, AL
Auvi-Q 0.15mg and 0.3mg	NPD	PA, QL
<i>azelastine nasal spray</i>	G	
Beconase AQ	NPD	PA
<i>benzonatate</i>	G	
Bevespi Aerosphere +	NPD	PA
Breo Ellipta	PB	
Bromfed DM	G	
<i>budesonide</i>	G	
<i>carbinoxamine</i>	G	
Cayston	NPD, SP	PA
Cheratussin AC	G	5DS, QL, AL, MME
Cheratussin DAC	G	5DS, QL, AL, MME
Clarinex	NPD	
<i>clemastine</i>	G	
Combivent Respimat	PB	
<i>cromolyn inhalation soln</i>	G	
<i>cyproheptadine</i>	G	
Daliresp	NPD	
<i>desloratadine</i>	G	
Dulera +	NPD	PA
Dymista	NPD	PA
Elixophyllin Elixir	NPD	
<i>epinephrine pen</i>	G	QL
EpiPen	PB	QL
EpiPen Jr.	PB	QL
Esbriet	NPD, SP	PA, LDD
Flovent Diskus +	NPD	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Flovent HFA +	NPD	PA
<i>flunisolide</i>	G	
<i>fluticasone propionate</i>	G	
Grastek	NPD	PA
Hycofenix	NPD	QL, 5DS
<i>hydrocodon-cpm-phenylephrine</i>	G	QL, 5DS, AL, MME
<i>hydrocod-cpm-pseudoephedrine</i>	G	QL, 5DS, AL, MME
<i>hydrocodone bit/homatrop syrup</i>	G	QL, 5DS, AL, MME
<i>hydrocodone-chlorpheniramine susp</i>	G	QL, 5DS, AL, MME
Hydromet	G	QL, 5DS, AL, MME
<i>hydroxyzine HCl</i>	G	
<i>hydroxyzine pamoate</i>	G	
Hypersal	G	
Incruse Ellipta	PB	
<i>ipratropium-albuterol</i>	G	
<i>ipratropium inhalation soln</i>	G	
<i>ipratropium nasal spray</i>		
Kitabis Pak	NPD, SP	LDD
<i>levalbuterol aerosol</i>	G	
<i>levalbuterol neb</i>	G	
Lonhala Magnair Soln	NPD	PA
<i>metaproterenol</i>	G	
<i>montelukast sodium</i>	G	
Obredon	NPD	QL, 5DS, AL, MME
Odactra SL	NPD	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Ofev	NPD, SP	PA
Oralair	NPD	PA
ProAir HFA	PB	
ProAir RespiClick	PB	
<i>promethazine</i>	G	
<i>promethazine/codeine</i>	LCG	QL, 5DS, AL, MME
<i>promethazine/dextromethorphan</i>	LCG	
<i>promethazine/phenylephrine</i>	G	
Proventil HFA +	NPD	PA
Pulmicort Flexhaler +	NPD	PA
Pulmicort Respules	NPD	
Pulmozyme	PB, SP	
Qvar	PB	
Ragwitek	NPD	PA
Rebetol	NPD, SP	
Rezira	NPD	QL, 5DS, AL, MME
Ryvent	NPD	
Semprex-D	NPD	
Serevent Diskus	PB	
Singulair	NPD	
<i>sodium chloride inhalation</i>	G	
Spiriva	PB	
Stiolto Respimat	PB	
Symbicort	PB	
Symdeko	NPD, SP	PA
<i>terbutaline sulfate tabs</i>	G	
Tessalon Perles	NPD	
Theo-24	PB	
Theochron	G	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>theophylline soln</i>	G	
<i>theophylline extended release</i>	G	
Thiola	NPD, SP	PA
Tracleer	PB, SP	PA
Trelegy Ellipta +	NPD	PA
Tudorza Pressair	NPD	PA
Tussicap	NPD	QL, 5DS, AL, MME
Tuzistra XR	NPD	QL, 5DS, AL, MME
Utibron Neohaler +	NPD	PA
Ventolin HFA +	NPD	PA
Vistaril	NPD	
Vituz	NPD	QL, 5DS, AL, MME
VoSpire ER	NPD	
Xhance	NPD	PA
Xopenex	NPD	
Xopenex HFA +	NPD	PA
Z-Tuss AC	NPD	QL, 5DS, AL, MME
<i>zafirlukast</i>	G	AL
<i>zileuton ER 600mg</i>	G	AL
Zutripro	NPD	QL, 5DS, AL, MME
Zyflo 600mg tab	NPD	AL
Zyflo CR 600mg	NPD	AL

URINARY & PROSTATE MEDS

<i>alfuzosin</i>	G	
Avodart	NPD	AL
<i>bethanechol</i>	G	
Cardura	NPD	
Caverject	PB	QL, PA
Cialis	PB	QL, PA
<i>darifenacin ER</i>	G	
Detrol	NPD	
Detrol LA	NPD	
Ditropan XL	NPD	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxazosin mesylate</i>	G	
<i>dutasteride</i>	G	AL
<i>dutasteride/tamsulosin hcl</i>	G	
Edex	NPD	QL, PA
Elmiron	NPD	PA
Enablex	NPD	
<i>finasteride</i>	G	AL
<i>flavoxate</i>	G	
Flomax	NPD	
Jalyn	NPD	
Levitra	NPD	QL, PA
Muse	PB	QL, PA
Myrbetriq	PB	
<i>oxybutynin</i>	LCG	
<i>oxybutynin ER</i>	G	
<i>potassium citrate ER</i>	G	
Proscar	NPD	AL
Rapaflo	PB	
Staxyn	NPD	QL, PA
Stendra	NPD	QL, PA
<i>tamsulosin</i>	G	
<i>terazosin</i>	LCG	
<i>tolterodine tartrate</i>	G	
<i>tolterodine tartrate LA</i>	G	
<i>tropium chloride</i>	G	
Urecholine	NPD	
Urocit-K	NPD	
Uroxatral	NPD	
VESIcare	PB	
Viagra	NPD	QL, PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VITAMINS & ELECTROLYTES		
Buphenyl	NPD, SP	
Calciferol	NPD	
Citranatal	NPD	PA
Duzallo	NPD	PA
<i>ergocalciferol</i>	G	
Fosrenol	NPD	
Jynarque	NPD	PA
K-Phos	NPD	
K-Tab	NPD	
Klor-Con	G	
<i>lanthanum chewable tab</i>	G	
Mephyton	PB	
<i>multivitamin with fluoride drops, tabs</i>	LCG	
Nascobal	NPD	PA
Nestabs One	NPD	PA
<i>potassium bicarbonate/potassium citrate effervescent</i>	G	
<i>potassium chloride</i>	G	
Quflora	NPD	
Rayaldee +	NPD	PA
<i>sodium phenylbutyrate tab</i>	G, SP	
Tri-Vi-Flor, Poly-Vi-Flor with and without iron	NPD	
<i>vitamin D</i>	LCG	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIAGNOSTICS & MISCELLANEOUS AGENTS		
Beriner	NPD, SP	PA
<i>calcium acetate</i>	G	
Carbaglu	NPD, SP	PA
Cerdelga	NPD, SP	PA
Chemet	PB	
<i>chorionic gonadotropin</i>	G, SP	
Cinryze	NPD, SP	PA
Cystagon	NPD, SP	PA
Exjade	NPD, SP	PA, LDD
Ferriprox 100mg/ml solution	NPD, SP	PA
Firazyr	NPD, SP	PA, QL
<i>ganirelix acetate soln</i>	NPD, SP	R
Haegarda	NPD, SP	PA
Idelvion	NPD, SP	PA
Jadenu	NPD, SP	PA, LDD
Keveyis	NPD, SP	PA
<i>midodrine HCl</i>	G	
<i>miglustat</i>	G, SP	PA
Nityr	NPD, SP	
Novarel 5000 units	NPD, SP	
Novarel 10000 units	G, SP	
Ocaliva	NPD, SP	PA
PhosLo	NPD	
Pregnyl	G, SP	
Renvela	NPD	
Ruconest	NPD, SP	PA
<i>sevelamer carbonate</i>	G	
Strensiq	NPD, SP	PA
Syprine +	NPD, SP	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trientine</i>	G, SP	
Xuriden	NPD, SP	PA
Zavesca	NPD, SP	PA

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PROCEDURES THAT SUPPORT SAFE PRESCRIBING

AmeriHealth utilizes an independent pharmacy benefits management (PBM) company, FutureScripts, to manage the administration of its prescription drug programs. As our PBM, FutureScripts is responsible for providing a network of participating pharmacies, administering pharmacy benefits, and providing customer service to our members and providers.

Prior authorization

Prior authorization is a requirement that your physician obtain approval from your health plan for coverage of, or payment for, prescription drugs. AmeriHealth requires prior authorization of certain covered drugs to confirm that the drug prescribed is medically necessary and appropriate and is being prescribed according to FDA guidelines. The approval criteria were developed and approved by the Pharmacy and Therapeutics Committee, a group of physicians and pharmacists from the area.

Using these approved criteria, clinical pharmacists evaluate requests for these drugs based on clinical data, information submitted by the member's prescribing physician, and the member's available prescription drug therapy history. Their evaluation may include a review of potential drug-drug interactions or contraindications, appropriate dosing and length of therapy, and utilization of other drug therapies, if necessary.

Without prior authorization, the member's prescription will not be covered at the retail or mail-order pharmacy. The prior authorization process may take up to two business days once complete information from the prescribing physician has been received. Incomplete information will result in a delayed decision.

Prior authorization approvals for some drugs may be limited to 6 to 12 months. If the prior authorization for a drug is limited to a certain time frame, an expiration date will be given at the time the approval is made. If the physician wants a member to continue the drug therapy after the expiration date, a new prior authorization request will need to be submitted and approved in order for coverage to continue.

Prior authorization applies to all formulations of the following specific drugs, including but not limited to, tablet, capsule, and oral suspension.*

Abilify	Austedo™	Clindagel®	Dulera®
Absorica™	Auvi-Q® 0.15mg and 0.3mg	clindamycin/benzoyl/ peroxide 1%/5%	Dupixent®
Abstral®	Avapro®/Avalide®	Clobex®	Duragesic®
Acanya®	Avita®	Cloderm®	Durlaza®
Aciphex®	Axert®	Coagadex®	Duzallo®
Actemra® SC	Axiron®	Colcrys®	Dyanavel XR™
Acticlate™	Azelex®	Cometriq™	Dymista®
Actiq®	Azor®	Comtempla XR ODT™	EC-Naprosyn®
Aczone®	Basaglar®	Concerta®	Ecoza™
Adcirca™	Baxdela™	Contrave ER®	Edarbi™
Adderall®	Bebulin®	Conzip™	Edarbyclor™
Addyi®	Beconase AQ®	Cordran®	Edex®
Adempas®	Belbuca™	Corifact®	Edluar™
Adipex-P®	Belsomra®	Corlanor®	Effexor XR®
Adlyxin™	Belviq® [XR]	Cosentyx™	Elidel®
Admelog®	BeneFIX®	Cotellic™	Elmiron®
Advate®	Benicar®	Cozaar®/Hyzaar®	Eloctate™
Adynovate®	Benicar HCT®	Cresemba®	Embeda®
Adzenys™ XR-ODT	Benlysta®	Crestor®	Emflaza™
Aerospan™	Benzaclin®	Cuprimine®	Enbrel®
Afinitor®	Benzamycin®	Cutivate®	Endari™ Powder
Afrezza®	Benzamycinpak®	Cystaran™	Enstilar®
Afstyla®	benzphetamine	Daklinza™	Entresto™
AirDuo™ RespiClick®	Beriner®	Daypro®	Epclusa®
Alecensa®	Bevespi Aerosphere™	Daytrana™	Erivedge™
Alphanate®	Beyaz®	Demerol®	Erleada®
Alphanine® SD	Bosulif®	Dermasorb™ HC, TA	Ertaczo®
Alprolix™	Bonjesta®	Desonate®	Esbriet®
Altanax™	Brand prenatal vitamins	Desowen®	esomeprazole
Alunbrig™	Bravelle®	Desoxyn®	eszopiclone 3mg
Alvesco®	Briviact®	Dexedrine®	Eucrisa™
Ambien®	buprenorphine patch	Dexilant™	Evekeo™
Ambien CR®	Butrans®	D.H.E.® 45	Evoclin® foam
Amerge®	Byvalson™	Diabetic test strips*	Evezio™
Amitiza®	Cabometyx™	Dibenzylidine®	Exalgo™
Ampyra™	Calquence®	Diclegis®	Exelderm®
Anaprox® DS	Capex®	diclofenac gel 3%	Exforge® (HCT)
Androderm®	Caprelsa®	diethylpropion HCL	Exjade®
Androgel®	Carac®	Differin® Cream/Lotion and 0.3% gel	Extavia®
Apidra®	Carbaglu®	dihydroergotamine Inj	Extina®
Aplenzin™	Caverject®	dihydroergotamine	Factive®
Aptensio XR®	Cayston™	nasal spray	Fanapt™
armodafinil	Celebrex®		Farxiga™
ArmonAir™ RespiClick®	Cerdelga™	Dilaudid®	Farydak®
Arnuity Ellipta®	Cholbam®	Diovan® (HCT)	Feiba®
Arthrotec®	Cialis®	Dolophine®	fentanyl citrate-OTFC
Arymo™ ER	Ciclodan®	Doral®	fentanyl transdermal
Atacand® (HCT)	Cimzia®	Doryx® DR	Fentora®
Ativan®	Cinryze®	doxycycline DR 40mg	Ferriprox®
Atralin®	Cleocin T®	Duac®	Fetzima™
Aubagio®			Fioricet® with Codeine

Fiorinal [®] with Codeine	Jentaduet [™]	Minastrin [®] FE	Opsumit [®]
Firazyr [®]	Jublia [®]	Minocin [®]	Oracea [®]
Flector [®] patch	Juxtapid [™]	Mitigare [®]	Oralair [®]
Flovent [®]	Jynarque [®]	Mobic [®]	Orencia [®] SQ
Focalin [®] XR	Kadian [®]	modafinil	Orenitram [™]
Follistim [®] AQ	Kalydeco [™]	mometasone furoate	Orkambi [™]
Fortamet [®]	Kapvay [®]	Monoclata-P [®]	Oseni [®]
Forteo [™]	Kazano [®]	Monodox [®]	Otezla [™]
Fortesta [™]	Kenalog [™]	Mononine [®]	Otrexup [™]
Frova [®]	Keppra [®]	MorphaBond [™] ER	Oxistat [®]
Fulyzaq [™]	Keppra XR [®]	morphine ER	oxycodone ER
Gattex [®]	Kerydin [™]	MS Contin [®]	Oxycontin [®]
Genotropin [®]	Keveyis [™]	Muse [®]	oxymorphone ER
Gilenya [®]	Kevzara [®]	Myalept [™]	Ozempic [®] Soln
Gilotrif [™]	Khedeza [®]	Mydayis [™]	Pandel [®]
Gleevec [®]	Kineret [®]	Mytesi [™]	Penlac [®]
Gralise [™]	Kisqali [™]	Naprelan [®]	Pennsaid [®]
Grastek [®]	Koate [®] -DVI	Naprosyn [®]	Percocet [®]
Haegarda [®]	Kogenate [®] FS	Nascobal [®]	phendimetrazine tartrate
Halcion [®]	Korlym [™]	Nasonex [®]	Picato [®]
Halog [®]	Kynamro [®]	Natesto [™]	Pomalyst [®]
Harvoni [™]	Lamictal [®] (ODT)	Natpara [®]	Praluent [®]
Helixate [®] FS	Lansoprazole Solutab	Nerlynx [™]	Prevacid [®]
Hemlibra [®] Soln	Latuda [®]	Nesina [®]	Prilosec [®]
Hemofil [®] M	Lazanda [®]	Nestabs [®] One	Pristiq [™]
Hetlioz [™]	Lenvima [™]	Nexavar [®]	Proctocort [®] Supp 30mg
Horizant [™]	Letairis [®]	Nexium [®]	Procysbi [®]
Humalog [®]	Levitra [®]	Ninlaro [®]	Profilnine [®]
Humate-P [®]	Lexapro [®]	Noctiva [™] Emulsion	Promacta [®]
Humatrope [®]	Lidoderm [®]	Norco [®]	Protonix [®]
Humira [®]	linezolid	Norditropin [®]	Protopic [®]
Humulin [®]	Lipitor [®]	Northera [™]	Proventil [®] HFA
Hycamtin [®]	Livalo [®]	Novoeight [®]	Provigil [®]
hydromorphone ER	Locoid [®]	Novoseven [®] RT	Prozac [®]
Hysingla [™] ER	Locoid [®] lipocream	Noxafil [®]	Pulmicort Flexhaler [®]
Ibrance [®]	Lomaira [™]	Nucynta ER [®]	Qnasl [™]
Ibudone [®]	Lonhala [™] Magnair [™]	Nuedexta [™]	Qsymia [®] ER
Iclusig [™]	Lonsurf [®]	Nuplazid [™]	Qtem [®]
Idelvion [®]	Loprox [®]	Nutropin [®] (AQ)	Qualaquin [®]
Idhifa [®]	Lorzone [®]	Nuvigil [®]	QuilliChew ER [™]
imatinib mesylate	Lovaza [®]	Nuwiq [®]	Quillivant XR [™]
Imbruvica [™]	Lunesta [®]	OB Complete [™]	quinine sulfate
Imitrex [®]	Luxiq [®]	Obizur	Ragwitek [™]
Impavido [®]	Luzu [®]	Ocaliva [™]	Rasuvo [™]
Increlex [®]	Lynparza [™]	Odactra [®] SL	Ravicti [™]
Ingrezza [™]	Lyrica [®]	Odomzo [®]	Rayaldec [®]
Inderal [®] LA	Lyrica [®] CR	Ofev [®]	Rayos [®]
Inlynta [®]	Mavyret [™]	Olux [®] [E]	Rebif [®]
Intermezzo [®]	Maxalt [®] (MLT)	Omnaris [®]	Rebif [®] Rebidose [®]
1.75mg, 3.5mg	Mekinist [®]	Omnitrope [®]	Rebinyn [®] Soln
Intuniv [™]	Menopur [®]	Onexton [™]	Recombinate [™]
Invega [™]	methadone	Onmel [™]	Regimex [®]
Ixinity [®]	Micardis [®] (HCT)	Onzetra Xsail [™]	ReliOn [®]
Jadenu [™]	Migranal [®]	Opana [®]	Relistor [®]
Jakafi [™]	miglustat	Opana ER [®]	Relpax [®]

Repatha™	Strattera™	Trulance™	Xenical®
Rescula®	Strensiq™	Tudorza® Pressair®	Xermelo™
Restoril®	Striant®	Twynsta®	Xhance™ MIS 93mcg
Retin-A® (Micro)	Subsys®	Tykerb®	Xifaxan®
Revatio™	Sutent®	Tylenol® w/Codeine	Xigduo XR™
Revlimid®	Sylatron™	Tymlos™	Xiidra™
Rexulti®	Symdeko®	Tyvaso®	Ximino™
Rhopressa® Soln 0.02%	Symlin®	Uloric®	Ximino ER™
Riastap®	Symproic®	Ultracet®	Xodol®
Ritalin® LA	Synalar®	Ultram®	Xolegel®
20mg and higher	Syprine®	Ultravate®	Xopenex HFA®
Rixubis™	Taclonex®	Uptravi®	Xtampza® ER
Roxicodone®	Taclonex Scalp®	Utibron™ Neohaler	Xtandi®
Rubraca®	Suspension	Valchlor™	Xultophy™
Ruconest®	Tafinlar®	Valium®	Xuriden™
Rydapt®	Tagrisso™	Valtrex™	Xyntha®
Rytary™	Taltz Autoinjector®	Vasotec®	Xyrem®
Safyral®	Tanzeum™	Vecamyl™	Zavesca®
Saizen®	Tarceva®	Veltin™	Zejula™
Samsca™	Targadox™	Venclexta®	Zelboraf®
Saphris®	Targretin® Gel	Ventavis®	Zembrace Symtouch™
Saxenda®	Tasigna®	Ventolin® HFA	Zepatier™
Segluromet®	Technivie™	Verdeso®	Zestril®
Sernivo™	Tekturna® (HCT)	Verzenio™	Zetia®
Serostim®	Temodar® Oral	Vibra®	Zetonna™
Signifor®	temozolomide	Viberzi™	Ziana®
sildenafil	Tenoretic®	Vibramycin®	Zioptan™
Silenor®	Tenormin®	Viekira Pak™	Zipsor™
Siliq™	Testim®	Viibryd®	Zmax™
Simponi™	testosterone transdermal	Vogelxo®	Zohydro® ER
Sirturo™	Thalomid®	Voltaren-XR®	Zolinza®
Sivextro™	Thiola®	Vonvendi	Zolof®
Skelaxin®	Tirosint®	Vosevi™	Zolpidem 10mg
Solaraze® Gel	Topamax® tab	Votrient™	Zolpidem ER 12.5mg
Soliqua™	Topamax® Sprinkle	Vraylar™	Zolpidem SL 3.5mg
Solodyn®	Topicort®	Vusion®	Zolpimist™
Sonata®	Toviaz™	Vytorin™	Zomacton™
Sovaldi™	Tracleer®	Vyzulta™ Soln OP	Zomig®
Sprycel®	Tradjenta™	Wellbutrin® XL	Zorbtive™
Staxyn™	Trelegy™ Ellipta®	Wilate®	Zurampic®
Steglatro™	Tremfya™	Xadago™	Zydelig®
Steglujan™	Tretten®	Xalkori®	Zykadia™
Stelara®	Treximet™	Xanax®	Zypitomag™
Stendra™	Tribenzor®	Xeljanz® [XR]	Zytiga™
Stivarga®	Trintellix	Xenazine™	Zyvox®

*All brand prenatal vitamins require prior authorization

* All diabetic test strips require prior authorization except for the following: Breeze® 2, Contour®, Contour® Next, Freestyle®, Freestyle InsuLinx®, Freestyle Lite®, and Precision XTRA®

* Compound products with total cost equal to or greater than \$75 per prescription

Age limits

The FDA has established specific procedures that govern prescription prescribing practices. These rules are designed to prevent potential harm to patients and to confirm that the medication is being prescribed according to FDA guidelines. For example, some drugs are approved by the FDA only for individuals age 5 and older, such as zafirlukast. The pharmacist's computer provides up-to-date information about FDA rules. If the member's prescription falls outside of the FDA guidelines, it will not be covered until prior authorization is obtained. In addition, an age limit may be applied when certain drugs are more likely to be used in certain age groups. For example, agents to treat Alzheimer's disease may require prior authorization for use in young adults. The prescribing physician may request consideration for prior authorization of restricted medications when medically necessary. The approval criteria for this review were developed and approved by the Pharmacy and Therapeutics Committee. The member should contact the prescribing physician to request that he or she initiate the prior authorization process. To determine if a covered prescription drug prescribed for the member has an age limit, visit your plan's website at https://www.amerhealth.com/members/rx_services/index.html or call FutureScripts at the number on the back of your ID card.

Quantity limits

Quantity limits are designed to allow a sufficient supply of medication based upon FDA-approved maximum daily doses, standard dosing, and/or length of therapy of a drug. We have several different types of quantity limits that are explained in detail below. The purpose of these limits is to ensure safe and appropriate utilization. If a member requires more than the limit, the member's physician will need to submit a prior authorization request.

- **Quantity Over Time:** This quantity limit is based on dosing guidelines over a rolling time period. For example, if a drug has a quantity limit over a 30-day time period and a member went to the pharmacy on January 1, 2018, for one of these medications, the computer system would have looked back 30 days to December 2, 2017, to see how much medication was dispensed. The purpose of these limits is to help keep excessive quantities from being dispensed. Examples of quantity limits over time are:
 - Nuvaring® = 1 ring per 28 days
 - Ibandronate 150mg (Boniva®) 150mg = 1 tablet per 30 days
 - Amerge® (nine 2.5mg tablets per 30 days), Imitrex® (eighteen 50mg tablets per 30 days), Maxalt® (twelve 10mg tablets per 30 days), Migranal® (eight 4mg nasal spray units per 30 days), and Zomig® (nine 5mg tablets per 30 days)
 - Diabetic supplies such as blood glucose test strips (#200 strips per 30 days) and lancets (#200 lancets per 30 days)
- **Maximum daily dose:** This quantity limit is based on maximum number of units of the drug allowed per day. For example, if a member went to a pharmacy for one of these medications, the computer system will ensure that the amount of medication being requested per day does not exceed the maximum daily dose. Examples of maximum daily dose quantity limits are:
 - sedative hypnotic drugs, such as Sonata® (1 capsule per day) and Ambien® (1 tablet per day)
 - oral narcotic drugs, such as OxyContin® (3 tablets per day), Percocet® (6 tablets per day), and Percodan® (6 tablets per day)
 - proton pump inhibitor drugs, such as Nexium® (1 capsule per day) and Protonix (1 tablet per day)

- **Refill too soon:** This limit is in place to encourage appropriate utilization and minimize stockpiling of prescription medications. Based on this edit, a member is able to receive a refill of a prescription after 75% utilization. However, if the same prescription is refilled every month at the 75% utilization point, an excess supply will be accumulated. The plan will “look back” over a period of 180 days and calculate the total day supply that has been dispensed.
- **Day Supply Limit:** This limit is based on the day supply and not the quantity. However, quantity limits may apply as well. Day Supply Limits apply to some classes of drugs, such as narcotics. If a quantity limit applies, the member will be limited to the maximum daily dose for that drug. If a member requires more than the limit, the member’s prescriber will need to submit a prior authorization request. The following are examples of drugs that have a day supply and a quantity limit:
 - Headache agents, such as butalbital/aspirin or narcotics, such as oxycodone tablets
 Day supply limit = 5-day supply per 30 days
 Quantity Limit = 6 per 1 day
 Maximum quantity allowed without prior authorization = 30 (6 per day x 5 days)
 - Cough and cold products, such as Hydrocodone/Homatropine
 Day supply limit = 5-day supply per 30 days
 Quantity Limit = 30 ml per 1 day
 Maximum quantity allowed without prior authorization = 150 ml (30 ml per day x 5 days)

If a physician requires that a member use a drug therapy that exceeds any of the quantity limits described above, the physician must request consideration for a quantity limit override. The member is required to contact the prescribing physician to initiate a preapproval request for an override.

If the exception for a drug is limited to a certain time frame, an expiration date will be given at the time the approval is made. If the physician wants a member to continue the drug therapy as requested after the expiration date, a new request for a prior authorization needs to be submitted and approved in order for coverage to continue.

To determine if a covered prescription drug prescribed for you has a quantity limit or requires prior authorization, see the plan website at https://www.amerihealth.com/members/rx_services/index.html or call FutureScripts at the phone number on the back of your ID card.

Safety Edits

Safety Edits are applied to prescription medications to ensure safe and appropriate use of drugs. They are designed to align with the latest clinical practice guideline and manufacturer package insert recommendations. There are different types of safety edits; some of which will prompt member counseling at the point of sale (POS), while some will require prior authorization review.

- **Morphine Milligram Equivalent (MME) Limit:** Effective 10/1/2018, cumulative daily limit of 90 MME per day will be applied across all opioids. This limit is calculated based on the total daily dose of opioid drug, by itself or in combination with other opioids. For members whose opioids dose exceeds 90 MME/day, prior authorization is required. Medications containing the active ingredient in the table below are impacted by the MME limit.

Active Ingredient			
Codeine	Dihydrocodeine	Fentanyl	Hydrocodone
Hydromorphone	Levorphanol	Meperidine	methadone
Morphine	Opium	Oxycodone	oxymorphone
Tapentadol	tramadol		

- **Concurrent Drug Utilization Review (cDUR):** cDURs are built into the prescription claim adjudication system and its purpose is to review a member's prescription history for possible drug related problems including drug-drug interactions and duplicate therapies. Examples of cDUR messages are:
 - Viagra® and nitroglycerin combination will reject at the Point of Sale (POS) because the combination may lead to potentially fatal hypotension.
 - Oxycodone and lorazepam combination will trigger a message in the claim adjudication system prompting the dispensing pharmacists to counsel members on the additive effect of sedation when opioids are used with other sedatives.

96-Hour Temporary Supply Program

Under the 96-Hour Temporary Supply Program, if a member's physician writes a prescription for a drug that requires prior authorization, and the prior authorization has not been obtained by the physician, the following steps will occur:

1. The participating retail pharmacy will be instructed to release a 96-hour supply of the drug to the member with either no out-of-pocket co-pay or the appropriate percentage cost-sharing as defined by the member's benefit.
2. The next business day, FutureScripts will contact the member's physician to request that he or she submit the necessary documentation of medical necessity or medical appropriateness for review.
3. Once the completed medical documentation is received by FutureScripts, the review will be completed, and the request will either be approved or denied.
4. If approved, the remainder of the prescription may be filled, and the appropriate prescription drug out-of-pocket cost-sharing will be applied.
5. If denied, notification will be sent to both the physician and the member.

Obtaining a 96-hour temporary supply does not guarantee that the prior authorization request will be approved. Some drugs are not eligible for the 96-Hour Temporary Supply Program due to packaging or other limitations such as Retin-A® (tube), Enbrel® (two-week injection kit), and erectile dysfunction drugs.

How to Submit a Prior Authorization

The process for requesting a prior authorization/preapproval or override is as follows:

- The physician prescribing the drug completes a prior authorization form or writes a letter of medical necessity and submits it to FutureScripts by fax at 1-888-671-5285. The forms are available online at: https://www.futurescripts.com/FutureScripts/for_health_care_professionals/prior_authorization/index.html. The form must be completed and submitted by the physician, not the member.
- FutureScripts will review the prior authorization request or letter of medical necessity. If a clinical pharmacist cannot approve the request based on established criteria, a medical director will review the document.
- A decision is made regarding the request.
- If approved, the prescribing physician will be notified of approval via fax or telephone, and the claims system will be coded with the approval. The member may call the Customer Service phone number on his or her ID card to determine if the prescription is approved.
- If denied, the prescribing physician will be notified via letter, fax, or telephone. The member is also notified of all denied requests via letter. The appeals process will be detailed within the denial letters sent to the member and physician.

Exceptions for non-preferred drugs (specific to Select Drug Program members only)

Providers may request consideration for preferred coverage of a covered non-preferred medication when all formulary alternatives have been exhausted or there are contraindications to using the formulary alternatives. The provider should complete the non-preferred request form, providing detail to support the exception for the non-preferred medication, and fax the request to 1-888-671-5285. If the non-preferred exception request is approved, the drug will be paid at the appropriate preferred level of cost-sharing. If the request is denied, the member and provider will receive a denial letter with the appropriate appeals language. Whether an appeal is filed or not, the member may always obtain benefits for the covered non-preferred drug at the appropriate non-preferred level of cost-sharing. Out-of-pocket expenses for non-preferred drugs are higher than for preferred drugs. Medications that do not meet medical necessity, as defined in the member's benefits book, will be excluded from coverage under the prescription drug benefit.

Appealing a decision

If a request for prior authorization/preapproval or exception results in a denial, the member, or physician on the member's behalf (with the member's consent), may file an appeal. Both the member and his or her physician will receive written notification of a denial, which will include the appropriate telephone number and address to direct an appeal. To assist in the appeals process, it is recommended that the physician be involved to provide any additional information on the basis of the appeal.



AmeriHealth

AmeriHealth Select Drug Program Formulary offered by:
AmeriHealth HMO, Inc.
QCC Insurance Company, d/b/a AmeriHealth Insurance Company