

Blue Shield Standard Drug Formulary

December 2016

Introduction to the drug formulary

The Blue Shield Standard Drug Formulary is a list of medications that are approved by the Food and Drug Administration (FDA) and are eligible for coverage under the Blue Shield outpatient prescription drug benefit.

How is the formulary drug list developed?

The formulary is developed, maintained, and regularly updated by the Blue Shield Pharmacy and Therapeutics (P&T) Committee. Voting members of the P&T Committee are independent physicians and pharmacists in our network who are expert consultants not employed by Blue Shield, and include specialists in various fields.

Placement of drugs on tiers is based on recommendations made by the P&T Committee after a review of the medical evidence and nationally recognized clinical guidelines for drug safety and effectiveness. Drug price is also considered by the P&T Committee when safety and effectiveness are similar for drugs in the same class.

What are drug tiers?

Drugs are placed into drug tiers based on defined categories. The amount you pay for drugs in different tiers will vary. Information about what you pay by drug tier can be found in the Summary of Benefits of your Blue Shield *Evidence of Coverage* (EOC).

The column titled "Tier" identifies the cost level you pay for a drug.

For members in small group plans that have not yet renewed in 2016:

Tier	Tier Name	Tier Description
1	Generic	Generic drugs
2	Preferred Brand	Preferred brand drugs
3	Non-Preferred Brand	Non-preferred brand drugs
4	Specialty	Covered Specialty Drugs

For members in small group plans that have already renewed in 2016:

Tier	Description
1	Most generic drugs and low-cost, preferred brand drugs
2	Non-preferred generic drugs, preferred brand drugs, or drugs recommended by Blue Shield's Pharmacy and Therapeutics (P&T) Committee based on drug safety, efficacy, and cost
3	Non-preferred brand drugs, drugs recommended by Blue Shield's P&T Committee based on safety, efficacy, and cost, or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier
4	Drugs that are required by the Food and Drug Administration (FDA) or drug manufacturer to be distributed by specialty pharmacies, drugs that require training or clinical monitoring for self administration, drugs manufactured using biotechnology, or drugs with a plan cost (net of rebates) greater than \$600

For members in Individual and Family Plans:

Tier	Description
1	Most generic drugs and low-cost, preferred brand drugs
2	Non-preferred generic drugs, preferred brand drugs, or drugs recommended by Blue Shield's Pharmacy and Therapeutics (P&T) Committee based on drug safety, efficacy, and cost
3	Non-preferred brand drugs, drugs recommended by Blue Shield's P&T Committee based on safety, efficacy, and cost, or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier
4	Drugs that are required by the Food and Drug Administration (FDA) or drug manufacturer to be distributed by specialty pharmacies, drugs that require training or clinical monitoring for self administration, drugs manufactured using biotechnology, or drugs with a plan cost (net of rebates) greater than \$600

Note about multi-source brand (MSB) drugs: If the Member or Provider selects a brand drug when a generic drug equivalent is available, the Member pays the difference in cost, plus the Tier 1 copayment or coinsurance. The Member or Provider can request an exception to the difference in cost through the Blue Shield prior authorization process. See the "What is the prior authorization/exception request process?" section for more information.

Blue Shield's customer service can provide additional information about specific plans. The Blue Shield customer service number is listed on your Blue Shield member ID card.

Note: Blue Shield drug formularies apply to outpatient prescription drug benefits available through plans underwritten by Blue Shield of California and Blue Shield of California Life & Health Insurance Company (individually and/or collectively referred to as Blue Shield throughout this document).

How to read the formulary drug list

Drugs are listed by drug class. A Table of Contents and Index of Drugs are provided for quick and easy reference.

- Generic drugs are listed in lowercase letters.
- Brand drugs are listed in UPPERCASE letters.
- The column titled "**Limits/Notes**" identifies coverage restrictions or limits for drugs when applicable.

Limits/Notes	Definition	Description
AL	Age Limit	Prior authorization may be required if your age does not fall within the FDA, manufacturer, or treatment guideline recommendations.
GL	Gender Limit	Prior authorization may be required if the FDA, manufacturer, or treatment guidelines do not recommend the drug for a gender.
PA	Prior Authorization	Prior authorization is required to determine coverage.
QL	Quantity Limit	The prescription quantity covered is limited. Prior authorization is required for greater than the limit.
RP	Retail Pharmacy Access	Available at a retail pharmacy.
ST	Step Therapy	Coverage is based on use of other first-line therapies/drugs.
X	Contraceptive Drugs and Devices	Covered at no charge.
XX	Contraceptive Drugs and Devices	May be covered at no charge with prior authorization.
MSB	Multi-source brand drug	Multi-source brand drugs have a generic equivalent alternative included on the drug list.

The formulary is current as of the date listed on the back cover. This formulary is subject to change on a monthly basis. For the most current information about the Blue Shield Standard formulary, visit our website at blueshieldca.com and click on the *Be Well* tab and then select *Drugs*.

What if a drug is not listed on the formulary?

For small group plans:

- **if your group contract has not yet renewed in 2016**, drugs not listed are typically covered at a higher cost-share if there are no limits like prior authorization or step therapy. Prior authorization may be required for coverage of drugs not listed.
- **if your group contract has renewed in 2016**, drugs not listed are non-formulary drugs. Drugs not listed that meet the Tier 4 description require a formulary exception based on medical necessity to be covered at the Tier 4 share of cost. All other drugs not listed require a formulary exception based on medical necessity for coverage at Tier 3.

For Individual and Family Plans: Drugs not listed are non-formulary drugs. Drugs not listed that meet the Tier 4 description require a formulary exception based on medical necessity to be covered at the Tier 4 share of cost. All other drugs not listed require a formulary exception based on medical necessity for coverage at Tier 3.

Additional information about specific prescription drug benefits and drug benefit exclusions can be found in your Blue Shield Summary of Benefits and *Evidence of Coverage* (EOC).

What is a brand drug?

A brand drug is a medication that has been approved by the FDA for sale and marketing in the United States. When the brand drug loses its patent protection, other manufacturers can make generic versions of that drug.

What is a generic drug?

A generic drug has the same active ingredient and dosage form (e.g., tablet or capsule), and works in exactly the same way as its brand counterpart. The FDA approves generic drugs when manufacturers have proven that the generic version is equally safe and effective as the brand counterpart.

What are preventive health drugs?

Preventive health drugs are select drugs required by the Affordable Care Act to be covered at no charge to members.* Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force. For more details about preventive health drugs, visit our website at blueshieldca.com and click on the *Be Well* tab and then select *Drugs*.

What is a contraceptive drug or device?

Contraceptives are drugs or devices (diaphragms or cervical caps) that help you prevent pregnancy.

All generic drug contraceptives and most contraceptive devices are covered at no charge to members.* Most brand drug contraceptives require a copayment, which may be waived based on medical necessity. Physicians or members may provide medical necessity information using the prior authorization process, by calling or faxing a form to Blue Shield Pharmacy Services (see prior authorization/exception request process).

What are Specialty Drugs?

Specialty Drugs are drugs that may require coordination of care, close monitoring, or extensive patient training for self-administration that generally cannot be met by a retail pharmacy and are available at a Network Specialty Pharmacy. Specialty Drugs may also require special handling or manufacturing processes (such as biotechnology), restriction to certain physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty Drugs are generally high cost.

Specialty Drugs may require prior authorization for medical necessity by Blue Shield. A Network Specialty Pharmacy provides Specialty Drugs by mail or, upon your request, at an associated retail pharmacy for pickup, if coverage is approved. Call the customer service number on your Blue Shield member ID card if you have questions about Specialty Drugs.

* Does not apply to grandfathered plans.

What is the prior authorization/exception request process?

Drug prior authorization is the process of obtaining advance approval of coverage for a prescription medication. Most medications are covered by Blue Shield without requiring prior authorization. However, some drugs require the patient's prescription and medical history to determine coverage for medical necessity.

Exception is the process of obtaining exceptions to the rules for drug coverage. Types of exceptions include:

- Formulary exceptions. Coverage of a non-formulary (non-listed) drug based on medical necessity and use of formulary alternative drugs first, if appropriate.
- Waiver of coverage restrictions or limits on your drug. For example, for certain drugs, there is a coverage limit on the prescription quantity dispensed. Coverage for a larger quantity requires an exception request and may be granted if medically necessary.

To request a prior authorization or an exception to a coverage rule, you may call the customer service number on your Blue Shield member ID card.

What is step therapy?

Step therapy is the practice of beginning drug therapy for a medical condition with drugs considered first-line treatment or that are more cost-effective, then progressing to drugs that are the next line in treatment or that may be less cost-effective. Step therapy requirements are based on how the FDA recommends that a drug should be used, nationally recognized treatment guidelines, medical studies, information from the drug manufacturer, and the relative cost of treatment for a condition. Other common terms used for step therapy are: "prerequisite therapy," "prior therapy," or "step therapy protocol." If step therapy coverage requirements are not met for a prescription and a physician feels that the medication is medically necessary for a patient, a physician may request an exception to the coverage requirements by contacting Blue Shield Pharmacy Services by phone or fax.

Participating retail pharmacies

Prescriptions may be filled at any participating (network) pharmacy, unless it is a prescription for a specialty drug. Based on the outpatient prescription drug plan, members may be limited to no more than a 30-day supply of medication from participating retail pharmacies. Blue Shield contracts with a wide network of retail pharmacies. To find a network pharmacy, visit our website at blueshieldca.com and click on the *Be Well* tab and then select *Drugs*.

Mail service pharmacy

Blue Shield offers an easy-to-use mail service prescription drug program through our contracted mail service pharmacy, PrimeMail. Using the mail service drug program can save time and money, and is a convenient way to fill maintenance medications for up to a 90-day supply, depending on the plan. Maintenance medications are those prescribed on an ongoing, regular basis to maintain health. For more information on using the mail service prescription benefit, please visit *Mail Service Prescriptions in the Drugs* section of the *Be Well* tab at blueshieldca.com.

Table of Contents

Analgesics	3	Antineoplastics, Other	16	Dyslipidemics, Fibrin Acid Derivatives	30
Analgesics	3	Antineoplastics	16	Dyslipidemics, Hmg Coa Reductase Inhibitors	31
Nonsteroidal Anti-Inflammatory Drugs	3	Aromatase Inhibitors, 3Rd Generation	16	Dyslipidemics, Other	31
Opioid Analgesics, Long-Acting	4	Enzyme Inhibitors	16	Vasodilators, Direct-Acting Arterial/Venous	31
Opioid Analgesics, Short-Acting	5	Molecular Target Inhibitors	16	Vasodilators, Direct-Acting Arterial	31
Anesthetics	6	Retinoids	17	Central Nervous System Agents	31
Local Anesthetics	6	Antiparasitics	17	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	31
Anti-Addiction/Substance Abuse Treatment Agents	6	Anthelmintics	17	Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines	32
Alcohol Deterrents/Anti-Craving	6	Antiprotozoals	17	Central Nervous System Agents	32
Opioid Antagonists	6	Pediculicides/Scabicides	17	Central Nervous System, Other	32
Opioid Reversal Agents	7	Antiparkinson Agents	17	Multiple Sclerosis Agents	33
Smoking Cessation Agents	7	Anticholinergics	17	Dental And Oral Agents	33
Antibacterials	7	Antiparkinson Agents, Other	17	Dental And Oral Agents	33
Aminoglycosides	7	Dopamine Agonists	17	Dermatological Agents	33
Antibacterials, Other	7	Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors	18	Dermatological Agents	33
Beta-Lactam, Cephalosporins	8	Monoamine Oxidase B (Mao-B) Inhibitors	18	Enzyme Replacement/Modifiers	36
Beta-Lactam, Penicillins	9	Antipsychotics	18	Enzyme Replacement/Modifiers	36
Macrolides	9	1St Generation/Typical	18	Gastrointestinal Agents	37
Quinolones	9	2Nd Generation/Atypical	18	Antispasmodics, Gastrointestinal	37
Sulfonamides	10	Treatment-Resistant	19	Gastrointestinal Agents, Other	37
Tetracyclines	10	Antispasticity Agents	19	Histamine2 (H2) Receptor Antagonists	37
Anticonvulsants	10	Antispasticity Agents	19	Irritable Bowel Syndrome Agents	38
Anticonvulsants, Other	10	Antivirals	19	Laxatives	38
Calcium Channel Modifying Agents	10	Anti-Cytomegalovirus (Cmv) Agents	19	Protectants	38
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents	10	Anti-Hepatitis B (Hbv) Agents	19	Proton Pump Inhibitors	38
Glutamate Reducing Agents	11	Anti-Hepatitis C (Hcv) Agents	19	Genitourinary Agents	38
Sodium Channel Agents	11	Antiherpetic Agents	19	Antispasmodics, Urinary	38
Antidementia Agents	11	Anti-Hiv Agents, Integrase Inhibitors (Insti)	20	Benign Prostatic Hypertrophy Agents	39
Antidementia Agents, Other	11	Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)	20	Genitourinary Agents, Other	39
Cholinesterase Inhibitors	11	Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)	20	Phosphate Binders	40
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist	11	Anti-Hiv Agents, Other	21	Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	40
Antidepressants	12	Anti-Hiv Agents, Protease Inhibitors	21	Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	40
Antidepressants, Other	12	Anti-Influenza Agents	21	Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	40
Monoamine Oxidase Inhibitors	12	Anxiolytics	21	Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	40
Ssris/Snrts (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)	12	Anxiolytics, Other	21	Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	40
Tricyclics	13	Benzodiazepines	22	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	40
Antiemetics	13	Bipolar Agents	23	Anabolic Steroids	40
Antiemetics, Other	13	Mood Stabilizers	23	Androgens	40
Emetogenic Therapy Adjuncts	13	Blood Glucose Regulators	23	Estrogens	41
Antifungals	13	Antidiabetic Agents	23	Progestins	44
Antifungals	13	Glycemic Agents	24	Selective Estrogen Receptor Modifying Agents	45
Antigout Agents	14	Insulins	24	Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	45
Antigout Agents	14	Blood Products/Modifiers/Volume Expanders	24	Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	45
Antihyperlipidemics	14	Anticoagulants	24	Hormonal Agents, Suppressant (Adrenal)	45
Anti-Pcsk-9 Monoclonal Antibodies	14	Blood Formation Modifiers	25	Hormonal Agents, Suppressant (Adrenal)	45
Anti-Inflammatory Agents	14	Coagulants	25	Hormonal Agents, Suppressant (Parathyroid)	45
Glucocorticoids	14	Platelet Modifying Agents	25	Hormonal Agents, Suppressant (Parathyroid)	45
Skin And Mucous Membrane Preparations Anti-Inflammatory Agents	15	Cardiovascular Agents	25	Hormonal Agents, Suppressant (Parathyroid)	45
Antimigraine Agents	15	Alpha-Adrenergic Agonists	25	Hormonal Agents, Suppressant (Pituitary)	45
Antimigraine Agents	15	Alpha-Adrenergic Blocking Agents	25	Hormonal Agents, Suppressant (Pituitary)	45
Ergot Alkaloids	15	Angiotensin Ii Receptor Antagonists	25	Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	45
Serotonin (5-Ht) 1B/1D Receptor Agonists	15	Angiotensin-Converting Enzyme (Ace) Inhibitors	27	Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	45
Antimyasthenic Agents	15	Antiarrhythmics	28	Hormonal Agents, Suppressant (Adrenal)	45
Parasympathomimetics	15	Beta-Adrenergic Blocking Agents	28	Hormonal Agents, Suppressant (Adrenal)	45
Antimycobacterials	15	Calcium Channel Blocking Agents	29	Hormonal Agents, Suppressant (Parathyroid)	45
Antimycobacterials, Other	15	Cardiovascular Agents, Other	29	Hormonal Agents, Suppressant (Parathyroid)	45
Antituberculars	15	Diuretics, Carbonic Anhydrase Inhibitors	30	Hormonal Agents, Suppressant (Pituitary)	45
Antineoplastics	15	Diuretics, Loop	30	Hormonal Agents, Suppressant (Pituitary)	45
Alkylating Agents	15	Diuretics, Potassium-Sparing	30	Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	45
Antiandrogens	16	Diuretics, Thiazide	30	Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	45
Antiangiogenic Agents	16				
Antiestrogens/Modifiers	16				
Antimetabolites	16				

Hormonal Agents, Suppressant (Thyroid)	45
<i>Antithyroid Agents</i>	45
Immunological Agents	45
<i>Immune Suppressants</i>	45
<i>Immunomodulators</i>	46
Inflammatory Bowel Disease Agents	46
<i>Aminosalicylates</i>	46
<i>Glucocorticoids</i>	46
<i>Sulfonamides</i>	47
Metabolic Bone Disease Agents	47
<i>Mast Cell Stabilizers</i>	47
<i>Metabolic Bone Disease Agents</i>	47
Miscellaneous Therapeutic Agents	47
<i>Miscellaneous Therapeutic Agents</i>	47
Narcotic	
Antituss-Decongestant-Expectorant Comb	50
<i>Respiratory Tract Agents Antitussives</i>	50
Narcotic Antitussive-Expectorant Combination	50
Ophthalmic Agents	50
<i>Ophthalmic Prostaglandin And Prostamide Analogs</i>	50
<i>Ophthalmic Agents, Other</i>	50
<i>Ophthalmic Anti-Allergy Agents</i>	50
<i>Ophthalmic Antiglaucoma Agents</i>	51
<i>Ophthalmic Anti-Inflammatories</i>	51
Otic Agents	51
<i>Otic Agents</i>	51
Respiratory Tract/Pulmonary Agents	51
<i>Antihistamines</i>	51
<i>Anti-Inflammatories, Inhaled</i>	
<i>Corticosteroids</i>	52
<i>Antileukotrienes</i>	52
<i>Bronchodilators, Anticholinergic</i>	52
<i>Bronchodilators, Sympathomimetic</i>	53
<i>Mast Cell Stabilizers</i>	53
<i>Phosphodiesterase Inhibitors, Airways Disease</i>	53
<i>Pulmonary Antihypertensives</i>	53
<i>Respiratory Tract Agents, Other</i>	53
Skeletal Muscle Relaxants	54
<i>Skeletal Muscle Relaxants</i>	54
Sleep Disorder Agents	54
<i>Gaba Receptor Modulators</i>	54
<i>Sleep Disorders, Other</i>	54
Therapeutic Nutrients/Minerals/Electrolytes	54
<i>Electrolyte/Mineral Modifiers</i>	54
<i>Electrolyte/Mineral Replacement</i>	55
<i>Vitamins</i>	56

Drug	Tier	Limits/Notes
Analgesics		
Analgesics		
bupap oral tablet 50-300 mg	1	QL (6 tabs/day)
butalbital-acetaminop-caf-cod	1	QL (9 caps/day)
butalbital-acetaminophen	1	QL (9 tabs/day)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	1	QL (6 caps/day)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	
butalbital-aspirin-caffeine oral capsule	1	
capacet	1	
fioricet oral capsule	1	QL (6 caps/day)
tencon oral tablet 50-325 mg	1	QL (9 tabs/day)
vanatol lq	1	PA QL (90 ml/day)
Nonsteroidal Anti-Inflammatory Drugs		
ARTHROTEC 50	3	MSB
ARTHROTEC 75	3	MSB
carisoprodol-aspirin	1	AL (PA required for those 65 years of age or older)
celecoxib oral capsule 100 mg, 200 mg, 50 mg	1	QL (2 caps/day)
celecoxib oral capsule 400 mg	1	QL (1 cap/day)
choline,magnesium salicylate	1	
diclofenac potassium	1	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
difflunisal	1	
etodolac	1	
fenoprofen oral capsule 200 mg	3	
fenoprofen oral capsule 400 mg	1	
fenoprofen oral tablet	1	
flurbiprofen	1	
hydrocodone-ibuprofen oral tablet 10-200 mg	1	QL (9 tabs/day)
hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg	1	QL (8 tabs/day)
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-oxycodone	1	QL (28 tabs/fill)
indomethacin oral	1	
ketoprofen oral capsule	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	
ketorolac oral	1	AL (PA required for those 65 years of age or older)
meclofenamate oral	1	
mefenamic acid	1	
meloxicam	1	
MOBIC ORAL TABLET	3	MSB
nabumetone	1	
naproxen	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen sodium oral tablet, er multiphase 24 hr	1	ST (use two prescription strength NSAIDs; one of which is naproxen, first)
oxaprozin	1	

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
oxycodone-aspirin	1	QL (18 tabs/day)
piroxicam	1	
reprexain oral tablet 10-200 mg	1	QL (9 tabs/day)
salsalate	1	
sulindac oral	1	
tolmetin	1	
xylon 10	1	QL (9 tabs/day)
Opioid Analgesics, Long-Acting		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA QL (20 patches/month)
hydromorphone oral tablet extended release 24 hr 12 mg	1	PA QL (5 tabs/day)
hydromorphone oral tablet extended release 24 hr 16 mg	1	PA QL (4 tabs/day)
hydromorphone oral tablet extended release 24 hr 32 mg	1	PA QL (2 tabs/day)
hydromorphone oral tablet extended release 24 hr 8 mg	1	PA QL (1 tab/day)
levorphanol tartrate	1	QL (9 tabs/day)
methadone intensol	1	PA QL (18 ml/day)
methadone oral concentrate	1	PA QL (18 ml/day)
methadone oral solution 10 mg/5 ml	1	PA QL (90 ml/day)
methadone oral solution 5 mg/5 ml	1	PA QL (180 ml/day)
methadone oral tablet 10 mg	1	PA QL (18 tabs/day)
methadone oral tablet 5 mg	1	PA QL (36 tabs/day)
methadone oral tablet,soluble	1	PA QL (5 tabs/day)
methadose oral tablet,soluble	1	PA QL (5 tabs/day)
morphine oral capsule, er multiphase 24 hr 120 mg	1	PA QL (13 caps/day)
morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg	1	PA QL (1 cap/day)
morphine oral capsule, er multiphase 24 hr 90 mg	1	PA QL (3 caps/day)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 30 mg, 50 mg	1	PA QL (2 caps/day)
morphine oral capsule,extend.release pellets 20 mg	1	PA QL (4 caps/day)
morphine oral capsule,extend.release pellets 60 mg, 80 mg	1	PA QL (3 caps/day)
morphine oral tablet extended release 100 mg, 200 mg	1	QL (3 tabs/day)
morphine oral tablet extended release 15 mg, 30 mg	1	QL (6 tabs/day)
morphine oral tablet extended release 60 mg	1	QL (5 tabs/day)
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg	1	PA QL (9 tabs/day)
oxycodone oral tablet,oral only,ext.rel.12 hr 15 mg, 20 mg, 30 mg	1	PA QL (6 tabs/day)
oxycodone oral tablet,oral only,ext.rel.12 hr 40 mg, 80 mg	1	PA QL (4 tabs/day)
oxycodone oral tablet,oral only,ext.rel.12 hr 60 mg	1	PA QL (2 tabs/day)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	PA QL (2 tabs/day)
oxymorphone oral tablet extended release 12 hr 40 mg	1	PA QL (4 tabs/day)
tramadol oral capsule,er biphasic 24 hr 17-83	1	ST QL (use tramadol ER first; 1 cap/day)
tramadol oral capsule,er biphasic 24 hr 25-75 100 mg, 200 mg	1	ST QL (use tramadol ER first; 1 cap/day)
tramadol oral capsule,er biphasic 24 hr 25-75 150 mg	1	ST QL (use tramadol [Ultram] ir or er first; 2 caps/day)
tramadol oral tablet extended release 24 hr 100 mg	1	ST QL (use tramadol IR first; 3 tabs/day)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	1	ST QL (use tramadol IR first; 1 tab/day)
tramadol oral tablet, er multiphase 24 hr	1	ST QL (use tramadol IR first; 1 tab/day)

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
Opioid Analgesics, Short-Acting		
acetaminophen-caff-dihydrocod oral capsule	1	PA QL (10 caps/day)
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	1	QL (170 ml/day)
acetaminophen-codeine oral solution 240 mg-24 mg /10 ml (10 ml)	1	QL (170ml/day)
acetaminophen-codeine oral tablet 300-15 mg	1	QL (20 tabs/day)
acetaminophen-codeine oral tablet 300-30 mg	1	QL (18 tabs/day)
acetaminophen-codeine oral tablet 300-60 mg	1	QL (9 tabs/day)
aspirin-caffeine-dihydrocodein	1	QL (17 caps/day)
butorphanol tartrate nasal	1	QL (4 canisters/month at 2 canisters/fill)
carisoprodol-asa-codeine	1	AL QL (PA required for those 65 years of age or older; 12 tabs/day)
codeine sulfate oral tablet 15 mg	1	QL (36 tabs/day)
codeine sulfate oral tablet 30 mg	1	QL (18 tabs/day)
codeine sulfate oral tablet 60 mg	1	QL (9 tabs/day)
endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	1	QL (18 tabs/day)
endocet oral tablet 5-325 mg	1	QL (12 tabs/day)
fentanyl citrate	1	PA QL (4 lozenges/day)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	1	PA QL (185 ml/day)
hydrocodone-acetaminophen oral solution 2.5-167 mg/5 ml	1	QL (180 ml/day)
hydrocodone-acetaminophen oral solution 5-163 mg/7.5ml(7.5ml)	1	PA QL (180 ml/day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	QL (270 ml/day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	1	QL (20 tabs/day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL (18 tabs/day)
hydromorphone oral liquid	1	QL (120 ml/day)
hydromorphone oral tablet 2 mg	1	QL (60 tabs/day)
hydromorphone oral tablet 4 mg	1	QL (30 tabs/day)
hydromorphone oral tablet 8 mg	1	QL (15 tabs/day)
hydromorphone rectal	1	QL (9 suppositories/day)
lorcet (hydrocodone)	1	QL (18 tabs/day)
lorcet hd	1	QL (18 tabs/day)
lorcet plus oral tablet 7.5-325 mg	1	QL (18 tabs/day)
lortab 10-325	1	QL (18 tabs/day)
lortab 5-325	1	QL (18 tabs/day)
lortab 7.5-325	1	QL (18 tabs/day)
lortab elixir oral solution 10-300 mg/15 ml	1	QL (67.5 ml/day)
meperidine oral solution	1	AL QL (PA required for those 65 years of age or older; 180 ml/day)
meperidine oral tablet 100 mg	1	AL QL (PA required for those 65 years of age or older; 18 tabs/day)
meperidine oral tablet 50 mg	1	AL QL (PA required for those 65 years of age or older; 36 tabs/day)
morphine concentrate oral solution	1	QL (14 ml/day)
morphine oral solution 10 mg/5 ml	1	QL (135 ml/day)
morphine oral solution 20 mg/5 ml (4 mg/ml)	1	QL (68 ml/day)
morphine oral tablet 15 mg	1	QL (18 tabs/day)
morphine oral tablet 30 mg	1	QL (9 tabs/day)

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
morphine rectal suppository 10 mg	1	QL (27 suppositories/day)
morphine rectal suppository 20 mg	1	QL (14 suppositories/day)
morphine rectal suppository 30 mg	1	QL (9 suppositories/day)
morphine rectal suppository 5 mg	1	QL (54 suppositories/day)
oxycodone oral capsule	1	QL (12 caps/day)
oxycodone oral concentrate	1	QL (12 ml/day)
oxycodone oral solution	1	QL (240 ml/day)
oxycodone oral tablet 10 mg	1	QL (36 tabs/day)
oxycodone oral tablet 15 mg	1	QL (24 tabs/day)
oxycodone oral tablet 20 mg	1	QL (18 tabs/day)
oxycodone oral tablet 30 mg, 5 mg	1	QL (12 tabs/day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	1	QL (18 tabs/day)
oxycodone-acetaminophen oral tablet 5-325 mg	1	QL (12 tabs/day)
oxymorphone oral tablet	1	PA QL (12 tabs/day)
pentazocine-naloxone	1	AL QL (PA required for those 65 years of age or older; 18 tabs/day)
primlev	1	QL (20 tabs/day)
tramadol oral tablet	1	
tramadol-acetaminophen	1	QL (12 tabs/day)
verdrocet	1	QL (18 tabs/day)
vicodin	1	QL (20 tabs/day)
vicodin es	1	QL (20 tabs/day)
vicodin hp	1	QL (20 tabs/day)
Anesthetics		
Local Anesthetics		
ethyl chloride	1	
glydo	1	
lidocaine hcl mucous membrane jelly	1	
lidocaine hcl mucous membrane jelly in applicator	1	
lidocaine hcl topical cream 3 %	1	
lidocaine hcl topical lotion	1	
lidocaine topical adhesive patch,medicated	1	QL (90 patches/month)
lidocaine topical ointment	1	
lidocaine viscous	1	
lidocaine-prilocaine topical cream	1	
lido-k	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
acamprosate	1	
disulfiram	1	
revia	1	
Opioid Antagonists		
buprenorphine hcl sublingual tablet 2 mg	1	PA QL (16 tabs/day)
buprenorphine hcl sublingual tablet 8 mg	1	PA QL (4 tabs/day)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	PA QL (16 tabs/day)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	PA QL (4 tabs/day)

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
naltrexone	1	
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	PA QL (2 films/day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	PA QL (16 films/day)
SUBOXONE SUBLINGUAL FILM 4-1 MG	3	PA QL (8 films/day)
SUBOXONE SUBLINGUAL FILM 8-2 MG	3	PA QL (4 films/day)
Opioid Reversal Agents		
naloxone injection solution	1	QL (two 1 ml vials/month)
naloxone injection syringe	1	QL (2 syringes/month)
NARCAN	3	QL (2 doses/month)
Smoking Cessation Agents		
bupropion hcl (smoking deter)	1	QL (2 tabs/day, max 24 weeks treatment/year)
bupropion hcl oral tablet extended release 150 mg	1	QL (3 tabs/day)
CHANTIX	3	QL (2 tabs/day, max 24 weeks treatment/year)
CHANTIX CONTINUING MONTH BOX	3	QL (2 tabs/day, max 24 weeks treatment/year)
CHANTIX STARTING MONTH BOX	3	QL (1 starting month box/28 days, max 24 weeks treatment/year)
NICOTROL	3	QL (16 cartridges/day, max 24 weeks treatment per year)
NICOTROL NS	3	QL (2 ml/day, max 24 weeks treatment per year)
Antibacterials		
Aminoglycosides		
gentak ophthalmic ointment	1	
gentamicin ophthalmic	1	
gentamicin topical	1	
neomycin	1	
neomycin-polymyxin b gu	1	PA QL (1 ml/day)
neomycin-polymyxin-gramicidin	1	
neosporin (neo-polym-gramicid)	1	
paromomycin	1	
TOBRADEX OPHTHALMIC OINTMENT	2	
tobramycin	1	
tobramycin-dexamethasone	1	
TOBEX OPHTHALMIC OINTMENT	3	
ZYLET	2	
Antibacterials, Other		
amoxicil-clarithromy-lansopraz	1	QL (one 14-day course/month)
bacitracin ophthalmic	1	
bacitracin-polymyxin b ophthalmic	1	
clindacin etz topical swab	1	
clindacin p	1	
clindamycin hcl	1	
clindamycin palmitate hcl	1	
clindamycin pediatric	1	
clindamycin phosphate topical foam	1	QL (1 can/month)
clindamycin phosphate topical gel	1	
clindamycin phosphate topical lotion	1	
clindamycin phosphate topical solution	1	
clindamycin phosphate topical swab	1	

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
clindamycin phosphate vaginal	1	
indiomib	1	QL (4 caps/day)
linezolid oral	1	PA
methenamine hippurate	1	
methenamine mandelate	1	
metronidazole oral	1	
metronidazole topical cream	1	
metronidazole topical lotion	1	
metronidazole vaginal	1	
mupirocin	1	
mupirocin calcium	1	
neomycin-bacitracin-poly-hc	1	
neomycin-bacitracin-polymyxin	1	
neomycin-polymyxin b-dexameth	1	
neomycin-polymyxin-hc	1	
neo-polycin	1	
neo-polycin hc	1	
nitrofurantoin macrocrystal	1	AL (PA required for those 65 years of age or older)
nitrofurantoin monohyd/m-cryst	1	AL (PA required for those 65 years of age or older)
nitrofurantoin oral	1	AL (PA required for those 65 years of age or older)
polycin	1	
polymyxin b sulf-trimethoprim	1	
relagard	1	
rosadan topical cream	1	
silver sulfadiazine	1	
SSD	3	MSB
trimethoprim	1	
vancomycin oral	1	
Beta-Lactam, Cephalosporins		
cefaclor oral capsule	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	1	QL (14 tabs/fill)
cefadroxil oral capsule	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet	1	
cefdinir	1	
cefditoren pivoxil	1	
cefixime	1	
cefpodoxime	1	
cefprozil	1	
ceftibuten	1	
cefuroxime axetil oral suspension for reconstitution 125 mg/5 ml	1	
cefuroxime axetil oral tablet	1	
cephalexin	1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	3	

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
SUPRAX ORAL TABLET,CHEWABLE	3	
Beta-Lactam, Penicillins		
amoxicillin oral capsule	1	
amoxicillin oral suspension for reconstitution	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg, 400 mg	1	
amoxicillin-pot clavulanate oral suspension for reconstitution	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg	1	
amoxicillin-pot clavulanate oral tablet 875-125 mg	1	QL (2 tabs/day)
amoxicillin-pot clavulanate oral tablet extended release 12 hr	1	
amoxicillin-pot clavulanate oral tablet,chewable	1	
ampicillin	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML, 250-62.5 MG/5 ML	3	MSB
AUGMENTIN ORAL TABLET 500-125 MG	3	MSB
AUGMENTIN ORAL TABLET 875-125 MG	3	MSB QL (2 tabs/day)
AUGMENTIN XR	3	MSB
dicloxacillin	1	
penicillin v potassium	1	
Macrolides		
azithromycin oral	1	
clarithromycin oral suspension for reconstitution	1	
clarithromycin oral tablet	1	QL (42 tabs/fill)
clarithromycin oral tablet extended release 24 hr	1	QL (42 tabs/fill)
erythromycin ethylsuccinate oral suspension for reconstitution	1	
erythromycin ethylsuccinate oral tablet	1	
erythromycin ophthalmic	1	
erythromycin oral capsule,delayed release(dr/ec)	1	
erythromycin oral tablet	1	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	MSB
ZITHROMAX ORAL TABLET	3	MSB
Quinolones		
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML	3	MSB QL (2 bottles/fill)
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 500 MG/5 ML	3	MSB QL (3 bottles/fill)
CIPRO ORAL TABLET 250 MG, 500 MG	3	MSB QL (2 tabs/day)
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg	1	QL (14 tabs/fill)
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 500 mg	1	QL (3 tabs/fill)
ciprofloxacin hcl ophthalmic	1	
ciprofloxacin hcl oral	1	QL (2 tabs/day)
ciprofloxacin hcl otic	1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml	1	QL (2 bottles/fill)
ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml	1	QL (3 bottles/fill)
gatifloxacin	1	QL (one 2.5 ml bottle/month)
LEVAQUIN ORAL TABLET	3	MSB QL (10 tabs/fill)
levofloxacin ophthalmic	1	
levofloxacin oral solution	1	QL (300 ml/fill)
levofloxacin oral tablet	1	QL (10 tabs/fill)

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
MOXEZA	3	
moxifloxacin	1	QL (10 tabs/fill)
ofloxacin ophthalmic	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
ofloxacin otic	1	
VIGAMOX	3	
Sulfonamides		
sulfacetamide sodium (acne)	1	
sulfacetamide sodium ophthalmic drops	1	
sulfadiazine oral	1	
sulfamethoxazole-trimethoprim oral	1	
SULFATRIM	3	MSB
Tetracyclines		
avidoxy	1	
demeclocycline	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg	1	
doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 75 mg	1	
doxycycline hyclate oral tablet, delayed release (dr/ec) 150 mg	1	QL (1 tab/day)
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral suspension for reconstitution	1	
doxycycline monohydrate oral tablet	1	
minocycline oral capsule	1	
minocycline oral tablet	1	
minocycline oral tablet extended release 24 hr	1	PA
mondoxyne nl	1	
morgidox	1	
tetracycline	1	
Anticonvulsants		
Anticonvulsants, Other		
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
levetiracetam oral tablet extended release 24 hr 500 mg	1	QL (6 tabs/day)
levetiracetam oral tablet extended release 24 hr 750 mg	1	QL (4 tabs/day)
phenobarbital	1	
roweepra	1	
Calcium Channel Modifying Agents		
ethosuximide	1	
zonisamide	1	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
divalproex	1	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5 ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
primidone	1	
tiagabine	1	

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
valproic acid	1	
valproic acid (as sodium salt) oral solution	1	
Glutamate Reducing Agents		
felbamate	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet disintegrating, dose pk	1	PA QL (1 starter pack/month)
lamotrigine oral tablet extended release 24hr 100 mg, 25 mg, 50 mg	1	ST QL (use generic lamotrigine immediate-release first; 1 tab/day)
lamotrigine oral tablet extended release 24hr 200 mg	1	ST QL (use generic lamotrigine immediate-release first; 3 tabs/day)
lamotrigine oral tablet extended release 24hr 250 mg, 300 mg	1	ST QL (use generic lamotrigine immediate-release first; 2 tabs/day)
lamotrigine oral tablet, chewable dispersible	1	
lamotrigine oral tablet, disintegrating	1	PA
topiramate oral capsule, sprinkle	1	
topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg	1	PA QL (1 cap/day)
topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg	1	PA QL (2 caps/day)
topiramate oral tablet	1	
Sodium Channel Agents		
BANZEL ORAL SUSPENSION	3	ST QL (use two of the following first: clonazepam, felbamate, lamotrigine, or topiramate; 80 ml/day)
BANZEL ORAL TABLET	3	ST QL (use two of the following first: clonazepam, felbamate, lamotrigine, or topiramate; 2 tabs/day)
DILANTIN	2	
DILANTIN EXTENDED	2	
DILANTIN INFATABS	2	
DILANTIN-125	2	
oxcarbazepine oral suspension	1	QL (40 ml/day)
oxcarbazepine oral tablet 150 mg, 300 mg	1	QL (2 tabs/day)
oxcarbazepine oral tablet 600 mg	1	QL (4 tabs/day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	3	ST QL (use oxcarbazepine immediate release first; 1 tab/day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	ST QL (use oxcarbazepine immediate release first; 4 tabs/day)
phenytoin oral suspension	1	
phenytoin oral tablet, chewable	1	
phenytoin sodium extended	1	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid	1	AL (PA required for those 65 years of age or older)
Cholinesterase Inhibitors		
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	1	ST QL (use donepezil 5mg or 10mg first; 1 tab/day)
donepezil oral tablet, disintegrating	1	
galantamine	1	
rivastigmine	1	QL (1 patch/day)
rivastigmine tartrate	1	
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
memantine oral solution	1	

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
memantine oral tablet	1	QL (2 tabs/day)
memantine oral tablets,dose pack	1	
NAMENDA XR	3	QL (1 cap/day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 28-10 MG	3	QL (1 cap/day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 21-10 MG, 7-10 MG	3	QL (1 tab/day)
Antidepressants		
Antidepressants, Other		
bupropion hcl oral tablet 100 mg	1	QL (4 tabs/day)
bupropion hcl oral tablet 75 mg	1	QL (6 tabs/day)
bupropion hcl oral tablet extended release 100 mg	1	QL (4 tabs/day)
bupropion hcl oral tablet extended release 200 mg	1	QL (2 tabs/day)
bupropion hcl oral tablet extended release 24 hr 150 mg	1	QL (3 tabs/day)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	QL (1 tab/day)
maprotiline	1	
mirtazapine	1	
nefazodone	1	
trazodone	1	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 100 MG	3	MSB QL (4 tabs/day)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 150 MG	3	MSB QL (3 tabs/day)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 200 MG	3	MSB QL (2 tabs/day)
Monoamine Oxidase Inhibitors		
phenelzine	1	
tranylcypromine	1	
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
CELEXA ORAL TABLET	3	MSB QL (40 mg/day)
citalopram	1	QL (40 mg/day)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg	1	QL (3 caps/day)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	QL (1 cap/day)
duloxetine oral capsule,delayed release(dr/ec) 60 mg	1	QL (2 caps/day)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	MSB QL (2 caps/day)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	3	MSB QL (3 caps/day)
escitalopram oxalate	1	
fluoxetine oral capsule	1	
fluoxetine oral capsule,delayed release(dr/ec)	1	QL (4 caps/month)
fluoxetine oral solution	1	
fluoxetine oral tablet 10 mg, 20 mg	1	
fluvoxamine oral capsule,extended release 24hr 100 mg	1	ST QL (use fluvoxamine ir tabs first; 3 caps/day)
fluvoxamine oral capsule,extended release 24hr 150 mg	1	ST QL (use fluvoxamine ir tabs first; 2 caps/day)
fluvoxamine oral tablet	1	
LEXAPRO	3	MSB
paroxetine hcl oral tablet	1	
paroxetine hcl oral tablet extended release 24 hr	1	
PAXIL CR	3	MSB
PAXIL ORAL TABLET	3	MSB
PRISTIQ	3	ST QL (use venlafaxine ER or regular release, or a drug from the SSRI class first; 1 tab/day)

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
sertraline	1	
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	QL (2 caps/day)
venlafaxine oral capsule,extended release 24hr 75 mg	1	QL (3 caps/day)
venlafaxine oral tablet	1	
venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg	1	QL (1 tab/day)
ZOLOFT	3	MSB
Tricyclics		
amitriptyline	1	
amoxapine	1	
clomipramine	1	
desipramine oral	1	
imipramine hcl	1	
imipramine pamoate	1	
nortriptyline	1	
protriptyline	1	
trimipramine	1	
Antiemetics		
Antiemetics, Other		
chlorpromazine oral	1	
compazine rectal	1	
compro	1	
hydroxyzine hcl oral solution 10 mg/5 ml	1	AL (PA required for those 65 years of age or older)
hydroxyzine hcl oral tablet	1	AL (PA required for those 65 years of age or older)
hydroxyzine pamoate	1	AL (PA required for those 65 years of age or older)
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet,disintegrating	1	PA QL (4 tabs/day)
phenadoz	1	AL (PA required for those 65 years of age or older)
phenergan rectal	1	AL (PA required for those 65 years of age or older)
prochlorperazine	1	
prochlorperazine maleate oral	1	
promethazine oral	1	AL (PA required for those 65 years of age or older)
promethazine rectal	1	AL (PA required for those 65 years of age or older)
promethegan	1	AL (PA required for those 65 years of age or older)
TRANSDERM-SCOP	3	
trimethobenzamide oral	1	AL (PA required for those 65 years of age or older)
Emetogenic Therapy Adjuncts		
dronabinol	1	QL (6 caps/day)
granisetron hcl oral	1	QL (2 tabs/fill)
ondansetron	1	QL (3 tabs/day)
ondansetron hcl oral solution	1	QL (1 bottle/fill)
ondansetron hcl oral tablet 24 mg	1	QL (1 tab/fill)
ondansetron hcl oral tablet 4 mg, 8 mg	1	QL (3 tabs/day)
Antifungals		
Antifungals		
ciclofanol	1	

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
ciclopirox	1	
clotrimazole mucous membrane	1	
clotrimazole-betamethasone	1	
econazole topical	1	
exoderm	1	
fluconazole	1	
flucytosine	1	
griseofulvin microsize	1	
griseofulvin ultramicrosized	1	
gynazole-1	1	
itraconazole	1	PA
ketoconazole oral	1	
ketoconazole topical cream	1	
ketoconazole topical foam	1	ST (use topical ketoconazole 2% cream or shampoo first)
ketoconazole topical shampoo	1	
miconazole-3 vaginal suppository	1	
naftifine	1	ST (use one preferred topical antifungal first)
nyamyc	1	
nystatin	1	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole	1	ST (use one preferred topical antifungal first)
selenium sulfide topical lotion	1	QL (1 bottle/month)
selenium sulfide topical shampoo 2.25 %	1	
terbinafine hcl oral	1	QL (30 tabs/month)
terconazole	1	
voriconazole oral	1	PA
Antigout Agents		
Antigout Agents		
allopurinol	1	
colchicine oral capsule	1	QL (2 caps/day)
colchicine oral tablet	1	QL (4 tabs/day)
probenecid	1	
probenecid-colchicine	1	
ZYLOPRIM	3	MSB
Antihyperlipidemics		
Anti-Pcsk-9 Monoclonal Antibodies		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA QL (2 pen injectors/month)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	4	PA QL (2 pen injectors/month)
PRALUENT SYRINGE	4	PA QL (2 syringes/month)
Anti-Inflammatory Agents		
Glucocorticoids		
acetazol hc	1	
hydrocortisone-acetic acid	1	
hydrocortisone-pramoxine topical	1	
methylprednisolone	1	
pramcort	1	

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
Skin And Mucous Membrane Preparations Anti-Inflammatory Agents		
lidocaine hcl-hydrocortison ac topical	1	
Antimigraine Agents		
Antimigraine Agents		
isometh-dichloral-acetaminophn	1	QL (15 caps/day)
isomethepten-caf-acetaminophen oral tablet 65-20-325 mg	1	QL (10 tabs/day)
nodolor	1	QL (15 caps/day)
Ergot Alkaloids		
dihydroergotamine injection	1	PA
dihydroergotamine nasal	1	QL (8 vials/month)
migergot	1	QL (5 suppositories/week)
Serotonin (5-HT) 1B/1D Receptor Agonists		
almotriptan malate	1	ST QL (use two of the following first: naratriptan, rizatriptan, sumatriptan or zolmitriptan; 24 tabs/month)
frovatriptan	1	ST QL (use two of the following first: naratriptan, rizatriptan, sumatriptan or zolmitriptan; 27 tabs/month)
IMITREX ORAL	3	MSB QL (18 tabs/month)
MAXALT	3	MSB QL (24 tabs/month)
MAXALT-MLT	3	MSB QL (24 tabs/month)
naratriptan	1	QL (18 tabs/month)
rizatriptan	1	QL (24 tabs/month)
sumatriptan	1	QL (18 nasal sprays/month)
sumatriptan succinate oral	1	QL (18 tabs/month)
sumatriptan succinate subcutaneous cartridge	1	QL (16 injections/month at 4 injections/fill)
sumatriptan succinate subcutaneous pen injector	1	QL (16 injections/month at 4 injections/fill)
sumatriptan succinate subcutaneous solution	1	QL (16 injections/month at 4 injections/fill)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	1	QL (16 injections/month at 4 injections/fill)
zolmitriptan	1	QL (18 tabs/month)
Antimyasthenic Agents		
Parasympathomimetics		
guanidine	1	
pyridostigmine bromide oral tablet	1	QL (25 tabs/day)
pyridostigmine bromide oral tablet extended release	1	QL (6 tabs/day)
Antimycobacterials		
Antimycobacterials, Other		
dapsone	1	
rifabutin	1	
Antituberculars		
cycloserine	1	
ethambutol	1	
isoniazid oral	1	
PRIFTIN	2	
pyrazinamide	1	
rifampin oral	1	
Antineoplastics		
Alkylating Agents		
cyclophosphamide oral capsule	2	

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
GLEOSTINE ORAL CAPSULE 5 MG	2	
LEUKERAN	4	
MATULANE	4	
Antiandrogens		
bicalutamide	1	GL (covered for males only)
flutamide	1	
XTANDI	4	PA QL (4 caps/day)
ZYTIGA	4	PA QL (4 tabs/day)
Antiangiogenic Agents		
REVLIMID	4	PA QL (1 cap/day)
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	PA QL (1 cap/day)
THALOMID ORAL CAPSULE 150 MG, 200 MG	3	PA QL (2 caps/day)
Antiestrogens/Modifiers		
FARESTON	4	
tamoxifen	1	
Antimetabolites		
hydroxyurea	1	
mercaptopurine	1	
Antineoplastics, Other		
PICATO TOPICAL GEL 0.015 %	3	QL (3 doses/month)
PICATO TOPICAL GEL 0.05 %	3	QL (2 doses/month)
Antineoplastics		
leucovorin calcium oral	1	
MESNEX ORAL	2	
ZOLINZA	4	PA QL (4 caps/day)
Aromatase Inhibitors, 3Rd Generation		
anastrozole	1	AL GL (covered for female > 45 years of age)
exemestane	1	PA
letrozole	1	AL GL (covered for female > 45 years of age)
Enzyme Inhibitors		
etoposide oral	4	
HYCANTIN ORAL	3	
Molecular Target Inhibitors		
AFINITOR ORAL TABLET 10 MG, 7.5 MG	4	PA QL (2 tabs/day)
AFINITOR ORAL TABLET 2.5 MG, 5 MG	4	PA QL (1 tab/day)
CAPRELSA ORAL TABLET 100 MG	4	PA QL (2 tabs/day)
CAPRELSA ORAL TABLET 300 MG	4	PA QL (1 tab/day)
imatinib oral tablet 100 mg	4	PA QL (8 tabs/day)
imatinib oral tablet 400 mg	4	PA QL (2 tabs/day)
NEXAVAR	4	PA QL (4 tabs/day)
SPRYCEL ORAL TABLET 100 MG, 140 MG	4	PA QL (1 tab/day)
SPRYCEL ORAL TABLET 20 MG, 50 MG	4	PA QL (3 tabs/day)
SPRYCEL ORAL TABLET 70 MG, 80 MG	4	PA QL (2 tabs/day)
STIVARGA	4	PA QL (4 tabs/day)
SUTENT ORAL CAPSULE 12.5 MG	4	PA QL (3 caps/day)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	4	PA QL (1 cap/day)
TARCEVA ORAL TABLET 100 MG, 150 MG	4	PA QL (1 tab/day)

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
TARCEVA ORAL TABLET 25 MG	4	PA QL (3 tabs/day)
TASIGNA	4	PA QL (4 caps/day)
TYKERB	3	PA QL (22 tabs/day)
VOTRIENT	4	PA QL (4 tabs/day)
XALKORI	4	PA QL (2 caps/day)
Retinoids		
PANRETIN	4	PA
tretinoin (chemotherapy)	1	QL (9 caps/day)
Antiparasitics		
Anthelmintics		
ALBENZA	3	QL (4 tabs/day)
BILTRICIDE	3	
ivermectin oral	1	QL (20 tabs/fill)
STROMECTOL	3	MSB QL (20 tabs/fill)
Antiprotozoals		
atovaquone	1	PA
atovaquone-proguanil oral tablet 250-100 mg	1	QL (1 tab/day)
atovaquone-proguanil oral tablet 62.5-25 mg	1	QL (3 tabs/day)
chloroquine phosphate oral	1	
COARTEM	3	QL (24 tabs/fill)
DARAPRIM	3	
hydroxychloroquine oral	1	
MALARONE	3	MSB QL (1 tab/day)
mefloquine	1	QL (4 tabs/fill)
primaquine	1	
quinine sulfate	1	QL (6 caps/day)
tinidazole oral tablet 250 mg	1	QL (40 tabs/fill)
tinidazole oral tablet 500 mg	1	QL (20 tabs/fill)
Pediculicides/Scabicides		
lindane topical shampoo	1	
malathion	1	
permethrin topical cream	1	
spinosad	1	QL (1 bottle/fill)
Antiparkinson Agents		
Anticholinergics		
benztropine oral	1	
trihexyphenidyl	1	
Antiparkinson Agents, Other		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg	1	
entacapone	1	QL (8 tabs/day)
tolcapone	1	QL (6 tabs/day)
Dopamine Agonists		
APOKYN	4	PA
bromocriptine	1	
MIRAPEX ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	3	MSB
pramipexole oral tablet	1	
pramipexole oral tablet extended release 24 hr	1	QL (1 tab/day)

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
ropinirole oral tablet	1	
ropinirole oral tablet extended release 24 hr 12 mg	1	QL (2 tabs/day)
ropinirole oral tablet extended release 24 hr 2 mg, 4 mg, 6 mg	1	QL (1 tab/day)
ropinirole oral tablet extended release 24 hr 8 mg	1	QL (3 tabs/day)
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
carbidopa	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet extended release	1	
carbidopa-levodopa oral tablet, disintegrating	1	QL (8 tabs/day)
carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
SINEMET	3	MSB
SINEMET CR	3	MSB
Monoamine Oxidase B (Mao-B) Inhibitors		
AZILECT	2	QL (1 tab/day)
selegiline hcl	1	
Antipsychotics		
1st Generation/Typical		
fluphenazine hcl oral	1	
haloperidol	1	
haloperidol lactate oral	1	
loxapine succinate	1	
molindone	1	
perphenazine	1	
perphenazine-amitriptyline	1	
pimozide	1	
thioridazine	1	AL (PA required for those 65 years of age or older)
thiothixene	1	
trifluoperazine	1	
2nd Generation/Atypical		
aripiprazole oral solution	1	QL (25 ml/day)
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	QL (1 tab/day)
aripiprazole oral tablet 2 mg	1	QL (4 tabs/day)
aripiprazole oral tablet 5 mg	1	QL (2 tabs/day)
aripiprazole oral tablet, disintegrating	1	QL (2 tabs/day)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	2	ST QL (use risperidone, ziprasidone, quetiapine, Seroquel XR, or olanzapine-fluoxetine first; 1 tab/day)
LATUDA ORAL TABLET 80 MG	2	ST QL (use risperidone, ziprasidone, quetiapine, Seroquel XR, or olanzapine-fluoxetine first; 2 tabs/day)
olanzapine oral	1	
olanzapine-fluoxetine	1	
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	PA QL (1 tab/day)
paliperidone oral tablet extended release 24hr 6 mg	1	PA QL (2 tabs/day)
quetiapine oral tablet	1	
risperidone oral solution	1	
risperidone oral tablet	1	
risperidone oral tablet, disintegrating	1	
SAPHRIS (BLACK CHERRY)	3	QL (2 tabs/day)

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	2	
ziprasidone hcl	1	
Treatment-Resistant		
clozapine	1	
Antispasticity Agents		
Antispasticity Agents		
baclofen	1	
dantrolene	1	
NEURONTIN	3	MSB
tizanidine	1	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
VALCYTE ORAL RECON SOLN	3	
valganciclovir	1	
ZIRGAN	3	QL (1 tube/month)
Anti-Hepatitis B (Hbv) Agents		
adefovir	4	QL (1 tab/day)
BARACLUDE ORAL SOLUTION	4	QL (3 bottles/month)
entecavir	4	QL (1 tab/day)
EPIVIR HBV ORAL SOLUTION	2	QL (3 bottles/month)
INTRON A INJECTION	4	PA
lamivudine oral tablet 100 mg	1	QL (1 tab/day)
PEGASYS PROCLICK	4	PA QL (1 pen/week)
PEGASYS SUBCUTANEOUS SOLUTION	4	PA QL (1 vial/week)
PEGASYS SUBCUTANEOUS SYRINGE	4	PA QL (1 syringe/week)
TYZEKA	4	PA QL (1 tab/day)
Anti-Hepatitis C (Hcv) Agents		
EPCLUSA	4	PA QL (1 tab/day)
HARVONI	4	PA QL (1 tab/day)
moderiba	1	
PEGINTRON	4	PA
PEGINTRON REDIPEN	4	PA
ribasphere	1	
ribavirin oral capsule	1	
ribavirin oral tablet 200 mg	1	
SOVALDI	4	PA QL (1 tab/day)
TECHNIVIE	4	PA QL (2 tabs/day)
VIEKIRA PAK	4	PA QL (4 tabs/day)
Antiherpetic Agents		
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet	1	
acyclovir topical	1	PA QL (1 tube/fill)
famciclovir	1	
trifluridine	1	
valacyclovir	1	

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
ISENTRESS ORAL POWDER IN PACKET	2	QL (2 packets/day)
ISENTRESS ORAL TABLET	2	QL (4 tabs/day)
ISENTRESS ORAL TABLET,CHEWABLE	2	QL (6 tabs/day)
TIVICAY	3	QL (2 tabs/day)
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA	3	QL (1 tab/day)
EDURANT	2	QL (2 tabs/day)
INTELENCE ORAL TABLET 100 MG	2	ST QL (use in combination with other antiretroviral therapy; 4 tabs/day)
INTELENCE ORAL TABLET 200 MG	2	ST QL (use in combination with other antiretroviral therapy; 2 tabs/day)
INTELENCE ORAL TABLET 25 MG	2	ST QL (use in combination with other antiretroviral therapy; 12 tabs/day)
nevirapine oral suspension	1	QL (40 ml/day)
nevirapine oral tablet	1	QL (2 tabs/day)
nevirapine oral tablet extended release 24 hr 100 mg	1	QL (3 tabs/day)
nevirapine oral tablet extended release 24 hr 400 mg	1	QL (1 tab/day)
RESCRIPTOR ORAL TABLET	2	QL (6 tabs/day)
RESCRIPTOR ORAL TABLET, DISPERSIBLE	2	QL (12 tabs/day)
STRIBILD	3	QL (1 tab/day)
SUSTIVA ORAL CAPSULE 200 MG	2	QL (3 caps/day)
SUSTIVA ORAL CAPSULE 50 MG	2	QL (6 caps/day)
SUSTIVA ORAL TABLET	2	QL (1 tab/day)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
abacavir	1	QL (2 tabs/day)
abacavir-lamivudine	1	QL (1 tab/day)
abacavir-lamivudine-zidovudine	1	QL (2 tabs/day)
ATRIPLA	3	QL (1 tab/day)
DESCOVY	2	QL (1 tab/day)
didanosine oral capsule,delayed release(dr/ec) 125 mg, 200 mg, 400 mg	1	QL (1 cap/day)
didanosine oral capsule,delayed release(dr/ec) 250 mg	1	QL (1 tab/day)
EMTRIVA ORAL CAPSULE	2	QL (1 cap/day)
EMTRIVA ORAL SOLUTION	2	QL (24 ml/day)
EPZICOM	2	QL (1 tab/day)
lamivudine oral solution	1	QL (30 ml/day)
lamivudine oral tablet 150 mg	1	QL (2 tabs/day)
lamivudine oral tablet 300 mg	1	QL (1 tab/day)
lamivudine-zidovudine	1	QL (2 tabs/day)
stavudine oral capsule	1	QL (2 caps/day)
stavudine oral recon soln	1	QL (80 ml/day)
TRIUMEQ	3	QL (1 tab/day)
TRUVADA	2	QL (1 tab/day)
VIDEX 2 GRAM PEDIATRIC	3	
VIDEX 4 GRAM PEDIATRIC	3	
VIREAD ORAL POWDER	2	QL (3 bottles/month)

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
VIREAD ORAL TABLET	2	QL (1 tab/day)
ZIAGEN ORAL SOLUTION	3	QL (30 ml/day)
zidovudine oral capsule	1	QL (5 caps/day)
zidovudine oral syrup	1	QL (60 ml/day)
zidovudine oral tablet	1	QL (2 tabs/day)
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS RECON SOLN	4	QL (1 kit/month)
SELZENTRY ORAL TABLET 150 MG	2	PA QL (2 tabs/day)
SELZENTRY ORAL TABLET 300 MG	2	PA QL (4 tabs/day)
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	2	ST QL (use in combination with other antiretroviral therapy; 4 caps/day)
APTIVUS ORAL SOLUTION	2	ST QL (use in combination with other antiretroviral therapy; 10 ml/day)
CRIXIVAN ORAL CAPSULE 200 MG	2	QL (9 caps/day)
CRIXIVAN ORAL CAPSULE 400 MG	2	QL (6 caps/day)
INVIRASE	2	QL (4 caps/day)
KALETRA ORAL SOLUTION	2	QL (10 ml/day)
KALETRA ORAL TABLET	2	QL (4 tabs/day)
LEXIVA ORAL SUSPENSION	2	QL (56 ml/day)
LEXIVA ORAL TABLET	2	QL (4 tabs/day)
NORVIR ORAL CAPSULE	2	QL (12 caps/day)
NORVIR ORAL SOLUTION	2	QL (15 ml/day)
NORVIR ORAL TABLET	2	QL (12 tabs/day)
PREZISTA ORAL SUSPENSION	2	QL (12 ml/day)
PREZISTA ORAL TABLET 150 MG	2	QL (4 tabs/day)
PREZISTA ORAL TABLET 600 MG, 75 MG	2	QL (2 tabs/day)
PREZISTA ORAL TABLET 800 MG	2	QL (1 tab/day)
REYATAZ ORAL CAPSULE 150 MG, 200 MG	2	QL (2 caps/day)
REYATAZ ORAL CAPSULE 300 MG	2	QL (1 cap/day)
REYATAZ ORAL POWDER IN PACKET	2	QL (5 packs/day)
VIRACEPT ORAL TABLET 250 MG	2	QL (9 tabs/day)
VIRACEPT ORAL TABLET 625 MG	2	QL (4 tabs/day)
Anti-Influenza Agents		
amantadine hcl	1	
RELENZA DISKHALER	2	QL (2 inhalers/6 months)
rimantadine	1	
TAMIFLU ORAL CAPSULE 30 MG	2	QL (40 caps/6 months)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	2	QL (20 caps/6 months)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	2	QL (6 bottles/6 months)
Anxiolytics		
Anxiolytics, Other		
alprazolam intensol	1	QL (4 ml/day)
alprazolam oral tablet 0.25 mg	1	QL (40 tabs/day)
alprazolam oral tablet 0.5 mg	1	QL (20 tabs/day)
alprazolam oral tablet 1 mg	1	QL (10 tabs/day)
alprazolam oral tablet 2 mg	1	QL (5 tabs/day)

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
alprazolam oral tablet extended release 24 hr 0.5 mg	1	QL (20 tabs/day)
alprazolam oral tablet extended release 24 hr 1 mg	1	QL (10 tabs/day)
alprazolam oral tablet extended release 24 hr 2 mg	1	QL (5 tabs/day)
alprazolam oral tablet extended release 24 hr 3 mg	1	QL (3 tabs/day)
alprazolam oral tablet,disintegrating 0.25 mg	1	QL (40 tabs/day)
alprazolam oral tablet,disintegrating 0.5 mg	1	QL (20 tabs/day)
alprazolam oral tablet,disintegrating 1 mg	1	QL (10 tabs/day)
alprazolam oral tablet,disintegrating 2 mg	1	QL (5 tabs/day)
amitriptyline-chlordiazepoxide	1	AL (PA required for those 65 years of age or older)
bupirone	1	
chlordiazepoxide hcl oral capsule 10 mg	1	AL QL (PA required for those 65 years of age or older; 30 tabs/day)
chlordiazepoxide hcl oral capsule 25 mg	1	AL QL (PA required for those 65 years of age or older; 12 tabs/day)
chlordiazepoxide hcl oral capsule 5 mg	1	AL QL (PA required for those 65 years of age or older; 60 tabs/day)
clonazepam oral tablet 0.5 mg	1	QL (40 tabs/day)
clonazepam oral tablet 1 mg	1	QL (20 tabs/day)
clonazepam oral tablet 2 mg	1	QL (10 tabs/day)
clonazepam oral tablet,disintegrating	1	
diazepam intensol	1	QL (12 bottles/month)
diazepam oral concentrate	1	QL (12 bottles/month)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	QL (60 ml/day)
diazepam oral tablet 10 mg	1	QL (6 tabs/day)
diazepam oral tablet 2 mg	1	QL (30 tabs/day)
diazepam oral tablet 5 mg	1	QL (12 tabs/day)
diazepam rectal	1	QL (1 kit [2 doses]/fill)
doxepin oral	1	
estazolam oral tablet 1 mg	1	QL (2 tabs/day)
estazolam oral tablet 2 mg	1	QL (1 tab/day)
lorazepam intensol	1	QL (150 ml/month)
lorazepam oral concentrate	1	QL (150 ml/month)
lorazepam oral tablet 0.5 mg	1	QL (20 tabs/day)
lorazepam oral tablet 1 mg	1	QL (10 tabs/day)
lorazepam oral tablet 2 mg	1	QL (5 tabs/day)
meprobamate	1	AL (PA required for those 65 years of age or older)
oxazepam oral capsule 10 mg	1	QL (12 caps/day)
oxazepam oral capsule 15 mg	1	QL (8 caps/day)
oxazepam oral capsule 30 mg	1	QL (4 caps/day)
Benzodiazepines		
clorazepate dipotassium oral tablet 15 mg	1	QL (6 tabs/day)
clorazepate dipotassium oral tablet 3.75 mg	1	QL (24 tabs/day)
clorazepate dipotassium oral tablet 7.5 mg	1	QL (12 tabs/day)
flurazepam oral capsule 15 mg	1	AL QL (PA required for those 65 years of age or older; 2 caps/day)
flurazepam oral capsule 30 mg	1	AL QL (PA required for those 65 years of age or older; 1 cap/day)
temazepam oral capsule 15 mg	1	QL (2 caps/day)

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
femazepam oral capsule 22.5 mg, 30 mg	1	QL (1 cap/day)
femazepam oral capsule 7.5 mg	1	QL (4 caps/day)
triazolam oral tablet 0.125 mg	1	QL (4 tabs/day)
triazolam oral tablet 0.25 mg	1	QL (2 tabs/day)
Bipolar Agents		
Mood Stabilizers		
carbamazepine oral capsule, er multiphase 12 hr	1	
carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr	1	
carbamazepine oral tablet, chewable	1	
epitol	1	
EQUETRO	2	
lithium carbonate	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose	1	
alogliptin	1	ST QL (use metformin, sulfonyleurea, or TZD first; 1 tab/day)
alogliptin-metformin	1	ST QL (use metformin, sulfonyleurea, or TZD first; 2 tabs/day)
alogliptin-pioglitazone	1	ST QL (use metformin, sulfonyleurea, or TZD first; 1 tab/day)
BYDUREON SUBCUTANEOUS PEN INJECTOR	3	ST QL (use metformin, glipizide, glyburide, or a TZD first; 4 pens/month)
BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED REL RECON	3	ST QL (use metformin, glipizide, glyburide, or a TZD first; 4 vials/month)
BYETTA	3	ST QL (use metformin, glipizide, glyburide, or a TZD first; 1 pen/month)
chlorpropamide	1	AL (PA required for those 65 years of age or older)
glimepiride	1	
glipizide	1	
glipizide-metformin	1	
GLUCOPHAGE	3	MSB
GLUCOPHAGE XR	3	MSB
GLUCOVANCE	3	MSB AL (PA required for those 65 years of age or older)
glyburide micronized	1	AL (PA required for those 65 years of age or older)
glyburide oral	1	AL (PA required for those 65 years of age or older)
glyburide-metformin	1	AL (PA required for those 65 years of age or older)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	ST QL (use a sulfonyleurea, TZD, or metformin first; 2 tabs/day)
INVOKAMET ORAL TABLET 50-500 MG	3	ST QL (use a sulfonyleurea, TZD, or metformin first; 4 tabs/day)
INVOKAMET XR	3	ST QL (use a sulfonyleurea, TZD, or metformin first; 2 tabs/day)
INVOKANA	3	ST QL (use a sulfonyleurea, TZD, or metformin first; 1 tab/day)
JANUMET	3	ST QL (use single or combination products containing metformin, sulfonyleurea, or TZD first; 2 tabs/day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	ST QL (use single or combination products containing metformin, sulfonyleurea, or TZD first; 1 tab/day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	ST QL (use single or combination products containing metformin, sulfonyleurea, or TZD first; 2 tabs/day)

AL - Age Limit GL - Gender Limit MSB - Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP - Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
JANUVIA	3	ST QL (use single or combination products containing metformin, sulfonylurea, or TZD first; 1 tab/day)
metformin oral tablet	1	
metformin oral tablet extended release 24 hr	1	
metformin oral tablet extended release 24hr	1	PA
metformin oral tablet,er gast.retention 24 hr 1,000 mg	1	PA QL (2 tabs/day)
metformin oral tablet,er gast.retention 24 hr 500 mg	1	PA QL (1 tab/day)
nateglinide	1	
pioglitazone	1	
pioglitazone-glimepiride	1	ST QL (use pioglitazone or glimepiride first; 1 tab/day)
pioglitazone-metformin	1	ST QL (use metformin or pioglitazone first; 3 tabs/day)
repaglinide	1	
repaglinide-metformin	1	PA QL (5 tabs/day)
TANZEUM	3	ST QL (use metformin, glipizide, glyburide, or a TZD first; 4 pen inj/month)
tolazamide	1	
tolbutamide	1	
WELCHOL	2	
Glycemic Agents		
GLUCAGEN HYPOKIT	2	QL (2 injections/fill)
GLUCAGON EMERGENCY KIT (HUMAN)	2	QL (2 kits/fill)
Insulins		
HUMALOG	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50-50	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN N	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
LANTUS	2	QL (40 ml/month)
LANTUS SOLOSTAR	2	QL (45 ml/month)
LEVEMIR	2	QL (40 ml/month)
LEVEMIR FLEXTOUCH	2	QL (45 ml/month)
TOUJEO SOLOSTAR	2	QL (10 pens/month)
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
COUMADIN ORAL	3	MSB
ELIQUIS ORAL TABLET 2.5 MG	3	QL (2 tabs/day; not to exceed 70 tabs/6 months)
ELIQUIS ORAL TABLET 5 MG	3	QL (2 tabs/day)
enoxaparin subcutaneous solution	4	RP QL (2 ml/day, max 14 days therapy/2 months)
enoxaparin subcutaneous syringe	4	RP QL (2 syringes/day, max 14 days therapy/2 months)
heparin (porcine) injection solution	1	
jantoven	1	
warfarin	1	

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
XARELTO ORAL TABLET	3	QL (1 tab/day)
XARELTO ORAL TABLETS,DOSE PACK	3	QL (1 starter pack/12 months)
Blood Formation Modifiers		
anagrelide	1	
GRANIX	4	PA
NEULASTA SUBCUTANEOUS SYRINGE	4	PA
NEUPOGEN	4	PA
PROCRIT	4	PA
Coagulants		
BRILINTA	2	QL (2 tabs/day)
tranexamic acid oral	1	PA QL (30 tabs/month)
Platelet Modifying Agents		
aspirin-dipyridamole	1	
cilostazol	1	
clopidogrel oral tablet 75 mg	1	QL (1 tab/day)
dipyridamole oral	1	AL (PA required for those 65 years of age or older)
EFFIENT	2	QL (1 tab/day)
PLAVIX ORAL TABLET 75 MG	3	MSB QL (1 tab/day)
ticlopidine	1	
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
CATAPRES	3	MSB
clonidine	1	
clonidine hcl oral tablet	1	
clonidine hcl oral tablet extended release 12 hr	1	PA QL (4 tabs/day)
clorpres	1	
guanfacine oral tablet	1	
methyldopa	1	
methyldopa-hydrochlorothiazide	1	
midodrine	1	
Alpha-Adrenergic Blocking Agents		
CARDURA	3	MSB
phenoxybenzamine	1	PA
reserpine	1	
Angiotensin II Receptor Antagonists		
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
amlodipine-valsartan oral tablet 5-320 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan or valsartan/hctz first; 1 tab/day)
amlodipine-valsartan-hcthiacid	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
AVALIDE ORAL TABLET 150-12.5 MG	3	MSB QL (2 tabs/day)
AVALIDE ORAL TABLET 300-12.5 MG	3	MSB QL (1 tab/day)
AVAPRO	3	MSB QL (1 tab/day)

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
candesartan oral tablet 16 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 2 tabs/day)
candesartan oral tablet 32 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
candesartan oral tablet 4 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 8 tabs/day)
candesartan oral tablet 8 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 4 tabs/day)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 2 tabs/day)
candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
COZAAR ORAL TABLET 100 MG	3	MSB QL (1 tab/day)
COZAAR ORAL TABLET 25 MG	3	MSB QL (4 tabs/day)
COZAAR ORAL TABLET 50 MG	3	MSB QL (2 tabs/day)
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 80-12.5 MG	3	MSB QL (2 tabs/day)
DIOVAN HCT ORAL TABLET 320-12.5 MG, 320-25 MG	3	MSB QL (1 tab/day)
DIOVAN ORAL TABLET 160 MG, 40 MG, 80 MG	3	MSB QL (2 tabs/day)
DIOVAN ORAL TABLET 320 MG	3	MSB QL (1 tab/day)
EDARBI	3	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
EDARBYCLOR	3	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
eprosartan	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG	3	MSB QL (1 tab/day)
HYZAAR ORAL TABLET 50-12.5 MG	3	MSB QL (2 tabs/day)
irbesartan	1	QL (1 tab/day)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1	QL (2 tabs/day)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1	QL (1 tab/day)
losartan oral tablet 100 mg	1	QL (1 tab/day)
losartan oral tablet 25 mg	1	QL (4 tabs/day)
losartan oral tablet 50 mg	1	QL (2 tabs/day)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	1	QL (1 tab/day)
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	1	QL (2 tabs/day)
telmisartan oral tablet 20 mg, 40 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
telmisartan oral tablet 80 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 2 tabs/day)
telmisartan-amlodipine	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 3 tabs/day)
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg, 80-25 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 2 tabs/day)
valsartan oral tablet 160 mg, 40 mg, 80 mg	1	QL (2 tabs/day)
valsartan oral tablet 320 mg	1	QL (1 tab/day)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg	1	QL (2 tabs/day)
valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg	1	QL (1 tab/day)
Angiotensin-Converting Enzyme (Ace) Inhibitors		
ACCUPRIL	3	MSB
ACCURETIC	3	MSB
ACEON ORAL TABLET 4 MG	3	MSB QL (1 tab/day)
ACEON ORAL TABLET 8 MG	3	MSB QL (2 tabs/day)
ALTACE	3	MSB
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg	1	QL (1 cap/day)
amlodipine-benazepril oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg	1	
amlodipine-benazepril oral capsule 5-40 mg	1	QL (2 caps/day)
benazepril oral tablet 10 mg, 20 mg, 5 mg	1	QL (1 tab/day)
benazepril oral tablet 40 mg	1	QL (2 tabs/day)
benazepril-hydrochlorothiazide	1	
captopril	1	
captopril-hydrochlorothiazide	1	
enalapril maleate	1	
enalapril-hydrochlorothiazide	1	
fosinopril oral tablet 10 mg, 20 mg	1	QL (1 tab/day)
fosinopril oral tablet 40 mg	1	QL (2 tabs/day)
fosinopril-hydrochlorothiazide	1	
lisinopril	1	
lisinopril-hydrochlorothiazide	1	
LOTENSIN HCT	3	MSB
LOTENSIN ORAL TABLET 20 MG	3	MSB QL (1 tab/day)
LOTENSIN ORAL TABLET 40 MG	3	MSB QL (2 tabs/day)
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG	3	MSB QL (1 cap/day)
LOTREL ORAL CAPSULE 5-10 MG, 5-20 MG	3	MSB
LOTREL ORAL CAPSULE 5-40 MG	3	MSB QL (2 caps/day)
MAVIK ORAL TABLET 1 MG, 2 MG	3	MSB
moexipril	1	
moexipril-hydrochlorothiazide	1	
perindopril erbumine oral tablet 2 mg, 4 mg	1	QL (1 tab/day)
perindopril erbumine oral tablet 8 mg	1	QL (2 tabs/day)
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	3	MSB
quinapril	1	
quinapril-hydrochlorothiazide	1	
ramipril	1	
trandolapril	1	

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
trandolapril-verapamil	1	
VASERETIC	3	MSB
VASOTEC	3	MSB
ZESTORETIC	3	MSB
ZESTRIL ORAL TABLET 30 MG, 40 MG, 5 MG	3	MSB
Antiarrhythmics		
amiodarone oral	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 300 MG	3	MSB
diltiazem hcl oral capsule, extended release	1	
diltiazem hcl oral capsule,ext release degradable	1	
diltiazem hcl oral capsule,extended release 12 hr	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg	1	
diltiazem hcl oral tablet	1	
dilt-xr	1	
disopyramide phosphate oral capsule	1	
dofetilide	3	
flecainide	1	
mexiletine	1	
MULTAQ	3	QL (2 tabs/day)
NORPACE CR	2	
pacerone oral tablet 200 mg	1	
propafenone	1	
quinidine gluconate oral	1	
quinidine sulfate oral tablet	1	
sorine	1	
sotalol af	1	
sotalol oral	1	
taztia xt	1	
TIAZAC	3	MSB
Beta-Adrenergic Blocking Agents		
acebutolol	1	
atenolol	1	
atenolol-chlorthalidone	1	
betaxolol oral	1	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
carvedilol	1	
COREG	3	MSB
labetalol oral	1	
metoprolol succinate	1	
metoprolol ta-hydrochlorothiaz	1	
metoprolol tartrate oral	1	
nadolol	1	
nadolol-bendroflumethiazide	1	
pindolol	1	
propranolol oral	1	

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
propranolol-hydrochlorothiazid	1	
timolol maleate oral	1	
Calcium Channel Blocking Agents		
ADALAT CC	3	MSB
afeditab cr	1	
amlodipine	1	
amlodipine-atorvastatin	1	QL (1 tab/day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 240 MG, 360 MG, 420 MG	3	MSB
cartia xt	1	
diltiazem hcl oral capsule,extended release 24hr 240 mg, 300 mg, 360 mg	1	
diltiazem hcl oral tablet extended release 24 hr	1	
felodipine	1	
isradipine	1	
matzim la	1	
nicardipine oral	1	
nifedical xl	1	
nifedipine oral capsule	1	AL (PA required for those 65 years of age or older)
nifedipine oral tablet extended release	1	
nifedipine oral tablet extended release 24hr	1	
nimodipine	1	
nisoldipine	1	
NORVASC	3	MSB
PROCARDIA XL	3	MSB
verapamil oral	1	
VERELAN PM	3	MSB
Cardiovascular Agents, Other		
digitek oral tablet 125 mcg	1	AL QL (PA required if 65 years of age or older and > 1 tab/day)
digitek oral tablet 250 mcg	1	AL QL (PA required if 65 years of age or older and > 0.5 tab/day)
digox oral tablet 125 mcg	1	AL QL (PA required if 65 years of age or older and > 1 tab/day)
digox oral tablet 250 mcg	1	AL QL (PA required if 65 years of age or older and > 0.5 tab/day)
digoxin oral solution 50 mcg/ml	1	AL QL (PA required if 65 years of age or older and > 2.5 ml/day)
digoxin oral tablet 125 mcg	1	AL QL (PA required if 65 years of age or older and > 1 tab/day)
digoxin oral tablet 250 mcg	1	AL QL (PA required if 65 years of age or older and > 0.5 tab/day)
isoxsuprine	1	
LANOXIN ORAL TABLET 125 MCG	3	MSB AL QL (PA required if 65 years of age or older and > 1 tab/day)
LANOXIN ORAL TABLET 187.5 MCG	3	MSB AL QL (1 tab/day; PA required if 65 years of age or older and > 1 tab/day)
LANOXIN ORAL TABLET 250 MCG	3	MSB AL QL (PA required if 65 years of age or older and > 0.5 tab/day)
LANOXIN ORAL TABLET 62.5 MCG	3	MSB AL QL (2 tabs/day; PA required if 65 years of age or older and > 2 tabs/day)

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
pentoxifylline	1	
vecamyl	1	
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide oral tablet	1	
dorzolamide	1	
methazolamide oral	1	
Diuretics, Loop		
bumetanide oral	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet	1	
LASIX	3	MSB
torsemide oral	1	
Diuretics, Potassium-Sparing		
ALDACTONE	3	MSB
amiloride	1	
amiloride-hydrochlorothiazide	1	
DYAZIDE	3	MSB
eplerenone	1	
MAXZIDE	3	MSB
MAXZIDE-25MG	3	MSB
spironolactone	1	
spironolacton-hydrochlorothiaz	1	
triamterene-hydrochlorothiazid	1	
Diuretics, Thiazide		
chlorothiazide	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
hydrochlorothiazide	1	
indapamide	1	
methyclothiazide	1	
metolazone	1	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 130 mg	1	ST QL (use fenofibrate [generic Tricor or generic Lofibra] first; 1 cap/day)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	QL (1 cap/day)
fenofibrate micronized oral capsule 43 mg	1	ST QL (use fenofibrate [generic Tricor or generic Lofibra] first; 2 caps/day)
fenofibrate nanocrystallized oral tablet 145 mg	1	QL (1 tab/day)
fenofibrate nanocrystallized oral tablet 48 mg	1	QL (2 tabs/day)
fenofibrate oral capsule 150 mg	1	ST QL (use fenofibrate [generic tricor or lofibra] first; 1 cap/day)
fenofibrate oral capsule 50 mg	1	ST QL (use fenofibrate [generic tricor or lofibra] first; 2 caps/day)
fenofibrate oral tablet 120 mg	1	ST QL (use fenofibrate [generic Tricor or generic Lofibra] first; 1 tab/day)
fenofibrate oral tablet 160 mg	1	QL (1 tab/day)
fenofibrate oral tablet 40 mg	1	ST QL (use fenofibrate [generic Tricor or generic Lofibra] first; 2 tabs/day)
fenofibrate oral tablet 54 mg	1	QL (2 tabs/day)
fenofibric acid (choline)	1	QL (1 cap/day)

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
fenofibric acid oral tablet 105 mg	1	QL (1 tab/day)
fenofibric acid oral tablet 35 mg	1	QL (2 tabs/day)
gemfibrozil oral	1	QL (2.5 tabs/day)
lofibra oral capsule	1	QL (1 cap/day)
lofibra oral tablet 160 mg	1	QL (1 tab/day)
lofibra oral tablet 54 mg	1	QL (2 tabs/day)
Dyslipidemics, Hmg Coa Reductase Inhibitors		
atorvastatin	1	QL (1 tab/day)
fluvastatin oral capsule	1	QL (1 cap/day)
fluvastatin oral tablet extended release 24 hr	1	QL (1 tab/day)
LIPITOR	3	MSB QL (1 tab/day)
lovastatin oral tablet 10 mg, 20 mg	1	QL (1 tab/day)
lovastatin oral tablet 40 mg	1	QL (2 tabs/day)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	3	MSB QL (1 tab/day)
pravastatin	1	QL (1 tab/day)
rosuvastatin	1	QL (1 tab/day)
simvastatin	1	QL (1 tab/day)
ZOCOR	3	MSB QL (1 tab/day)
Dyslipidemics, Other		
cholestyramine (with sugar)	1	
cholestyramine light	1	
colestipol	1	
niacin oral tablet extended release 24 hr 1,000 mg, 750 mg	1	QL (2 tabs/day)
niacin oral tablet extended release 24 hr 500 mg	1	QL (4 tabs/day)
niacor	1	
omega-3 acid ethyl esters	1	PA QL (4 caps/day)
prevalite	1	
Vasodilators, Direct-Acting Arterial/Venous		
isochron	1	
isosorbide dinitrate oral	1	
isosorbide mononitrate	1	
minitran	1	
nitroglycerin oral	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual	1	
nitromist	1	
NITROSTAT	3	
nitro-time	1	
Vasodilators, Direct-Acting Arterial		
hydralazine oral	1	
minoxidil oral	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
adderall xr	1	QL (2 caps/day)
dextroamphetamine oral capsule, extended release 10 mg	1	QL (6 caps/day)
dextroamphetamine oral capsule, extended release 15 mg	1	QL (4 caps/day)

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
dextroamphetamine oral capsule, extended release 5 mg	1	QL (12 caps/day)
dextroamphetamine oral solution	1	PA QL (40 ml/day)
dextroamphetamine oral tablet 10 mg	1	QL (4 tabs/day)
dextroamphetamine oral tablet 5 mg	1	QL (8 tabs/day)
dextroamphetamine-amphetamine oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg	1	QL (4 tabs/day)
dextroamphetamine-amphetamine oral tablet 12.5 mg	1	QL (5 tabs/day)
dextroamphetamine-amphetamine oral tablet 20 mg	1	QL (3 tabs/day)
dextroamphetamine-amphetamine oral tablet 30 mg	1	QL (2 tabs/day)
methamphetamine	1	QL (8 tabs/day)
procentra	1	PA QL (40 ml/day)
VYVANSE	3	QL (1 cap/day)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
dexmethylphenidate oral capsule,er biphasic 50-50	1	QL (1 cap/day)
dexmethylphenidate oral tablet	1	QL (2 tabs/day)
guanfacine oral tablet extended release 24 hr	1	ST QL (use guanfacine ir, clonidine extended release, methylphenidate, or a drug in the amphetamine class first, 1 tab/day)
metadate er	1	QL (3 tabs/day)
methylphenidate oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg	1	QL (2 caps/day)
methylphenidate oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg	1	QL (1 cap/day)
methylphenidate oral capsule,er biphasic 50-50 20 mg, 30 mg	1	QL (2 caps/day)
methylphenidate oral capsule,er biphasic 50-50 40 mg	1	QL (1 cap/day)
methylphenidate oral solution 10 mg/5 ml	1	QL (30 ml/day)
methylphenidate oral solution 5 mg/5 ml	1	QL (60 ml/day)
methylphenidate oral tablet 10 mg	1	QL (6 tabs/day)
methylphenidate oral tablet 20 mg	1	QL (3 tabs/day)
methylphenidate oral tablet 5 mg	1	QL (12 tabs/day)
methylphenidate oral tablet extended release 10 mg	1	QL (6 tabs/day)
methylphenidate oral tablet extended release 20 mg	1	QL (3 tabs/day)
methylphenidate oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	1	QL (1 tab/day)
methylphenidate oral tablet extended release 24hr 36 mg	1	QL (2 tabs/day)
methylphenidate oral tablet,chewable	1	QL (6 tabs/day)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG	3	QL (4 caps/day)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	3	QL (1 cap/day)
STRATTERA ORAL CAPSULE 40 MG	3	QL (2 caps/day)
Central Nervous System Agents		
benzphetamine oral tablet 25 mg	1	PA QL (3 tabs/day)
benzphetamine oral tablet 50 mg	1	PA
phendimetrazine tartrate oral capsule, extended release	1	PA
phendimetrazine tartrate oral tablet	1	PA AL (PA required for those 65 years of age or older)
Central Nervous System, Other		
adipex-p oral capsule	1	PA AL (PA required for those 65 years of age or older)
ascomp with codeine	1	QL (9 caps/day)
butalbital compound w/codeine	1	QL (9 caps/day)
caffeine citrated oral	1	

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
diethylpropion	1	PA
lomaira	1	PA
phentermine	1	PA AL (PA required for those 65 years of age or older)
riluzole	1	
Multiple Sclerosis Agents		
AMPYRA	3	PA QL (2 tabs/day)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	QL (1 syringe/day)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	QL (12 syringes/month)
GILENYA	4	QL (1 cap/day)
Dental And Oral Agents		
Dental And Oral Agents		
cevimeline	1	
oralone	1	
pilocarpine hcl oral	1	
triamcinolone acetonide dental	1	
Dermatological Agents		
Dermatological Agents		
acitretin	1	
adapalene	1	AL (PA required if > 40 years of age)
alclometasone	1	
amcinonide	1	
anusol-hc topical	1	
apexicon e	1	
avar topical cleanser	1	
avar-e	1	
avar-e green	1	
bensal hp topical ointment 3 %	1	
benzepro topical towelette	1	PA
betamethasone dipropionate	1	
betamethasone valerate	1	
betamethasone, augmented	1	
bp 10-1	1	
bp-50% urea	1	ST (use two preferred urea products first)
bpo topical gel	1	
bpo topical towelette 6 %	1	PA
calcipotriene	1	
calcipotriene-betamethasone	1	PA QL (400 gm/month)
calcitrene	1	
calcitriol topical	1	
cem-urea	1	ST (use two preferred urea products first)
claravis	1	
cleansing wash topical cleanser	1	
clindamycin-benzoyl peroxide topical gel	1	
clobetasol scalp	1	
clobetasol topical cream	1	
clobetasol topical foam	1	PA
clobetasol topical gel	1	

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
clobetasol topical lotion	1	ST (use clobetasol cream, ointment, solution, gel, or cream emollient first)
clobetasol topical ointment	1	
clobetasol topical shampoo	1	ST (use clobetasol cream, ointment, solution, gel, or cream emollient first)
clobetasol topical spray,non-aerosol	1	ST QL (use clobetasol cream, ointment, solution, gel, or cream emollient first; 125 ml/month)
clobetasol-emollient topical cream	1	
clobetasol-emollient topical foam	1	PA
clocortolone pivalate	1	
clodan	1	ST (use clobetasol cream, ointment, solution, gel, or cream emollient first)
cormax scalp	1	
desonide	1	
desoximetasone	1	
diclofenac sodium topical drops	1	PA QL (1 bottle/month)
diclofenac sodium topical gel 1 %	1	QL (5 tubes/month)
diclofenac sodium topical gel 3 %	1	
diflorasone	1	
doxepin topical	1	
doxycycline monohydrate oral capsule,ir - delay rel,biphase	1	QL (1 cap/day)
ELIDEL	2	ST AL QL (PA required for those 12 years of age or older; use medium, high, or very high potency topical steroid first; 1 tube/fill)
EPIDUO	3	ST AL (PA required if > 40 years of age; use adapalene or generic benzoyl peroxide first)
EPIDUO FORTE	3	ST AL (PA required if > 40 years of age; use adapalene or generic benzoyl peroxide first)
ery pads	1	
erygel	1	
erythromycin with ethanol	1	
erythromycin-benzoyl peroxide	1	
fluocinolone	1	
fluocinolone acetonide oil	1	
fluocinolone and shower cap	1	
fluocinonide topical cream 0.05 %	1	
fluocinonide topical cream 0.1 %	1	PA
fluocinonide topical gel	1	
fluocinonide topical ointment	1	
fluocinonide topical solution	1	
fluocinonide-e	1	
fluorouracil topical cream 0.5 %	1	QL (1 tube/month)
fluorouracil topical cream 5 %	1	
fluorouracil topical solution	1	
fluticasone topical	1	
halobetasol propionate	1	
hydrocortisone butyrate	1	
hydrocortisone topical cream 2.5 %	1	
hydrocortisone topical cream with perineal applicator	1	

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 2.5 %	1	
hydrocortisone valerate	1	
hydrocortisone-pramoxine rectal	1	
imiquimod	1	QL (24 packs/month, max of 48 packs/6 months)
klofensaid ii	1	PA QL (1 bottle/month)
lactic acid	1	
lactic acid e	1	
latrix	1	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	1	
lidocaine-hydrocortisone-aloe rectal gel	1	
methoxsalen rapid	1	
metronidazole topical gel	1	
metronidazole topical gel with pump	1	
mometasone topical solution	1	
myorisan	1	
podocon	1	
podofilox	1	
prednicarbate	1	
procto-med hc	1	
procto-pak	1	
proctosol hc topical	1	
proctozone-hc	1	
psorcon	1	
rea lo 39	1	ST (use two preferred urea products first)
rea lo 40	1	
remeven	1	
rosadan topical gel	1	
rosanil	1	
salacyn	1	
salicylic acid topical cream	1	
salicylic acid topical cream,extended release	1	
salicylic acid topical film forming liquid w/appl	1	
salicylic acid topical foam	1	
salicylic acid topical gel	1	
salicylic acid topical liquid 26 %	1	
salicylic acid topical lotion	1	
salicylic acid topical lotion,extended release	1	QL (400 gm/month)
salicylic acid topical shampoo	1	
scalacort	1	
seb-prev	1	
ss 10-2	1	
sss 10-5	1	
sulfacetamide sodium topical cleanser	1	
sulfacetamide sodium topical shampoo	1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %	1	

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %	1	PA QL (1 bottle/month)
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w)	1	
sulfacetamide sodium-sulfur topical cream 9.8-4.8 %	1	PA QL (1 bottle/month)
sulfacetamide sodium-sulfur topical foam	1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)	1	
sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %	1	PA QL (1 bottle/month)
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	1	
sulfacetamide sodium-sulfur topical suspension 10-5 %	1	
sulfacetamide sodium-sulfur topical suspension 8-4 %	1	PA
sulfacetamide sod-sulfur-urea topical cleanser	1	
sulfacleanse 8-4	1	PA
tacrolimus topical ointment 0.03 %	1	ST AL QL (use a topical steroid from the medium, high or very high potency group first; PA required for those 13 years of age or older; 1 tube/fill)
tacrolimus topical ointment 0.1 %	1	ST AL QL (use a topical steroid from the medium, high or very high potency group first; PA required for those 15 years of age and younger; 1 tube/fill)
tretinoin microspheres	1	ST AL (use two formulary topical retinoids first; PA required if > 40 years of age)
tretinoin topical	1	AL (PA required if > 40 years of age)
triamcinolone acetonide topical aerosol	1	ST (use triamcinolone and one other preferred medium potency topical steroid first)
triamcinolone acetonide topical cream	1	
triamcinolone acetonide topical lotion	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
trianex	1	
triderm topical cream	1	
umecta topical foam	1	ST (use two preferred urea products first)
urea nail stick	1	
urea topical cream 39 %	1	ST (use two preferred urea products first)
urea topical cream 40 %, 45 %, 50 %	1	
urea topical cream 47 %	1	ST QL (use two preferred urea products first; 1 bottle/month)
urea topical foam	1	ST (use two preferred urea products first)
urea topical gel 40 %	1	
urea topical gel 45 %	1	ST (use two preferred urea products first)
urea topical lotion 40 %	1	
urea topical lotion 45 %	1	ST (use two preferred urea products first)
ure-k	1	
zenatane	1	
zencia	1	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
CREON	2	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 -55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-68,000 -109,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000- 16,000 UNIT, 40,000-136,000- 218,000 UNIT	2	

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
belladonna alkaloids-opium	1	
belladonna-opium	1	
chlordiazepoxide-clidinium	1	AL (PA required for those 65 years of age or older)
dicyclomine oral capsule	1	
dicyclomine oral solution	1	
dicyclomine oral tablet	1	
ed-spaz	1	
glycopyrrolate oral	1	
hyoscyamine sulfate	1	
hyosyne	1	
methscopolamine oral	1	
nulev	1	
oscimin	1	
oscimin sl	1	
oscimin sr	1	
phenobarb-hyoscy-atropine-scop oral tablet	1	
phenohydro	1	
propantheline	1	
symax fastabs	1	
symax-sl	1	
symax-sr	1	
Gastrointestinal Agents, Other		
anucort-hc	1	
anusol-hc rectal suppository	1	
cromolyn oral	1	
diphenoxylate-atropine	1	
hemmorex-hc	1	
hydrocortisone acetate rectal suppository	1	
LOMOTIL	3	MSB
loperamide oral capsule	1	
micort-hc rectal	1	
opium tincture	1	
paregoric	1	
ursodiol	1	
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl oral	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	
famotidine oral suspension	1	
famotidine oral tablet 40 mg	1	
nizatidine	1	
pepcid oral tablet 40 mg	1	
ranitidine hcl oral capsule	1	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 300 mg	1	

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
Irritable Bowel Syndrome Agents		
alosetron	1	PA
AMITIZA	2	ST AL QL (PA required for those less than 18 years of age; use lactulose first; 2 caps/day)
Laxatives		
constulose	1	
enulose	1	
gavilyte-c	1	
gavilyte-g	1	
gavilyte-h and bisacodyl	1	
gavilyte-n	1	
generlac	1	
lactulose	1	
peg 3350-electrolytes	1	
peg-3350 with flavor packs	1	
peg-electrolyte soln	1	
peg-prep	1	
polyethylene glycol 3350 oral	1	
SUPREP BOWEL PREP KIT	3	
trilyte with flavor packets	1	
Protectants		
sucralfate oral tablet	1	
Proton Pump Inhibitors		
DEXILANT	3	ST QL (use omeprazole, pantoprazole, rabeprazole or lansoprazole first; 1 cap/day)
esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg	1	ST (use omeprazole, pantoprazole, rabeprazole, and lansoprazole 30mg cap first)
lansoprazole oral capsule, delayed release(dr/ec) 30 mg	1	
omeprazole oral capsule, delayed release(dr/ec)	1	
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	1	ST QL (use omeprazole, pantoprazole, rabeprazole, lansoprazole 30mg cap, and Dexilant first; 1 cap/day)
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	1	ST QL (use omeprazole, pantoprazole, rabeprazole, and lansoprazole 30mg cap first; 2 packs/day)
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	1	ST QL (use omeprazole, pantoprazole, rabeprazole, and lansoprazole 30mg cap first; 1 pack/day)
pantoprazole oral	1	
rabeprazole	1	
Genitourinary Agents		
Antispasmodics, Urinary		
azuphen mb	1	
darifenacin oral tablet extended release 24 hr 15 mg	1	ST QL (use oxybutynin ir/er or trospium ir/er first; 1 tab/day)
darifenacin oral tablet extended release 24 hr 7.5 mg	1	ST QL (use oxybutynin ir/er or trospium ir/er first; 2 tabs/day)
DETROL	3	MSB ST QL (use oxybutynin ir/er or trospium ir/er first; 2 tabs/day)
DETROL LA	3	MSB ST QL (use oxybutynin ir/er or trospium ir/er first; 1 tab/day)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MSB QL (3 tabs/day)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 15 MG	3	MSB QL (2 tabs/day)

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MSB QL (1 tab/day)
flavoxate	1	
GELNIQUE TRANSDERMAL GEL IN PACKET	3	ST QL (use Vesicare or Myrbetriq and either oxybutynin ir/er or trospium ir/er first; 1 pack/day)
hyolev mb	1	
hyophen	1	
methen-sod phos-meth blue-hyos	1	
MYRBETRIQ	3	ST QL (use oxybutynin ir/er or trospium ir/er first; 1 tab/day)
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet	1	
oxybutynin chloride oral tablet extended release 24hr 10 mg	1	QL (3 tabs/day)
oxybutynin chloride oral tablet extended release 24hr 15 mg	1	QL (2 tabs/day)
oxybutynin chloride oral tablet extended release 24hr 5 mg	1	QL (1 tab/day)
phosphasal	1	
tolterodine oral capsule,extended release 24hr	1	ST QL (use oxybutynin ir/er or trospium ir/er first; 1 tab/day)
tolterodine oral tablet	1	ST QL (use oxybutynin ir/er or trospium ir/er first; 2 tabs/day)
trospium oral capsule,extended release 24hr	1	QL (1 cap/day)
trospium oral tablet	1	QL (2 tabs/day)
uramit mb	1	
urimar-t	1	
urin ds	1	
uro-458	1	
urolet mb	1	
uro-mp	1	
urophen mb	1	
uryl	1	
ustell	1	
utira-c	1	
VESICARE ORAL TABLET 10 MG	3	ST QL (use oxybutynin ir/er or trospium ir/er first; 1 tab/day)
VESICARE ORAL TABLET 5 MG	3	ST QL (use oxybutynin ir/er or trospium ir/er first; 2 tabs/day)
Benign Prostatic Hypertrophy Agents		
alfuzosin	1	
doxazosin	1	
dutasteride	1	PA QL (1 cap/day)
dutasteride-tamsulosin	1	PA QL (1 cap/day)
finasteride oral tablet 5 mg	1	
FLOMAX	3	MSB
prazosin oral	1	
PROSCAR	3	MSB
tamsulosin	1	
terazosin	1	
Genitourinary Agents, Other		
bethanechol chloride	1	

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
LEVITRA	3	GL PA QL (covered for males only; not available through mail-service; not covered for all plans; 6 tabs/month)
phenazopyridine oral tablet 100 mg, 200 mg	1	
ur n-c	1	
VIAGRA	3	GL PA QL (covered for males only; not available through mail-service; not covered for all plans; 6 tabs/month)
Phosphate Binders		
REVELA	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
fludrocortisone	1	
hydrocortisone butyr-emollient	1	
hydrocortisone oral	1	
mometasone topical cream	1	
mometasone topical ointment	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin nasal	1	
desmopressin oral	1	
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	4	PA QL (2 vials/day)
EGRIFTA SUBCUTANEOUS RECON SOLN 2 MG	4	PA QL (1 vial/day)
NUTROPIN AQ NUSPIN	4	PA
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE 10 MG/2 ML (5 MG/ML)	4	PA
SAIZEN	4	PA
SAIZEN CLICK.EASY	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
misoprostol	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
oxandrolone	1	PA
Androgens		
androgel transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA QL (2 bottles/month)
androgel transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA QL (1 packet/day)
androgel transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA QL (2 packets/day)
androxy	1	PA QL (4 tabs/day)
covaryx	1	AL (PA required for those 65 years of age or older)
covaryx h.s.	1	AL (PA required for those 65 years of age or older)
danazol oral	1	
eemt	1	AL (PA required for those 65 years of age or older)
eemt hs	1	AL (PA required for those 65 years of age or older)
estrogens-methyltestosterone	1	AL (PA required for those 65 years of age or older)
methyltestosterone oral capsule	1	PA
testosterone cypionate	1	QL (10 ml/month)
testosterone enanthate	1	QL (5 ml/month)
testosterone transdermal gel	1	PA QL (10 grams/day)
testosterone transdermal gel in metered-dose pump 1.25 gram/actuation (1 %)	1	ST QL (use Androgel 1.62% first; 300 grams/month)

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	ST QL (use Androgel 1.62% first; 2 bottles/month)
testosterone transdermal gel in packet	1	ST QL (use Androgel 1.62% first; 300 grams/month)
Estrogens		
aftera	1	QL (1 tab/fill) X
altavera (28)	1	X
alyacen 1/35 (28)	1	X
alyacen 7/7/7 (28)	1	X
amabelz	1	AL QL (PA required for those 65 years of age or older; 1 tab/day)
amethia	1	X
amethia lo	1	X
amethyst	1	QL (1 pack/month) X
apri	1	X
aranelle (28)	1	X
ashlyna	1	X
aubra	1	X
aviane	1	X
azurette (28)	1	X
balziva (28)	1	X
blisovi 24 fe	1	X
blisovi fe 1.5/30 (28)	1	X
blisovi fe 1/20 (28)	1	X
briellyn	1	X
camrese	1	X
camrese lo	1	X
caziant (28)	1	X
chateal	1	X
cryselle (28)	1	X
cyclafem 1/35 (28)	1	X
cyclafem 7/7/7 (28)	1	X
cyred	1	X
dasetta 1/35 (28)	1	X
dasetta 7/7/7 (28)	1	X
daysee	1	X
delyla (28)	1	X
desog-e.estradiol/e.estradiol	1	X
desogestrel-ethinyl estradiol	1	X
drospirenone-ethinyl estradiol	1	X
elimest	1	X
emoquette	1	X
enpresse	1	X
enskyce	1	X
estarylla	1	X
estradiol oral	1	AL (PA required for those 65 years of age or older)
estradiol transdermal patch semiweekly	1	AL QL (PA required for those 65 years of age or older, 16 patches/28 days)

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
estradiol transdermal patch weekly	1	AL QL (PA required for those 65 years of age or older; 8 patches/28 days)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet	1	AL QL (PA required for those 65 years of age or older; 1 tab/day)
ESTRING	3	
estropipate	1	AL (PA required for those 65 years of age or older)
fallback solo	1	QL (1 tab/fill) X
falmina (28)	1	X
femynor	1	X
fyavolv	1	AL QL (PA required for those 65 years of age or older; 1 tab/day)
gianvi (28)	1	X
gildagia	1	X
introvale	1	X
jevantique lo	1	AL QL (PA required for those 65 years of age or older; 1 tab/day)
jinteli	1	AL QL (PA required for those 65 years of age or older; 1 tab/day)
jolessa	1	X
juleber	1	X
junel 1.5/30 (21)	1	X
junel 1/20 (21)	1	X
junel fe 1.5/30 (28)	1	X
junel fe 1/20 (28)	1	X
junel fe 24	1	X
kariva (28)	1	X
kelnor 1/35 (28)	1	X
kimidess (28)	1	X
kurvelo	1	X
l norgest/e.estradiol-e.estrad	1	X
larin 1.5/30 (21)	1	X
larin 1/20 (21)	1	X
larin 24 fe	1	X
larin fe 1.5/30 (28)	1	X
larin fe 1/20 (28)	1	X
larissia	1	X
leena 28	1	X
lessina	1	X
levonest (28)	1	X
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	1	X
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1	QL (1 pack/month) X
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	1	X
levonorg-eth estrad triphasic	1	X
levora 0.15/30 (28)	1	X
lomedica 24 fe	1	X
lopreeza	1	AL QL (PA required for those 65 years of age or older; 1 tab/day)
loryna (28)	1	X

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
low-ogestrel (28)	1	X
lutera (28)	1	X
marlissa	1	X
microgestin 1.5/30 (21)	1	X
microgestin 1/20 (21)	1	X
microgestin fe 1.5/30 (28)	1	X
microgestin fe 1/20 (28)	1	X
mimvey	1	AL QL (PA required for those 65 years of age or older; 1 tab/day)
mimvey lo	1	AL QL (PA required for those 65 years of age or older; 1 tab/day)
MINASTRIN 24 FE	3	XX
mono-linyah	1	X
mononessa (28)	1	X
myzilra	1	X
necon 0.5/35 (28)	1	X
necon 1/35 (28)	1	X
necon 1/50 (28)	1	X
necon 10/11 (28)	1	X
necon 7/7/7 (28)	1	X
nikki (28)	1	X
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	AL QL (PA required for those 65 years of age or older; 1 tab/day)
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	X
norethindrone-e.estradiol-iron	1	X
norgestimate-ethinyl estradiol	1	X
norgestrel-ethinyl estradiol	1	X
nortrel 0.5/35 (28)	1	X
nortrel 1/35 (21)	1	X
nortrel 1/35 (28)	1	X
nortrel 7/7/7 (28)	1	X
NUVARING	3	QL (1 ring/month) X
ocella	1	X
ogestrel (28)	1	X
opcicon one-step	1	QL (1 tab/fill) X
orsythia	1	X
philit	1	X
pimtrea (28)	1	X
pirmella	1	X
portia	1	X
PREMARIN ORAL	3	AL (PA required for those 65 years of age or older)
PREMARIN VAGINAL	3	
PREMPRO	3	AL QL (PA required for those 65 years of age or older; 28 tabs/month)
previfem	1	X
quasense	1	X
react	1	QL (1 tab/fill) X
reclipsen (28)	1	X

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
setlakin	1	X
sprintec (28)	1	X
sronyx	1	X
syeda	1	X
tarina fe 1/20 (28)	1	X
tilia fe	1	X
tri-estarylla	1	X
tri-legest fe	1	X
tri-linyah	1	X
tri-lo-estarylla	1	X
tri-lo-marzia	1	X
tri-lo-sprintec	1	X
trinessa (28)	1	X
trinessa lo	1	X
tri-previfem (28)	1	X
tri-sprintec (28)	1	X
trivora (28)	1	X
velivet triphasic regimen (28)	1	X
vestura (28)	1	X
vienva	1	X
viorele (28)	1	X
vyfemla (28)	1	X
wera (28)	1	X
wymzya fe	1	X
xulane	1	QL (3 patches/month) X
zarah	1	X
zenchent (28)	1	X
zenchent fe	1	X
zovia 1/35e (28)	1	X
zovia 1/50e (28)	1	X
Progestins		
camila	1	X
deblitane	1	X
econtra ez	1	QL (1 tab/fill) X
errin	1	X
heather	1	X
jencycla	1	X
jolivette	1	X
kaitlib fe	1	X
levonorgestrel oral tablet 1.5 mg	1	QL (1 tab/fill) X
lyza	1	X
medroxyprogesterone oral	1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml	1	
megestrol oral tablet	1	
my way	1	QL (1 tab/fill) X
next choice one dose	1	QL (1 tab/fill) X
nora-be	1	X

AL - Age Limit GL - Gender Limit MSB-Multi Source Brand Drug PA - Prior Authorization QL - Quantity Limit
 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	1	X
norethindrone (contraceptive)	1	X
norethindrone acetate	1	
norlyroc	1	X
progesterone	1	
progesterone in oil	1	
progesterone micronized	1	
sharobel	1	X
Selective Estrogen Receptor Modifying Agents		
raltaxifene	1	GL QL (covered for females only; 1 tab/day)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID	3	AL (PA required for those 65 years of age or older)
CYTOMEL	3	MSB
levothyroxine oral	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	MSB
liothyronine oral	1	
SYNTHROID	2	
UNITHROID	3	MSB
WP THYROID ORAL TABLET 65 MG	3	AL (PA required for those 65 years of age or older)
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	4	
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR	4	PA
Hormonal Agents, Suppressant (Pituitary)		
cabergoline	1	QL (16 tabs/month)
leuprolide subcutaneous kit	4	PA
octreotide acetate	4	PA
SYNAREL	4	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil	1	
Immunological Agents		
Immune Suppressants		
azathioprine	1	
cyclosporine modified	1	
cyclosporine oral capsule	1	
ENBREL SUBCUTANEOUS RECON SOLN	4	PA QL (8 vials/28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	4	PA QL (8 syringes/28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	4	PA QL (4 syringes/28 days)
ENBREL SURECLICK	4	PA QL (4 injector pens/28 days)
gengraf	1	

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Drug	Tier	Limits/Notes
HUMIRA	4	PA QL (2 syringes/28 days)
HUMIRA PEDIATRIC CROHN'S START	4	PA QL (3 or 6 syringes/year depending upon package size)
HUMIRA PEN	4	PA
HUMIRA PEN CROHN'S-UC-HS START	4	PA QL (6 syringes/year)
HUMIRA PEN PSORIASIS-UVEITIS	4	PA QL (4 syringes/year)
methotrexate sodium (pf) injection solution	1	QL (8 ml/month)
methotrexate sodium injection	1	QL (8 ml/month)
methotrexate sodium oral	1	
mycophenolate mofetil	1	
mycophenolate sodium	1	
RAPAMUNE ORAL SOLUTION	2	
SANDIMMUNE ORAL CAPSULE	2	
SANDIMMUNE ORAL SOLUTION	3	
sirolimus	1	
tacrolimus oral	1	
ZORTRESS ORAL TABLET 0.25 MG, 0.75 MG	2	QL (2 tabs/day)
ZORTRESS ORAL TABLET 0.5 MG	2	QL (4 tabs/day)
Immunomodulators		
AVONEX	4	QL (4 inj./month)
AVONEX (WITH ALBUMIN)	4	QL (4 inj./month)
leflunomide	1	
REBIF (WITH ALBUMIN)	4	QL (12 inj./month)
REBIF REBIDOSE	4	QL (12 inj./month)
REBIF TITRATION PACK	4	QL (1 pack/month)
RIDAURA	2	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)-240 MG (46)	4	QL (1 pack/month)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	4	QL (2 caps/day)
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO	3	QL (4 caps/day)
balsalazide	1	QL (9 caps/day)
LIALDA	3	QL (4 tabs/day)
mesalamine rectal	1	
Glucocorticoids		
budesonide oral	1	PA QL (3 caps/day)
colocort	1	
CORTEF	3	MSB
cortisone	1	
dexamethasone	1	
dexamethasone intensol	1	
hydrocortisone rectal	1	
millipred dp	1	
millipred oral tablet	1	
prednisolone oral solution 15 mg/5 ml	1	

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Drug	Tier	Limits/Notes
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	
prednisolone sodium phosphate oral tablet, disintegrating	1	
prednisone intensol	1	
prednisone oral	1	
Sulfonamides		
sulfasalazine	1	
sulfazine	1	
Metabolic Bone Disease Agents		
Mast Cell Stabilizers		
paricalcitol oral capsule 1 mcg, 2 mcg	1	
Metabolic Bone Disease Agents		
alendronate oral solution	1	QL (4 bottles/month)
alendronate oral tablet 10 mg, 5 mg	1	
alendronate oral tablet 35 mg, 70 mg	1	QL (4 tabs/month)
alendronate oral tablet 40 mg	1	QL (1 tab/day)
BONIVA ORAL	3	MSB ST QL (use alendronate [Fosamax] first; 1 tab/month)
calcitonin (salmon)	1	PA QL (1 bottle/month)
calcitriol oral	1	
doxercalciferol oral	1	
etidronate disodium	1	
FOSAMAX ORAL TABLET 70 MG	3	MSB QL (4 tabs/month)
ibandronate oral	1	ST QL (use alendronate first; 1 tab/month)
paricalcitol oral capsule 4 mcg	1	
risedronate oral tablet 150 mg	1	ST QL (use alendronate and ibandronate first; 1 tab/month)
risedronate oral tablet 30 mg	1	PA
risedronate oral tablet 35 mg	1	ST QL (use alendronate and ibandronate first; 4 tabs/month)
risedronate oral tablet 5 mg	1	ST QL (use alendronate and ibandronate first; 1 tab/day)
risedronate oral tablet, delayed release (dr/ec)	1	ST QL (use alendronate and ibandronate first; 4 tabs/month)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACCU-CHEK AVIVA PLUS TEST STRIP	2	QL (200 strips/month)
ACCU-CHEK COMPACT PLUS TEST STRIP	2	QL (200 strips/month)
ACCU-CHEK COMPACT TEST STRIP	2	QL (200 strips/month)
ACCU-CHEK SMARTVIEW TEST STRIP	2	QL (200 strips/month)
ADVOCATE SYRINGES	2	
AEROCHAMBER MINI	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS FLOW-VU,L MSK	2	
AEROCHAMBER PLUS FLOW-VU,M MSK	2	
AEROCHAMBER PLUS FLOW-VU,S MSK	2	
AEROCHAMBER PLUS Z STAT	2	
AEROCHAMBER PLUS Z STAT LG MSK	2	
AEROCHAMBER PLUS Z STAT MD MSK	2	

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Drug	Tier	Limits/Notes
AEROCHAMBER PLUS Z STAT SM MSK	2	
AEROCHAMBER WITH FLOWSIGNAL	2	
AEROCHAMBER Z-STAT PLUS-FLW SG	2	
AEROVENT PLUS	2	
ASSURE ID INSULIN SAFETY	2	
BD INSULIN SYRINGE	2	
BD INSULIN SYRINGE HALF UNIT	2	
BD INSULIN SYRINGE MICRO-FINE	2	
BD INSULIN SYRINGE SAFETY-LOK	2	
BD INSULIN SYRINGE SLIP TIP	2	
BD INSULIN SYRINGE ULT-FINE II	2	
BD INSULIN SYRINGE ULTRA-FINE	2	
BD INTEGRA INSULIN SYRINGE	2	
BD SAFETYGLIDE INSULIN SYRINGE	2	
BREATHERITE VALVED MDI CHAMBER	2	
CAYA CONTOURED	2	X
CHEMSTRIP K	2	
CLEVER CHOICE CHAMBER-LRG MASK	2	
CLEVER CHOICE CHAMBER-MED MASK	2	
CLEVER CHOICE CHAMBER-SM MASK	2	
COMFORT EZ SYRINGE	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER PLUS	2	
COMPACT SPACE CHAMBER-LRG MASK	2	
COMPACT SPACE CHAMBER-MED MASK	2	
COMPACT SPACE CHAMBER-SM MASK	2	
EASIVENT HOLDING CHAMBER	2	
EASY COMFORT INSULIN SYRINGE	2	
EASY TOUCH FLIPLOCK INSULIN	2	
EASY TOUCH INSULIN SAFETY SYR	2	
EASY TOUCH INSULIN SYRINGE	2	
EASY TOUCH LUER LOCK INSULIN	2	
EASY TOUCH SHEATHLOCK INSULIN	2	
EASY TOUCH UNI-SLIP SYRINGE 1 ML	2	
EXEL INSULIN	2	
FEMCAP	2	X
FLEXICHAMBER	2	
INSPIRACHAMBER	2	
INSPIRACHAMBER WITH MASK-LARGE	2	
INSPIRACHAMBER WITH MASK-MED	2	
INSPIRACHAMBER WITH MASK-SMALL	2	
INSULIN SYRINGE MICROFINE	2	
insulin syringe needleless	2	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	
INSULIN SYRINGE ULTRAFINE	2	
insulin syringe- needle	2	

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Drug	Tier	Limits/Notes
insulin syringe-needle u-500	2	
insulin syringes (disposable)	2	
KETO-DIASTIX	2	
KETONE CARE	2	
KETONE URINE TEST	2	
KETOSTIX	2	
lancets	2	QL (200 lancets/month)
levocarnitine (with sugar)	1	
levocarnitine oral tablet	1	
LITE TOUCH INSULIN SYRINGE	2	
LITEAIRE MDI CHAMBER	2	
MAGELLAN INSULIN SAFETY SYRNG	2	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	2	
MAXI-COMFORT INSULIN SYRINGE	2	
methergine	1	
MICROCHAMBER	2	
MONAGHAN Z STAT CHAMBER	2	
MONAGHAN Z STAT CHAMBER-LG MSK	2	
MONAGHAN Z STAT CHAMBER-MD MSK	2	
MONAGHAN Z STAT CHAMBER-SM MSK	2	
MONOJECT INSULIN SAFETY SYRING	2	
MONOJECT INSULIN SYRINGE	2	
MONOJECT ULTRA COMFORT INSULIN	2	
OPTICHAMBER ADULT MASK-LARGE	2	
OPTICHAMBER DIAMOND LG MASK	2	
OPTICHAMBER DIAMOND VHC	2	
OPTICHAMBER DIAMOND-MED MSK	2	
OPTICHAMBER DIAMOND-SML MASK	2	
POCKET CHAMBER	2	
PROCHAMBER	2	
PRODIGY INSULIN SYRINGE	2	
RITEFLO AEROCHAMBER	2	
SAFESNAP INSULIN SYRINGE	2	
SPACE CHAMBER PLUS	2	
SURE COMFORT INS. SYR. U-100	2	
SURE COMFORT INSULIN SYRINGE	2	
SURE-JECT INSULIN SYRINGE	2	
TERUMO INSULIN SYRINGE	2	
THINPRO INSULIN SYRINGE	2	
TOPCARE ULTRA COMFORT	2	
TRUEPLUS KETONE	2	
ULTICARE INSULIN SYR HALF UNIT	2	
ULTICARE INSULIN SYRINGE	2	

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Drug	Tier	Limits/Notes
ULTICARE SYRINGE 0.3 ML 29 X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 X5/16", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 29 X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16"	2	
ULTILET INSULIN SYRINGE	2	
ULTRA CMFT INS SYR HALF UNIT	2	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16	2	
ULTRA-THIN II (SHORT) INS SYR	2	
ULTRA-THIN II INSULIN SYRINGE	2	
VANISHPOINT SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2"	2	
VORTEX HOLDING CHAMBER	2	
VORTEX HOLDING CHAMBER CHILD	2	
VORTEX HOLDING CHAMBER TODDLER	2	
Narcotic Antituss-Decongestant-Expectorant Comb		
Respiratory Tract Agents Antitussives		
guaifenesin ac	1	QL (210 ml/month)
iophen c-nr	1	QL (210 ml/month)
virtussin ac	1	QL (210 ml/month)
Narcotic Antitussive-Expectorant Combination		
cheratussin ac	1	QL (210 ml/month)
codeine-guaifenesin	1	QL (210 ml/month)
Ophthalmic Agents		
Ophthalmic Prostaglandin And Prostanamide Analogs		
bimatoprost	1	ST QL (use travoprost or latanoprost first; 5 ml/month)
latanoprost	1	QL (5 ml/month)
LUMIGAN OPTHALMIC DROPS 0.01 %	2	ST QL (use travoprost or latanoprost first; 5 ml/month)
TRAVATAN Z	2	ST QL (use travoprost or latanoprost first; 5 ml/day)
XALATAN	3	MSB QL (5 ml/month)
Ophthalmic Agents, Other		
atropine ophthalmic	1	
cyclopentolate	1	
homatropaire	1	
homatropine hbr	1	
phenylephrine hcl ophthalmic	1	
proparacaine	1	
RESTASIS	3	QL (2 droppers/day)
RESTASIS MULTIDOSE	3	QL (1 bottle/month)
sulfacetamide sodium ophthalmic ointment	1	
tropicamide ophthalmic	1	
Ophthalmic Anti-Allergy Agents		
azelastine ophthalmic	1	
cromolyn ophthalmic	1	

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Drug	Tier	Limits/Notes
epinastine	1	
LASTACAFT	3	QL (1 bottle/month)
olopatadine ophthalmic	1	QL (10 ml/month)
PATADAY	3	QL (1 bottle/month)
PAZEO	3	QL (1 bottle/month)
Ophthalmic Antiglaucoma Agents		
acetazolamide oral capsule, extended release	1	
apraclonidine	1	
AZOPT	3	
betaxolol ophthalmic	1	
brimonidine	1	
carteolol	1	
COSOPT	3	MSB
dorzolamide-timolol	1	
levobunolol ophthalmic drops 0.5 %	1	
metipranolol	1	
pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %	1	
SIMBRINZA	3	
timolol maleate ophthalmic	1	
Ophthalmic Anti-Inflammatories		
bromfenac	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
fluorometholone	1	
flurbiprofen sodium	1	
ILEVRO	3	QL (1 bottle/month)
ketorolac ophthalmic	1	
LOTEMAX OPHTHALMIC DROPS,GEL	3	
LOTEMAX OPHTHALMIC DROPS,SUSPENSION	3	
LOTEMAX OPHTHALMIC OINTMENT	3	QL (1 tube/month)
NEVANAC	3	
PRED FORTE	3	MSB
prednisolone acetate	1	
prednisolone sodium phosphate ophthalmic	1	
sulfacetamide-prednisolone	1	
Otic Agents		
Otic Agents		
acetic acid otic	1	
acetic acid-aluminum acetate	1	
CIPRODEX	3	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
arbinoxa	1	
azelastine nasal	1	QL (1 bottle/month)
carbinoxamine maleate	1	
centergy	1	
centergy dm	1	

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Drug	Tier	Limits/Notes
CLARINEX ORAL TABLET	3	MSB ST (use azelastine, flunisolide nasal, or mometasone furoate nasal first)
clemastine oral tablet 2.68 mg	1	
cyproheptadine	1	AL (PA required for those 65 years of age or older)
desloratadine	1	ST (use azelastine, flunisolide nasal, or mometasone furoate nasal first)
hydrocodone-chlorpheniramine	1	QL (84 ml/month)
hydrocodone-cpm-pseudoephed	1	QL (140 ml/month)
levocetirizine	1	PA
olopatadine nasal	1	ST QL (use azelastine 0.15% nasal or azelastine 0.1% nasal first; 1 bottle/month)
promethazine vc	1	AL (PA required for those 65 years of age or older)
promethazine-codeine	1	AL QL (PA required for those 65 years of age or older; 210 ml/month)
promethazine-phenylephrine	1	AL (PA required for those 65 years of age or older)
XYZAL	3	MSB PA
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS	2	QL (1 inhaler/month)
ADVAIR HFA	2	QL (1 inhaler/month)
ARNUITY ELLIPTA	3	QL (1 inhaler/month)
BREO ELLIPTA	3	QL (1 inhaler/month)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	QL (4 ml/day)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	QL (2 ml/day)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	QL (2 bottles/month)
fluticasone nasal	1	QL (1 bottle/month)
mometasone nasal	1	ST QL (use fluticasone or flunisolide first; 1 bottle/month)
OMNARIS	3	ST QL (use flunisolide nasal and mometasone furoate nasal first; 1 bottle/month)
QVAR INHALATION AEROSOL 40 MCG/ACTUATION	2	QL (4 inhalers/month)
QVAR INHALATION AEROSOL 80 MCG/ACTUATION	2	QL (2 inhalers/month)
Antileukotrienes		
montelukast oral granules in packet	1	QL (1 pack/day)
montelukast oral tablet	1	QL (1 tab/day)
montelukast oral tablet,chewable	1	QL (1 tab/day)
SINGULAIR ORAL TABLET	3	MSB QL (1 tab/day)
SINGULAIR ORAL TABLET,CHEWABLE	3	MSB QL (1 tab/day)
zafirlukast	1	
Bronchodilators, Anticholinergic		
ANORO ELLIPTA	3	QL (1 inhaler/month)
ATROVENT HFA	3	QL (2 inhalers/month)
COMBIVENT RESPIMAT	3	ST QL (use Atrovent HFA or albuterol HFA first; 1 inhaler/month)
ipratropium bromide inhalation	1	QL (120 doses/month)
ipratropium bromide nasal spray,non-aerosol 0.03 %	1	QL (1 bottle/month)
ipratropium bromide nasal spray,non-aerosol 0.06 %	1	QL (3 bottles/month)
ipratropium-albuterol	1	QL (6 boxes [30 doses/box]/month)
TUDORZA PRESSAIR	3	QL (1 inhaler/month)

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Drug	Tier	Limits/Notes
Bronchodilators, Sympathomimetic		
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	1	QL (5 boxes/month)
albuterol sulfate inhalation solution for nebulization 5 mg/ml	1	QL (4 bottles/month)
albuterol sulfate oral	1	
epinephrine injection auto-injector	1	QL (4 injections/fill)
EPIPEN	2	QL (4 injections/fill)
EPIPEN 2-PAK	2	QL (4 injections/fill)
EPIPEN JR	2	QL (4 injections/fill)
EPIPEN JR 2-PAK	2	QL (4 injections/fill)
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml	1	QL (90 nebs/month)
levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml	1	QL (90 vials/month)
levalbuterol tartrate	1	QL (2 inhalers/month at retail, 5 inhalers/3 months at mail order)
metaproterenol oral	1	
PROAIR HFA	2	QL (2 inhalers/month)
PROAIR RESPICLICK	2	QL (2 inhalers/month)
STRIVERDI RESPIMAT	2	QL (1 inhaler/month)
terbutaline oral	1	
VENTOLIN HFA	2	QL (2 inhalers/month)
XOPENEX HFA	3	QL (2 inhalers/month at retail, 5 inhalers/3 months at mail order)
Mast Cell Stabilizers		
cromolyn inhalation	1	QL (2 boxes/month)
Phosphodiesterase Inhibitors, Airways Disease		
theochron	1	
theophylline oral solution	1	
theophylline oral tablet extended release 12 hr	1	
theophylline oral tablet extended release 24 hr	1	
Pulmonary Antihypertensives		
ADCIRCA	4	PA QL (2 tabs/day)
LETAIRIS	4	PA QL (1 tab/day)
sildenafil oral	1	PA QL (3 tabs/day)
TRACLEER	4	PA QL (2 tabs/day)
Respiratory Tract Agents, Other		
acetylcysteine	1	
benzonatate	1	
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	1	QL (315 ml/month)
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml (5 ml)	1	QL (126 ml/month)
hydrocodone-homatropine oral tablet	1	QL (63 tabs/month)
hydromet	1	QL (315 ml/month)
promethazine vc-codeine	1	AL QL (PA required for those 65 years of age or older; 210 ml/month)
promethazine-dm	1	AL (PA required for those 65 years of age or older)
promethazine-phenyleph-codeine	1	AL QL (PA required for those 65 years of age or older; 210 ml/month)
pulmosal	1	
sodium chloride inhalation	1	

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Drug	Tier	Limits/Notes
sski	1	
tussigon	1	QL (63 tabs/month)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
carisoprodol oral tablet 250 mg	1	AL QL (PA required for those 65 years of age or older; 4 tabs/day)
carisoprodol oral tablet 350 mg	1	AL (PA required for those 65 years of age or older)
chlorzoxazone	1	AL (PA required for those 65 years of age or older)
cyclobenzaprine oral tablet 10 mg, 5 mg	1	AL (PA required for those 65 years of age or older)
cyclobenzaprine oral tablet 7.5 mg	1	ST AL QL (PA required for those 65 years of age or older; use cyclobenzaprine [Flexeril] first; 3 tabs/day)
metaxall	1	AL QL (PA required for those 65 years of age or older; 4 tabs/day)
metaxalone	1	AL QL (PA required for those 65 years of age or older; 4 tabs/day)
methocarbamol oral	1	AL (PA required for those 65 years of age or older)
orphenadrine citrate oral	1	AL (PA required for those 65 years of age or older)
Sleep Disorder Agents		
Gaba Receptor Modulators		
eszopiclone	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 1 tab/day)
zaleplon oral capsule 10 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 2 caps/day)
zaleplon oral capsule 5 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 4 caps/day)
zolpidem oral tablet 10 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 1 tab/day)
zolpidem oral tablet 5 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 2 tabs/day)
zolpidem oral tablet,ext release multiphase 12.5 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 1 tab/day)
zolpidem oral tablet,ext release multiphase 6.25 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 2 tabs/day)
zolpidem sublingual	1	AL PA QL (PA also required if 65 yrs of age or older and filled > 90 days in a 1-year period; 1 tab/day)
Sleep Disorders, Other		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	3	PA QL (1 tab/day)
armodafinil oral tablet 50 mg	3	PA QL (2 tabs/day)
modafinil oral tablet 100 mg	1	PA QL (3 tabs/day)
modafinil oral tablet 200 mg	1	PA QL (2 tabs/day)
Therapeutic Nutrients/Minerals/Electrolytes		
Electrolyte/Mineral Modifiers		
CHEMET	2	
CUPRIMINE	3	PA QL (16 caps/day)
DEPEN TITRATABS	2	PA QL (16 tabs/day)
kionex	1	
kionex (with sorbitol)	1	
sodium polystyrene (sorb free)	1	
sodium polystyrene sulfonate	1	
SYPRINE	4	PA QL (8 tabs/day)

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 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Drug	Tier	Limits/Notes
Electrolyte/Mineral Replacement		
av-phos 250 neutral	1	
calcium acetate oral capsule	1	
calcium-folic acid-vitamin d	1	
centratex	1	
corvita 150	1	
cytra k crystals	1	
cytra-2	1	
cytra-3	1	
cytra-k	1	
effer-k oral tablet, effervescent 25 meq	1	
extra-virt plus dha	1	
ferocon	1	
ferraplus 90	1	
ferrocite plus	1	
ferrogels forte	1	
focalgin dss	1	
folivane-f	1	
folivane-plus	1	
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT	3	QL (4 tabs/month)
hematinic plus vit/minerals	1	
hematinic/folic acid	1	
hematogen fa	1	
hematogen forte	1	
hemenatal ob	1	
hemetab	1	
k-effervescent	1	
klor-con	1	
klor-con 10	1	
klor-con 8	1	
klor-con m10	1	
klor-con m20	1	
klor-con sprinkle	1	
klor-con/ef	1	
k-sol	1	
multigen folic	1	
multigen plus	1	
newgen	1	
phospha 250 neutral	1	
pnv 29-1	1	
pot.sodium citrate-citric acid	1	
potassium bicarb and chloride	1	
potassium bicarb-citric acid	1	
potassium chloride oral	1	
potassium citrate	1	
potassium citrate-citric acid	1	
prena1 pearl	1	

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Drug	Tier	Limits/Notes
prenatal plus	1	
purevit dualfe plus	1	
r-natal ob	1	
se-tan plus	1	
shohl's modified	1	
sodium citrate-citric acid	1	
faron forte	1	
tl icon	1	
tl-hem 150	1	
tricitrates	1	
tricon	1	
trigels-f forte	1	
tri-vitamin with fluoride	1	
vinate dha	1	
virt-phos 250 neutral	1	
virtrate-3	1	
virt-select	1	
vp-ch plus	1	
vp-ch-pnv	1	
vp-ggr-b6	1	
vp-heme ob	1	
zingiber	1	
Vitamins		
calcium pnv	1	
c-nate dha	1	
completenate	1	
cyanocobalamin (vitamin b-12) injection	1	
dothelle dha	1	
elite-ob	1	
elite-ob 400	1	
fabb	1	
folbecal	1	
folbee	1	
folbee plus	1	
folic acid oral tablet 1 mg	1	
folic acid-vit b6-vit b12 oral tablet 2.2-25-0.5 mg, 2.5-25-1 mg	1	
folivane-ob	1	
folplex 2.2	1	
levomefolate dha	1	
macnatal cn dha	1	
multi-vit with fluoride-iron	1	
multivitamin with fluoride	1	
multi-vitamin with fluoride	1	
multivitamins with fluoride	1	
mynatal advance	1	
mynatal oral tablet	1	
mynatal plus	1	

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Drug	Tier	Limits/Notes
mynatal-z	1	
mynate 90 plus	1	
mynephrocaps	1	
mynephron	1	
niva-plus	1	
obstetrix one	1	
pnv-dha	1	
pnv-dha + docusate	1	
pnv-ferrous fumarate-docu-fa	1	
pnv-omega	1	
pnv-select	1	
pnv-vp-u	1	
prenaissance	1	
prenaissance next	1	
prenaissance plus	1	
prenatal 19	1	
prenatal 19 (with docusate)	1	
prenatal low iron	1	
prenatal plus (calcium carb)	1	
prenatal-u	1	
pretab	1	
relnate dha	1	
renal caps	1	
rena-vite rx	1	
reno caps	1	
rulavite dha	1	
taron-c dha	1	
taron-prex prenatal-dha	1	
thrivite rx	1	
tl gard rx	1	
tl g-fol os	1	
tl-select	1	
triadvance	1	
tricare	1	
trinatal gt	1	
trinatal rx 1	1	
triphrocaps	1	
triple vitamin with fluoride	1	
triveen-one	1	
triveen-prx rnf	1	
tri-vit with fluoride and iron	1	
ultimatecare one	1	
ultimatecare one nf	1	
vemavite-prx-2	1	
vinacal	1	
vinate care	1	
vinate gt	1	

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Drug	Tier	Limits/Notes
vinate ii	1	
vinate m	1	
vinate one	1	
vinate pn care	1	
vinate ultra	1	
virt-advance	1	
virt-c dha	1	
virt-caps	1	
virt-gard	1	
virt-nate	1	
virt-nate dha	1	
virt-pn	1	
virt-pn dha	1	
virt-pn plus	1	
virtprex	1	
virt-vite	1	
virt-vite gt	1	
virt-vite plus	1	
vitamin d2	1	
vitamins a,c,d and fluoride	1	
vol-care rx	1	
vol-nate	1	
vol-plus	1	
vol-tab rx	1	
vp-heme one	1	
vp-vite rx	1	
zatean-ch	1	
zatean-pn dha	1	
zatean-pn plus	1	

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 RP-Retail Pharmacy Access ST - Step Therapy X - \$0 copay XX - \$0 copay requires PA based on medical necessity

Index of Drugs

A	
abacavir	20
abacavir-lamivudine	20
abacavir-lamivudine-zidovudine	20
acamprosate	6
acarbose	23
ACCU-CHEK AVIVA PLUS TEST STRIP	47
ACCU-CHEK COMPACT PLUS TEST STRIP	47
ACCU-CHEK COMPACT TEST STRIP	47
ACCU-CHEK SMARTVIEW TEST STRIP	47
ACCUPRIL	27
ACCURETIC	27
acebutolol	28
ACEON	27
acetaminophen-caff-dihydrocod	5
acetaminophen-codeine	5
acetazol hc	14
acetazolamide	30, 51
acetic acid	51
acetic acid-aluminum acetate	51
acetylcysteine	53
acitretin	33
acyclovir	19
ADALAT CC	29
adapalene	33
ADCIRCA	53
adderall xr	31
adefovir	19
adipex-p	32
ADVAIR DISKUS	52
ADVAIR HFA	52
ADVOCATE SYRINGES	47
AEROCHAMBER MINI	47
AEROCHAMBER MV	47
AEROCHAMBER PLUS FLOW-VU	47
AEROCHAMBER PLUS FLOW-VU,L MSK	47
AEROCHAMBER PLUS FLOW-VU,M MSK	47
AEROCHAMBER PLUS FLOW-VU,S MSK	47
AEROCHAMBER PLUS Z STAT	47
AEROCHAMBER PLUS Z STAT LG MSK	47
AEROCHAMBER PLUS Z STAT MD MSK	47
AEROCHAMBER PLUS Z STAT SM MSK	48
AEROCHAMBER WITH FLOWSIGNAL	48
AEROCHAMBER Z-STAT PLUS-FLW SG	48
AEROVENT PLUS	48
afeditab cr	29
AFINITOR	16
aftera	41
ALBENZA	17
albuterol sulfate	53
alclometasone	33
ALDACTONE	30
alendronate	47
alfuzosin	39
allopurinol	14
almotriptan malate	15
alogliptin	23
alogliptin-metformin	23
alogliptin-pioglitazone	23
alosetron	38
alprazolam	21, 22
alprazolam intensol	21
ALTACE	27
altavera (28)	41
alyacen 1/35 (28)	41
alyacen 7/7/7 (28)	41
amabelz	41
amantadine hcl	21
amcinonide	33
amethia	41
amethia lo	41
amethyst	41
amiloride	30
amiloride-hydrochlorothiazide	30
amiodarone	28
AMITIZA	38
amitriptyline	13
amitriptyline-chlordiazepoxide	22
amlodipine	29
amlodipine-atorvastatin	29
amlodipine-benazepril	27
amlodipine-valsartan	25
amlodipine-valsartan-hcthiacid	25
amoxapine	13
amoxicil-clarithromy-lansopraz	7
amoxicillin	9
amoxicillin-pot clavulanate	9
ampicillin	9
AMPYRA	33
anagrelide	25
anastrozole	16
androgel	40
androxy	40
ANORO ELLIPTA	52
anucort-hc	37
anusol-hc	33, 37
apexicon e	33
APOKYN	17
apraclonidine	51
apri	41
APRISO	46
APTIVUS	21
aranelle (28)	41
arbinoxa	51
aripiprazole	18
armodafinil	54
ARMOUR THYROID	45
ARNUIITY ELLIPTA	52
ARTHROTEC 50	3
ARTHROTEC 75	3
ascomp with codeine	32
ashlyna	41
aspirin-caffeine-dihydrocodein	5
aspirin-dipyridamole	25
ASSURE ID INSULIN SAFETY	48
atenolol	28
atenolol-chlorthalidone	28
atorvastatin	31
atovaquone	17
atovaquone-proguanil	17
ATRIPLA	20
atropine	50
ATROVENT HFA	52
aubra	41
AUGMENTIN	9
AUGMENTIN XR	9
AVALIDE	25
AVAPRO	25
avar	33
avar-e	33
avar-e green	33
aviane	41
avidoxy	10
AVONEX	46
AVONEX (WITH ALBUMIN)	46

av-phos 250 neutral	55
azathioprine	45
azelastine	50, 51
AZILECT	18
azithromycin	9
AZOPT	51
azuphen mb	38
azurette (28)	41

B

bacitracin	7
bacitracin-polymyxin b	7
baclofen	19
balsalazide	46
balziva (28)	41
BANZEL	11
BARACLUDE	19
BD INSULIN SYRINGE	48
BD INSULIN SYRINGE HALF UNIT	48
BD INSULIN SYRINGE MICRO-FINE	48
BD INSULIN SYRINGE SAFETY-LOK	48
BD INSULIN SYRINGE SLIP TIP	48
BD INSULIN SYRINGE ULT-FINE II	48
BD INSULIN SYRINGE ULTRA-FINE	48
BD INTEGRA INSULIN SYRINGE	48
BD SAFETYGLIDE INSULIN SYRINGE	48
belladonna alkaloids-opium	37
belladonna-opium	37
benazepril	27
benazepril-hydrochlorothiazide	27
bensal hp	33
benzepro	33
benzonatate	53
benzphetamine	32
benztropine	17
betamethasone dipropionate	33
betamethasone valerate	33
betamethasone, augmented	33
betaxolol	28, 51
bethanechol chloride	39
bicalutamide	16
BILTRICIDE	17
bimatoprost	50
bisoprolol fumarate	28
bisoprolol-hydrochlorothiazide	28
blisovi 24 fe	41
blisovi fe 1.5/30 (28)	41
blisovi fe 1/20 (28)	41
BONIVA	47
bp 10-1	33
bp-50% urea	33
bpo	33
BREATHERITE VALVED MDI CHAMBER	48
BREO ELLIPTA	52
briellyn	41
BRILINTA	25
brimonidine	51
bromfenac	51
bromocriptine	17
budesonide	46, 52
bumetanide	30
bupap	3
buprenorphine hcl	6
buprenorphine-naloxone	6
bupropion hcl	7, 12
bupropion hcl (smoking deter)	7
buspiron	22
butalbital compound w/codeine	32
butalbital-acetaminop-caf-cod	3
butalbital-acetaminophen	3

butalbital-acetaminophen-caff	3
butalbital-aspirin-caffeine	3
butorphanol tartrate	5
BYDUREON	23
BYETTA	23

C

cabergoline	45
caffeine citrated	32
calcipotriene	33
calcipotriene-betamethasone	33
calcitonin (salmon)	47
calcitrene	33
calcitriol	33, 47
calcium acetate	55
calcium pnv	56
calcium-folic acid-vitamin d	55
camila	44
camrese	41
camrese lo	41
candesartan	26
candesartan-hydrochlorothiazid	26
capacet	3
CAPRELSA	16
captopril	27
captopril-hydrochlorothiazide	27
carbamazepine	23
carbidopa	18
carbidopa-levodopa	18
carbidopa-levodopa-entacapone	17, 18
carbinoxamine maleate	51
CARDIZEM LA	28, 29
CARDURA	25
carisoprodol	54
carisoprodol-asa-codeine	5
carisoprodol-aspirin	3
carteolol	51
cartia xt	29
carvedilol	28
CATAPRES	25
CAYA CONTOURED	48
caziant (28)	41
cefaclor	8
cefadroxil	8
cefdinir	8
cefditoren pivoxil	8
cefixime	8
cefpodoxime	8
cefprozil	8
ceftibuten	8
cefuroxime axetil	8
celecoxib	3
CELEXA	12
cem-urea	33
centergy	51
centergy dm	51
centratex	55
cephalexin	8
cevimeline	33
CHANTIX	7
CHANTIX CONTINUING MONTH BOX	7
CHANTIX STARTING MONTH BOX	7
chateal	41
CHEMET	54
CHEMSTRIP K	48
cheratussin ac	50
chlordiazepoxide hcl	22
chlordiazepoxide-clidinium	37
chloroquine phosphate	17
chlorothiazide	30

chlorpromazine	13	cortisone	46
chlorpropamide	23	corvita 150	55
chlorthalidone	30	COSOPT	51
chlorzoxazone	54	COUMADIN	24
cholestyramine (with sugar)	31	covaryx	40
cholestyramine light	31	covaryx h.s.	40
choline, magnesium salicylate	3	COZAAR	26
ciclodan	13	CREON	36
ciclopirox	14	CRIXIVAN	21
cilostazol	25	cromolyn	37, 50, 53
cimetidine	37	cryselle (28)	41
cimetidine hcl	37	CUPRIMINE	54
CIPRO	9	cyanocobalamin (vitamin b-12)	56
CIPRODEX	51	cyclafem 1/35 (28)	41
ciprofloxacin	9	cyclafem 7/7/7 (28)	41
ciprofloxacin (mixture)	9	cyclobenzaprine	54
ciprofloxacin hcl	9	cyclopentolate	50
citalopram	12	cyclophosphamide	15
claravis	33	cycloserine	15
CLARINEX	52	cyclosporine	45
clarithromycin	9	cyclosporine modified	45
cleansing wash	33	cyproheptadine	52
clemastine	52	cyred	41
CLEVER CHOICE CHAMBER-LRG MASK	48	CYTOMEL	45
CLEVER CHOICE CHAMBER-MED MASK	48	cytra k crystals	55
CLEVER CHOICE CHAMBER-SM MASK	48	cytra-2	55
clindacin etz	7	cytra-3	55
clindacin p	7	cytra-k	55
clindamycin hcl	7		
clindamycin palmitate hcl	7	D	
clindamycin pediatric	7	danazol	40
clindamycin phosphate	7, 8	dantrolene	19
clindamycin-benzoyl peroxide	33	dapsone	15
clobetasol	33, 34	DARAPRIM	17
clobetasol-emollient	34	darifenacin	38
clocortolone pivalate	34	dasetta 1/35 (28)	41
clodan	34	dasetta 7/7/7 (28)	41
clomipramine	13	daysee	41
clonazepam	22	deblitane	44
clonidine	25	delyla (28)	41
clonidine hcl	25	demeclocycline	10
clopidogrel	25	DEPEN TITRATABS	54
clorazepate dipotassium	22	DESCOVY	20
clorpres	25	desipramine	13
clotrimazole	14	desloratadine	52
clotrimazole-betamethasone	14	desmopressin	40
clozapine	19	desog-e.estradiol/e.estradiol	41
c-nate dha	56	desogestrel-ethinyl estradiol	41
COARTEM	17	desonide	34
codeine sulfate	5	desoximetasone	34
codeine-guaifenesin	50	DETROL	38
colchicine	14	DETROL LA	38
colestipol	31	dexamethasone	46
colocort	46	dexamethasone intensol	46
COMBIVENT RESPIMAT	52	dexamethasone sodium phosphate	51
COMFORT EZ SYRINGE	48	DEXILANT	38
COMPACT SPACE CHAMBER	48	dexmethylphenidate	32
COMPACT SPACE CHAMBER PLUS	48	dextroamphetamine	31, 32
COMPACT SPACE CHAMBER-LRG MASK	48	dextroamphetamine-amphetamine	32
COMPACT SPACE CHAMBER-MED MASK	48	diazepam	22
COMPACT SPACE CHAMBER-SM MASK	48	diazepam intensol	22
compazine	13	diclofenac potassium	3
COMPLERA	20	diclofenac sodium	3, 34, 51
completenate	56	diclofenac-misoprostol	3
compro	13	dicloxacillin	9
constulose	38	dicyclomine	37
COPAXONE	33	didanosine	20
COREG	28	diethylpropion	33
cormax	34	diflorasone	34
CORTEF	46	diflunisal	3

digitek	29
digox	29
digoxin	29
dihydroergotamine	15
DILANTIN	11
DILANTIN EXTENDED	11
DILANTIN INFATABS	11
DILANTIN-125	11
diltiazem hcl	28, 29
dilt-xr	28
DIOVAN	26
DIOVAN HCT	26
diphenoxylate-atropine	37
dipyridamole	25
disopyramide phosphate	28
disulfiram	6
DITROPAN XL	38, 39
divalproex	10
dofetilide	28
donepezil	11
dorzolamide	30
dorzolamide-timolol	51
dothelle dha	56
doxazosin	39
doxepin	22, 34
doxercalciferol	47
doxycycline hyclate	10
doxycycline monohydrate	10, 34
dronabinol	13
drospirenone-ethinyl estradiol	41
duloxetine	12
dutasteride	39
dutasteride-tamsulosin	39
DYAZIDE	30

E

EASIVENT HOLDING CHAMBER	48
EASY COMFORT INSULIN SYRINGE	48
EASY TOUCH FLIPLOCK INSULIN	48
EASY TOUCH INSULIN SAFETY SYR	48
EASY TOUCH INSULIN SYRINGE	48
EASY TOUCH LUER LOCK INSULIN	48
EASY TOUCH SHEATHLOCK INSULIN	48
EASY TOUCH UNI-SLIP	48
econazole	14
econtra ez	44
EDARBI	26
EDARBYCLOR	26
ed-spaz	37
EDURANT	20
eemt	40
eemt hs	40
effer-k	55
EFFEXOR XR	12
EFFIENT	25
EGRIFTA	40
ELIDEL	34
elimest	41
ELIQUIS	24
elite-ob	56
elite-ob 400	56
emoquette	41
EMTRIVA	20
enalapril maleate	27
enalapril-hydrochlorothiazide	27
ENBREL	45
ENBREL SURECLICK	45
endocet	5
enoxaparin	24
enpresse	41

enskyce	41
entacapone	17
entecavir	19
enulose	38
EPCLUSA	19
EPIDUO	34
EPIDUO FORTE	34
epinastine	51
epinephrine	53
EPIPEN	53
EPIPEN 2-PAK	53
EPIPEN JR	53
EPIPEN JR 2-PAK	53
epitol	23
EPIVIR HBV	19
eplerenone	30
eprosartan	26
EPZICOM	20
EQUETRO	23
ergoloid	11
errin	44
ery pads	34
erygel	34
erythromycin	9
erythromycin ethylsuccinate	9
erythromycin with ethanol	34
erythromycin-benzoyl peroxide	34
escitalopram oxalate	12
esomeprazole magnesium	38
estarylla	41
estazolam	22
estradiol	41, 42
estradiol valerate	42
estradiol-norethindrone acet	42
ESTRING	42
estrogens-methyltestosterone	40
estropipate	42
eszopiclone	54
ethambutol	15
ethosuximide	10
ethyl chloride	6
etidronate disodium	47
etodolac	3
etoposide	16
EXEL INSULIN	48
exemestane	16
exoderm	14
extra-virt plus dha	55

F

fabb	56
fallback solo	42
falmina (28)	42
famciclovir	19
famotidine	37
FARESTON	16
felbamate	11
felodipine	29
FEMCAP	48
femynor	42
fenofibrate	30
fenofibrate micronized	30
fenofibrate nanocrystallized	30
fenofibric acid	31
fenofibric acid (choline)	30
fenopropfen	3
fentanyl	4
fentanyl citrate	5
ferocon	55
ferraplus 90	55

ferrocite plus	55
ferrogels forte	55
finasteride	39
fioricet	3
flavoxate	39
flecainide	28
FLEXICHAMBER	48
FLOMAX	39
fluconazole	14
flucytosine	14
fludrocortisone	40
flunisolide	52
fluocinolone	34
fluocinolone acetonide oil	34
fluocinolone and shower cap	34
fluocinonide	34
fluocinonide-e	34
fluorometholone	51
fluorouracil	34
fluoxetine	12
fluphenazine hcl	18
flurazepam	22
flurbiprofen	3
flurbiprofen sodium	51
flutamide	16
fluticasone	34, 52
fluvastatin	31
fluvoxamine	12
focalgin dss	55
folbecal	56
folbee	56
folbee plus	56
folic acid	56
folic acid-vit b6-vit b12	56
folivane-f	55
folivane-ob	56
folivane-plus	55
folplex 2.2	56
FOSAMAX	47
FOSAMAX PLUS D	55
fosinopril	27
fosinopril-hydrochlorothiazide	27
frovatriptan	15
furosemide	30
FUZEON	21
fyavolv	42

G

gabapentin	10
galantamine	11
gatifloxacin	9
gavilyte-c	38
gavilyte-g	38
gavilyte-h and bisacodyl	38
gavilyte-n	38
GELNIQUE	39
gemfibrozil	31
generlac	38
gengraf	45
gentak	7
gentamicin	7
gianvi (28)	42
gildagia	42
GILENYA	33
GLEOSTINE	16
glimepiride	23
glipizide	23
glipizide-metformin	23
GLUCAGEN HYPOKIT	24
GLUCAGON EMERGENCY KIT (HUMAN)	24

GLUCOPHAGE	23
GLUCOPHAGE XR	23
GLUCOVANCE	23
glyburide	23
glyburide micronized	23
glyburide-metformin	23
glycopyrolate	37
glydo	6
granisetron hcl	13
GRANIX	25
griseofulvin microsize	14
griseofulvin ultramicrosized	14
guaifenesin ac	50
guanfacine	25, 32
guanidine	15
gynazole-1	14

H

halobetasol propionate	34
haloperidol	18
haloperidol lactate	18
HARVONI	19
heather	44
hematinic plus vit/minerals	55
hematinic/folic acid	55
hematogen fa	55
hematogen forte	55
hemenatal ob	55
hemetab	55
hemmorex-hc	37
heparin (porcine)	24
homatropaire	50
homatropine hbr	50
HUMALOG	24
HUMALOG KWIKPEN	24
HUMALOG MIX 50-50	24
HUMALOG MIX 50-50 KWIKPEN	24
HUMALOG MIX 75-25	24
HUMALOG MIX 75-25 KWIKPEN	24
HUMIRA	46
HUMIRA PEDIATRIC CROHN'S START	46
HUMIRA PEN	46
HUMIRA PEN CROHN'S-UC-HS START	46
HUMIRA PEN PSORIASIS-UVEITIS	46
HUMULIN 70/30	24
HUMULIN N	24
HUMULIN R	24
HUMULIN R U-500 (CONCENTRATED)	24
HYCANTIN	16
hydralazine	31
hydrochlorothiazide	30
hydrocodone-acetaminophen	5
hydrocodone-chlorpheniramine	52
hydrocodone-cpm-pseudoephed	52
hydrocodone-homatropine	53
hydrocodone-ibuprofen	3
hydrocortisone	34, 35, 40, 46
hydrocortisone acetate	37
hydrocortisone butyrate	34
hydrocortisone butyr-emollient	40
hydrocortisone valerate	35
hydrocortisone-acetic acid	14
hydrocortisone-pramoxine	14, 35
hydromet	53
hydromorphone	4, 5
hydroxychloroquine	17
hydroxyurea	16
hydroxyzine hcl	13
hydroxyzine pamoate	13
hyolev mb	39

hyophen	39
hyoscyamine sulfate	37
hyosyne	37
HYZAAR	26

I	
ibandronate	47
ibuprofen	3
ibuprofen-oxycodone	3
ILEVRO	51
imatinib	16
imipramine hcl	13
imipramine pamoate	13
imiquimod	35
IMITREX	15
indapamide	30
indiomib mb	8
indomethacin	3
INSPIRACHAMBER	48
INSPIRACHAMBER WITH MASK-LARGE	48
INSPIRACHAMBER WITH MASK-MED	48
INSPIRACHAMBER WITH MASK-SMALL	48
INSULIN SYRINGE	48
INSULIN SYRINGE MICROFINE	48
insulin syringe- needle	48
insulin syringe needleless	48
INSULIN SYRINGE ULTRAFINE	48
insulin syringe-needle u-500	49
insulin syringes (disposable)	49
INTELENCE	20
INTRON A	19
introvale	42
INVIRASE	21
INVOKAMET	23
INVOKAMET XR	23
INVOKANA	23
iophen c-nr	50
ipratropium bromide	52
ipratropium-albuterol	52
irbesartan	26
irbesartan-hydrochlorothiazide	26
ISENTRESS	20
isochron	31
isometh-dichloral-acetaminophn	15
isomethepten-caf-acetaminophen	15
isoniazid	15
isosorbide dinitrate	31
isosorbide mononitrate	31
isoxsuprine	29
isradipine	29
itraconazole	14
ivermectin	17

J	
jantoven	24
JANUMET	23
JANUMET XR	23
JANUVIA	24
jencycla	44
jevantique lo	42
jinteli	42
jolessa	42
jolivette	44
juleber	42
junel 1.5/30 (21)	42
junel 1/20 (21)	42
junel fe 1.5/30 (28)	42
junel fe 1/20 (28)	42
junel fe 24	42

K	
----------	--

kaitlib fe	44
KALETRA	21
kariva (28)	42
k-effervescent	55
kelnor 1/35 (28)	42
ketoconazole	14
KETO-DIASTIX	49
KETONE CARE	49
KETONE URINE TEST	49
ketoprofen	3
ketorolac	3, 51
KETOSTIX	49
kimidess (28)	42
kionex	54
kionex (with sorbitol)	54
klofensaid ii	35
klor-con	55
klor-con 10	55
klor-con 8	55
klor-con m10	55
klor-con m20	55
klor-con sprinkle	55
klor-con/ef	55
k-sol	55
kurvelo	42

L	
l norgest/e.estradiol-e.estradiol	42
labetalol	28
lactic acid	35
lactic acid e	35
lactulose	38
lamivudine	19, 20
lamivudine-zidovudine	20
lamotrigine	11
lancets	49
LANOXIN	29
lansoprazole	38
LANTUS	24
LANTUS SOLOSTAR	24
larin 1.5/30 (21)	42
larin 1/20 (21)	42
larin 24 fe	42
larin fe 1.5/30 (28)	42
larin fe 1/20 (28)	42
larissa	42
LASIX	30
LASTACAPT	51
latanoprost	50
latrix	35
LATUDA	18
leena 28	42
leflunomide	46
lessina	42
LETAIRIS	53
letrozole	16
leucovorin calcium	16
LEUKERAN	16
leuprolide	45
levalbuterol hcl	53
levalbuterol tartrate	53
LEVAQUIN	9
LEVEMIR	24
LEVEMIR FLEXTOUCH	24
levetiracetam	10
LEVITRA	40
levobunolol	51
levocarnitine	49
levocarnitine (with sugar)	49
levocetirizine	52

levofloxacin	9	MAXALT	15
levomefolate dha	56	MAXALT-MLT	15
levonest (28)	42	MAXI-COMFORT INSULIN SYRINGE	49
levonorgestrel	44	MAXZIDE	30
levonorgestrel-ethinyl estrad	42	MAXZIDE-25MG	30
levonorg-eth estrad triphasic	42	meclofenamate	3
levora 0.15/30 (28)	42	medroxyprogesterone	44
levorphanol tartrate	4	mefenamic acid	3
levothyroxine	45	mefloquine	17
LEVOXYL	45	megestrol	44
LEXAPRO	12	meloxicam	3
LEXIVA	21	memantine	11, 12
LIALDA	46	meperidine	5
lidocaine	6	meprobamate	22
lidocaine hcl	6	mercaptopurine	16
lidocaine hcl-hydrocortison ac	15, 35	mesalamine	46
lidocaine viscous	6	MESNEX	16
lidocaine-hydrocortisone-aloe	35	metadate er	32
lidocaine-prilocaine	6	metaproterenol	53
lido-k	6	metaxall	54
lindane	17	metaxalone	54
linezolid	8	metformin	24
liothyronine	45	methadone	4
LIPITOR	31	methadone intensol	4
lisinopril	27	methadose	4
lisinopril-hydrochlorothiazide	27	methamphetamine	32
LITE TOUCH INSULIN SYRINGE	49	methazolamide	30
LITEAIRE MDI CHAMBER	49	methenamine hippurate	8
lithium carbonate	23	methenamine mandelate	8
lofibra	31	methen-sod phos-meth blue-hyos	39
lomaira	33	methergine	49
lomedica 24 fe	42	methimazole	45
LOMOTIL	37	methocarbamol	54
loperamide	37	methotrexate sodium	46
lopreeza	42	methotrexate sodium (pf)	46
lorazepam	22	methoxsalen rapid	35
lorazepam intensol	22	methscopolamine	37
lorcet (hydrocodone)	5	methyclothiazide	30
lorcet hd	5	methyl dopa	25
lorcet plus	5	methyl dopa-hydrochlorothiazide	25
lortab 10-325	5	methylphenidate	32
lortab 5-325	5	methylprednisolone	14
lortab 7.5-325	5	methyltestosterone	40
lortab elixir	5	metipranolol	51
loryna (28)	42	metoclopramide hcl	13
losartan	26	metolazone	30
losartan-hydrochlorothiazide	26	metoprolol succinate	28
LOTEMAX	51	metoprolol ta-hydrochlorothiaz	28
LOTENSIN	27	metoprolol tartrate	28
LOTENSIN HCT	27	metronidazole	8, 35
LOTREL	27	mexiletine	28
lovastatin	31	miconazole-3	14
low-ogestrel (28)	43	micort-hc	37
loxapine succinate	18	MICROCHAMBER	49
LUMIGAN	50	microgestin 1.5/30 (21)	43
lutera (28)	43	microgestin 1/20 (21)	43
LYSODREN	45	microgestin fe 1.5/30 (28)	43
lyza	44	microgestin fe 1/20 (28)	43
M			
macnatal cn dha	56	midodrine	25
MAGELLAN INSULIN SAFETY SYRNG	49	migergot	15
MAGELLAN SYRINGE	49	millipred	46
MALARONE	17	millipred dp	46
malathion	17	mimvey	43
maprotiline	12	mimvey lo	43
marlissa	43	MINASTRIN 24 FE	43
MATULANE	16	minitrans	31
matzim la	29	minocycline	10
MAVIK	27	minoxidil	31
		MIRAPEX	17
		mirtazapine	12

misoprostol	40	neomycin-polymyxin b gu	7
MOBIC	3	neomycin-polymyxin b-dexameth	8
modafinil	54	neomycin-polymyxin-gramicidin	7
moderiba	19	neomycin-polymyxin-hc	8
moexipril	27	neo-polycin	8
moexipril-hydrochlorothiazide	27	neo-polycin hc	8
molindone	18	neosporin (neo-polym-gramicid)	7
mometasone	35, 40, 52	NEULASTA	25
MONAGHAN Z STAT CHAMBER	49	NEUPOGEN	25
MONAGHAN Z STAT CHAMBER-LG MSK	49	NEURONTIN	19
MONAGHAN Z STAT CHAMBER-MD MSK	49	NEVANAC	51
MONAGHAN Z STAT CHAMBER-SM MSK	49	nevirapine	20
mondoxyne nl	10	newgen	55
MONOJECT INSULIN SAFETY SYRINGE	49	NEXAVAR	16
MONOJECT INSULIN SYRINGE	49	next choice one dose	44
MONOJECT ULTRA COMFORT INSULIN	49	niacin	31
mono-linyah	43	niacor	31
mononessa (28)	43	nicardipine	29
montelukast	52	NICOTROL	7
morgidox	10	NICOTROL NS	7
morphine	4, 5, 6	nifedical xl	29
morphine concentrate	5	nifedipine	29
MOXEZA	10	nikki (28)	43
moxifloxacin	10	nimodipine	29
MULTAQ	28	nisoldipine	29
multigen folic	55	nitrofurantoin	8
multigen plus	55	nitrofurantoin macrocrystal	8
multi-vit with fluoride-iron	56	nitrofurantoin monohyd/m-cryst	8
multivitamin with fluoride	56	nitroglycerin	31
multi-vitamin with fluoride	56	nitromist	31
multivitamins with fluoride	56	NITROSTAT	31
mupirocin	8	nitro-time	31
mupirocin calcium	8	niva-plus	57
my way	44	nizatidine	37
mycophenolate mofetil	46	nodolor	15
mycophenolate sodium	46	nora-be	44
mynatal	56	noreth-ethinyl estradiol-iron	45
mynatal advance	56	norethindrone (contraceptive)	45
mynatal plus	56	norethindrone acetate	45
mynatal-z	57	norethindrone ac-eth estradiol	43
mynate 90 plus	57	norethindrone-e.estradiol-iron	43
mynephrocaps	57	norgestimate-ethinyl estradiol	43
mynephron	57	norgestrel-ethinyl estradiol	43
myorisan	35	norlyroc	45
MYRBETRIQ	39	NORPACE CR	28
myzilra	43	nortrel 0.5/35 (28)	43
N			
nabumetone	3	nortrel 1/35 (21)	43
nadolol	28	nortrel 1/35 (28)	43
nadolol-bendroflumethiazide	28	nortrel 7/7/7 (28)	43
naffifine	14	nortriptyline	13
naloxone	7	NORVASC	29
naltrexone	7	NORVIR	21
NAMENDA XR	12	nulev	37
NAMZARIC	12	NUTROPIN AQ	40
naproxen	3	NUTROPIN AQ NUSPIN	40
naproxen sodium	3	NUVARING	43
naratriptan	15	nyamyc	14
NARCAN	7	nystatin	14
nateglinide	24	nystatin-triamcinolone	14
necon 0.5/35 (28)	43	nystop	14
necon 1/35 (28)	43	O	
necon 1/50 (28)	43	obstetrix one	57
necon 10/11 (28)	43	ocella	43
necon 7/7/7 (28)	43	octreotide acetate	45
nefazodone	12	ofloxacin	10
neomycin	7	ogestrel (28)	43
neomycin-bacitracin-poly-hc	8	olanzapine	18
neomycin-bacitracin-polymyxin	8	olanzapine-fluoxetine	18
		olopatadine	51, 52

omega-3 acid ethyl esters	31	phenylephrine hcl	50
omeprazole	38	phenytoin	11
omeprazole-sodium bicarbonate	38	phenytoin sodium extended	11
OMNARIS	52	philitih	43
ondansetron	13	phospha 250 neutral	55
ondansetron hcl	13	phosphasal	39
opcicon one-step	43	PICATO	16
opium tincture	37	pilocarpine hcl	33, 51
OPTICHAMBER ADULT MASK-LARGE	49	pimozide	18
OPTICHAMBER DIAMOND LG MASK	49	pimtrea (28)	43
OPTICHAMBER DIAMOND VHC	49	pindolol	28
OPTICHAMBER DIAMOND-MED MSK	49	pioglitazone	24
OPTICHAMBER DIAMOND-SML MASK	49	pioglitazone-glimepiride	24
oralone	33	pioglitazone-metformin	24
orphenadrine citrate	54	pirmella	43
orsythia	43	piroxicam	4
oscimin	37	PLAVIX	25
oscimin sl	37	pnv 29-1	55
oscimin sr	37	pnv-dha	57
oxandrolone	40	pnv-dha + docusate	57
oxaprozin	3	pnv-ferrous fumarate-docu-fa	57
oxazepam	22	pnv-omega	57
oxcarbazepine	11	pnv-select	57
oxiconazole	14	pnv-vp-u	57
OXTELLAR XR	11	POCKET CHAMBER	49
oxybutynin chloride	39	podocon	35
oxycodone	4, 6	podofilox	35
oxycodone-acetaminophen	6	polycin	8
oxycodone-aspirin	4	polyethylene glycol 3350	38
oxymorphone	4, 6	polymyxin b sulf-trimethoprim	8
P			
pacerone	28	portia	43
paliperidone	18	pot,sodium citrate-citric acid	55
PANRETIN	17	potassium bicarb and chloride	55
pantoprazole	38	potassium bicarb-citric acid	55
paregoric	37	potassium chloride	55
paricalcitol	47	potassium citrate	55
paromomycin	7	potassium citrate-citric acid	55
paroxetine hcl	12	PRALUENT PEN	14
PATADAY	51	PRALUENT SYRINGE	14
PAXIL	12	pramcort	14
PAXIL CR	12	pramipexole	17
PAZEO	51	PRAVACHOL	31
peg 3350-electrolytes	38	pravastatin	31
peg-3350 with flavor packs	38	prazosin	39
PEGASYS	19	PRED FORTE	51
PEGASYS PROCLICK	19	prednicarbate	35
peg-electrolyte soln	38	prednisolone	46
PEGINTRON	19	prednisolone acetate	51
PEGINTRON REDIPEN	19	prednisolone sodium phosphate	47, 51
peg-prep	38	prednisone	47
penicillin v potassium	9	prednisone intensol	47
pentazocine-naloxone	6	PREMARIN	43
pentoxifylline	30	PREMPRO	43
pepcid	37	prena1 pearl	55
perindopril erbumine	27	prenaissance	57
permethrin	17	prenaissance next	57
perphenazine	18	prenaissance plus	57
perphenazine-amitriptyline	18	prenatal 19	57
phenadoz	13	prenatal 19 (with docusate)	57
phenazopyridine	40	prenatal low iron	57
phendimetrazine tartrate	32	prenatal plus	56
phenelzine	12	prenatal plus (calcium carb)	57
phenergan	13	prenatal-u	57
phenobarb-hyoscy-atropine-scop	37	pretab	57
phenobarbital	10	prevalite	31
phenohydro	37	previfem	43
phenoxybenzamine	25	PREZISTA	21
phentermine	33	PRIFIN	15
		primaquine	17
		primidone	10

primlev	6
PRINIVIL	27
PRISTIQ	12
PROAIR HFA	53
PROAIR RESPICLICK	53
probenecid	14
probenecid-colchicine	14
PROCARDIA XL	29
procentra	32
PROCHAMBER	49
prochlorperazine	13
prochlorperazine maleate	13
PROCRIT	25
procto-med hc	35
procto-pak	35
proctosol hc	35
proctozone-hc	35
PRODIGY INSULIN SYRINGE	49
progesterone	45
progesterone in oil	45
progesterone micronized	45
promethazine	13
promethazine vc	52
promethazine vc-codeine	53
promethazine-codeine	52
promethazine-dm	53
promethazine-phenyleph-codeine	53
promethazine-phenylephrine	52
promethegan	13
propafenone	28
propantheline	37
proparacaine	50
propranolol	28
propranolol-hydrochlorothiazid	29
propylthiouracil	45
PROSCAR	39
protriptyline	13
psorcon	35
pulmosal	53
purevit dualfe plus	56
pyrazinamide	15
pyridostigmine bromide	15

Q

quasense	43
quetiapine	18
quinapril	27
quinapril-hydrochlorothiazide	27
quinidine gluconate	28
quinidine sulfate	28
quinine sulfate	17
QVAR	52

R

rabeprazole	38
raloxifene	45
ramipril	27
ranitidine hcl	37
RAPAMUNE	46
rea lo 39	35
rea lo 40	35
react	43
REBIF (WITH ALBUMIN)	46
REBIF REBIDOSE	46
REBIF TITRATION PACK	46
reclipsen (28)	43
relagard	8
RELENZA DISKHALER	21
relnate dha	57
remeven	35
renal caps	57

rena-vite rx	57
reno caps	57
REVELA	40
repaglinide	24
repaglinide-metformin	24
reprexain	4
RESCRIPTOR	20
reserpine	25
RESTASIS	50
RESTASIS MULTIDOSE	50
revia	6
REVLIMID	16
REYATAZ	21
ribasphere	19
ribavirin	19
RIDAURA	46
rifabutin	15
rifampin	15
riluzole	33
rimantadine	21
risedronate	47
risperidone	18
RITEFLO AEROCHAMBER	49
rivastigmine	11
rivastigmine tartrate	11
rizatriptan	15
r-natal ob	56
ropinirole	18
rosadan	8, 35
rosanil	35
rosuvastatin	31
rowepra	10
rulavite dha	57

S

SAFESNAP INSULIN SYRINGE	49
SAIZEN	40
SAIZEN CLICK.EASY	40
salacyn	35
salicylic acid	35
salsalate	4
SANDIMMUNE	46
SAPHRIS (BLACK CHERRY)	18
scalacort	35
seb-prev	35
selegiline hcl	18
selenium sulfide	14
SELZENTRY	21
SENSIPAR	45
SEROQUEL XR	19
sertraline	13
se-tan plus	56
setlakin	44
sharobel	45
shohl's modified	56
sildenafil	53
silver sulfadiazine	8
SIMBRINZA	51
simvastatin	31
SINEMET	18
SINEMET CR	18
SINGULAIR	52
sirolimus	46
sodium chloride	53
sodium citrate-citric acid	56
sodium polystyrene (sorb free)	54
sodium polystyrene sulfonate	54
sorine	28
sotalol	28
sotalol af	28

SOVALDI	19	terbinafine hcl	14
SPACE CHAMBER PLUS	49	terbutaline	53
spinosad	17	terconazole	14
spironolactone	30	TERUMO INSULIN SYRINGE	49
spironolacton-hydrochlorothiaz	30	testosterone	40, 41
sprintec (28)	44	testosterone cypionate	40
SPRYCEL	16	testosterone enanthate	40
sronyx	44	tetracycline	10
ss 10-2	35	THALOMID	16
SSD	8	theochron	53
sski	54	theophylline	53
sss 10-5	35	THINPRO INSULIN SYRINGE	49
stavudine	20	thioridazine	18
STIVARGA	16	thiothixene	18
STRATTERA	32	thrivite rx	57
STRIBILD	20	tiagabine	10
STRIVERDI RESPIMAT	53	TIAZAC	28
STROMECTOL	17	ticlopidine	25
SUBOXONE	7	tilia fe	44
sucralfate	38	timolol maleate	29, 51
sulfacetamide sodium	10, 35, 50	tinidazole	17
sulfacetamide sodium (acne)	10	TIVICAY	20
sulfacetamide sodium-sulfur	35, 36	tizanidine	19
sulfacetamide sod-sulfur-urea	36	tl gard rx	57
sulfacetamide-prednisolone	51	tl g-fol os	57
sulfacleanse 8-4	36	tl icon	56
sulfadiazine	10	tl-hem 150	56
sulfamethoxazole-trimethoprim	10	tl-select	57
sulfasalazine	47	TOBRADEX	7
SULFATRIM	10	tobramycin	7
sulfazine	47	tobramycin-dexamethasone	7
sulindac	4	TOBREX	7
sumatriptan	15	tolazamide	24
sumatriptan succinate	15	tolbutamide	24
SUPRAX	8, 9	tolcapone	17
SUPREP BOWEL PREP KIT	38	tolmetin	4
SURE COMFORT INS. SYR. U-100	49	tolterodine	39
SURE COMFORT INSULIN SYRINGE	49	TOPCARE ULTRA COMFORT	49
SURE-JECT INSULIN SYRINGE	49	topiramate	11
SUSTIVA	20	torse mide	30
SUTENT	16	TOUJEO SOLOSTAR	24
syeda	44	TRACLEER	53
symax fastabs	37	tramadol	4, 6
symax-sl	37	tramadol-acetaminophen	6
symax-sr	37	trandolapril	27
SYNAREL	45	trandolapril-verapamil	28
SYNTHROID	45	tranexamic acid	25
SYPRINE	54	TRANSDERM-SCOP	13
T			
tacrolimus	36, 46	tranylcypromine	12
TAMIFLU	21	TRAVATAN Z	50
tamoxifen	16	trazodone	12
tamsulosin	39	tretinoin	36
TANZEUM	24	tretinoin (chemotherapy)	17
TARCEVA	16, 17	tretinoin microspheres	36
tarina fe 1/20 (28)	44	triadvance	57
taron forte	56	triamcinolone acetonide	33, 36
taron-c dha	57	triamterene-hydrochlorothiazid	30
taron-prex prenatal-dha	57	trianex	36
TASIGNA	17	triazolam	23
taztia xt	28	tricare	57
TECFIDERA	46	tricitrates	56
TECHNIVIE	19	tricon	56
telmisartan	26	triderm	36
telmisartan-amlodipine	26	tri-estarylla	44
telmisartan-hydrochlorothiazid	27	trifluoperazine	18
temazepam	22, 23	trifluridine	19
tencon	3	trigels-f forte	56
terazosin	39	trihexyphenidyl	17
		tri-legest fe	44
		tri-linyah	44

tri-lo-estarylla	44
tri-lo-marzia	44
tri-lo-sprintec	44
trilyte with flavor packets	38
trimethobenzamide	13
trimethoprim	8
trimipramine	13
trinatal gt	57
trinatal rx 1	57
trinessa (28)	44
trinessa lo	44
triphrocaps	57
triple vitamin with fluoride	57
tri-previfem (28)	44
tri-sprintec (28)	44
TRIUMEQ	20
triveen-one	57
triveen-prx rnf	57
tri-vit with fluoride and iron	57
tri-vitamin with fluoride	56
trivora (28)	44
tropicamide	50
trospium	39
TRUEPLUS KETONE	49
TRUVADA	20
TUDORZA PRESSAIR	52
tussigon	54
TYKERB	17
TYZEKA	19

U

ULTICARE	50
ULTICARE INSULIN SYR HALF UNIT	49
ULTICARE INSULIN SYRINGE	49
ULTILET INSULIN SYRINGE	50
ultimatecare one	57
ultimatecare one nf	57
ULTRA CMFT INS SYR HALF UNIT	50
ULTRA COMFORT INSULIN SYRINGE	50
ULTRA-THIN II (SHORT) INS SYR	50
ULTRA-THIN II INSULIN SYRINGE	50
umecta	36
UNITHROID	45
ur n-c	40
uramit mb	39
urea	36
urea nail stick	36
ure-k	36
urimar-t	39
urin ds	39
uro-458	39
urolet mb	39
uro-mp	39
urophen mb	39
ursodiol	37
uryl	39
ustell	39
utira-c	39

V

valacyclovir	19
VALCYTE	19
valganciclovir	19
valproic acid	11
valproic acid (as sodium salt)	11
valsartan	27
valsartan-hydrochlorothiazide	27
vanatol lq	3
vancomycin	8
VANISHPOINT SYRINGE	50
VASERETIC	28

VASOTEC	28
vecamyl	30
velivet triphasic regimen (28)	44
vemavite-prx-2	57
venlafaxine	13
VENTOLIN HFA	53
verapamil	29
verdrocet	6
VERELAN PM	29
VESICARE	39
vestura (28)	44
VIAGRA	40
vicodin	6
vicodin es	6
vicodin hp	6
VIDEX 2 GRAM PEDIATRIC	20
VIDEX 4 GRAM PEDIATRIC	20
VIEKIRA PAK	19
vienva	44
VIGAMOX	10
vinacal	57
vinate care	57
vinate dha	56
vinate gt	57
vinate ii	58
vinate m	58
vinate one	58
vinate pn care	58
vinate ultra	58
violele (28)	44
VIRACEPT	21
VIREAD	20, 21
virt-advance	58
virt-c dha	58
virt-caps	58
virt-gard	58
virt-nate	58
virt-nate dha	58
virt-phos 250 neutral	56
virt-pn	58
virt-pn dha	58
virt-pn plus	58
virtprex	58
virtrate-3	56
virt-select	56
virtussin ac	50
virt-vite	58
virt-vite gt	58
virt-vite plus	58
vitamin d2	58
vitamins a,c,d and fluoride	58
vol-care rx	58
vol-nate	58
vol-plus	58
vol-tab rx	58
voriconazole	14
VORTEX HOLDING CHAMBER	50
VORTEX HOLDING CHAMBER CHILD	50
VORTEX HOLDING CHAMBER TODDLER	50
VOTRIENT	17
vp-ch plus	56
vp-ch-pnv	56
vp-ggr-b6	56
vp-heme ob	56
vp-heme one	58
vp-vite rx	58
vyfemla (28)	44
VYVANSE	32

W

warfarin	24
WELCHOL	24
WELLBUTRIN SR	12
wera (28)	44
WP THYROID	45
wymzya fe	44

X

XALATAN	50
XALKORI	17
XARELTO	25
XOPENEX HFA	53
XTANDI	16
xulane	44
xylon 10	4
XYZAL	52

Z

zafirlukast	52
zaleplon	54
zarah	44
zatean-ch	58
zatean-pn dha	58
zatean-pn plus	58
zenatane	36
zenchent (28)	44
zenchent fe	44
zencia	36
ZENPEP	36
ZESTORETIC	28
ZESTRIL	28
ZIAGEN	21
zidovudine	21
zingiber	56
ziprasidone hcl	19
ZIRGAN	19
ZITHROMAX	9
ZOCOR	31
ZOLINZA	16
zolmitriptan	15
ZOLOFT	13
zolpidem	54
zonisamide	10
ZORTRESS	46
zovia 1/35e (28)	44
zovia 1/50e (28)	44
ZYLET	7
ZYLOPRIM	14
ZYTIGA	16

Blue Shield Pharmacy Services
P.O. Box 7168
San Francisco, CA 94120-7168

An independent member of the Blue Shield Association A11525-STANDARD 12/16)



Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Discrimination is against the law

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

Blue Shield of California:

- Provides aids and services at no cost to people with disabilities to communicate effectively with us such as:
 - Qualified sign language interpreters
 - Written information in other formats (including large print, audio, accessible electronic formats and other formats)
- Provides language services at no cost to people whose primary language is not English such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Blue Shield of California Civil Rights Coordinator.

If you believe that Blue Shield of California 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:

Blue Shield of California
Civil Rights Coordinator
P.O. Box 629007
El Dorado Hills, CA 95762-9007

Phone: (844) 831-4133 (TTY: 711)

Fax: (916) 350-7405

Email: BlueShieldCivilRightsCoordinator@blueshieldca.com

You can file a grievance in person or by mail, fax or email. 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
(800) 368-1019; TTY: (800) 537-7697

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For help at no cost, please call right away at the Member/Customer Service telephone number on the back of your Blue Shield ID card, or (866) 346-7198.

IMPORTANTE: ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda sin cargo, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Blue Shield o al (866) 346-7198.
(Spanish)

重要通知：您能讀懂這封信嗎？如果不能，我們可以請人幫您閱讀。這封信也可以用您所講的語言書寫。如需免費幫助，請立即撥打登列在您的Blue Shield ID卡背面上的會員/客戶服務部的電話，或者撥打電話(866) 346-7198。
(Chinese)

QUAN TRỌNG: Quý vị có thể đọc lá thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận lá thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, vui lòng gọi ngay đến Ban Dịch vụ Hội viên/Khách hàng theo số ở mặt sau thẻ ID Blue Shield của quý vị hoặc theo số (866) 346-7198.
(Vietnamese)

MAHALAGA: Nababasa mo ba ang sulat na ito? Kung hindi, maari kaming kumuha ng isang tao upang matulungan ka upang mabasa ito. Maari ka ring makakuha ng sulat na ito na nakasulat sa iyong wika. Para sa libreng tulong, mangyaring tumawag kaagad sa numerong telepono ng Miyembro / Customer Service sa likod ng iyong Blue Shield ID kard, o (866) 346-7198.
(Tagalog)

Baa' ákohwiindzindooígí: Díí naaltsoosish yíiniłta'go bíinígah?
Doo bíinígahgóó éí, naaltsoos nich'í' yiidóołtahígíí ła' nihee hółó.
Díí naaltsoos ałdó' t'áá Diné k'ehjí ádoolníł nínízingo bíighah.
Doo ɓaąh ílínígó shíká' adoowoł nínízingó nihich'í' béesh bee
hodíilnih dóó námboo éí díí Blue Shield bee néiho' díłzinígí bine'dée'
bikáá' éí doodagó éí(866) 346-7198jí' hodíilnih.
(Navajo)

Notice of the Availability of Language Assistance Services

Blue Shield of California Life & Health Insurance Company

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-866-346-7198. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-866-346-7198. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

免費語言服務。 您可獲得口譯員服務。可以用中文把文件唸給您聽，有些文件有中文的版本，也可以把這些文件寄給您。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-866-346-7198 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Chinese

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch. Quý vị có thể được người khác đọc giúp các tài liệu và nhận một số tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-866-346-7198. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

무료 통역 서비스. 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-866-346-7198번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-866-346-7198. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Tagalog

Անվճար Լեզվական Օճառարկայուններ: Հոյք կարող եք քարգման ձերք բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-866-346-7198 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆորնիայի Ապահովագրության Բաժանմունք: Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-866-346-7198. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance), по телефону 1-800-927-4357. Russian

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または1-866-346-7198 までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357 までご連絡ください。Japanese

خدمات مجانی مربوط به زبان. میتوانید از خدمات یک مترجم شفاهی استفاده کنید و بگویند مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسایی شما قید شده است و یا این شماره 1-866-346-7198 تماس بگیرید. برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید. Persian

ਮੁਫਤ ਸੇਵਾ ਸੇਵਾਵਾਂ: ਤੁਸੀਂ ਦੁਆਰਾ ਦਿੱਤੇ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-866-346-7198 'ਤੇ' ਸਾਨੂੰ ਫੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ 'ਕੈਲੀਫੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ ਇਨਸੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫੋਨ ਕਰੋ। Punjabi

សេវាកម្មភាសាពិតប្រាកដថ្លៃ ៖ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអាសន្នការជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ព័ន្ធមួយ
សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដែលមានបង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-866-346-7198 ។ សម្រាប់ព័ន្ធមួយបន្ថែមទៀត
សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ា តាមលេខ 1-800-927-4357 Khmer

خدمات ترجمه بدون تکلیف. يمكنك الحصول على مترجم و قراءة الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-866-346-7198 للحصول على المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357. Arabic

Cov Kev Pab Txhais Lus Tsis Them Nqi. Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-866-346-7198. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong

บริการทางภาษาอย่างไม่เสียค่าใช้จ่าย คุณสามารถรับบริการจากสาม รวมถึงให้เจ้าหน้าที่อ่านเอกสารให้คุณฟัง หรือส่งเอกสารบางส่วนในภาษาของคุณไปหาคุณได้ หากต้องการความช่วยเหลือ กรุณาโทรศัพท์ตามหมายเลขที่ระบุอยู่ด้านหลังบัตรประจำตัวของคุณ หรือ ที่หมายเลข 1-866-346-7198 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรมาที่ กรมการประกันภัยแห่งมลรัฐแคลิฟอร์เนียที่หมายเลข 1-800-927-4357 Thai

निःशुल्क भाषा सेवाएँ। आप एक दुभाषिया की सेवा प्राप्त कर सकते हैं। आप दस्तावेजों को पढ़वा के सुन सकते हैं और कुछ को अपनी भाषा में स्वयं को भिजवा सकते हैं। सहायता के लिए, अपने ID कार्ड पर दिए गए नंबर पर, या 1-866-346-7198 पर हमें फ़ोन करें। अधिक सहायता के लिए कैलिफोर्निया बीमा विभाग (CA Dept. of Insurance) को 1-800-927-4357 पर फ़ोन करें। Hindi

Doo bááh ílinígó saad bee yát'i' bee aná'áwo'. Díí shá ata 'halne'dooígí hóhóq'oodo nínizingo éí bííghah. Naaltsoos naanínáhájeehígí shich'i'í' yíidooltah éí doodagó la' shich'i'í' ádooníí' nínizingo bííghah. Shiká a'doowol nínizingo nihich'i'í' béesh bee hodíílnih dóo námbóo éí díí ninaaltsoos doot'ízhígí bee néího'dilzínígí bine'déé' bikáá' éí doodagó éí (866) 346-7198j'i' hodíílnih. Hózhó shiká anáá'doowol nínizingo éí díí Akéésháshííh Béeso Ách'áqah Naa'níl bíl haz'áájí' 1-800-927-4357j'i' hodíílnih. Navajo