

Independence 

SELECT DRUG PROGRAM[®] FORMULARY

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www.ibx.com

Dear Valued Member:

As part of our commitment to provide you with comprehensive prescription drug coverage, a formulary feature is included in your prescription drug benefit. A formulary is a list of selected drugs that are approved by the U.S. Food and Drug Administration (FDA) and reviewed by our Pharmacy and Therapeutics Committee, a group of physicians and pharmacists from the area. These prescription drugs have been selected for inclusion on the Select Formulary 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;
- safety edits (e.g. age limit, quantity limit, morphine milligram equivalent limit, and concurrent Drug Utilization Review).

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 which includes approved use outlined in the manufacturer package insert, 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. Drugs that do not meet medical necessity, as defined in the member's benefits book, are excluded from coverage under the prescription drug benefit. This formulary guide 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 provider or pharmacist.

The non-preferred tier on the formulary is generally associated with higher cost-sharing (i.e., at the higher cost to you) than the preferred brand tier or generic tier.

- Generally, when a brand drug has a generic equivalent, the brand name drug is covered at the non-preferred level of cost-sharing while the generic equivalent is covered at the generic level of cost-sharing. For example: Cipro® is a brand drug that is covered at the non-preferred level of cost-sharing; its generic equivalent ciprofloxacin is available at the generic level of cost-sharing.
- Some brand name drugs without generic equivalents, authorized generic drugs and generic drugs are also covered at the non-preferred level of cost-sharing because there are other more cost-effective alternatives covered on the formulary to treat the same condition.
- Covered generic drugs not listed in the formulary guide are available at the generic level of cost-sharing; covered brand drugs not listed in the formulary guide are available at the non-preferred level of cost-sharing.

Select Drug Formulary Tier Structure

Below is a summary of tiers in the general order from lowest to highest level of cost-share. Benefits vary by group and all cost-share levels may not be available on all plans.

- Low-Cost Generic (availability varies by benefit)
- Generic
- Preferred Brand
- Non-Preferred Drug
- Specialty (availability varies by benefit)

The Low-Cost Generic [LCG] offers copays lower than the cost-share for the generic tier, to the extent applicable, for certain generic drugs that are typically used to treat chronic conditions such as high blood pressure, high cholesterol, diabetes, heart failure, and depression. Benefits may vary, and not all plans provide this incentive; the drug list is subject to change. When this incentive is not available on a plan, these drugs will be covered at the generic cost-share level.

Specialty Drugs [SP] meet certain criteria, including, but not limited to drugs used to treat rare, complex, or chronic diseases, drugs that have complex storage and/or shipping requirements, drugs that require comprehensive patient monitoring and/or education. Specialty drugs covered under the pharmacy benefit may be managed by the FutureScripts® Specialty Pharmacy Program. Benefits may vary, and many plans cover specialty drugs on a specialty tier with higher cost-sharing. For cost-sharing purposes, drugs on the specialty tier are not eligible for tier lowering.

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. Although a Food and Drug Administration (FDA) approved drug, the authorized generic is not approved through the abbreviated new drug application (ANDA) process like a standard generic drug. 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.

Affordable Care Act Preventive Medications [ACA]

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 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) tobacco interventions for adults who use tobacco products, 7) contraceptives as mandated by the Women's Preventive Services provision, and 8) 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 on your health insurance plan's website to check the status of a specific drug.

Category	Example Product(s)
<p>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</p>	<p>aspirin 81mg (tab/chewable)</p>
<p>Bowel Preparations Bowel preparation for colonoscopy needed for preventive colon cancer screening, for ages 50-75</p>	<p>generic bowel preparation products such as Gavilyte-C™, Gavilyte-G™, Gavilyte-N™, Gavilyte-H™ with bisacodyl, PEG 3350/electrolytes, Trilyte® w/packets</p>
<p>Breast cancer chemo prevention For members age 35 and older who are at increased risk for breast cancer</p>	<p>tamoxifen 20mg</p>
<p>Contraceptives Includes, but not limited to, oral, injectable, transdermal, diaphragms, cervical caps, intravaginal devices, female condoms, and contraceptive film and jelly. Note: IUDs and implantable products are covered under the medical benefit</p>	<ul style="list-style-type: none"> - Oral: all generics such as Amethia, Cryselle-28, Emoquette, Fayosim, Necon, Ocella, Sprintec, Trivora - Injectable: all generics such as medroxyprogesterone injection - Transdermal: Xulane® patches - Diaphragms - Cervical Caps - Female condoms - Contraceptive film - Contraceptive gel/jelly/foam: such as VCF® foam 12.5%, 28%, Options Conceptrol® 4%, Options Gynol® 3% - Emergency: all generics such as levonorgestrel 1.5mg tab, My Way® 1.5mg tab - Intravaginal devices: such as Nuvaring®
<p>Fluoride For children ages 6 months to 5 years. Includes generics strengths up to 0.5mg</p>	<p>sodium fluoride 1.1 (0.5f) mg/ml solution sodium fluoride 0.55 (0.25f) mg chewable tab Fluoritab 0.275 (0.125f) mg/drop solution Fluoritab 1.1 (0.5f) mg chewable tab</p>

(continued)

Category	Example Product(s)
Folic acid For women planning for or capable of pregnancy. Limited to 0.4 to 0.8mg of folic acid	folic acid 400mcg tab folic acid 800mcg tab folic acid 0.8mg capsule (including generic prenatal vitamins with the above listed folic acid dose) For women younger than 51 years of age
Tobacco interventions For adults ages 18+ years, who use tobacco products and want to quit	Chantix® bupropion SR (generic Zyban®) tablet nicotine polacrilex lozenge nicotine patch 24 hour transdermal Nicotrol® Inhaler Nicotrol® NS Solution
Statins Low-to-moderate dose statin for prevention of cardiovascular disease, recommended for ages 40-75	lovastatin 10mg lovastatin 20mg lovastatin 40mg

Dear Valued Provider:

This is a listing of formulary drugs to be considered for your patient, a Select Drug Program® participant. Please refer to this formulary guide 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,

Independence Blue Cross

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	
<i>albendazole</i>	G	
Altabax	NPD	PA
<i>amoxicillin</i>	LCG	
Amoxicillin 775mg	PB	
<i>amoxicillin/clavulanate</i>	G	
<i>amoxicillin/clavulanate extended-release</i>	G	
<i>ampicillin</i>	LCG	
Ancobon	NPD	
Arakoda	NPD	PA
Arikayce	NPD	PA
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Baraclude	NPD, SP	
Baxdela	NPD	PA
Benznidazole	NPD	
Biaxin	NPD	
Biktarvy	NPD	
Biltricide	NPD	
<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

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 **ACA** = \$0 Preventative Drug **MME** = Morphine Milligram Equivalent

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Dapsone	G	
Daxbia	NPD	
Delstrigo	NPD	
<i>demeclocycline</i>	G	
<i>dicloxacillin</i>	G	
<i>didanosine</i>	G	
Diflucan	NPD	
Doryx 50mg and 200mg DR tablet	NPD	PA
<i>doxycycline DR 40mg</i>	G	PA
<i>doxycycline hyclate</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	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>flucytosine</i>	G	
Flumadine	NPD	
<i>fosamprenavir calcium tab</i>	G	
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	

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MME = Morphine Milligram Equivalent

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Luliconazole cream	NPD	PA
Macrodantin	NPD	
Malarone	NPD	
Mavyret	PB, SP	PA, QL, Q/T
<i>mefloquine</i>	G	
Mepron	NPD	
<i>methenamine hippurate</i>	G	
<i>metronidazole</i>	G	
Minocin +	NPD	PA
<i>minocycline caps</i>	G	
<i>minocycline ER tablet 45mg, 65mg, 90mg, 115mg and 135mg</i>	G	Q/T
<i>minocycline ER 55mg tablet</i>	NPD	PA, Q/T
<i>minocycline tablet</i>	G	
Minolira	NPD	PA, Q/T
<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 powder	PB	
Norvir tablet	NPD	
Noxafil	NPD	QL, PA
Onmel	NPD	PA
Oracea	NPD	PA
Orkambi tablet/ packet	NPD, SP	PA, LDD

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oseltamivir caps/ soln</i>	G	QL
Pegasys	NPD, SP	
PegIntron	NPD, SP	
Pifeltro	NPD	
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	
Ribasphere Ribapak 200mg & 400mg/ 400mg & 600mg	G, SP	
<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, 200mg/5ml	NPD	
Sustiva	NPD	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Symfi	NPD	
Symfi-Lo	NPD	
Symtuza	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	
Tobramycin nebulization soln.	PB, SP	
Triumeq	PB	
Trizivir	NPD	
Truvada	PB	
<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	PB, SP	PA, QL, Q/T
Xepi Cream 1%	NPD	PA
Xifaxan 200mg	NPD	QL
Xifaxan 550mg	NPD	PA, QL, Q/T
Ximino ER +	NPD	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Xofluza therapy pack	NPD	Q/T
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	
Benlysta	NPD, SP	PA
<i>bexarotene</i>	G, SP	
<i>bicalutamide</i>	G	
Bosulif	NPD, SP	PA
Braftovi	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
Copiktra	NPD, SP	PA
Cotellic	NPD, SP	PA, LDD
<i>cyclophosphamide</i>	G, SP	
<i>cyclosporine</i>	G	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
Iclusig	NPD, SP	PA
Idhifa	NPD, SP	PA
<i>imatinib mesylate</i>	G, SP	PA
Imbruvica	NPD, SP	PA
Imuran	NPD	
Inlyta	NPD, SP	PA
Kisqali	NPD, SP	PA, LDD
Lenvima	NPD, SP	PA, LDD
<i>letrozole</i>	G	
<i>leucovorin calcium</i>	G	
Leukeran	PB	
<i>leuprolide</i>	G, SP	
Lonsurf	NPD, SP	PA
Lorbrena	NPD, SP	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Lynparza	NPD, SP	PA
Lysodren	NPD	
Matulane	PB, SP	
Megace	NPD	
<i>megestrol</i>	G	
<i>megestrol acetate</i>	G	
Mekinist	NPD, SP	PA
Mektovi	NPD, SP	PA
<i>mercaptopurine</i>	G, SP	
Mesnex	NPD, SP	
<i>methotrexate</i>	G	
<i>mycophenolate</i>	G	
<i>mycophenolic acid</i>	G	
Myfortic	NPD	
Myleran	NPD	
Neoral	NPD	
Nerlynx	NPD, SP	PA
Nexavar	NPD, SP	PA
Nilandron	NPD, SP	
<i>nilutamide</i>	G, SP	
Ninlaro	NPD, SP	PA
Odomzo	NPD, SP	PA
Pomalyst	NPD, SP	PA
<i>prednisone</i>	LCG	
Prograf	NPD	
Protopic	NPD	PA
Purixan	NPD, SP	
Rapamune 1mg/ml Sol	PB	
Rapamune tab	NPD	
Revlimid	NPD, SP	PA
Rubraca	NPD, SP	PA
Rydapt	NPD, SP	PA
Sandimmune, Neoral	NPD	
Siklos	NPD	
<i>sirolimus</i>	G	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Sprycel	NPD, SP	PA
Stivarga	NPD, SP	PA
Sutent	NPD, SP	PA
Tabloid	NPD	
<i>tacrolimus</i>	G	
Tafinlar	NPD, SP	PA
Tagrisso	NPD, SP	PA
Talzenna	NPD, SP	PA
<i>tamoxifen 10mg</i>	G	
Tarceva	NPD, SP	PA
Targretin cap	NPD, SP	
Tasigna	NPD, SP	PA
Temodar	NPD, SP	PA
<i>temozolomide</i>	G, SP	PA
Thalomid	NPD, SP	PA
<i>thioguanine</i>	G	
Tibsovo	NPD, SP	PA
<i>tretinoin caps</i>	G, SP	
Trexall tab	NPD	
Tykerb	NPD, SP	PA
Valchlor	NPD, SP	PA
Venclexta	NPD, SP	PA
Verzenio	NPD, SP	PA
Vizimpro	NPD, SP	PA
Votrient	NPD, SP	PA
Xalkori	NPD, SP	PA
Xatmep	NPD	AL
Xeloda	NPD, SP	
Xtandi	NPD, SP	PA, LDD
Yonsa	NPD, SP	PA
Zejula	NPD, SP	PA, LDD
Zelboraf	NPD, SP	PA, LDD
Zolinza	NPD, SP	PA, LDD
Zortress	NPD	
Zydelig	NPD, SP	PA, LDD
Zykadia	NPD, SP	PA, LDD
Zytiga	NPD, SP	PA, LDD

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PAIN, NERVOUS SYSTEM, & PSYCH		
Abilify	NPD	PA
Abilify Mycite	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
Aimovig	NPD	PA
Ajovy	NPD	PA
Allzital 25-325mg	NPD	PA, 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	
<i>amphetamine aspartate/amphetamine sulfate/dextro-amphetamine</i>	G	QL

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amphetamine aspartate/amphetamine sulfate/dextro-amphetamine ER</i>	G	QL
<i>amphetamine tablet</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	
Austedo	NPD, SP	PA
Avonex	PB, SP	QL
Axert	NPD	PA, QL, AL
Azilect	NPD	
Belbuca	NPD	QL, PA, MME
Belsomra +	NPD	QL, PA
Belviiq [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 SL</i>	G	QL
<i>buprenorphine hcl/naloxone hcl</i>	G	QL

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Buprenorphine patch 7.5mcg/hr	PB	QL, PA, MME
<i>bupropion</i>	G	
<i>buprenorphine patch 5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	G	QL, PA, MME
<i>bupropion ER 150mg</i>	G	QL
<i>bupropion ER 450mg</i>	NPD	
<i>bupropion SR</i>	G	
<i>bupropion XL</i>	G	
Buspar	NPD	
<i>bupirone</i>	G	
<i>butalbital-acetaminophen 50-325mg</i>	G	QL, 5DS
<i>butalbital-acetaminophen 50-300mg</i>	NPD	PA, 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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>carbidopa/levodopa ER</i>	G	
<i>carbidopa/levodopa ODT</i>	G	
<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>clobazam</i>	G	
<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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Demerol	NPD	QL, PA, 5DS, MME
Depakene	NPD	
Depakote	NPD	
Depakote ER	NPD	
Depakote Sprinkle Caps	NPD	
<i>desipramine</i>	G	
Desoxyn +	NPD	PA, QL
Desvenlafaxine ER 24 HR	PB	
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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dihydroergotamine nasal spray</i>	G	PA
Dilantin chewable tablets	PB	
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
Emgality	NPD	PA
<i>endocet</i>	G	5DS, QL, MME
<i>entacapone</i>	G	
Epidiolex Soln	NPD	PA
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<i>felbamate</i>	G	
Felbatol	NPD	
Feldene	NPD	
<i>fenoprofen calcium</i>	NPD	PA
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>galantamine</i>	G	AL
<i>galantamine ER</i>	G	AL
Geodon	NPD	
Gilenya	NPD, SP	
<i>glatiramer acetate</i>	G, SP	QL
<i>glatopa</i>	G, SP	QL
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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
<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	
Lucemyra	NPD	QL
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

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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
<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	PA
Nalocet	NPD	QL, 5DS, MME
<i>naltrexone 50mg</i>	G	
Namenda [XR]	NPD	AL

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Namzaric	NPD	AL
<i>naratriptan</i>	G	QL, AL
Narcan 4mg/ actuation spray	PB	QL
Nardil	NPD	
<i>nefazodone</i>	G	
Neurontin	NPD	
Norpramin	NPD	
<i>nortriptyline</i>	G	
Nucynta	NPD	QL, 5DS, MME
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	
Osmolex ER	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

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<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
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	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
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	NPD	QL, PA
<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	

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<i>sertraline</i>	LCG	
Silenor +	NPD	PA
Sinemet	NPD	
Sinemet CR	NPD	
Sonata +	NPD	QL, PA
Sprix Nasal Spray	NPD	QL
Stalevo	NPD	
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	
Sympazan Film	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	
Tiglutik Susp	NPD	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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
<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
Treizix	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	
Vanatol S/LQ	NPD	PA, QL, 5DS
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
Zarontin	NPD	
Zembrace Symtouch	NPD	QL, PA
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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>acetazolamide ER</i>	G	
Actimmune	NPD, SP	
Adalat CC	NPD	
Adcirca	NPD, SP	PA
Adempas	PB, SP	PA
Advate	PB, SP	PA
Adynovate	NPD, SP	PA
Afstyla	NPD, SP	PA
Aggrenox	NPD	
Agrylin	NPD	
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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
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/ hydrochloro- thiazide</i>	G	
<i>captopril</i>	G	
<i>captopril/HCTZ</i>	G	
Cardizem	NPD	
Cardizem CD	NPD	
Cardizem LA	NPD	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<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
<i>colesevelam</i>	G	
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	
Dibenzylidine	NPD	PA
<i>digoxin</i>	G	
Dilt-CD	G	
<i>diltiazem HCl</i>	G	
<i>diltiazem HCl CD</i>	LCG	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
Dyazide	NPD	
Edarbi +	NPD	PA
Edarbyclor +	NPD	PA
Edecrin	NPD	
Effient	NPD	
Eliquis	PB	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<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 Titradosse Tabs	NPD	
<i>isosorbide dinitrate</i>	G	
<i>isosorbide dinitrate ER</i>	G	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>isosorbide mononitrate</i>	G	
<i>isosorbide mononitrate ER</i>	G	
<i>isradipine</i>	G	
Ixinity	NPD, SP	PA
Jantoven	G	
Jivi	NPD, SP	PA
Juxtapid	NPD, SP	PA
Kaspargo	NPD	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	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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
Mulpleta	NPD, SP	PA
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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nitroglycerin spray</i>	G	
Nitrolingual Spray	NPD	
Nitromist	NPD	
Nitrostat SL	NPD	
Nivestym Soln	NPD, SP	
Nocdurna 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	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
Rebiny Soln	NPD, SP	PA
Recombinate	PB, SP	PA
Repatha	PB, SP	PA
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	QL
<i>simvastatin</i>	G	
<i>sotalol HCl</i>	G	
Sotylize soln	NPD	
<i>spironolactone</i>	G	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>spironolactone/ HCTZ</i>	G	
Stimate	NPD	
Sular	NPD	
<i>tadalafil (generic Adcirca)</i>	G, SP	PA
<i>tadalafil (generic Cialis)</i>	G	PA, QL
Tarka	NPD	
Taztia 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>toremide</i>	G	
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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Uptravi	NPD, SP	PA
<i>valsartan</i>	G	
<i>valsartan/ hydrochloro- thiazide</i>	G	
Vascepa	PB	
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	
Welchol	NPD	
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

SKIN MEDICATIONS

Absorica +	NPD	PA
Acanya +	NPD	PA
<i>acitretin</i>	G	
<i>acyclovir</i>	G	
Aczone +	NPD	PA, AL
Adapalene 0.1% lotion	NPD	AL
<i>adapalene 0.1% soln</i>	G	AL

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
Altreno 0.05% lotion	NPD	PA, AL
<i>amcinonide</i>	G	
<i>anthralin</i>	G	
Apexicon E	NPD	
Atralin +	NPD	PA, AL
Avita	G	AL
<i>azelaic acid gel 15%</i>	G	
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	
Bryhali lotion 0.01%	NPD	PA
<i>calcipotriene cream</i>	G	
<i>calcipotriene-betamethasone dp</i>	G	
<i>calcitriol ointment</i>	G	
Capex +	NPD	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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	
Clindamycin/benzoyl peroxide 1.2-2.5%	NPD	PA
<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
Crotan lotion	G	
Cutivate +	NPD	PA
<i>dapsone gel</i>	G	AL
Denavir	NPD	QL

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Derma-Smooth FS +	NPD	PA
Dermatop	NPD	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Eucrisa	PB	PA
Eurax Lotion	NPD	
Evoclin +	NPD	PA
Exelderm +	NPD	PA
Extina +	NPD	PA
Fabior	NPD	AL
Finacea	NPD	PA
<i>fluocinolone acetonide cream, sol, oil</i>	G	
<i>fluocinonide gel, ointment</i>	G	
Fluorouracil cream 0.5%	PB	
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydrocortisone/ lidocaine HCl</i>	G	
<i>imiquimod cream</i>	G	
Impoysz Cream 0.025%	NPD	
<i>isotretinoin</i>	G	
Jublia	NPD	PA
Kenalog Spray +	NPD	PA
Kerydin	NPD	PA
<i>ketoconazole cream</i>	G	
<i>ketoconazole shampoo</i>	G	
Klaron	NPD	
Lexette Foam 0.05%	NPD	PA
<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>miconazole-zinc ointment</i>	NPD	PA
Mirvaso	PB	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
Noritrate	NPD	PA
<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>plixda pad 0.1%</i>	G	AL
<i>podofilox soln</i>	G	
<i>prednicarbate ointment</i>	G	
<i>prilocaine/ lidocaine</i>	G	
Proctofoam HC	PB	
Prudoxin cream 5%	NPD	QL
Qbrexza Pad 2.4%	NPD	PA
Retin-A +	NPD	PA, AL
Retin-A Micro +	NPD	PA, AL
Rhofade 1% cream	NPD	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Sernivo	NPD	PA
Siliq	NPD, SP	PA
Silvadene	NPD	
<i>silver sulfadiazine</i>	G	
<i>sodium sulfacetamide suspension</i>	G	
Solaraze	NPD	PA
Soolantra	PB	
Soriatane	NPD	
<i>spinosad</i>	G	
Sulfamylon	NPD	
Synalar +	NPD	PA
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	
Triamex	NPD	
Ultravate +	NPD	PA
Vectical	NPD	
Veltin +	NPD	PA, AL
Verdeso +	NPD	PA
Vusion +	NPD	PA
Xolegel +	NPD	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Ziana	NPD	PA, AL
Zonalon cream 5%	NPD	QL
Zovirax cream	PB	QL
Zovirax oint	NPD	
Ztlido Patch	NPD	PA, QL

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	
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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
Alogliptin benz/metformin hcl	PB	
Alogliptin benz/pioglitazone	PB	
Alogliptin benzoate	PB	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>danazol</i>	G	
DDAVP	NPD	
<i>desmopressin acetate</i>	G	
<i>dexamethasone pak tablet</i>	G	
<i>dexamethasone tablet 6-day, 10-day, 13-day</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
Freestyle InsuLinx 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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>metformin ER (generic for Glucophage XR)</i>	G	
<i>metformin HCL 500mg/5ml soln</i>	NPD	
<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	
Norditropin	PB, SP	PA
Novolin	PB	QL
Novolog	PB	QL
Nutropin AQ	PB, SP	PA
Omnitrope	PB, SP	PA
Onglyza	PB	
Orapred ODT	NPD	
Orilissa	NPD	PA, QL
Oseni +	NPD	PA
Oxandrin	NPD	
<i>oxandrolone</i>	G	
Ozempic	PB	
<i>paricalcitol</i>	G	
<i>pioglitazone</i>	G	
<i>pioglitazone/ glimepiride</i>	G	
Prandin	NPD	
Precision XTRA Test Strips	PB	QL

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
Synjardy XR	PB	
Synthroid	NPD	
Tanzeum +	NPD	PA
Tapazole	NPD	
Testim Gel	NPD	PA
Testosterone gel 10mg/act (2%)	NPD	PA
<i>testosterone gel 1%, 1.62%</i>	G	PA
<i>testosterone solution 30mg/act</i>	G	PA
Tirosint	NPD	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tolbutamide</i>	G	
Toujeo Solostar	PB	QL
Tradjenta tablet +	NPD	PA
Tresiba	PB	QL
Trulicity	PB	
Tymlos	NPD, SP	PA, Q/T
Uceris	NPD	
Unithroid	G	
Veripred soln 20mg/5ml	NPD	
Victoza	PB	
Vogelxo	NPD	PA
Xigduo XR +	NPD	PA
Xultophy +	NPD	PA
Xyosted Soln	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	
Azulfidine	NPD	
<i>balsalazide</i>	G	
Bentyl	NPD	
Bonjesta	NPD	PA
<i>budesonide ER tab</i>	G	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
<i>granisetron</i>	G	
<i>hydrocortisone cream</i>	G	
<i>hydrocortisone retention enema</i>	G	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lactulose pak</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	
Plenvu Soln	NPD	
Prevacid caps	NPD	QL, PA
Prevacid SoluTab	NPD	QL, PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
Varubi	NPD	
Viberzi +	NPD	PA
Xenical	NPD	PA, R
Xermelo	NPD	PA
Zantac	NPD	
Zegerid packets	NPD	PA, QL
Zenpep	PB	
Zofran	NPD	
Zorbtive	NPD, SP	PA
Zuplenz	NPD	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BONE, JOINT, & MUSCLE		
Actemra SC	NPD, SP	QL, PA
Actonel	NPD	QL
<i>alendronate</i>	LCG	QL
<i>allopurinol</i>	G	
<i>alosetron hcl</i>	G	
Amrix +	NPD	PA
Anaprox DS +	NPD	PA
Arava	NPD	
Arcalyst	NPD, SP	PA
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
Colchicine	PB	
<i>colchicine/probenecid</i>	G	
Colcrys +	NPD	PA
Cuprimine +	NPD, SP	PA
Cuvposa	NPD	
<i>cyclobenzaprine</i>	G	
Dantrium	NPD	
<i>dantrolene</i>	G	
Daypro +	NPD	PA
<i>diclofenac potassium</i>	G	

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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>	NPD	PA
Fenortho	NPD	PA
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	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>meloxicam</i>	LCG	
<i>metaxalone</i>	NPD	
<i>methocarbamol</i>	G	
Miacalcin	NPD	
Mitigare +	NPD	PA
Mobic +	NPD	PA
<i>nabumetone</i>	G	
Nalfon	NPD	PA
Naprelan +	NPD	PA
Naprosyn +	NPD	PA
<i>naproxen sodium</i>	G	
<i>naproxen sodium DR</i>	G	
<i>naproxen sodium ER</i>	G	
Olumiant	NPD, SP	PA
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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Uloric +	NPD	PA
Viibryd +	NPD	PA
Voltaren Gel	NPD	
Xeljanz [XR]	NPD, SP	PA
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	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Estrace	NPD	
<i>estradiol</i>	G	
<i>estradiol cream 0.1%</i>	G	
<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
Ganirellix	NPD, SP	
Generess FE	NPD	
Gonal	PB, SP	QL, R
Imvexxy	NPD	
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, R
Metrogel vaginal	NPD	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>metronidazole</i>	G	
<i>metronidazole vaginal gel</i>	G	
Minastrin 24 FE +	NPD	PA
Minivelle	NPD	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Provera	NPD	
Quartette	NPD	
<i>raloxifene</i>	G	
Safyral +	NPD	PA
Seasonique	NPD	
Synarel	NPD	
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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Bleph 10	NPD	
Blephamide S.O.P. ointment	PB	
<i>brimonidine tartrate</i>	G	
<i>carteolol</i>	LCG	
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	
Inveltys Susp 1%	NPD	
Iopidine	NPD	
Isopto Carpine	NPD	
Istalol Drops	NPD	
<i>ketorolac ophth soln</i>	G	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>latanoprost</i>	G	
<i>levobunolol</i>	G	
Lotemax	NPD	
Lumigan	PB	
Maxitrol	NPD	
<i>methazolamide</i>	G	
<i>moxifloxacin ophthalmic soln</i>	G	
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

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Rhopressa Soln 0.02%	NPD	PA
<i>sulfacetamide</i>	G	
<i>timolol ophth</i>	G	
Timoptic	NPD	
Timoptic XE	NPD	
Tobradex	NPD	
<i>tobramycin-dexamethasone</i>	G	
<i>tobramycin ophthalmic</i>	LCG	
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	
Xelpros Emulsion 0.005%	NPD	PA
Xiidra	PB	
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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
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 susp.</i>	G	
<i>carbinoxamine</i>	G	
Cayston	NPD, SP	PA
Cheratussin AC	G	5DS, QL, AL, MME
Cheratussin DAC	G	5DS, QL, AL, MME
Clarinx	NPD	
<i>clemastine</i>	G	
Combivent Respimat	PB	
<i>cromolyn inhalation soln</i>	G	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cyproheptadine</i>	G	
<i>dalfampridin ER</i>	G, SP	PA, QL
Daliresp	NPD	
<i>desloratadine</i>	G	
Dulera +	NPD	PA
Dymista	NPD	PA
Elixophyllin Elixir	NPD	
Epinephrine pen 0.15mg	PB	QL
<i>epinephrine pen 0.3mg</i>	G	QL
EpiPen	PB	QL
EpiPen Jr.	PB	QL
Esbriet	NPD, SP	PA, LDD
Flovent Diskus +	NPD	PA
Flovent HFA +	NPD	PA
<i>flunisolide</i>	G	
<i>fluticasone propionate</i>	G	
Fluticasone-salmeterol AER powder	PB	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
Levalbuterol tartrate HFA	NPD	
<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
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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<i>theophylline soln</i>	G	
<i>theophylline extended release</i>	G	
Thiola	NPD, SP	PA
Tracleer	PB, SP	PA
Trelegy Ellipta	PB	
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
Yupelri Soln	NPD	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	NPD	QL, PA
<i>darifenacin ER</i>	G	
Detrol	NPD	
Detrol LA	NPD	
Ditropan XL	NPD	
<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	
IFE-PG 20	NPD	QL, PA
Jalyn	NPD	
Levitra	NPD	QL, PA
Muse	PB	QL, PA
Myrbetriq	PB	
<i>oxybutynin</i>	LCG	
<i>oxybutynin ER</i>	G	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<i>varденаfil</i>	G	QL, PA
VESIcare	PB	
Viagra	NPD	QL, PA

VITAMINS & ELECTROLYTES

Brand Prenatal Vitamins	NPD	PA
Buphenyl	NPD, SP	
Calciferol	NPD	
Citranatal	NPD	PA
Dailyvite w/Zinc & NephlexRx	NPD	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Lokelma PAK	NPD	
Mephyton	NPD	
<i>multivitamin with fluoride drops, tabs</i>	LCG	
Nascobal	NPD	PA
Nestabs One	NPD	PA
<i>phytonadione tab</i>	G	
<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	

DIAGNOSTICS & MISCELLANEOUS AGENTS

Beriner	NPD, SP	PA
<i>calcium acetate</i>	G	
Carbaglu	NPD, SP	PA
Cerdelga	NPD, SP	PA
Chemet	PB	
Chorionic gonadotropin	NPD, SP	
Cinryze	NPD, SP	PA
Cystagon	NPD, SP	PA
Dexcom CGM	NPD	
Doptelet	NPD, SP	PA
Exjade	NPD, SP	PA, LDD

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 **ACA** = \$0 Preventative Drug **MME** = Morphine Milligram Equivalent

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Ferriprox 100mg/ml solution	NPD, SP	PA
Firazyr	NPD, SP	PA, QL
Fulphila	NPD, SP	
Galafold	NPD, SP	PA
<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
Medtronic CGM	NPD	
Metopirone	NPD	
<i>midodrine HCl</i>	G	
<i>miglustat</i>	G, SP	PA
Neulasta	NPD, SP	
Neupogen	NPD, SP	
Nivestym	NPD, SP	
Nityr	NPD, SP	
Novarel 5000 units	NPD, SP	
Novarel 10000 units	PB, SP	
Ocaliva	NPD, SP	PA
Palynziq	NPD, SP	PA
PhosLo	NPD	
Potaba	NPD	
Pregnyl	PB, SP	
Renvela	NPD	
Retacrit	PB, SP	
Ruconest	NPD, SP	PA
<i>sevelamer carbonate</i>	G	
Strensiq	NPD, SP	PA
Syprine +	NPD, SP	PA
Takhzyro Inj	NPD, SP	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Tavalisse	NPD, SP	PA
Tegsedi	NPD, SP	PA
<i>trientine</i>	G, SP	
V-GO	PB	
Xuriden	NPD, SP	PA
Zavesca	NPD, SP	PA

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
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G = Generic **Q/T** = Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = \$0 Preventative Drug
MME = Morphine Milligram Equivalent

PROCEDURES THAT SUPPORT SAFE PRESCRIBING

Independence Blue Cross 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 their providers. The effectiveness and safety of drugs and drug-prescribing patterns are monitored by FutureScripts[®]. Several procedures, such as prior authorization, have been established to support safe prescribing patterns and to ensure optimal clinical outcome for the members.

Prior authorization

Prior authorization is a requirement that your provider obtain approval from your health plan for coverage of, or payment for, prescription drugs. Independence requires prior authorization of certain covered drugs to confirm that the drug prescribed is medically necessary and clinically appropriate and is being prescribed according to FDA approved labeled or medically accepted use. 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 provider, and the member's available prescription drug therapy history. The clinical pharmacists' 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. Please note, coverage of certain drugs on the formulary (e.g. weight loss drugs, fertility drugs) requires a benefit rider. Please contact the health insurance plan for member eligibility information and benefit details.

Prior Authorization Requirements for Selected Drugs

Prior Authorization Requirements for Selected Drugs is in place for certain 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[®] HFA is a medication that requires previous trial of either one of the preferred medications Asmanex[®] or Qvar[®]. With the Prior Authorization Requirements for Selected Drugs, a member will be able to immediately receive coverage for Flovent[®] HFA if the claim history shows a previous paid claim for either Asmanex[®] or Qvar[®]. A manual prior authorization request will not be needed. If the claim history does not show a previous use of 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.

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 provider has been received. Incomplete information may result in a delayed decision.

Prior authorization approvals for some drugs may have a limited timeframe, for example six to twelve 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 provider wants a member to continue the drug therapy as requested after the expiration date, a new prior authorization request will need to be submitted and approved for coverage to continue.

(continued)

96-Hour Temporary Supply Program

The 96-Hour Temporary Supply Program is available for certain drugs that require prior authorization. Under the 96-Hour Temporary Supply Program, if a provider writes a prescription for a drug that requires prior authorization, and the prior authorization has not been obtained by the provider, 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 provider to request that he or she submit 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 provider and the member.

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

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

Abilify® [Mycite]	Arthrotec®	Cialis®	Doral®
Absorica™	Arymo™ ER	Ciclodan®	Doryx® DR
Abstral®	Atacand® (HCT)	Cimzia®	doxycycline DR 40mg
Acanya®	Ativan®	Cinryze®	Duac®
Aciphex®	Atralin®	Cleocin T®	Dulera®
Actemra® SC	Austedo™	Clindagel®	Dupixent®
Acticlate™	Auvi-Q®	clindamycin/benzoyl	Duragesic®
Actiq®	Avapro®/Avalide®	peroxide 1-5%	Durlaza®
Aczone®	Avita®	Clindamycin/benzoyl	Duzallo®
Adcirca™	Axert®	peroxide 1.2-2.5%	Dyanavel XR™
Adderall®	Axiron®	Clobex®	Dymista®
Addyi®	Azelex®	Cloderm®	EC-Naprosyn®
Adempas®	Azor®	Coagadex®	Ecoza™
Adipex-P®	Basaglar®	Colcrys®	Edarbi™
Adlyxin™	Baxdela™	Cometriq™	Edarbyclor™
Admelog®	Bebulin®	Comtempla XR ODT™	Edex®
Advate®	Beconase AQ®	Concerta®	Edluar™
Adynovate®	Belbuca™	Contrave ER®	Effxor XR®
Adzenys™ XR-ODT	Belsomra®	Conzip™	Elidel®
Aerospan™	Belviq® [XR]	Copiktra®	Elmiron®
Afinitor®	BeneFIX®	Cordran®	Eloctate™
Afrezza®	Benicar®	Corifact®	Embeda®
Afstyla®	Benicar HCT®	Corlanor®	Emflaza™
Aimovig®	Benlysta®	Cosentyx™	Emgality®
AirDuo™ RespiClick®	Benzaclin®	Cotellic™	Enbrel®
Ajovy®	Benzamycin®	Cozaar®/Hyzaar®	Endari™
Alecensa®	Benzamycinpak®	Cresemba®	Enstilar®
Allzital®	benzphetamine	Crestor®	Entresto™
Alphanate®	Berinert®	Cuprimine®	Epidiolex®
Alphanine® SD	Bevespi Aerosphere™	Cutivate®	Epclusa®
Alprolix™	Beyaz®	Cystaran™	Erivedge™
Altanax™	Bonjesta®	Daklinza™	Erleada®
Altreno®	Bosulif®	dalfampridin ER	Ertaczo®
Alunbrig™	Braftovi®	Daypro®	Esbriet®
Alvesco®	Brand prenatal vitamins	Daytrana™	esomeprazole
Ambien®	Bravelle®	Demerol®	eszopiclone 3mg
Ambien CR®	Briviact®	Dermasorb™ HC, TA	Eucrisa™
Amerge®	Bryhali®	Desonate®	Evekeo™
Amitiza®	Buprenorphine patch	Desowen®	Evoclin® foam
Ampyra™	butalbital/APAP	Desoxyn®	Evzio™
Anaprox® DS	50/300mg	Dexedrine®	Exalgo™
Androderm®	Butrans®	Dexilant™	Exelderm®
Androgel®	Byvalson™	D.H.E.® 45	Exforge® (HCT)
Apidra®	Cabometyx™	Diabetic test strips2	Exjade®
Apidra® SoloSTAR®	Calquence®	Dibenzylidine®	Extavia®
Aplenzin™	Capex®	Diclegis®	Extina®
Aptensio XR®	Caprelsa®	diclofenac gel 3%	Factive®
Arakoda®	Carac®	diethylpropion HCL	Fanapt™
Arcalyst®	Carbaglu®	Differin®	Farxiga™
Arikayce®	Caverject®	dihydroergotamine	Farydak®
armodafinil	Cayston™	Dilaudid®	Feiba®
ArmonAir™	Celebrex®	Diovan® (HCT)	fenoprofen
RespiClick®	Cerdelga™	Dolophine®	Fenortho®
Arnuity Ellipta®	Cholbam®	Doptelet®	fentanyl citrate-OTFC

fentanyl transdermal	Ixinity [®]	methadone	Olumiant [®]
Fentora [®]	Jadenu [™]	Micardis [®] (HCT)	Omnaris [®]
Ferriprox [®]	Jakafi [™]	miconazole-zinc	Omnitrope [®]
Fetzima [™]	Jentaduo [™]	ointment	Onexton [™]
Finacea [®]	Jivi [®]	miglustat	Onmel [™]
Fioricet [®] with Codeine	Jublia [®]	Migranal [®]	Onzetra Xsail [™]
Fiorinal [®] with Codeine	Juxtapid [™]	Minastrin [®] FE	Opana [®]
Firazyr [®]	Jynarque [®]	Minocin [®]	Opana ER [®]
Flector [®] patch	Kadian [®]	Minolira [®]	Opsumit [®]
Flovent [®]	Kalydeco [™]	Mirvaso [®]	Oracea [®]
Focalin [®] XR	Kapsargo [®]	Mitigare [®]	Oralair [®]
Follistim [®] AQ	Kapvay [®]	Mobic [®]	Orencia [®] SQ
Fortamet [®]	Kazano [®]	modafinil	Orenitram [™]
Forteo [™]	Kenalog [™]	mometasone furoate	Orilissa [®]
Fortesta [™]	Keppra [®]	Monoclate-P [®]	Orkambi [™]
Frova [®]	Kerydin [™]	Monodox [®]	Oseni [®]
Fulyzaq [™]	Keveyis [™]	Mononine [®]	Otezla [™]
Galafold [®]	Kevzara [®]	MorphaBond [™] ER	Otrexup [™]
Gattex [®]	Khedezla [®]	morphine ER	Oxistat [®]
Genotropin [®]	Kineret [®]	MS Contin [®]	oxycodone ER
Gilotrif [™]	Kisqali [™]	Mulpleta [®]	Oxycontin [®]
Gleevec [®]	Koate [®] -DVI	Muse [®]	oxymorphone ER
Gralise [™]	Kogenate [®] FS	Myalept [™]	Palynziq [®]
Grastek [®]	Korlym [™]	Mydayis [™]	Pandel [®]
Haegarda [®]	Kynamro [®]	Mytesi [™]	Penlac [®]
Halcion [®]	Lamictal [®] (ODT)	Nalfon [®]	Pennsaid [®]
Halog [®]	Lansoprazole Solutab	Naprelan [®]	Percocet [®]
Harvoni [™]	Latuda [®]	Naprosyn [®]	phendimetrazine tartrate
Helixate [®] FS	Lazanda [®]	Nascobal [®]	Picato [®]
Hemibra [®] Soln	Lenvima [™]	Nasonex [®]	Pomalyst [®]
Hemofil [®] M	Letairis [®]	Natesto [™]	Praluent [®]
Hetlioz [™]	Levitra [®]	Natpara [®]	Prevacid [®]
Horizant [™]	Lexapro [®]	Nerlynx [™]	Prilosec [®]
Humalog [®]	Lexette [®]	Nesina [®]	Pristiq [™]
Humate-P [®]	Lidoderm [®]	Nestabs [®] One	Proctocort [®] Supp 30mg
Humatrope [®]	linezolid	Nexavar [®]	Procysbi [®]
Humira [®]	Lipitor [®]	Nexium [®]	Profilnine [®]
Humulin [®]	Livalo [®]	Ninlaro [®]	Promacta [®]
Hycamtin [®]	Locoid [®]	Norco [®]	Protonix [®]
hydromorphone ER	Locoid [®] lipocream	Norditropin [®]	Protopic [®]
Hysingla [™]	Lomaira [™]	Noritate [®]	Proventil [®] HFA
Ibrance [®]	Lonhala [™] Magnair [™]	Northera [™]	Provigil [®]
Ibudone [®]	Lonsurf [®]	Novoeight [®]	Prozac [®]
Iclusig [™]	Loprox [®]	NovoSeven [®] RT	Pulmicort Flexhaler [®]
Idelvion [®]	Lorbrena [®]	Noxafil [®]	Qbrexza [®]
Idhifa [®]	Lorzone [®]	Nucynta [®]	Qnasl [™]
IFE-PG 20	Lovaza [®]	Nucynta ER [®]	Qsymia [®] ER
imatinib mesylate	Luliconazole [™]	Nuedexta [™]	Qtern [®]
Imbruvica [™]	Lunesta [®]	Nuplazid [™]	Qualaquin [®]
Imitrex [®]	Luxiq [®]	Nutropin [®] (AQ)	QuilliChew ER [™]
Impavido [®]	Luzu [®]	Nuvigil [®]	Quillivant XR [™]
Increlex [®]	Lynparza [™]	Nuwiq [®]	quinine sulfate
Inderal [®] LA	Lyrica [®]	Obizur [®]	Ragwitek [™]
Ingrezza [™]	Lyrica [®] CR	Ocaliva [™]	Rasuvo [™]
Inlynta [®]	Mavyret [™]	Odactra [®] SL	Ravicti [™]
Intermezzo [®]	Maxalt [®] (MLT)	Odomzo [®]	Royaldee [®]
Intuniv [™]	Mekinist [®]	Ofev [®]	Rayos [®]
Invega [™]	Mektovi [®]	Olux [®] [E]	Rebif [®]

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

*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

Safety Edits

Safety edits are applied to prescription medications to ensure safe and appropriate use of drugs. They are designed to align with the clinical practice guideline and FDA approved use outlined in the manufacturer package insert. The FDA approves drugs through an extensive process called a New Drug Application (NDA) Review which establishes specific guidelines that govern drug prescribing practices. These guidelines are designed to prevent potential harm to patients. There are safety edits that are based on the maximum daily dose approved by the FDA, the drug formulation and the availability of multiple strengths of the drug where a dose can be achieved with another available strength and/or standard dosing. Some of these safety edits will prompt member counseling at the point of sale (POS), while some will require prior authorization review. Examples of safety edits are age limits, quantity limits, morphine milligram equivalent (MME) limits and concurrent drug utilization review (cDUR).

Age Limits

Some drugs such as zafirlukast are approved by the FDA only for individuals age 5 and older. If the member's prescription falls outside of the FDA guidelines, it may 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, drugs to treat Alzheimer's disease may require prior authorization for use in young adults. The provider may request coverage for drugs outside of the age limit when medically necessary. The approval criteria for this review were developed and approved by the Pharmacy and Therapeutics Committee. The member should contact the provider to initiate the prior authorization process.

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 provider will need to submit a prior authorization request. Similar to other prior authorization requests, quantity limit override requests for certain drugs may have a limited approval timeframe.

- **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, 2019, for one of these medications, the plan would have looked back 30 days to December 2, 2018, to see how much medication was dispensed. The purpose of these limits is to prevent the dispensing of excessive quantities. Examples of quantity limits over time are:
 - Nuvaring® = 1 ring per 28 days
 - Ibandronate (Boniva®) 150mg = 1 tablet per 30 days
 - Sumatriptan (Imitrex®) 50mg = 18 tablets per 30 days
 - Diabetic supplies such as blood glucose test strips = 200 strips per 30 days
- **Maximum daily dose:** This quantity limit defines the maximum number of units of the drug allowed per day. Examples of maximum daily dose quantity limits are:
 - Zolpidem (Ambien®) = 1 tablet per day
 - Oxycodone/acetaminophen (Percocet®) 5/325mg = 12 tablets per day
 - Guanfacine Extended Release 24 Hour = 1 tablet per day

(continued)

- **Refill too soon:** This limit is in place to encourage appropriate utilization and minimize stockpiling of prescription medications. Based on this edit, a member can receive a refill of a prescription after 75% utilization. Additional refills will pay once 75% of the supply has been consumed. The following examples illustrate how refill too soon limit works:
 - A 30 days' supply of a prescription filled on 1/1/2019 will be refillable again on or after 1/24/2019
 - A 90 days' supply of a prescription filled on 7/1/2019 will be refillable again on or after 09/7/2019
- **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 opioids. If a quantity limit applies, the member will also be limited to the maximum daily dose for that drug. The following are examples of drugs that have a day supply and a quantity limit:
 - Butalbital containing headache agents, such as butalbital/aspirin
 - Day supply limit = 5-day supply per 30 days
 - Quantity Limit = 6 tablets per 1 day
 - Maximum quantity allowed without prior authorization = 30 tablets (6 tablets per day for 5 days)
 - Opioid containing 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 for 5 days)

Morphine Milligram Equivalent (MME) Limit

Independence Blue Cross applies additional safety measures to opioid products by limiting the total daily dose. This limit accounts for various opioid products through a measurement called the Morphine Milligram Equivalent (MME) dose. The MME is a number that is used to determine and compare the potency of opioid medications. It helps to identify when additional caution is needed. The daily limit is calculated based on the number of opioid drugs, their potencies and the total daily usage. Prior authorization is required for opioid dose that exceeds 90 MME per day. MME Limit applies to the opioid products containing the active ingredients listed below:

Active Ingredient			
codeine	dihydrocodeine	fentanyl	hydrocodone
hydromorphone	levorphanol	meperidine	methadone
morphine	opium	oxycodone	oxymorphone
tapentadol	tramadol		

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Concurrent Drug Utilization Review (cDUR)

cDURs are built into the pharmacy claim adjudication system to review a member's prescription history for possible drug related problems including drug-drug interactions and drug therapy duplications. Drugs may reject at the Point-of-Sale (POS) and/or generate a message to the dispensing pharmacist when there is a safety concern. The dispensing pharmacist can review the issue with the provider and override the rejection if appropriate for most edits. Examples of cDURs are:

- Drug-drug interaction: sildenafil (Viagra®/Revatio®) and nitroglycerin in combination may lead to potentially fatal hypotension.
- Drug therapy duplication: Simvastatin and atorvastatin in combination will trigger a message in the claim adjudication system to alert the dispensing pharmacist there is a duplication of statin therapy.

To determine if a covered prescription drug prescribed for you has a prior authorization requirement, an age limit, a quantity limit, or a morphine milligram equivalent (MME) limit, see the plan website at <https://www.ibx.com/rx> or call FutureScripts® at the phone number on the back of your ID card.

How to submit a Prior Authorization

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

- The provider prescribing the drug can access electronic prior authorization (ePA) platforms such as CoverMyMeds® and SureScripts™ to submit a prior authorization requests. Alternatively, the provider can complete a prior authorization fax form or write a letter of medical necessity and submit it to FutureScripts® by fax at 1-888-671-5285. The forms are available online at: <https://www.futurescripts.com/prior-authorization1.html>.
- 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 provider will be notified of the approval via fax and/or telephone, and the pharmacy claim adjudication system will be coded with the approval. Note: ePA approval can occur in real time, this means the member can be approved for the drug prior to leaving the provider's office with a prescription. The member may call the Customer Service phone number on his or her ID card to determine if the request is approved.
- If denied, the prescribing provider will be notified via letter, fax, or telephone. The member is also notified via letter. The appeals process is detailed within the denial letters sent to the member and provider.

Formulary Exception Requests

Tier exceptions: Providers may request consideration for preferred coverage of a non-preferred drug when there has been a trial of, or contraindication to, at least three formulary alternatives when applicable.

- Requests for a generic medication on the non-preferred drug tier will be lowered to the generic tier if the exception criteria are met.
- Requests for a brand medication or an authorized generic on the non-preferred drug tier can be lowered

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to the preferred brand tier if the exception criteria are met.

Please note, restrictions apply to formulary exception requests. Drugs on the generic tier, the preferred brand tier and the specialty tier are not eligible for tier exceptions. Tier exceptions are not available under some plans; please refer to the member benefit booklet for details.

When requesting an exception, the provider should complete the formulary exception request form, providing detail to support the request, and fax the request to 1-888-671-5285. If the formulary exception request is approved for a non-preferred drug, the drug will pay at the appropriate preferred brand or generic level of cost-sharing. If the request is denied, the member and provider will receive a denial letter with the appropriate appeals language. The forms are available online at: <https://www.futurescripts.com/prior-authorization1.html>.

Appealing a decision

If a request for prior authorization or exception results in a denial, the member, or the provider on the member's behalf (with the member's consent), may file an appeal. Both the member and his or her provider 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 provider be involved to provide any additional information on the basis of the appeal.

Independence

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.