



# 2016 Formulary

Gateway Health Medicare Assured Select<sup>SM</sup> (HMO)  
Gateway Health Medicare Assured Prime<sup>SM</sup> (HMO)

## LIST OF COVERED DRUGS

PLEASE READ: This document contains information about the drugs we cover in these plans.

This formulary was updated on December 1, 2016. For more recent information or other questions, please contact Gateway Health Member Services, at:

Ohio: 1-888-447-4505

North Carolina: 1-855-847-6430

Kentucky: 1-855-847-6380

All States: TTY users, 711,

8 a.m. through 8 p.m., 7 days a week, or visit [www.MedicareAssured.com](http://www.MedicareAssured.com).

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MedicareRx  
Prescription Drug Coverage X

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Gateway Health<sup>SM</sup>. When it refers to “plan” or “our plan,” it means Gateway Health Medicare Assured Prime<sup>SM</sup> or Gateway Health Medicare Assured Select<sup>SM</sup>.

This document includes a list of the drugs (formulary) for our plan which is current as of December 1, 2016. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2017, and from time to time during the year.

## **What is the Gateway Health Medicare Assured Prime and Gateway Health Medicare Assured Select Formulary?**

A formulary is a list of covered drugs selected by Gateway Health Medicare Assured Prime and Gateway Health Medicare Assured Select in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## **Can the Formulary (drug list) change?**

Generally, if you are taking a drug on our 2016 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of December 1, 2016. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. In the event we make a mid-year non-maintenance formulary change, you will be sent a formulary update notice to place in this printed formulary book.

## How do I use the Formulary?

There are two ways to find your drug within the formulary:

### Medical Condition

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Drugs”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 61. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

Gateway Health Medicare Assured Prime and Gateway Health Medicare Assured Select cover both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don’t get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, we provide 60 tablet per prescription per 30 days for metformin 1000 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Gateway Health Medicare Assured Prime or Gateway Health Medicare Assured Select formulary?” on page iii for information about how to request an exception.

### **What if my drug is not on the Formulary?**

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by us.
- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

### **How do I request an exception to the Gateway Health Medicare Assured Prime or Gateway Health Medicare Assured Select Formulary?**

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

## **What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you experience a level of care change (i.e. are admitted to a long-term care facility or discharged from a long-term care facility to home) you will also be able to obtain a 31-day emergency supply of your medication (unless you have a prescription for fewer days) until you can switch to another drug that is covered by us or you pursue a formulary exception.

## **For more information**

For more detailed information about your Gateway Health Medicare Assured Prime or Gateway Health Medicare Assured Select plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Gateway Health Medicare Assured Prime and Gateway Health Medicare Assured Select are HMO plans with a Medicare contract. Enrollment in Gateway Health Medicare Assured Prime and Gateway Health Medicare Assured Select depends on contract renewal.

## Gateway Health Medicare Assured Prime and Gateway Health Medicare Assured Select Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 61.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., DARAPRIM) and generic drugs are listed in lower-case italics (e.g., *ribavirin*).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

Plan Name	Drug Tier	Member Cost Share				
		Retail Pharmacy			Long-Term Care Pharmacy	Mail Order
		30 day	60 day	90 day	31 day	90 day
<b>Gateway Health Medicare Assured Prime</b>	1 – Preferred Generic	\$0	\$0	\$0	\$0	\$0
	2 – Generic	\$20	\$40	\$60	\$20	\$60
	3 – Preferred Brand	\$45	\$90	\$135	\$45	\$135
	4 – Non-preferred Brand	\$95	\$190	\$285	\$95	\$285
	5 – Specialty Tier	27%	27%	27%	27%	*
<b>Gateway Health Medicare Assured Select</b>	1 – Preferred Generic	\$3	\$6	\$9	\$3	\$9
	2 – Generic	\$16	\$32	\$48	\$16	\$48
	3 – Preferred Brand	\$45	\$90	\$135	\$45	\$135
	4 – Non-preferred Brand	\$95	\$190	\$285	\$95	\$285
	5 – Specialty Tier	25%	25%	25%	25%	*

### Drug Table Notes

The following table lists the notes as they appear in the formulary.

\* - For certain kinds of drugs, you can use the plan's network mail-order services. The drugs that are not available through the plan's mail-order service are marked with an asterisk in our Drug List.

**PA** – Prior Authorization

**B/D** – This drug may be covered under Medicare B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

**ST** – Step Therapy

**LA** – Limited Availability

**QL** – Quantity Limits

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**CURRENT AS OF 12/1/2016**

<p><b>italics</b> = Generic drugs  <b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b>  <b>1</b> = Preferred Generic  <b>2</b> = Generic  <b>3</b> = Preferred Brand  <b>4</b> = Non-Preferred Brand  <b>5</b> = Specialty Tier</p>	<p><b>Requirements/Limits</b>                  * = For certain kinds of drugs, you can use the plan's network mail-order services. The drugs that are not available through the plan's mail-order service are marked with an asterisk in our Drug List.  <b>B/D</b> = This drug may be covered under Medicare Part B or D depending on the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.  <b>LA</b> = Limited Access  <b>PA</b> = Prior Authorization  <b>PA (N/S)</b> = Prior Authorization for New Starts Only  <b>QL</b> = Quantity Limits  <b>ST</b> = Step Therapy</p>
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Drug Name	Drug Tier	Requirements/Limits
<b>Antihistamine Drugs</b>		
<b>Antihistamine Drugs</b>		
<i>cetirizine oral solution 1 mg/mL</i>	2	
<i>cyproheptadine</i>	2	PA
<i>diphenhydramine HCl injection solution 50 mg/mL</i>	2	
<i>levocetirizine</i>	2	
<i>promethazine oral tablet 12.5 mg, 25 mg</i>	2	PA
<b>Anti-Infective Agents</b>		
<b>Amebicides</b>		
<i>paromomycin</i>	2	
<b>Aminoglycosides</b>		
<i>amikacin injection solution 500 mg/2 mL</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gentamicin in NaCl (iso-osm) intravenous piggyback 100 mg/100 mL, 60 mg/50 mL, 70 mg/50 mL, 80 mg/100 mL, 80 mg/50 mL, 90 mg/100 mL</i>	2	
<i>gentamicin injection solution 40 mg/mL</i>	2	
<i>neomycin</i>	2	
<i>tobramycin in 0.225 % NaCl</i>	2	B/D
<i>tobramycin sulfate injection solution</i>	2	
<b>Anthelmintics</b>		
ALBENZA	3	
BILTRICIDE	3	
<b>Antibacterials, Miscellaneous</b>		
<i>clindamycin HCl</i>	1	
<i>Clindamycin Pediatric</i>	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 mL</i>	2	
<i>colistin (colistimethate Na)</i>	2	
CUBICIN	5	*; (Not Available through Mail)
CUBICIN RF	5	*; (Not Available through Mail)
<i>daptomycin</i>	5	*; (Not Available through Mail)
<i>linezolid intravenous</i>	5	PA; *; (Not Available through Mail)
<i>linezolid oral suspension for reconstitution</i>	5	PA
<i>linezolid oral tablet</i>	5	PA; *; (Not Available through Mail); QL
SYNERCID	5	*; (Not Available through Mail)
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram</i>	2	
<i>vancomycin intravenous recon soln 500 mg</i>	2	B/D
<i>vancomycin oral capsule</i>	2	
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	5	PA; *; (Not Available through Mail)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	5	PA; *; (Not Available through Mail)
<b>Antifungal Agents</b>		
<i>flucytosine</i>	2	
<i>voriconazole oral suspension for reconstitution</i>	2	
<b>Antifungals</b>		
AMBISOME	5	B/D; *; (Not Available through Mail)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amphotericin B</i>	2	B/D
CANCIDAS	5	*; (Not Available through Mail)
<i>fluconazole</i>	1	
<i>fluconazole in dextrose(iso-o) intravenous piggyback 400 mg/200 mL</i>	2	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole</i>	2	
<i>ketoconazole oral</i>	2	
NOXAFIL ORAL SUSPENSION	5	PA; *; (Not Available through Mail)
<i>nystatin oral suspension</i>	2	
<i>nystatin oral tablet</i>	1	
SPORANOX ORAL SOLUTION	3	
<i>terbinafine HCl oral</i>	1	QL
<i>voriconazole intravenous</i>	2	
<i>voriconazole oral tablet</i>	2	
<b>Antimalarials</b>		
<i>atovaquone</i>	5	*; (Not Available through Mail)
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	1	
<i>chloroquine phosphate oral</i>	2	
DARAPRIM	3	
<i>hydroxychloroquine oral</i>	2	
<i>mefloquine</i>	2	
<i>primaquine</i>	2	
<i>quinine sulfate</i>	2	
<b>Antimycobacterials, Miscellaneous</b>		
<i>dapsone</i>	2	
<b>Antiprotozoals, Miscellaneous</b>		
ALINIA	4	
<i>metronidazole in NaCl (iso-os)</i>	2	
<i>metronidazole oral tablet</i>	1	
NEBUPENT	3	B/D
PENTAM	4	
<b>Antiretrovirals</b>		
<i>abacavir</i>	2	
<i>abacavir-lamivudine-zidovudine</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
APTIVUS	3	
ATRIPLA	3	
COMPLERA	3	
CRIVIVAN ORAL CAPSULE 200 MG, 400 MG	3	
DESCOVY	5	*; For certain kinds of drugs, you can use the plans network mail-order services. The drugs that are not available through the plans mail-order service are marked with an asterisk in our Drug List.
<i>didanosine</i>	2	
EDURANT	3	
EMTRIVA	3	
EPIVIR HBV ORAL SOLUTION	3	
EPIVIR ORAL SOLUTION	3	
EPZICOM	3	
EVOTAZ	5	*; (Not Available through Mail); QL
FUZEON SUBCUTANEOUS RECON SOLN	5	*; (Not Available through Mail)
GENVOYA	5	
INTELENCE ORAL TABLET 100 MG, 25 MG	3	QL
INTELENCE ORAL TABLET 200 MG	4	QL
INVIRASE	3	
ISENTRESS ORAL POWDER IN PACKET	3	
ISENTRESS ORAL TABLET	3	QL
ISENTRESS ORAL TABLET,CHEWABLE	3	
KALETRA	4	
<i>lamivudine</i>	2	
<i>lamivudine-zidovudine</i>	2	
LEXIVA	3	
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</i>	2	
<i>nevirapine oral tablet extended release 24 hr</i>	2	
NORVIR	3	
ODEFSEY	5	*; For certain kinds of drugs, you can use the plans network mail-order services. The drugs that are not available through the plans mail-order service are marked with an asterisk in our Drug List.

Drug Name	Drug Tier	Requirements/Limits
PREZCOBIX	5	*; (Not Available through Mail); QL
PREZISTA ORAL SUSPENSION	4	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	3	
RESCRIPTOR	3	
RETROVIR INTRAVENOUS	4	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	
REYATAZ ORAL POWDER IN PACKET	3	
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	QL
<i>stavudine</i>	2	
STRIBILD	3	
SUSTIVA	3	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	3	QL
TRIUMEQ	4	
TRUVADA	3	
VIDEX 2 GRAM PEDIATRIC	3	
VIRACEPT ORAL TABLET	3	
VIRAMUNE XR	3	
VIREAD	3	
VITEKTA	5	*; (Not Available through Mail); QL
ZIAGEN ORAL SOLUTION	3	
<i>zidovudine</i>	2	
<b>Antituberculosis Agents</b>		
CAPASTAT	4	
<i>ethambutol</i>	2	
<i>isoniazid oral</i>	1	
PASER	3	
<i>pyrazinamide</i>	2	
<i>rifabutin</i>	1	
RIFAMATE	3	
<i>rifampin</i>	2	
RIFATER	4	
TRECTOR	3	

Drug Name	Drug Tier	Requirements/Limits
<b>Antivirals</b>		
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension 200 mg/5 mL</i>	2	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	2	
<i>adefovir</i>	2	QL
BARACLUDGE ORAL SOLUTION	4	PA (N/S); QL
BARACLUDGE ORAL TABLET	4	PA (N/S); QL
DAKLINZA ORAL TABLET 30 MG, 60 MG	5	PA; *(Not Available through Mail)
DAKLINZA ORAL TABLET 90 MG	5	PA; *; Not Available through Mail
<i>entecavir</i>	2	PA (N/S); QL
<i>famciclovir</i>	2	
<i>ganciclovir sodium</i>	2	
HARVONI	5	PA; *; (Not Available through Mail); QL
HEPSERA	5	*; (Not Available through Mail); QL
INTRON A INJECTION RECON SOLN	4	PA (N/S)
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	4	PA (N/S)
<i>Moderiba</i>	2	
<i>Moderiba Dose Pack oral tablets,dose pack 400 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)</i>	2	
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	PA (N/S); *; (Not Available through Mail)
PEGASYS SUBCUTANEOUS SYRINGE	5	PA (N/S); *; (Not Available through Mail)
PEGINTRON REDIPEN	5	PA (N/S); *; (Not Available through Mail)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	PA (N/S); *; (Not Available through Mail)
RELENZA DISKHALER	3	QL
<i>Ribasphere</i>	2	
RIBASPHERE RIBAPAK ORAL TABLETS,DOSE PACK 400-400 MG (28)-MG (28), 600-400 MG (28)-MG (28), 600-600 MG (28)-MG (28)	5	*; (Not Available through Mail)
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>rimantadine</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOVALDI	5	PA; *; (Not Available through Mail); QL
SYLATRON	5	PA (N/S); *; (Not Available through Mail)
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	5	PA; *; (Not Available through Mail)
TAMIFLU ORAL CAPSULE 30 MG, 45 MG	3	
TAMIFLU ORAL CAPSULE 75 MG	3	QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	QL
TECHNIVIE	5	PA; *(Not Available through Mail)
TYZEKA	3	PA; QL
<i>valacyclovir</i>	2	
VALCYTE	5	*; (Not Available through Mail)
<i>valganciclovir oral tablet</i>	5	*; (Not Available through Mail)
VIEKIRA PAK	5	PA; *; (Not Available through Mail); QL
<b>Cephalosporins</b>		
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	2	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 mL, 500 mg/5 mL</i>	2	
<i>cefadroxil oral tablet</i>	2	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 mL</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	
<i>cefdinir</i>	2	
<i>cefepime</i>	2	
<i>cefepime in dextrose 5 %</i>	2	
<i>cefixime</i>	2	
<i>cefpodoxime</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime</i>	2	
<i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i>	2	
<i>ceftriaxone intravenous</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>cephalexin oral tablet</i>	1	
<i>TAZICEF injection</i>	2	
TEFLARO	5	PA; *; (Not Available through Mail)
<b>Chloramphenicol</b>		
<i>chloramphenicol sod succinate</i>	2	B/D
<b>Macrolides</b>		
<i>azithromycin intravenous</i>	2	
<i>azithromycin oral suspension for reconstitution</i>	2	
<i>azithromycin oral tablet</i>	2	
<i>clarithromycin</i>	2	
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	3	
ERY-TAB	3	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	3	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	
<i>erythromycin oral tablet</i>	2	
<b>Miscellaneous B-Lactam Antibiotics</b>		
AZACTAM IN DEXTROSE (ISO-OSM)	3	
AZACTAM INJECTION RECON SOLN 1 GRAM	3	
<i>aztreonam injection recon soln 1 gram</i>	1	
CAYSTON	5	PA; *; (Not Available through Mail)
<i>cefoxitin</i>	2	
<i>imipenem-cilastatin</i>	2	
<i>meropenem intravenous recon soln 500 mg</i>	2	
<b>Penicillins</b>		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate</i>	2	
<i>ampicillin</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	2	
<i>ampicillin-sulbactam injection</i>	2	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	2	
<b>BICILLIN L-A</b>	4	
<i>dicloxacillin</i>	1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 mL</i>	2	
<i>nafcillin injection recon soln 1 gram</i>	2	
<i>nafcillin intravenous recon soln 1 gram</i>	2	
<i>oxacillin in dextrose(iso-osm)</i>	2	
<i>oxacillin intravenous recon soln 2 gram</i>	2	
<i>penicillin G potassium injection recon soln 5 million unit</i>	2	
<i>penicillin V potassium</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram</i>	2	
<b>ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML</b>	4	
<b>Quinolones</b>		
<b>AVELOX IN NAACL (ISO-OSMOTIC)</b>	4	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin (mixture)</i>	2	
<i>ciprofloxacin HCl oral</i>	1	
<i>ciprofloxacin lactate intravenous solution 400 mg/40 mL</i>	2	
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin</i>	2	QL
<i>moxifloxacin-sod.ace,sul-water</i>	2	
<i>ofloxacin oral tablet 400 mg</i>	2	
<b>Sulfonamides (Systemic)</b>		
<i>sulfadiazine oral</i>	2	
<i>sulfamethoxazole-trimethoprim</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sulfasalazine</i>	2	
<b>Tetracyclines</b>		
<i>demeclocycline</i>	2	
<i>doxycycline hyclate intravenous</i>	2	B/D
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (DR/EC) 100 mg, 150 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg</i>	2	
<i>doxycycline monohydrate oral capsule 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline oral</i>	1	
TYGACIL	4	
VIBRAMYCIN ORAL SYRUP	3	
<b>Urinary Anti-Infectives</b>		
MACRODANTIN ORAL CAPSULE 25 MG	3	PA
<i>methenamine hippurate</i>	2	
<i>nitrofurantoin macrocrystal</i>	2	PA
<i>nitrofurantoin monohyd/m-cryst</i>	2	PA
<i>nitrofurantoin oral</i>	2	PA
<i>trimethoprim</i>	1	
<b>Antineoplastic Agents</b>		
<b>Antineoplastic Agents</b>		
ABRAXANE	5	PA; *; (Not Available through Mail)
AFINITOR	5	PA (N/S); *; (Not Available through Mail); QL
AFINITOR DISPERZ	5	PA (N/S); *; (Not Available through Mail); QL
ALECENSA	5	PA (N/S)
ALIMTA INTRAVENOUS RECON SOLN 500 MG	5	PA (N/S); *; (Not Available through Mail)
<i>anastrozole</i>	2	QL
ARRANON	5	B/D; *; (Not Available through Mail)
ARZERRA INTRAVENOUS SOLUTION 100 MG/5 ML	5	PA (N/S); *; (Not Available through Mail)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AVASTIN	5	PA (N/S); *; (Not Available through Mail)
<i>azacitidine</i>	5	B/D; *; (Not Available through Mail)
BELEODAQ	5	PA (N/S); *; (Not Available through Mail)
BEXAROTENE	5	*(Not Available through Mail)
<i>bicalutamide</i>	2	
BICNU	5	B/D; *; (Not Available through Mail)
<i>bleomycin injection recon soln 30 unit</i>	2	B/D
BOSULIF	5	PA (N/S); *; (Not Available through Mail)
BUSULFEX	4	B/D
CABOMETYX	5	PA (N/S); *; For certain kinds of drugs, you can use the plans network mail-order services. The drugs that are not available through the plans mail-order service are marked with an asterisk in our Drug List.
CAPRELSA ORAL TABLET 100 MG, 300 MG	5	PA (N/S); *; LA; (Not Available through Mail); QL
<i>carboplatin intravenous solution</i>	2	B/D
<i>cisplatin</i>	2	B/D
<i>cladribine</i>	2	B/D
CLOLAR	4	B/D
COMETRIQ	5	PA (N/S); *; (Not Available through Mail)
COSMEGEN	5	B/D; *; (Not Available through Mail)
COTELLIC	5	PA (N/S)
<i>cyclophosphamide oral capsule</i>	2	B/D
CYRAMZA	5	B/D; *(Not Available through Mail)
<i>cytarabine</i>	2	B/D
<i>cytarabine (PF) injection solution 2 gram/20 mL (100 mg/mL)</i>	2	B/D
<i>dacarbazine intravenous recon soln 200 mg</i>	2	B/D
DACOGEN	5	PA (N/S); *; (Not Available through Mail)
DARZALEX	5	PA (N/S)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>daunorubicin intravenous solution</i>	2	B/D
<i>decitabine</i>	5	B/D; *; (Not Available through Mail)
<i>docetaxel intravenous solution 80 mg/4 mL (20 mg/mL), 80 mg/8 mL (10 mg/mL)</i>	2	B/D
DOXIL	4	B/D
<i>doxorubicin intravenous solution 50 mg/25 mL</i>	2	B/D
<i>doxorubicin, peg-liposomal</i>	2	
DROXIA	3	
ELIGARD	4	PA (N/S)
ELIGARD (3 MONTH)	4	PA (N/S)
ELIGARD (4 MONTH)	4	PA (N/S)
ELIGARD (6 MONTH)	4	PA (N/S)
EMCYT	3	
EMPLICITI INTRAVENOUS RECON SOLN 300 MG	5	PA (N/S)
EMPLICITI INTRAVENOUS RECON SOLN 400 MG	5	PA (N/S); *; For certain kinds of drugs, you can use the plans network mail-order services. The drugs that are not available through the plans mail-order service are marked with an asterisk in our Drug List.
<i>epirubicin intravenous solution 50 mg/25 mL</i>	2	B/D
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	5	B/D; *; (Not Available through Mail)
ERIVEDGE	5	PA (N/S); *; (Not Available through Mail)
ERWINAZE	4	B/D
<i>etoposide intravenous</i>	2	B/D
<i>exemestane</i>	2	
FARESTON	3	
FARYDAK	5	PA (N/S); *; (Not Available through Mail)
FASLODEX	5	PA (N/S); *; (Not Available through Mail); QL
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA (N/S); *; (Not Available through Mail)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA (N/S)
<i>fludarabine intravenous recon soln</i>	2	B/D
<i>fluorouracil intravenous solution 2.5 gram/50 mL</i>	2	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>flutamide</i>	2	
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	5	B/D; *; (Not Available through Mail)
<i>gemcitabine intravenous recon soln 1 gram</i>	2	B/D
GILOTRIF	5	PA (N/S); *; (Not Available through Mail); QL
GLEEVEC	5	PA (N/S); *; (Not Available through Mail)
GLEOSTINE	4	
HALAVEN	5	PA (N/S); *; (Not Available through Mail)
HERCEPTIN	5	B/D; *; (Not Available through Mail)
HEXALEN	5	*; (Not Available through Mail)
<i>hydroxyurea</i>	2	
IBRANCE	5	PA (N/S); *; (Not Available through Mail)
ICLUSIG	5	PA (N/S); *; (Not Available through Mail)
<i>idarubicin</i>	2	B/D
<i>ifosfamide intravenous recon soln 1 gram</i>	2	B/D
IMATINIB	5	PA (N/S); *; For certain kinds of drugs, you can use the plans network mail-order services. The drugs that are not available through the plans mail-order service are marked with an asterisk in our Drug List.
IMBRUVICA	5	PA (N/S); *; (Not Available through Mail); QL
INLYTA	5	PA (N/S); *; (Not Available through Mail)
IRESSA	5	PA (N/S)
<i>irinotecan intravenous solution 100 mg/5 mL</i>	2	B/D
ISTODAX	4	
IXEMPRA INTRAVENOUS RECON SOLN 45 MG	5	B/D; *; (Not Available through Mail)
JAKAFI	5	PA (N/S); *; (Not Available through Mail)
JEVTANA	5	B/D; *; (Not Available through Mail)
KADCYLA INTRAVENOUS RECON SOLN 100 MG	5	B/D; *; (Not Available through Mail)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KEYTRUDA INTRAVENOUS RECON SOLN	5	B/D; *; (Not Available through Mail)
KEYTRUDA INTRAVENOUS SOLUTION	5	B/D; *(Not Available through Mail)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY), 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA (N/S); *; (Not Available through Mail)
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 8 MG/DAY (4 MG X 2)	5	PA (N/S); *; For certain kinds of drugs, you can use the plans network mail-order services. The drugs that are not available through the plans mail-order service are marked with an asterisk in our Drug List.
LENVIMA ORAL CAPSULE 8 MG/DAY (4 MG X 2) (60 PACK)	5	PA (N/S); *; Not Available through Mail
<i>letrozole</i>	2	
LEUKERAN	3	
<i>leuprolide subcutaneous kit</i>	2	PA (N/S)
LONSURF	5	PA (N/S)
LUPANETA PACK (1 MONTH)	4	PA
LUPANETA PACK (3 MONTH)	4	PA
LUPRON DEPOT	5	PA; *; (Not Available through Mail)
LUPRON DEPOT (3 MONTH)	5	PA; *; (Not Available through Mail)
LUPRON DEPOT (4 MONTH)	5	PA; *; (Not Available through Mail)
LUPRON DEPOT (6 MONTH)	5	PA; *; (Not Available through Mail)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	PA; *; (Not Available through Mail)
LYNPARZA	5	PA (N/S); *; (Not Available through Mail)
LYSODREN	3	
MATULANE	3	
<i>megestrol oral suspension 400 mg/10 mL (40 mg/mL)</i>	2	PA (N/S)
MEGESTROL ORAL SUSPENSION 625 MG/5 ML	5	
<i>megestrol oral tablet 20 mg</i>	1	PA (N/S)
<i>megestrol oral tablet 40 mg</i>	2	PA (N/S)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MEKINIST ORAL TABLET 0.5 MG	5	PA (N/S); *; (Not Available through Mail)
MEKINIST ORAL TABLET 2 MG	5	PA (N/S); *; (Not Available through Mail); QL
MELPHALAN HCL	5	B/D; *; (Not Available through Mail)
<i>mercaptopurine</i>	2	
<i>methotrexate sodium (PF)</i>	2	B/D
<i>methotrexate sodium oral</i>	2	B/D
<i>mitomycin intravenous recon soln 20 mg</i>	2	B/D
<i>mitoxantrone</i>	2	B/D
MUSTARGEN	5	B/D; *; (Not Available through Mail)
NEXAVAR	5	PA (N/S); *; (Not Available through Mail); QL
NILANDRON	3	
<i>nilutamide</i>	2	
NINLARO	5	PA (N/S)
NIPENT	5	B/D; *; (Not Available through Mail)
ODOMZO	5	PA (N/S)
ONCASPAR	4	B/D
OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML	5	PA (N/S); *; (Not Available through Mail)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.4 ML	4	
<i>oxaliplatin intravenous solution 100 mg/20 mL</i>	2	B/D
<i>paclitaxel</i>	2	B/D
PERJETA	5	PA (N/S); *; (Not Available through Mail)
POMALYST	5	PA (N/S); *; (Not Available through Mail)
PROLEUKIN	5	PA (N/S); *; (Not Available through Mail)
PURIXAN	4	
REVLIMID	5	PA (N/S); *; LA; (Not Available through Mail); QL
RITUXAN	5	PA (N/S); *; (Not Available through Mail)
SOLTAMOX	4	
SPRYCEL	5	PA (N/S); *; (Not Available through Mail); QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
STIVARGA	5	PA (N/S); *; (Not Available through Mail)
SUTENT	5	PA (N/S); *; (Not Available through Mail); QL
SYLVANT INTRAVENOUS RECON SOLN 100 MG	5	PA (N/S); *; (Not Available through Mail)
SYNRIBO	5	PA (N/S); *; (Not Available through Mail)
<i>Tabloid</i>	2	
TAFINLAR ORAL CAPSULE 50 MG	5	PA (N/S); *; (Not Available through Mail)
TAFINLAR ORAL CAPSULE 75 MG	5	PA (N/S); *; (Not Available through Mail); QL
TAGRISSE	5	PA (N/S)
<i>tamoxifen</i>	1	
TARCEVA	5	PA (N/S); *; (Not Available through Mail)
TARGRETIN ORAL	5	*; (Not Available through Mail)
TASIGNA ORAL CAPSULE 150 MG	5	PA (N/S); *; (Not Available through Mail)
TASIGNA ORAL CAPSULE 200 MG	5	PA (N/S); *; (Not Available through Mail); QL
TECENTRIQ	5	PA (N/S); *; For certain kinds of drugs, you can use the plans network mail-order services. The drugs that are not available through the plans mail-order service are marked with an asterisk in our Drug List.
THIOTEPA	5	B/D
<i>topotecan intravenous recon soln</i>	2	B/D
TORISEL	5	B/D; *; (Not Available through Mail)
TREANDA INTRAVENOUS RECON SOLN 100 MG	5	B/D; *; (Not Available through Mail)
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 3.75 MG/2 ML	5	PA (N/S); *; (Not Available through Mail)
TRETINOIN (CHEMOTHERAPY)	5	*; (Not Available through Mail)
TREXALL	4	B/D
TRISENOX	4	PA (N/S)
TYKERB	5	PA (N/S); *; (Not Available through Mail); QL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VALCHLOR	5	PA (N/S); *; (Not Available through Mail)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	5	B/D; *; (Not Available through Mail)
VELCADE	5	PA (N/S); *; (Not Available through Mail)
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	
VENCLEXTA ORAL TABLET 100 MG	5	*; For certain kinds of drugs, you can use the plans network mail-order services. The drugs that are not available through the plans mail-order service are marked with an asterisk in our Drug List.
VENCLEXTA STARTING PACK	5	*; For certain kinds of drugs, you can use the plans network mail-order services. The drugs that are not available through the plans mail-order service are marked with an asterisk in our Drug List.
<i>vinblastine intravenous solution</i>	2	B/D
<i>Vincasar PFS intravenous solution 1 mg/mL</i>	2	B/D
<i>vincristine intravenous solution 1 mg/mL</i>	2	B/D
<i>vinorelbine intravenous solution 50 mg/5 mL</i>	2	B/D
VOTRIENT	5	*; (Not Available through Mail); QL
XALKORI	5	PA (N/S); *; (Not Available through Mail)
XTANDI	5	PA (N/S); *; (Not Available through Mail)
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	5	PA (N/S); *; (Not Available through Mail)
YONDELIS	5	
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	5	B/D; *; (Not Available through Mail)
ZANOSAR	5	B/D; *; (Not Available through Mail)
ZELBORAF	5	PA (N/S); *; (Not Available through Mail)
ZOLINZA	5	PA (N/S); *; (Not Available through Mail); QL
ZYDELIG	5	PA (N/S); *; (Not Available through Mail); QL
ZYKADIA	5	PA (N/S); *; (Not Available through Mail)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZYTIGA	5	PA (N/S); *; (Not Available through Mail)
<b>Autonomic Drugs</b>		
<b>Alpha- And Beta-Adrenergic Agonists</b>		
<i>epinephrine injection auto-injector 0.15 mg/0.15 mL</i>	2	
<i>epinephrine injection auto-injector 0.3 mg/0.3 mL</i>	1	
EPIPEN JR 2-PAK	3	
NORTHERA	5	PA; *; (Not Available through Mail)
<b>Alpha-Adrenergic Agonists</b>		
<i>midodrine</i>	2	
<b>Antimuscarinics/Antispasmodics</b>		
ATROVENT HFA	3	QL
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	2	
<i>dicyclomine oral tablet</i>	1	
<i>ipratropium bromide inhalation</i>	2	B/D; QL
<i>methscopolamine oral</i>	2	
SPIRIVA RESPIMAT	3	QL
SPIRIVA WITH HANDIHALER	3	QL
STIOLTO RESPIMAT	3	QL
<b>Autonomic Drugs, Miscellaneous</b>		
CHANTIX	3	ST; QL
CHANTIX CONTINUING MONTH BOX	3	ST; QL
CHANTIX STARTING MONTH BOX	3	ST
NICOTROL	3	
NICOTROL NS	3	
<b>Beta-Adrenergic Agonists</b>		
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 mL, 1.25 mg/3 mL, 2.5 mg /3 mL (0.083 %), 5 mg/mL</i>	1	B/D; QL
<i>albuterol sulfate oral</i>	1	
COMBIVENT RESPIMAT	3	QL
<i>ipratropium-albuterol</i>	2	B/D
<i>metaproterenol oral</i>	2	
SEREVENT DISKUS	3	QL
<i>terbutaline oral</i>	2	
VENTOLIN HFA	3	QL

Drug Name	Drug Tier	Requirements/Limits
<b>Parasympathomimetic (Cholinergic Agents)</b>		
<i>bethanechol chloride</i>	2	
<i>cevimeline</i>	2	
<i>donepezil</i>	2	QL
EXELON TRANSDERMAL	3	QL
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	2	QL
<i>galantamine oral tablet</i>	2	QL
MESTINON ORAL SYRUP	3	
MESTINON TIMESPAN	3	
<i>pilocarpine HCl oral</i>	1	
<i>pyridostigmine bromide</i>	2	
<i>rivastigmine</i>	2	QL
<i>rivastigmine tartrate</i>	2	QL
<b>Skeletal Muscle Relaxants</b>		
<i>chlorzoxazone</i>	1	PA
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	PA; QL
<i>dantrolene</i>	2	
<i>methocarbamol oral</i>	1	
<i>orphenadrine citrate oral</i>	2	
<i>tizanidine</i>	2	
<b>Sympatholytic Adrenergic Blocking Agents</b>		
<i>alfuzosin</i>	2	
<i>dihydroergotamine</i>	2	
<i>tamsulosin</i>	2	
<b>Blood Formation, Coagulation, And Thrombosis</b>		
<b>Anticoagulants</b>		
COUMADIN ORAL	3	
ELIQUIS	3	
<i>enoxaparin</i>	2	
<i>fondaparinux</i>	2	
FRAGMIN SUBCUTANEOUS SOLUTION	4	
FRAGMIN SUBCUTANEOUS SYRINGE	4	
<i>heparin (porcine) injection solution</i>	2	B/D
<i>Jantoven</i>	2	
<i>Pradaxa oral capsule 110 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRADAXA ORAL CAPSULE 150 MG, 75 MG	3	
<i>warfarin</i>	1	
XARELTO	3	
<b>Antihemorrhagic Agents</b>		
CYKLOKAPRON	3	
<b>Hematopoietic Agents</b>		
LEUKINE INJECTION RECON SOLN	5	*; (Not Available through Mail)
MOZOBIL	5	PA; *; (Not Available through Mail); QL
NEULASTA SUBCUTANEOUS SYRINGE	5	PA; *; (Not Available through Mail)
NEUPOGEN	5	PA; *; (Not Available through Mail)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; *; (Not Available through Mail)
PROMACTA	5	PA; *; LA; (Not Available through Mail); QL
<b>Hemorrhologic Agents</b>		
<i>pentoxifylline</i>	2	
<b>Hemostatics</b>		
<i>tranexamic acid</i>	2	
<b>Platelet-Aggregation Inhibitors</b>		
<i>cilostazol</i>	2	
<i>clopidogrel</i>	1	
<b>Blood Formation, Coagulation, And Thrombosis Agents</b>		
BRILINTA	3	
<b>Cardiovascular Drugs</b>		
<b>Alpha-Adrenergic Blocking Agents</b>		
<i>doxazosin</i>	1	
<i>prazosin oral</i>	1	
<i>terazosin</i>	1	
<b>Antiarrhythmic Agents</b>		
<i>amiodarone intravenous solution</i>	2	
<i>amiodarone oral tablet 200 mg, 400 mg</i>	2	
<i>dofetilide</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>flecainide</i>	2	
<i>mexiletine</i>	2	
MULTAQ	3	
PACERONE ORAL TABLET 100 MG	3	
<i>propafenone</i>	2	
<i>quinidine gluconate oral</i>	2	
<i>quinidine sulfate oral tablet</i>	2	
TIKOSYN	3	
<b>Antilipemic Agents</b>		
<i>atorvastatin</i>	2	
<i>Cholestyramine Light oral powder in packet</i>	2	
<i>colestipol oral granules</i>	2	
<i>colestipol oral tablet</i>	2	
<i>fenofibrate micronized</i>	2	
<i>fenofibrate nanocrystallized</i>	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid</i>	2	
<i>gemfibrozil oral</i>	1	
KYNAMRO	5	PA; *; (Not Available through Mail)
<i>lovastatin</i>	1	
<i>niacin oral tablet extended release 24 hr</i>	1	
<i>Niacor</i>	2	
<i>omega-3 acid ethyl esters</i>	1	QL
<i>pravastatin</i>	1	
<i>Prevalite oral powder</i>	2	
<i>simvastatin</i>	1	
ZETIA	3	ST; QL
<b>Antilipemic Drugs</b>		
<i>Cholestyramine Light oral powder</i>	2	
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol</i>	2	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>betaxolol oral</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>labetalol oral</i>	2	
<i>metoprolol succinate</i>	2	
<i>metoprolol ta-hydrochlorothiaz</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol</i>	1	
<i>pindolol</i>	2	
<i>propranolol oral</i>	1	
<i>propranolol-hydrochlorothiazid</i>	2	
<i>Sotalol AF oral tablet 120 mg</i>	2	
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	2	
<i>timolol maleate oral</i>	2	
<b>Calcium-Channel Blocking Agents</b>		
<i>Afeditab CR</i>	2	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	2	
<i>AZOR</i>	3	
<i>CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 360 MG</i>	4	
<i>Cartia XT</i>	2	
<i>diltiazem HCl intravenous</i>	2	
<i>diltiazem HCl oral capsule, extended release 180 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem HCl oral capsule,extended release 12 hr</i>	2	
<i>diltiazem HCl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem HCl oral tablet</i>	2	
<i>DILT-XR</i>	2	
<i>felodipine</i>	2	
<i>Matzim LA</i>	2	
<i>Nifedical XL</i>	1	
<i>nifedipine oral capsule</i>	2	PA
<i>nifedipine oral tablet extended release 24hr</i>	1	
<i>nimodipine</i>	2	
<i>Taztia XT</i>	2	
<i>verapamil oral capsule, 24 hr ER pellet CT</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>verapamil oral tablet</i>	2	
<i>verapamil oral tablet extended release 120 mg</i>	1	
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	2	
<b>Cardiac Drugs, Miscellaneous</b>		
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	3	QL
<b>Cardiotonic Agents</b>		
<i>Digitek oral tablet 125 mcg</i>	1	
<i>Digitek oral tablet 250 mcg</i>	1	ST
<i>digoxin injection solution</i>	2	
<i>digoxin oral solution 50 mcg/mL</i>	2	
<i>digoxin oral tablet 125 mcg</i>	1	
<i>digoxin oral tablet 250 mcg</i>	1	ST
<b>Hypotensive Agents</b>		
<i>clonidine</i>	2	
<i>clonidine HCl oral tablet</i>	1	
<i>Clorpres</i>	2	
<i>hydralazine oral</i>	2	
<i>minoxidil oral</i>	2	
PROGLYCEM	3	
<b>Renin-Angiotensin-Aldosterone System Inhibitors</b>		
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>candesartan</i>	1	
<i>candesartan-hydrochlorothiazide</i>	1	
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	2	
<i>enalapril maleate</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril</i>	2	
<i>fosinopril-hydrochlorothiazide</i>	2	
<i>irbesartan</i>	2	
<i>irbesartan-hydrochlorothiazide</i>	2	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>losartan-hydrochlorothiazide</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	2	
<i>ramipril</i>	1	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	
<i>spironolactone oral tablet 25 mg</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	2	
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	

### **Vasodilating Agents**

ADCIRCA	5	PA; *; (Not Available through Mail); QL
AGGRENOX	3	
<i>aspirin-dipyridamole</i>	1	QL
ISORDIL	3	
<i>isosorbide dinitrate oral</i>	2	
<i>isosorbide mononitrate oral tablet 10 mg</i>	1	
<i>isosorbide mononitrate oral tablet 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	2	
LETAIRIS	5	*; (Not Available through Mail); QL
NITRO-BID	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual spray,non-aerosol</i>	1	
NITROSTAT	3	
<i>sildenafil oral</i>	1	PA; QL
VENTAVIS	5	PA; *; (Not Available through Mail)

### **Central Nervous System Agents**

#### **Analgesics And Antipyretics, Misc.**

<i>butalbital-acetaminophen</i>	2	PA; QL
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	PA; QL
<i>Tencon oral tablet 50-325 mg</i>	2	QL



Drug Name	Drug Tier	Requirements/Limits
<b>Anorexigenic Agents And Respiratory And Cns Stimulants</b>		
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	2	QL
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	2	QL
<i>dextroamphetamine-amphetamine oral tablet</i>	2	QL
<i>modafinil</i>	2	PA
<b>Anticonvulsants</b>		
BANZEL ORAL SUSPENSION	3	
BANZEL ORAL TABLET	3	PA (N/S)
BRIVIACT	4	PA (N/S)
<i>carbamazepine oral capsule, ER multiphase 12 hr</i>	2	
<i>carbamazepine oral suspension 100 mg/5 mL</i>	2	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg</i>	2	
<i>carbamazepine oral tablet, chewable</i>	2	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clonazepam</i>	2	
<i>clorazepate dipotassium</i>	2	QL
<i>Diazepam Intensol</i>	2	QL
<i>diazepam oral solution 5 mg/5 mL (1 mg/mL)</i>	2	QL
<i>diazepam oral tablet</i>	2	QL
<i>diazepam rectal</i>	2	
DILANTIN	3	
<i>divalproex</i>	2	
<i>ethosuximide</i>	2	
<i>felbamate</i>	2	
FYCOMPA ORAL SUSPENSION	4	QL
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG, 8 MG	4	QL
<i>gabapentin oral capsule</i>	2	
<i>gabapentin oral solution 250 mg/5 mL</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	
GABITRIL ORAL TABLET 12 MG, 16 MG	3	
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet extended release 24hr</i>	2	
<i>lamotrigine oral tablet, chewable dispersible</i>	2	
<i>levetiracetam in NaCl (iso-os)</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levetiracetam intravenous</i>	2	
<i>levetiracetam oral solution 100 mg/mL</i>	2	
<i>levetiracetam oral tablet</i>	2	
<i>levetiracetam oral tablet extended release 24 hr</i>	2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	3	QL
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	3	PA (N/S); QL
LYRICA ORAL SOLUTION 20 MG/ML	3	
LYRICA ORAL SOLUTION 20 MG/ML	3	PA (N/S)
ONFI ORAL SUSPENSION	3	
ONFI ORAL TABLET 10 MG, 20 MG	3	
<i>oxcarbazepine</i>	2	
<i>phenobarbital oral elixir</i>	2	
<i>phenobarbital oral tablet</i>	2	QL
<i>phenytoin oral suspension 125 mg/5 mL</i>	2	
<i>phenytoin oral tablet, chewable</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium intravenous solution</i>	2	
POTIGA	3	QL
<i>primidone</i>	2	
SABRIL	5	PA (N/S); *; (Not Available through Mail)
SPRITAM	4	PA (N/S)
<i>tiagabine</i>	2	
<i>topiramate oral capsule, sprinkle</i>	2	
<i>topiramate oral tablet</i>	2	
<i>valproate sodium</i>	2	
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 mL</i>	2	
VIMPAT INTRAVENOUS	4	
VIMPAT ORAL SOLUTION	4	
VIMPAT ORAL TABLET	4	
<i>zonisamide</i>	2	
<b>Anticonvulsants, Miscellaneous</b>		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	4	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FYCOMPA ORAL TABLET 10 MG, 12 MG	4	QL
HORIZANT	3	QL
<i>magnesium sulfate injection solution</i>	2	B/D
<b>Antidepressants</b>		
<i>amitriptyline</i>	1	PA
<i>amoxapine</i>	2	
BRINTELLIX	4	QL
<i>Buproban</i>	2	
<i>bupropion HCl</i>	2	
<i>bupropion HCl (smoking deter)</i>	2	
<i>citalopram oral solution</i>	2	
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL
<i>citalopram oral tablet 40 mg</i>	1	
<i>clomipramine</i>	1	PA (N/S)
<i>desipramine oral</i>	2	
<i>doxepin oral</i>	1	PA (N/S)
<i>duloxetine oral capsule, delayed release (DR/EC) 20 mg, 30 mg, 60 mg</i>	1	QL
<i>escitalopram oxalate oral solution</i>	2	
<i>escitalopram oxalate oral tablet</i>	2	QL
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	4	QL
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	4	QL
<i>fluoxetine oral capsule 10 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg, 40 mg</i>	1	
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	QL
<i>fluoxetine oral tablet 60 mg</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr</i>	2	
<i>fluvoxamine oral tablet 100 mg</i>	2	
<i>fluvoxamine oral tablet 25 mg, 50 mg</i>	2	QL
<i>imipramine HCl</i>	2	PA (N/S)
<i>maprotiline</i>	2	
MARPLAN	3	
<i>mirtazapine oral tablet 15 mg</i>	2	QL
<i>mirtazapine oral tablet 30 mg, 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet, disintegrating 15 mg</i>	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mirtazapine oral tablet,disintegrating 30 mg, 45 mg</i>	2	
<i>nefazodone</i>	2	
<i>nortriptyline</i>	1	
<i>olanzapine-fluoxetine</i>	2	QL
<i>paroxetine HCl oral tablet 10 mg, 20 mg</i>	1	QL
<i>paroxetine HCl oral tablet 30 mg, 40 mg</i>	1	
<i>paroxetine HCl oral tablet extended release 24 hr 12.5 mg, 25 mg</i>	2	QL
<i>paroxetine HCl oral tablet extended release 24 hr 37.5 mg</i>	2	
PAXIL ORAL SUSPENSION	3	
<i>phenelzine</i>	2	
PRISTIQ	3	QL
<i>protriptyline</i>	2	
<i>sertraline oral concentrate</i>	2	
<i>sertraline oral tablet 100 mg</i>	2	
<i>sertraline oral tablet 25 mg, 50 mg</i>	2	QL
SURMONTIL	4	PA (N/S)
<i>tranylcypromine</i>	2	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone oral tablet 300 mg</i>	2	
<i>trimipramine</i>	2	PA (N/S)
TRINTELLIX	4	QL
<i>venlafaxine oral capsule,extended release 24hr</i>	2	
<i>venlafaxine oral tablet</i>	2	
VIIBRYD ORAL TABLET	3	QL
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	QL
<b>Antimanic Agents</b>		
<i>lithium carbonate oral capsule</i>	1	
<i>lithium carbonate oral tablet</i>	1	
<i>lithium carbonate oral tablet extended release</i>	2	
<i>lithium citrate oral solution 8 mEq/5 mL</i>	2	
<b>Antimigraine Agents</b>		
<i>rizatriptan oral tablet 10 mg</i>	2	QL
<i>rizatriptan oral tablet,disintegrating</i>	2	QL
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 mL</i>	2	QL
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 mL</i>	2	QL
<i>sumatriptan succinate subcutaneous solution</i>	2	QL
<b>Antiparkinsonian Agents</b>		
<i>amantadine HCl</i>	2	
APOKYN	5	*; (Not Available through Mail)
AZILECT	4	QL
<i>benztropine injection</i>	2	PA
<i>benztropine oral</i>	1	PA
<i>bromocriptine</i>	2	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa-levodopa-entacapone</i>	1	
EMSAM	3	QL
<i>entacapone</i>	1	
<i>pramipexole oral tablet</i>	2	
<i>ropinirole</i>	2	
<i>selegiline HCl</i>	2	
<i>tolcapone</i>	2	
<i>trihexyphenidyl</i>	1	PA
<b>Antipsychotic Agents</b>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	5	PA (N/S); *; (Not Available through Mail); QL
<i>clozapine</i>	2	
FAZACLO ORAL TABLET,DISINTEGRATING 100 MG, 12.5 MG, 25 MG	4	
<i>olanzapine intramuscular</i>	2	
<i>olanzapine oral</i>	2	QL
VERSACLOZ	4	QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	PA (N/S); QL
<b>Antipsychotics</b>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	5	PA (N/S); *; (Not Available through Mail); QL
<i>aripiprazole oral tablet</i>	2	QL
<i>aripiprazole oral tablet,disintegrating</i>	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	5	*; Not Available through Mail; QL
<i>chlorpromazine</i>	2	
FANAPT	4	PA (N/S); QL
<i>fluphenazine decanoate</i>	2	
<i>fluphenazine HCl</i>	2	
GEODON INTRAMUSCULAR	4	QL
HALDOL	3	
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	2	
<i>haloperidol lactate</i>	2	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 6 MG, 9 MG	3	PA (N/S); QL
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML	5	PA (N/S); *; (Not Available through Mail); QL
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML, 78 MG/0.5 ML	4	PA (N/S); QL
LATUDA	3	QL
<i>loxapine succinate</i>	2	
<i>molindone</i>	2	
NUPLAZID	5	PA (N/S); *; For certain kinds of drugs, you can use the plans network mail-order services. The drugs that are not available through the plans mail-order service are marked with an asterisk in our Drug List.; QL
ORAP	3	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	2	QL
<i>perphenazine</i>	2	
<i>pimozide</i>	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	QL
REXULTI	5	PA (N/S); *(Not Available through Mail); QL
RISPERDAL CONSTA	4	PA (N/S); QL
<i>risperidone oral solution</i>	2	QL
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL
SAPHRIS (BLACK CHERRY)	3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	3	QL
<i>thioridazine</i>	2	PA (N/S)
<i>thiothixene</i>	1	
<i>trifluoperazine</i>	2	
VRAYLAR ORAL CAPSULE	5	*; For certain kinds of drugs, you can use the plans network mail-order services. The drugs that are not available through the plans mail-order service are marked with an asterisk in our Drug List.; QL
VRAYLAR ORAL CAPSULE, DOSE PACK	4	
<i>ziprasidone HCl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	QL
<b>Anxiolytics, Sedatives &amp; Hypnotics, Misc.</b>		
HETLIOZ	5	PA; *; (Not Available through Mail)
ROZEREM	3	QL
<b>Anxiolytics, Sedatives And Hypnotics, Misc.</b>		
<i>buspirone</i>	1	
<i>hydroxyzine HCl oral solution 10 mg/5 mL</i>	2	PA (N/S)
<i>hydroxyzine HCl oral tablet</i>	2	PA (N/S)
<i>hydroxyzine pamoate</i>	2	PA (N/S)
<i>zaleplon</i>	1	ST; QL
<i>zolpidem oral tablet</i>	1	ST; QL
<b>Benzodiazepines (Anxiolytic, Sedativ/Hyp)</b>		
<i>Alprazolam Intensol</i>	2	QL
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL
<i>alprazolam oral tablet extended release 24 hr</i>	2	QL
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL
<i>Lorazepam Intensol</i>	2	QL
<i>lorazepam oral tablet</i>	2	QL

Drug Name	Drug Tier	Requirements/Limits
<b>Central Nervous System Agents, Misc.</b>		
<i>acamprosate</i>	1	
<i>guanfacine oral tablet extended release 24 hr</i>	2	QL
<i>memantine oral solution</i>	2	QL
<i>memantine oral tablet 10 mg</i>	2	
<i>memantine oral tablet 5 mg</i>	2	QL
<i>memantine oral tablets,dose pack</i>	2	
NAMENDA ORAL SOLUTION	3	QL
NAMENDA ORAL TABLET	3	
NAMENDA TITRATION PAK	3	
NUEDEXTA	4	PA; QL
<i>riluzole</i>	4	
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	3	QL
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; LA
TETRABENAZINE ORAL TABLET 25 MG	5	PA; LA; *(Not Available through Mail)
XENAZINE	5	PA; *; LA; (Not Available through Mail)
XYREM	5	*; LA; (Not Available through Mail)
<b>Hydantoins</b>		
CEREBYX INJECTION SOLUTION 500 MG PE/10 ML	4	
<i>fosphenytoin injection solution 100 mg PE/2 mL</i>	2	
PEGANONE	3	
<b>Nonsteroidal Anti-Inflammatory Agents</b>		
<i>celecoxib</i>	1	QL
<i>diclofenac sodium oral</i>	2	
<i>diclofenac sodium topical gel 1 %</i>	2	
<i>diflunisal</i>	2	
<i>etodolac</i>	2	
<i>flurbiprofen</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ketoprofen oral capsule</i>	2	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	2	
<i>meloxicam</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nabumetone</i>	2	
<i>naproxen</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>piroxicam</i>	2	
<i>sulindac oral</i>	2	
VOLTAREN TOPICAL	3	QL
<b>Opiate Agonists</b>		
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 mL</i>	2	QL
<i>acetaminophen-codeine oral tablet</i>	2	QL
<i>codeine sulfate oral tablet</i>	2	QL
DILAUDID (PF) INJECTION SOLUTION 4 MG/ML	3	B/D
DURAMORPH (PF)	4	B/D
<i>Endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL
<i>fentanyl</i>	2	QL
<i>fentanyl citrate</i>	2	PA; QL
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	QL
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	QL
<i>hydromorphone (PF)</i>	2	B/D
<i>hydromorphone injection syringe 2 mg/mL</i>	2	B/D
<i>hydromorphone oral liquid</i>	1	QL
<i>hydromorphone oral tablet</i>	2	QL
<i>ibuprofen-oxycodone</i>	2	QL
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY	5	PA; *; (Not Available through Mail); QL
LAZANDA NASAL SPRAY, NON-AEROSOL 300 MCG/SPRAY	5	PA; *; Not Available through Mail; QL
<i>meperidine (PF) injection solution 100 mg/mL, 25 mg/mL, 50 mg/mL</i>	2	ST; QL
<i>meperidine oral solution</i>	2	ST; QL
<i>meperidine oral tablet</i>	2	ST; QL
<i>methadone oral tablet</i>	2	QL
<i>morphine concentrate oral solution</i>	2	QL
<i>morphine intravenous syringe</i>	2	B/D
<i>morphine oral solution</i>	2	QL
<i>morphine oral tablet</i>	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine oral tablet extended release</i>	2	QL
<i>oxycodone oral capsule</i>	2	QL
<i>oxycodone oral concentrate</i>	2	QL
<i>oxycodone oral tablet</i>	2	QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL
<i>oxycodone-aspirin</i>	2	QL
<i>oxymorphone oral tablet</i>	2	QL
<i>oxymorphone oral tablet extended release 12 hr</i>	2	QL
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG	3	QL
<i>tramadol oral tablet</i>	2	QL
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>	2	QL
<i>tramadol oral tablet, ER multiphase 24 hr 300 mg</i>	2	QL
<i>tramadol-acetaminophen</i>	2	QL
<b>Opiate Antagonists</b>		
<i>naloxone injection solution</i>	2	
<i>naloxone injection syringe 1 mg/mL</i>	2	
<i>naltrexone</i>	2	
<b>Opiate Partial Agonists</b>		
<i>buprenorphine HCl sublingual tablet 2 mg, 8 mg</i>	2	QL
<i>pentazocine-naloxone</i>	2	ST; QL
SUBOXONE	3	QL
TALWIN	4	PA; ST; QL
<b>Respiratory And Cns Stimulants</b>		
<i>dexmethylphenidate oral capsule, ER biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	2	QL
<i>dexmethylphenidate oral tablet</i>	2	QL
<i>methylphenidate oral tablet 10 mg, 20 mg, 5 mg</i>	2	QL
<i>methylphenidate oral tablet extended release 20 mg</i>	2	QL
<i>methylphenidate oral tablet extended release 24hr</i>	2	QL
<b>Selective Serotonin Agonists</b>		
<i>rizatriptan oral tablet 5 mg</i>	2	QL
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Devices</b>		
<b>Devices</b>		
<i>Assure ID Insulin Safety syringe 1 mL 29 gauge x 1/2"</i>	1	
<i>insulin syringe-needle U-100 syringe 0.3 mL 29 gauge, 1 mL 29 gauge x 1/2", 1/2 mL 28 gauge</i>	1	
<b>Electrolytic, Caloric, And Water Balance</b>		
<b>Acidifying Agents</b>		
<i>ammonium chloride</i>	2	
<b>Alkalinizing Agents</b>		
<i>potassium citrate</i>	2	
<i>sodium lactate intravenous</i>	2	
<b>Ammonia Detoxicants</b>		
CARBAGLU	5	PA; *; (Not Available through Mail)
<i>Constulose</i>	2	
<i>Enulose</i>	2	
<i>Generlac</i>	2	
<i>lactulose oral solution 10 gram/15 mL</i>	2	
RAVICTI	5	PA; *; (Not Available through Mail)
SODIUM PHENYL BUTYRATE	5	PA; *; (Not Available through Mail)
<b>Caloric Agents</b>		
AMINOSYN 8.5 %-ELECTROLYTES	3	B/D
AMINOSYN II 10 %	3	B/D
AMINOSYN II 15 %	3	B/D
AMINOSYN II 7 %	3	B/D
AMINOSYN II 8.5 %	3	B/D
AMINOSYN II 8.5 %-ELECTROLYTES	3	B/D
AMINOSYN-PF 10 %	3	B/D
AMINOSYN-PF 7 % (SULFITE-FREE)	3	B/D
<i>D10 %-0.45 % sodium chloride</i>	2	
<i>D2.5 %-0.45 % sodium chloride</i>	2	
<i>D5 % and 0.9 % sodium chloride</i>	2	
<i>D5 %-0.45 % sodium chloride</i>	2	
<i>dextrose 10 % in water (D10W)</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextrose 5 % in water (D5W) intravenous parenteral solution</i>	2	
<i>dextrose 5%-0.2 % sod chloride</i>	2	
<i>dextrose 5%-0.3 % sod.chloride</i>	2	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	3	B/D
NUTRILIPID	3	B/D
<b>Diuretics</b>		
<i>amiloride</i>	2	
<i>amiloride-hydrochlorothiazide</i>	2	
<i>bumetanide injection</i>	2	
<i>bumetanide oral</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
DIURIL	3	
<i>furosemide injection solution</i>	2	
<i>furosemide oral solution 10 mg/mL, 40 mg/5 mL (8 mg/mL)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>methyclothiazide</i>	2	
<i>metolazone</i>	2	
<i>toremide oral</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
<b>Ion-Removing Agents</b>		
<i>calcium acetate oral capsule</i>	2	
<i>Eliphos</i>	2	
<i>Kionex</i>	2	
RENVELA ORAL TABLET	3	
<i>sodium polystyrene (sorb free)</i>	2	
<i>SPS (with sorbitol) oral</i>	2	
<b>Irrigating Solutions</b>		
<i>sodium chloride irrigation</i>	2	
<i>water for irrigation, sterile</i>	2	
<b>Replacement Preparations</b>		
<i>dextrose 5 %-lactated ringers</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Klor-Con 10</i>	2	
KLOR-CON 8	3	
<i>Klor-Con M15</i>	2	
KLOR-CON M20	3	
<i>lactated ringers intravenous</i>	2	
<i>potassium chlorid-D5-0.45%NaCl intravenous parenteral solution 20 mEq/L, 30 mEq/L, 40 mEq/L</i>	2	B/D
<i>potassium chloride intravenous piggyback 20 mEq/100 mL</i>	2	
<i>potassium chloride intravenous solution</i>	2	
<i>potassium chloride oral capsule, extended release</i>	2	
<i>potassium chloride oral tablet extended release 8 mEq</i>	1	
<i>potassium chloride oral tablet,ER particles/crystals</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 3 %</i>	2	
<i>sodium chloride 5 %</i>	2	
<i>sodium chloride intravenous parenteral solution 2.5 mEq/mL</i>	2	
TPN ELECTROLYTES	3	B/D
<b>Uricosuric Agents</b>		
<i>probenecid</i>	2	
<i>probenecid-colchicine</i>	2	
<b>Enzymes</b>		
<b>Enzymes</b>		
ADAGEN	3	PA; LA
ALDURAZYME	5	PA; *; LA; (Not Available through Mail)
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; *; LA; (Not Available through Mail)
ELAPRASE	5	PA; *; (Not Available through Mail)
ELELYSO	5	PA; *; (Not Available through Mail)
ELITEK INTRAVENOUS RECON SOLN 1.5 MG	5	PA; *; (Not Available through Mail)

Drug Name	Drug Tier	Requirements/Limits
ELITEK INTRAVENOUS RECON SOLN 7.5 MG	5	PA; *; For certain kinds of drugs, you can use the plans network mail-order services. The drugs that are not available through the plans mail-order service are marked with an asterisk in our Drug List.
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	5	PA; *; (Not Available through Mail)
MYOZYME	5	PA; *; (Not Available through Mail)
NAGLAZYME	5	PA; *; (Not Available through Mail)
PULMOZYME	5	PA; *; (Not Available through Mail); QL
VPRIV	5	PA; *; (Not Available through Mail)

## Eye, Ear, Nose, And Throat (Eent) Preparations

### Antiallergic Agents

<i>azelastine nasal aerosol, spray</i>	2	
<i>azelastine nasal spray, non-aerosol</i>	1	
<i>olopatadine ophthalmic</i>	2	
PATADAY	3	

### Antiglaucoma Agents

<i>acetazolamide</i>	2	
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	3	
<i>betaxolol ophthalmic</i>	2	
BETOPTIC S	3	
<i>brimonidine</i>	2	
<i>dorzolamide</i>	2	
<i>dorzolamide-timolol</i>	2	
<i>latanoprost</i>	2	
<i>levobunolol ophthalmic drops 0.5 %</i>	2	
<i>methazolamide oral</i>	2	
PHOSPHOLINE IODIDE	3	
<i>pilocarpine HCl ophthalmic drops 1 %, 2 %, 4 %</i>	1	
<i>timolol maleate ophthalmic drops</i>	1	
<i>timolol maleate ophthalmic gel forming solution</i>	2	
TIMOPTIC OCUDOSE (PF)	3	
TRAVATAN Z	3	

Drug Name	Drug Tier	Requirements/Limits
<b>Anti-Infectives (Eent)</b>		
<i>acetic acid otic</i>	2	
<i>bacitracin ophthalmic</i>	2	
<i>bacitracin-polymyxin B ophthalmic</i>	2	
BACTROBAN NASAL	3	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>chlorhexidine gluconate mucous membrane</i>	1	
CILOXAN OPHTHALMIC OINTMENT	3	
CIPRODEX	3	
<i>ciprofloxacin HCl ophthalmic</i>	2	
<i>erythromycin ophthalmic</i>	2	
<i>Gentak ophthalmic ointment</i>	2	
<i>gentamicin ophthalmic</i>	2	
<i>hydrocortisone-acetic acid</i>	2	
<i>levofloxacin ophthalmic</i>	2	
MOXEZA	3	
NATACYN	3	
<i>neomycin-bacitracin-poly-HC</i>	2	
<i>neomycin-bacitracin-polymyxin</i>	2	
<i>neomycin-polymyxin B-dexameth</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
<i>neomycin-polymyxin-HC</i>	2	
<i>Neosporin (neo-polym-gramicid)</i>	2	
<i>ofloxacin ophthalmic</i>	2	
<i>ofloxacin otic</i>	2	
<i>polymyxin B sulf-trimethoprim</i>	2	
<i>sulfacetamide sodium ophthalmic</i>	2	
<i>sulfacetamide-prednisolone</i>	2	
TOBRADEX OPHTHALMIC OINTMENT	3	
<i>tobramycin</i>	2	
<i>tobramycin-dexamethasone</i>	2	
TOBEX OPHTHALMIC OINTMENT	3	
<i>trifluridine</i>	2	
VIGAMOX	3	
ZIRGAN	3	
<b>Anti-Inflammatory Agents (Eent)</b>		
<i>dexamethasone sodium phosphate ophthalmic</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diclofenac sodium ophthalmic</i>	1	
DUREZOL	3	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	
<i>flurbiprofen sodium</i>	1	
<i>fluticasone nasal</i>	2	QL
FML FORTE	3	
<i>ketorolac ophthalmic</i>	2	
MAXIDEX	3	
PRED MILD	3	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate ophthalmic</i>	2	
RESTASIS	3	
VEXOL	4	
<b>Eent Drugs, Miscellaneous</b>		
<i>apraclonidine</i>	2	
<i>carteolol</i>	2	
IOPIDINE OPHTHALMIC DROPPERETTE	3	
<i>ipratropium bromide nasal</i>	1	QL
<b>Local Anesthetics (Eent)</b>		
<i>lidocaine HCl mucous membrane jelly</i>	2	
<i>lidocaine HCl mucous membrane solution</i>	1	
<i>proparacaine</i>	2	
<b>Vasoconstrictors</b>		
<i>naphazoline</i>	1	
TYZINE NASAL DROPS 0.05 %	3	
<b>Gastrointestinal Drugs</b>		
<b>5-Ht3 Receptor Antagonists</b>		
<i>dronabinol</i>	2	PA; QL
<i>ondansetron HCl (PF) injection syringe</i>	2	
<b>Antidiarrhea Agents</b>		
<i>diphenoxylate-atropine oral tablet</i>	2	
<i>loperamide oral capsule</i>	2	
<b>Antiemetics</b>		
<i>Compro</i>	2	
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	3	PA; QL
EMEND ORAL CAPSULE,DOSE PACK	3	PA; QL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	PA; QL
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>ondansetron</i>	2	B/D
<i>ondansetron HCl (PF) injection solution</i>	2	
<i>ondansetron HCl oral</i>	2	B/D
<i>prochlorperazine</i>	2	
<i>prochlorperazine Edisylate injection solution 10 mg/2 mL (5 mg/mL)</i>	2	
<i>prochlorperazine maleate oral</i>	2	
TRANSDERM-SCOP	3	
<b>Anti-Inflammatory Agents (Gi Drugs)</b>		
ASACOL HD	3	
<i>balsalazide</i>	2	
DELZICOL	3	
<i>mesalamine with cleansing wipe</i>	2	
PENTASA	3	
<b>Antiulcer Agents And Acid Suppressants</b>		
<i>amoxicil-clarithromy-lansopraz</i>	2	
CARAFATE ORAL SUSPENSION	3	
<i>cimetidine</i>	1	
<i>cimetidine HCl oral</i>	1	
<i>famotidine (PF)</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(DR/EC)</i>	2	QL
<i>misoprostol</i>	2	
<i>omeprazole oral capsule, delayed release(DR/EC)</i>	2	QL
<i>pantoprazole oral</i>	1	QL
PREVPAC	3	
<i>ranitidine HCl injection solution 25 mg/mL</i>	2	
<i>ranitidine HCl oral capsule</i>	2	
<i>ranitidine HCl oral syrup</i>	2	
<i>ranitidine HCl oral tablet 150 mg, 300 mg</i>	1	
<i>sucralfate oral tablet</i>	2	
<b>Cathartics And Laxatives</b>		
AMITIZA	3	QL
<i>Gavilyte-C</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>GaviLyte-G</i>	2	
<i>GaviLyte-H and Bisacodyl</i>	2	
<i>GaviLyte-N</i>	2	
GOLYTELY ORAL RECON SOLN	3	
<i>peg 3350-electrolytes oral recon soln</i> <i>236-22.74-6.74 -5.86 gram</i>	2	
<i>peg-electrolyte soln</i>	2	
<i>polyethylene glycol 3350 oral powder</i>	2	
<i>TriLyte With Flavor Packets</i>	2	
<b>Cholelitholytic Agents</b>		
CHENODAL	5	ST; *; LA; (Not Available through Mail)
<i>ursodiol</i>	2	
<b>Digestants</b>		
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-25,000- 43,750 UNIT, 16,800-40,000- 70,000 UNIT, 21,000-37,000 -61,000 UNIT, 4,200-10,000-17,500 UNIT	3	
ZENPEP	4	
<b>Gi Drugs, Miscellaneous</b>		
<i>alosetron</i>	2	PA
GATTEX ONE-VIAL	5	PA; *; (Not Available through Mail)
MOVANTIK	3	QL
RELISTOR ORAL	4	PA
RELISTOR SUBCUTANEOUS SOLUTION	4	PA
RELISTOR SUBCUTANEOUS SYRINGE	4	PA
<b>Prokinetic Agents</b>		
<i>metoclopramide HCl injection solution</i>	2	
<i>metoclopramide HCl oral solution</i>	1	
<i>metoclopramide HCl oral tablet</i>	1	
<b>Proton-Pump Inhibitors</b>		
<i>pantoprazole intravenous</i>	2	
PROTONIX INTRAVENOUS	3	
<i>rabeprazole</i>	2	QL
<b>Gold Compounds</b>		
<b>Gold Compounds</b>		
RIDAURA	4	

Drug Name	Drug Tier	Requirements/Limits
<b>Heavy Metal Antagonists</b>		
<b>Heavy Metal Antagonists</b>		
CHEMET	3	
DEPEN TITRATABS	3	
SYPRINE	5	PA; *; (Not Available through Mail)
<b>Metallic Poison, Agents To Treat</b>		
EXJADE ORAL TABLET, DISPERSIBLE 125 MG	4	PA
EXJADE ORAL TABLET, DISPERSIBLE 250 MG, 500 MG	5	PA; *; (Not Available through Mail)
FERRIPROX ORAL TABLET	5	PA; *; (Not Available through Mail)
<b>Hormones And Synthetic Substitutes</b>		
<b>Adrenals</b>		
<i>budesonide oral</i>	2	
<i>cortisone</i>	2	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	4	
<i>Dexamethasone Intensol</i>	2	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone sodium phosphate injection solution 4 mg/mL</i>	1	
<i>fludrocortisone</i>	2	
<i>hydrocortisone oral</i>	1	
<i>methylprednisolone</i>	2	
<i>methylprednisolone acetate</i>	2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	
MILLIPRED ORAL TABLET	3	
<i>prednisolone sodium phosphate oral solution 15 mg/5 mL (3 mg/mL), 5 mg base/5 mL (6.7 mg/5 mL)</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5 mL (5 mg/mL)</i>	2	
<i>Prednisone Intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
SOLU-MEDROL (PF) INJECTION	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML	3	
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	3	
<b>Androgens</b>		
AXIRON	3	QL
<i>danazol oral</i>	2	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	3	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	2	PA; QL
<i>testosterone cypionate</i>	2	
<i>testosterone enanthate</i>	2	
<b>Antidiabetic Agents</b>		
<i>acarbose oral tablet 100 mg, 50 mg</i>	1	QL
<i>acarbose oral tablet 25 mg</i>	1	
AVANDIA ORAL TABLET 2 MG, 4 MG	3	QL
<i>glimepiride oral tablet 1 mg</i>	1	
<i>glimepiride oral tablet 2 mg, 4 mg</i>	1	QL
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	QL
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	QL
GLYSET ORAL TABLET 100 MG, 50 MG	3	QL
GLYSET ORAL TABLET 25 MG	3	
GLYXAMBI	3	ST; QL
HUMALOG	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50-50	3	QL
HUMALOG MIX 50-50 KWIKPEN	3	
HUMALOG MIX 75-25	3	QL
HUMALOG MIX 75-25 KWIKPEN	3	
HUMULIN 70/30	3	QL
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	QL
HUMULIN N KWIKPEN	3	
HUMULIN R	3	QL
HUMULIN R U-500 (CONC) KWIKPEN	3	
HUMULIN R U-500 (CONCENTRATED)	3	QL
JANUMET	3	ST; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	3	ST; QL
JANUVIA	3	ST; QL
JARDIANCE	3	ST; QL
KORLYM	5	PA; *; (Not Available through Mail)
LANTUS	3	QL
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	QL
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	QL
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	QL
<i>migliitol oral tablet 100 mg, 50 mg</i>	2	QL
<i>migliitol oral tablet 25 mg</i>	2	
<i>pioglitazone</i>	2	QL
<i>pioglitazone-glimepiride</i>	2	QL
<i>pioglitazone-metformin</i>	2	QL
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	ST; QL
TOUJEO SOLOSTAR	3	
TRADJENTA	3	ST; QL
TRESIBA FLEXTOUCH U-100	3	QL
TRESIBA FLEXTOUCH U-200	3	QL
<b>Antihypergly, Incretin Mimetic (Glp-1 Recep. Agonist)</b>		
TANZEUM	3	PA; QL
VICTOZA 2-PAK	3	ST; QL
VICTOZA 3-PAK	3	ST; QL
<b>Antihypoglycemic Agents</b>		
GLUCAGEN DIAGNOSTIC KIT	NC	
GLUCAGEN HYPOKIT	4	
GLUCAGON EMERGENCY KIT (HUMAN)	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Contraceptives</b>		
<i>Apri</i>	2	
<i>Aubra</i>	2	
<i>Aviane</i>	2	
<i>Balziva (28)</i>	2	
<i>Blisovi 24 Fe</i>	2	
<i>Blisovi Fe 1.5/30 (28)</i>	2	
<i>Blisovi Fe 1/20 (28)</i>	2	
<i>Briellyn</i>	2	
<i>Camila</i>	2	
<i>Caziant (28)</i>	2	
<i>Cryselle (28)</i>	2	
<i>Cyclafem 1/35 (28)</i>	2	
<i>Cyclafem 7/7/7 (28)</i>	2	
<i>Deblitane</i>	2	
<i>Delyla (28)</i>	2	
<i>desog-e.estradiol/e.estradiol</i>	2	
<i>Emoquette</i>	2	
<i>Enpresse</i>	2	
<i>Errin</i>	2	
<i>Falmina (28)</i>	2	
<i>Gildagia</i>	2	
<i>Introvale</i>	2	
<i>Jolivette</i>	2	
<i>Junel FE 1.5/30 (28)</i>	2	
<i>Junel FE 1/20 (28)</i>	2	
<i>Kaitlib Fe</i>	2	
<i>Kariva (28)</i>	2	
<i>Kelnor 1/35 (28)</i>	2	
<i>Larin Fe 1.5/30 (28)</i>	2	
<i>Larin Fe 1/20 (28)</i>	2	
<i>Larissia</i>	2	
<i>Lessina</i>	2	
<i>Levonest (28)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	
<i>Levora-28</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Low-Ogestrel (28)</i>	2	
<i>Lutera (28)</i>	2	
<i>Lyza</i>	2	
<i>Marlissa</i>	2	
<i>Microgestin Fe 1.5/30 (28)</i>	2	
<i>Microgestin FE 1/20 (28)</i>	2	
<i>Mononessa (28)</i>	2	
<i>Necon 0.5/35 (28)</i>	2	
<i>Necon 1/35 (28)</i>	2	
<i>Necon 10/11 (28)</i>	2	
<i>Necon 7/7/7 (28)</i>	2	
<i>Nora-BE</i>	2	
<i>norethindrone (contraceptive)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>Norlyroc</i>	2	
<i>Nortrel 0.5/35 (28)</i>	2	
<i>Nortrel 1/35 (21)</i>	2	
<i>Nortrel 1/35 (28)</i>	2	
<i>Nortrel 7/7/7 (28)</i>	2	
<b>NUVARING</b>	3	QL
<i>Ogestrel (28)</i>	2	
<i>Orsythia</i>	2	
<i>Pimtrea (28)</i>	2	
<i>Pirmella oral tablet 1-35 mg-mcg</i>	2	
<i>Portia</i>	2	
<i>Previfem</i>	2	
<i>Quasense</i>	2	
<i>Reclipsen (28)</i>	2	
<i>Sharobel</i>	2	
<i>Sprintec (28)</i>	2	
<i>Sronyx</i>	2	
<i>Tarina Fe 1/20 (28)</i>	2	
<i>Tri-Legest Fe</i>	2	
<i>Tri-Lo-Estarylla</i>	2	
<i>Tri-Lo-Sprintec</i>	2	
<i>TriNessa (28)</i>	2	
<i>Tri-Previfem (28)</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Tri-Sprintec (28)</i>	2	
<i>Trivora (28)</i>	2	
<i>Velivet Triphasic Regimen (28)</i>	2	
<i>Vyfemla (28)</i>	2	
<i>ZenChent (28)</i>	2	
<i>Zovia 1/35E (28)</i>	2	
<i>Zovia 1/50E (28)</i>	2	
<b>Estrogens And Antiestrogens</b>		
DUAVEE	3	PA
<i>estradiol oral</i>	2	PA
ESTRING	3	
<i>estropipate</i>	1	PA
PREMARIN ORAL TABLET 0.3 MG, 0.9 MG, 1.25 MG	3	PA
PREMARIN ORAL TABLET 0.45 MG, 0.625 MG	3	PA; QL
PREMARIN VAGINAL	3	
PREMPHASE	3	PA
PREMPRO	3	PA
<i>raloxifene</i>	1	
<b>Gonadotropins</b>		
<i>chorionic gonadotropin, human</i>	2	PA
SYNAREL	5	*; (Not Available through Mail)
<b>Meglitinides</b>		
<i>nateglinide</i>	1	
<i>repaglinide oral tablet 0.5 mg</i>	1	
<i>repaglinide oral tablet 1 mg, 2 mg</i>	1	QL
<b>Parathyroid</b>		
<i>calcitonin (salmon)</i>	2	B/D
FORTEO	5	*; (Not Available through Mail); QL
MIACALCIN INJECTION	4	B/D
NATPARA	5	*; (Not Available through Mail)
<b>Pituitary</b>		
<i>desmopressin injection</i>	2	
<i>desmopressin nasal solution</i>	2	
<i>desmopressin nasal spray, non-aerosol</i>	2	
<i>desmopressin oral</i>	2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NORDITROPIN FLEXPPO	5	PA; *; (Not Available through Mail)
<b>Progestins</b>		
<i>medroxyprogesterone intramuscular suspension</i>	2	
<i>medroxyprogesterone oral</i>	1	
<i>norethindrone acetate</i>	2	
<b>Somatostatin Agonists</b>		
<i>octreotide acetate injection solution 1,000 mcg/mL, 200 mcg/mL</i>	1	
<i>octreotide acetate injection solution 100 mcg/mL, 50 mcg/mL, 500 mcg/mL</i>	2	
SIGNIFOR	5	PA; *; (Not Available through Mail)
<b>Somatotropin Agonists</b>		
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	5	PA; *; (Not Available through Mail)
INCRELEX	5	PA; *; (Not Available through Mail)
SOMATULINE DEPOT	5	PA (N/S)
<b>Somatotropin Antagonists</b>		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG	5	PA; *; (Not Available through Mail)
<b>Thyroid And Antithyroid Agents</b>		
<i>levothyroxine oral</i>	1	
<i>Levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 200 mcg, 25 mcg, 75 mcg, 88 mcg</i>	2	
<i>Levoxyl oral tablet 150 mcg, 175 mcg, 50 mcg</i>	1	
<i>liothyronine</i>	2	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
SYNTHROID	3	
<i>Unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<b>Local Anesthetics</b>		
<b>Local Anesthetics (Parenteral)</b>		
<i>lidocaine (PF) injection solution 5 mg/mL (0.5 %)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>Miscellaneous Therapeutic Agents</b>		
<b>5-Alpha-Reductase Inhibitors</b>		
<i>dutasteride</i>	2	QL
<b>Complement Inhibitors</b>		
CINRYZE	5	PA; *; (Not Available through Mail)
FIRAZYR	5	PA; *; (Not Available through Mail); QL
<b>Miscellaneous Therapeutic Agents</b>		
ACTIMMUNE	5	PA (N/S); *; (Not Available through Mail)
<i>alendronate oral solution</i>	2	
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	2	QL
<i>alendronate oral tablet 35 mg</i>	1	QL
<i>alendronate oral tablet 70 mg</i>	1	
<i>allopurinol</i>	1	
<i>amifostine crystalline</i>	2	
AMPYRA	5	PA; *; (Not Available through Mail); QL
<i>anagrelide</i>	2	
ARCALYST	5	PA; *; (Not Available through Mail)
ATGAM	5	B/D; *; (Not Available through Mail)
AVODART	3	QL
AVONEX (WITH ALBUMIN)	5	PA; *; (Not Available through Mail); QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; *; (Not Available through Mail); QL
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; *; (Not Available through Mail); QL
<i>azathioprine</i>	2	B/D
<i>azathioprine sodium</i>	2	B/D
BENLYSTA INTRAVENOUS RECON SOLN 120 MG	5	PA; *; (Not Available through Mail)
BENLYSTA INTRAVENOUS RECON SOLN 400 MG	5	PA; *; For certain kinds of drugs, you can use the plans network mail-order services. The drugs that are not available through the plans mail-order service are marked with an asterisk in our Drug List.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BONIVA INTRAVENOUS	4	
BOTOX INJECTION RECON SOLN 100 UNIT	4	PA
CELLCEPT	4	B/D
CELLCEPT INTRAVENOUS	4	B/D
CIMZIA	5	PA; *; (Not Available through Mail); QL
CIMZIA POWDER FOR RECONST	5	PA; *; (Not Available through Mail); QL
<i>colchicine oral</i>	2	
COLCRYS	3	QL
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; *(Not Available through Mail); QL
<i>cyclosporine intravenous</i>	2	
<i>cyclosporine modified</i>	2	B/D
<i>cyclosporine oral capsule</i>	2	B/D
CYSTADANE	3	
CYSTAGON	3	PA
DEMSER	3	
<i>disulfiram</i>	2	
ELMIRON	4	
<i>etidronate disodium</i>	2	
<i>finasteride oral tablet 5 mg</i>	2	
<i>Gengraf oral capsule 25 mg</i>	2	B/D
<i>Glatopa</i>	5	PA; *; (Not Available through Mail)
HUMIRA PEDIATRIC CROHN'S START	5	PA; *; For certain kinds of drugs, you can use the plans network mail-order services. The drugs that are not available through the plans mail-order service are marked with an asterisk in our Drug List.; QL
HUMIRA PEN	5	PA; *; For certain kinds of drugs, you can use the plans network mail-order services. The drugs that are not available through the plans mail-order service are marked with an asterisk in our Drug List.; QL
HUMIRA PEN CROHN'S-UC-HS START	5	PA; *; (Not Available through Mail)
HUMIRA PEN PSORIASIS-UVEITIS	5	PA; *; (Not Available through Mail); QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	5	PA; *; (Not Available through Mail); QL
<i>ibandronate intravenous solution</i>	2	
<i>ibandronate oral</i>	2	
KUVAN ORAL POWDER IN PACKET	5	PA; *; For certain kinds of drugs, you can use the plans network mail-order services. The drugs that are not available through the plans mail-order service are marked with an asterisk in our Drug List.
KUVAN ORAL TABLET,SOLUBLE	5	PA; *; (Not Available through Mail)
<i>leflunomide oral tablet 10 mg</i>	2	QL
<i>leflunomide oral tablet 20 mg</i>	2	
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	2	B/D
<i>leucovorin calcium oral</i>	2	
<i>levocarnitine (with sugar)</i>	2	B/D
<i>levocarnitine oral tablet</i>	2	B/D
<i>levoleucovorin intravenous solution</i>	2	
<i>mesna</i>	2	B/D
MESNEX ORAL	4	
<i>mycophenolate mofetil</i>	2	B/D
<i>mycophenolate sodium</i>	1	B/D
NULOJIX	5	B/D; *; (Not Available through Mail)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	PA; *; (Not Available through Mail)
ORFADIN ORAL SUSPENSION	5	PA; *; Not Available through Mail
<i>pamidronate intravenous solution</i>	2	PA
PROGRAF INTRAVENOUS	4	B/D
PROGRAF ORAL	3	B/D
PROLIA	4	PA; QL
RAPAMUNE	3	B/D
REBIF (WITH ALBUMIN)	5	PA; *; (Not Available through Mail); QL
REBIF REBIDOSE	5	PA; *; (Not Available through Mail); QL
REBIF TITRATION PACK	5	PA; *; (Not Available through Mail); QL
REMICADE	5	PA; *; (Not Available through Mail)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>risedronate oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	1	QL
<i>risedronate oral tablet, delayed release (DR/EC)</i>	1	QL
SANDIMMUNE ORAL SOLUTION	4	B/D
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	*; (Not Available through Mail)
SENSIPAR	3	
SIMULECT INTRAVENOUS RECON SOLN 20 MG	5	*; (Not Available through Mail)
<i>sirolimus oral tablet 0.5 mg</i>	1	B/D
<i>sirolimus oral tablet 1 mg, 2 mg</i>	2	B/D
<i>tacrolimus oral</i>	2	B/D
TECFIDERA	5	PA; *; (Not Available through Mail); QL
THALOMID	5	*; (Not Available through Mail)
THYMOGLOBULIN	5	B/D; *; (Not Available through Mail)
TYBOST	4	
TYSABRI	5	PA; *; (Not Available through Mail)
XGEVA	5	PA (N/S); *; (Not Available through Mail)
ZAVESCA	5	PA; *; LA; (Not Available through Mail)
<i>zoledronic acid intravenous solution</i>	2	PA
ZOMETA INTRAVENOUS SOLUTION 4 MG/5 ML	5	PA; *; (Not Available through Mail)
ZORTRESS ORAL TABLET 0.25 MG	4	B/D
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	5	B/D; *; (Not Available through Mail)
<b>Other Miscellaneous Therapeutic Agents</b>		
<i>baclofen</i>	1	
BOTOX INJECTION RECON SOLN 200 UNIT	4	PA
<b>Pharmaceutical Aids</b>		
<b>Pharmaceutical Aids</b>		
<i>Gauze Pad topical bandage 2 X 2 "</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>Respiratory Tract Agents</b>		
<b>Corticosteroids (Respiratory Tract)</b>		
ADVAIR DISKUS	3	QL
ADVAIR HFA	3	QL
ASMANEX HFA	3	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	3	QL
BREO ELLIPTA	3	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 mL, 0.5 mg/2 mL</i>	2	B/D
<i>budesonide inhalation suspension for nebulization 1 mg/2 mL</i>	2	B/D; QL
DULERA	3	QL
FLOVENT DISKUS	3	QL
FLOVENT HFA	3	QL
SYMBICORT	3	QL
<b>Cystic Fibrosis (Cftr) Potentiators</b>		
KALYDECO	5	PA; *; (Not Available through Mail); QL
<b>Leukotriene Modifiers</b>		
<i>montelukast</i>	2	QL
<i>zafirlukast</i>	2	QL
<b>Mast-Cell Stabilizers</b>		
<i>cromolyn oral</i>	2	
<b>Mast-Cell Stabilizers</b>		
<i>cromolyn inhalation</i>	2	B/D; QL
<i>cromolyn ophthalmic</i>	2	
<b>Mucolytic Agents</b>		
<i>acetylcysteine</i>	2	B/D
<b>Respiratory Tract Agents, Miscellaneous</b>		
ADEMPAS	5	PA; *; (Not Available through Mail)
DALIRESP	4	PA; QL
ESBRIET	5	PA; *; (Not Available through Mail)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OFEV	5	PA; *; (Not Available through Mail)
PROLASTIN-C	3	PA
XOLAIR	5	PA; *; (Not Available through Mail)
<b>Serums, Toxoids, And Vaccines</b>		
<b>Serums</b>		
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA; *; (Not Available through Mail)
<b>Toxoids</b>		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	4	
BOOSTRIX TDAP	4	
DAPTACEL (DTAP PEDIATRIC) (PF)	4	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	4	
TETANUS,DIPHThERIA TOX PED(PF)	4	
<i>tetanus-diphtheria toxoids-Td</i>	2	
<b>Vaccines</b>		
ACTHIB (PF)	4	
BEXSERO (PF)	4	
CERVARIX VACCINE (PF)	4	PA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	4	B/D
ENGERIX-B PEDIATRIC (PF)	4	B/D
GARDASIL (PF) INTRAMUSCULAR SUSPENSION	4	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	4	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	4	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	4	
HIBERIX (PF)	4	
IMOVAX RABIES VACCINE (PF)	4	
IPOL INJECTION SUSPENSION	4	
IXIARO (PF)	4	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	4	
MENHIBRIX (PF)	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MENOMUNE - A/C/Y/W-135 (PF)	4	
MENVEO A-C-Y-W-135-DIP (PF)	4	
M-M-R II (PF)	4	
PEDVAX HIB (PF)	4	
PROQUAD (PF)	4	
QUADRACEL (PF)	4	
RABAVERT (PF)	4	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	4	B/D
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	4	B/D
ROTARIX	4	
ROTATEQ VACCINE	4	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	4	
TYPHIM VI	4	
VAQTA (PF)	4	
VARIVAX (PF)	4	
YF-VAX (PF)	4	
ZOSTAVAX (PF)	4	QL

### **Skin And Mucous Membrane Agents**

#### **Antibacterials (Skin And Mucous Membrane)**

<i>clindamycin phosphate topical</i>	2	
<i>clindamycin phosphate vaginal</i>	2	
<i>Ery Pads</i>	2	
<i>erythromycin with ethanol topical gel</i>	2	
<i>erythromycin with ethanol topical solution</i>	2	
<i>erythromycin-benzoyl peroxide</i>	2	
<i>gentamicin topical</i>	1	
<i>metronidazole vaginal</i>	2	
<i>mupirocin</i>	2	
<i>mupirocin calcium</i>	2	

#### **Antifungals (Skin And Mucous Membrane)**

<i>ciclopirox topical solution</i>	2	
<i>clotrimazole mucous membrane</i>	2	
<i>clotrimazole topical</i>	2	
<i>clotrimazole-betamethasone</i>	2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ketoconazole topical</i>	2	
<i>Miconazole-3 vaginal suppository</i>	2	
<i>Nyamyc</i>	2	
<i>nystatin topical</i>	2	
<i>nystatin-triamcinolone</i>	2	
<i>Nystop</i>	2	
<i>terconazole</i>	2	
<b>Anti-Inflammatory Agents (Skin &amp; Mucous)</b>		
<i>Fluocinonide-E</i>	2	
<b>Anti-Inflammatory Agents (Skin And Mucous)</b>		
<i>betamethasone dipropionate</i>	2	
<i>betamethasone valerate</i>	2	
<i>betamethasone, augmented</i>	2	
<i>clobetasol scalp</i>	2	
<i>clobetasol topical foam</i>	2	
<i>clobetasol topical gel</i>	2	
<i>clobetasol topical lotion</i>	2	
<i>clobetasol topical ointment</i>	2	
<i>clobetasol topical shampoo</i>	2	
<i>clobetasol topical spray,non-aerosol</i>	2	
<i>clobetasol-emollient topical cream</i>	2	
<i>Colocort</i>	1	
<b>CORDRAN TAPE LARGE ROLL</b>	4	
<i>Cormax scalp</i>	2	
<i>desonide</i>	2	
<i>desoximetasone</i>	2	
<i>fluocinolone</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical gel</i>	2	
<i>fluocinonide topical ointment</i>	2	
<i>fluocinonide topical solution</i>	2	
<i>Fluocinonide-E</i>	2	
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone valerate</i>	1	
<i>mometasone topical</i>	2	
<i>Procto-Med HC</i>	1	
<i>Proctosol HC rectal</i>	1	
<i>Proctozone-HC</i>	1	
<i>triamcinolone acetonide dental</i>	2	
<i>triamcinolone acetonide topical aerosol</i>	2	
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 % , 0.1 % , 0.5 %</i>	1	
<i>Triderm topical cream</i>	1	
<b>Antipruritics And Local Anesthetics</b>		
<i>lidocaine topical adhesive patch,medicated</i>	2	PA; QL
<i>lidocaine topical ointment</i>	2	
<i>lidocaine-prilocaine topical cream</i>	2	B/D
LIDODERM	3	PA; QL
<b>Antivirals (Skin And Mucous Membrane)</b>		
<i>acyclovir topical</i>	2	
DENAVIR	3	
ZOVIRAX TOPICAL CREAM	3	
<b>Cell Stimulants And Proliferants</b>		
KEPIVANCE	4	PA
<i>tretinoin topical cream</i>	2	
<i>tretinoin topical gel 0.01 % , 0.025 %</i>	2	
<b>Emollients, Demulcents, And Protectants</b>		
<i>ammonium lactate</i>	2	
<b>Local Anti-Infectives, Miscellaneous</b>		
<i>Alcohol Pads</i>	1	
METROGEL TOPICAL GEL 1 %	3	
<i>metronidazole topical cream</i>	2	
<i>metronidazole topical gel 0.75 %</i>	2	
<i>metronidazole topical gel 1 %</i>	1	
<i>metronidazole topical lotion</i>	2	
<i>selenium sulfide topical lotion</i>	1	
<i>silver sulfadiazine</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sulfacetamide sodium (acne)</i>	2	
<b>Pigmenting Agents</b>		
8-MOP	3	
<i>methoxsalen rapid</i>	2	
UVADEX	4	B/D
<b>Scabicides And Pediculicides</b>		
EURAX	3	
<i>lindane</i>	2	
<i>malathion</i>	2	
<i>permethrin topical cream</i>	2	
<b>Skin And Mucous Membrane Agents, Misc.</b>		
<i>acitretin</i>	5	PA; *; (Not Available through Mail)
<i>adapalene topical cream</i>	2	
<i>adapalene topical gel 0.1 %</i>	2	
<i>adapalene topical gel 0.3 %</i>	1	
<i>calcipotriene</i>	2	
Claravis	2	
CONDYLOX TOPICAL GEL	3	
<i>diclofenac sodium topical gel 3 %</i>	2	PA
DIFFERIN TOPICAL LOTION	3	
ELIDEL	3	ST
<i>fluorouracil topical</i>	2	
<i>imiquimod</i>	2	
PANRETIN	3	
<i>podofilox</i>	2	
SANTYL	3	
TARGRETIN TOPICAL	5	PA (N/S); *; (Not Available through Mail)
TAZORAC	3	
<i>Zenatane oral capsule 30 mg</i>	2	
<b>Smooth Muscle Relaxants</b>		
<b>Genitourinary Smooth Muscle Relaxants</b>		
<i>flavoxate</i>	2	
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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TOVIAZ	3	QL
<b>Respiratory Smooth Muscle Relaxants</b>		
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<i>Elixophyllin oral elixir 80 mg/15 mL</i>	2	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release</i>	2	
<i>theophylline oral tablet extended release 12 hr</i>	2	
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<b>Vitamins</b>		
<b>Multivitamin Preparations</b>		
<i>Prenatal Vitamin Plus Low Iron</i>	2	
<b>Vitamin D</b>		
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<i>paricalcitol hemodialysis port injection</i>	2	B/D
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<i>Tri-Lo-Estarylla</i>	49	VIGAMOX	41	ZYDELIG	19
<i>Tri-Lo-Sprintec</i>	49	VIIIBRYD	30	ZYKADIA	19
<i>TriLyte With Flavor Packets</i>	44	VIMPAT	28	ZYPREXA RELPREVV	31
<i>trimethoprim</i>	12	<i>vinblastine</i>	19	ZYTIGA	20
<i>trimipramine</i>	30	<i>Vincasar PFS</i>	19	ZYVOX	4
<i>TriNessa (28)</i>	49	<i>vincristine</i>	19		
TRINTELLIX	30	<i>vinorelbine</i>	19		
<i>Tri-Previfem (28)</i>	49	VIRACEPT	7		
TRISENOX	18	VIRAMUNE XR	7		
<i>Tri-Sprintec (28)</i>	50	VIREAD	7		
TRIUMEQ	7	VITEKTA	7		
<i>Trivora (28)</i>	50	VOLTAREN	35		
TRUVADA	7	<i>voriconazole</i>	4, 5		
TWINRIX (PF)	58	VOTRIENT	19		
TYBOST	55	VPRIV	40		
TYGACIL	12	VRAYLAR	33		
TYKERB	18	<i>Vyfemla (28)</i>	50		
TYPHIM VI	58	<i>warfarin</i>	22		
TYSABRI	55	<i>water for irrigation, sterile</i>	38		
TYZEKA	9	XALKORI	19		
TYZINE	42	XARELTO	22		
<i>Unithroid</i>	51	XENAZINE	34		
<i>ursodiol</i>	44	XGEVA	55		
UVADEX	61	XOLAIR	57		
<i>valacyclovir</i>	9	XTANDI	19		
VALCHLOR	19	XYREM	34		
VALCYTE	9	YERVOY	19		
<i>valganciclovir</i>	9	YF-VAX (PF)	58		
<i>valproate sodium</i>	28	YONDELIS	19		
<i>valproic acid</i>	28	<i>zafirlukast</i>	56		
<i>valproic acid (as sodium salt)</i>	28	<i>zaleplon</i>	33		
<i>valsartan</i>	26	ZALTRAP	19		
<i>valsartan-hydrochlorothiazide</i>	26	ZANOSAR	19		
<i>vancomycin</i>	4	ZAVESCA	55		
VAQTA (PF)	58	ZELBORAF	19		
VARIVAX (PF)	58	<i>Zenatane</i>	61		
VECTIBIX	19	<i>ZenChent (28)</i>	50		
VELCADE	19	ZENPEP	44		
<i>Velivet Triphasic Regimen (28)</i>	50	ZETIA	23		
VENCLEXTA	19	ZIAGEN	7		
VENCLEXTA STARTING PACK	19	<i>zidovudine</i>	7		
<i>venlafaxine</i>	30	<i>ziprasidone HCl</i>	33		
		ZIRGAN	41		
		<i>zoledronic acid</i>	55		
		ZOLINZA	19		



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This formulary was updated on December 1, 2016. For more recent information or other questions, please contact us, Gateway Health Medicare Assured Select<sup>SM</sup> and Gateway Health Medicare Assured Prime<sup>SM</sup> Member Services, at:

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