



SELECT DRUG PROGRAM<sup>®</sup> FORMULARY

EFFECTIVE APRIL 1, 2019

[www.ibx.com](http://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><b>Aspirin products (OTC)</b> 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><b>Bowel Preparations</b> 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><b>Breast cancer chemo prevention</b> For members age 35 and older who are at increased risk for breast cancer</p>	<p>tamoxifen 20mg</p>
<p><b>Contraceptives</b> 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"> <li>- Oral: all generics such as Amethia, Cryselle-28, Emoquette, Fayosim, Necon, Ocella, Sprintec, Trivora</li> <li>- Injectable: all generics such as medroxyprogesterone injection</li> <li>- Transdermal: Xulane® patches</li> <li>- Diaphragms</li> <li>- Cervical Caps</li> <li>- Female condoms</li> <li>- Contraceptive film</li> <li>- Contraceptive gel/jelly/foam: such as VCF® foam 12.5%, 28%, Options Conceptrol® 4%, Options Gynol® 3%</li> <li>- Emergency: all generics such as levonorgestrel 1.5mg tab, My Way® 1.5mg tab</li> <li>- Intravaginal devices: such as Nuvaring®</li> </ul>
<p><b>Fluoride</b> For children ages 6 months to 5 years. Includes generics strengths <b>up to 0.5mg</b></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)
<b>Folic acid</b> 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
<b>Tobacco interventions</b> 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
<b>Statins</b> 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](mailto: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
<b>ANTIBIOTICS &amp; OTHER DRUGS USED FOR INFECTION</b>		
<i>abacavir sulfate tab, soln</i>	G	
<i>abacavir sulfate/lamivudine</i>	G	
<i>abacavir/lamivudine/zidovudine</i>	G	
<b>Acticlate +</b>	NPD	PA
<i>acyclovir</i>	G	
<i>adefovir dipivoxil</i>	G, SP	
<i>albendazole</i>	G	
<b>Altabax</b>	NPD	PA
<i>amoxicillin</i>	LCG	
<b>Amoxicillin 775mg</b>	PB	
<i>amoxicillin/clavulanate</i>	G	
<i>amoxicillin/clavulanate extended-release</i>	G	
<i>ampicillin</i>	LCG	
<b>Ancobon</b>	NPD	
<b>Arakoda</b>	NPD	PA
<b>Arikayce</b>	NPD, SP	PA
<i>atazanavir</i>	G	
<i>atovaquone</i>	G	
<i>atovaquone/proguanil</i>	G	
<b>Atripla</b>	PB	
<b>Augmentin</b>	NPD	
<b>Augmentin XR</b>	NPD	
<b>Avelox</b>	NPD	
<i>avidoxy</i>	G	
<i>azithromycin</i>	G	
<b>Bactrim, Bactrim DS</b>	NPD	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Baraclude</b>	NPD, SP	
<b>Baxdela</b>	NPD	PA
<b>Benznidazole</b>	NPD	
<b>Biaxin</b>	NPD	
<b>Biktarvy</b>	NPD	
<b>Biltricide</b>	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	
<b>Ceftin</b>	NPD	
<i>cefuroxime axetil</i>	G	
<i>cephalexin</i>	G	
<i>chlorhexidine gluconate soln</i>	LCG	
<i>chloroquine phosphate</i>	G	
<b>Cimduo</b>	NPD	
<b>Cipro</b>	NPD	
<b>Cipro XR</b>	NPD	
<i>ciprofloxacin</i>	G	
<i>ciprofloxacin ER tabs</i>	G	
<i>clarithromycin</i>	G	
<i>clarithromycin ER</i>	G	
<b>Cleocin</b>	NPD	
<i>clotrimazole troches</i>	G	
<b>Combivir</b>	NPD	
<b>Complera</b>	PB	
<b>Cresemba</b>	NPD	QL, PA
<b>Crixivan</b>	PB	
<b>Daklinza</b>	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
<b>Dapsone</b>	G	
<b>Daxbia</b>	NPD	
<b>Delstrigo</b>	NPD	
<i>demeclocycline</i>	G	
<i>dicloxacillin</i>	G	
<i>didanosine</i>	G	
<b>Diflucan</b>	NPD	
<b>Doryx 50mg and 200mg DR tablet</b>	NPD	PA
<i>doxycycline DR 40mg</i>	G	PA
<i>doxycycline hyclate</i>	G	
<i>doxycycline monohydrate</i>	G	
<b>Edurant</b>	PB	
<b>E.E.S., EryPed</b>	NPD	
<i>efavirenz</i>	G	
<b>Emtriva</b>	PB	
<b>Emverm</b>	NPD	QL
<i>entecavir</i>	G, SP	
<b>Epclusa</b>	NPD, SP	PA, QL, Q/T
<b>Epivir</b>	NPD	
<b>Epzicom</b>	NPD	
<b>Ery-Tab</b>	NPD	
<b>Erythrocin</b>	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	
<b>Firvanq Soln</b>	NPD	AL
<b>Flagyl</b>	NPD	
<i>fluconazole</i>	G	

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

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

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**MME** = Morphine Milligram Equivalent

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Luliconazole cream</b>	NPD	PA
<b>Macrodantin</b>	NPD	
<b>Malarone</b>	NPD	
<b>Mavyret</b>	PB, SP	PA, QL, Q/T
<i>mefloquine</i>	G	
<b>Mepron</b>	NPD	
<i>methenamine hippurate</i>	G	
<i>metronidazole</i>	G	
<b>Minocin +</b>	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	
<b>Minolira</b>	NPD	PA, Q/T
<i>moderiba</i>	G, SP	
<b>Moxatag</b>	NPD	
<i>moxifloxacin hcl</i>	G	
<b>Myambutol</b>	NPD	
<b>Mycobutin</b>	NPD	
<b>Mytesi +</b>	NPD	PA
<i>nevirapine</i>	G	
<i>nevirapine ER</i>	G	
<i>nitrofurantoin macrocrystals</i>	G	
<b>Norvir powder</b>	PB	
<b>Norvir tablet</b>	NPD	
<b>Noxafil</b>	NPD	QL, PA
<b>Onmel</b>	NPD	PA
<b>Oracea</b>	NPD	PA
<b>Orkambi tablet/ packet</b>	NPD, SP	PA, LDD

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oseltamivir caps/ soln</i>	G	QL
<b>Pegasys</b>	NPD, SP	
<b>PegIntron</b>	NPD, SP	
<b>Pifeltro</b>	NPD	
<b>Plaquenil</b>	NPD	
<i>praziquantel</i>	G	
<b>Prevymis</b>	NPD, SP	
<b>Prezista</b>	PB	
<b>Qualaquin</b>	NPD	PA
<i>quinine sulfate</i>	G	PA
<b>Relenza</b>	NPD	QL, AL
<b>Retrovir</b>	NPD	
<b>Reyataz</b>	NPD	
<b>Ribasphere Ribapak 200mg &amp; 400mg/ 400mg &amp; 600mg</b>	G, SP	
<i>rifabutin</i>	G	
<b>Rifadin</b>	NPD	
<i>rifampin</i>	G	
<i>rimantadine</i>	G	
<i>ritonavir</i>	G	
<b>Selzentry</b>	PB	
<b>Sivextro</b>	NPD	QL, PA
<b>Solodyn +</b>	NPD	PA, QL, Q/T
<b>Solosec GRA</b>	NPD	
<b>Sovaldi</b>	NPD, SP	PA, QL, Q/T
<b>Sporanox</b>	NPD	
<i>stavudine</i>	G	
<b>Stribild</b>	PB	
<b>Stromectol</b>	NPD	
<i>sulfamethoxazole/tmp</i>	G	
<b>Suprax Susp 100mg/5ml, 200mg/5ml</b>	NPD	
<b>Sustiva</b>	NPD	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Symfi</b>	NPD	
<b>Symfi-Lo</b>	NPD	
<b>Symtuza</b>	NPD	
<b>Tamiflu</b>	NPD	QL
<b>Targadox</b>	NPD	PA
<b>Technivie</b>	NPD, SP	PA, QL, Q/T
<i>tenofovir</i>	G	
<i>terbinafine tabs</i>	G	
<b>Tindamax</b>	NPD	
<i>tinidazole</i>	G	
<b>Tobi</b>	NPD, SP	
<b>Tobramycin nebulization soln.</b>	PB, SP	
<b>Triumeq</b>	PB	
<b>Trizivir</b>	NPD	
<b>Truvada</b>	PB	
<i>valacyclovir tab</i>	G	
<b>Valcyte</b>	NPD	
<i>valganciclovir</i>	G	
<b>Valtrex +</b>	NPD	PA
<i>vancomycin</i>	G	
<b>Vemlidy</b>	NPD, SP	
<b>Vfend</b>	NPD	
<b>Vibramycin +</b>	NPD	PA
<b>Videx EC</b>	NPD	
<b>Viekira Pak</b>	NPD, SP	PA, QL, Q/T
<b>Viekira XR</b>	NPD, SP	PA, QL, Q/T
<b>Viramune</b>	NPD	
<b>Viramune XR</b>	NPD	
<b>Viread</b>	NPD	
<i>voriconazole</i>	G	
<b>Vosevi</b>	PB, SP	PA, QL, Q/T
<b>Xepi Cream 1%</b>	NPD	PA
<b>Xifaxan 200mg</b>	NPD	QL
<b>Xifaxan 550mg</b>	NPD	PA, QL, Q/T
<b>Ximino ER +</b>	NPD	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Xofluza therapy pack</b>	NPD	Q/T
<b>Zepatier</b>	NPD	PA, QL, Q/T
<b>Zerit</b>	NPD	
<b>Ziagen</b>	NPD	
<i>zidovudine</i>	G	
<b>Zithromax</b>	NPD	
<b>Zmax +</b>	NPD	PA
<b>Zovirax</b>	NPD	
<b>Zyvox</b>	NPD	PA

### CANCER & ORGAN TRANSPLANT DRUGS

<b>Afinitor</b>	NPD, SP	PA
<b>Alecensa</b>	NPD, SP	PA
<b>Alunbrig tab/pak</b>	NPD, SP	PA
<i>anastrozole</i>	G	
<b>Aranesp</b>	NPD, SP	
<b>Arimidex</b>	NPD	
<b>Aromasin</b>	NPD	
<i>azathioprine</i>	G	
<b>Benlysta</b>	NPD, SP	PA
<i>bexarotene</i>	G, SP	
<i>bicalutamide</i>	G	
<b>Bosulif</b>	NPD, SP	PA
<b>Braftovi</b>	NPD, SP	PA
<b>Cabometyx</b>	NPD, SP	PA
<b>Calquence</b>	NPD, SP	PA
<i>capecitabine</i>	G, SP	
<b>Caprelsa</b>	NPD, SP	PA
<b>Casodex</b>	NPD	
<b>Cellcept</b>	NPD	
<b>Cometriq</b>	NPD, SP	PA
<b>Copiktra</b>	NPD, SP	PA
<b>Cotellic</b>	NPD, SP	PA, LDD
<i>cyclophosphamide</i>	G, SP	
<i>cyclosporine</i>	G	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Cytosan</b>	NPD, SP	
<i>danazol</i>	G	
<b>Danocrine</b>	NPD	
<b>Deltasone</b>	NPD	
<b>Emcyt</b>	NPD	
<b>Epogen</b>	NPD, SP	
<b>Erivedge</b>	NPD, SP	PA
<b>Erleada</b>	NPD, SP	PA
<i>etoposide</i>	G, SP	
<b>Eulexin</b>	NPD	
<i>exemestane</i>	G	
<b>Farydak</b>	NPD, SP	PA, LDD
<b>Femara</b>	NPD	
<i>flutamide</i>	G	
<b>Gilotrif</b>	NPD, SP	PA
<b>Gleevec</b>	NPD, SP	PA
<b>Gleostine</b>	NPD, SP	
<b>Hexalen</b>	NPD	
<b>Hycamtin</b>	NPD, SP	PA
<b>Hydrea</b>	NPD	
<i>hydroxyurea</i>	G	
<b>Ibrance</b>	NPD, SP	PA, LDD
<b>Iclusig</b>	NPD, SP	PA
<b>Idhifa</b>	NPD, SP	PA
<i>imatinib mesylate</i>	G, SP	PA
<b>Imbruvica</b>	NPD, SP	PA
<b>Imuran</b>	NPD	
<b>Inlyta</b>	NPD, SP	PA
<b>Kisqali</b>	NPD, SP	PA, LDD
<b>Lenvima</b>	NPD, SP	PA, LDD
<i>letrozole</i>	G	
<i>leucovorin calcium</i>	G	
<b>Leukeran</b>	PB	
<i>leuprolide</i>	G, SP	
<b>Lonsurf</b>	NPD, SP	PA
<b>Lorbrena</b>	NPD, SP	PA

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>PAIN, NERVOUS SYSTEM, &amp; PSYCH</b>		
<b>Abilify</b>	NPD	PA
<b>Abilify Mycite</b>	NPD	PA
<b>Abstral</b>	NPD	PA, QL, MME
<i>acamprosate DR tab 333mg</i>	G	
<i>acetaminophen/codeine</i>	G	AL, QL, 5DS, MME
<b>Actiq</b>	NPD	PA, QL, MME
<b>Adderall</b>	NPD	PA, QL
<b>Adderall XR</b>	NPD	QL
<b>Adipex-P</b>	NPD	PA, R
<b>Adzenys ER Susp</b>	NPD	PA, QL
<b>Adzenys XR ODT</b>	NPD	PA, QL
<b>Aimovig</b>	NPD	PA
<b>Ajovy</b>	NPD	PA
<b>Allzital 25-325mg</b>	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	
<b>Ambien</b>	NPD	PA, QL
<b>Ambien CR</b>	NPD	PA, QL
<b>Amerge</b>	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
<b>Anafranil</b>	NPD	
<b>Antabuse</b>	NPD	
<b>Aplenzin +</b>	NPD	PA
<b>Aptensio XR</b>	NPD	PA, QL
<b>Aricept</b>	NPD	AL
<i>aripiprazole</i>	G	
<i>armodafinil</i>	G	PA
<b>Arymo ER</b>	NPD	QL, PA, MME
<b>Ativan</b>	NPD	PA, AL
<i>atomoxetine</i>	G	QL
<b>Aubagio</b>	NPD, SP	
<b>Austedo</b>	NPD, SP	PA
<b>Avonex</b>	PB, SP	QL
<b>Axert</b>	NPD	PA, QL, AL
<b>Azilect</b>	NPD	
<b>Belbuca</b>	NPD	QL, PA, MME
<b>Belsomra +</b>	NPD	QL, PA
<b>Belviq [XR]</b>	NPD	PA, R
<i>benzphetamine</i>	G	R, PA
<i>benztropine</i>	G	
<b>Betaseron</b>	PB, SP	QL
<b>Brisdelle</b>	NPD	
<b>Briviact +</b>	NPD	PA
<i>bromocriptine mesylate</i>	G	
<b>Bunavail</b>	NPD	QL
<i>buprenorphine hcl/naloxone hcl</i>	G	QL
<b>Buprenorphine patch 7.5mcg/hr</b>	PB	QL, PA, MME

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>buprenorphine patch 5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	G	QL, PA, MME
<i>buprenorphine SL</i>	G	QL
<i>bupropion</i>	G	
<i>bupropion ER 150mg</i>	G	QL
<i>bupropion ER 450mg</i>	NPD	
<i>bupropion SR</i>	G	
<i>bupropion XL</i>	G	
<b>Buspar</b>	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
<b>Butrans</b>	NPD	QL, PA, MME
<b>Cafergot</b>	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
<b>Celexa</b>	NPD	
<b>Celontin</b>	PB	
<b>Chantix</b>	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	
<b>Clozaril</b>	NPD	
<i>codeine tabs</i>	G	QL, 5DS, AL, MME
<b>Comtan</b>	NPD	
<b>Concerta +</b>	NPD	QL, PA
<b>Contrave ER</b>	NPD	PA, R
<b>Conzip +</b>	NPD	PA, AL, QL, MME
<b>Copaxone</b>	PB, SP	QL
<b>Cotempla XR ODT +</b>	NPD	QL, PA
<b>Cymbalta</b>	NPD	
<b>Dantrium</b>	NPD	
<i>dantrolene</i>	NPD	
<b>Daypro</b>	NPD	
<b>Daytrana +</b>	NPD	QL, PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Demerol</b>	NPD	QL, PA, 5DS, MME
<b>Depakene</b>	NPD	
<b>Depakote</b>	NPD	
<b>Depakote ER</b>	NPD	
<b>Depakote Sprinkle Caps</b>	NPD	
<i>desipramine</i>	G	
<b>Desoxyn +</b>	NPD	PA, QL
<b>Desvenlafaxine ER 24 HR</b>	PB	
<b>Dexedrine +</b>	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
<b>D.H.E.45</b>	NPD	PA
<b>Diastat</b>	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
<b>Dilantin chewable tablets</b>	PB	
<b>Dilaudid</b>	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	
<b>Dolophine</b>	NPD	QL, PA, MME
<i>donepezil hydrochloride</i>	G	AL
<b>Doral +</b>	NPD	PA, AL
<i>doxepin</i>	G	
<i>duloxetine</i>	G	
<b>Duragesic patch</b>	NPD	QL, PA, MME
<b>Dyanavel XR +</b>	NPD	QL, PA
<b>Effexor XR +</b>	NPD	PA
<b>Eldepryl</b>	NPD	
<i>eletriptan</i>	G	QL, AL
<b>Embeda</b>	NPD	QL, PA, MME
<b>Emgality</b>	NPD	PA
<i>endocet</i>	G	5DS, QL, MME
<i>entacapone</i>	G	
<b>Epidiolex Soln</b>	NPD	PA
<i>ergotamine tartrate/caffeine</i>	G	
<i>escitalopram</i>	G	
<b>Esgic tablet</b>	NPD	QL, 5DS
<b>Esgic capsule</b>	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
<b>Evekeo</b>	NPD	QL, PA
<b>Evzio</b>	NPD	QL, PA
<b>Exalgo</b>	NPD	PA, QL, MME
<b>Exelon</b>	NPD	AL
<b>Extavia +</b>	NPD, SP	PA
<b>Fanapt +</b>	NPD	PA
<b>Fazaclo</b>	NPD	
<i>felbamate</i>	G	
<b>Felbatol</b>	NPD	
<b>Feldene</b>	NPD	
<i>fenoprofen calcium</i>	NPD	PA
<i>fentanyl citrate OTFC</i>	G	QL, PA, MME
<i>fentanyl transdermal</i>	G	QL, PA, MME
<b>Fentora</b>	NPD	QL, PA, MME
<b>Fetzima +</b>	NPD	PA
<b>Fioricet</b>	NPD	QL, 5DS
<b>Fioricet with codeine</b>	NPD	QL, AL, 5DS, PA, MME
<b>Fiorinal with codeine</b>	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	
<b>Focalin</b>	NPD	QL
<b>Focalin XR +</b>	NPD	PA, QL
<b>ForFivo XL</b>	NPD	
<b>Frova</b>	NPD	PA, QL, AL
<i>frovatriptan succinate</i>	NPD	QL, AL
<b>Fycompa</b>	NPD	
<i>gabapentin</i>	G	
<b>Gabitril</b>	NPD	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>galantamine</i>	G	AL
<i>galantamine ER</i>	G	AL
<b>Geodon</b>	NPD	
<b>Gilenya</b>	NPD, SP	
<i>glatiramer acetate</i>	G, SP	QL
<i>glatopa</i>	G, SP	QL
<b>Gocovri</b>	NPD	
<i>guanfacine ER</i>	G	QL
<b>Halcion +</b>	NPD	PA, QL, AL
<i>haloperidol</i>	G	
<b>Hetlioz</b>	NPD, SP	QL, PA
<b>Horizant</b>	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
<b>Hysingla ER</b>	NPD	QL, PA, MME
<b>Ibudone</b>	NPD	QL, AL, 5DS, PA, MME
<i>ibuprofen/hydrocodone</i>	G	QL, 5DS, MME, AL
<i>imipramine</i>	G	
<b>Imitrex</b>	NPD	AL
<b>Ingrezza</b>	NPD	PA
<b>Intermezzo</b>	NPD	QL, PA
<b>Intuniv +</b>	NPD	QL, PA
<b>Invega ER tablet +</b>	NPD	PA
<i>isometheptene/dichloralphenazone/apap</i>	G	
<b>Jakafi</b>	NPD, SP	PA, LDD
<b>Kadian ER</b>	NPD	QL, PA, MME
<b>Kapvay +</b>	NPD	PA, QL
<b>Keppra +</b>	NPD	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Keppra XR</b>	NPD	PA
<i>ketoprofen</i>	G	
<i>ketorolac</i>	G	
<b>Khedezla +</b>	NPD	PA
<b>Klonopin</b>	NPD	
<b>Lamictal +</b>	NPD	PA
<b>Lamictal ODT</b>	NPD	PA
<b>Lamictal XR</b>	NPD	PA
<i>lamotrigine</i>	G	
<i>lamotrigine ER</i>	G	
<i>lamotrigine ODT</i>	G	
<b>Latuda +</b>	NPD	PA
<b>Lazanda</b>	NPD	PA, QL, MME
<i>levetiracetam</i>	G	
<i>levetiracetam ER</i>	G	
<i>levorphanol</i>	G	QL, 5DS, MME
<b>Lexapro +</b>	NPD	PA
<b>Librax</b>	NPD	
<i>lithium carbonate</i>	G	
<i>lithium carbonate ER</i>	G	
<b>Lithobid</b>	NPD	
<b>Lodine</b>	NPD	
<b>Lodosyn</b>	NPD	
<b>Lomaira</b>	NPD	PA, R
<i>lorazepam</i>	G	AL
<b>Lortab</b>	NPD	QL, 5DS, AL, PA
<i>loxapine</i>	G	
<b>Lucemyra</b>	NPD	QL
<b>Lunesta</b>	NPD	PA, QL
<b>Lyrica</b>	NPD	PA
<b>Lyrica CR</b>	NPD	PA
<i>maprotiline</i>	G	
<b>Maxalt, Maxalt-MLT</b>	NPD	AL, QL
<i>meclofenamate</i>	G	
<i>memantine</i>	G	AL

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<i>memantine ER</i>	G	AL
<i>meperidine HCl</i>	G	QL, 5DS, MME
<i>meprobamate</i>	G	
<b>Mestinon</b>	NPD	
<i>methadone</i>	G	PA, QL, MME
<i>methamphetamine</i>	G	QL
<i>methocarbamol</i>	G	
<b>Methylin</b>	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
<b>Midrin</b>	NPD	
<b>Migranal</b>	NPD	PA
<b>Mirapex</b>	NPD	
<b>Mirapex ER</b>	NPD	
<i>mirtazapine</i>	G	
<i>modafinil</i>	G	PA
<i>molindone hcl</i>	G	
<b>MorphaBond ER</b>	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
<b>MS Contin</b>	NPD	QL, PA, MME
<b>Mydayis +</b>	NPD	QL, PA
<b>Mysoline</b>	NPD	
<i>nabumetone</i>	G	
<b>Nalfon</b>	NPD	PA
<b>Nalocet</b>	NPD	QL, 5DS, MME
<i>naltrexone 50mg</i>	G	
<b>Namenda [XR]</b>	NPD	AL

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Namzaric</b>	NPD	AL
<i>naratriptan</i>	G	QL, AL
<b>Narcan 4mg/actuation spray</b>	PB	QL
<b>Nardil</b>	NPD	
<i>nefazodone</i>	G	
<b>Neurontin</b>	NPD	
<b>Norpramin</b>	NPD	
<i>nortriptyline</i>	G	
<b>Nucynta</b>	NPD	QL, 5DS, MME
<b>Nucynta ER</b>	NPD	QL, PA, MME
<b>Nuplazid</b>	NPD	PA
<b>Nuvigil</b>	NPD	PA
<i>olanzapine</i>	G	
<i>olanzapine ODT</i>	G	
<i>olanzapine/fluoxetine hcl</i>	G	
<b>Onfi</b>	NPD	
<b>Onzetra Xsail</b>	NPD	QL, PA, AL
<b>Opana</b>	NPD	QL, 5DS, PA, MME
<b>Opana ER</b>	NPD	QL, PA, MME
<b>Orap</b>	NPD	
<b>Osmolex ER</b>	NPD	
<i>oxaprozin</i>	G	
<b>Oxaydo</b>	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
<b>OxyContin</b>	NPD	QL, PA, MME
<i>oxymorphone ER</i>	G	QL, PA, MME

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxymorphone IR</i>	G	QL, 5DS, MME
<i>paliperidone er tablet</i>	G	
<b>Pamelor</b>	NPD	
<b>Parlodel</b>	NPD	
<b>Parnate</b>	NPD	
<i>paroxetine</i>	G	
<i>paroxetine ER</i>	G	
<b>Paxil</b>	NPD	
<b>Paxil CR</b>	NPD	
<i>pentazocine-naloxone</i>	G	QL, 5DS, MME
<b>Percocet</b>	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
<b>Phenytek</b>	NPD	
<i>phenytoin</i>	G	
<i>pimozide</i>	G	
<i>piroxicam</i>	G	
<b>Plegridy</b>	PB, SP	QL
<i>pramipexole</i>	G	
<i>pramipexole ER</i>	G	
<i>primidone</i>	G	
<b>Primlev</b>	NPD	QL, 5DS, MME
<b>Pristiq +</b>	NPD	PA
<b>Procentra 1mg/ml</b>	NPD	QL
<b>Provigil</b>	NPD	PA
<b>Prozac +</b>	NPD	PA
<i>pyridostigmine</i>	G	
<b>Qsymia ER</b>	NPD	PA, R
<i>quazepam</i>	G	QL, AL
<b>Qudexy XR</b>	NPD	
<i>quetiapine ER</i>	G	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>quetiapine fumarate</i>	G	
<b>Quillichew ER +</b>	NPD	QL, PA
<b>Quillivant XR +</b>	NPD	QL, PA
<i>rasagiline</i>	G	
<b>Razadyne</b>	NPD	AL
<b>Razadyne ER</b>	NPD	AL
<b>Rebif Rebidose +</b>	NPD, SP	QL, PA
<b>Regimex</b>	NPD	PA, R
<b>Relpax</b>	NPD	QL, PA, AL
<b>Remeron</b>	NPD	
<b>Remeron SolTab</b>	NPD	
<b>Requip</b>	NPD	
<b>Requip XL</b>	NPD	
<b>Restoril +</b>	NPD	PA, AL
<b>Rexulti +</b>	NPD	PA
<b>Rilutek</b>	NPD	
<i>riluzole</i>	G	
<b>Risperdal, Risperdal M-Tab</b>	NPD	
<i>risperidone</i>	G	
<b>Ritalin LA</b>	NPD	QL, PA
<i>rivastigmine</i>	G	AL
<i>rizatriptan benzoate</i>	G	QL, AL
<b>Robaxin</b>	NPD	
<i>ropinirole</i>	G	
<i>ropinirole ER</i>	G	
<b>Roxicodone</b>	NPD	QL, 5DS, PA, MME
<b>Roxybond</b>	NPD	QL, 5DS, MME
<b>Rozerem</b>	NPD	QL
<b>Rytary +</b>	NPD	PA
<b>Sabril</b>	NPD, SP	
<b>Saphris +</b>	NPD	PA
<b>Saxenda</b>	NPD	PA, R
<i>selegiline HCl</i>	G	

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<b>Seroquel</b>	NPD	
<b>Seroquel XR</b>	NPD	
<i>sertraline</i>	LCG	
<b>Silenor +</b>	NPD	PA
<b>Sinemet</b>	NPD	
<b>Sinemet CR</b>	NPD	
<b>Sonata +</b>	NPD	QL, PA
<b>Sprix Nasal Spray</b>	NPD	QL
<b>Stalevo</b>	NPD	
<b>Strattera +</b>	NPD	QL, PA
<b>Suboxone Sublingual Film</b>	PB	QL
<b>Subsys</b>	NPD	PA, QL, MME
<i>sulindac</i>	G	
<i>sumatriptan</i>	G	QL, AL
<i>sumatriptan/ naproxen</i>	G	QL, AL
<b>Sylatron</b>	NPD, SP	PA
<b>Symbyax</b>	NPD	
<b>Sympazan Film</b>	NPD	
<b>Tasmar</b>	NPD	
<b>Tecfidera</b>	PB, SP	LDD
<b>Tegretol</b>	NPD	
<b>Tegretol XR</b>	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	
<b>Tiglutik Susp</b>	NPD	
<b>Tivorbex</b>	NPD	
<b>Tofranil</b>	NPD	
<i>tolcapone</i>	G	
<i>tolmetin sodium</i>	G	
<b>Topamax +</b>	NPD	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Topamax Sprinkle Capsules +</b>	NPD	PA
<i>topiramate</i>	G	
<i>topiramate ER</i>	G	
<i>topiramate sprinkle cap</i>	G	
<i>tramadol</i>	G	QL, AL, MME
<i>tramadol ER cap</i>	NPD	QL, AL, MME
<i>tramadol ER (biphasic) tablet</i>	G	QL, AL, MME
<i>tramadol ER tablet</i>	G	QL, AL, MME
<i>tramadol/ acetaminophen</i>	G	QL, AL, MME
<b>Tranxene T</b>	NPD	AL
<i>tranycypromine sulfate</i>	G	
<i>trazodone</i>	G	
<b>Treximet</b>	NPD	PA, QL, AL
<b>Trexix</b>	NPD	
<i>triazolam</i>	G	QL, AL
<i>trifluoperazine</i>	G	
<i>trihexyphenidyl</i>	G	
<b>Trileptal</b>	NPD	
<i>trimipramine</i>	G	
<b>Trintellix +</b>	NPD	PA
<b>Tylenol w/ Codeine</b>	NPD	AL, QL, 5DS, PA, MME
<b>Ultracet</b>	NPD	QL, AL, PA, MME
<b>Ultram</b>	NPD	QL, AL, PA, MME
<b>Valium +</b>	NPD	PA
<i>valproic acid</i>	G	
<b>Vanatol S/LQ</b>	NPD	PA, QL, 5DS
<i>venlafaxine</i>	G	
<i>venlafaxine ER</i>	G	
<i>vigabatrin pak 500mg</i>	G, SP	
<b>VIMPAT</b>	NPD	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Vraylar +</b>	NPD	PA
<b>Vyvanse</b>	PB	QL
<b>Wellbutrin SR</b>	NPD	
<b>Wellbutrin XL +</b>	NPD	PA
<b>Xadago +</b>	NPD	PA
<b>Xanax +</b>	NPD	PA, AL
<b>Xanax XR</b>	NPD	AL
<b>Xenazine</b>	NPD	
<b>Xodol, Norco</b>	NPD	QL, 5DS, PA, AL, MME
<b>Xtampza ER</b>	PB	QL, PA, MME
<b>Xyrem</b>	NPD, SP	PA, QL
<i>zaleplon</i>	G	QL
<b>Zarontin</b>	NPD	
<b>Zembrace Symtouch</b>	NPD	QL, PA
<b>Zenzedi</b>	NPD	QL
<i>ziprasidone</i>	G	
<b>Zohydro ER</b>	NPD	QL, PA, MME
<i>zolmitriptan</i>	G	QL, AL
<b>Zoloft +</b>	NPD	PA
<i>zolidem tartrate</i>	G	QL, PA (10mg only)
<i>zolidem tartrate ER</i>	G	QL, PA (12.5mg only)
<i>zolidem tartrate SL</i>	G	QL, PA (3.5mg only)
<b>Zomig</b>	NPD	QL, PA, AL
<b>Zonegran</b>	NPD	
<i>zonsinamide</i>	G	
<b>Zorvolex</b>	NPD	
<b>Zubsolv</b>	PB	QL
<b>Zyban</b>	NPD	QL
<b>Zyprexa</b>	NPD	
<b>Zyprexa Zydis</b>	NPD	
<b>HEART, BLOOD PRESSURE, &amp; CHOLESTEROL</b>		
<b>Accupril</b>	NPD	
<b>Accuretic</b>	NPD	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>acebutolol</i>	G	
<i>acetazolamide</i>	G	
<i>acetazolamide ER</i>	G	
<b>Actimmune</b>	NPD, SP	
<b>Adalat CC</b>	NPD	
<b>Adcirca</b>	NPD, SP	PA
<b>Adempas</b>	PB, SP	PA
<b>Advate</b>	PB, SP	PA
<b>Adynovate</b>	NPD, SP	PA
<b>Afstyla</b>	NPD, SP	PA
<b>Aggrenox</b>	NPD	
<b>Agrylin</b>	NPD	
<b>Aldactazide</b>	NPD	
<b>Aldactone</b>	NPD	
<b>Alphanate</b>	NPD, SP	PA
<b>Alphanine</b>	NPD, SP	PA
<b>Alprolix</b>	NPD, SP	PA, LDD
<b>Altace</b>	NPD	
<b>Altoprev</b>	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	
<b>Antara</b>	NPD	
<b>Arixtra</b>	NPD	

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<i>aspirin-dipyridamole er</i>	G	
<b>Atacand +</b>	NPD	PA
<b>Atacand HCT +</b>	NPD	PA
<i>atenolol</i>	LCG	
<i>atenolol/chlorthalidone</i>	G	
<i>atorvastatin</i>	G	
<i>atorvastatin/amlodipine</i>	G	
<b>Avalide +</b>	NPD	PA
<b>Avapro +</b>	NPD	PA
<b>Azor +</b>	NPD	PA
<b>Bebulin</b>	NPD, SP	PA
<i>benazepril</i>	LCG	
<i>benazepril/HCTZ</i>	G	
<b>BeneFIX</b>	PB, SP	PA
<b>Benicar +</b>	NPD	PA
<b>Benicar HCT +</b>	NPD	PA
<b>Betapace AF</b>	NPD	
<i>betaxolol</i>	G	
<b>Bevyxxa</b>	NPD	QL
<i>bisoprolol</i>	G	
<i>bisoprolol/HCTZ</i>	LCG	
<i>bumetanide</i>	G	
<b>Bystolic</b>	PB	
<b>Byvalson +</b>	NPD	PA
<b>Caduet</b>	NPD	
<b>Calan</b>	NPD	
<b>Calan SR</b>	NPD	
<i>candesartan</i>	G	
<i>candesartan/hydrochlorothiazide</i>	G	
<i>captopril</i>	G	
<i>captopril/HCTZ</i>	G	
<b>Cardizem</b>	NPD	
<b>Cardizem CD</b>	NPD	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Cardizem LA</b>	NPD	
<b>Cardura</b>	NPD	
<b>Carospir</b>	NPD	
<b>Cartia XT</b>	LCG	
<i>carvedilol</i>	LCG	
<i>carvedilol ER</i>	G	
<b>Catapres tablets</b>	NPD	
<b>Catapres-TTS</b>	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	
<b>Coagadex</b>	NPD, SP	PA
<i>colesevelam</i>	G	
<b>Colestid</b>	NPD	
<i>colestipol HCl</i>	G	
<b>Coreg</b>	NPD	
<b>Coreg CR</b>	NPD	
<b>Corgard</b>	NPD	
<b>Corifact</b>	NPD	PA
<b>Corlanor</b>	NPD	PA
<b>Corzide</b>	NPD	
<b>Coumadin</b>	PB	
<b>Cozaar +</b>	NPD	PA
<b>Crestor +</b>	NPD	PA
<b>Demadex</b>	NPD	
<b>Dibenzylidine</b>	NPD	PA
<i>digoxin</i>	G	
<b>Dilt-CD</b>	G	
<i>diltiazem HCl</i>	G	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diltiazem HCl CD</i>	LCG	
<i>diltiazem HCl ER</i>	G	
<i>diltiazem HCl LA</i>	LCG	
<i>diltiazem HCl SR</i>	LCG	
<b>Diltzac ER</b>	G	
<b>Diovan +</b>	NPD	PA
<b>Diovan HCT +</b>	NPD	PA
<i>dipyridamole</i>	G	
<i>disopyramide</i>	G	
<i>dofetilide</i>	G	
<i>doxazosin mesylate</i>	G	
<b>Durlaza +</b>	NPD	PA
<b>Dutoprol</b>	NPD	
<b>Dyazide</b>	NPD	
<b>Edarbi +</b>	NPD	PA
<b>Edarbyclor +</b>	NPD	PA
<b>Edecrin</b>	NPD	
<b>Effient</b>	NPD	
<b>Eliquis</b>	PB	
<b>Eloctate</b>	NPD, SP	PA
<i>enalapril</i>	G	
<i>enalapril/HCTZ</i>	G	
<i>enoxaparin</i>	G	
<b>Entresto</b>	NPD	QL, PA
<b>Epaned Sol 1mg/ml</b>	NPD	AL
<i>eplerenone</i>	G	
<i>eprosartan</i>	G	PA
<i>ethacrynic acid</i>	G	
<b>Exforge +</b>	NPD	PA
<b>Exforge HCT +</b>	NPD	PA
<i>ezetimibe</i>	G	
<i>ezetimibe/simvastatin</i>	G	
<b>Feiba</b>	NPD, SP	PA
<i>felodipine ER</i>	G	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fenofibrate</i>	G	
<i>fenofibrate nanocrystallized</i>	G	
<i>fenofibric acid</i>	G	
<b>Fenoglide</b>	NPD	
<b>Fibricor</b>	NPD	
<i>flecainide</i>	G	
<i>fluvastatin sodium</i>	G	
<i>fondaparinux</i>	G	
<i>fosinopril</i>	G	
<i>fosinopril/HCTZ</i>	G	
<b>Fragmin</b>	NPD	
<i>furosemide</i>	LCG	
<i>gemfibrozil</i>	G	
<i>guanfacine</i>	G	
<b>Helixate FS</b>	PB, SP	PA
<b>Hemlibra Soln</b>	NPD, SP	PA
<b>Hemofil M</b>	NPD, SP	PA
<b>Humate-P</b>	PB, SP	PA
<i>hydralazine</i>	G	
<i>hydrochlorothiazide</i>	LCG	
<b>Hyzaar +</b>	NPD	PA
<i>indapamide</i>	G	
<b>Inderal LA +</b>	NPD	PA
<b>InnoPran XL</b>	NPD	
<b>Inspra</b>	NPD	
<i>irbesartan</i>	G	
<i>irbesartan hydrochlorothiazide</i>	G	
<b>Isordil Titradoso Tabs</b>	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	
<b>Ixinity</b>	NPD, SP	PA
<b>Jantoven</b>	G	
<b>Jivi</b>	NPD, SP	PA
<b>Juxtapid</b>	NPD, SP	PA
<b>Kaspargo</b>	NPD	PA
<b>Koate-DVI</b>	NPD, SP	PA
<b>Kogenate FS</b>	PB, SP	PA
<b>Kynamro</b>	NPD, SP	PA
<i>labetalol HCl</i>	G	
<b>Lanoxin</b>	NPD	
<b>Lasix</b>	NPD	
<b>Lescol</b>	NPD	
<b>Letairis</b>	PB, SP	PA
<b>Lipitor +</b>	NPD	PA
<b>Lipofen</b>	NPD	
<i>lisinopril</i>	LCG	
<i>lisinopril/HCTZ</i>	LCG	
<b>Livalo +</b>	NPD	PA
<b>Lopid</b>	NPD	
<b>Lopressor HCT</b>	NPD	
<i>losartan</i>	LCG	
<i>losartan-HCTZ</i>	G	
<b>Lotensin</b>	NPD	
<b>Lotrel</b>	NPD	
<i>lovastatin</i>	G	
<b>Lovaza</b>	NPD	PA
<b>Lovenox</b>	NPD	
<b>Maxzide</b>	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	
<b>Mevacor</b>	NPD	
<i>mexiletine HCl</i>	G	
<b>Micardis +</b>	NPD	PA
<b>Micardis HCT +</b>	NPD	PA
<b>Microzide</b>	NPD	
<b>Minipress</b>	NPD	
<i>minoxidil</i>	G	
<i>moexipril</i>	G	
<i>moexipril/HCTZ</i>	G	
<b>Monoclate-P</b>	NPD, SP	PA
<b>Mononine</b>	PB, SP	PA
<b>Mulpleta</b>	NPD, SP	PA
<b>Multaq</b>	PB	
<i>nadolol</i>	G	
<i>nadolol-bendroflume thiazide</i>	G	
<i>niacin ER</i>	G	
<b>Niaspan</b>	NPD	
<i>nicardipine</i>	G	
<b>Nifedical XL</b>	G	
<i>nifedipine</i>	G	
<i>nifedipine ER</i>	G	
<i>nimodipine</i>	G	
<i>nisoldipine ER</i>	G	
<b>Nitro-Bid</b>	PB	
<b>Nitro-Dur</b>	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	
<b>Nitrolingual Spray</b>	NPD	
<b>Nitromist</b>	NPD	
<b>Nitrostat SL</b>	NPD	
<b>Nivestym Soln</b>	NPD, SP	
<b>Nocdurna SL</b>	NPD	
<b>Norpace</b>	NPD	
<b>Northera</b>	NPD, SP	PA
<b>Norvasc</b>	NPD	
<b>Novoeight</b>	NPD, SP	PA
<b>NovoSeven RT</b>	NPD, SP	PA
<b>Nuwiq</b>	NPD, SP	PA
<b>Obizur</b>	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	
<b>Opsumit</b>	NPD, SP	PA
<b>Orenitram</b>	NPD, SP	PA
<b>Pacerone</b>	G	
<i>pentoxifylline ER</i>	G	
<i>perindopril</i>	G	
<b>Persantine</b>	NPD	
<i>phenoxybenzamine hcl</i>	G	PA
<i>pindolol ER</i>	G	
<b>Plavix</b>	NPD	
<b>Pradaxa</b>	PB	
<b>Praluent</b>	PB, SP	PA
<i>prasugrel</i>	G	
<b>Pravachol</b>	NPD	
<i>pravastatin</i>	G	
<i>prazosin</i>	G	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Prevalite</b>	G	
<b>Prinivil</b>	NPD	PA
<b>Procardia</b>	NPD	
<b>Procardia XL</b>	NPD	
<b>Procrit</b>	PB, SP	
<b>Profilnine</b>	NPD, SP	PA
<b>Promacta</b>	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	
<b>Qbrelis</b>	NPD	AL
<b>Questran</b>	NPD	
<b>Questran Light</b>	NPD	
<i>quinapril</i>	G	
<i>quinapril/HCTZ</i>	G	
<i>ramipril</i>	G	
<b>Rebiny Soln</b>	NPD, SP	PA
<b>Recombinate</b>	PB, SP	PA
<b>Repatha</b>	PB, SP	PA
<b>Revatio</b>	NPD, SP	PA
<b>Riastap</b>	NPD	PA
<b>Rixubis</b>	NPD, SP	PA
<i>rosuvastatin</i>	G	
<b>Rythmol</b>	NPD	
<b>Rythmol SR</b>	NPD	
<b>Samsca</b>	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	
<b>Sotylize soln</b>	NPD	
<i>spironolactone</i>	G	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>spironolactone/ HCTZ</i>	G	
<b>Stimate</b>	NPD	
<b>Sular</b>	NPD	
<i>tadalafil (generic Adcirca)</i>	G, SP	PA
<i>tadalafil (generic Cialis)</i>	G	PA, QL
<b>Tarka</b>	NPD	
<b>Taztia XT</b>	LCG	
<b>Tekturna/ Tekturna HCT +</b>	NPD	PA
<i>telmisartan</i>	G	
<i>telmisartan- amlodipine</i>	G	
<i>telmisartan/ hydrochloro- thiazide</i>	G	
<b>Tenoretic +</b>	NPD	PA
<b>Tenormin +</b>	NPD	PA
<b>Tiazac</b>	NPD	
<i>ticlopidine HCl</i>	G	
<b>Tikosyn</b>	NPD	
<i>timolol</i>	G	
<b>Toprol XL</b>	NPD	
<i>torseamide</i>	G	
<b>Tracleer</b>	PB, SP	PA, LDD
<i>trandolapril</i>	G	
<i>trandolapril/ verapamil ER</i>	G	
<b>Tretten</b>	NPD, SP	PA
<i>triamterene/ HCTZ</i>	G	
<b>Tribenzor +</b>	NPD	PA
<b>Tricor</b>	NPD	
<b>Trilipix</b>	NPD	
<b>Twynsta +</b>	NPD	PA
<b>Tyvaso</b>	NPD, SP	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Uptravi</b>	NPD, SP	PA
<i>valsartan</i>	G	
<i>valsartan/ hydrochloro- thiazide</i>	G	
<b>Vascepa</b>	PB	
<b>Vaseretic</b>	NPD	
<b>Vasotec</b>	NPD	PA
<b>Vecamyl +</b>	G	PA
<b>Ventavis</b>	NPD, SP	PA
<i>verapamil HCl</i>	G	
<i>verapamil HCl ER</i>	G	
<b>Verelan ER, PM</b>	LCG	
<b>Vonvendi</b>	NPD, SP	PA
<b>Vytorin +</b>	NPD	PA
<i>warfarin</i>	G	
<b>Welchol</b>	NPD	
<b>Wilate</b>	NPD, SP	PA
<b>Xarelto</b>	PB	
<b>Xyntha</b>	PB, SP	PA
<b>Zestoretic</b>	NPD	
<b>Zestril</b>	NPD	PA
<b>Zetia</b>	NPD	PA
<b>Ziac</b>	NPD	
<b>Zocor</b>	NPD	
<b>Zypitamag</b>	NPD	PA

### SKIN MEDICATIONS

<b>Absorica +</b>	NPD	PA
<b>Acanya +</b>	NPD	PA
<i>acitretin</i>	G	
<i>acyclovir</i>	G	
<b>Aczone +</b>	NPD	PA, AL
<b>Adapalene 0.1% lotion</b>	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
<b>Aktipak</b>	NPD	PA
<i>alclometasone cream, ointment</i>	G	
<b>Aldara</b>	NPD	
<b>Altreno 0.05% lotion</b>	NPD	PA, AL
<i>amcinonide</i>	G	
<i>anthralin</i>	G	
<b>Apexicon E</b>	NPD	
<b>Atralin +</b>	NPD	PA, AL
<b>Avita</b>	G	AL
<i>azelaic acid gel 15%</i>	G	
<b>Azelex +</b>	NPD	PA
<b>Benzaclin +</b>	NPD	PA
<b>Benzamycin gel +</b>	NPD	PA
<b>Benzamycinpak +</b>	NPD	PA
<i>benzoyl peroxide/erythromycin</i>	G	
<i>betamethasone dipropionate</i>	G	
<i>betamethasone valerate</i>	G	
<i>betamethasone/clotrimazole</i>	G	
<b>Bryhali lotion 0.01%</b>	NPD	PA
<i>calcipotriene cream</i>	G	
<i>calcipotriene-betamethasone dp</i>	G	
<i>calcitriol ointment</i>	G	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Capex +</b>	NPD	PA
<b>Carac +</b>	NPD	PA
<i>ciclopirox 0.77% cream</i>	G	
<i>ciclopirox 8% solution</i>	G	
<i>ciclopirox cream, gel, shampoo, suspension</i>	G	
<b>Cleocin T +</b>	NPD	PA
<b>Clindagel +</b>	NPD	PA
<i>clindamycin, clindamycin-benzoyl peroxide gel [w/pump]</i>	G	
<b>Clindamycin/benzoyl peroxide 1.2-2.5%</b>	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	
<b>Clobex +</b>	NPD	PA
<i>clocortolone pivalate</i>	G	
<i>clodan</i>	G	
<b>Cloderm +</b>	NPD	PA
<b>Condylox</b>	NPD	
<b>Cordran +</b>	NPD	PA
<b>Cosentyx</b>	NPD, SP	PA
<b>Crotan lotion</b>	G	
<b>Cutivate +</b>	NPD	PA
<i>dapsone gel</i>	G	AL
<b>Denavir</b>	NPD	QL

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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Eucrisa</b>	PB	PA
<b>Eurax Lotion</b>	NPD	
<b>Evoclin +</b>	NPD	PA
<b>Exelderm +</b>	NPD	PA
<b>Extina +</b>	NPD	PA
<b>Fabior</b>	NPD	AL
<b>Finacea</b>	NPD	PA
<i>fluocinolone acetonide cream, sol, oil</i>	G	
<i>fluocinonide gel, ointment</i>	G	
<b>Fluorouracil cream 0.5%</b>	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	
<b>Halog +</b>	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	
<b>Imiquimod Cream 3.75% Pump</b>	NPD	
<b>Impoysz Cream 0.025%</b>	NPD	
<i>isotretinoin</i>	G	
<b>Jublia</b>	NPD	PA
<b>Kenalog Spray +</b>	NPD	PA
<b>Kerydin</b>	NPD	PA
<i>ketoconazole cream</i>	G	
<i>ketoconazole shampoo</i>	G	
<b>Klaron</b>	NPD	
<b>Lexette Foam 0.05%</b>	NPD	PA
<i>lidocaine patch 5%</i>	G	
<i>lidocaine solution, gel, ointment</i>	G	
<b>Lidoderm +</b>	NPD	PA
<b>Locoid +</b>	NPD	PA
<b>Locoid Lipocream +</b>	NPD	PA
<b>Loprox +</b>	NPD	PA
<b>Lotrisone</b>	NPD	
<b>Luxiq +</b>	NPD	PA
<b>Luzu +</b>	NPD	PA
<i>malathion lotion</i>	G	
<i>methoxsalen</i>	G	
<b>MetroCream</b>	NPD	
<b>MetroGel</b>	NPD	
<b>MetroLotion</b>	NPD	
<i>metronidazole cream, lotion, gel</i>	G	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>miconazole-zinc ointment</i>	NPD	PA
<b>Mirvaso</b>	PB	
<i>mometasone cream, ointment, solution</i>	G	
<i>mupirocin cream, ointment</i>	G	
<i>naftifine cream</i>	G	
<b>Naftin</b>	NPD	
<b>Natroba</b>	NPD	
<b>Nizoral shampoo</b>	NPD	
<b>Noritrate</b>	NPD	PA
<i>nystatin/ triamcinolone cream, ointment</i>	G	
<b>Olux [E] +</b>	NPD	PA
<b>Onexton +</b>	NPD	PA
<b>Ovide</b>	NPD	
<i>oxiconazole nitrate</i>	NPD	
<b>Oxistat +</b>	NPD	PA
<b>Oxsoralen Ultra</b>	NPD	
<b>Pandel +</b>	NPD	PA
<b>Penlac</b>	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	
<b>Proctofoam HC</b>	PB	
<b>Prudoxin cream 5%</b>	NPD	QL
<b>Qbrexza Pad 2.4%</b>	NPD	PA
<b>Retin-A +</b>	NPD	PA, AL

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Retin-A Micro +</b>	NPD	PA, AL
<b>Rhofade 1% cream</b>	NPD	PA
<b>Sernivo</b>	NPD	PA
<b>Siliq</b>	NPD, SP	PA
<b>Silvadene</b>	NPD	
<i>silver sulfadiazine</i>	G	
<i>sodium sulfacetamide suspension</i>	G	
<b>Solaraze</b>	NPD	PA
<b>Soolantra</b>	PB	
<b>Soriatane</b>	NPD	
<i>spinosad</i>	G	
<b>Sulfamylon</b>	NPD	
<b>Synalar +</b>	NPD	PA
<b>Taclonex +</b>	NPD	PA
<b>Taltz Autoinjector</b>	NPD, SP	PA
<b>Targretin gel</b>	PB	PA
<i>tazarotene cream 0.1%</i>	G	AL
<b>Tazorac cream 0.1%</b>	NPD	AL
<b>Temovate</b>	NPD	
<b>Topicort +</b>	NPD	PA
<b>Tremfya</b>	PB, SP	PA
<i>tretinoin gel, cream</i>	G	AL
<i>tretinoin microspheres gel</i>	NPD	AL
<i>triamcinolone acetonide</i>	G	
<b>Triamex</b>	NPD	
<b>Ultravate +</b>	NPD	PA
<b>Vectical</b>	NPD	
<b>Veltin +</b>	NPD	PA, AL

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Verdeso +</b>	NPD	PA
<b>Vusion +</b>	NPD	PA
<b>Xolegel +</b>	NPD	PA
<b>Ziana</b>	NPD	PA, AL
<b>Zonalon cream 5%</b>	NPD	QL
<b>Zovirax cream</b>	PB	QL
<b>Zovirax oint</b>	NPD	
<b>Ztlido Patch</b>	NPD	PA, QL

### EAR, NOSE, THROAT MEDICATIONS

<i>acetazol HC, acetic acid HC otic</i>	G	
<i>azelastine</i>	G	
<b>Bactroban nasal oint</b>	PB	
<b>Cetraxal</b>	NPD	
<i>cevimeline hcl</i>	G	
<b>Ciprodex</b>	PB	
<i>ciprofloxacin</i>	G	
<i>cortane B otic drops</i>	G	
<b>Dermotic</b>	NPD	
<b>Evoxac</b>	NPD	
<i>fluocinolone acetonide oil</i>	G	
<i>mometasone furoate nasal spray</i>	G	PA
<b>Nasonex</b>	NPD	PA
<i>neomycin/ polymyxin/ hydrocortisone</i>	G	
<i>ofloxacin otic</i>	G	
<i>olopatadine</i>	G	
<b>Omnaris</b>	NPD	PA
<b>Patanase</b>	NPD	
<i>pilocarpine HCl</i>	G	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Qnasl</b>	NPD	PA
<i>ribavirin</i>	G, SP	
<b>Salagen</b>	NPD	
<b>Virazole</b>	NPD, SP	
<b>Xhance</b>	NPD	PA
<b>Zetonna</b>	NPD	PA

### DIABETES, THYROID, STEROIDS, & OTHER MISCELLANEOUS HORMONES

<i>acarbose</i>	G	
<b>Actos</b>	NPD	
<b>Adlyxin +</b>	NPD	PA
<b>Admelog</b>	NPD	PA, QL
<b>Afrezza</b>	NPD	PA
<b>Alogliptin benz/ metformin hcl</b>	PB	
<b>Alogliptin benz/ pioglitazone</b>	PB	
<b>Alogliptin benzoate</b>	PB	
<b>Amaryl</b>	NPD	
<b>Androderm patch</b>	NPD	PA
<b>Androgel 1.62% Packet, Pump</b>	PB	PA
<b>Androgel 1%</b>	NPD	PA
<b>Apidra</b>	NPD	QL, PA
<b>Axiron</b>	NPD	PA
<b>Basaglar +</b>	NPD	QL, PA
<b>Breeze 2 Test Strips</b>	PB	QL
<b>Bydureon</b>	PB	
<b>Byetta</b>	PB	
<i>calcitriol capsules</i>	G	
<b>Carnitor</b>	NPD	
<b>Cetrotide Kit</b>	NPD, SP	R
<b>Contour Next Test Strips</b>	PB	QL

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Contour Test Strips</b>	PB	QL
<b>Cortef</b>	NPD	
<b>Cytomel</b>	NPD	
<i>danazol</i>	G	
<b>DDAVP</b>	NPD	
<i>desmopressin acetate</i>	G	
<i>dexamethasone</i>	G	
<i>dexamethasone tablet 6-day, 10-day, 13-day</i>	G	
<b>Dexpak pak 10-day, 13-day</b>	NPD	
<i>doxercalciferol</i>	G	
<b>Duetact</b>	NPD	
<b>Emflaza</b>	NPD	PA
<b>Farxiga +</b>	NPD	PA
<b>Fiasp</b>	NPD	QL
<i>fludrocortisone acetate</i>	G	
<b>Fortamet +</b>	NPD	PA
<b>Forteo</b>	NPD, SP	PA, Q/T
<b>Fortesta</b>	NPD	PA
<b>Freestyle InsuLinx Test Strips</b>	PB	QL
<b>Freestyle Lite Test Strips</b>	PB	QL
<b>Freestyle Test Strips</b>	PB	QL
<b>Genotropin</b>	NPD, SP	PA
<i>glimepiride</i>	G	
<i>glipizide</i>	G	
<i>glipizide ER</i>	G	
<i>glipizide XL</i>	G	
<b>Glucagen Inj Hypokit</b>	PB	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Glucagon Emergency Kit</b>	NPD	
<b>Glucophage</b>	NPD	
<b>Glucophage XR</b>	NPD	
<b>Glucotrol</b>	NPD	
<b>Glucotrol XL</b>	NPD	
<b>Glucovance</b>	NPD	
<i>glyburide</i>	LCG	
<i>glyburide micronized</i>	LCG	
<b>Glynase</b>	NPD	
<b>Glyset</b>	NPD	
<b>Glyxambi</b>	PB	
<b>Hectorol</b>	NPD	
<b>Humalog +</b>	NPD	QL, PA
<b>Humatrope</b>	NPD, SP	PA
<b>Humulin +</b>	NPD	QL, PA
<i>hydrocortisone</i>	G	
<b>Increlex</b>	NPD, SP	PA, LDD
<b>Invokamet</b>	PB	
<b>Invokana</b>	PB	
<b>Janumet</b>	PB	
<b>Janumet XR</b>	PB	
<b>Januvia</b>	PB	
<b>Jardiance</b>	PB	
<b>Jentadueto tablet +</b>	NPD	PA
<b>Jentadueto XR</b>	NPD	PA
<b>Kazano tablet +</b>	NPD	PA
<b>Kombiglyze XR</b>	PB	
<b>Korlym tablet</b>	NPD, SP	PA
<b>Lantus</b>	PB	QL
<b>Levemir</b>	PB	QL
<i>levocarnitine</i>	G	
<i>levothyroxine</i>	G	
<b>Levoxyl</b>	G	
<i>liothyronine</i>	G	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Medrol</b>	NPD	
<i>metformin</i>	G	
<i>metformin ER (OSM)</i>	NPD	
<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	
<b>Millipred</b>	NPD	
<b>Myalept</b>	NPD, SP	PA
<i>nateglinide</i>	G	
<b>Natesto</b>	NPD	PA
<b>Natpara</b>	NPD, SP	PA
<b>Nesina tablet +</b>	NPD	PA
<b>Noctiva Emulsion</b>	NPD	
<b>Norditropin</b>	PB, SP	PA
<b>Novolin</b>	PB	QL
<b>Novolog</b>	PB	QL
<b>Nutropin AQ</b>	PB, SP	PA
<b>Omnitrope</b>	PB, SP	PA
<b>Onglyza</b>	PB	
<b>Orapred ODT</b>	NPD	
<b>Orilissa</b>	NPD	PA, QL
<b>Oseni +</b>	NPD	PA
<b>Oxandrin</b>	NPD	
<i>oxandrolone</i>	G	
<b>Ozempic</b>	PB	
<i>paricalcitol</i>	G	
<i>pioglitazone</i>	G	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>pioglitazone/ glimepiride</i>	G	
<b>Prandin</b>	NPD	
<b>Precision XTRA Test Strips</b>	PB	QL
<b>Precose</b>	NPD	
<i>prednisolone</i>	G	
<b>Prelone</b>	NPD	
<b>Procysbi</b>	NPD, SP	PA
<i>propylthiouracil</i>	G	
<b>Qtern</b>	NPD	PA
<b>Rayos</b>	NPD	PA
<i>repaglinide</i>	G	
<b>Rocaltrol capsules</b>	NPD	
<b>Saizen</b>	NPD, SP	PA
<b>Segluromet</b>	NPD	PA
<b>Sensipar</b>	PB	
<b>Serostim</b>	NPD, SP	PA, LDD
<b>Signifor</b>	NPD, SP	PA
<b>Soliqua +</b>	NPD	PA
<b>Somavert</b>	NPD, SP	
<b>Starlix</b>	NPD	
<b>Steglatro</b>	NPD	PA
<b>Steglujan</b>	NPD	PA
<b>Striant buccal system</b>	NPD	PA
<b>Symlin +</b>	PB	PA
<b>Synjardy</b>	PB	
<b>Synjardy XR</b>	PB	
<b>Synthroid</b>	NPD	
<b>Tanzeum +</b>	NPD	PA
<b>Tapazole</b>	NPD	
<b>Testim Gel</b>	NPD	PA
<i>testosterone gel 10mg/act (2%)</i>	G	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>testosterone gel 1%, 1.62%</i>	G	PA
<i>testosterone solution 30mg/act</i>	G	PA
<b>Tirosint</b>	NPD	PA
<i>tolbutamide</i>	G	
<b>Toujeo Solostar</b>	PB	QL
<b>Tradjenta tablet +</b>	NPD	PA
<b>Tresiba</b>	PB	QL
<b>Trulicity</b>	PB	
<b>Tymlos</b>	NPD, SP	PA, Q/T
<b>Uceris</b>	NPD	
<b>Unithroid</b>	G	
<b>Veripred soln 20mg/5ml</b>	NPD	
<b>Victoza</b>	PB	
<b>Vogelxo</b>	NPD	PA
<b>Xigduo XR +</b>	NPD	PA
<b>Xultophy +</b>	NPD	PA
<b>Xyosted Soln</b>	NPD	PA
<b>Zemplar</b>	NPD	
<b>Zomacton</b>	NPD, SP	PA

### STOMACH, ULCER, & BOWEL MEDS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Gattex</b>	NPD, SP	PA
<i>granisetron</i>	G	
<i>hydrocortisone cream</i>	G	
<i>hydrocortisone retention enema</i>	G	
<i>lactulose pak</i>	G	
<i>lactulose soln</i>	G	
<i>lansoprazole cap</i>	G	QL
<i>lansoprazole solutab</i>	G	PA, QL
<b>Lialda</b>	NPD	
<b>Linzess</b>	PB	
<b>Lomotil</b>	NPD	
<b>Marinol</b>	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	
<b>Movantik</b>	PB	
<b>Nexium capsule</b>	NPD	PA, QL
<b>Nexium packets</b>	NPD	PA, QL, AL
<i>nizatidine solution</i>	G	
<b>Nulytely</b>	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
<b>PEG 3350 &amp; electrolytes</b>	G	
<b>Pentasa</b>	PB	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Zantac</b>	NPD	
<b>Zegerid packets</b>	NPD	PA, QL
<b>Zenpep</b>	PB	
<b>Zofran</b>	NPD	
<b>Zorbitive</b>	NPD, SP	PA
<b>Zuplenz</b>	NPD	
BONE, JOINT, & MUSCLE		
<b>Actemra SC</b>	NPD, SP	QL, PA
<b>Actonel</b>	NPD	QL
<i>alendronate</i>	LCG	QL
<i>allopurinol</i>	G	
<i>alose tron hcl</i>	G	
<b>Amrix +</b>	NPD	PA
<b>Anaprox DS +</b>	NPD	PA
<b>Arava</b>	NPD	
<b>Arcalyst</b>	NPD, SP	PA
<b>Arthrotec +</b>	NPD	PA
<b>Atelvia</b>	NPD	QL
<i>baclofen</i>	G	
<b>Binosto</b>	NPD	QL
<b>Boniva</b>	NPD	QL
<i>calcitonin-salmon (rDNA origin) nasal spray</i>	G	
<i>carisoprodol</i>	G	
<b>Celebrex +</b>	NPD	PA
<i>celecoxib</i>	G	
<i>chlorzoxazone</i>	G	
<b>Cimzia</b>	PB, SP	PA
<b>Colchicine</b>	PB	
<i>colchicine/probenecid</i>	G	
<b>Colcrys +</b>	NPD	PA
<b>Cuprimine +</b>	NPD, SP	PA
<b>Cuvposa</b>	NPD	
<i>cyclobenzaprine</i>	G	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Dantrium</b>	NPD	
<i>dantrone</i>	G	
<b>Daypro +</b>	NPD	PA
<i>diclofenac potassium</i>	G	
<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	
<b>EC-Naprosyn +</b>	NPD	PA
<b>Enbrel</b>	NPD, SP	PA
<i>etidronate disodium</i>	G	
<i>etodolac</i>	G	
<b>Evista</b>	NPD	
<b>Feldene</b>	NPD	
<i>fenoprofen calcium</i>	NPD	PA
<b>Fenortho</b>	NPD	PA
<b>Fexmid</b>	NPD	
<b>Flector Patch</b>	NPD	QL, PA
<i>flurbiprofen</i>	G	
<b>Fosamax</b>	NPD	QL
<b>Fosamax Plus D</b>	NPD	QL
<b>Humira</b>	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	
<b>Kevzara</b>	NPD, SP	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Kineret</b>	NPD, SP	PA
<i>leflunomide</i>	G	
<b>Lorzone +</b>	NPD	PA
<b>Lotronex</b>	NPD	
<i>meclofenamate</i>	G	
<i>meloxicam</i>	LCG	
<i>metaxalone</i>	NPD	
<i>methocarbamol</i>	G	
<b>Miacalcin</b>	NPD	
<b>Mitigare +</b>	NPD	PA
<b>Mobic +</b>	NPD	PA
<i>nabumetone</i>	G	
<b>Nalfon</b>	NPD	PA
<b>Naprelan +</b>	NPD	PA
<b>Naprosyn +</b>	NPD	PA
<i>naproxen sodium</i>	G	
<i>naproxen sodium DR</i>	G	
<i>naproxen sodium ER</i>	G	
<b>Olumiant</b>	NPD, SP	PA
<b>Orencia</b>	NPD, SP	PA
<i>orphenadrine ER</i>	G	
<b>Otezla</b>	PB, SP	PA
<b>Otrexup</b>	NPD	PA
<i>oxaprozin</i>	G	
<b>Pennsaid</b>	NPD	PA
<i>piroxicam</i>	G	
<i>probenecid</i>	G	
<i>raloxifene hcl</i>	G	
<b>Rasuvo</b>	NPD	PA
<i>risedronate</i>	G	QL
<i>risedronate DR</i>	G	QL
<b>Robaxin</b>	NPD	
<b>Simponi</b>	PB, SP	PA
<b>Skelaxin +</b>	NPD	PA
<b>Soma +</b>	NPD	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Stelara</b>	PB	PA
<i>sulindac</i>	G	
<i>tizanidine</i>	G	
<i>tolmetin</i>	G	
<b>Toviaz +</b>	NPD	PA
<b>Uloric +</b>	NPD	PA
<b>Viibryd +</b>	NPD	PA
<b>Voltaren Gel</b>	NPD	
<b>Xeljanz [XR]</b>	NPD, SP	PA
<b>Zanaflex +</b>	NPD	PA
<b>Zipsor +</b>	NPD	QL, PA
<b>Zurampic 200mg</b>	NPD	PA
<b>Zyloprim</b>	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.

<b>Activella</b>	NPD	
<b>Addyi</b>	NPD	PA
<b>Alora</b>	NPD	
<b>Aygestin</b>	NPD	
<b>Balcoltra</b>	NPD	
<b>Beyaz +</b>	NPD	PA
<b>Bravelle +</b>	NPD, SP	QL, PA, R
<b>Brevicon</b>	NPD	
<b>Cenestin</b>	PB	
<b>Cleocin vaginal</b>	NPD	
<b>Climara patch</b>	NPD	
<i>clomiphene citrate</i>	G	
<b>Cyclessa</b>	NPD	
<b>Depo SubqQ Provera</b>	NPD	QL
<b>Depo-Provera</b>	NPD	QL
<b>Desogen</b>	NPD	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>desogestrel-ethinyl estradiol</i>	HCR	
<b>Diflucan</b>	NPD	
<b>Divigel</b>	NPD	
<i>drospirenone-ethinyl estradiol</i>	HCR	
<b>Estrace</b>	NPD	
<i>estradiol</i>	G	
<i>estradiol cream 0.1%</i>	G	
<i>estradiol transdermal</i>	G	
<b>Estring</b>	PB	
<i>estropipate</i>	G	
<b>Estrostep FE</b>	NPD	
<b>Evista</b>	NPD	
<b>Femcon FE</b>	NPD	
<b>FemHRT</b>	NPD	
<i>fluconazole 150mg</i>	G	
<b>Follistim AQ +</b>	NPD, SP	QL, PA, R
<b>Ganirellix</b>	NPD, SP	
<b>Generess FE</b>	NPD	
<b>Gonal</b>	PB, SP	QL, R
<b>Imvexxy</b>	NPD	
<b>Intrarosa</b>	NPD	
<i>levonorgestrel-ethinyl estradiol</i>	HCR	
<i>levonorgestrel/my way/next dose</i>	HCR	
<b>Loestrin</b>	NPD	
<b>Lo Loestrin FE</b>	PB	
<b>Loseasonique</b>	NPD	
<b>Lysteda</b>	NPD	
<i>medroxyprogesterone acetate suspension IM</i>	HCR	QL

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>medroxyprogesterone acetate tab</i>	LCG	
<b>Menopur</b>	NPD, SP	QL, R
<b>Metrogel vaginal</b>	NPD	
<i>metronidazole</i>	G	
<i>metronidazole vaginal gel</i>	G	
<b>Minastrin 24 FE +</b>	NPD	PA
<b>Minivelle</b>	NPD	
<b>Mircette</b>	NPD	
<b>Natazia</b>	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	
<b>Nuvaring</b>	HCR	QL
<b>OB Complete</b>	NPD	PA
<b>Ortho Micronor</b>	NPD	
<b>Ortho Novum</b>	NPD	
<b>Ortho Tri-Cyclen</b>	NPD	
<b>Ortho Tri-Cyclen Lo</b>	NPD	
<b>Ortho Cyclen</b>	NPD	
<b>Ovidrel</b>	NPD, SP	R
<b>Plan B One-Step</b>	NPD	QL
<b>Premarin</b>	PB	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Premarin vaginal cream</b>	PB	
<b>Premphase</b>	PB	
<b>Prempro</b>	PB	
<i>progesterone, micronized</i>	G	
<b>Prometrium</b>	NPD	
<b>Provera</b>	NPD	
<b>Quartette</b>	NPD	
<i>raloxifene</i>	G	
<b>Safyral +</b>	NPD	PA
<b>Seasonique</b>	NPD	
<b>Synarel</b>	NPD	
<b>Taytulla</b>	NPD	
<i>terconazole cream</i>	G	
<b>Tri-norinyl</b>	NPD	
<b>Vagifem</b>	NPD	
<b>Vandazole</b>	NPD	
<b>Vivelle Dot</b>	NPD	
<i>xulane</i>	HCR	QL
<b>Yasmin</b>	NPD	
<b>YAZ</b>	NPD	
<i>yuvafem</i>	G	

### EYE MEDICATIONS

<b>Acular/Acular LS</b>	NPD	
<b>Alcaine</b>	NPD	
<b>Alphagan P</b>	NPD	
<b>Alrex</b>	PB	
<i>apraclonidine</i>	G	
<i>atropine sulfate</i>	G	
<i>azelastine HCL drops</i>	G	
<b>Azopt</b>	PB	
<i>bacitracin ophth</i>	G	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bacitracin/ polymyxin B ophth oint</i>	G	
<b>Besivance</b>	PB	
<b>Betagan</b>	NPD	
<i>betaxolol</i>	G	
<b>Betimol</b>	PB	
<b>Betoptic S</b>	PB	
<i>bimatoprost</i>	G	
<b>Bleph 10</b>	NPD	
<b>Blephamide S.O.P. ointment</b>	PB	
<i>brimonidine tartrate</i>	G	
<i>carteolol</i>	LCG	
<b>Ciloxan Sol</b>	NPD	
<i>ciprofloxacin</i>	G	
<b>Cosopt</b>	NPD	
<b>Cosopt PF</b>	NPD	
<i>cromolyn ophth</i>	G	
<b>Cyclogyl</b>	NPD	
<i>cyclopentolate HCl</i>	G	
<i>dexamethasone ophth</i>	G	
<b>Diamox Sequels</b>	NPD	
<i>dorzolamide HCl 2%</i>	G	
<i>dorzolamide-timolol</i>	G	
<b>Elestat</b>	NPD	
<i>epinastine HCl</i>	G	
<i>erythromycin</i>	G	
<i>fluorometholone</i>	G	
<i>flurbiprofen</i>	G	
<b>FML Liquifilm suspension</b>	NPD	
<b>Gentak</b>	NPD	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>gentamicin ophth</i>	G	
<i>homatropine ophthalmic</i>	G	
<b>Inveltys Susp 1%</b>	NPD	
<b>Iopidine</b>	NPD	
<b>Isopto Carpine</b>	NPD	
<b>Istalol Drops</b>	NPD	
<i>ketorolac ophth soln</i>	G	
<i>latanoprost</i>	G	
<i>levobunolol</i>	G	
<b>Lotemax</b>	NPD	
<b>Lumigan</b>	PB	
<b>Maxitrol</b>	NPD	
<i>methazolamide</i>	G	
<i>moxifloxacin ophthalmic soln</i>	G	
<b>Mydriacyl</b>	NPD	
<i>neomycin/ polymyxin B/ dexamethasone</i>	G	
<b>Neosporin soln</b>	NPD	
<b>Ocufen</b>	NPD	
<b>Ocuflox</b>	NPD	
<i>ofloxacin</i>	G	
<i>olopatadine hcl</i>	G	
<b>Omnipred</b>	NPD	
<b>Patanol</b>	NPD	
<b>Phospholine Iodide</b>	PB	
<i>pilocarpine</i>	G	
<i>polymyxin B/neo/ bacitracin</i>	G	
<i>polymyxin B/neo/ gramicidin</i>	G	
<b>Polytrim</b>	NPD	
<b>Pred-Forte</b>	NPD	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisolone acetate</i>	G	
<i>prednisolone sodium phosphate</i>	G	
<i>prednisolone/sodium sulfacetamide</i>	G	
<i>proparacaine</i>	G	
<b>Rescula +</b>	NPD	PA
<b>Restasis</b>	PB	QL
<b>Rhopressa Soln 0.02%</b>	NPD	PA
<i>sulfacetamide</i>	G	
<i>timolol ophth</i>	G	
<b>Timoptic</b>	NPD	
<b>Timoptic XE</b>	NPD	
<b>Tobradex</b>	NPD	
<i>tobramycin-dexamethasone</i>	G	
<i>tobramycin ophthalmic</i>	LCG	
<b>Tobrex</b>	NPD	
<b>Travatan Z</b>	PB	
<i>trifluridine</i>	G	
<i>trimethoprim sulfate/polymyxin B</i>	G	
<i>tropicamide</i>	G	
<b>Trusopt</b>	NPD	
<b>Vigamox</b>	NPD	
<b>Viroptic</b>	NPD	
<b>Vyzulta Soln 0.024% OP</b>	NPD	PA
<b>Xalatan</b>	NPD	
<b>Xelpros Emulsion 0.005%</b>	NPD	PA
<b>Xiidra</b>	PB	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Zioptan +</b>	NPD	PA
<b>Zymaxid</b>	NPD	
ALLERGY, COUGH & COLD, LUNG MEDS		
<b>Accolate</b>	NPD	AL
<i>acetylcysteine</i>	G	
<b>Advair Diskus</b>	PB	
<b>Advair HFA</b>	PB	
<b>Aerospan +</b>	NPD	PA
<b>AirDuo RespiClick +</b>	NPD	PA
<i>albuterol sulfate er</i>	G	
<i>albuterol sulfate nebulizer soln, syrup, tab</i>	G	
<b>Alvesco +</b>	NPD	PA
<b>Anoro Ellipta</b>	PB	
<b>ArmonAir RespiClick +</b>	NPD	PA
<b>Arnuity Ellipta +</b>	NPD	PA
<b>Asmanex</b>	PB	
<b>Atrovent HFA</b>	PB	
<b>Auvi-Q 0.1mg</b>	NPD	QL, AL
<b>Auvi-Q 0.15mg and 0.3mg</b>	NPD	PA, QL
<i>azelastine nasal spray</i>	G	
<b>Beconase AQ</b>	NPD	PA
<i>benzonatate</i>	G	
<b>Bevespi Aerosphere +</b>	NPD	PA
<b>Breo Ellipta</b>	PB	
<b>Bromfed DM</b>	G	
<i>budesonide susp.</i>	G	
<i>carbinoxamine</i>	G	
<b>Cayston</b>	NPD, SP	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Cheratussin AC</b>	G	5DS, QL, AL, MME
<b>Cheratussin DAC</b>	G	5DS, QL, AL, MME
<b>Clarinex</b>	NPD	
<i>clemastine</i>	G	
<b>Combivent Respimat</b>	PB	
<i>cromolyn inhalation soln</i>	G	
<i>cyproheptadine</i>	G	
<i>dalfampridin ER</i>	G, SP	PA, QL
<b>Daliresp</b>	NPD	
<i>desloratadine</i>	G	
<b>Dulera +</b>	NPD	PA
<b>Dymista</b>	NPD	PA
<b>Elixophyllin Elixir</b>	NPD	
<b>Epinephrine pen 0.15mg</b>	PB	QL
<i>epinephrine pen 0.3mg</i>	G	QL
<b>EpiPen</b>	PB	QL
<b>EpiPen Jr.</b>	PB	QL
<b>Esbriet</b>	NPD, SP	PA, LDD
<b>Flovent Diskus +</b>	NPD	PA
<b>Flovent HFA +</b>	NPD	PA
<i>flunisolide</i>	G	
<i>fluticasone proprionate</i>	G	
<b>Fluticasone-salmeterol AER powder</b>	PB	
<b>Grastek</b>	NPD	PA
<b>Hycufenix</b>	NPD	QL, 5DS
<i>hydrocodon-cpm-phenylephrine</i>	G	QL, 5DS, AL, MME
<i>hydrocod-cpm-pseudoephedrine</i>	G	QL, 5DS, AL, MME

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrocodone bit/homatrop syrup</i>	G	QL, 5DS, AL, MME
<i>hydrocodone-chlorpheniramine susp</i>	G	QL, 5DS, AL, MME
<b>Hydromet</b>	G	QL, 5DS, AL, MME
<i>hydroxyzine HCl</i>	G	
<i>hydroxyzine pamoate</i>	G	
<b>Hypersal</b>	G	
<b>Incruse Ellipta</b>	PB	
<i>ipratropium-albuterol</i>	G	
<i>ipratropium inhalation soln</i>	G	
<i>ipratropium nasal spray</i>		
<b>Kitabis Pak</b>	NPD, SP	LDD
<b>Levalbuterol tartrate HFA</b>	NPD	
<i>levalbuterol neb</i>	G	
<b>Lonhala Magnair Soln</b>	NPD	PA
<i>metaproterenol</i>	G	
<i>montelukast sodium</i>	G	
<b>Obredon</b>	NPD	QL, 5DS, AL, MME
<b>Odactra SL</b>	NPD	PA
<b>Ofev</b>	NPD, SP	PA
<b>Oralair</b>	NPD	PA
<b>ProAir HFA</b>	PB	
<b>ProAir RespiClick</b>	PB	
<i>promethazine</i>	G	
<i>promethazine/codeine</i>	LCG	QL, 5DS, AL, MME

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>promethazine/dextromethorphan</i>	LCG	
<i>promethazine/phenylephrine</i>	G	
<b>Proventil HFA +</b>	NPD	PA
<b>Pulmicort Flexhaler +</b>	NPD	PA
<b>Pulmicort Respules</b>	NPD	
<b>Pulmozyme</b>	PB, SP	
<b>Qvar</b>	PB	
<b>Ragwitek</b>	NPD	PA
<b>Rebetol</b>	NPD, SP	
<b>Rezira</b>	NPD	QL, 5DS, AL, MME
<b>Ryvent</b>	NPD	
<b>Seebri</b>	NPD	
<b>Semprex-D</b>	NPD	
<b>Serevent Diskus</b>	PB	
<b>Singulair</b>	NPD	
<i>sodium chloride inhalation</i>	G	
<b>Spiriva</b>	PB	
<b>Stiolto Respimat</b>	PB	
<b>Symbicort</b>	PB	
<b>Symdeko</b>	NPD, SP	PA
<i>terbutaline sulfate tabs</i>	G	
<b>Tessalon Perles</b>	NPD	
<b>Theo-24</b>	PB	
<b>Theochron</b>	G	
<i>theophylline soln</i>	G	
<i>theophylline extended release</i>	G	
<b>Thiola</b>	NPD, SP	PA
<b>Tracleer</b>	PB, SP	PA
<b>Trelegy Ellipta</b>	PB	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Tudorza Pressair</b>	NPD	PA
<b>Tussicap</b>	NPD	QL, 5DS, AL, MME
<b>Tuzistra XR</b>	NPD	QL, 5DS, AL, MME
<b>Utibron Neohaler +</b>	NPD	PA
<b>Ventolin HFA +</b>	NPD	PA
<b>Vistaril</b>	NPD	
<b>Vituz</b>	NPD	QL, 5DS, AL, MME
<b>VoSpire ER</b>	NPD	
<b>Xhance</b>	NPD	PA
<b>Xopenex</b>	NPD	
<b>Xopenex HFA +</b>	NPD	PA
<b>Yupelri Soln</b>	NPD	PA
<b>Z-Tuss AC</b>	NPD	QL, 5DS, AL, MME
<i>zafirlukast</i>	G	AL
<i>zileuton ER 600mg</i>	G	AL
<b>Zutripro</b>	NPD	QL, 5DS, AL, MME
<b>Zyflo 600mg tab</b>	NPD	AL
<b>Zyflo CR 600mg</b>	NPD	AL

#### URINARY & PROSTATE MEDS

<i>alfuzosin</i>	G	
<b>Avodart</b>	NPD	AL
<i>bethanechol</i>	G	
<b>Cardura</b>	NPD	
<b>Caverject</b>	PB	QL, PA
<b>Cialis</b>	NPD	QL, PA
<i>darifenacin ER</i>	G	
<b>Detrol</b>	NPD	
<b>Detrol LA</b>	NPD	
<b>Ditropan XL</b>	NPD	
<i>doxazosin mesylate</i>	G	
<i>dutasteride</i>	G	AL
<i>dutasteride/tamsulosin hcl</i>	G	

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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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Edex</b>	NPD	QL, PA
<b>Elmiron</b>	NPD	PA
<b>Enablex</b>	NPD	
<i>finasteride</i>	G	AL
<i>flavoxate</i>	G	
<b>Flomax</b>	NPD	
<b>IFE-PG 20</b>	NPD	QL, PA
<b>Jalyn</b>	NPD	
<b>Levitra</b>	NPD	QL, PA
<b>Muse</b>	PB	QL, PA
<b>Myrbetriq</b>	PB	
<i>oxybutynin</i>	LCG	
<i>oxybutynin ER</i>	G	
<i>potassium citrate ER</i>	G	
<b>Proscar</b>	NPD	AL
<b>Rapaflo</b>	PB	
<b>Staxyn</b>	NPD	QL, PA
<b>Stendra</b>	NPD	QL, PA
<i>tamsulosin</i>	G	
<i>terazosin</i>	LCG	
<i>tolterodine tartrate</i>	G	
<i>tolterodine tartrate LA</i>	G	
<i>trospium chloride</i>	G	
<b>Urecholine</b>	NPD	
<b>Urocit-K</b>	NPD	
<b>Uroxatral</b>	NPD	
<i>vardeafil</i>	G	QL, PA
<b>VESIcare</b>	PB	
<b>Viagra</b>	NPD	QL, PA
VITAMINS & ELECTROLYTES		
<b>Brand Prenatal Vitamins</b>	NPD	PA
<b>Buphenyl</b>	NPD, SP	

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

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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b>		
<b>Berinert</b>	NPD, SP	PA
<i>calcium acetate</i>	G	
<b>Carbaglu</b>	NPD, SP	PA
<b>Cerdelga</b>	NPD, SP	PA
<b>Chemet</b>	PB	
<b>Chorionic gonadotropin</b>	NPD, SP	
<b>Cinryze</b>	NPD, SP	PA
<b>Cystagon</b>	NPD, SP	PA
<b>Dexcom CGM</b>	NPD	
<b>Doptelet</b>	NPD, SP	PA
<b>Exjade</b>	NPD, SP	PA, LDD
<b>Ferriprox 100mg/ml solution</b>	NPD, SP	PA
<b>Firazyr</b>	NPD, SP	PA, QL
<b>Fulphila</b>	NPD, SP	
<b>Galafold</b>	NPD, SP	PA
<i>ganirelix acetate soln</i>	NPD, SP	R
<b>Haegarda</b>	NPD, SP	PA
<b>Idelvion</b>	NPD, SP	PA
<b>Jadenu</b>	NPD, SP	PA, LDD
<b>Keveyis</b>	NPD, SP	PA
<b>Medtronic CGM</b>	NPD	
<b>Metopirone</b>	NPD	
<i>midodrine HCl</i>	G	
<i>miglustat</i>	G, SP	PA
<b>Neulasta</b>	NPD, SP	
<b>Neupogen</b>	NPD, SP	
<b>Nityr</b>	NPD, SP	
<b>Novarel 5000 units</b>	NPD, SP	
<b>Novarel 10000 units</b>	PB, SP	
<b>Ocaliva</b>	NPD, SP	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Palynziq</b>	NPD, SP	PA
<b>PhosLo</b>	NPD	
<b>Potaba</b>	NPD	
<b>Pregnyl</b>	PB, SP	
<b>Renvela</b>	NPD	
<b>Retacrit</b>	PB, SP	
<b>Ruconest</b>	NPD, SP	PA
<i>sevelamer carbonate</i>	G	
<b>Strensiq</b>	NPD, SP	PA
<b>Syprine +</b>	NPD, SP	PA
<b>Takhzyro Inj</b>	NPD, SP	PA
<b>Tavalisse</b>	NPD, SP	PA
<b>Tegsedi</b>	NPD, SP	PA
<i>trientine</i>	G, SP	
<b>V-GO</b>	PB	
<b>Xuriden</b>	NPD, SP	PA
<b>Zavesca</b>	NPD, SP	PA

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



fentanyl citrate-OTFC	Invega™	Mektovi®	Olux®[E]
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®	Khedeza®	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®	Prinivil®
Humate-P®	Lidoderm®	Nestabs® One	Pristiq™
Humatrope®	linezolid	Nexavar®	Proctocort® Supp 30mg
Humira®	Lipitor®	Nexium®	Procysbi®
Humulin®	Livalo®	Ninlaro®	Profilnine®
Hycamtin®	Locoid®	Norco®	Promacta®
hydromorphone ER	Locoid® lipocream	Norditropin®	Protonix®
Hysingla™	Lomaira™	Noritate®	Protopic®
Ibrance®	Lonhala™ Magnair™	Northera™	Proventil® HFA
Ibudone®	Lonsurf®	Novoeight®	Provigil®
Iclusig™	Loprox®	NovoSeven® RT	Prozac®
Idelvion®	Lorbrena®	Noxafil®	Pulmicort Flexhaler®
Idhifa®	Lorzone®	Nucynta®	Qbrexza®
IFE-PG 20	Lovaza®	Nucynta ER®	Qnasl™
imatinib mesylate	Luliconazole™	Nuedexta™	Qsymia® ER
Imbruvica™	Lunesta®	Nuplazid™	Qtern®
Imitrex®	Luxiq®	Nutropin® (AQ)	Qualaquin®
Impavido®	Luzu®	Nuvigil®	QuilliChew ER™
Increlex®	Lynparza™	Nuwiq®	Quillivant XR™
Inderal® LA	Lyrica®	Obizur®	quinine sulfate
Ingrezza™	Lyrica® CR	Ocaliva™	Ragwitek™
Inlynta®	Mavyret™	Odactra® SL	Rasuvo™
Intermezzo®	Maxalt® (MLT)	Odomzo®	Ravicti™
Intuniv™	Mekinist®	Ofev®	Royaldec®

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

*\*All brand prenatal vitamins require prior authorization*

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

*\* 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		

*(continued)*

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

*(continued)*

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.