BlueLink®

Third-Party Administration Services

Select Drug Program® Formulary

Effective July 1, 2022

www.myqccbluelink.com

INFORMATION FOR MEMBERS AND PROVIDERS

This Select Drug Program® Formulary is intended to help members and providers understand prescription drug coverage under your prescription drug benefit. We are committed to providing comprehensive prescription drug coverage. To achieve this, we include a formulary feature in your prescription drug benefit. The drugs are approved by the U.S. Food and Drug Administration (FDA). They are also reviewed by our Pharmacy and Therapeutics Committee, a group of doctors and pharmacists from the area. These prescription drugs have been added to the Select Drug Program Formulary for their reported medical effectiveness, safety, and value. The pharmacy benefits management company monitors all drugs to ensure they are safe and effective drugs.

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage. Drug coverage is based on medical necessity. 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.

What is a formulary?
A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

This list is guided by the Pharmacy and Therapeutics Committee. The committee reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

What are tiers?
Tiers are the different cost levels you pay for a medication. Each drug on the formulary is in a tier.

Select 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, so the inclusion of a drug in this formulary does not guarantee coverage. All cost-share tiers may not be available on all plan.

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

- Generally, if a brand-name drug has a generic equivalent, the brand-name drug is non-preferred while the generic equivalent is covered at the generic level of cost-sharing.
  For example: Cipro® is the brand drug and is considered non-preferred; its generic equivalent ciprofloxacin is available at the generic level of cost-sharing.
- Some brand-name drugs without generic equivalents, authorized generic (also referred to as authorized brand alternative) drugs and generic drugs are also considered *non-preferred*. This is because there are other more cost-effective alternatives covered on the formulary to treat the same condition.

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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.

The Low-Cost Generic [LCG] Tier offers copays lower than the cost-share for the generic tier, when possible. This applies to 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. 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, and drugs that require comprehensive patient monitoring and/or education. Specialty drugs covered under the pharmacy benefit may be managed by the 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. These drugs are approved by the FDA. But they are 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). Another name for AGs is Authorized Brand Alternative [ABA].

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.

What are Affordable Care Act (ACA) Preventive Medications?
Certain preventive medications, as described in the Patient Protection and Affordable Care Act 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.

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.

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Category	Product(s) Available at $0 at the Pharmacy
Aspirin products (OTC) For adults age 50-59 to prevent cardiovascular disease and colorectal cancer; low dose (81mg) for women after 12 weeks' gestation who are at high risk for preeclampsia	aspirin 81mg (tab/chewable)
Bowel Preparations Bowel preparation for colonoscopy needed for preventive colon cancer screening, for ages 45-75	generic bowel preparation products such as Gavilyte-C™, Gavilyte-G™, Gavilyte-N™, Gavilyte-H™ with bisacodyl, polyethylene glycol (PEG) 3350 oral powder, Trilyte® w/packets
Breast cancer chemo prevention For asymptomatic females age 35 years and older without a prior diagnosis of breast cancer, ductal carcinoma in situ, or lobular carcinoma in situ, who are at high risk for breast cancer and at low risk for adverse effects from breast cancer chemoprevention	tamoxifen 20mg
Contraceptives Includes, but not limited to, oral, injectable, transdermal, diaphragms, cervical caps, intravaginal devices, female condoms, and contraceptive film and jelly (in accordance with the women's preventive services provisions of the ACA). Note: IUDs and implantable products are covered under the medical benefit.	- Oral: all generics such as Amethia, Cryselle-28, Emoquette, Fayosim, Necon, Ocella, Sprintec, Trivora - Injectable: all generics such as medroxyprogesterone injection - Transdermal: Xulane® patches - Diaphragms - Cervical Caps - Female condoms - Contraceptive film - Contraceptive gel/jelly/foam: such as VCF® foam 12.5%, 28%, Options Conceptrol® 4%, Options Gynol® 3%, Phexxi® - Emergency: all generics such as levonorgestrel 1.5mg tab, My Way® 1.5mg tab - Intravaginal devices: etonogestrel-ethinyl estradiol vaginal ring
Fluoride For children ages 6 months to 16 years. Includes generics strengths **up to 0.5mg**	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
Folic acid For women planning for or capable of pregnancy. Limited to 0.4 to 0.8mg of folic acid. For women younger than 51 years of age	folic acid 400mcg tab folic acid 800mcg tab folic acid 0.8mg capsule (including generic prenatal vitamins with the above listed folic acid dose)

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Category	Product(s) Available at $0 at the Pharmacy
Tobacco Cessation Medication For adults ages 18+ years, who use tobacco products and want to quit	varenicline tab bupropion SR (generic Zyban®) tablet nicotine polacrilex lozenge nicotine patch 24 hour transdermal Nicotrol® Inhaler Nicotrol® NS Solution
Statins Low-to-moderate dose statin for prevention of cardiovascular disease, recommended for ages 40-75 years without a history of CVD when 1 or more CVD risk factors are present (e.g., dyslipidemia, diabetes, hypertension, or smoking) and a calculated 10-year risk of a cardiovascular event of 10% or greater	lovastatin 10mg lovastatin 20mg lovastatin 40mg
HIV PrEP Preexposure prophylaxis (PrEP) with effective anti-retroviral therapy for persons who are at high risk of HIV acquisition	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300mg Tenofovir 300mg
Vaccines To prevent certain illnesses in infants, children, and adults. Include immunizations to prevent Influenza, Pneumococcal, and Shingles	- Influenza: Afluria®, Fluzone [Quad]®, Fluzone®, Fluarix®, Flumist®, Flublok®, Fluad®, Flucelvax®, Flulaval® - Pneumococcal: Prevnar 13®, Pneumovax 23® - Shingles: Shingrix®* *Note: Applies to members at least 50 years of age. Cost share applies for members 18-49 years of age.

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PROCEDURES THAT SUPPORT SAFE PRESCRIBING

The pharmacy benefits management (PBM) company manages the administration of its prescription drug programs. Our PBM 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 your prescription drug benefit. Several procedures, such as prior authorization, age limits, and quantity limits, have been established to support safe prescribing patterns and to provide optimal clinical outcomes for members.

What is prior authorization?

Prior authorization is a requirement that your provider obtain approval from your health plan for coverage of, or payment for, prescription drugs. Your prescription drug benefit requires prior authorization of certain covered drugs to confirm that the drug prescribed is medically necessary, 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) requires a benefit rider. Please contact the health insurance plan for member eligibility information and benefit details.

Claim dollar limits are placed to require review for clinical appropriateness on prescription claims exceeding a defined dollar limit threshold. The member's provider will need to submit a prior authorization request to any claim exceeding $10,000.

Without prior authorization, the member's prescription will not be covered at the retail or mail-order pharmacy. The prior authorization review 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 approval 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.

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. Some of these safety edits will prompt member counseling at the point of sale, while some will require prior authorization review. Safety edits include age limits, quantity limits, morphine milligram equivalent (MME) limits, and concurrent drug utilization review (cDUR). Each safety edit is described below.

Age Limits

Some drugs, such as zafirlukast, are approved by the FDA only for individuals age five and older. If the member's prescription falls outside of the FDA guidelines, it may not be covered unless 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.

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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. Your prescription drug benefit has 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, 2022, for one of these medications, the plan would have looked back 30 days to December 2, 2021, 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:
  - Etonogestrel-ethinyl estradiol (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
  - Sildenafil (Viagra®), tadalafil (Cialis® 10mg, 20mg) = 8 tablets 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
- ***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 be covered 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 1/1/2022 will be refillable again on or after 1/24/2022
  - A 90 days' supply of a prescription filled on 7/1/2022 will be refillable again on or after 9/7/2022
- ***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:
  - Short acting opioids, such as oxycodone/acetaminophen 5mg/325mg
    - Day supply limit = Two 5 days' supplies limit per 60 days for adults, two 3 days' supply limit for children under 18 years of age.
  - 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)

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◦ Opioid containing cough and cold products, such as hydrocodone/homatropine
- Day supply limit = Two 5-days' supplies limit per 60 days for adults, and two 3 days' supply limit for children under 18 years of age
- 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

Your prescription drug benefit 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 an 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	benzhydrocodone	

Cumulative Stimulant Limit

Central nervous system **(**CNS) stimulants such as amphetamine and methylphenidate, when used in high doses, are associated with increased risk for cardiac related adverse events such as hypertension and new or worsening psychosis including manic behavior. Cumulative stimulant limit is a safety measure designed to ensure the provider has assessed the members for alternative medication and advised the members about the risks associated with stimulant use. The cumulative stimulant limit works by calculating the total daily stimulant dose by the drug's active ingredient. Stimulant claims that exceed the limit outlined below would require prior authorization.

Active ingredient	Medications impacted (brands and generics)	High cumulative daily dose
Amphetamine	Adzenys ER[ODT], Dyanavel, Evekeo [ODT]	60mg/day
Amphetamine-Dextroamphetamine	Adderall [IR/XR], Mydayis	60mg/day
Dextroamphetamine	Dexedrine, Zenzedi, ProCentra	60mg/day
Lisdexamfetamine	Vyvanse	70mg/day
Methamphetamine	Desoxyn	60mg/day
Dexmethylphenidate	Focalin [IR/XR]	40mg/day
Methylphenidate	Ritalin [IR/LA], Daytrana, Cotempla, Metadate [ER/CD], Methylin, Quillivant XR, Concerta, Aptensio XR, QuilliChew ER, Jornay PM, Adhansia XR	72mg/day

*Prior authorization and other safety edits including quantity limit and age limit continue to apply.

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Concurrent Drug Utilization Review (cDUR)

These reviews 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.myqccbluelink.com or call your prescription drug benefit at the phone number on the back of your ID card.

How to submit a Prior Authorization?

Here is the process to request a prior authorization/preapproval or override:

1. The provider prescribing the drug can access electronic prior authorization (ePA) platforms such as CoverMyMeds® and SureScripts™ to submit a prior authorization request. Alternatively, the provider can complete a prior authorization fax form or write a letter of medical necessity and submit it to your your prescription drug benefit by fax at 1-888-671-5285. The forms are available online at: https://www.myqccbluelink.com/login.

2. Your prescription drug benefit 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.

3. 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 that is located on the non-preferred drug tier to be lowered to the generic tier will be approved if the exception criteria are met.
- Requests for a brand medication or an authorized generic (also referred to as authorized brand alternative) non-preferred that is located on the non-preferred drug tier to be lowered to the preferred brand tier will be approved if the exception criteria are met.

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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.myqccbluelink.com/login.

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.

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

Abilify®
Abilify Mycite® Maintenance/Starter Pak
abiraterone
Absorica™
Absorica LD™
Abstral®
Acanya®
Accrufer®
Accupril®
Aciphex®
Actemra® SC
Acticlate™
Actimmune®
Actiq®
Actonel®
Actos®
Aczone®
adapalene pad
Adcirca™
Adderall®
Addyi®
Adempas®
Adhansia™ XR
Adipex-P®
Adlyxin™
Admelog®
Advate®
Adynovate®
Adzenys™ XR-ODT
Aerospan™
Afinitor®
Afrezza®
Afstyla®
AirDuo® Digihaler®
AirDuo® RespiClick®
Ajovy®
Aklief®
Aktipak™
Ala-Scalp®
Albuterol HFA (AG for Ventolin)
Alecensa®
Alkindi® Sprinkle
Alocril®
Alora®
Alphanate®
Alphanine® SD
Alprolix™
Alrex®
Altabax™
Altace®
Alunbrig™
Alvesco®
Amaryl®
Ambien®
Ambien CR®
Amerge®
Amitiza®
amphetamine ER susp
amphetamine (generic Evekeo)
Ampyra™
Amzeeq™
Anaprox® DS
Androderm®
Androgel®
Angeliq®
Anusol-HC® Cream
Apidra®
Apidra® SoloSTAR®
Aplenzin™
Apokyn®
Aptensio XR®
Aptiom®
Arava®
Arazlo™ lotion
Aricept®
Arikayce®
armodafinil
ArmonAir™ Digihaler®
ArmonAir™ RespiClick®
Arthrotec®
Arymo™ ER
Asacol®HD
Asmanex®
Asmanex® HFA
Atacand® (HCT)
Ativan®
Atralin®
Aubagio®
Austedo™
Auvi-Q®
Avapro®/Avalide®
Avita®
Avodart®
Axert®
Axiron®
Ayvakit™
azelastine/fluticasone spray
Azelex®
Azor®
Azstarys™
Azulfidine®
Banzel®
Basaglar®
Bebulin®
Beconase AQ®
Belbuca™
Belsomra®
Belviq® [XR]
BeneFIX®
Benicar®
Benicar HCT®
Benlysta®
Benzaclin®
Benzamycin®
Benzamycinpak®
benzphetamine
Bepreve®
Berinert®
Besremi®
Bethkis® Neb
Betoptic-S®
Bevespi Aerosphere™
bexarotene
Binosto®
Boniva®
Bonjesta®
bosentan
Bosulif®
Brand prenatal vitamins[1]
Bravelle®
Breeze®2 test strips/ glucometer
Brexafemme®
Briviact®
BromSite®
Bronchitol®
Brukinsa™
budesonide-formoterol
butalbital-acetaminophen 50-300mg
Buphenyl®
buprenorphine patch
Bupropion ER 450mg
Butrans®
Bylvay™
Bynfezia Pen™
Byvalson™
Cabometyx™
Caduet®
Calquence®
Canasa® Supp
Capex®
Caplyta™
Caprelsa®
Carac®
Carafate® Tab/Susp
Carbaglu®
Carbatrol®
Cardizem®
Cardizem® CD
Cardizem® LA
Cardura® [XL]
carglumic
CaroSpir®
Cataflam®
Caverject®
Cayston™
Celebrex®
Cequa™
Cerdelga™
Cholbam®
Cialis®
Ciclodan®
Cimzia®
Cinryze®
Clarinex®
Clarinex-D®
clemastine syrup
Cleocin®
Cleocin T®
Clindagel®
clindamycin/benzoyl peroxide 1%/5%
clobazam
Clobex®
Cloderm®
clovique
Coagadex®
Colcrys®
Colestid®
Cometriq™
Comtempla XR ODT™
Concerta®
Conjupri®
Contour® Glucometer
Contour® Next Test Strips
Contour® Test Strips

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Contrave ER®
Conzip™
Cordran®
Coreg®
Coreg® CR
Corifact®
Corlanor®
Cosentyx™
Cotellic™
Cozaar®/Hyzaar®
Cresemba®
Crestor®
Cuprimine®
Cutivate®
cyclobenzaprine ER
Cystadrops®
Cystaran™
Daklinza™
Daypro®
Daytrana™
Dayvigo™
DDAVP®
deferasirox tab/granules
deferiprone tab
Delatestryl®
Demerol®
Desonate®
Desowen®
Desoxyn®
Detrol®
Detrol® LA
dexchlorpheniramine soln
Dexedrine®
Dexilant™
Dexlansoprazole
D.H.E.® 45
Diabetic test strips[2]
Dibenzyline®
Diclegis®
Diclofenac cap 35mg
diclofenac gel 3%
diethylpropion HCL
Differin®
Diflucan® susp/tab
dihydroergotamine
Dilaudid®
Diovan® (HCT)
Ditropan XL®
Dojolvi™
Dolophine®
Doral®
Doryx® DR
doxepin tablet
doxycycline DR 40 mg
Doxycycline Hyclate DR 80mg
Doxycycline Hyclate Tab 50mg
doxylamine-pyridoxine
Drizalma Sprinkle™
droxidopa
Duac®
Duaklir®
Duetact®
Dulera®
Duobrii™
Dupixent®
Duragesic®
Durlaza®
Duzallo®
Dyanavel XR™
Dymista®
EC-Naprosyn®
Ecoza™
Edarbi™
Edarbyclor™
Edex®
Edluar™
Effexor XR®
Effient®
Elepsia™ XR
Elidel®
Elmiron®
Eloctate™
Elyxyb™
Embeda®
Emflaza™
Emgality®
Empaveli™ Inj
Enbrel®
Endari™
Enspryng™
Entocort® EC
Entresto™
Epclusa®
Epidiolex®
Eprontia™
Erivedge™
Erleada®
erlotinib
Ertaczo®
Esbriet®
Esgic® cap/tab
esomeprazole
esomeprazole granules
Esperoct®
Estrace® Cream
eszopiclone 3mg
Eucrisa™
Eulexin®
Evekeo™
everolimus (generic for Afinitor)
Evista®
Evoclin® foam
Evoxac®
Evrysdi™
Evzio™
Exalgo™
Exelderm®
Exforge® (HCT)
Exjade®
Exkivity™
Extavia®
Extina®
ezetimibe/rosuvastatin
Ezzalor™ Sprinkle Cap
Fabior®
Factive®
Fanapt™
Farydak®
Fasenra®
febuxostat
Feiba®
Felbatol®
Femring®
fentanyl citrate-OTFC
Fentanyl citrate tablet
fentanyl transdermal
Fentora®
Ferriprox®
Fetzima™
Fiasp®
Fintepla®
Fioricet® Cap
Fioricet® with Codeine
Fiorinal® with Codeine
Firazyr®
Flector® patch
Flomax®
Focalin® XR
ForFivo XL®
Fortamet®
Forteo™
Fortesta™
Fotivda®
Freestyle test strips/ glucometer
Frova®
Fulyzaq™
Fuzeon®
Gattex®
Gavreto®
Gelnique®
Gemtesa®
Genotropin®
Gilenya®
Gilotrif™
Gimoti™
Gleevec®
Gloperba®
Glucagen® Hypokit®
Glucagon Emergency Kit (Lilly)
Glucotrol® XL
Gocovri®
Golytely®
Gonal-f®
Gralise™
Grastek®
Gvoke™ HypoPen®
Gvoke™ PFS Inj
Haegarda®
Halcion®
Halog®
Harvoni™
Helixate® FS
Hemlibra® Soln
Hemmorex-HC® Supp
Hemofil® M
Hetlioz™
Horizant™
Humalog®
Humate-P®
Humatrope®
Humira®
Humulin®
Hycamtin®
hydrocodone ER
hydromorphone ER
Hysingla™
Ibrance®
Ibudone®
icatibant inj
Iclusig™
Idelvion®
Idhifa®
imatinib mesylate
Imbruvica™
Imcivree™
imiquimod cream/pump
Imitrex®
Impeklo™
Impoyz™
Inbrija®
Increlex®

(continued)

Inderal® LA
indomethacin 20mg
Ingrezza™
Inlyta®
Innopran® XL
Inqovi®
Inrebic®
Inspra®
insulin aspart
insulin aspart protamin
insulin glargine
insulin lispro
insulin lispro inj junior
insulin lispro inj protamin
Intermezzo®
Intrarosa®
Intuniv™
Invega™
Invokamet® [XR]
Invokana®
Iressa®
Isturisa®
Ixinity®
Jadenu™ tab/granules
Jakafi™
Jalyn™
Jatenzo®
Jentadueto™
Jornay™ PM
Jublia®
Juxtapid™
Jynarque®
Kadian®
Kalydeco™
Kapvay®
Katerzia™
Kazano®
Kenalog™
Keppra®
Kerendia®
Kerydin™
ketoprofen cap
Ketorolac Tromethamine
Keveyis™
Kevzara®
Khedezla®
Kineret®
Kisqali™
Kitabis® Pak Neb
Klisyri®
Klonopin®
Koate®-DVI
Kogenate® FS
Korlym™
Koselugo™
Kuvan®
Kynamro®
Kynmobi™ Mis/Kit
Lamictal® (ODT)
Lansoprazole Solutab
lapatinib
Lastacaft®
Latuda®
Lazanda®
ledipasvir-sofosbuvir
Lenvima™
Lescol® XL
Letairis®
Levemir®
Levitra®
levothyroxine cap
Lexapro®
Lexette®
Librax®
Licart™
Lidoderm®
Lipitor®
Livalo®
Livmarli®
Livtencity™
Locoid®
Locoid® lipocream
Lomaira™
Lonhala™ Magnair™
Lonsurf®
Loprox®
Lorbrena®
Loreev XR™
Lortab®
Lorzone®
Lotrel®
Lotronex®
Lovaza®
lubiprostone
Lucemyra™
Luliconazole
Lumakras™
Lunesta®
Lupkynis™
Luxiq®
Luzu®
Lybalvi®
LymePak™
Lynparza™
Lyrica® Cap
Lyrica® CR
Lyrica® Soln
Lyumjev™
Mavenclad®
Mavyret™
Maxalt® (MLT)
Mekinist®
meloxicam cap
Menopur®
metaxolone tab
methadone
Methitest™
methylphenidate ER (XR)
methyltestosterone
Micardis® (HCT)
Miconazole-zinc oint
miglustat
Migranal®
Millipred®
Minivelle®
Minocin®
minocycline ER cap
Mitigare®
Mobic®
modafinil
mometasone furoate
Monoclate-P®
Monodox®
Mononine®
Monurol®
MorphaBond™ ER
morphine ER
Motegrity™
Movantik®
MoviPrep®
MS Contin®
Muse®
Myalept™
Mycapssa®
Mydayis™
Myfembree®
Mysoline™
Mytesi™
Nalfon®
Nalocet®
Naprelan®
Naprosyn®
naproxen sodium ER 750mg
Nascobal®
Nasonex®
Natesto™
Natpara®
Nayzilam®
Nerlynx™
Nesina®
Nestabs® One
Neupro®
Neurontin®
Nexavar®
Nexium®
Nexletol™
Nexlizet™
Niaspan® ER
Ninlaro®
nitisinone
Nityr®
Noctiva™
Non Preferred Diabetic Meters
Norco®
Norditropin®
Norgesic™ Forte
Northera™
Norvasc®
Nourianz™
Novoeight®
Novolin® Relion
Novolog® Relion
Novoseven® RT
Noxafil®
Nubeqa™
Nucala® Soln
Nucynta®
Nucynta ER®
Nuedexta™
Nulibry™
Nulytely®
Nuplazid™
Nurtec™ chw ODT
Nutropin® (AQ)
Nuvessa™
Nuvigil®
Nuwiq®
Obizur®
Ocaliva™
Odactra® SL
Odomzo®
Ofev®
Olumiant®
Olux®[E]
Omnaris®
Omnitrope®
Onfi®
Ongentys®
Onmel™
Onureg®
Onzetra Xsail™
Opana®
Opana ER®
Opsumit®
Opzelura™
Oracea®
Oralair®
Orencia® SQ

(continued)

Orenitram™
Orfadin®
Orgovyx™
Oriahnn®
Orilissa®
Orkambi™
Orladeyo™
orphenadrine-asa-caffeine
Orphengesic® Forte
Ortikos™
Oseni®
Osmoprep®
Otezla™
Otrexup™
Oxaydo®
Oxbryta™
oxiconazole nitrate
Oxistat®
Oxtellar® XR
oxycodone/
acetaminophen
oxycodone/APAP tab
oxycodone ER
Oxycontin®
oxymorphone ER
Oxytrol® Patch
Ozobax™
Palforzia™ cap/powder
Pamelor™
Pancreaze®
Pandel®
pantoprazole pak
Patanase®
Pemazyre™
penicillamine capsule
Penlac®
Pennsaid®
Pepcid®
Percocet®
phendimetrazine tartrate
Phoslyra®
Picato®
Piqray®
Plaquenil®
Plavix®
Plenvu®
Pogo Automatic®
Mis Monitor
Pogo Automatic®
Test Cartridge
Pomalyst®
Ponvory™
Praluent®
Pramosone®
Precision Glucometer
Precision XTRA®
Test Strips
Pred Forte®
pregabalin ER tab
Pretomanid®
Prevacid®
Prilosec®
Primlev™
Pristiq™
ProAir®Digihaler™
Proctocort® Supp 30mg
Procysbi®
Profilnine®
Prolate™
Promacta®
Protonix®
Protopic®
Proventil® HFA
Provigil®
Prozac®
Pulmicort Respules®
Qdolo®
Qelbree™
Qinlock™
Qnasl™
Qsymia® ER
Qtern®
Qualaquin®
Qudexy® XR
Questran® Light
Questran® Packet/Powder
Qulipta™
QuilliChew ER™
Quillivant XR™
quinine sulfate
Qvar RediHaler®
rabeprazole
Ragwitek™
Rapaflo®
Rasuvo™
Ravicti™
Rayaldee®
Rayos®
Rebif® Rebidose®
Rebinyn®
Recombinate™
RediTrex®
Regimex®
Regranex®
Relafen™
Relafen™DS
ReliOn®
Relistor®
Relpax®
Reltone™
Repatha™
Rescula®
Restoril®
Retevmo™
Retin-A® (Micro)
Revatio™
Revlimid®
Rexulti®
Reyvow™
Rezurock™
Riastap®
Rinvoq™
Ritalin® LA
Rixubis™
Roszet®
Roxicodone®
Rozerem®
Rozlytrek™
Rubraca®
Ruconest®
rufinamide
Rukobia®
Ruzurgi®
Ryclora™
Rydapt®
Rytary™
Rythmol SR®
Sabril®
Saizen®
sajazir inj
Samsca™
Saphris®
sapropterin pow/tab
Saxenda®
Scemblix®
Secuado®
Segluromet®
Semglee™
Sensipar®
Sernivo™
Serostim®
Sertraline Caps
Sevenfact®
Signifor®
sildenafil
Silenor®
Siliq™
Simponi™
Singulair®
Sirturo™
Sivextro™
Skelaxin®
Skyrizi™
Skytrofa®
sofosbuvir-velpatasvir
Solaraze® Gel
Solodyn®
Solosec®Gra
Somavert®
Sonata®
Sovaldi™
Sprix®
Sprycel®
Staxyn™
Steglatro™
Steglujan™
Stelara®
Stendra™
Stivarga®
Strattera™
Strensiq™
Striant®
Subsys®
Sucraid®
sulconazole
sumatriptan/naproxen
sunitinib
Sunosi™
Sutent®
Sylatron™
Symdeko®
Symlin®
Sympazan™ Film
Synalar®
Syprine®
Tabrecta™
tadalafil (generic Adcirca)
Tafinlar®
Tagrisso™
Taltz Autoinjector®
Tanzeum™
Tarceva®
Targadox™
Targretin®
Tasigna®
tavaborole soln 5%
Tavneos®
tazarotene
Tazorac®
Tazverik™
Tecfidera®
Technivie™
Tegretol® [XR]
Tekturna® (HCT)
Temodar® Oral
temozolomide

(continued)

Tenoretic®
Tenormin®
Tepmetko®
Teriparatide® inj
Testim®
testosterone enanthate
testosterone topical
Texacort®
Thalomid®
Thyquidity™
Tirosint®
Tivorbex®
Tobi® Neb
tolvaptan
Topamax® Sprinkle
Topamax® tab
Topicort®
topiramate ER sprinkle
Tosymra™
Toviaz™
Tracleer®
Tradjenta™
Tremfya™
Tresiba®
tretinoin caps
Tretten®
Treximet™
triamcinolone 0.05% ointment
Trianex®
Tribenzor®
trientine
Trikafta™
Trileptal® tab/susp
Trilipix®
Trintellix®
Tritocin™
Trokendi®XR
Trudhesa™
Trulance™
Truseltiq™
Tudorza® Pressair®
Tukysa™
Turalio™
Twynsta®
Tykerb®
Tylenol® w/Codeine
Tymlos™
Tyvaso®
Ubrelvy™
Uceris®
Ukoniq®
Uloric®
Ultracet®
Ultram®
Ultravate®
Upneeq®
Uptravi®
Uroxatral®
Urso® [Forte]
Ursodiol cap
Utibron™ Neohaler
Vagifem®
Valchlor™
Valium®
Valtoco®
Valtrex™
vardenafil [ODT]
Vascepa®
Vasotec®
Vecamyl™
Veltin™
Venclexta®
Ventavis®
Ventolin® HFA
Verdeso®
Verelan® ER, PM
Verquvo®
Verzenio™
Vesicare®
Viagra®
Viberzi™
Vibramycin®
Viekira Pak™
vigabatrin tab/packet
vigadrone
Viibryd®
Vivelle Dot®
Vivlodex™
Vogelxo®
Voltaren XR®
Vonvendi
Vosevi™
Votrient™
Voxzogo™
Vraylar™
Vuity™
Vusion®
Vyleesi™
Vyndamax®
Vyndaqel®
Vytorin™
Vyzulta™
Wakix®
Wegovy™ Inj
Welchol®
Welireg™
Wellbutrin® XL
Wilate®
Winlevi®
Wynzora®
Xadago™
Xalkori®
Xanax®
Xcopri® pak/tab
Xeljanz® [XR]
Xenazine™
Xenical®
Xerese®
Xermelo™
Xhance™ MIS 93mcg
Xifaxan®
Xiidra™
Ximino ER™
Xodol®
Xolair®
Xolegel®
Xopenex HFA®
Xpovio™ Pak
Xtampza® XR
Xtandi®
Xultophy®
Xuriden™
Xyntha®
Xyrem®
Xywav™
Zavesca®
Zebutal®
Zejula™
Zelboraf®
Zelnorm®
Zembrace Symtouch™
Zenzedi®
Zepatier™
Zerviate™
Zestril®
Zetia®
Zetonna™
Ziana®
zileuton ER tab
Zilxi™
Zioptan™
Zipsor™
Zmax™
Zocor®
Zohydro® ER
Zokinvy®
Zolinza®
zolmitriptan spray
Zoloft®
Zolpidem 10mg
Zolpidem ER 12.5mg
Zolpidem SL 3.5mg
Zomacton™
Zomig® (ZMT)
Zomig Nasal Spray
Zonegran®
Zorbtive™
Zorvolex®
Ztlido™
Zurampic®
Zyclara™ cream/pump
Zydelig®
Zykadia™
Zyloprim®
Zypitamag™
Zytiga™
Zyvox®

[1] All brand prenatal vitamins require prior authorization.

[2] All diabetic test strips require prior authorization except for OneTouch®.

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

[+] Prescription claims exceeding the dollar limit threshold of $10,000 per claim

(continued)

Reading the formulary drug list

How can I tell if a drug is generic or brand?
The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications start with an uppercase letter and are written in bold. Generic medications are shown in lowercase and in italic.

Brand name Drug	Starts with UPPERCASE in Bold	Ex: Augmentin
Generic drug	*Lowercase italic*	*Ex: avidoxy*

Tier information

Tiers are the different cost levels you pay for a medication. Each drug on the formulary is in a tier. Below is a reference guide to use as you review your formulary to see the abbreviation for each drug tier on the formulary list.

Drug Tier	Abbreviation
Generic	G
Non-preferred Drug	NPD
Specialty Drug	SP
Low-cost Generic	LCG
Preferred Brand	PB
$0 Preventive Drug	ACA

Drug list requirements and/or limits
Some medications are noted with letters next to them to help you see which drugs may have coverage requirements and/or limits. Below is a reference guide to use as you review your formulary to see the abbreviation for each requirement/limit on the formulary list.

Requirements/Limits	Abbreviation
Prior Authorization	PA
Quantity Limits Apply	QL
Age Limit	AL
Limited Distribution Drug	LDD
Day Supply Limit	5DS
Requires Rider	R
Quantity Over time	Q/T
Morphine Milligram Equivalent	MME

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
ANTIBIOTICS & OTHER DRUGS USED FOR INFECTION		
abacavir sulfate tab, soln	G	
abacavir sulfate/ lamivudine	G	
abacavir/ lamivudine/ zidovudine	G	
Acticlate	NPD	AL, PA
acyclovir	LCG	
acyclovir 5% cream	G	QL
adefovir dipivoxil	G, SP	
Aemcolo DR	NPD	QL
albendazole	G	
Alinia	NPD	QL
Altabax	NPD	PA
amoxicillin	G	
Amoxicillin 775mg	PB	
amoxicillin/ clavulanate	G	
amoxicillin/ clavulanate extended-release	G	
ampicillin	G	
Amzeeq	NPD	PA
Ancobon	NPD	
Arakoda	NPD	
Arikayce	NPD, SP	PA
atazanavir	G	
atovaquone	G	
atovaquone/ proguanil	G	
Atripla	NPD	
Augmentin	NPD	
Augmentin XR	NPD	
Avelox	NPD	
avidoxy	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
azithromycin	G	
Bactrim, Bactrim DS	NPD	
Baraclude	NPD, SP	
Baxdela	NPD	QL
Benznidazole	NPD	
Bethkis Neb	NPD, SP	PA
Biaxin	NPD	
Biktarvy	NPD	
Biltricide	NPD	
Brexafemme	NPD	PA, QL
cefaclor	G	
cefaclor ER	G	
cefadroxil	G	
cefdinir	G	
cefixime susp/cap	G	
ceftibuten	G	
Ceftin	NPD	
cefuroxime axetil	G	
cephalexin	G	
chlorhexidine gluconate soln	LCG	
chloroquine phosphate	G	
Cimduo	NPD	
Cipro	NPD	
Cipro XR	NPD	
ciprofloxacin	LCG	
ciprofloxacin ER tabs	G	
clarithromycin	G	
clarithromycin ER	G	
Cleocin	NPD	PA
Clindesse Cream	NPD	
clotrimazole troches	G	
Combivir	NPD	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **G** = Generic **Q/T =** Quantity Over Time
PB = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug **MME** = Morphine Milligram Equivalent
+ = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Complera	PB	
Cresemba	NPD	PA, QL
Crixivan	PB	
Daklinza	NPD, SP	PA, QL, Q/T
dapsone tab	G	
Daraprim Tab	NPD, SP	
Daxbia	NPD	
Depen Titrate	PB, SP	
Delstrigo	NPD	
demeclocycline	G	
dicloxacillin	G	
didanosine	G	
Dificid tab/susp	NPD	QL
Diflucan tab/ susp	NPD	PA
Doryx 50mg DR tablet	NPD	PA
Doryx 200mg DR tablet	NPD	PA, QL
Dovato	NPD	
doxycycline DR 40mg	G	PA
Doxycycline hyclate tab 75mg, 150mg	NPD	AL
Doxycycline hyclate tab 50mg	NPD	PA
Doxycycline hyclate tab DR 50mg, 100mg	NPD	
Doxycycline hyclate tab DR 75mg, 150mg	NPD	AL
Doxycycline hyclate tab DR 200mg	NPD	QL, QT
Doxycycline hyclate DR 80mg	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
doxycycline monohydrate 50mg, 75mg, 100mg tab	G	
doxycycline monohydrate cap 50mg, 100mg	G	
Doxycycline monohydrate cap 75mg, 150mg	NPD	AL
Doxycycline monohydrate tab 150mg	NPD	AL
Edurant	PB	
E.E.S.	NPD	
efavirenz	G	
efavirenz-emtricitab-tenofovir tab	G	
efavirenz-lamivudine-tenofovir tab	G	
Egaten 250mg tablet	NPD	
emtricitabine cap	G	
emtricitabine-tenofovir disoproxil fumarate tab 100-150mg, 133-200mg, 167-250mg	G	
emtricitabine-tenofovir disoproxil fumarate tab 200-300mg	G, ACA	QL
Emtriva	NPD	
Emverm	NPD	QL
entecavir	G, SP	
Epclusa	PB, SP	PA, QL, Q/T
Epivir	NPD	
Epzicom	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
EryPed	NPD	
Ery-Tab	NPD	
Erythrocin	NPD	
erythromycin delayed release	G	
erythromycin ethylsuccinate	G	
erythromycin stearate	G	
ethambutol	G	
etravirine	G	
famciclovir	G	
Firvanq Soln	NPD	AL
Flagyl	NPD	
fluconazole suspension/tabs	G	
flucytosine	G	
Flumadine	NPD	
fosamprenavir calcium tab	G	
fosfomycin pow	G	
Fuzeon	NPD	PA
griseofulvin microsize	G	
griseofulvin ultramicrosize	G	
Gris-PEG	NPD	
Harvoni	PB, SP	PA, QL, Q/T
Hepsera	NPD, SP	
Hiprex	NPD	
Humatin	NPD	
hydroxychlor-oquine	G	
Impavido	NPD	Q/T
Intelence	NPD	
Invirase	PB	
Isentress	PB	
isoniazid	G	
itraconazole	G	
ivermectin	G	
Juluca	NPD	
Kaletra Tabs/ Soln	NPD	
Kalydeco Tabs/ Pack	NPD, SP	PA, LDD
Keflex	NPD	
ketoconazole tab	G	
Krintafel	NPD	
Lamisil Tabs	NPD	
lamivudine tablet 150mg, 300mg	G	
lamivudine 100mg tab	G, SP	
lamivudine/ zidovudine	G	
Lampit tab	NPD	
ledipasvir-sofosbuvir tablet 90-400mg	NPD, SP	PA, QL
Levaquin	NPD	
levofloxacin	G	
Lexiva	NPD	
linezolid	G	QL
Livtencity	NPD	PA, QL
lopinavir/ ritonavir	G	
Luliconazole cream	NPD	PA
Lymepak	NPD	PA
Macrodantin	NPD	
Malarone	NPD	
Mavyret	PB, SP	PA, QL, Q/T
mefloquine	G	
Mepron	NPD	
methenamine hippurate	G	
metronidazole	LCG	
Minocin	NPD	PA
minocycline caps	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Minocycline ER cap	NPD	Q/T, PA
minocycline ER tablet	G	Q/T
minocycline tablet	G	
Minolira	NPD	PA, Q/T
moderiba	G, SP	
Mondoxyne NL 75mg cap	NPD	AL, Q/T
Monurol Pak Granules	NPD	PA
Moxatag	NPD	
moxifloxacin hcl	G	
Myambutol	NPD	
Mycobutin	NPD	
Mytesi	NPD	PA
Nebupent INH	NPD	
nevirapine	G	
nevirapine ER	G	
nitazoxanide	G	QL
nitrofurantoin macrocrystals	G	
nitrofurantoin susp	G	AL
Norvir powder	PB	
Norvir tablet	NPD	
Noxafil	NPD	PA, QL
Nuvessa gel	NPD	PA
Nuzyra	NPD	QL
Onmel	NPD	PA
Oracea	NPD	PA
Orkambi tablet/ packet	NPD, SP	PA, LDD
oseltamivir caps/ soln	G	QL
Pegasys	NPD, SP	
PegIntron	NPD, SP	
penicillin v potassium tablet	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
pentamidine INH	G	
Pifeltro	NPD	
Plaquenil	NPD	PA
posaconazole	G	QL
praziquantel	G	
Pretomanid	NPD	PA
Prevymis	NPD, SP	
Prezista	PB	
pyrimethamin	G, SP	
Qualaquin	NPD	PA
quinine sulfate	G	PA
Relenza	NPD	QL, AL
Retrovir	NPD	
Reyataz	NPD	
Rezurock	NPD, SP	PA, QL
ribasphere ribapak 200mg & 400mg/ 400mg & 600mg	G, SP	
rifabutin	G	
Rifadin	NPD	
rifampin	G	
rimantadine	G	
ritonavir	G	
Rukobia	NPD	PA
Selzentry	PB	
Seysara	NPD	Q/T, PA
Sirturo	NPD	PA
Sitavig	NPD	QL
Sivextro	NPD	PA, QL
Sklice Lot 0.5%	NPD	
Sofosbuvir-velpatasvir tablet 400-100mg	NPD, SP	PA, QL
Solodyn	NPD	PA, QL, Q/T
Solosec GRA	NPD	PA
Sovaldi	NPD, SP	PA, QL, Q/T
Sporanox	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
SSKI Solution	NPD	
stavudine	G	
Stribild	PB	
Stromectol	NPD	
sulfamethox-azole/tmp	LCG	
Suprax Susp 100mg/5ml, 200mg/5ml	NPD	
Sustiva	NPD	
Symfi	NPD	
Symfi-Lo	NPD	
Symtuza	NPD	
Talicia	NPD	
Tamiflu	NPD	QL
Targadox	NPD	PA
Technivie	NPD, SP	PA, QL, Q/T
Temixys	NPD	
tenofovir	G	
terbinafine tabs	LCG	
Tindamax	NPD	
tinidazole	G	
Tivicay PD	NPD	
Tobi Neb Solution	NPD, SP	PA
Tobi Podhaler Cap	NPD, SP	
tobramycin nebulization soln.	G, SP	
Tolsura	NPD	
Trikafta	NPD, SP	PA
Triumeq	PB	
Trizivir	NPD	
Truvada	NPD	
valacyclovir tab	G	
Valcyte	NPD	
valganciclovir	G	
Valtrex	NPD	PA
vancomycin	G	
Vemlidy	NPD, SP	
Vfend	NPD	
Vibramycin	NPD	PA
Videx EC	NPD	
Viekira Pak	NPD, SP	PA, QL, Q/T
Viekira XR	NPD, SP	PA, QL, Q/T
Viramune	NPD	
Viramune XR	NPD	
Vocabria	NPD	
Viread	NPD	
voriconazole	G	
Vosevi	PB, SP	PA, QL, Q/T
Xenleta	NPD	QL
Xepi Cream 1%	NPD	PA
Xifaxan 200mg	NPD	QL
Xifaxan 550mg	NPD	PA, QL, Q/T
Ximino ER	NPD	PA, Q/T
Xofluza Tab	NPD	QL
Xofluza therapy pack	NPD	Q/T
Zepatier	NPD	PA, QL, Q/T
Zerit	NPD	
Ziagen	NPD	
zidovudine	LCG	
Zithromax	NPD	
Zmax	NPD	PA
Zovirax	NPD	
Zyvox	NPD	PA, QL
CANCER & ORGAN TRANSPLANT DRUGS		
abiraterone	G, SP	PA
Afinitor	NPD, SP	PA
Alecensa	NPD, SP	PA
Alkeran	NPD, SP	
Alunbrig tab/pak	NPD, SP	PA
anastrazole	G	

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Arimidex	NPD	
Aromasin	NPD	
Ayvakit	NPD, SP	PA, QL
Azasan	NPD	
azathioprine	G	
Balversa	NPD, SP	PA
Benlysta	NPD, SP	PA
Besremi	NPD, SP	PA
bexarotene	G, SP	PA
bicalutamide	G	
Bosulif	NPD, SP	PA
Braftovi	NPD, SP	PA
Brukinsa	NPD, SP	PA
Cabometyx	NPD, SP	PA
Calquence	NPD, SP	PA
capecitabine	G, SP	
Caprelsa	NPD, SP	PA
Casodex	NPD	
Cellcept	NPD	
Cometriq	NPD, SP	PA
Copiktra	NPD, SP	PA
Cotellic	NPD, SP	PA, LDD
cyclophos-phamide caps	G	
Cyclophos-phamide tabs	NPD	
cyclosporine	G	
Cytoxan	NPD, SP	
danazol	G	
Danocrine	NPD	
Daurismo	NPD, SP	PA
Deltasone	NPD	
Emcyt	NPD	
Erivedge	NPD, SP	PA
Erleada	NPD, SP	PA
erlotinib	G, SP	PA
etoposide	G, SP	
Eulexin	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
everolimus (generic for Afinitor)	G, SP	PA
everolimus (generic for Zortress)	G	
exemestane	G	
Exkivity	NPD, SP	PA
Fareston tab	NPD	
Farydak	NPD, SP	PA, LDD
Femara	NPD	
flutamide	G	
Fotivda	NPD, SP	PA
Gavreto	NPD, SP	PA
Gilotrif	NPD, SP	PA
Gleevec	NPD, SP	PA
Gleostine	NPD, SP	
Hexalen	NPD	
Hycamtin	NPD, SP	PA
Hydrea	NPD	
hydroxyurea	G	
Ibrance	NPD, SP	PA, LDD
Iclusig	NPD, SP	PA
Idhifa	NPD, SP	PA
imatinib mesylate	G, SP	PA
Imbruvica	NPD, SP	PA
Imuran	NPD	
Inlyta	NPD, SP	PA
Inqovi tab	NPD, SP	PA
Inrebic	NPD, SP	PA
Iressa tab	NPD, SP	PA
Kisqali	NPD, SP	PA, LDD
Koselugo	NPD, SP	PA
lapatinib	G, SP	PA
Lenvima	NPD, SP	PA, LDD
letrozole	G	
leucovorin calcium	G	
Leukeran	PB	

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leuprolide	G, SP	
Lonsurf	NPD, SP	PA
Lorbrena	NPD, SP	PA
Lumakras	NPD, SP	PA
Lupkynis	NPD, SP	PA, QL
Lynparza	PB, SP	PA
Lysodren	NPD	
Matulane	PB, SP	
Mavenclad pak	NPD, SP	PA
Megace	NPD	
megestrol	G	
megestrol acetate	G	
Mekinist	NPD, SP	PA
Mektovi	NPD, SP	PA
melphalan	G, SP	
mercaptopurine	G	
Mesnex	NPD, SP	
methotrexate tab	G	
mycophenolate	G	
mycophenolic acid	G	
Myfortic	NPD	
Myleran	NPD	
Neoral	NPD	
Nerlynx	NPD, SP	PA
Nexavar	NPD, SP	PA
Nilandron	NPD, SP	
nilutamide	G, SP	
Ninlaro	NPD, SP	PA
Nubeqa	NPD, SP	PA
Odomzo	NPD, SP	PA
Onureg	NPD, SP	PA
Orgovyx	NPD, SP	PA
Ortikos ER Cap	NPD	PA
Pemazyre	NPD, SP	PA
Piqray	NPD, SP	PA
Pomalyst	NPD, SP	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
prednisone	LCG	
prednisone therapy pack/ solution/ concentrate	G	
Prograf cap/ packets	NPD	
Protopic	NPD	PA
Purixan	NPD, SP	
Qinlock tab	NPD, SP	PA
Rapamune 1mg/ml Sol	NPD	
Rapamune tab	NPD	
RediTrex Inj	NPD	PA
Retevmo cap	NPD, SP	PA
Revlimid	NPD, SP	PA
Rozlytrek	NPD, SP	PA
Rubraca	PB, SP	PA
Rydapt	NPD, SP	PA
Sandimmune, Neoral	NPD	
Scemblix	NPD, SP	PA, QL
Siklos	NPD	
sirolimus tab/ soln	G	
Sprycel	NPD, SP	PA
Stivarga	NPD, SP	PA
sunitinib	G, SP	PA
Sutent	NPD, SP	PA
Tabloid	NPD	
Tabrecta tab	NPD, SP	PA
tacrolimus	G	
Tafinlar	NPD, SP	PA
Tagrisso	NPD, SP	PA
Talzenna	NPD, SP	PA
tamoxifen 10mg	G	
Tarceva	NPD, SP	PA
Targretin cap	NPD, SP	PA
Tasigna	NPD, SP	PA

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Tazverik 200mg	NPD, SP	PA
Temodar	NPD, SP	PA
temozolomide	G, SP	PA
Tepmetko	NPD, SP	PA
Thalomid	NPD, SP	PA
thioguanine	G	
Tibsovo	NPD, SP	PA
toremifene tab	G	
tretinoin caps	G, SP	PA
Trexall tab	NPD	
Truseltiq	NPD, SP	PA
Tukysa	NPD, SP	PA
Turalio	NPD, SP	PA
Tykerb	NPD, SP	PA
Ukoniq	NPD, SP	PA
Valchlor	NPD, SP	PA
Venclexta	NPD, SP	PA
Verzenio	NPD, SP	PA
Vitrakvi	NPD, SP	PA
Vizimpro	NPD, SP	PA
Votrient	NPD, SP	PA
Welireg	NPD, SP	PA
Xalkori	NPD, SP	PA
Xatmep	NPD	AL
Xeloda	NPD, SP	
Xospata	NPD, SP	PA
Xpovio Pak	NPD, SP	PA
Xtandi	NPD, SP	PA, LDD
Yonsa	NPD, SP	PA
Zejula	PB, SP	PA, LDD
Zelboraf	NPD, SP	PA, LDD
Zolinza	NPD, SP	PA, LDD
Zortress	NPD	
Zydelig	NPD, SP	PA, LDD
Zykadia	NPD, SP	PA, LDD
Zytiga	NPD, SP	PA, LDD

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
PAIN, NERVOUS SYSTEM, & PSYCH		
Abilify	NPD	PA
Abilify Mycite	NPD	PA
Abilify Mycite Tab Maintenance/ Starter Pak	NPD	PA
Abstral	NPD	PA, QL, MME
acamprosate DR tab 333mg	G	
acetaminophen/ codeine	LCG	AL, QL, 5DS, MME
Actiq	NPD	PA, QL, MME
Adderall	NPD	PA, QL
Adderall XR	NPD	QL
Adhansia XR Capsule	NPD	PA, QL
Adipex-P	NPD	PA, R
Adzenys ER Susp	NPD	PA, QL
Adzenys XR ODT	NPD	PA, QL
Aimovig	PB	PA
Ajovy	PB	PA
Allzital 25-325mg	NPD	PA, QL, 5DS
almotriptan maleate	G	QL, AL
alprazolam	LCG	AL
alprazolam ER	G	AL
amantadine	G	
Ambien	NPD	PA, QL
Ambien CR	NPD	PA, QL
Amerge	NPD	PA, QL, AL
amitriptyline hcl	G	
amoxapine	G	
amphetamine aspartate/ amphetamine sulfate/dextro-amphetamine	G	QL

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amphetamine aspartate/ amphetamine sulfate/dextro-amphetamine ER	G	QL
amphetamine tablet	G	QL
amphetamine tablet (generic Evekeo)	G	PA, QL
Amphetamine ER suspension	NPD	PA, QL
Anafranil	NPD	
Antabuse	NPD	
Apadaz	NPD	PA, QL, 5DS, MME
Aplenzin	NPD	PA
Apokyn Solution Cartridge 30 mg/3ml	NPD, SP	PA
Apo-Varenicline	NPD, ACA	QL
Aptensio XR	NPD	PA, QL
Aptiom	NPD	PA
Aricept	NPD	PA, AL
aripiprazole	G	
armodafinil	G	PA
Arymo ER	NPD	PA, QL, MME
asenapine tab sub	G	
Ativan	NPD	PA, AL
atomoxetine	G	QL
Aubagio	NPD, SP	
Austedo	NPD, SP	PA
Avonex	PB, SP	QL
Axert	NPD	PA, QL, AL
Azilect	NPD	
Azstarys	NPD	PA, QL
Banzel	NPD	PA
Banzel Susp	NPD	PA
Belbuca	PB	PA, QL, MME
Belsomra	NPD	PA, QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Belviq [XR]	NPD	PA, R
benzphetamine	G	R, PA
Benzhydro-codone-aceta-minophen	NPD	PA, QL, 5DS, MME
benztropine	G	
Betaseron	PB, SP	QL
Brisdelle	NPD	
Briviact	NPD	PA
Briviact soln	NPD	PA, AL
bromocriptine mesylate	G	
Bunavail	NPD	QL
buprenorphine hcl/naloxone hcl	G	QL
buprenorphine patch	G	PA, QL, MME
buprenorphine SL	G	QL
bupropion	G	
bupropion ER 150mg	G	QL
Bupropion ER 450mg	NPD	PA
bupropion SR	G	
bupropion XL	G	
Buspar	NPD	
buspirone	G	
Butalbital-acetaminophen 25-325mg	NPD	QL, 5DS
Butalbital-acetaminophen 50-300mg	NPD	PA, QL, 5DS
butalbital/apap/ caffeine	G	QL, 5DS
butalbital/apap/ caffeine/codeine	G	QL, 5DS, AL, MME
butalbital/ aspirin/caffeine/ codeine	G	QL, 5DS, AL, MME
butorphanol tartrate nasal	G	QL, 5DS, AL, MME

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Butrans	NPD	PA, QL, MME
Cafergot	NPD	
Caplyta	NPD	PA
carbamazepine	G	
carbamazepine susp	G	AL
carbamazepine XR	G	
Carbatrol	NPD	PA
carbidopa	G	
carbidopa/ levodopa	G	
carbidopa/ levodopa ER	G	
carbidopa/ levodopa ODT	G	
carbidopa/ levodopa/ entacapone	G	
carisoprodol-aspirin-codeine	G	QL, 5DS, AL, MME
Cataflam	NPD	PA
Celexa	NPD	
Celontin	PB	
Chantix	NPD	QL
chlordiazepoxide	LCG	AL
chlorpromazine HCl	G	
citalopram	LCG	
clobazam	G	PA
clobazam susp	G	PA, AL
clomipramine HCl	G	
clonazepam	G	
clorazepate dipotassium	G	AL
clozapine	G	
clozapine ODT	G	
Clozaril	NPD	
codeine tabs	G	QL, 5DS, AL, MME
coditussin AC liquid	G	QL, AL, 5DS, MME
Comtan	NPD	
Concerta	NPD	PA, QL
Contrave ER	NPD	PA, R
Conzip	NPD	PA, AL, QL, MME
Copaxone	PB, SP	QL
Cotempla XR ODT	NPD	PA, QL
Cymbalta	NPD	PA
Dantrium	NPD	
Dantrolene	NPD	
Daypro	NPD	PA
Daytrana	NPD	PA, QL
Dayvigo	NPD	PA, QL
Demerol	NPD	PA, QL, 5DS, MME
Depakene	NPD	
Depakote	NPD	
Depakote ER	NPD	
Depakote Sprinkle Caps	NPD	
desipramine	G	
Desoxyn	NPD	PA, QL
Desvenlafaxine ER 24 HR	PB	
Dexedrine	NPD	PA, QL
dexmethyl-phenidate ER	G	QL
dexmethyl-phenidate hcl	G	QL
dextroam-phetamine	G	QL
dextroam-phetamine ER	G	QL
D.H.E.45	NPD	PA
Dhivy	NPD	
Diacomit	NPD, SP	PA
Diastat	NPD	
diazepam tabs	LCG	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
diazepam rectal gel	G	
diazepam solution	G	
Diclofenac cap 35mg	NPD	PA
diclofenac potassium	G	
diclofenac sodium	G	
diclofenac sodium gel 1%	G	
diethylpropion	G	R, PA
diflunisal	G	
dihydrocodein/ APAP/caff	G	QL, 5DS, AL, MME
dihydrocodeine/ aspirin/caffeine	G	QL, 5DS, AL, MME
dihydroergo-tamine inj	G	PA
dihydroergo-tamine nasal spray	G	PA
Dilantin chewable tablets	PB	
Dilaudid	NPD	PA, QL, 5DS, MME
dimethyl fumarate DR cap	G, SP	
disulfiram	G	
divalproex sodium	G	
divalproex sodium ER	G	
divalproex sprinkle cap	G	
Dolophine	NPD	PA, QL, MME
donepezil hydrochloride	G	AL
Doral	NPD	PA, AL
doxepin capsule	G	
doxepin tablet	G	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Drizalma Sprinkle	NPD	PA
duloxetine	G	
Duragesic patch	NPD	PA, QL, MME
Dyanavel XR	NPD	PA, QL
Effexor XR	NPD	PA
Eldepryl	NPD	
Elepsia XR	NPD	PA
eletriptan	G	QL, AL
Embeda	NPD	PA, QL, MME
Emgality	NPD	PA, QL
endocet	G	5DS, QL, MME
entacapone	G	
Epidiolex Soln	NPD, SP	PA
Eprontia	NPD	PA
ergotamine tartrate/caffeine	G	
escitalopram	LCG	
Esgic cap/tab	NPD	PA, QL, 5DS
estazolam	G	QL, AL
eszopiclone	G	PA, QL (3mg only)
ethosuximide	G	
etodolac	G	
Evekeo [ODT]	NPD	PA, QL
Evzio	NPD	PA, QL
Exalgo	NPD	PA, QL, MME
Exelon	NPD	AL
Exservan Mis	NPD	
Extavia	NPD, SP	PA
Fanapt	NPD	PA
Fazaclo	NPD	
felbamate	G	
Felbatol	NPD	PA
Feldene	NPD	
Fenoprofen calcium	NPD	PA
fentanyl citrate OTFC	G	PA, QL, MME

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Fentanyl citrate tablet	NPD	PA, QL, MME
fentanyl transdermal	G	PA, QL, MME
Fentora	NPD	PA, QL, MME
Fetzima	NPD	PA
Fintepla sol	NPD, SP	PA
Fioricet Cap	NPD	PA, QL, 5DS
Fioricet with codeine	NPD	QL, AL, 5DS, PA, MME
Fiorinal with codeine	NPD	QL, AL, 5DS, PA, MME
fluoxetine	G	QL (Weekly Only)
fluoxetine 10mg, 20mg, 40mg	LCG	
fluoxetine soln	G	AL
fluphenazine	G	
flurazepam	G	QL, AL
flurbiprofen	G	
fluvoxamine	G	
fluvoxamine ER	G	
Focalin	NPD	QL
Focalin XR	NPD	PA, QL
ForFivo XL	NPD	PA
Frova	NPD	PA, QL, AL
Frovatriptan succinate	NPD	QL, AL
Fycompa	NPD	
gabapentin	G	
gabapentin soln	G	AL
Gabitril	NPD	
galantamine	G	AL
galantamine ER	G	AL
Geodon	NPD	
Gilenya	NPD, SP	
glatiramer acetate	G, SP	QL
glatopa	G, SP	QL
Gocovri	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Gralise Mis	NPD	PA
guaifenesin-codeine soln 10mg/5ml	G	QL, AL, 5DS, MME
guanfacine ER	G	QL
Halcion	NPD	PA, QL, AL
haloperidol	G	
Hetlioz Cap	NPD, SP	PA, QL
Hetlioz LQ Susp	NPD, SP	PA
Horizant	NPD	PA
hydrocodone ER	G	PA, QL, MME
hydrocodone/ acetaminophen	G	QL, 5DS, AL, MME
hydrocodone-homatropine tab	G	QL, 5DS, AL, MME
hydromorphone ER	G	PA, QL, MME
hydromorphone IR	G	QL, 5DS, MME
Hysingla ER	NPD	PA, QL, MME
Ibudone	NPD	QL, AL, 5DS, PA, MME
ibuprofen/ hydrocodone	G	QL, 5DS, MME, AL
Imcivree Inj 10mg/ml	NPD, SP	PA
imipramine	G	
Imitrex	NPD	AL
Inbrija	NPD, SP	PA
Indocin susp	NPD	AL
Ingrezza	NPD, SP	PA
Intermezzo	NPD	PA, QL
Intuniv	NPD	PA, QL
Invega ER tablet	NPD	PA
isometheptene/ dichloralphen-azone/apap	G	
Jakafi	NPD, SP	PA, LDD
Jornay PM Capsule	NPD	PA, QL

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Kadian ER	NPD	PA, QL, MME
Kapvay	NPD	PA, QL
Keppra	NPD	PA
Keppra XR	NPD	PA
ketoprofen	G	
ketorolac	G	
Khedezla	NPD	PA
Klonopin	NPD	PA
Kloxxado Liq	PB	QL
Kynmobi Mis	NPD, SP	PA, QL
Kynmobi Kit Titration	NPD, SP	PA
Lamictal	NPD	PA
Lamictal ODT	NPD	PA
Lamictal XR	NPD	PA
lamotrigine	G	
lamotrigine ER	G	
lamotrigine ODT	G	
Latuda	NPD	PA
Lazanda	NPD	PA, QL, MME
levetiracetam	G	
levetiracetam ER	G	
levorphanol	G	QL, 5DS, MME
Lexapro	NPD	PA
Librax	NPD	PA
Licart Dis 1.3%	NPD	PA, QL
lithium carbonate	G	
lithium carbonate ER	G	
Lithobid	NPD	
Lodine	NPD	
Lodosyn	NPD	
Lomaira	NPD	PA, R
lorazepam	LCG	AL
lorazaepam concentrate	G	AL
Loreev XR	NPD	PA
Lortab	NPD	QL, 5DS, AL, PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
loxapine	G	
Lucemyra	NPD	PA, QL, Q/T
Lunesta	NPD	PA, QL
Lybalvi	NPD	PA
Lyrica Cap	NPD	PA
Lyrica CR	NPD	PA
Lyrica soln	NPD	PA, AL
maprotiline	G	
Maxalt, Maxalt-MLT	NPD	AL, QL
Mayzent tablet, starter pak	NPD, SP	
m-clear wc soln	G	AL, QL
meclofenamate	G	
memantine	G	AL
memantine ER	G	AL
meperidine HCl	G	QL, 5DS, MME
meprobamate	G	
Mestinon syrup	NPD	AL
Mestinon tablet	NPD	
methadone	G	PA, QL, MME
Methamphet-amine	NPD	QL
methocarbamol	G	
Methylin	NPD	QL
methylphenidate	G	QL
methylphenidate ER	G	QL
methylphenidate ER (CD)	G	QL
methylphenidate ER (LA)	G	QL
Methlyphen-idate ER (XR)	NPD	PA, QL
Midrin	NPD	
Migranal	NPD	PA
Mirapex	NPD	
Mirapex ER	NPD	
mirtazapine	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
modafinil	G	PA
molindone hcl	G	
MorphaBond ER	NPD	PA, QL, MME
morphine IR	G	QL, 5DS, MME
morphine sulfate ER	G	PA, QL, MME
morphine suppositories	G	QL, 5DS, MME
MS Contin	NPD	PA, QL, MME
Mydayis	NPD	PA, QL
Mysoline	NPD	PA
nabumetone	G	
Nalfon	NPD	PA
Nalocet	NPD	PA, QL, 5DS, MME
Naloxone Injection 2mg	NPD	QL
naloxone spray	G	QL
naltrexone 50mg	G	
Namenda [XR]	NPD	AL
Namzaric	NPD	AL
naratriptan	G	QL, AL
Narcan 4mg/ actuation spray	PB	QL
Nardil	NPD	
Nayzilam	NPD	PA, QL
nefazodone	G	
Neupro Patch	NPD	PA
Neurontin	NPD	PA
Neurontin soln	NPD	PA, AL
ninjacof-XG liquid	G	QL, AL, 5DS, MME
Norpramin	NPD	
nortriptyline	G	
nortriptyline soln	G	AL
Nourianz	NPD	PA
Nucynta	NPD	QL, 5DS, MME
Nucynta ER	NPD	PA, QL, MME
Nuplazid	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Nurtec chw 75mg ODT	PB	PA, QL, AL
Nuvigil	NPD	PA
olanzapine	G	
olanzapine ODT	G	
olanzapine/ fluoxetine hcl	G	
Onfi	NPD	PA
Onfi Susp	NPD	PA, AL
Ongentys	NPD	PA
Onzetra Xsail	NPD	PA, QL, AL
Opana	NPD	QL, 5DS, PA, MME
Opana ER	NPD	PA, QL, MME
Orap	NPD	
Osmolex ER	NPD	
oxaprozin	G	
Oxaydo	NPD	PA, QL, 5DS, MME
oxazepam	G	AL
oxcarbazepine tab	G	
oxcarbazepine susp	G	AL
Oxtellar XR	NPD	PA
Oxycodone ER tablet	NPD	PA, QL, MME
oxycodone IR	G	QL, 5DS, MME
oxycodone/ acetaminophen	G	QL, 5DS, MME
Oxycodone/ acetaminophen	NPD	PA, QL, 5DS, MME
Oxycodone/ APAP 2.5-300mg, 5-300mg, 10-300mg tab	NPD	PA, QL, 5DS, MME
oxycodone/ aspirin	G	QL, 5DS, MME
oxycodone/ ibuprofen	G	QL, 5DS, MME
OxyContin	NPD	PA, QL, MME

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
oxymorphone ER	G	PA, QL, MME
oxymorphone IR	G	QL, 5DS, MME
paliperidone er tablet	G	
Pamelor	NPD	PA
Parlodel	NPD	
Parnate	NPD	
paroxetine	G	
paroxetine ER	G	
Paxil	NPD	
Paxil CR	NPD	
pentazocine-naloxone	G	QL, 5DS, MME
Percocet	NPD	QL, 5DS, PA, MME
perphenazine	G	
phendimetrazine tartrate	G	PA, R
phenelzine	G	
phenobarbital	G	
phentermine hcl	G	PA, R
Phenytek	NPD	
phenytoin	G	
pimozide	G	
piroxicam	G	
Plegridy	PB, SP	QL
Ponvory	NPD, SP	PA
pramipexole	G	
pramipexole ER	G	
pregabalin cap	G	
pregabalin ER tab	G	PA
pregabalin soln	G	AL
primidone	G	
Primlev	NPD	PA, QL, 5DS, MME
Pristiq	NPD	PA
Procentra 1mg/ml	NPD	QL
Prolate Sol 10/300MG	NPD	PA, QL, 5DS, MME

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Prolate tab	NPD	PA, QL, 5DS, MME
promethegan supp	G	
Provigil	NPD	PA
Prozac	NPD	PA
pyridostigmine	G	
pyridostigmine soln	G	AL
Qdolo Soln 5mg/ml	NPD	PA, QL, AL
Qelbree	NPD	PA, QL
Qmiiz ODT	NPD	PA
Qsymia ER	NPD	PA, R
quazepam	G	QL, AL
Qudexy XR	NPD	PA
quetiapine ER	G	
quetiapine fumarate	LCG	
Quillichew ER	NPD	PA, QL
Quillivant XR	NPD	PA, QL
Qulipta	NPD	PA, QL
ramelteon	G	QL
rasagiline	G	
Razadyne	NPD	AL
Razadyne ER	NPD	AL
Rebif Rebidose	NPD, SP	PA, QL
Regimex	NPD	PA, R
Relafen	NPD	PA
Relafen DS	NPD	PA
Relpax	NPD	PA, QL, AL
Remeron	NPD	
Remeron SolTab	NPD	
Requip	NPD	
Requip XL	NPD	
Restoril	NPD	PA, AL
Rexulti	NPD	PA
Reyvow	NPD	PA, QL, AL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Rilutek	NPD	
riluzole	G	
Risperdal, Risperdal M-Tab	NPD	
risperidone	LCG	
Ritalin LA	NPD	PA, QL
rivastigmine	G	AL
rizatriptan benzoate	G	QL, AL
Robaxin	NPD	
ropinirole	G	
ropinirole ER	G	
Roxicodone	NPD	QL, 5DS, PA, MME
Roxybond	NPD	QL, 5DS, MME
Rozerem	NPD	PA, QL
rufinamide susp 40mg/ml	G	PA
rufinamide tab	G	PA
Rytary	NPD	PA
Sabril	NPD, SP	PA
Saphris	NPD	PA
Saxenda	NPD	PA, R
Secuado Patch	NPD	PA
selegiline HCl	G	
Seroquel	NPD	
Seroquel XR	NPD	
sertraline	LCG	
Sertraline Caps 150mg, 200mg	NPD	PA
Silenor	NPD	PA
Sinemet	NPD	
Sinemet CR	NPD	
Sonata	NPD	PA, QL
Sprix Nasal Spray	NPD	PA, QL
Stalevo	NPD	
Strattera	NPD	PA, QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Suboxone Sublingual Film	NPD	QL
Subsys	NPD	PA, QL, MME
sulindac	G	
sumatriptan	G	QL, AL
sumatriptan/ naproxen	G	PA, QL
Sunosi	PB	PA
Sylatron	NPD, SP	PA
Symbyax	NPD	
Sympazan Film	NPD	PA
Tasmar	NPD	
Tecfidera	NPD, SP	PA, LDD
Tegretol susp	NPD	PA, AL
Tegretol [XR]	NPD	PA
temazepam	G	QL, AL
tetrabenazine	G, SP	PA
thioridazine	G	
thiothixene	G	
tiagabine hcl	G	
Tiglutik Susp	NPD	
Tivorbex	NPD	PA
Tofranil	NPD	
tolcapone	G	
tolmetin sodium	G	
Topamax	NPD	PA
Topamax Sprinkle Capsules	NPD	PA
topiramate	G	
topiramate sprinkle cap	G	PA
Tosymra Nasal Solution	NPD	PA, QL, AL
tramadol	LCG	QL, AL, MME
tramadol ER cap	NPD	QL, AL, MME
tramadol ER (biphasic) tablet	G	QL, AL, MME

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tramadol ER tablet	G	QL, AL, MME
tramadol/ acetaminophen	G	QL, AL, MME
Tranxene T	NPD	AL
tranycypromine sulfate	G	
trazodone	G	
Treximet	NPD	PA, QL, AL
Trezix	NPD	
triazolam	G	QL, AL
trifluoperazine	G	
trihexyphenidyl	G	
Trileptal Susp	NPD	PA, AL
Trileptal Tab	NPD	PA
trimipramine	G	
Trintellix	NPD	PA
Trokendi XR	NPD	PA
Trudhesa AER	NPD	PA, QL
trymine CG liquid	G	AL, QL, 5DS, MME
Tylenol w/ Codeine	NPD	AL, QL, 5DS, PA, MME
Ubrelvy	PB	PA, QL, AL
Ultracet	NPD	QL, AL, PA, MME
Ultram	NPD	QL, AL, PA, MME
Valium	NPD	PA
valproic acid	G	
Valtoco	NPD	PA, QL
Vanatol S/LQ	NPD	PA, QL, 5DS
varenicline	G, ACA	QL
venlafaxine	G	
venlafaxine ER	G	
vigabatrin	G, SP	PA
vigadrone	G, SP	PA
Vimpat tab, soln	NPD	
virtussin AC w/ ALC liquid	G	QL
Vivlodex	NPD	PA
Vraylar	NPD	PA
Vyvanse	PB	QL
Wakix	NPD, SP	PA, QL
Wellbutrin SR	NPD	
Wellbutrin XL	NPD	PA
Xadago	NPD	PA
Xanax	NPD	PA, AL
Xanax XR	NPD	AL
Xcopri pak/tab	NPD	PA
Xenazine	NPD	
Xodol, Norco	NPD	QL, 5DS, PA, AL, MME
Xtampza ER	PB	PA, QL, MME
Xyrem	NPD, SP	PA, QL
Xywav Soln	NPD, SP	PA, QL
zaleplon	G	QL
Zarontin	NPD	
Zebutal Cap 50-325-40mg	NPD	PA, QL, 5DS
Zembrace Symtouch	NPD	PA, QL
Zenzedi	NPD	PA, QL
ziprasidone	G	
Zohydro ER	NPD	PA, QL, MME
zolmitriptan	G	QL, AL
Zolmitriptan spray	G	PA, QL, AL
Zoloft	NPD	PA
zolpidem tartrate	LCG	PA, QL (10mg only)
zolpidem tartrate ER	G	PA, QL (12.5mg only)
zolpidem tartrate SL	G	PA, QL (3.5mg only)
Zomig	NPD	PA, QL, AL
Zonegran	NPD	PA
zonsinamide	G	
Zorvolex	NPD	PA
Zubsolv	PB	QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Zyban	NPD	QL
Zyprexa	NPD	
Zyprexa Zydis	NPD	
HEART, BLOOD PRESSURE, & CHOLESTEROL		
Accupril	NPD	PA
Accuretic	NPD	
acebutolol	G	
acetazolamide	G	
acetazolamide ER	G	
Actimmune	NPD, SP	PA
Adalat CC	NPD	
Adcirca	NPD, SP	PA
Adempas	PB, SP	PA
Advate	PB, SP	PA
Adynovate	NPD, SP	PA
Afstyla	NPD, SP	PA
Aggrenox	NPD	
Agrylin	NPD	
Aldactazide	NPD	
Aldactone	NPD	
aliskiren	G	
Alphanate	PB, SP	PA
Alphanine	NPD, SP	PA
Alprolix	NPD, SP	PA, LDD
Altace	NPD	PA
Altoprev	NPD	
ambrisentan	G, SP	PA
Amicar	NPD	
amiloride	G	
amiloride/HCTZ	G	
aminocaproic acid	G	
amiodarone	G	
amlodipine	LCG	
amlodipine besylate/ olmesartan	G	
amlodipine/ benazepril	G	
amlodipine/ valsartan	G	
amlodipine/ valsartan/HCTZ	G	
anagrelide	G	
Antara	NPD	
Arixtra	NPD	
aspirin-dipyridamole er	G	
Atacand	NPD	PA
Atacand HCT	NPD	PA
atenolol	LCG	
atenolol/ chlorthalidone	G	
atorvastatin	LCG	
atorvastatin/ amlodipine	G	
Avalide	NPD	PA
Avapro	NPD	PA
Azor	NPD	PA
Bebulin	NPD, SP	PA
benazepril	LCG	
benazepril/HCTZ	G	
BeneFIX	PB, SP	PA
Benicar	NPD	PA
Benicar HCT	NPD	PA
Betapace AF	NPD	
betaxolol	G	
Bevyxxa	NPD	QL
bisoprolol	G	
bisoprolol/HCTZ	G	
bumetanide	G	
Bystolic	NPD	
Byvalson	NPD	PA
Caduet	NPD	PA
Calan	NPD	
Calan SR	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
candesartan	G	
candesartan/ hydrochloro-thiazide	G	
captopril	G	
captopril/HCTZ	G	
Cardizem	NPD	PA
Cardizem CD	NPD	PA
Cardizem LA	NPD	PA
Cardura	NPD	PA
Carospir	NPD	PA
cartia XT	G	
carvedilol	LCG	
carvedilol ER	G	
Catapres tablets	NPD	
Catapres-TTS	NPD	
chlorothiazide	G	
chlorthalidone	G	
cholestyramine	G	
cholestyramine light	G	
cilostazol	G	
clonidine ER 12 HR tab	G	QL
clonidine IR tablet	LCG	
clonidine patches	G	
clopidogrel	G	
Coagadex	NPD, SP	PA
colesevelam	G	
Colestid	NPD	PA
colestipol HCl	G	
Conjupri	NPD	PA
Coreg	NPD	PA
Coreg CR	NPD	PA
Corgard	NPD	
Corifact	NPD	PA
Corlanor	NPD	PA
Corzide	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Coumadin	PB	
Cozaar	NPD	PA
Crestor	NPD	PA
Demadex	NPD	
Dibenzyline	NPD	PA
digitek	G	
digox	G	
digoxin	G	
dilt-CD	G	
diltiazem HCl	G	
diltiazem HCl CD	G	
diltiazem HCl ER	G	
diltiazem HCl LA	G	
diltiazem HCl SR	G	
diltzac ER	G	
Diovan	NPD	PA
Diovan HCT	NPD	PA
dipyridamole	G	
disopyramide	G	
dofetilide	G	
doxazosin mesylate	G	
droxidopa	G, SP	PA
Durlaza	NPD	PA
Dutoprol	NPD	
Dyazide	NPD	
Dyrenium	NPD	
Edarbi	NPD	PA
Edarbyclor	NPD	PA
Edecrin	NPD	
Effient	NPD	PA
Eliquis	PB	
Eloctate	NPD, SP	PA
Elyxyb Sol	NPD	PA, QL
enalapril	G	
enalapril/HCTZ	G	
enalapril solution	G	AL
enoxaparin	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Entresto	PB	QL
Epaned Sol 1mg/ml	NPD	AL
eplerenone	G	
eprosartan	G	PA
Esperoct	NPD, SP	PA
ethacrynic acid	G	
Exforge	NPD	PA
Exforge HCT	NPD	PA
Ezzalor Sprinkle Cap	NPD	PA
ezetimibe	G	
ezetimibe/ rosuvastatin	NPD	PA
ezetimibe/ simvastatin	G	
Feiba	NPD, SP	PA
felodipine ER	G	
fenofibrate	G	
Fenofibrate Micronized	NPD	
fenofibrate nanocrystallized	G	
fenofibric acid	G	
Fenoglide	NPD	
Fibricor	NPD	
flecainide	G	
Flolipid susp	NPD	AL
fluvastatin sodium	G	
fondaparinux	G	
fosinopril	G	
fosinopril/HCTZ	G	
Fragmin	NPD	
furosemide solution	LCG	
furosemide tabs	LCG	
gemfibrozil	G	
guanfacine	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Helixate FS	NPD, SP	PA
Hemlibra Soln	NPD, SP	PA
Hemofil M	NPD, SP	PA
Humate-P	PB, SP	PA
hydralazine	G	
hydrochloro-thiazide	LCG	
Hyzaar	NPD	PA
icosapent cap	G	
indapamide	G	
Inderal LA	NPD	PA
InnoPran XL	NPD	PA
Inspra	NPD	PA
irbesartan	G	
irbesartan hydrochloro-thiazide	G	
Isordil Titradose Tabs	NPD	
isosorbide dinitrate	G	
isosorbide dinitrate ER	G	
isosorbide mononitrate	G	
isosorbide mononitrate ER	G	
isradipine	G	
Ixinity	NPD, SP	PA
jantoven	G	
Jivi	NPD, SP	PA
Juxtapid	NPD, SP	PA
Kapspargo	NPD	PA
Katerzia Susp	NPD	PA, AL
Kerendia	NPD	PA
Koate-DVI	PB, SP	PA
Kogenate FS	NPD, SP	PA
Kynamro	NPD, SP	PA
labetalol HCl	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Lanoxin	NPD	
Lasix	NPD	
Lescol XL	NPD	PA
Letairis	NPD, SP	PA
Lipitor	NPD	PA
Lipofen	NPD	
lisinopril	LCG	
lisinopril/HCTZ	LCG	
Livalo	NPD	PA
Lopid	NPD	
Lopressor HCT	NPD	
losartan	LCG	
losartan-HCTZ	G	
Lotensin	NPD	
Lotrel	NPD	PA
lovastatin	G	
Lovaza	NPD	PA
Lovenox	NPD	
Maxzide	NPD	
methyldopa	G	
metolazone	G	
metoprolol succinate	G	
metoprolol tartrate	LCG	
metoprolol tartrate/HCT	G	
Mevacor	NPD	
mexiletine HCl	G	
Micardis	NPD	PA
Micardis HCT	NPD	PA
Microzide	NPD	
Minipress	NPD	
minitran	G	
minoxidil	G	
moexipril	G	
moexipril/HCTZ	G	
Monoclate-P	NPD, SP	PA
Mononine	PB, SP	PA
Mulpleta	NPD, SP	PA
Multaq	PB	
nadolol	G	
nadolol-bendroflume thiazide	G	
nebivolol	G	
Nexletol	PB	PA
Nexlizet	PB	PA
niacin ER	G	
Niaspan ER	NPD	PA
nicardipine	G	
nifedical XL	G	
nifedipine	G	
Nymalize Sol	NPD	
nifedipine ER	G	
nimodipine	G	
nisoldipine ER	G	
Nitro-Bid	PB	
Nitro-Dur	NPD	
nitro-time cap	G	
nitroglycerin ER	LCG	
nitroglycerin patches	G	
nitroglycerin SL	G	
nitroglycerin spray	G	
Nitrolingual Spray	NPD	
Nitromist	NPD	
Nitrostat SL	NPD	
Nocdurna SL	NPD	
Norpace	NPD	
Northera	NPD, SP	PA
Norvasc	NPD	PA
Novoeight	PB, SP	PA
NovoSeven RT	NPD, SP	PA
Nuwiq	PB, SP	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Obizur	NPD	PA
olmesartan medoxomil	G	
olmesartan/ amlodipine/hctz	G	
olmesartan/hctz	G	
omega-3 acid ethyl esters	G	
Opsumit	NPD, SP	PA
Orenitram	NPD, SP	PA
pacerone	G	
pentoxifylline ER	G	
perindopril	G	
Persantine	NPD	
phenoxybenz-amine hcl	G	PA
pindolol ER	G	
Plavix	NPD	PA
Pradaxa	PB	
Praluent	NPD	PA
prasugrel	G	
Pravachol	NPD	
pravastatin	G	
prazosin	G	
prevalite	G	
Prinivil	NPD	PA
Procardia	NPD	
Procardia XL	NPD	
Profilnine	NPD, SP	PA
Promacta	NPD, SP	PA
propafenone	G	
propafenone ER	G	
propranolol	G	
propranolol ER	G	
propranolol/ HCTZ	G	
Qbrelis	NPD	AL
Questran Packet/Powder	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Questran Light	NPD	PA
quinapril	G	
quinapril/HCTZ	G	
ramipril	G	
Ranexa	NPD	
ranolazine tab ER	G	
Rebinyn Soln	NPD, SP	PA
Recombinate	PB, SP	PA
Repatha	PB	PA
Revatio	NPD, SP	PA
Riastap	NPD	PA
Rixubis	NPD, SP	PA
rosuvastatin	G	
Roszet	NPD	PA
Rythmol	NPD	
Rythmol SR	NPD	PA
Samsca	NPD, SP	PA, LDD
Sevenfact Inj	NPD, SP	PA
sildenafil citrate 20mg tab, 10mg/ml susp	G, SP	PA
sildenafil citrate 25mg, 50mg, 100mg	LCG	QL
simvastatin	LCG	
Simvastatin susp	NPD	AL
sotalol HCl	G	
Sotylize soln	NPD	
spironolactone	G	
spironolactone/ HCTZ	G	
Stimate	NPD	
Sular	NPD	
tadalafil (generic Adcirca)	G, SP	PA
tadalafil (generic Cialis)	G	QL
Tarka	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
taztia XT	G	
Tekturna/ Tekturna HCT	NPD	PA
telmisartan	G	
telmisartan-amlodipine	G	
telmisartan/ hydrochloro-thiazide	G	
Tenoretic	NPD	PA
Tenormin	NPD	PA
Thalitone	NPD	
tiadylt ER	G	
Tiazac	NPD	
ticlopidine HCl	G	
Tikosyn	NPD	
timolol maleate tab	G	
Tolvaptan 15mg tab	NPD, SP	PA
tolvaptan 30mg tab	G, SP	PA
Toprol XL	NPD	
torsemide	G	
Tracleer	PB, SP	PA, LDD
trandolapril	G	
trandolapril/ verapamil ER	G	
Tretten	NPD, SP	PA
triamterene/ HCTZ	G	
triamterene cap	G	
Tribenzor	NPD	PA
Tricor	NPD	
Trilipix	NPD	PA
Twynsta	NPD	PA
Tyvaso	NPD, SP	PA
Uptravi	NPD, SP	PA
valsartan	G	
valsartan/ hydrochloro-thiazide	G	
Vascepa	NPD	PA
Vaseretic	NPD	
Vasotec	NPD	PA
vecamyl	G	PA
Ventavis	NPD, SP	PA
verapamil HCl	G	
verapamil HCl ER	G	
Verelan ER, PM	NPD	PA
Verquvo	NPD	PA, QL
Vonvendi	NPD, SP	PA
Voxzogo	NPD, SP	PA
Vyndaqel, Vyndamax	NPD, SP	PA
Vytorin	NPD	PA
warfarin	G	
Welchol	NPD	PA
Wilate	PB, SP	PA
Xarelto	PB	
Xyntha	PB, SP	PA
Zestoretic	NPD	
Zestril	NPD	PA
Zetia	NPD	PA
Ziac	NPD	
Zocor	NPD	PA
Zypitamag	NPD	PA
SKIN MEDICATIONS		
Absorica	NPD	PA
Absorica LD	NPD	PA
Acanya	NPD	PA
accutane cap	G	
acitretin	G	
acyclovir cream/ oint	LCG	
Aczone	NPD	PA, AL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Adapalene 0.1% lotion	NPD	AL
adapalene 0.1% soln	G	AL
adapalene 0.3% gel	G	AL
adapalene cream	G	AL
adapalene-benzoyl-peroxide gel	G	AL
Adapalene pad 0.1%	NPD	PA, AL
Aklief Cream 0.005%	NPD	PA, AL
Aktipak	NPD	PA
ala-cort cream	LCG	
Ala-Scalp Lotion	NPD	PA
alclometasone cream, ointment	G	
Aldara	NPD	
Altreno 0.05% lotion	NPD	PA, AL
amcinonide	G	
anthralin	G	
ApexiCon E	NPD	PA
Arazlo lotion 0.045%	NPD	PA, AL
Atralin	NPD	PA, AL
avita	G	AL
azelaic acid gel 15%	G	
Azelex	NPD	PA
Benzaclin	NPD	PA
Benzamycin gel	NPD	PA
Benzamycinpak	NPD	PA
benzoyl peroxide/ erythromycin	G	
beser lotion 0.05%	G	
betamethasone dipropionate	G	
betamethasone valerate	G	
betamethasone/ clotrimazole	G	
Bryhali lotion 0.01%	NPD	PA
calcipotriene cream	G	
Calcipotriene foam	NPD	
calcipotriene-betamethasone dp oint	G	
calcipotriene-betamethasone dp susp	G	
calcitriol ointment	G	
Capex	NPD	PA
Carac	NPD	PA
Centany 2% oint	NPD	
ciclopirox 0.77% cream	G	
ciclopirox 8% solution	G	
ciclopirox cream, gel, shampoo, suspension	G	
Cleocin T	NPD	PA
Clindagel	NPD	PA
clindamycin, clindamycin-benzoyl peroxide gel [w/pump]	G	
Clindamycin/ benzoyl peroxide 1-5%	NPD	PA
clindamycin/ tretinoin gel	G	AL
clobetasol cream, ointment, solution	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Clobex	NPD	PA
Clocortolone pivalate	NPD	PA
clodan	G	
Cloderm	NPD	PA
Condylox	NPD	
Cordran	NPD	PA
Cosentyx	NPD, SP	PA
crotan lotion	G	
Cutivate	NPD	PA
dapsone gel 5%	G	AL
dapsone gel 7.5%	G	AL
Denavir	NPD	QL
Derma-Smoothe FS	NPD	PA
Dermatop	NPD	
Desonate	NPD	PA
desonide gel 0.05%	G	
Desowen	NPD	PA
desoximetasone cream, gel, ointment	G	
diclofenac 3% gel	G	PA
Differin 0.1% cream	NPD	PA, AL
Differin 0.1% lotion	NPD	PA, AL
Differin 0.3% gel	NPD	PA, AL
Diflorasone diacetate	NPD	PA
Diprolene, Diprolene AF	NPD	
Dovonex cream	NPD	
doxepin cream 5%	G	QL
Duac	NPD	PA
Duobrii Lotion	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Dupixent	PB, SP	PA
econazole	G	
Ecoza	NPD	PA
Efudex cream	NPD, SP	
Elidel	NPD	PA
Elimite	NPD	
Elocon	NPD	
Enstilar	NPD	
Epiduo	NPD	AL
Epiduo Forte gel	NPD	AL
Ertaczo	NPD	PA
Erygel	NPD	
erythromycin gel, soln, swabs	G	
Eucrisa	PB	PA
Eurax Lotion	NPD	
Evoclin	NPD	PA
Exelderm	NPD	PA
Extina	NPD	PA
Fabior	NPD	PA, AL
Fasenra	PB, SP	PA
Finacea	NPD	PA
fluocinolone acetonide cream, sol, oil	G	
fluocinonide gel, ointment	G	
Fluorouracil cream 0.5%	PB	
fluorouracil solution 2%	G, SP	
Flurandrenolide cream, lotn, oint	NPD	PA
fluticasone propionate cream, lotn, oint.	G	
gentamicin topical cream, ointment	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
halcinonide cream 0.1%	G	
halobetasol propionate	G	
Halobetasol propionate foam 0.05%	NPD	PA
Halog	NPD	PA
hydrocortisone 2.5%	G	
hydrocortisone butyrate 0.1%	G	
hydrocortisone lot 0.1%	LCG	
hydrocortisone butyrate/emoll	G	
hydrocortisone supp	G	
hydrocortisone valerate 0.2%	G	
hydrocortisone/ lidocaine HCl	G	
imiquimod cream	G	PA
Imiquimod Cream 3.75% Pump	NPD	PA
Impeklo Lotion 0.05%	NPD	PA
Impoyz Cream 0.025%	NPD	PA
isotretinoin	G	
Jublia	NPD	PA
Kenalog Spray	NPD	PA
Kerydin	NPD	PA
ketoconazole cream	G	
ketoconazole shampoo	G	
Klisyri Oint 1%	NPD	PA
Klaron	NPD	
Lexette Foam 0.05%	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
lidocaine patch 5%	G	
lidocaine solution, gel, ointment	G	
Lidoderm	NPD	PA
Locoid	NPD	PA
Locoid Lipocream	NPD	PA
Loprox	NPD	PA
Lotrisone	NPD	
Luxiq	NPD	PA
Luzu	NPD	PA
malathion lotion	G	
methoxsalen	G	
MetroCream	NPD	
MetroGel	NPD	
MetroLotion	NPD	
metronidazole cream, lotion, gel	G	
Miconazole-zinc ointment	NPD	PA
Mirvaso	PB	
mometasone cream, ointment, solution	G	
mupirocin cream, ointment	G	
naftifine cream, gel	G	
Naftin	NPD	
Natroba	NPD	
Nizoral shampoo	NPD	
Noritate	NPD	PA
nystatin/ triamcinolone cream, ointment	G	
Olux [E]	NPD	PA
Onexton	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Opzelura Cream	NPD	PA, QL
Ovide	NPD	
Oxiconazole nitrate	NPD	PA
Oxistat	NPD	PA
Oxsoralen Ultra	NPD	
Pandel	NPD	PA
Penlac	NPD	PA
permethrin	G	
pimecrolimus cre 1%	G	
podofilox soln	G	
Pramosone cream/lotion	NPD	PA
prednicarbate ointment	G	
prilocaine/ lidocaine	G	
Proctocort Supp 30mg	NPD	PA
Proctofoam HC	PB	
Prudoxin cream 5%	NPD	QL
Qbrexza Pad 2.4%	NPD	PA, QL
Retin-A	NPD	PA, AL
Retin-A Micro	NPD	PA, AL
Rhofade 1% cream	NPD	PA
selenium sulfide shampoo/lotion	G	
Sernivo	NPD	PA
Siliq	NPD, SP	PA
Silvadene	NPD	
silver sulfadiazine	G	
Skyrizi Inj	PB, SP	PA
sodium sulfacetamide suspension	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Solaraze	NPD	PA
Soolantra	PB	
Soriatane	NPD	
spinosad	G	
Sulconazole cream/solution	NPD	PA
Sulfamylon	NPD	
Synalar	NPD	PA
Taclonex	NPD	
Taltz Autoinjector	NPD, SP	PA
Targretin gel	PB	PA
Tazarotene AER 0.1%	NPD	PA, AL
tavaborole soln 5%	G	PA
tazarotene cream 0.1%	G	AL
Tazorac cream/ gel	NPD	PA, AL
Temovate	NPD	
Texacort soln	NPD	PA
Topicort	NPD	PA
Tremfya	PB, SP	PA
tretinoin gel, cream	G	AL
Tretinoin microspheres gel	NPD	AL
triamcinolone acetonide	G	
Triamcinolone oint 0.05%	NPD	PA
Trianex	NPD	PA
triderm cream	LCG	
Tritocin oint 0.05%	NPD	PA
Ultravate	NPD	PA
Vectical	NPD	
Veltin	NPD	PA, AL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Verdeso	NPD	PA
Vusion	NPD	PA
Winlevi Cream 1%	NPD	PA
Wynzora Cream	NPD	PA
Xerese Cream	NPD	PA
Xolegel	NPD	PA
Ziana	NPD	PA, AL
Zilxi Aer	NPD	PA
Zonalon cream 5%	NPD	QL
Zovirax cream	NPD	QL
Zovirax oint	NPD	
Ztlido Patch	NPD	PA, QL
Zyclara Cream	NPD	PA
Zyclara Pump	NPD	PA
EAR, NOSE, THROAT MEDICATIONS		
acetasol HC, acetic acid HC otic	G	
azelastine	G	
Bactroban nasal oint	PB	
Cetraxal	NPD	
cevimeline hcl	G	
Ciprodex	NPD	
ciprofloxacin	G	
ciprofloxacin-dexamethasone otic susp	G	
Ciprofloxacin-fluocinolone PF otic soln	NPD	
cortane B otic drops	G	
Dermotic	NPD	
Evoxac	NPD	PA
fluocinolone acetonide oil	G	
mometasone furoate nasal spray	G	PA
Nasonex	NPD	PA
neomycin/ polymyxin/ hydrocortisone	LCG	
ofloxacin otic	LCG	
olopatadine	G	
Omnaris	NPD	PA
Patanase	NPD	PA
pilocarpine HCl	G	
Qnasl	NPD	PA
ribavirin	G, SP	
Salagen	NPD	
Virazole	NPD, SP	
Vuity	NPD	PA
Xhance	NPD	PA
Zetonna	NPD	PA
DIABETES, THYROID, STEROIDS, & OTHER MISCELLANEOUS HORMONES		
acarbose	G	
Actos	NPD	PA
Adlyxin	NPD	PA
Admelog	NPD	PA, QL
Afrezza	NPD	PA
Alkindi Sprinkle Cap	NPD	PA
Alogliptin benz/ metformin hcl	PB	
Alogliptin benz/ pioglitazone	PB	
Alogliptin benzoate	PB	
Amaryl	NPD	PA
Androderm patch	NPD	PA
Androgel 1.62% Packet, Pump	NPD	PA
Androgel 1%	NPD	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Apidra	NPD	PA, QL
Armour Thyroid	NPD	
Axiron	NPD	PA
Bafiertam DR Cap	PB, SP	
Baqsimi	PB	
Basaglar	NPD	PA, QL
Breeze2 Glucometer	PB	PA, QL
Breeze2 Test Strips	NPD	PA, QL
Bydureon	PB	
Byetta	PB	
Bynfezia Pen	NPD, SP	PA
calcitriol capsules	G	
Carnitor	NPD	
Cetrotide Kit	NPD, SP	R
cinacalcet	G	
Contour Glucometer	PB	PA, QL
Contour Next Test Strips	NPD	PA, QL
Contour Test Strips	NPD	PA, QL
Cortef	NPD	
Cytomel	NPD	
danazol	G	
DDAVP	NPD	PA
Delatestryl	NPD	PA
Demser	NPD	
desmopressin acetate	G	
Desmopressin Nasal Soln	NPD	
Dexabliss tab 1.5mg	NPD	
dexamethasone	G	
dexamethasone tablet 6-day, 10-day, 13-day	G	
Dexcom Continuous Glucose Monitor Receiver	NPD	PA, QL
Dexcom Continuous Glucose Monitor Transmitter	NPD	PA, QL
Dexcom Continuous Glucose Monitor G6, G5, G4 Sensors	NPD	PA, QL
Dexpak pak 10-day, 13-day	NPD	
diazoxide suspension 50mg/ml	G	
doxercalciferol	G	
Duetact	NPD	PA
Dxevo 11-day Pak 1.5mg	NPD	
Emflaza	NPD	PA
Enspryng Inj	NPD, SP	PA
euthyrox	G	
Evrysdi Soln	NPD, SP	PA
Farxiga	PB	
Fiasp	NPD	PA, QL
fludrocortisone acetate	G	
Fortamet	NPD	PA
Forteo	NPD, SP	PA, Q/T
Fortesta	NPD	PA
Freestyle Glucometer	PB	PA, QL
Freestyle InsuLinx Test Strips	NPD	PA, QL
FreeStyle Libre Reader, Sensor, Reader Device	PB	QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Freestyle Lite Test Strips	NPD	PA, QL
Freestyle Test Strips	NPD	PA, QL
Genotropin	NPD, SP	PA
glimepiride	LCG	
glipizide	G	
glipizide ER	G	
glipizide XL	G	
Glucagen Inj Hypokit	NPD	PA
glucagon emergency kit (generic)	G	
Glucagon Emergency Kit (Lilly)	NPD	PA
Glucophage	NPD	
Glucophage XR	NPD	
Glucotrol XL	NPD	PA
Glucovance	NPD	
glyburide	G	
glyburide micronized	G	
Glynase	NPD	
Glyset	NPD	
Glyxambi	PB	
Gvoke HypoPen	NPD	PA
Gvoke PFS inj	NPD	PA
Hectorol	NPD	
Hemady	NPD	
Humalog	NPD	PA, QL
Humatrope	NPD, SP	PA
Humulin	NPD	PA, QL
hydrocortisone	G	
Increlex	NPD, SP	PA, LDD
Insulin aspart inj	NPD	PA, QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Insulin aspart protamin inj flexpen	NPD	PA, QL
Insulin Glargine	NPD	PA, QL
Insulin lispro 100 units/ml	NPD	PA, QL
Insulin lispro inj junior	NPD	PA, QL
Insulin lispro inj protamin	NPD	PA, QL
Invokamet [XR]	NPD	PA
Invokana	NPD	PA
Janumet	PB	
Janumet XR	PB	
Januvia	PB	
Jardiance	PB	
Jatenzo	NPD	PA
Jentadueto tablet	NPD	PA
Jentadueto XR	NPD	PA
Kesimpta Inj	PB, SP	
Kazano tablet	NPD	PA
Kombiglyze XR	PB	
Korlym tablet	NPD, SP	PA
Lantus	PB	QL
Levemir	NPD	PA, QL, AL
levocarnitine	LCG	
Levothyroxine cap	NPD	PA
levothyroxine tab	G	
levo-T tab	G	
levoxyl	G	
Lilly Glucagon Emergency Kit	NPD	PA
liothyronine	G	
Lyumjev Inj/ Pen	NPD	PA, QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Medtronic Continuous Glucose Monitor Receiver	NPD	PA, QL
Medtronic Continuous Glucose Monitor Guardian Transmitter	NPD	PA, QL
Medtronic Continuous Glucose Monitor Enlite, MiniMed Guardian Sensors	NPD	PA, QL
Medrol	NPD	
metformin	LCG	
metformin ER (generic for Glucophage XR)	G	
metformin HCL 500mg/5ml soln	G	AL
metformin/ glyburide	G	
methimazole	G	
Methitest Tab	NPD	PA
methylpred-nisolone	G	
methylpred-nisolone therapy pak	G	
methyltest-osterone	G	PA
metyrosine	G	
miglitol	G	
Millipred	NPD	PA
Myalept	NPD, SP	PA
Mycapssa cap	NPD, SP	PA
nateglinide	G	
Natesto	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Natpara	NPD, SP	PA
Nature-Throid	NPD	
Nesina tablet	NPD	PA
Noctiva Emulsion	NPD	
Non Preferred Diabetic Meters	PB	PA, QL
Norditropin	PB, SP	PA
Novolin	PB	QL
Novolin R	PB	QL
Novolin Relion	NPD	PA, QL
Novolog	PB	QL
Novolog Relion	NPD	PA, QL
NP thyroid	G	
Nutropin AQ	PB, SP	PA
Omnipod 5 Pack	PB	
Omnipod Dash System	PB	
Omnipod Dash 5 Pack	PB	
Omnipod Starter Kit	PB	
Omnitrope	NPD, SP	PA
One Touch Glucometer	PB	QL
One Touch Test Strips	PB	QL
Onglyza	PB	
Orapred ODT	NPD	
Orilissa	PB	PA, QL
Oseni	NPD	PA
Oxandrin	NPD	
oxandrolone	G	QL
Ozempic	PB	
paricalcitol	G	
pioglitazone	G	
pioglitazone/ glimepiride	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Pogo Automatic Mis Monitor	PB	PA, QL
Pogo Automatic Test Cartridge	NPD	PA, QL
Prandin	NPD	
Precision Glucometer	PB	PA, QL
Precision XTRA Test Strips	NPD	PA, QL
Precose	NPD	
prednisolone	G	
Prelone	NPD	
Procysbi	NPD, SP	PA
Proglycem Susp	NPD	
propylthiouracil	G	
Qtern	NPD	PA
Rayos	NPD	PA
Regranex gel	NPD	PA
repaglinide	G	
Riomet [ER] solution/ suspension 500mg/5ml	NPD	AL
Rocaltrol capsules	NPD	
Rybelsus	PB	QL
Saizen	NPD, SP	PA
Segluromet	NPD	PA
Semglee Inj 100U/ML	NPD	PA, QL
Sensipar	NPD	PA
Serostim	NPD, SP	PA, LDD
Signifor	NPD, SP	PA
Skytrofa	NPD, SP	PA
Soliqua	PB	
Somavert	NPD, SP	PA
Starlix	NPD	
Steglatro	NPD	PA
Steglujan	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Striant buccal system	NPD	PA
Symlin	PB	PA
Synjardy	PB	
Synjardy XR	PB	
Synthroid	NPD	
Tanzeum	NPD	PA
Tapazole	NPD	
Teriparatide inj	PB, SP	PA, Q/T
Testim Gel	NPD	PA
testosterone gel 10mg/act (2%)	G	PA
testosterone gel 1%, 1.62%	G	PA
testosterone solution 30mg/act	G	PA
Thyquidity Soln	NPD	PA, AL
Tirosint	NPD	PA
tolbutamide	G	
Toujeo Solostar	PB	QL
Tradjenta tablet	NPD	PA
Tresiba	NPD	PA, QL, AL
Trijardy XR	PB	
Trulicity	PB	
Tymlos	PB, SP	PA, Q/T
Uceris	NPD	PA
unithroid	G	
Veripred soln 20mg/5ml	NPD	
Victoza	PB	
Vogelxo	NPD	PA
Wegovy Inj	NPD	PA
Westhroid	NPD	
WP Thyroid	NPD	
Xigduo XR	PB	
Xultophy	NPD	PA
Xyosted Soln	NPD	PA
Zcort 7-day tab	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Zegalogue Inj	PB	
Zemplar	NPD	
Zomacton	NPD, SP	PA
STOMACH, ULCER, & BOWEL MEDS		
Aciphex	NPD	PA, QL
Aciphex Sprinkle	NPD	PA, QL, AL
Actigall	NPD	
Amitiza	NPD	PA
amoxicill-clarithro-lansoprazole	G	
Ampyra	NPD, SP	PA, QL
Anusol-HC cream	NPD	PA
aprepitant	G	QL
Asacol HD	NPD	PA
Azulfidine	NPD	PA
balsalazide	G	
Bentyl	NPD	
Bonjesta	NPD	PA
budesonide ER tab	G	
Bylvay	PB, SP	PA
Canasa supp	NPD	PA
Carafate tabs/ susp	NPD	PA
Chenodal	NPD, SP	
chlordiaze-poxide/ clidinium	G	
Cholbam	NPD, SP	PA
cimetidine	G	
Clenpiq Soln	NPD	
Colazal	NPD	
Colocort	NPD	
Creon	PB	
cromolyn sodium solution	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Cytotec	NPD	
Delzicol	NPD	
Dexilant	NPD	PA, QL
Dexlansoprazole	NPD	PA, QL
Diclegis	NPD	PA
dicyclomine	G	
diphenoxylate HCl/atropine	G	
doxylamine-pyridoxine	G	PA
dronabinol	G	
Emend	NPD	QL
Emverm	NPD	QL
Endari powder	NPD	PA
Entocort EC	NPD	PA
esomeprazole	G	PA, QL
esomeprazole granules	G	PA, QL
Esomeprazole strontium	NPD	PA, QL
famotidine 40mg tab, suspension	G	
Gastrocrom	NPD	
Gattex	NPD, SP	PA
Gimoti Spray	NPD	PA, Q/T
Golytely solution reconstituted 227.1gm	NPD	PA
Golytely solution reconstituted 236gm	NPD	PA, QL
granisetron	G	
Hemmorex-HC Supp	NPD	PA
hydrocortisone cream	LCG	
hydrocortisone retention enema	G	
Kristalose Pak	NPD	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Lactulose pak	NPD	PA
lactulose soln	G	
lansoprazole cap	G	QL
lansoprazole solutab	G	PA, QL
Lialda	NPD	
Linzess	PB	
Livmarli Sol	NPD, SP	PA
Lomotil	NPD	
loperamide	G	
Lubiprostone cap	NPD	PA
Marinol	NPD	
meclizine	LCG	
mesalamine	G	
mesalamine DR	G	
mesalamine rectal susp	G	
metoclopramide	G	
metoclopramide odt	NPD	
misoprostol	LCG	
Motegrity tab	NPD	PA
Movantik	NPD	PA
MoviPrep Solution RECONSTITUTED 100 GM Oral	NPD	PA
Nexium capsule	NPD	PA, QL
Nexium packets	NPD	PA, QL, AL
nizatidine solution	G	
Nulytely	NPD	PA, QL
omeprazole	G	QL
ondansetron HCl	LCG	
orlistat	G	PA, R
Osmoprep tab	NPD	PA
Pancreaze	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
pancrelipase EC/ SA	G	
pantoprazole	G	QL
pantoprazole pak	G	PA, QL
peg-kcl-nacl-nasulf-na asc-c soln reconstituted	G	
PEG 3350 & electrolytes	G	
Pentasa	PB	
Pepcid tabs, suspension	NPD	PA
Pertzye	NPD	PA
Plenvu Soln	NPD	PA
Prevacid caps	NPD	PA, QL
Prevacid SoluTab	NPD	PA, QL
Prilosec packets	NPD	PA, QL
prochlorperazine suppository	G	
prochlorperazine tabs	G	
Protonix	NPD	PA, QL
Protonix packets	NPD	PA, QL
Pylera	NPD	
rabeprazole DR tab 20mg	G	QL
Rabeprazole Sprinkle Cap 10mg	NPD	PA, QL
ranitidine 300mg	G	
Reglan	NPD	
Relistor	NPD	PA
Reltone	NPD	PA
scopolamine patch	G	
SFRowasa enema	NPD	
sucralfate tabs	G	
sulfasalazine	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Sutab	NPD	
Symproic	PB	
Syndros	NPD	
Tigan	NPD	
Transderm-Scop patch	NPD	
trimetho-benzamide	G	
Trulance	NPD	PA
Urso 250 Tab	NPD	PA
Urso Forte Tab	NPD	PA
Ursodiol Cap	NPD	PA
ursodiol tab	G	
Varubi	NPD	
Viberzi	NPD	PA
Viokace	NPD	PA
Xenical	NPD	PA, R
Xermelo	NPD	PA
Zantac	NPD	
Zegerid packets	NPD	PA, QL
Zelnorm	NPD	PA
Zenpep	PB	
Zofran	NPD	
Zorbtive	NPD, SP	PA
Zuplenz	NPD	
BONE, JOINT, & MUSCLE		
Actemra SC	NPD, SP	PA
Actonel	NPD	PA, QL
alendronate	LCG	QL
allopurinol	G	
alosetron hcl	G	
Amrix	NPD	PA
Anaprox DS	NPD	PA
Arava	NPD	PA
Arcalyst	NPD, SP	PA
Arthrotec	NPD	PA
Atelvia	NPD	QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
baclofen	G	
Binosto	NPD	PA, QL
Boniva	NPD	PA, QL
calcitonin-salmon inj	G	
calcitonin-salmon (rDNA origin) nasal spray	G	
carisoprodol	G	
Celebrex	NPD	PA
celecoxib	G	
chlorzoxazone 375mg, 500mg, 750mg	G	
Cimzia	PB, SP	PA
Colchicine Cap 0.6mg	NPD	
colchicine 0.6mg tab	G	
colchicine/ probenecid	G	
Colcrys	NPD	PA
Cuprimine	NPD, SP	PA
Cuvposa	NPD	
cyclobenzaprine	LCG	
Cyclobenza-prine ER	NPD	PA
Dantrium	NPD	
dantrolene	G	
Diclofenac epolamine transdermal 1.3%	NPD	PA, QL
diclofenac potassium	G	
diclofenac sodium DR	G	
diclofenac sodium ER	G	
diclofenac sodium soln 1.5%	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
diclofenac/ misoprostol	G	
EC-Naprosyn	NPD	PA
Enbrel	NPD, SP	PA
etidronate disodium	G	
etodolac	G	
febuxostat	G	PA
Feldene	NPD	
Fenoprofen calcium	NPD	PA
Fenortho	NPD	PA
Fexmid	NPD	
Flector Patch	NPD	PA, QL
flurbiprofen	G	
Fosamax	NPD	QL
Fosamax Plus D	NPD	QL
Gloperba Soln	NPD	PA
Humira	PB, SP	PA
ibandronate	G	QL
ibuprofen	LCG	
indomethacin	G	
Indomethacin 20mg capsule	NPD	PA
indomethacin SR	G	
Ketoprofen 25mg cap	NPD	PA
ketoprofen ER	G	
ketorolac	G	
Ketorolac sol tromethamine	NPD	PA, QL
Kevzara	NPD, SP	PA
Kineret	NPD, SP	PA
leflunomide	G	
Lorzone	NPD	PA
Lotronex	NPD	PA
meclofenamate	G	
meloxicam cap	G	PA
meloxicam tab	LCG	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Metaxalone	NPD	PA
methocarbamol	G	
Miacalcin	NPD	
Mitigare	NPD	PA
Mobic	NPD	PA
nabumetone	G	
Nalfon	NPD	PA
Naprelan	NPD	PA
Naprosyn	NPD	PA
Naprosyn susp	NPD	AL
naproxen sodium	LCG	
naproxen sodium DR	G	
naproxen sodium ER	G	
Naproxen sodium ER 750mg	NPD	PA
naproxen sodium susp	G	AL
Norgesic Forte Tab	NPD	PA
Olumiant	NPD, SP	PA
Orencia	NPD, SP	PA
Orphenadrine-asa-caffeine	NPD	PA
orphenadrine ER	G	
Orphengesic Forte Tab	NPD	PA
Otezla	PB, SP	PA
Otrexup	NPD	PA
oxaprozin	G	
Ozobax Soln	NPD	PA
Pennsaid	NPD	PA
piroxicam	G	
probenecid	G	
raloxifene hcl	G	
Rasuvo	PB	PA
risedronate	G	QL
risedronate DR	G	QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Robaxin	NPD	
silodosin	G	
Simponi	PB, SP	PA
Skelaxin	NPD	PA
Soma	NPD	PA
Stelara	PB	PA
sulindac	G	
tizanidine	G	
tolmetin	G	
Toviaz	NPD	PA
Uloric	NPD	PA
Viibryd	NPD	PA
Voltaren Gel	NPD	
Xeljanz [XR]	PB, SP	PA
Zanaflex	NPD	PA
Zeposia	NPD, SP	
Zipsor	NPD	PA, QL
Zurampic 200mg	NPD	PA
Zyloprim	NPD	PA

FEMALE, HORMONE REPLACEMENT, & BIRTH CONTROL

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

Activella	NPD	
Addyi	NPD	PA
Alora	NPD	PA
Angeliq	NPD	PA
Annovera Mis	NPD	QL
Aygestin	NPD	
Balcoltra	NPD	
Beyaz	NPD	
Bijuva cap	NPD	
Bravelle	NPD, SP	PA, QL, R
Brevicon	NPD	
Cenestin	PB	
Cleocin vaginal	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Climara patch	PB	
clomiphene citrate	G	
Cyclessa	NPD	
Depo SubqQ Provera	NPD	QL
Depo-Provera	NPD	QL
Desogen	NPD	
desogestrel-ethinyl estradiol	ACA	
Diflucan	NPD	PA
Divigel	NPD	
drospirenone-ethinyl estradiol	ACA	
eluryng mis	ACA	QL
Estrace Cream	NPD	PA
Estrace Tab	NPD	
estradiol	G	
estradiol cream 0.1%	G	
estradiol transdermal	G	
Estring	PB	
estropipate	G	
Estrostep FE	NPD	
Evista	NPD	PA
Femcon FE	NPD	
FemHRT	NPD	
Femring	NPD	PA
Follistim AQ	PB, SP	QL, R
Gemmily cap 1/20	ACA	
Generess FE	NPD	
Gonal-f	NPD, SP	PA, QL, R
hailey 1.5/30	ACA	
Imvexxy	PB	
Intrarosa	NPD	PA
levonorgestrel-ethinyl estradiol	ACA	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
levonorgestrel/ my way/next dose	ACA	
Loestrin	NPD	
Lo Loestrin FE	PB	
Loseasonique	NPD	
lyllana Dis	G	
Lysteda	NPD	
medroxypro-gesterone acetate suspension IM	ACA	QL
medroxypro-gesterone acetate tab	LCG	
Menopur	NPD, SP	QL, R
Metrogel vaginal	NPD	
metronidazole	LCG	
metronidazole vaginal gel	G	
Minastrin 24 FE	NPD	
Minivelle	NPD	PA
Mircette	NPD	
Myfembree	PB	PA
Natazia	NPD	
Nextstellis	NPD	
norethin-ethynil-fer cap 1/20	ACA	
norethindrone	G	
norethindrone acetate	G	
norethindrone-ethinyl estradiol	ACA	
norethindrone-mestranol	ACA	
norgestimate-ethinyl estradiol	ACA	
norgestrel-ethinyl estradiol	ACA	
Nuvaring	NPD	QL
OB Complete	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Oriahnn cap	PB	PA
Ortho Micronor	NPD	
Ortho Novum	NPD	
Ortho Tri-Cyclen	NPD	
Ortho Tri-Cyclen Lo	NPD	
Ortho Cyclen	NPD	
Ovidrel	NPD, SP	R
Plan B One-Step	NPD	QL
Premarin	PB	
Premarin vaginal cream	PB	
Premphase	PB	
Prempro	PB	
progesterone, micronized	G	
Prometrium	NPD	
Provera	NPD	
Quartette	NPD	
raloxifene	G	
Safyral	NPD	
Seasonique	NPD	
Slynd	NPD	
Synarel	NPD	
Taytulla	NPD	
terconazole cream	G	
Tri-norinyl	NPD	
Twirla Dis	NPD	QL
Vagifem	NPD	PA
Vandazole	NPD	
Vivelle Dot	NPD	PA
Vyleesi	NPD	PA, QL
xulane	ACA	QL
Yasmin	NPD	
YAZ	NPD	
yuvafem	G	
Zafemy DIS	ACA	QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
EYE MEDICATIONS		
Acular/Acular LS	NPD	
Alcaine	NPD	
Alocril Soln	NPD	PA
Alphagan P 0.15% soln	NPD	
Alphagan P 0.01% soln	PB	
Alrex	NPD	PA
apraclonidine	G	
atropine sulfate	G	
azelastine HCL drops	G	
Azopt	NPD	
bacitracin ophth	G	
bacitracin/ polymyxin B ophth oint	G	
bepotastine	G	
Bepreve	NPD	PA
Besivance	PB	
Betagan	NPD	
betaxolol	G	
Betimol	NPD	
Betoptic S	NPD	PA
bimatoprost	G	
Bleph 10	NPD	
Blephamide S.O.P. ointment	NPD	
brimonidine tartrate	G	
brinzolamide sus 1%	G	
Bromsite sol 0.075%	NPD	PA
carteolol	G	
Cequa Sol 0.09%	NPD	PA, QL
Ciloxan Sol	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
ciprofloxacin	G	
Combigan soln 0.2-0.5%	PB	
Cosopt	NPD	
Cosopt PF	NPD	
cromolyn ophth	G	
Cyclogyl	NPD	
cyclopentolate HCl	G	
Cystadrops Soln	NPD, SP	PA, QL
dexamethasone ophth	G	
Diamox Sequels	NPD	
diclofenac soln 0.1% opth	G	
difluprednate emu	G	
dorzolamide HCl 2%	G	
dorzolamide-timolol	G	
Durezol Emu	NPD	
Elestat	NPD	
epinastine HCl	G	
erythromycin etyhylsuccinate susp	G	
erythromycin ophth oint	G	
Eysuvis Ophth	NPD	
fluorometholone	G	
flurbiprofen	G	
FML Liquifilm suspension	NPD	
gentak oint 0.3% OP	G	
gentamicin ophth	G	
homatropine opthalmic	LCG	
homatropaire sol 5% OP	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Ilevro Susp 0.3%	NPD	PA
Inveltys Susp 1%	NPD	
Iopidine	NPD	
Isopto Carpine	NPD	
Istalol Drops	NPD	
ketorolac opth soln	G	
Lastacaft	NPD	PA
latanoprost	G	
levobunolol	G	
Lotemax [SM]	NPD	
loteprednol susp 0.5%	G	
Lumigan	PB	
Maxitrol	NPD	
methazolamide	G	
Moxeza	NPD	
moxifloxacin ophthalmic soln	G	
Mydriacyl	NPD	
neomycin/ polymyxin B/ dexamethasone	G	
Neosporin soln	NPD	
Nevanac Susp 0.1%	NPD	PA
Ocufen	NPD	
Ocuflox	NPD	
ofloxacin	G	
olopatadine hcl	G	
Omnipred	NPD	
Oxervate soln 200mcg/ml	NPD, SP	PA, QL
Patanol	NPD	
Phospholine Iodide	PB	
pilocarpine	G	
polymyxin B/neo/ bacitracin	G	
polymyxin B/neo/ gramicidin	G	
Polytrim	NPD	
Pred-Forte	NPD	PA
prednisolone acetate	G	
prednisolone sodium phosphate	G	
prednisolone/ sodium sulfacetamide	G	
Prolensa sol 0.07%	PB	
proparacaine	G	
Rescula	NPD	PA
Restasis	PB	QL
Rhopressa Soln 0.02%	NPD	
Rocklatan Soln 0.02-0.005%	NPD	PA
Simbrinza Susp 1-0.2%	PB	PA
sulfacetamide	G	
timolol ophth	G	
Timoptic	NPD	
Timoptic XE	NPD	
Tobradex	NPD	
tobramycin-dexamethasone	G	
tobramycin ophthalmic	LCG	
Tobrex	NPD	
Travatan Z	NPD	
travoprost	G	
trifluridine	G	
trimethoprim sulfate/ polymyxin B	G	
trimethoprim tab	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
tropicamide	LCG	
Trusopt	NPD	
Tyrvaya Sol	NPD	QL
Upneeq Soln	NPD	PA
Vigamox	NPD	
Viroptic	NPD	
Vyzulta Soln 0.024% OP	NPD	PA
Xalatan	NPD	
Xelpros Emulsion 0.005%	NPD	PA
Xiidra	PB	
Zerviate Drops 0.24%	NPD	PA
Zioptan	NPD	PA
Zymaxid	NPD	
ALLERGY, COUGH & COLD, LUNG MEDS		
Accolate	NPD	AL
acetylcysteine	G	
Advair Diskus	PB	
Advair HFA	PB	
Aerospan	NPD	PA
AirDuo Digihaler	NPD	PA
AirDuo RespiClick	NPD	PA
Albuterol AER HFA (authorized generic for Ventolin HFA)	NPD	PA, QL
albuterol AER HFA (generic of ProAir HFA and Proventil HFA)	G	QL
albuterol sulfate er	G	
albuterol sulfate nebulizer soln, syrup, tab	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Alvesco	NPD	PA
Anoro Ellipta	PB	
arformoterol neb 15/2ml	G	
ArmonAir Digihaler	NPD	PA
ArmonAir RespiClick	NPD	PA
Arnuity Ellipta	PB	
Asmanex	NPD	PA
Asmanex HFA	NPD	PA
Atrovent HFA	PB	
Auvi-Q 0.1mg	NPD	QL, AL
Auvi-Q 0.15mg and 0.3mg	NPD	PA, QL
azelastine nasal spray	G	
azelastine/ fluticasone spray 137-50	G	PA
Beconase AQ	NPD	PA
benzonatate	LCG	
Bevespi Aerosphere	NPD	PA
bosentan	G, SP	PA
Breo Ellipta	PB	
Breztri Aerosphere	PB	
bromfed DM	G	
Bronchitol Cap	NPD	PA
Brovana Neb	NPD	
budesonide susp.	G	
budesonide-formoterol	NPD	PA
carbinoxamine	G	
Cayston	NPD, SP	PA
cheratussin AC	G	5DS, QL, AL, MME
cheratussin DAC	G	5DS, QL, AL, MME
Clarinex	NPD	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Clarinex-D	NPD	PA, AL
clemastine syrup	NPD	PA
clemastine tab	G	
Combivent Respimat	PB	
cromolyn inhalation soln	G	
cyproheptadine	G	
dalfampridin ER	G, SP	PA, QL
Daliresp	NPD	
desrx gel 0.05%	G	
Dexchlor-pheniramine soln	NPD	PA
Duaklir	NPD	PA
Dulera	NPD	PA
Dymista	NPD	PA
Elixophyllin Elixir	NPD	
Epinephrine pen 0.15mg	PB	QL
epinephrine pen 0.3mg	G	QL
EpiPen	NPD	QL
EpiPen Jr.	NPD	QL
Esbriet	NPD, SP	PA, LDD
Flovent Diskus	PB	
Flovent HFA	PB	
flunisolide	G	
fluticasone propionate nasal susp	G	
fluticasone-salmeterol AER powder	G	
formoterol neb 20/2ml	G	
Grastek	NPD	PA
Hycofenix	NPD	QL, 5DS
hydrocodon-cpm-phenylephrine	G	QL, 5DS, AL, MME

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
hydrocod-cpm-pseudoephedrine	G	QL, 5DS, AL, MME
hydrocodone bit/ homatrop syrup	G	QL, 5DS, AL, MME
hydrocodone-chlorpheniramine susp	G	QL, 5DS, AL, MME
hydromet	G	QL, 5DS, AL, MME
hydroxyzine HCL syrup	G	
hydroxyzine HCl tabs	LCG	
hydroxyzine pamoate	LCG	
HyperSal	NPD	
Incruse Ellipta	PB	
ipratropium-albuterol	G	
ipratropium inhalation soln	G	
ipratropium nasal spray	G	
Isturisa	NPD, SP	QL, PA
Kitabis Pak	NPD, SP	PA, LDD
Kuvan	NPD, SP	PA
levalbuterol neb	G	
Levalbuterol tartrate HFA	NPD	QL
Lonhala Magnair Soln	NPD	PA
metaproterenol	G	
montelukast sodium	LCG	
Nucala Soln	PB, SP	PA
Obredon	NPD	QL, 5DS, AL, MME
Odactra SL	NPD	PA
Ofev	NPD, SP	PA
Oralair	NPD	PA
Palforzia cap/ powder	NPD, SP	PA
Perforomist Neb	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
ProAir Digihaler	NPD	PA, QL
ProAir HFA	NPD	QL
ProAir RespiClick	NPD	QL
promethazine	G	
promethazine/ codeine	LCG	QL, 5DS, AL, MME
promethazine/ dextrometh-orphan	G	
promethazine/ phenylephrine	G	
Proventil HFA	NPD	PA, QL
Pulmicort Flexhaler	PB	
Pulmicort Respules	NPD	PA
Pulmozyme	PB, SP	
Qvar	NPD	PA
Ragwitek	NPD	PA
Rebetol	NPD, SP	
Rezira	NPD	QL, 5DS, AL, MME
Ryclora	NPD	PA
Ryvent	NPD	
sapropterin pow/ tab	G, SP	PA
Seebri	NPD	PA
Semprex-D	NPD	QL
Serevent Diskus	PB	
Singulair	NPD	PA
sodium chloride inhalation	G	
Spiriva	PB	
Stiolto Respimat	PB	
Striverdi Respimat Aer Solution	PB	
Symbicort	PB	
Symdeko	NPD, SP	PA
Symjepi Inj	NPD	QL
terbutaline sulfate tabs	G	
Tessalon Perles	NPD	
Theo-24	PB	
theochron	G	
theophylline soln	G	
theophylline extended release	G	
Thiola [EC]	NPD, SP	
tiopronin	G, SP	
Tracleer	NPD, SP	PA
Trelegy Ellipta	PB	
Tudorza Pressair	NPD	PA
Tussicap	NPD	QL, 5DS, AL, MME
Tuxarin ER tabs	NPD	QL, 5DS, AL, MME
Tuzistra XR	NPD	QL, 5DS, AL, MME
Utibron Neohaler	NPD	PA
Ventolin HFA	NPD	PA, QL
Vistaril	NPD	
Vituz	NPD	QL, 5DS, AL, MME
VoSpire ER	NPD	
wixela inhub aer	G	
Xhance	NPD	PA
Xolair Inj	PB, SP	PA
Xopenex	NPD	
Xopenex HFA	NPD	PA, QL
Yupelri Soln	NPD	PA
Z-Tuss AC	NPD	QL, 5DS, AL, MME
zafirlukast	G	AL
zileuton ER 600mg	G	PA
Zutripro	NPD	QL, 5DS, AL, MME
Zyflo 600mg tab	NPD	AL
Zyflo CR 600mg	NPD	AL
URINARY & PROSTATE MEDS		
Accrufer	NPD	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
alfuzosin	G	
Anaspaz	NPD	
Avodart	NPD	PA, AL
bethanechol	G	
Cardura	NPD	PA
Caverject	PB	PA, QL
Cialis	NPD	PA, QL
darifenacin ER	G	
Detrol	NPD	PA
Detrol LA	NPD	PA
Ditropan XL	NPD	PA
doxazosin mesylate	G	
dutasteride	G	AL
dutasteride/ tamsulosin hcl	G	
Edex	NPD	PA, QL
ED-Spaz	NPD	
Elmiron	NPD	PA
Enablex	NPD	
finasteride	G	AL
flavoxate	G	
Flomax	NPD	PA
Gelnique Gel	NPD	PA
Gemtesa	NPD	PA
hyoscyamine	G	
hyosyne	G	
IFE-PG 20	NPD	PA, QL
Jalyn	NPD	PA
Levbid	NPD	
Levitra	NPD	PA, QL
Levsin	NPD	
Muse	PB	PA, QL
Myrbetriq	PB	
Nulev	NPD	
oscimin	G	
oxybutynin syrup	G	
oxybutynin [XR]	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Oxytrol Patch	NPD	PA
potassium citrate ER	G	
Proscar	NPD	AL
Rapaflo	NPD	PA
solifenacin	G	
Staxyn	NPD	PA, QL
Stendra	NPD	PA, QL
Symax	NPD	
tamsulosin	G	
terazosin	G	
tolterodine tartrate	G	
tolterodine tartrate LA	G	
trospium chloride	G	
Urecholine	NPD	
Urocit-K	NPD	
Uroxatral	NPD	PA
vardenafil	G	PA, QL
vardenafil ODT	G	PA, QL
Vesicare	NPD	PA
Viagra	NPD	PA, QL
VITAMINS & ELECTROLYTES		
Brand Prenatal Vitamins	NPD	PA
Buphenyl	NPD, SP	PA
Calciferol	NPD	
Dailyvite w/Zinc & NephlexRx	NPD	
Dojolvi Liq	NPD	PA
Duzallo	NPD	PA
ergocalciferol	G	
fluoritab chew tab	LCG	
Fosrenol	NPD	
Jynarque	NPD, SP	PA
K-Phos	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
K-Tab	NPD	
klor-Con	G	
lanthanum chewable tab	G	
Lokelma PAK	NPD	
Mephyton	NPD	
multivitamin with fluoride drops, tabs	LCG	
Nascobal	NPD	PA
nebusal nebulization solution	G	
Nestabs One	NPD	PA
phytonadione tab	G	
potassium bicarbonate/ potassium citrate effervescent	G	
potassium chloride	G	
pulmosal nebulization solution	G	
Quflora	NPD	
Rayaldee	NPD	PA
sodium fluoride chew tab	LCG	
sodium phenylbutyrate tab	G, SP	
Tri-Vi-Flor, Poly-Vi-Flor with and without iron	NPD	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
Berinert	NPD, SP	PA
Cablivi Kit	NPD, SP	QL
calcium acetate	G	
Carbaglu	NPD, SP	PA
carglumic	G, SP	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Cerdelga	NPD, SP	PA
Chemet	PB	
Chorionic gonadotropin	NPD, SP	
Cinryze	NPD, SP	PA
clovique	G, SP	PA
Cystadane	NPD, SP	
Cystagon	NPD, SP	PA
deferasirox tab/ granules	G	PA
deferiprone tab	G	PA
D-Penamine 125mg tablet	NPD, SP	
Doptelet	NPD, SP	PA
Empaveli Inj	NPD, SP	PA
Exjade	NPD	PA
Ferriprox	NPD	PA
Firazyr	NPD, SP	PA, QL
Firdapse	NPD, SP	PA
Galafold	NPD, SP	PA, QL
ganirelix acetate soln	G, SP	R
Haegarda	NPD, SP	PA
icatibant inj	G, SP	PA
Idelvion	NPD, SP	PA
Jadenu tab/ granules	NPD	PA
Keveyis	NPD, SP	PA
kionex suspension	G	
Metopirone	NPD	
midodrine HCl	G	
miglustat	G, SP	PA
nitisinone	G, SP	PA
Nityr	NPD, SP	PA
Novarel 5000 units	NPD, SP	
Novarel 10000 units	PB, SP	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Nulibry Inj	NPD, SP	PA
Ocaliva	NPD, SP	PA
Orfadin	NPD, SP	PA
Orladeyo	NPD, SP	PA
Oxbryta	NPD, SP	PA
Palynziq	NPD, SP	PA
penicillamine capsule	G, SP	PA
penicillamine tablet	G, SP	
PhosLo	NPD	
Phoslyra	NPD	PA
phospha	G	
Potaba	NPD	
pregnyl	G, SP	
Renagel	NPD	
Renvela	NPD	
Ridaura	NPD, SP	
Rinvoq	PB, SP	PA
Ruconest	NPD, SP	PA
Ruzurgi	NPD, SP	PA
sajazir inj	G, SP	PA, QL
sevelamer carbonate	G	
Strensiq	NPD, SP	PA
Sucraid Solution 8500 unit/ml	NPD, SP	PA
Syprine	NPD, SP	PA
Takhzyro Inj	NPD, SP	PA
Tavalisse	NPD, SP	PA
Tavneos	NPD, SP	PA
Tegsedi	NPD, SP	PA
trientine	G, SP	PA
V-GO	PB	
Vumerity	PB, SP	
Xuriden	NPD, SP	PA
Zavesca	NPD, SP	PA
Zokinvy	NPD, SP	PA

Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意：如果您讲中文，您可以得到免费的语言协助服务。致电 1-800-275-2583。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કૉલ 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 1-800-275-2583.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

Polish UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

Arabic:
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzscht, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

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。1-800-275-2583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. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh. Hódíílnih kojį' 1-800-275-2583.

Urdu:
توجہ درکارہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

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.

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: civilrightscoordinator@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*.

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