

*Blue Shield
Plus Drug Formulary*

January 2018

Introduction to the formulary drug list

The *Blue Shield Plus Drug Formulary* is a list of commonly prescribed medications that are approved by the Food and Drug Administration (FDA) and are eligible for coverage under the Blue Shield outpatient prescription drug benefit. This is not a complete list of medications. This list serves as a guide for members, physicians and other healthcare professionals in the selection of cost-effective drug therapy. We recommend that prescribers and members consult this medication list before writing or filling prescriptions.

How is the drug formulary developed?

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

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

What are drug tiers?

Drugs are placed into drug tiers based on defined categories. The amount you pay for drugs in different tiers will vary. You can find information about what you pay by drug tier in the Summary of Benefits to your Blue Shield *Evidence of Coverage* (EOC) or *Certificate of Insurance* (COI).

Please check your Summary of Benefits to see which tier description table below applies to you.

The column titled "Tier" identifies the copayment tier where the drug is covered.

Tier Description Table 1:

Tier number	Tier name	Description
1	Formulary generic	Formulary generic drugs
2	Formulary brand	Formulary brand drugs
3	Non-formulary brand	Non-formulary brand drugs
4	Specialty or home self-injectable	Specialty drugs or self-administered injectables*

* See your *Evidence of Coverage* or *Certificate of Insurance* for further details about coverage of specialty or self-administered injectables in your benefit.

Tier Description Table 2:

Tier	Description
1	Most generic drugs and low-cost, preferred brand drugs
2	Non-preferred generic drugs, preferred brand drugs or drugs recommended by the P&T Committee based on drug safety, efficacy and cost
3	Non-preferred brand drugs, drugs recommended by the P&T Committee based on safety, efficacy and cost, or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier
4	Drugs that are required by the FDA or drug manufacturer to be distributed by specialty pharmacies, drugs that require training or clinical monitoring for self-administration, drugs manufactured using biotechnology, or drugs with a plan cost (net of rebates) greater than \$600 for a one-month supply

You can find information about specific prescription drug benefits and drug benefit exclusions in the Blue Shield Summary of Benefits and *Evidence of Coverage* (EOC) or *Certificate of Insurance* (COI). Blue Shield's customer service can also provide additional information about specific plans. The Blue Shield customer service number is listed on your Blue Shield member ID card.

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

How to read the formulary

Drugs are listed in the formulary by therapeutic class. A Table of Contents and an Index of Drugs are provided for quick and easy reference.

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

Please note this is not a complete list of drugs covered under your plan. Only commonly prescribed drugs are listed.

Limits/Notes	Description	
AL	Age limit	Prior authorization may be required if your age does not fall within the FDA, manufacturer or treatment guideline recommendations.
GL	Gender limit	Prior authorization may be required if the FDA, manufacturer or treatment guidelines do not recommend the drug for a gender.
PA	Prior authorization	Prior authorization is required to determine coverage.
QL	Quantity limit	The prescription quantity covered is limited. Prior authorization is required for amounts greater than the limit.
ST	Step therapy	Coverage is based on use of other first-line therapies/drugs.
PH	Preventive drugs	Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices. These drugs are covered at \$0 when specific criteria are met.*

* Does not apply to grandfathered plans.

The formulary is current as of the date listed on the back cover. This formulary is subject to change. For the most current information, visit blueshieldca.com/pharmacy.

What is a brand drug?

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

What is a generic drug?

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

What is a contraceptive drug or device?

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

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

What are preventive health drugs?

Preventive health drugs are select drugs required by health reform legislation to be covered at no charge to members.* Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force. For more details about preventive health drugs, visit blueshieldca.com/pharmacy.

What are specialty drugs?

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

Specialty drugs may require prior authorization for medical necessity by Blue Shield. Specialty drugs are available exclusively from a Network Specialty Pharmacy. A Network Specialty Pharmacy can provide specialty drugs by mail or, upon your request, can transfer the specialty drug to an associated retail store for pickup if coverage is approved. Call the customer service number on your Blue Shield member ID card if you have questions about specialty drugs.

What is the prior authorization/exception request process?

Drug prior authorization involves getting advance approval of coverage for a prescription medication. Most medications covered by Blue Shield don't require prior authorization. However, some drugs require the patient's prescription and medical history to determine coverage for medical necessity.

The exception process involves getting a waiver to the rules for drug coverage. Types of exceptions include:

- Formulary exceptions, which allow coverage of a non-formulary (non-listed) drug based on medical necessity and the use of formulary alternative drugs first, if appropriate
- Waivers of coverage restrictions or limits on your drug, which allow for a greater coverage limit or a larger quantity on the prescription quantity dispensed due to medical necessity

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

What is step therapy?

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

* Does not apply to grandfathered plans.

Participating retail pharmacies

You can fill prescriptions at any participating (network) pharmacy, unless it is a prescription for a specialty drug. Depending on your prescription drug plan, you may be limited to no more than a 30-day supply of your medication from participating retail pharmacies. Blue Shield contracts with a wide network of retail pharmacies. To find a network pharmacy, visit [blueshieldca.com/pharmacy](https://www.blueshieldca.com/pharmacy).

Mail service pharmacy

Blue Shield offers an easy-to-use mail service prescription drug program through our contracted mail service pharmacy. You can save time and money using the mail service drug program. And, depending on your plan, it can be a convenient way to fill maintenance medications for up to a 90-day supply. Maintenance medications are drugs that doctors prescribe on an ongoing, regular basis to maintain health. For more information on using the mail service prescription benefit, go to [blueshieldca.com/pharmacy](https://www.blueshieldca.com/pharmacy), and then please visit *Mail Service Prescriptions*.

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Drug	Tier	Limits/Notes
Analgesics		
Analgesics		
bupap oral tablet 50-300 mg	1	QL (6 tabs/day)
butalbital-acetaminop-caf-cod	1	QL (84 caps/month)
butalbital-acetaminophen	1	QL (6 tabs/day)
butalbital-acetaminophen-caff oral capsule	1	QL (6 caps/day)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	QL (6 caps/day)
butalbital-aspirin-caffeine oral capsule	1	QL (6 caps/day)
butalbital-aspirin-caffeine oral tablet	1	QL (6 tabs/day)
capacet	1	QL (6 caps/day)
fioricet oral capsule	1	QL (6 caps/day)
tencon oral tablet 50-325 mg	1	QL (6 tabs/day)
vanatol s	1	PA QL (90 ml/day)
Nonsteroidal Anti-Inflammatory Drugs		
CAMBIA	3	PA QL (9 packs/month)
carisoprodol-aspirin	1	AL QL (PA required for those 65 years of age or older; 8 tabs/day)
celecoxib oral capsule 100 mg, 200 mg, 50 mg	1	QL (2 caps/day)
celecoxib oral capsule 400 mg	1	QL (1 cap/day)
diclofenac potassium	1	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
diflunisal	1	
etodolac	1	
fenoprofen oral capsule 200 mg	1	QL (4 caps/day)
fenoprofen oral capsule 400 mg	1	QL (8 caps/day)
fenoprofen oral tablet	1	QL (4 tabs/day)
flurbiprofen	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg	1	QL (70 tabs/month)
hydrocodone-ibuprofen oral tablet 5-200 mg	1	QL (112 tabs/month)
ibudone oral tablet 5-200 mg	1	QL (112 tabs/month)
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-oxycodone	1	QL (56 tabs/month)
indomethacin oral	1	
ketoprofen oral capsule	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	
ketorolac oral	1	
meclofenamate	1	
mefenamic acid	1	
meloxicam	1	
nabumetone	1	
naproxen	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen sodium oral tablet, er multiphase 24 hr 375 mg	1	ST QL (use two prescription strength NSAIDS; one of which is naproxen, first; 1 tab/day)

AL - Age Limit

GL - Gender Limit

PA - Prior Authorization

PH - Preventive Health Drugs- \$0 copay if meets criteria

QL - Quantity Limit

ST - Step Therapy

Drug	Tier	Limits/Notes
naproxen sodium oral tablet, er multiphase 24 hr 500 mg	1	ST QL (use two prescription strength NSAIDs; one of which is naproxen, first; 2 tabs/day)
oxaprozin	1	
oxycodone-aspirin	1	QL (168 tabs/month)
piroxicam	1	
profeno	1	QL (4 tabs/day)
salsalate	1	
sulindac	1	
tolmetin	1	
xylon 10	1	QL (70 tabs/month)
Opioid Analgesics, Long-Acting		
buprenorphine	1	PA QL (4 patches/28 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA QL (20 patches/month)
hydromorphone oral tablet extended release 24 hr 12 mg	1	PA QL (5 tabs/day)
hydromorphone oral tablet extended release 24 hr 16 mg	1	PA QL (4 tabs/day)
hydromorphone oral tablet extended release 24 hr 32 mg	1	PA QL (2 tabs/day)
hydromorphone oral tablet extended release 24 hr 8 mg	1	PA QL (1 tab/day)
methadone intensol	1	PA QL (18 ml/day)
methadone oral concentrate	1	PA QL (18 ml/day)
methadone oral solution 10 mg/5 ml	1	PA QL (90 ml/day)
methadone oral solution 5 mg/5 ml	1	PA QL (180 ml/day)
methadone oral tablet 10 mg	1	PA QL (18 tabs/day)
methadone oral tablet 5 mg	1	PA QL (36 tabs/day)
methadone oral tablet,soluble	1	PA QL (5 tabs/day)
methadose oral tablet,soluble	1	PA QL (5 tabs/day)
morphine oral capsule, er multiphase 24 hr 120 mg	1	PA QL (13 caps/day)
morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg	1	PA QL (1 cap/day)
morphine oral capsule, er multiphase 24 hr 90 mg	1	PA QL (3 caps/day)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 30 mg, 50 mg	1	PA QL (2 caps/day)
morphine oral capsule,extend.release pellets 20 mg	1	PA QL (4 caps/day)
morphine oral capsule,extend.release pellets 60 mg, 80 mg	1	PA QL (3 caps/day)
morphine oral tablet extended release 100 mg, 200 mg	1	QL (3 tabs/day)
morphine oral tablet extended release 15 mg, 30 mg	1	QL (6 tabs/day)
morphine oral tablet extended release 60 mg	1	QL (5 tabs/day)
NUCYNTA ER	3	PA QL (2 tabs/day)
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg	1	PA QL (9 tabs/day)
oxycodone oral tablet,oral only,ext.rel.12 hr 15 mg, 20 mg, 30 mg	1	PA QL (6 tabs/day)
oxycodone oral tablet,oral only,ext.rel.12 hr 40 mg, 80 mg	1	PA QL (4 tabs/day)
oxycodone oral tablet,oral only,ext.rel.12 hr 60 mg	1	PA QL (2 tabs/day)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	PA QL (2 tabs/day)
oxymorphone oral tablet extended release 12 hr 40 mg	1	PA QL (4 tabs/day)
tramadol oral capsule,er biphasic 24 hr 17-83	1	ST QL (use tramadol ER first; 1 cap/day)

AL - Age Limit

GL - Gender Limit

PA - Prior Authorization

PH - Preventive Health Drugs- \$0 copay if meets criteria

QL - Quantity Limit

ST - Step Therapy

Drug	Tier	Limits/Notes
tramadol oral capsule,er biphase 24 hr 25-75 100 mg, 200 mg	1	ST QL (use tramadol ER first; 1 cap/day)
tramadol oral capsule,er biphase 24 hr 25-75 150 mg	1	ST QL (use tramadol [Ultram] ir or er first; 2 caps/day)
tramadol oral tablet extended release 24 hr 100 mg	1	ST QL (use tramadol IR first; 3 tabs/day)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	1	ST QL (use tramadol IR first; 1 tab/day)
tramadol oral tablet, er multiphase 24 hr	1	ST QL (use tramadol IR first; 1 tab/day)
Opioid Analgesics, Short-Acting		
acetaminophen-caff-dihydrocod oral capsule	1	PA QL (140 caps/month)
acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg	1	PA QL (140 tabs/month)
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml	1	QL (840 ml/month)
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	QL (1260 ml/month)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	QL (168 tabs/month)
acetaminophen-codeine oral tablet 300-60 mg	1	QL (84 tabs/month)
butorphanol tartrate nasal	1	QL (4 canisters/month at 2 canisters/fill)
carisoprodol-asa-codeine	1	AL QL (PA required for those 65 years of age or older; 8 tabs/day)
codeine sulfate oral tablet 15 mg	1	QL (336 tabs/month)
codeine sulfate oral tablet 30 mg	1	QL (168 tabs/month)
codeine sulfate oral tablet 60 mg	1	QL (84 tabs/month)
endocet oral tablet 10-325 mg	1	QL (84 tabs/month)
endocet oral tablet 2.5-325 mg, 5-325 mg	1	QL (168 tabs/month)
endocet oral tablet 7.5-325 mg	1	QL (112 tabs/month)
fentanyl citrate	1	PA QL (56 lozenges/month)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	QL (2520 ml/month)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg	1	QL (126 tabs/month)
hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL (168 tabs/month)
hydromorphone oral liquid	1	QL (56 ml/month)
hydromorphone oral tablet 2 mg	1	QL (154 tabs/month)
hydromorphone oral tablet 4 mg	1	QL (84 tabs/month)
hydromorphone oral tablet 8 mg	1	QL (42 tabs/month)
hydromorphone rectal	1	QL (112 suppositories/month)
lorcet (hydrocodone)	1	QL (168 tabs/month)
lorcet hd	1	QL (126 tabs/month)
lorcet plus oral tablet 7.5-325 mg	1	QL (168 tabs/month)
lortab elixir oral solution 10-300 mg/15 ml	1	QL (945 ml/month)
meperidine oral solution	1	AL QL (PA required for those 65 years of age or older; 1260 ml/month)
meperidine oral tablet 100 mg	1	AL QL (PA required for those 65 years of age or older; 126 tabs/month)
meperidine oral tablet 50 mg	1	AL QL (PA required for those 65 years of age or older; 252 tabs/month)
morphine concentrate oral solution	1	QL (70 ml/month)
morphine oral solution 10 mg/5 ml	1	QL (630 ml/month)
morphine oral solution 20 mg/5 ml (4 mg/ml)	1	QL (84 ml/month)
morphine oral tablet 15 mg	1	QL (84 tabs/month)
morphine oral tablet 30 mg	1	QL (42 tabs/month)

AL - Age Limit

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PA - Prior Authorization

QL - Quantity Limit

PH - Preventive Health Drugs- \$0 copay if meets criteria

ST - Step Therapy

Drug	Tier	Limits/Notes
morphine rectal suppository 10 mg	1	QL (126 suppositories/month)
morphine rectal suppository 20 mg	1	QL (70 suppositories/month)
morphine rectal suppository 30 mg	1	QL (42 suppositories/month)
morphine rectal suppository 5 mg	1	QL (168 suppositories/month)
oxycodone oral capsule	1	QL (168 caps/month)
oxycodone oral concentrate	1	QL (42 ml/month)
oxycodone oral solution	1	QL (840 ml/month)
oxycodone oral syringe	1	PA QL (3 ml/day)
oxycodone oral tablet 10 mg	1	QL (84 tabs/month)
oxycodone oral tablet 15 mg	1	QL (56 tabs/month)
oxycodone oral tablet 20 mg	1	QL (42 tabs/month)
oxycodone oral tablet 30 mg	1	QL (28 tabs/month)
oxycodone oral tablet 5 mg	1	QL (168 tabs/month)
oxycodone-acetaminophen oral solution	1	QL (840 ml/month)
oxycodone-acetaminophen oral tablet 10-325 mg	1	QL (84 tabs/month)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	1	QL (168 tabs/month)
oxycodone-acetaminophen oral tablet 7.5-325 mg	1	QL (112 tabs/month)
oxymorphone oral tablet 10 mg	1	PA QL (56 tabs/month)
oxymorphone oral tablet 5 mg	1	PA QL (84 tabs/month)
pentazocine-naloxone	1	AL QL (PA required for those 65 years of age or older; 18 tabs/day)
primlev oral tablet 10-300 mg	1	QL (84 tabs/month)
primlev oral tablet 5-300 mg	1	QL (168 tabs/month)
primlev oral tablet 7.5-300 mg	1	QL (112 tabs/month)
tramadol oral tablet	1	QL (112 tabs/month)
tramadol-acetaminophen	1	QL (12 tabs/day)
verdrocet	1	QL (168 tabs/month)
vicodin	1	QL (168 tabs/month)
vicodin es	1	QL (168 tabs/month)
vicodin hp	1	QL (126 tabs/month)
Anesthetics		
Local Anesthetics		
glydo	1	
lidocaine hcl mucous membrane jelly	1	
lidocaine hcl mucous membrane jelly in applicator	1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	
lidocaine topical adhesive patch,medicated	1	QL (90 patches/month)
lidocaine topical ointment	1	QL (240 gm/month)
lidocaine viscous	1	
lidocaine-prilocaine topical cream	1	QL (30 gm/month)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
acamprosate	1	
disulfiram	1	
revia	1	

AL - Age Limit

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ST - Step Therapy

Drug	Tier	Limits/Notes
Opioid Antagonists		
buprenorphine hcl sublingual tablet 2 mg	1	PA QL (12 tabs/day)
buprenorphine hcl sublingual tablet 8 mg	1	PA QL (3 tabs/day)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	PA QL (12 tabs/day)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	PA QL (3 tabs/day)
naltrexone	1	
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	QL (2 films/day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	2	QL (5 films/day)
SUBOXONE SUBLINGUAL FILM 8-2 MG	2	QL (3 films/day)
Opioid Reversal Agents		
naloxone injection solution	1	QL (two 1 ml vials/month)
naloxone injection syringe	1	QL (2 syringes/month)
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	QL (2 doses/month)
Smoking Cessation Agents		
bupropion hcl (smoking deter)	1	QL (2 tabs/day); PH
CHANTIX	2	QL (2 tabs/day); PH
CHANTIX CONTINUING MONTH BOX	2	QL (2 tabs/day); PH
CHANTIX STARTING MONTH BOX	2	QL (1 starting month box/28 days); PH
NICOTROL	2	QL (16 cartridges/day); PH
NICOTROL NS	2	QL (16 cartridges/day); PH
Antibacterials		
Aminoglycosides		
gentak ophthalmic (eye) ointment	1	
gentamicin ophthalmic (eye)	1	
gentamicin topical	1	
neomycin	1	
neomycin-polymyxin b gu	1	PA QL (1 ml/day)
neomycin-polymyxin-gramicidin	1	
paromomycin	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	PA QL (224 caps/2 months)
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	
TOBRADEX ST	3	QL (1 bottle/fill)
tobramycin	1	
tobramycin in 0.225 % nacl	4	PA QL (1 box/2 months)
tobramycin-dexamethasone	1	
TOBREX OPHTHALMIC (EYE) OINTMENT	2	
ZYLET	2	
Antibacterials, Other		
amoxicil-clarithromy-lansopraz	1	QL (one 14-day course/month)
bacitracin ophthalmic (eye)	1	
bacitracin-polymyxin b ophthalmic (eye)	1	
CLEOCIN VAGINAL SUPPOSITORY	2	QL (3 supp./fill)
clindacin etz topical swab	1	
clindacin p	1	
clindamycin hcl	1	

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Drug	Tier	Limits/Notes
clindamycin palmitate hcl	1	
clindamycin pediatric	1	
clindamycin phosphate topical foam	1	QL (1 can/month)
clindamycin phosphate topical gel	1	
clindamycin phosphate topical lotion	1	
clindamycin phosphate topical solution	1	
clindamycin phosphate topical swab	1	
clindamycin phosphate vaginal	1	
CLINDESSE	2	
linezolid oral	1	PA
mafenide acetate	1	
methenamine hippurate	1	
metronidazole oral	1	
metronidazole topical cream	1	
metronidazole topical lotion	1	
metronidazole vaginal	1	
mupirocin	1	
mupirocin calcium	1	
neomycin-bacitracin-poly-hc	1	
neomycin-bacitracin-polymyxin	1	
neomycin-polymyxin b-dexameth	1	
neomycin-polymyxin-hc	1	
neo-polycin	1	
neo-polycin hc	1	
nitrofurantoin	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd/m-cryst	1	
polycin	1	
polymyxin b sulf-trimethoprim	1	
rosadan topical cream	1	
silver sulfadiazine	1	
trimethoprim	1	
vancomycin oral capsule	1	
XIFAXAN ORAL TABLET 200 MG	3	PA QL (8 tabs/day)
XIFAXAN ORAL TABLET 550 MG	3	PA QL (3 tabs/day)
Beta-Lactam, Cephalosporins		
cefaclor oral capsule	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	1	QL (14 tabs/fill)
cefadroxil oral capsule	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet	1	
cefdinir	1	

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Drug	Tier	Limits/Notes
cefditoren pivoxil	1	
cefixime	1	
cefpodoxime	1	
cefprozil	1	
ceftibuten	1	
cefuroxime axetil oral suspension for reconstitution 125 mg/5 ml	1	
cefuroxime axetil oral tablet	1	
cephalexin	1	
Beta-Lactam, Penicillins		
amoxicillin oral capsule	1	
amoxicillin oral suspension for reconstitution	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet, chewable 125 mg, 250 mg, 400 mg	1	
amoxicillin-pot clavulanate oral suspension for reconstitution	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg	1	
amoxicillin-pot clavulanate oral tablet 875-125 mg	1	QL (2 tabs/day)
amoxicillin-pot clavulanate oral tablet extended release 12 hr	1	
amoxicillin-pot clavulanate oral tablet, chewable	1	
ampicillin oral capsule	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
dicloxacillin	1	
penicillin v potassium	1	
Macrolides		
AZASITE	3	
azithromycin oral	1	
clarithromycin oral suspension for reconstitution	1	
clarithromycin oral tablet	1	QL (42 tabs/fill)
clarithromycin oral tablet extended release 24 hr	1	QL (42 tabs/fill)
ERYPED 400	2	
ERY-TAB	2	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	2	
erythromycin ethylsuccinate oral suspension for reconstitution	1	
erythromycin ethylsuccinate oral tablet	1	
erythromycin ophthalmic (eye)	1	
erythromycin oral capsule, delayed release (dr/ec)	1	
erythromycin oral tablet	1	
Quinolones		
BESIVANCE	3	QL (5 ml/month)
CILOXAN OPHTHALMIC (EYE) OINTMENT	2	
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg	1	QL (14 tabs/fill)
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 500 mg	1	QL (3 tabs/fill)
ciprofloxacin hcl ophthalmic (eye)	1	
ciprofloxacin hcl oral	1	QL (2 tabs/day)
ciprofloxacin hcl otic (ear)	1	

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Drug	Tier	Limits/Notes
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml	1	QL (2 bottles/fill)
ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml	1	QL (3 bottles/fill)
gatifloxacin	1	QL (one 2.5 ml bottle/month)
levofloxacin ophthalmic (eye)	1	
levofloxacin oral solution	1	QL (300 ml/fill)
levofloxacin oral tablet	1	QL (10 tabs/fill)
MOXEZA	2	
moxifloxacin ophthalmic (eye)	1	
moxifloxacin oral	1	QL (10 tabs/fill)
ofloxacin ophthalmic (eye)	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
ofloxacin otic (ear)	1	
Sulfonamides		
AVC VAGINAL	2	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium ophthalmic (eye) drops	1	
sulfadiazine	1	
sulfamethoxazole-trimethoprim oral	1	
Tetracyclines		
avidoxy	1	
demeclocycline	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg	1	
doxycycline hyclate oral tablet 150 mg, 75 mg	1	PA QL (1 tab/day)
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 75 mg	1	PA
doxycycline hyclate oral tablet,delayed release (dr/ec) 150 mg, 200 mg	1	PA QL (1 tab/day)
doxycycline hyclate oral tablet,delayed release (dr/ec) 50 mg	1	PA QL (2 tabs/day)
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral suspension for reconstitution	1	
doxycycline monohydrate oral tablet	1	
minocycline oral capsule	1	
minocycline oral tablet	1	
minocycline oral tablet extended release 24 hr	1	PA QL (1 tab/day)
mondoxyne nl	1	
morgidox	1	
okebo	1	
tetracycline	1	
VIBRAMYCIN ORAL SYRUP	2	
Anticonvulsants		
Anticonvulsants, Other		
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
levetiracetam oral tablet extended release 24 hr 500 mg	1	QL (6 tabs/day)

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Drug	Tier	Limits/Notes
levetiracetam oral tablet extended release 24 hr 750 mg	1	QL (4 tabs/day)
phenobarbital	1	
roweepra	1	
Calcium Channel Modifying Agents		
ethosuximide	1	
zonisamide	1	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
divalproex	1	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5 ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
GABITRIL ORAL TABLET 12 MG, 16 MG	2	
GRALISE 30-DAY STARTER PACK	3	PA QL (1 pack/month)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA QL (1 tab/day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA QL (3 tabs/day)
ONFI ORAL SUSPENSION	2	ST QL (use clonazepam, felbamate, lamotrigine, or topiramate first; 16 ml/day)
ONFI ORAL TABLET 10 MG, 20 MG	2	ST QL (use clonazepam, felbamate, lamotrigine, or topiramate first; 2 tabs/day)
primidone	1	
tiagabine	1	
valproic acid	1	
valproic acid (as sodium salt) oral solution	1	
Glutamate Reducing Agents		
felbamate	1	
LAMICTAL STARTER (GREEN) KIT	2	
LAMICTAL STARTER (ORANGE) KIT	2	
lamotrigine oral tablet	1	
lamotrigine oral tablet disintegrating, dose pk	1	PA QL (1 starter pack/month)
lamotrigine oral tablet extended release 24hr 100 mg, 25 mg, 50 mg	1	ST QL (use generic lamotrigine immediate-release first; 1 tab/day)
lamotrigine oral tablet extended release 24hr 200 mg	1	ST QL (use generic lamotrigine immediate-release first; 3 tabs/day)
lamotrigine oral tablet extended release 24hr 250 mg, 300 mg	1	ST QL (use generic lamotrigine immediate-release first; 2 tabs/day)
lamotrigine oral tablet, chewable dispersible	1	
lamotrigine oral tablet, disintegrating	1	PA
lamotrigine oral tablets, dose pack	1	
topiramate oral capsule, sprinkle	1	
topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg	1	PA QL (1 cap/day)
topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg	1	PA QL (2 caps/day)
topiramate oral tablet	1	
Sodium Channel Agents		
DILANTIN	2	
DILANTIN EXTENDED	2	
DILANTIN INFATABS	2	

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Drug	Tier	Limits/Notes
DILANTIN-125	2	
oxcarbazepine oral suspension	1	QL (40 ml/day)
oxcarbazepine oral tablet 150 mg, 300 mg	1	QL (2 tabs/day)
oxcarbazepine oral tablet 600 mg	1	QL (4 tabs/day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	3	ST QL (use oxcarbazepine immediate release first; 1 tab/day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	ST QL (use oxcarbazepine immediate release first; 4 tabs/day)
phenytoin oral suspension	1	
phenytoin oral tablet, chewable	1	
phenytoin sodium extended	1	
VIMPAT ORAL SOLUTION	3	ST QL (use two of the following first: clonazepam, felbamate, lamotrigine, or topiramate; 40 ml/day)
VIMPAT ORAL TABLET	3	ST QL (use two of the following first: clonazepam, felbamate, lamotrigine, or topiramate; 2 tabs/day)
Antidementia Agents		
Antidementia Agents, Other		
ergoloid	1	
Cholinesterase Inhibitors		
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	1	ST QL (use donepezil 5mg or 10mg first; 1 tab/day)
donepezil oral tablet, disintegrating	1	
galantamine	1	
rivastigmine	1	QL (1 patch/day)
rivastigmine tartrate	1	
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
memantine oral solution	1	
memantine oral tablet	1	QL (2 tabs/day)
memantine oral tablets, dose pack	1	
NAMENDA XR	2	QL (1 cap/day)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	2	QL (1 pack/6 months)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR	2	QL (1 cap/day)
Antidepressants		
Antidepressants, Other		
bupropion hcl oral tablet 100 mg	1	QL (4 tabs/day)
bupropion hcl oral tablet 75 mg	1	QL (6 tabs/day)
bupropion hcl oral tablet extended release 12 hr 100 mg	1	QL (4 tabs/day)
bupropion hcl oral tablet extended release 12 hr 150 mg	1	QL (3 tabs/day)
bupropion hcl oral tablet extended release 12 hr 200 mg	1	QL (2 tabs/day)
bupropion hcl oral tablet extended release 24 hr 150 mg	1	QL (3 tabs/day)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	QL (1 tab/day)
maprotiline	1	
mirtazapine	1	
nefazodone	1	
trazodone	1	

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Drug	Tier	Limits/Notes
TRINTELLIX	3	ST QL (use two preferred antidepressants: an SSRI, bupropion IR/ER, venlafaxine IR/ER, duloxetine, or Pristiq first; 1 tab/day)
Monoamine Oxidase Inhibitors		
phenelzine	1	
tranylcypromine	1	
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)		
paroxetine mesylate	1	QL (1 cap/day)
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
citalopram	1	QL (40 mg/day)
desvenlafaxine succinate	1	QL (1 tab/day)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg	1	QL (3 caps/day)
duloxetine oral capsule,delayed release(dr/ec) 40 mg, 60 mg	1	QL (2 caps/day)
escitalopram oxalate	1	
fluoxetine oral capsule	1	
fluoxetine oral capsule,delayed release(dr/ec)	1	QL (4 caps/month)
fluoxetine oral solution	1	
fluoxetine oral tablet 10 mg, 20 mg	1	
fluoxetine oral tablet 60 mg	3	
fluvoxamine oral capsule,extended release 24hr 100 mg	1	ST QL (use fluvoxamine ir tabs first; 3 caps/day)
fluvoxamine oral capsule,extended release 24hr 150 mg	1	ST QL (use fluvoxamine ir tabs first; 2 caps/day)
fluvoxamine oral tablet	1	
paroxetine hcl oral tablet	1	
paroxetine hcl oral tablet extended release 24 hr	1	
sertraline	1	
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	QL (2 caps/day)
venlafaxine oral capsule,extended release 24hr 75 mg	1	QL (3 caps/day)
venlafaxine oral tablet	1	
venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg	1	QL (1 tab/day)
VIIBRYD ORAL TABLET	3	ST QL (use 2 preferred antidepressants first; 1 tab/day)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	ST QL (use 2 preferred antidepressants first; 1 pack/month)
Tricyclics		
amitriptyline	1	
amoxapine	1	
clomipramine	1	
desipramine	1	
imipramine hcl	1	
imipramine pamoate	1	
nortriptyline	1	
protriptyline	1	
trimipramine	1	

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Drug	Tier	Limits/Notes
Antiemetics		
Antiemetics, Other		
chlorpromazine oral	1	
compazine rectal	1	
compro	1	
DICLEGIS	3	PA QL (4 tabs/day)
hydroxyzine hcl oral solution 10 mg/5 ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate	1	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet,disintegrating	1	PA QL (4 tabs/day)
phenadoz	1	
phenergan rectal	1	
prochlorperazine	1	
prochlorperazine maleate	1	
promethazine oral	1	
promethazine rectal	1	
promethegan	1	
scopolamine base	1	
trimethobenzamide oral	1	
Emetogenic Therapy Adjuncts		
ANZEMET ORAL	2	QL (1 tab/fill)
aprepitant oral capsule 125 mg	1	PA QL (1 cap/7 days)
aprepitant oral capsule 40 mg	1	PA QL (1 cap/month)
aprepitant oral capsule 80 mg	1	PA QL (2 caps/7 days)
aprepitant oral capsule,dose pack	1	QL (3 caps/7 days)
dronabinol	1	QL (6 caps/day)
granisetron hcl oral	1	QL (2 tabs/fill)
ondansetron	1	QL (3 tabs/day)
ondansetron hcl oral solution	1	QL (1 bottle/fill)
ondansetron hcl oral tablet 24 mg	1	QL (1 tab/fill)
ondansetron hcl oral tablet 4 mg, 8 mg	1	QL (3 tabs/day)
Antifungals		
Antifungals		
ciclodan	1	
ciclopirox	1	
clotrimazole mucous membrane	1	
clotrimazole-betamethasone	1	
econazole	1	
fluconazole	1	
flucytosine	1	
griseofulvin microsize	1	
griseofulvin ultramicrosize	1	
gynazole-1	1	

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Drug	Tier	Limits/Notes
itraconazole	1	PA
JUBLIA	3	PA QL (4 ml/month)
ketoconazole oral	1	
ketoconazole topical cream	1	
ketoconazole topical foam	1	ST (use topical ketoconazole 2% cream or shampoo first)
ketoconazole topical shampoo	1	
miconazole-3 vaginal suppository	1	
naftifine	1	ST (use one preferred topical antifungal first)
NOXAFIL ORAL SUSPENSION	2	PA
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC)	2	PA QL (3 tabs/day)
nyamyc	1	
nyata	1	
nystatin oral powder 150 million unit, 500 million unit	1	
nystatin oral suspension	1	
nystatin oral tablet	1	
nystatin topical	1	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole	1	ST (use one preferred topical antifungal first)
selenium sulfide topical lotion	1	QL (1 bottle/month)
terbinafine hcl oral	1	QL (30 tabs/month)
terconazole	1	
voriconazole oral	1	PA
Antigout Agents		
Antigout Agents		
allopurinol	1	
colchicine oral capsule	1	QL (2 caps/day)
colchicine oral tablet	1	QL (4 tabs/day)
probenecid	1	
probenecid-colchicine	1	
ULORIC	2	ST QL (use allopurinol first; 1 tab/day)
Antihyperlipidemics		
Anti-Pcsk-9 Monoclonal Antibodies		
PRALUENT PEN	4	PA QL (2 pen injectors/month)
Anti-Inflammatory Agents		
Glucocorticoids		
ANALPRAM-HC TOPICAL	2	
EPIFOAM	2	
hydrocortisone-acetic acid	1	
MEDROL ORAL TABLET 2 MG	2	
methylprednisolone	1	
pramcort	1	
PRAMOSONE TOPICAL LOTION	2	

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Drug	Tier	Limits/Notes
Antimigraine Agents		
Ergot Alkaloids		
ergotamine-caffeine	1	QL (10 tabs/week)
migergot	1	QL (5 suppositories/week)
Serotonin (5-HT) 1B/1D Receptor Agonists		
almotriptan malate	1	ST QL (use two of the following first: naratriptan, rizatriptan, sumatriptan or zolmitriptan; 24 tabs/month)
eletriptan hbr	1	ST QL (use two of the following first: naratriptan, rizatriptan, sumatriptan or zolmitriptan; 18 tabs/month)
frovatriptan	1	ST QL (use two of the following first: naratriptan, rizatriptan, sumatriptan or zolmitriptan; 27 tabs/month)
naratriptan	1	QL (18 tabs/month)
rizatriptan	1	QL (24 tabs/month)
sumatriptan	1	QL (18 nasal sprays/month)
sumatriptan succinate oral	1	QL (18 tabs/month)
sumatriptan succinate subcutaneous cartridge	1	QL (16 injections/month at 4 injections/fill)
sumatriptan succinate subcutaneous pen injector	1	QL (16 injections/month at 4 injections/fill)
sumatriptan succinate subcutaneous solution	1	QL (16 injections/month at 4 injections/fill)
zolmitriptan	1	QL (18 tabs/month)
ZOMIG NASAL	3	ST QL (use sumatriptan nasal first; 18 doses/month)
Antimyasthenic Agents		
Parasympathomimetics		
guanidine	1	
MESTINON ORAL SYRUP	2	QL (50 ml/day)
pyridostigmine bromide oral tablet	1	QL (25 tabs/day)
pyridostigmine bromide oral tablet extended release	1	QL (6 tabs/day)
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	1	
rifabutin	1	
Antituberculars		
ethambutol	1	
isoniazid oral	1	
PRIFTIN	2	
pyrazinamide	1	
rifampin oral	1	
Antineoplastics		
Alkylating Agents		
cyclophosphamide oral capsule	2	
GLEOSTINE	2	
LEUKERAN	2	
MATULANE	2	
melphalan	1	
MYLERAN	2	
femozolomide	4	

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Drug	Tier	Limits/Notes
Antiandrogens		
bicalutamide	1	GL (covered for males only)
flutamide	1	
XTANDI	4	PA QL (4 caps/day)
ZYTIGA ORAL TABLET 250 MG	4	PA QL (4 tabs/day)
ZYTIGA ORAL TABLET 500 MG	4	PA QL (2 tabs/day)
Antiangiogenic Agents		
REVLIMID	4	PA QL (1 cap/day)
Antiestrogens/Modifiers		
EMCYT	2	
FARESTON	2	
tamoxifen	1	PH
Antimetabolites		
capecitabine	4	
hydroxyurea	1	
mercaptopurine	1	
TABLOID	2	
Antineoplastics, Other		
PICATO TOPICAL GEL 0.015 %	2	QL (3 doses/month)
PICATO TOPICAL GEL 0.05 %	2	QL (2 doses/month)
Antineoplastics		
leucovorin calcium oral	1	
MESNEX ORAL	2	
Aromatase Inhibitors, 3Rd Generation		
anastrozole	1	GL (PA required if male)
exemestane	1	GL (PA required if male)
letrozole	1	GL (PA required if male)
Enzyme Inhibitors		
HYCANTIN ORAL	4	Not available through mail-service
Molecular Target Inhibitors		
BOSULIF ORAL TABLET 100 MG	4	PA QL (4 tabs/day)
BOSULIF ORAL TABLET 500 MG	4	PA QL (1 tab/day)
imatinib oral tablet 100 mg	4	PA QL (8 tabs/day)
imatinib oral tablet 400 mg	4	PA QL (2 tabs/day)
SPRYCEL ORAL TABLET 100 MG, 140 MG	4	PA QL (1 tab/day)
SPRYCEL ORAL TABLET 20 MG, 50 MG	4	PA QL (3 tabs/day)
SPRYCEL ORAL TABLET 70 MG, 80 MG	4	PA QL (2 tabs/day)
Retinoids		
tretinoin (chemotherapy)	1	QL (9 caps/day)
Antiparasitics		
Anthelmintics		
ivermectin	1	QL (20 tabs/fill)
Antiprotozoals		
atovaquone	1	PA
atovaquone-proguanil oral tablet 250-100 mg	1	QL (1 tab/day)

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Drug	Tier	Limits/Notes
atovaquone-proguanil oral tablet 62.5-25 mg	1	QL (3 tabs/day)
chloroquine phosphate	1	
COARTEM	2	QL (24 tabs/fill)
DARAPRIM	2	PA
hydroxychloroquine	1	
mefloquine	1	QL (4 tabs/fill)
primaquine	1	
quinine sulfate	1	QL (6 caps/day)
finidazole oral tablet 250 mg	1	QL (40 tabs/fill)
finidazole oral tablet 500 mg	1	QL (20 tabs/fill)
Pediculicides/Scabicides		
EURAX	2	
lindane topical shampoo	1	
malathion	1	
permethrin topical cream	1	
spinosad	1	QL (1 bottle/fill)
Antiparkinson Agents		
Anticholinergics		
benztropine oral	1	
trihexyphenidyl	1	
Antiparkinson Agents, Other		
entacapone	1	QL (8 tabs/day)
Dopamine Agonists		
bromocriptine	1	
pramipexole oral tablet	1	
pramipexole oral tablet extended release 24 hr	1	QL (1 tab/day)
ropinirole oral tablet	1	
ropinirole oral tablet extended release 24 hr 12 mg	1	QL (2 tabs/day)
ropinirole oral tablet extended release 24 hr 2 mg, 4 mg, 6 mg	1	QL (1 tab/day)
ropinirole oral tablet extended release 24 hr 8 mg	1	QL (3 tabs/day)
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
carbidopa	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet extended release	1	
carbidopa-levodopa oral tablet, disintegrating	1	QL (8 tabs/day)
carbidopa-levodopa-entacapone	1	
Monoamine Oxidase B (Mao-B) Inhibitors		
rasagiline	1	QL (1 tab/day)
selegiline hcl	1	
Antipsychotics		
1st Generation/Typical		
fluphenazine hcl oral	1	
haloperidol	1	
haloperidol lactate oral	1	
loxapine succinate	1	

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Drug	Tier	Limits/Notes
perphenazine	1	
perphenazine-amitriptyline	1	
pimozide	1	
thioridazine	1	
thiothixene	1	
trifluoperazine	1	
2Nd Generation/Atypical		
aripiprazole oral solution	1	QL (25 ml/day)
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	QL (1 tab/day)
aripiprazole oral tablet 2 mg	1	QL (4 tabs/day)
aripiprazole oral tablet 5 mg	1	QL (2 tabs/day)
aripiprazole oral tablet,disintegrating	1	QL (2 tabs/day)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	ST QL (use risperidone, ziprasidone, quetiapine, quetiapine XR, or olanzapine-fluoxetine first; 1 tab/day)
LATUDA ORAL TABLET 80 MG	3	ST QL (use risperidone, ziprasidone, quetiapine, quetiapine XR, or olanzapine-fluoxetine first; 2 tabs/day)
olanzapine oral	1	
olanzapine-fluoxetine	1	
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	PA QL (1 tab/day)
paliperidone oral tablet extended release 24hr 6 mg	1	PA QL (2 tabs/day)
quetiapine oral tablet	1	
quetiapine oral tablet extended release 24 hr	1	ST (use quetiapine immediate-release first)
risperidone oral solution	1	
risperidone oral tablet	1	
risperidone oral tablet,disintegrating	1	
ziprasidone hcl	1	
Treatment-Resistant		
clozapine	1	
Antispasticity Agents		
Antispasticity Agents		
baclofen	1	
dantrolene	1	
tizanidine	1	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
valganciclovir oral recon soln	1	QL (18 ml/day)
valganciclovir oral tablet	1	QL (2 tabs/day)
Anti-Hepatitis B (Hbv) Agents		
adefovir	1	QL (1 tab/day)
BARACLUDE ORAL SOLUTION	2	QL (3 bottles/month)
entecavir	1	QL (1 tab/day)
EPIVIR HBV ORAL SOLUTION	2	QL (3 bottles/month)
lamivudine oral tablet 100 mg	1	QL (1 tab/day)
PEGASYS PROCLICK	4	PA QL (1 pen/week)
PEGASYS SUBCUTANEOUS SOLUTION	4	PA QL (1 vial/week)

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Drug	Tier	Limits/Notes
PEGASYS SUBCUTANEOUS SYRINGE	4	PA QL (1 syringe/week)
Anti-Hepatitis C (Hcv) Agents		
EPCLUSA	4	PA QL (1 tab/day) genotype 2,3
HARVONI	4	PA QL (1 tab/day) genotype 1,4,5,6
MAVYRET	4	PA QL (3 tabs/day)
moderiba	1	Not available through mail-service
ribasphere	1	Not available through mail-service
ribavirin oral capsule	1	Not available through mail-service
ribavirin oral tablet 200 mg	1	Not available through mail-service
VOSEVI	4	PA QL (1 tab/day)
Antiherpetic Agents		
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet	1	
acyclovir topical	1	PA QL (1 tube/fill)
famciclovir	1	
trifluridine	1	
valacyclovir	1	
ZOVIRAX TOPICAL CREAM	3	PA QL (1 tube/fill)
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
ISENTRESS HD	2	QL (2 tabs/day)
ISENTRESS ORAL POWDER IN PACKET	2	QL (2 packets/day)
ISENTRESS ORAL TABLET	2	QL (4 tabs/day)
ISENTRESS ORAL TABLET,CHEWABLE	2	QL (6 tabs/day)
TIVICAY	2	QL (2 tabs/day)
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA	2	QL (1 tab/day)
EDURANT	2	QL (2 tabs/day)
INTELENCE ORAL TABLET 100 MG	2	QL (4 tabs/day)
INTELENCE ORAL TABLET 200 MG	2	QL (2 tabs/day)
INTELENCE ORAL TABLET 25 MG	2	QL (12 tabs/day)
nevirapine oral suspension	1	QL (40 ml/day)
nevirapine oral tablet	1	QL (2 tabs/day)
nevirapine oral tablet extended release 24 hr 100 mg	1	QL (3 tabs/day)
nevirapine oral tablet extended release 24 hr 400 mg	1	QL (1 tab/day)
RESCRIPTOR ORAL TABLET	2	QL (6 tabs/day)
RESCRIPTOR ORAL TABLET, DISPERSIBLE	2	QL (12 tabs/day)
STRIBILD	2	QL (1 tab/day)
SUSTIVA ORAL CAPSULE 200 MG	2	QL (3 caps/day)
SUSTIVA ORAL CAPSULE 50 MG	2	QL (6 caps/day)
SUSTIVA ORAL TABLET	2	QL (1 tab/day)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
abacavir oral solution	1	QL (30 ml/day)

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Drug	Tier	Limits/Notes
abacavir oral tablet	1	QL (2 tabs/day)
abacavir-lamivudine	1	QL (1 tab/day)
abacavir-lamivudine-zidovudine	1	QL (2 tabs/day)
ATRIPLA	2	QL (1 tab/day)
DESCOVY	2	QL (1 tab/day)
didanosine	1	QL (1 cap/day)
EMTRIVA ORAL CAPSULE	2	QL (1 cap/day)
EMTRIVA ORAL SOLUTION	2	QL (24 ml/day)
lamivudine oral solution	1	QL (30 ml/day)
lamivudine oral tablet 150 mg	1	QL (2 tabs/day)
lamivudine oral tablet 300 mg	1	QL (1 tab/day)
lamivudine-zidovudine	1	QL (2 tabs/day)
ODEFSEY	2	QL (1 tab/day)
stavudine oral capsule	1	QL (2 caps/day)
stavudine oral recon soln	1	QL (80 ml/day)
TRIUMEQ	3	QL (1 tab/day)
TRUVADA	2	QL (1 tab/day)
VIDEX 2 GRAM PEDIATRIC	2	
VIDEX 4 GRAM PEDIATRIC	2	
VIREAD ORAL POWDER	2	QL (3 bottles/month)
VIREAD ORAL TABLET	2	QL (1 tab/day)
ZIAGEN ORAL SOLUTION	2	QL (30 ml/day)
zidovudine oral capsule	1	QL (5 caps/day)
zidovudine oral syrup	1	QL (60 ml/day)
zidovudine oral tablet	1	QL (2 tabs/day)
Anti-Hiv Agents, Other		
SELZENTRY ORAL SOLUTION	2	PA QL (60 ml/day)
SELZENTRY ORAL TABLET 150 MG, 75 MG	2	PA QL (2 tabs/day)
SELZENTRY ORAL TABLET 25 MG	2	PA QL (8 tabs/day)
SELZENTRY ORAL TABLET 300 MG	2	PA QL (4 tabs/day)
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	2	QL (4 caps/day)
APTIVUS ORAL SOLUTION	2	QL (10 ml/day)
CRIXIVAN ORAL CAPSULE 200 MG	2	QL (9 caps/day)
CRIXIVAN ORAL CAPSULE 400 MG	2	QL (6 caps/day)
fosamprenavir	1	QL (4 tabs/day)
INVIRASE ORAL CAPSULE	2	QL (4 caps/day)
INVIRASE ORAL TABLET	2	QL (4 tabs/day)
KALETRA ORAL TABLET	2	QL (4 tabs/day)
LEXIVA ORAL SUSPENSION	2	QL (56 ml/day)
LEXIVA ORAL TABLET	2	QL (4 tabs/day)
lopinavir-ritonavir	1	QL (10 ml/day)
NORVIR ORAL CAPSULE	2	QL (12 caps/day)
NORVIR ORAL SOLUTION	2	QL (15 ml/day)
NORVIR ORAL TABLET	2	QL (12 tabs/day)

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Drug	Tier	Limits/Notes
PREZISTA ORAL SUSPENSION	2	QL (12 ml/day)
PREZISTA ORAL TABLET 150 MG	2	QL (4 tabs/day)
PREZISTA ORAL TABLET 600 MG, 75 MG	2	QL (2 tabs/day)
PREZISTA ORAL TABLET 800 MG	2	QL (1 tab/day)
REYATAZ ORAL CAPSULE 150 MG, 200 MG	2	QL (2 caps/day)
REYATAZ ORAL CAPSULE 300 MG	2	QL (1 cap/day)
REYATAZ ORAL POWDER IN PACKET	2	QL (5 packs/day)
VIRACEPT ORAL TABLET 250 MG	2	QL (9 tabs/day)
VIRACEPT ORAL TABLET 625 MG	2	QL (4 tabs/day)
Anti-Influenza Agents		
amantadine hcl	1	
oseltamivir oral capsule 30 mg	1	QL (40 caps/6 months)
oseltamivir oral capsule 45 mg, 75 mg	1	QL (20 caps/6 months)
oseltamivir oral suspension for reconstitution	1	QL (6 bottles/6 months)
RELENZA DISKHALER	2	QL (2 inhalers/6 months)
rimantadine	1	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	2	QL (6 bottles/6 months)
Anxiolytics		
Anxiolytics, Other		
alprazolam intensol	1	QL (4 ml/day)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	QL (4 tabs/day)
alprazolam oral tablet 2 mg	1	QL (2 tabs/day)
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 3 mg	1	QL (1 tab/day)
alprazolam oral tablet extended release 24 hr 2 mg	1	QL (2 tabs/day)
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg	1	QL (4 tabs/day)
alprazolam oral tablet,disintegrating 2 mg	1	QL (2 tabs/day)
amitriptyline-chlordiazepoxide	1	
bupirone	1	
chlordiazepoxide hcl oral capsule 10 mg	1	QL (30 caps/day)
chlordiazepoxide hcl oral capsule 25 mg	1	QL (12 caps/day)
chlordiazepoxide hcl oral capsule 5 mg	1	QL (60 caps/day)
clonazepam oral tablet 0.5 mg	1	QL (40 tabs/day)
clonazepam oral tablet 1 mg	1	QL (20 tabs/day)
clonazepam oral tablet 2 mg	1	QL (10 tabs/day)
clonazepam oral tablet,disintegrating	1	
diazepam intensol	1	QL (12 bottles/month)
diazepam oral concentrate	1	QL (12 bottles/month)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	QL (60 ml/day)
diazepam oral tablet 10 mg	1	QL (6 tabs/day)
diazepam oral tablet 2 mg	1	QL (30 tabs/day)
diazepam oral tablet 5 mg	1	QL (12 tabs/day)
diazepam rectal	1	QL (1 kit [2 doses]/fill)
doxepin oral	1	
estazolam oral tablet 1 mg	1	QL (2 tabs/day)
estazolam oral tablet 2 mg	1	QL (1 tab/day)

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Drug	Tier	Limits/Notes
lorazepam intensol	1	QL (150 ml/month)
lorazepam oral concentrate	1	QL (150 ml/month)
lorazepam oral tablet 0.5 mg	1	QL (20 tabs/day)
lorazepam oral tablet 1 mg	1	QL (10 tabs/day)
lorazepam oral tablet 2 mg	1	QL (5 tabs/day)
meprobamate	1	AL (PA required for those 65 years of age or older)
oxazepam oral capsule 10 mg	1	QL (12 caps/day)
oxazepam oral capsule 15 mg	1	QL (8 caps/day)
oxazepam oral capsule 30 mg	1	QL (4 caps/day)
quazepam	1	AL QL (PA required for those 65 years of age or older; 1 tab/day)
Benzodiazepines		
clorazepate dipotassium oral tablet 15 mg	1	QL (6 tabs/day)
clorazepate dipotassium oral tablet 3.75 mg	1	QL (24 tabs/day)
clorazepate dipotassium oral tablet 7.5 mg	1	QL (12 tabs/day)
flurazepam oral capsule 15 mg	1	AL QL (PA required for those 65 years of age or older; 2 caps/day)
flurazepam oral capsule 30 mg	1	AL QL (PA required for those 65 years of age or older; 1 cap/day)
femazepam oral capsule 15 mg	1	QL (2 caps/day)
femazepam oral capsule 22.5 mg, 30 mg	1	QL (1 cap/day)
femazepam oral capsule 7.5 mg	1	QL (4 caps/day)
triazolam oral tablet 0.125 mg	1	QL (4 tabs/day)
triazolam oral tablet 0.25 mg	1	QL (2 tabs/day)
Bipolar Agents		
Mood Stabilizers		
carbamazepine oral capsule, er multiphase 12 hr	1	
carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr	1	
carbamazepine oral tablet, chewable	1	
epitol	1	
EQUETRO	2	
lithium carbonate	1	
lithium citrate oral solution 8 meq/5 ml	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose	1	
ACTOPLUS MET XR	2	ST QL (use metformin or pioglitazone first; 1 tab/day)
alogliptin	1	PA QL (1 tab/day)
alogliptin-metformin	1	PA QL (2 tabs/day)
alogliptin-pioglitazone	1	PA QL (1 tab/day)
BYDUREON BCISE	3	PA QL (4 auto injectors/month)
BYDUREON SUBCUTANEOUS PEN INJECTOR	3	PA QL (4 pens/month)
BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED REL RECON	3	PA QL (4 vials/month)
BYETTA	3	PA QL (1 pen/month)

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Drug	Tier	Limits/Notes
chlorpropamide	1	
glimepiride	1	
glipizide	1	
glipizide-metformin	1	
glyburide	1	
glyburide micronized	1	
glyburide-metformin	1	
GLYXAMBI	2	ST QL (use metformin first; 1 tab/day)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	2	ST QL (use metformin first; 2 tabs/day)
INVOKAMET ORAL TABLET 50-500 MG	2	ST QL (use metformin first; 4 tabs/day)
INVOKAMET XR	2	ST QL (use metformin first; 2 tabs/day)
INVOKANA	2	ST QL (use metformin first; 1 tab/day)
JANUMET	2	ST QL (use metformin first; 2 tabs/day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	2	ST QL (use metformin first; 1 tab/day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	2	ST QL (use metformin first; 2 tabs/day)
JANUVIA	2	ST QL (use metformin first; 1 tab/day)
JARDIANCE	2	ST QL (use metformin first; 1 tab/day)
JENTADUETO	2	ST QL (use metformin first; 2 tabs/day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	ST QL (use metformin first; 2 tabs/day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	ST QL (use metformin first; 1 tab/day)
metformin oral tablet	1	
metformin oral tablet extended release 24 hr	1	
miglitol	1	QL (3 tabs/day)
nateglinide	1	
pioglitazone	1	
pioglitazone-glimepiride	1	ST QL (use pioglitazone or glimepiride first; 1 tab/day)
pioglitazone-metformin	1	ST QL (use metformin or pioglitazone first; 3 tabs/day)
repaglinide	1	
repaglinide-metformin	1	PA QL (5 tabs/day)
SYNJARDY	2	ST QL (use metformin first; 2 tabs/day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	ST QL (use metformin first; 2 tabs/day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	ST QL (use metformin first; 1 tab/day)
tolazamide	1	
tolbutamide	1	
TRADJENTA	2	ST QL (use metformin first; 1 tab/day)
TRULICITY	2	ST QL (use metformin first; 1 pen inj/week)
VICTOZA 2-PAK	2	ST QL (use metformin first; 3 pens/month)
VICTOZA 3-PAK	2	ST QL (use metformin first; 3 pens/month)
WELCHOL	2	
Glycemic Agents		
GLUCAGEN HYPOKIT	2	QL (2 injections/fill)
GLUCAGON EMERGENCY KIT (HUMAN)	2	QL (2 kits/fill)

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Drug	Tier	Limits/Notes
Insulins		
APIDRA	3	
APIDRA SOLOSTAR	3	
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50-50	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	2	
HUMULIN N KWIKPEN	3	
HUMULIN R U-100	2	
HUMULIN R U-500 (CONC) KWIKPEN	3	
HUMULIN R U-500 (CONCENTRATED)	2	
LANTUS	2	QL (40 ml/month)
LANTUS SOLOSTAR	2	QL (45 ml/month)
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70-30	2	
NOVOLOG MIX 70-30 FLEXPEN	2	
NOVOLOG PENFILL	2	
TOUJEO SOLOSTAR	2	QL (10 pens/month)
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
ARIXTRA	4	QL (1 syringe/day, max 14 days therapy/2 months)
ELIQUIS ORAL TABLET 2.5 MG	2	QL (2 tabs/day; not to exceed 70 tabs/6 months)
ELIQUIS ORAL TABLET 5 MG	2	QL (2 tabs/day)
enoxaparin subcutaneous solution	4	QL (2 ml/day, max 14 days therapy/2 months)
enoxaparin subcutaneous syringe	4	QL (2 syringes/day, max 14 days therapy/2 months)
heparin (porcine) injection solution	1	
jantoven	1	
PRADAXA	3	PA QL (2 caps/day)
warfarin	1	
XARELTO ORAL TABLET	2	QL (1 tab/day)
XARELTO ORAL TABLETS,DOSE PACK	2	QL (1 starter pack/12 months)
Blood Formation Modifiers		
anagrelide	1	
GRANIX	4	PA
NEUPOGEN	4	PA

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Drug	Tier	Limits/Notes
PROCRIT	4	PA
Coagulants		
BRILINTA	2	QL (2 tabs/day)
tranexamic acid oral	1	QL (30 tabs/month)
Platelet Modifying Agents		
aspirin-dipyridamole	1	
cilostazol	1	
clopidogrel oral tablet 75 mg	1	QL (1 tab/day)
dipyridamole oral	1	
prasugrel	1	QL (1 tab/day)
ticlopidine	1	
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
clonidine	1	
clonidine hcl oral tablet	1	
clonidine hcl oral tablet extended release 12 hr	1	PA AL QL (PA also required if >18 years of age; 4 tabs/day)
clorpres	1	
guanfacine oral tablet	1	
methyldopa	1	
methyldopa-hydrochlorothiazide	1	
midodrine	1	
Angiotensin II Receptor Antagonists		
amlodipine-olmesartan	1	ST QL (use irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, valsartan, or valsartan/HCTZ first; 1 tab/day)
amlodipine-valsartan	1	QL (1 tab/day)
amlodipine-valsartan-hcthiazid	1	QL (1 tab/day)
candesartan oral tablet 16 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 2 tabs/day)
candesartan oral tablet 32 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
candesartan oral tablet 4 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 8 tabs/day)
candesartan oral tablet 8 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 4 tabs/day)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 2 tabs/day)
candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
EDARBI	2	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)

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Drug	Tier	Limits/Notes
EDARBYCLOR	2	ST QL (use two of the following first: losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
eprosartan	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
irbesartan	1	QL (1 tab/day)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1	QL (2 tabs/day)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1	QL (1 tab/day)
losartan oral tablet 100 mg	1	QL (1 tab/day)
losartan oral tablet 25 mg	1	QL (4 tabs/day)
losartan oral tablet 50 mg	1	QL (2 tabs/day)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	1	QL (1 tab/day)
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	1	QL (2 tabs/day)
olmesartan oral tablet 20 mg, 40 mg	1	ST QL (use irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, valsartan, or valsartan/HCTZ first; 1 tab/day)
olmesartan oral tablet 5 mg	1	ST QL (use irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, valsartan, or valsartan/HCTZ first; 3 tabs/day)
olmesartan-amlodipin-hcthiazid	1	ST QL (use irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, valsartan, or valsartan/HCTZ first; 1 tab/day)
olmesartan-hydrochlorothiazide	1	ST QL (use irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, valsartan, or valsartan/HCTZ first; 1 tab/day)
telmisartan oral tablet 20 mg, 40 mg	1	QL (1 tab/day)
telmisartan oral tablet 80 mg	1	QL (2 tabs/day)
telmisartan-amlodipine	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 1 tab/day)
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 3 tabs/day)
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg, 80-25 mg	1	ST QL (use losartan, losartan/hctz, irbesartan, irbesartan/hctz, valsartan, or valsartan/hctz first; 2 tabs/day)
valsartan oral tablet 160 mg, 40 mg, 80 mg	1	QL (2 tabs/day)
valsartan oral tablet 320 mg	1	QL (1 tab/day)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg	1	QL (2 tabs/day)
valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg	1	QL (1 tab/day)
Angiotensin-Converting Enzyme (Ace) Inhibitors		
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg	1	QL (1 cap/day)
amlodipine-benazepril oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg	1	
amlodipine-benazepril oral capsule 5-40 mg	1	QL (2 caps/day)
benazepril oral tablet 10 mg, 20 mg, 5 mg	1	QL (1 tab/day)
benazepril oral tablet 40 mg	1	QL (2 tabs/day)
benazepril-hydrochlorothiazide	1	
captopril	1	
captopril-hydrochlorothiazide	1	

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Drug	Tier	Limits/Notes
enalapril maleate	1	
enalapril-hydrochlorothiazide	1	
fosinopril oral tablet 10 mg, 20 mg	1	QL (1 tab/day)
fosinopril oral tablet 40 mg	1	QL (2 tabs/day)
fosinopril-hydrochlorothiazide	1	
lisinopril	1	
lisinopril-hydrochlorothiazide	1	
moexipril	1	
moexipril-hydrochlorothiazide	1	
perindopril erbumine oral tablet 2 mg, 4 mg	1	QL (1 tab/day)
perindopril erbumine oral tablet 8 mg	1	QL (2 tabs/day)
quinapril	1	
quinapril-hydrochlorothiazide	1	
ramipril	1	
trandolapril	1	
trandolapril-verapamil	1	
Antiarrhythmics		
amiodarone oral	1	
diltiazem hcl oral capsule,ext.rel 24h degradable	1	
diltiazem hcl oral capsule,extended release 12 hr	1	
diltiazem hcl oral capsule,extended release 24 hr	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg	1	
diltiazem hcl oral tablet	1	
dilt-xr	1	
disopyramide phosphate oral capsule	1	
dofetilide	1	
flecainide	1	
mexiletine	1	
MULTAQ	2	QL (2 tabs/day)
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	2	QL (8 caps/day)
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG	2	QL (5 caps/day)
pacerone oral tablet 200 mg	1	
propafenone	1	
quinidine gluconate oral	1	
quinidine sulfate oral tablet	1	
sorine	1	
sotalol af	1	
sotalol oral	1	
taztia xt	1	
Beta-Adrenergic Blocking Agents		
acebutolol	1	
atenolol	1	
atenolol-chlorthalidone	1	
betaxolol oral	1	
bisoprolol fumarate	1	

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Drug	Tier	Limits/Notes
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	QL (1 tab/day)
BYSTOLIC ORAL TABLET 20 MG	2	QL (2 tabs/day)
carvedilol	1	
carvedilol phosphate	1	ST (use carvedilol first)
labetalol oral	1	
metoprolol succinate	1	
metoprolol ta-hydrochlorothiaz	1	
metoprolol tartrate oral	1	
nadolol	1	
nadolol-bendroflumethiazide	1	
pindolol	1	
propranolol oral	1	
propranolol-hydrochlorothiazid	1	
timolol maleate oral	1	
Calcium Channel Blocking Agents		
afeditab cr	1	
amlodipine	1	
amlodipine-atorvastatin	1	PA QL (1 tab/day)
cartia xt	1	
diltiazem hcl oral capsule,extended release 24hr 240 mg, 300 mg, 360 mg	1	
diltiazem hcl oral tablet extended release 24 hr	1	
felodipine	1	
isradipine	1	
matzim la	1	
nicardipine oral	1	
nifedipine	1	
nimodipine	1	
nisoldipine	1	
verapamil oral	1	
Cardiovascular Agents, Other		
digitek oral tablet 125 mcg	1	AL QL (PA required if 65 years of age or older and > 1 tab/day)
digitek oral tablet 250 mcg	1	AL QL (PA required if 65 years of age or older and > 0.5 tab/day)
digox oral tablet 125 mcg	1	AL QL (PA required if 65 years of age or older and > 1 tab/day)
digox oral tablet 250 mcg	1	AL QL (PA required if 65 years of age or older and > 0.5 tab/day)
digoxin oral solution 50 mcg/ml	1	AL QL (PA required if 65 years of age or older and > 2.5 ml/day)
digoxin oral tablet 125 mcg	1	AL QL (PA required if 65 years of age or older and > 1 tab/day)
digoxin oral tablet 250 mcg	1	AL QL (PA required if 65 years of age or older and > 0.5 tab/day)
pentoxifylline	1	

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Drug	Tier	Limits/Notes
RANEXA	3	PA QL (2 tabs/day)
TEKURNA	3	ST QL (use an ARB and one agent from the following classes first: ACE-inhibitor, beta-blocker, calcium channel blocker, or thiazide diuretic; 1 tab/day)
TEKURNA HCT	3	ST QL (use an ARB and one agent from the following classes first: ACE-inhibitor, beta-blocker, calcium channel blocker, or thiazide diuretic; 1 tab/day)
vecamyl	1	
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide oral tablet	1	
dorzolamide	1	
methazolamide	1	
Diuretics, Loop		
bumetanide oral	1	
ethacrynic acid	1	PA
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet	1	
toremide oral	1	
Diuretics, Potassium-Sparing		
amiloride	1	
amiloride-hydrochlorothiazide	1	
eplerenone	1	
spironolactone	1	
spironolacton-hydrochlorothiaz	1	
triamterene-hydrochlorothiazid	1	
Diuretics, Thiazide		
chlorothiazide	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
hydrochlorothiazide	1	
indapamide	1	
methyclothiazide	1	
metolazone	1	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 130 mg	1	ST QL (use fenofibrate [generic Tricor or generic Lofibra] first; 1 cap/day)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	QL (1 cap/day)
fenofibrate micronized oral capsule 43 mg	1	ST QL (use fenofibrate [generic Tricor or generic Lofibra] first; 2 caps/day)
fenofibrate nanocrystallized oral tablet 145 mg	1	QL (1 tab/day)
fenofibrate nanocrystallized oral tablet 48 mg	1	QL (2 tabs/day)
fenofibrate oral capsule 150 mg	1	ST QL (use fenofibrate [generic Tricor or Lofibra] first; 1 cap/day)
fenofibrate oral capsule 50 mg	1	ST QL (use fenofibrate [generic Tricor or Lofibra] first; 2 caps/day)
fenofibrate oral tablet 120 mg	1	ST QL (use fenofibrate [generic Tricor or generic Lofibra] first; 1 tab/day)
fenofibrate oral tablet 160 mg	1	QL (1 tab/day)

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Drug	Tier	Limits/Notes
fenofibrate oral tablet 40 mg	1	ST QL (use fenofibrate [generic Tricor or generic Lofibra] first; 2 tabs/day)
fenofibrate oral tablet 54 mg	1	QL (2 tabs/day)
fenofibric acid (choline)	1	QL (1 cap/day)
fenofibric acid oral tablet 105 mg	1	QL (1 tab/day)
fenofibric acid oral tablet 35 mg	1	QL (2 tabs/day)
gemfibrozil	1	QL (2.5 tabs/day)
Dyslipidemics, Hmg Coa Reductase Inhibitors		
atorvastatin oral tablet 10 mg, 20 mg	1	QL (1 tab/day); PH
atorvastatin oral tablet 40 mg, 80 mg	1	QL (1 tab/day)
fluvastatin oral capsule	1	PA QL (1 cap/day)
fluvastatin oral tablet extended release 24 hr	1	PA QL (1 tab/day)
LIVALO	3	ST QL (use atorvastatin 80 mg or Crestor 40 mg first; 1 tab/day)
lovastatin oral tablet 10 mg, 20 mg	1	QL (1 tab/day)
lovastatin oral tablet 40 mg	1	QL (2 tabs/day)
pravastatin	1	QL (1 tab/day)
rosuvastatin	1	QL (1 tab/day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL (1 tab/day); PH
simvastatin oral tablet 80 mg	1	QL (1 tab/day)
Dyslipidemics, Other		
cholestyramine (with sugar)	1	
cholestyramine light	1	
colestipol	1	
ezetimibe	1	QL (1 tab/day)
ezetimibe-simvastatin	1	ST QL (use atorvastatin 80 mg or Crestor 40 mg first; 1 tab/day)
niacin oral tablet extended release 24 hr 1,000 mg, 750 mg	1	QL (2 tabs/day)
niacin oral tablet extended release 24 hr 500 mg	1	QL (4 tabs/day)
niacor	1	
omega-3 acid ethyl esters	1	QL (4 caps/day)
prevalite	1	
triklo	1	QL (4 caps/day)
VASCEPA ORAL CAPSULE 0.5 GRAM	3	PA QL (2 caps/day)
VASCEPA ORAL CAPSULE 1 GRAM	3	PA QL (4 caps/day)
Vasodilators, Direct-Acting Arterial/Venous		
isochron	1	
isosorbide dinitrate oral	1	
isosorbide mononitrate	1	
minitran	1	
NITRO-BID	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
nitroglycerin oral	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual	1	

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Drug	Tier	Limits/Notes
nitromist	1	
nitro-time	1	
Vasodilators, Direct-Acting Arterial		
hydralazine oral	1	
minoxidil oral	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	2	AL QL (PA required if > 18 years of age; 2 caps/day; may process at a lower tier for certain plans)
dextroamphetamine oral capsule, extended release 10 mg	1	ST AL QL (use one preferred extended-release ADHD agent first; PA required if > 18 years of age; 6 caps/day)
dextroamphetamine oral capsule, extended release 15 mg	1	ST AL QL (use one preferred extended-release ADHD agent first; PA required if > 18 years of age; 4 caps/day)
dextroamphetamine oral capsule, extended release 5 mg	1	ST AL QL (use one preferred extended-release ADHD agent first; PA required if > 18 years of age; 12 caps/day)
dextroamphetamine oral solution	1	ST AL QL (use one preferred immediate-release ADHD agent first; PA required if > 18 years of age; 40 ml/day)
dextroamphetamine oral tablet 10 mg	1	ST AL QL (use one preferred immediate-release ADHD agent first; PA also required if > 18 years of age; 4 tabs/day)
dextroamphetamine oral tablet 5 mg	1	ST AL QL (use one preferred immediate-release ADHD agent first; PA also required if > 18 years of age; 8 tabs/day)
dextroamphetamine-amphetamine oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg	1	AL QL (PA required if > 18 years of age; 4 tabs/day)
dextroamphetamine-amphetamine oral tablet 12.5 mg	1	AL QL (PA required if > 18 years of age; 5 tabs/day)
dextroamphetamine-amphetamine oral tablet 20 mg	1	AL QL (PA required if > 18 years of age; 3 tabs/day)
dextroamphetamine-amphetamine oral tablet 30 mg	1	AL QL (PA required if > 18 years of age; 2 tabs/day)
procentra	1	ST AL QL (use one preferred immediate-release ADHD agent first; PA required if > 18 years of age; 40 ml/day)
VYVANSE ORAL CAPSULE	2	AL QL (PA required if > 18 years of age; 1 cap/day)
VYVANSE ORAL TABLET,CHEWABLE	2	AL QL (PA required if > 18 years of age; 1 tab/day)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
atomoxetine oral capsule 10 mg, 18 mg, 25 mg	1	AL QL (PA required if >18 years of age; 4 caps/day)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	AL QL (PA required if >18 years of age; 1 cap/day)
atomoxetine oral capsule 40 mg	1	AL QL (PA required if >18 years of age; 2 caps/day)
dexmethylphenidate oral capsule,er biphasic 50-50	1	ST AL QL (use one preferred extended-release ADHD agent first; PA required if > 18 years of age; 1 cap/day)
dexmethylphenidate oral tablet	1	AL QL (PA required if > 18 years of age; 2 tabs/day)
guanfacine oral tablet extended release 24 hr	1	AL QL (PA required if >18 years of age; 1 tab/day)
metadate er	1	ST AL QL (use one preferred extended-release methylphenidate first; PA required if > 18 years of age; 3 tabs/day)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg	1	ST AL QL (use one preferred extended-release methylphenidate first; PA required if > 18 years of age; 2 caps/day)
methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg	1	ST AL QL (use one preferred extended-release methylphenidate first; PA required if > 18 years of age; 1 cap/day)
methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg	1	AL QL (PA required if > 18 years of age; 2 caps/day)
methylphenidate hcl oral capsule,er biphasic 50-50 40 mg, 60 mg	1	AL QL (PA required if > 18 years of age; 1 cap/day)

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Drug	Tier	Limits/Notes
methylphenidate hcl oral solution 10 mg/5 ml	1	ST AL QL (use one preferred immediate-release ADHD agent first; PA required if > 18 years of age; 30 ml/day)
methylphenidate hcl oral solution 5 mg/5 ml	1	ST AL QL (use one preferred immediate-release ADHD agent first; PA required if > 18 years of age; 60 ml/day)
methylphenidate hcl oral tablet 10 mg	1	AL QL (PA required if > 18 years of age; 6 tabs/day)
methylphenidate hcl oral tablet 20 mg	1	AL QL (PA required if > 18 years of age; 3 tabs/day)
methylphenidate hcl oral tablet 5 mg	1	AL QL (PA required if > 18 years of age; 12 tabs/day)
methylphenidate hcl oral tablet extended release 10 mg	1	ST AL QL (use one preferred extended-release methylphenidate first; PA required if > 18 years of age; 6 tabs/day)
methylphenidate hcl oral tablet extended release 20 mg	1	ST AL QL (use one preferred extended-release methylphenidate first; PA required if > 18 years of age; 3 tabs/day)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	1	AL QL (PA required if > 18 years of age; 1 tab/day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	1	AL QL (PA required if > 18 years of age; 2 tabs/day)
methylphenidate hcl oral tablet, chewable	1	AL QL (PA required if > 18 years of age; 6 tabs/day)
QUILLIVANT XR	3	PA QL (12 ml/day)
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG	3	AL QL (PA required if > 18 years of age; 2 caps/day)
Central Nervous System Agents		
benzphetamine oral tablet 25 mg	1	PA QL (3 tabs/day)
benzphetamine oral tablet 50 mg	1	PA
phendimetrazine tartrate	1	PA
Central Nervous System, Other		
adipex-p oral capsule	1	PA
ascomp with codeine	1	QL (84 caps/month)
butalbital compound w/codeine	1	QL (84 caps/month)
butalbital compound-codeine	1	QL (84 caps/month)
caffeine citrate oral	1	
codeine-butalbital-asa-caff	1	QL (84 caps/month)
diethylpropion	1	PA
lomaira	1	PA
NUDEXTA	2	PA QL (2 caps/day)
phentermine	1	PA
riluzole	1	
Fibromyalgia Agents		
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	PA QL (3 caps/day)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	PA QL (2 caps/day)
LYRICA ORAL SOLUTION	3	PA QL (30 ml/day)
SAVELLA ORAL TABLET	3	ST QL (use two different drug class agents from the following: a tri-cyclic antidepressant (TCA), a selective-serotonin reuptake inhibitor (SSRI), a serotonin-norepinephrine reuptake inhibitor (SNRI), tramadol, gabapentin, or cyclobenzaprine first; 2 tabs/day)
Multiple Sclerosis Agents		
AUBAGIO	4	PA QL (1 tab/day)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	QL (1 syringe/day)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	QL (3 syringes/week)

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Drug	Tier	Limits/Notes
GILENYA	4	QL (1 cap/day)
Dental And Oral Agents		
Dental And Oral Agents		
cevimeline	1	
oralone	1	
pilocarpine hcl oral	1	
triamcinolone acetonide dental	1	
Dermatological Agents		
Dermatological Agents		
acitretin	1	
ACZONE TOPICAL GEL WITH PUMP	3	PA QL (90 gm/month)
adapalene topical cream	1	AL (PA required if > 40 years of age)
adapalene topical gel 0.3 %	1	AL (PA required if > 40 years of age)
adapalene topical gel with pump	1	AL (PA required if > 40 years of age)
adapalene topical lotion	1	AL (PA required if > 40 years of age)
adapalene-benzoyl peroxide	1	ST AL (PA required if > 40 years of age; use adapalene or generic benzoyl peroxide first)
ala-cort topical cream 2.5 %	1	
alclometasone	1	
amnestem	1	
anusol-hc topical cream with perineal applicator	1	
avar topical cleanser	1	
avar-e	1	
avar-e green	1	
bensal hp topical ointment 3 %	1	
betamethasone dipropionate	1	
betamethasone valerate topical cream	1	
betamethasone valerate topical lotion	1	
betamethasone valerate topical ointment	1	
betamethasone, augmented	1	
bp 10-1	1	
calcipotriene	1	
calcipotriene-betamethasone	1	PA QL (400 gm/month)
calcitrene	1	
calcitriol topical	1	
cem-urea	1	ST (use two preferred urea products first)
claravis	1	
clinda-benzoyl perox 1-5% pump	1	ST (use clindamycin 1%/benzoyl peroxide 5% gel in jar first)
clindamycin-benzoyl peroxide topical gel	1	
clindamycin-tretinoin	1	ST AL (use topical tretinoin and topical clindamycin first; PA required if > 40 years of age)
clobetasol scalp	1	
clobetasol topical cream	1	
clobetasol topical foam	1	PA
clobetasol topical gel	1	

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Drug	Tier	Limits/Notes
clobetasol topical lotion	1	ST (use clobetasol cream, ointment, solution, gel, or cream emollient first)
clobetasol topical ointment	1	
clobetasol topical shampoo	1	ST (use clobetasol cream, ointment, solution, gel, or cream emollient first)
clobetasol-emollient topical cream	1	
clobetasol-emollient topical foam	1	PA
clodan	1	ST (use clobetasol cream, ointment, solution, gel, or cream emollient first)
CONDYLOX TOPICAL GEL	2	
cormax scalp	1	
CORTIFOAM	2	
COSENTYX	4	PA QL (1 syringe/28 days)
COSENTYX (2 SYRINGES)	4	PA QL (2 syringes/28 days)
COSENTYX PEN	4	PA QL (1 pen/28 days)
COSENTYX PEN (2 PENS)	4	PA QL (2 pens/28 days)
dapsone topical	1	PA QL (90 gm/month)
desonide topical cream	1	
desonide topical lotion	1	ST (use two preferred topical steroids in the same potency class first)
desonide topical ointment	1	
desoximetasone	1	ST (use two preferred topical steroids in the same potency class first)
diclofenac sodium topical drops	1	PA QL (1 bottle/month)
diclofenac sodium topical gel 1 %	1	QL (5 tubes/month)
doxycycline monohydrate oral capsule,ir - delay rel,biphase	1	PA QL (1 cap/day; max of 120 caps/5 months)
ELIDEL	2	ST AL QL (PA required for those 12 years of age or older; use medium, high, or very high potency topical steroid first; 1 tube/fill)
EPIDUO FORTE	2	ST AL (PA required if > 40 years of age; use adapalene or generic benzoyl peroxide first)
ery pads	1	
erygel	1	
erythromycin with ethanol	1	
erythromycin-benzoyl peroxide	1	
FINACEA TOPICAL FOAM	3	QL (1 bottle/month)
FINACEA TOPICAL GEL	3	QL (1 tube/month)
fluocinolone	1	
fluocinolone acetonide oil	1	
fluocinolone and shower cap	1	
fluocinonide topical cream 0.05 %	1	
fluocinonide topical cream 0.1 %	1	PA
fluocinonide topical gel	1	
fluocinonide topical ointment	1	
fluocinonide topical solution	1	
fluocinonide-e	1	
fluocinonide-emollient	1	

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Drug	Tier	Limits/Notes
fluorouracil topical cream 5 %	1	
fluorouracil topical solution	1	
flurandrenolide topical lotion	1	PA
flurandrenolide topical ointment	1	PA
fluticasone topical cream	1	
fluticasone topical ointment	1	
halobetasol propionate	1	
hydrocortisone butyrate	1	
hydrocortisone topical cream 2.5 %	1	
hydrocortisone topical cream with perineal applicator	1	
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 2.5 %	1	
hydrocortisone valerate	1	
hydrocortisone-pramoxine rectal cream 1-1 %	1	
imiquimod	1	QL (24 packs/month, max of 48 packs/6 months)
methoxsalen	1	
metronidazole topical gel	1	
metronidazole topical gel with pump	1	
MIRVASO	3	QL (1 tube/month)
mometasone topical solution	1	
myorisan	1	
nolix	1	PA
podofilox	1	
prednicarbate	1	
PROCTOFOAM HC	2	
procto-med hc	1	
procto-pak	1	
proctosol hc topical	1	
proctozone-hc	1	
psorcon	1	ST (use two preferred topical steroids in the same potency class first)
rea lo 39	1	ST (use two preferred urea products first)
rea lo 40 topical lotion	1	
REGRANEX	2	PA
rosadan topical gel	1	
rosanil	1	
salicylic acid topical cream	1	
salicylic acid topical cream,extended release	1	
salicylic acid topical film forming liquid w/appl	1	
salicylic acid topical foam	1	
salicylic acid topical gel	1	
salicylic acid topical liquid 26 %	1	
salicylic acid topical lotion	1	
salicylic acid topical lotion,extended release	1	QL (400 gm/month)
salicylic acid topical shampoo	1	

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ST - Step Therapy

Drug	Tier	Limits/Notes
SANTYL	2	QL (180 grams/month)
scalacort	1	ST (use two preferred topical steroids in the same potency class first)
seb-prev	1	
sss 10-5	1	
sulfacetamide sodium topical cleanser	1	
sulfacetamide sodium topical shampoo	1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %	1	
sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %	1	PA QL (1 bottle/month)
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w)	1	
sulfacetamide sodium-sulfur topical cream 9.8-4.8 %	1	PA QL (1 bottle/month)
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)	1	
sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %	1	PA QL (1 bottle/month)
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	1	
sulfacetamide sodium-sulfur topical suspension 10-5 %	1	
sulfacetamide sodium-sulfur topical suspension 8-4 %	1	PA
sulfacleanse 8-4	1	PA
tacrolimus topical ointment 0.03 %	1	ST AL QL (use a topical steroid from the medium, high or very high potency group first; PA required for those 13 years of age or older; 1 tube/fill)
tacrolimus topical ointment 0.1 %	1	ST AL QL (use a topical steroid from the medium, high or very high potency group first; PA required for those 15 years of age and younger; 1 tube/fill)
tazarotene	1	AL (PA required if > 40 years of age)
TAZORAC TOPICAL CREAM 0.05 %	3	AL (PA required if > 40 years of age)
TAZORAC TOPICAL GEL	3	AL (PA required if > 40 years of age)
TOLAK	2	QL (1 tube/month)
tretinoin	1	AL (PA required if > 40 years of age)
tretinoin microspheres	1	ST AL (use two formulary topical retinoids first; PA required if > 40 years of age)
triamcinolone acetonide topical aerosol	1	ST (use triamcinolone and one other preferred medium potency topical steroid first)
triamcinolone acetonide topical cream	1	
triamcinolone acetonide topical lotion	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm topical cream	1	
umecta topical foam	1	ST (use two preferred urea products first)
urea nail stick	1	
urea topical cream 39 %	1	ST (use two preferred urea products first)
urea topical cream 40 %, 45 %, 50 %	1	
urea topical cream 47 %	1	ST QL (use two preferred urea products first; 1 bottle/month)
urea topical foam	1	ST (use two preferred urea products first)
urea topical gel 45 %	1	ST (use two preferred urea products first)
urea topical lotion 40 %	1	
urea topical lotion 45 %	1	ST (use two preferred urea products first)
zenatane	1	

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ST - Step Therapy

Drug	Tier	Limits/Notes
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
CREON	2	
sodium phenylbutyrate oral powder	4	PA QL (20 gm/day)
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-34,000 - 55,000 UNIT, 15,000-51,000 - 82,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000- 16,000 UNIT, 40,000-136,000- 218,000 UNIT, 5,000-17,000 - 27,000 UNIT	2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
chlordiazepoxide-clidinium	1	
dicyclomine oral capsule	1	
dicyclomine oral solution	1	
dicyclomine oral tablet	1	
ed-spaz	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hyoscyamine sulfate	1	
hyosyne	1	
methscopolamine	1	
nulev	1	
oscimin	1	
oscimin sl	1	
oscimin sr	1	
phenobarb-hyoscy-atropine-scop oral tablet	1	
phenohydro	1	
propantheline	1	
symax fastabs	1	
symax-sl	1	
symax-sr	1	
Gastrointestinal Agents, Other		
anucort-hc	1	
anusol-hc rectal suppository	1	
cromolyn oral	1	
diphenoxylate-atropine	1	
hemmorex-hc rectal suppository 25 mg	1	
hydrocortisone acetate rectal suppository 25 mg	1	
micort-hc topical cream with perineal applicator 2.5 %	1	
ursodiol	1	
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl oral	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	
famotidine oral suspension	1	
famotidine oral tablet 40 mg	1	
nizatidine	1	
pepcid oral tablet 40 mg	1	
ranitidine hcl oral capsule	1	

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Drug	Tier	Limits/Notes
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 300 mg	1	
Irritable Bowel Syndrome Agents		
alosetron	1	PA
AMITIZA	2	ST AL QL (PA required for those less than 18 years of age; use lactulose first; 2 caps/day)
Laxatives		
constulose	1	
enulose	1	
gavilyte-c	1	PH
gavilyte-g	1	PH
gavilyte-n	1	PH
generlac	1	
lactulose	1	
peg 3350-electrolytes	1	PH
peg-3350 with flavor packs	1	PH
peg-electrolyte soln	1	PH
peg-prep	1	PH
SUPREP BOWEL PREP KIT	2	PH
trilyte with flavor packets	1	PH
Protectants		
CARAFATE ORAL SUSPENSION	2	
sucralfate oral tablet	1	
Proton Pump Inhibitors		
DEXILANT	2	ST QL (use omeprazole, pantoprazole, rabeprazole or lansoprazole first; 1 cap/day)
esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg	1	PA
lansoprazole oral capsule, delayed release(dr/ec) 30 mg	1	
omeprazole oral capsule, delayed release(dr/ec)	1	
pantoprazole oral	1	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	2	
rabeprazole	1	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin oral tablet extended release 24 hr 15 mg	1	ST QL (use oxybutynin ir/er or trospium ir/er first; 1 tab/day)
darifenacin oral tablet extended release 24 hr 7.5 mg	1	ST QL (use oxybutynin ir/er or trospium ir/er first; 2 tabs/day)
flavoxate	1	
MYRBETRIQ	2	ST QL (use oxybutynin ir/er or trospium ir/er first; 1 tab/day)
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet	1	
oxybutynin chloride oral tablet extended release 24hr 10 mg	1	QL (3 tabs/day)
oxybutynin chloride oral tablet extended release 24hr 15 mg	1	QL (2 tabs/day)
oxybutynin chloride oral tablet extended release 24hr 5 mg	1	QL (1 tab/day)

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Drug	Tier	Limits/Notes
tolterodine oral capsule,extended release 24hr	1	ST QL (use oxybutynin ir/er or trospium ir/er first; 1 tab/day)
tolterodine oral tablet	1	ST QL (use oxybutynin ir/er or trospium ir/er first; 2 tabs/day)
trospium oral capsule,extended release 24hr	1	QL (1 cap/day)
trospium oral tablet	1	QL (2 tabs/day)
VESICARE ORAL TABLET 10 MG	2	ST QL (use oxybutynin ir/er or trospium ir/er first; 1 tab/day)
VESICARE ORAL TABLET 5 MG	2	ST QL (use oxybutynin ir/er or trospium ir/er first; 2 tabs/day)
Benign Prostatic Hypertrophy Agents		
alfuzosin	1	
doxazosin	1	
dutasteride	1	QL (1 cap/day)
dutasteride-tamsulosin	1	PA QL (1 cap/day)
finasteride oral tablet 5 mg	1	
prazosin	1	
RAPAFLO	3	ST QL (use tamsulosin [Flomax] first; 1 cap/day)
tamsulosin	1	
terazosin	1	
Genitourinary Agents, Other		
bethanechol chloride	1	
CAVERJECT	2	GL PA QL (covered for males only; 6 inj./month if approved; not covered through mail service; not covered for all plans)
CAVERJECT IMPULSE	2	GL PA QL (covered for males only; 6 inj./month if approved; not covered through mail service; not covered for all plans)
EDEX	2	GL PA QL (covered for males only; 6 inj./month if approved; not covered through mail service; not covered for all plans)
ELMIRON	2	
LEVITRA	2	GL PA QL (covered for males only; not available through mail-service; not covered for all plans; 6 tabs/month)
MUSE	2	GL PA QL (covered for males only; 6 supp/month if approved; not covered through mail service; not covered for all plans)
phenazopyridine oral tablet 100 mg, 200 mg	1	
VIAGRA	2	GL PA QL (covered for males only; not available through mail-service; not covered for all plans; 6 tabs/month)
Phosphate Binders		
lanthanum	1	
RENVELA	2	
sevelamer carbonate	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
fludrocortisone	1	
mometasone topical cream	1	
mometasone topical ointment	1	

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Drug	Tier	Limits/Notes
Glucocorticoids		
hydrocortisone oral	1	
Progestins		
opcicon one-step	1	QL (1 tab/fill); PH
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin nasal	1	
desmopressin oral	1	
NUTROPIN AQ NUSPIN	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM	4	PA QL (4 tabs/day)
misoprostol	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
oxandrolone	1	PA
Androgens		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	2	PA QL (2 bottles/month; may process at a lower tier for certain plans)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	2	PA QL (1 packet/day; may process at a lower tier for certain plans)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	2	PA QL (2 packets/day; may process at a lower tier for certain plans)
ANDROID	2	PA
covaryx	1	
covaryx h.s.	1	
danazol	1	
eemt	1	
eemt hs	1	
estrogens-methyltestosterone	1	
METHITEST	2	PA
methyltestosterone oral capsule	1	PA
testosterone cypionate	1	QL (10 ml/month)
testosterone enanthate	1	QL (5 ml/month)
testosterone transdermal gel	1	PA QL (10 grams/day)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	ST QL (use Androgel 1.62% first; 2 bottles/month)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	ST QL (use Androgel 1.62% first; 300 grams/month)
testosterone transdermal gel in packet	1	ST QL (use Androgel 1.62% first; 300 grams/month)
testosterone transdermal solution in metered pump w/app	1	ST QL (use Androgel 1.62% first; 2 bottles/month)
Estrogens		
altavera (28)	1	PH
alyacen 1/35 (28)	1	PH
alyacen 7/7/7 (28)	1	PH
amabelz	1	QL (1 tab/day)

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Drug	Tier	Limits/Notes
amethia	1	PH
amethia lo	1	PH
amethyst	1	QL (1 pack/month); PH
apri	1	PH
aranelle (28)	1	PH
ashlyna	1	PH
aubra	1	PH
aviane	1	PH
azurette (28)	1	PH
balziva (28)	1	PH
bekyree (28)	1	PH
BEYAZ	3	(may be covered at \$0 with PA); PH
blisovi 24 fe	1	PH
blisovi fe 1.5/30 (28)	1	PH
blisovi fe 1/20 (28)	1	PH
BREVICON (28)	3	(may be covered at \$0 with PA); PH
briellyn	1	PH
camrese	1	PH
camrese lo	1	PH
caziant (28)	1	PH
chateal	1	PH
CLIMARA PRO	2	QL (4 patches/month)
cryselle (28)	1	PH
cyclafem 1/35 (28)	1	PH
cyclafem 7/7/7 (28)	1	PH
CYCLESSA (28)	3	(may be covered at \$0 with PA); PH
cyred	1	PH
dasetta 1/35 (28)	1	PH
dasetta 7/7/7 (28)	1	PH
daysee	1	PH
delyla (28)	1	PH
desog-e.estradiol/e.estradiol	1	PH
desogestrel-ethinyl estradiol	1	PH
DIVIGEL	3	QL (1 pack/day)
drospirenone-e.estradiol-lm.fa	1	PH
drospirenone-ethinyl estradiol	1	PH
DUAVEE	2	QL (1 tab/day)
ELESTRIN	3	QL (1 bottle/month)
elinest	1	PH
emoquette	1	PH
enpresse	1	PH
enskyce	1	PH
estarylla	1	PH
ESTRACE VAGINAL	2	
estradiol oral	1	

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Drug	Tier	Limits/Notes
estradiol transdermal patch semiweekly	1	QL (16 patches/28 days)
estradiol transdermal patch weekly	1	QL (8 patches/28 days)
estradiol vaginal	1	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet	1	QL (1 tab/day)
ESTRING	2	
ESTROGEL	3	QL (1 bottle/month)
estropipate	1	
ESTROSTEP FE-28	3	(may be covered at \$0 with PA); PH
ethynodiol diac-eth estradiol	1	PH
EVAMIST	3	QL (2 bottles/month)
falmina (28)	1	PH
fayosim	1	PH
FEMRING	3	QL (1 ring/3 months)
femynor	1	PH
fyavolv	1	QL (1 tab/day)
GENERESS FE	3	(may be covered at \$0 with PA); PH
gianvi (28)	1	PH
gildagia	1	PH
introvale	1	PH
isibloom	1	PH
jevantique lo	1	QL (1 tab/day)
jinteli	1	QL (1 tab/day)
jolessa	1	PH
juleber	1	PH
junel 1.5/30 (21)	1	PH
junel 1/20 (21)	1	PH
junel fe 1.5/30 (28)	1	PH
junel fe 1/20 (28)	1	PH
junel fe 24	1	PH
kaitlib fe	1	PH
kariva (28)	1	PH
kelnor 1/35 (28)	1	PH
kimidess (28)	1	PH
kurvelo	1	PH
l norgest/e.estradiol-e.estradiol	1	PH
larin 1.5/30 (21)	1	PH
larin 1/20 (21)	1	PH
larin 24 fe	1	PH
larin fe 1.5/30 (28)	1	PH
larin fe 1/20 (28)	1	PH
larissia	1	PH
LAYOLIS FE	3	(may be covered at \$0 with PA); PH
leena 28	1	PH
lessina	1	PH

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Drug	Tier	Limits/Notes
levonest (28)	1	PH
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	1	PH
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1	QL (1 pack/month); PH
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	1	PH
levonorg-eth estrad triphasic	1	PH
levora 0.15/30 (28)	1	PH
levora-28	1	PH
lillow	1	PH
LO LOESTRIN FE	3	(may be covered at \$0 with PA); PH
LOESTRIN 1.5/30 (21)	3	(may be covered at \$0 with PA); PH
LOESTRIN 1/20 (21)	3	(may be covered at \$0 with PA); PH
LOESTRIN FE 1.5/30 (28-DAY)	3	(may be covered at \$0 with PA); PH
LOESTRIN FE 1/20 (28-DAY)	3	(may be covered at \$0 with PA); PH
lomedea 24 fe	1	PH
lopreeza	1	QL (1 tab/day)
loryna (28)	1	PH
LOSEASONIQUE	3	(may be covered at \$0 with PA); PH
low-ogestrel (28)	1	PH
lutra (28)	1	PH
marlissa	1	PH
melodetta 24 fe	1	PH
mibelas 24 fe	1	PH
microgestin 1.5/30 (21)	1	PH
microgestin 1/20 (21)	1	PH
MICROGESTIN 24 FE	3	(may be covered at \$0 with PA); PH
microgestin fe 1.5/30 (28)	1	PH
microgestin fe 1/20 (28)	1	PH
mimvey	1	QL (1 tab/day)
mimvey lo	1	QL (1 tab/day)
MINASTRIN 24 FE	3	(may be covered at \$0 with PA); PH
MIRCETTE (28)	3	(may be covered at \$0 with PA); PH
mono-lynyah	1	PH
mononessa (28)	1	PH
myzilra	1	PH
NATAZIA	3	(may be covered at \$0 with PA); PH
necon 0.5/35 (28)	1	PH
necon 1/50 (28)	1	PH
necon 7/7/7 (28)	1	PH
nikki (28)	1	PH
noreth-ethinyl estradiol-iron	1	PH
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	QL (1 tab/day)
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	PH
norethindrone-e.estradiol-iron	1	PH
norgestimate-ethinyl estradiol	1	PH

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Drug	Tier	Limits/Notes
norgestrel-ethinyl estradiol	1	PH
nortrel 0.5/35 (28)	1	PH
nortrel 1/35 (21)	1	PH
nortrel 1/35 (28)	1	PH
nortrel 7/7/7 (28)	1	PH
NUVARING	2	QL (1 ring/month); PH
ocella	1	PH
ogestrel (28)	1	PH
orsythia	1	PH
ORTHO TRI-CYCLEN (28)	3	(may be covered at \$0 with PA); PH
ORTHO TRI-CYCLEN LO (28)	3	(may be covered at \$0 with PA); PH
ORTHO-CYCLEN (28)	3	(may be covered at \$0 with PA); PH
ORTHO-NOVUM 1/35 (28)	3	(may be covered at \$0 with PA); PH
ORTHO-NOVUM 7/7/7 (28)	3	(may be covered at \$0 with PA); PH
philith	1	PH
pimtreea (28)	1	PH
pirmella	1	PH
portia	1	PH
PREMARIN ORAL	3	
PREMARIN VAGINAL	2	
PREMPHASE	2	QL (28 tabs/month)
PREMPRO	2	QL (28 tabs/month)
previfem	1	PH
QUARTETTE	3	(may be covered at \$0 with PA); PH
quasense	1	PH
rajani	1	PH
reclipsen (28)	1	PH
rivelsa	1	PH
SAFYRAL	3	(may be covered at \$0 with PA); PH
SEASONIQUE	3	(may be covered at \$0 with PA); PH
setlakin	1	PH
sprintec (28)	1	PH
sronyx	1	PH
syeda	1	PH
tarina fe 1/20 (28)	1	PH
TAYTULLA	3	(may be covered at \$0 with PA); PH
filia fe	1	PH
tri femynor	1	PH
tri-estarylla	1	PH
tri-legest fe	1	PH
tri-linyah	1	PH
tri-lo-estarylla	1	PH
tri-lo-marzia	1	PH
tri-lo-sprintec	1	PH
trinessa (28)	1	PH

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Drug	Tier	Limits/Notes
trinessa lo	1	PH
TRI-NORINYL (28)	3	(may be covered at \$0 with PA); PH
tri-previfem (28)	1	PH
tri-sprintec (28)	1	PH
trivora (28)	1	PH
velivet triphasic regimen (28)	1	PH
vestura (28)	1	PH
vienva	1	PH
viorele (28)	1	PH
vyfemla (28)	1	PH
wera (28)	1	PH
wymzya fe	1	PH
xulane	1	QL (3 patches/month); PH
YASMIN (28)	3	(may be covered at \$0 with PA); PH
YAZ (28)	3	(may be covered at \$0 with PA); PH
yuvafem	1	
zarah	1	PH
zenchent (28)	1	PH
zovia 1/35e (28)	1	PH
zovia 1/50e (28)	1	PH
Progesterone Agonists/Antagonists		
ELLA	3	(may be covered at \$0 with PA); PH
Progestins		
aftera	1	QL (1 tab/fill); PH
camila	1	PH
CRINONE	2	PA
deblitane	1	PH
econtra ez	1	QL (1 tab/fill); PH
errin	1	PH
heather	1	PH
jencycla	1	PH
jolivette	1	PH
lyza	1	PH
MAKENA INTRAMUSCULAR OIL 250 MG/ML	4	PA QL (5 ml/month)
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	4	PA QL (1 vial/week)
medroxyprogesterone oral	1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml	1	
megestrol oral tablet	1	
my way	1	QL (1 tab/fill); PH
next choice one dose	1	QL (1 tab/fill); PH
nora-be	1	PH
norethindrone (contraceptive)	1	PH
norethindrone acetate	1	
norlyda	1	PH
norlyroc	1	PH

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Drug	Tier	Limits/Notes
opcicon one-step	1	QL (1 tab/fill); PH
option-2	1	QL (1 tab/fill); PH
ORTHO MICRONOR	3	(may be covered at \$0 with PA); PH
PLAN B ONE-STEP	3	(may be covered at \$0 with PA); PH
progesterone	1	
progesterone in oil	1	
progesterone micronized	1	
sharobel	1	PH
TAKE ACTION	3	(may be covered at \$0 with PA); PH
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	PA QL (1 tab/day)
raloxifene	1	GL QL (Covered for females only; 1 tab/day); PH
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID	2	
levothyroxine oral	1	
liothyronine oral	1	
NATURE-THROID	3	
NP THYROID	2	
SYNTHROID	2	
thyroid (pork)	2	
THYROLAR-1	2	
THYROLAR-1/2	2	
THYROLAR-1/4	2	
THYROLAR-2	2	
THYROLAR-3	2	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	3	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	2	
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR	2	PA
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
cabergoline	1	QL (16 tabs/month)
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil	1	
Immunological Agents		
Immune Suppressants		
azathioprine	1	
cyclosporine modified	1	
cyclosporine oral capsule	1	
ENBREL SUBCUTANEOUS RECON SOLN	4	PA QL (8 vials/28 days)

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ST - Step Therapy

Drug	Tier	Limits/Notes
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	4	PA QL (8 syringes/28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	4	PA QL (4 syringes/28 days)
ENBREL SURECLICK	4	PA QL (4 pen injectors/28 days)
gengraf	1	
HUMIRA	4	PA QL (2 syringes/28 days)
HUMIRA PEDIATRIC CROHN'S START	4	PA QL (3 to 6 syringes/year, depending on package size)
HUMIRA PEN	4	PA QL (2 syringes/28 days)
HUMIRA PEN CROHN'S-UC-HS START	4	PA QL (6 syringes/year)
HUMIRA PEN PSORIASIS-UVEITIS	4	PA QL (4 syringes/year)
methotrexate sodium (pf) injection solution	1	QL (8 ml/month)
methotrexate sodium injection	1	QL (8 ml/month)
methotrexate sodium oral	1	
mycophenolate mofetil	1	
mycophenolate sodium	1	
RAPAMUNE ORAL SOLUTION	2	
SANDIMMUNE ORAL SOLUTION	2	
sirolimus	1	
tacrolimus oral	1	
ZORTRESS ORAL TABLET 0.25 MG, 0.75 MG	2	QL (2 tabs/day)
ZORTRESS ORAL TABLET 0.5 MG	2	QL (4 tabs/day)
Immunomodulators		
EXTAVIA	4	QL (1 kit/month)
leflunomide	1	
RIDAURA	2	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)-240 MG (46)	4	QL (1 pack/month)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	4	QL (2 caps/day)
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO	2	QL (4 caps/day)
balsalazide	1	QL (9 caps/day)
CANASA	2	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	ST QL (use Apriso or Lialda first; 12 caps/day)
mesalamine oral tablet, delayed release (dr/ec) 1.2 gram	1	QL (4 tabs/day)
mesalamine oral tablet, delayed release (dr/ec) 800 mg	1	ST QL (use balsalazide first; 6 tabs/day)
mesalamine rectal	1	
Glucocorticoids		
budesonide oral	1	PA QL (3 caps/day)
colocort	1	
cortisone	1	
dexamethasone	1	
dexamethasone intensol	1	
hydrocortisone rectal	1	
locort	1	PA QL (1 pack/month)

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Drug	Tier	Limits/Notes
millipred dp	1	
millipred oral tablet	1	
prednisolone oral solution 15 mg/5 ml	1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	
prednisolone sodium phosphate oral tablet,disintegrating	1	
prednisone	1	
prednisone intensol	1	
UCERIS ORAL	3	PA QL (1 tab/day)
Sulfonamides		
sulfasalazine	1	
Metabolic Bone Disease Agents		
Mast Cell Stabilizers		
paricalcitol oral capsule 4 mcg	1	
Metabolic Bone Disease Agents		
alendronate oral solution	1	QL (4 bottles/month)
alendronate oral tablet 10 mg, 5 mg	1	
alendronate oral tablet 35 mg, 70 mg	1	QL (4 tabs/month)
alendronate oral tablet 40 mg	1	QL (1 tab/day)
calcitonin (salmon)	1	QL (1 bottle/month)
calcitriol oral	1	
doxercalciferol oral	1	
etidronate disodium	1	
ibandronate oral	1	ST QL (use alendronate first; 1 tab/month)
paricalcitol oral capsule 1 mcg, 2 mcg	1	
risedronate oral tablet 150 mg	1	ST QL (use alendronate and ibandronate first; 1 tab/month)
risedronate oral tablet 30 mg	1	PA
risedronate oral tablet 35 mg	1	ST QL (use alendronate and ibandronate first; 4 tabs/month)
risedronate oral tablet 5 mg	1	ST QL (use alendronate and ibandronate first; 1 tab/day)
risedronate oral tablet,delayed release (dr/ec)	1	ST QL (use alendronate and ibandronate first; 4 tabs/month)
TYMLOS	4	PA QL (1 pen injector/month)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACCU-CHEK AVIVA PLUS TEST STRIP	2	QL (200 strips/month)
ACCU-CHEK COMPACT PLUS TEST STRIP	2	QL (200 strips/month)
ACCU-CHEK SMARTVIEW TEST STRIP	2	QL (200 strips/month)
ADVOCATE SYRINGES	2	
AEROCHAMBER MINI	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS FLOW-VU,L MSK	2	
AEROCHAMBER PLUS FLOW-VU,M MSK	2	

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Drug	Tier	Limits/Notes
AEROCHAMBER PLUS FLOW-VU,S MSK	2	
AEROCHAMBER PLUS Z STAT	2	
AEROCHAMBER PLUS Z STAT LG MSK	2	
AEROCHAMBER PLUS Z STAT MD MSK	2	
AEROCHAMBER PLUS Z STAT SM MSK	2	
AEROCHAMBER WITH FLOWSIGNAL	2	
AEROCHAMBER Z-STAT PLUS-FLW SG	2	
AEROVENT PLUS	2	
ASSURE ID INSULIN SAFETY	2	
BD INSULIN SYRINGE	2	
BD INSULIN SYRINGE HALF UNIT	2	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	2	
BD INSULIN SYRINGE SAFETY-LOK	2	
BD INSULIN SYRINGE SLIP TIP	2	
BD INSULIN SYRINGE U-500	2	
BD INSULIN SYRINGE ULT-FINE II	2	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"	2	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16	2	
BREATHERITE VALVED MDI CHAMBER	2	
CARETOUCH INSULIN SYRINGE	2	
CAYA CONTOURED	2	PH
CHEMSTRIP K	2	
CHEMSTRIP UGK	2	
CLEVER CHOICE CHAMBER-LRG MASK	2	
CLEVER CHOICE CHAMBER-MED MASK	2	
CLEVER CHOICE CHAMBER-SM MASK	2	
COMFORT EZ SYRINGE	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER PLUS	2	
COMPACT SPACE CHAMBER-LRG MASK	2	
COMPACT SPACE CHAMBER-MED MASK	2	
COMPACT SPACE CHAMBER-SM MASK	2	
EASIVENT HOLDING CHAMBER	2	
EASY COMFORT INSULIN SYRINGE	2	
EASY TOUCH FLIPLOCK INSULIN	2	
EASY TOUCH INSULIN SAFETY SYR	2	
EASY TOUCH INSULIN SYRINGE	2	
EASY TOUCH LUER LOCK INSULIN	2	
EASY TOUCH SHEATHLOCK INSULIN	2	
EASY TOUCH UNI-SLIP SYRINGE 1 ML	2	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16	2	

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Drug	Tier	Limits/Notes
FEMCAP	2	PH
FLEXICHAMBER	2	
FLEXICHAMBER-LG CHILD MASK	2	
FLEXICHAMBER-SM ADULT MASK	2	
FLEXICHAMBER-SM CHILD MASK	2	
INSPIRACHAMBER	2	
INSPIRACHAMBER WITH MASK-LARGE	2	
INSPIRACHAMBER WITH MASK-MED	2	
INSPIRACHAMBER WITH MASK-SMALL	2	
insulin syr/ndi u100 half mark	2	
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"	2	
insulin syringe needleless	2	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	
insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16, 0.3 ml 31 gauge x 1/4", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16, 0.5 ml 29 gauge x 1/2", 0.5 ml 31 gauge x 5/16, 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 3/8", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 1/4", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29, 1/2 ml 30 gauge, 1/2 ml 30 gauge x 1/2", 1/2 ml 30 gauge x 5/16, 1/2 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 15/64"	2	
KETO-DIASTIX	2	
KETONE CARE	2	
KETONE URINE TEST	2	
KETOSTIX	2	
lancets	2	QL (200 lancets/month)
levocarnitine (with sugar)	1	
levocarnitine oral tablet	1	
LITE TOUCH INSULIN SYRINGE	2	
LITEAIRE MDI CHAMBER	2	
MAGELLAN INSULIN SAFETY SYRNG	2	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	2	
MAXI-COMFORT INSULIN SYRINGE	2	
methergine	1	
MICROCHAMBER	2	
MONOJECT INSULIN SAFETY SYRING	2	
MONOJECT INSULIN SYRINGE	2	
NOVAMAX PLUS KETONE	2	
OPTICHAMBER ADULT MASK-LARGE	2	
OPTICHAMBER DIAMOND LG MASK	2	
OPTICHAMBER DIAMOND VHC	2	
OPTICHAMBER DIAMOND-MED MSK	2	
OPTICHAMBER DIAMOND-SML MASK	2	
POCKET CHAMBER	2	

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Drug	Tier	Limits/Notes
PRECISION XTRA B-KETONE	2	
PROCHAMBER	2	
PRODIGY INSULIN SYRINGE	2	
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE	2	QL (200 lancets/month)
RITFLO AEROCHAMBER	2	
SAFESNAP INSULIN SYRINGE	2	
SPACE CHAMBER PLUS	2	
SURE COMFORT INS. SYR. U-100	2	
SURE COMFORT INSULIN SYRINGE	2	
SURE-JECT INSULIN SYRINGE	2	
TERUMO INSULIN SYRINGE	2	
THINPRO INSULIN SYRINGE	2	
TOPCARE ULTRA COMFORT	2	
TRUEPLUS INSULIN	2	
TRUEPLUS KETONE	2	
ULTICARE INSULIN SYR HALF UNIT	2	
ULTICARE INSULIN SYRINGE	2	
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2"	2	
ULTILET INSULIN SYRINGE	2	
ULTRA CMFT INS SYR HALF UNIT	2	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16	2	
ULTRA-THIN II (SHORT) INS SYR	2	
ULTRA-THIN II INSULIN SYRINGE	2	
VANISHPOINT SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2"	2	
VORTEX HOLDING CHAMBER	2	
VORTEX HOLDING CHAMBER CHILD	2	
VORTEX HOLDING CHAMBER TODDLER	2	
WIDE-SEAL DIAPHRAGM 60	2	PH
WIDE-SEAL DIAPHRAGM 65	2	PH
WIDE-SEAL DIAPHRAGM 70	2	PH
WIDE-SEAL DIAPHRAGM 75	2	PH
WIDE-SEAL DIAPHRAGM 80	2	PH
WIDE-SEAL DIAPHRAGM 85	2	PH
WIDE-SEAL DIAPHRAGM 90	2	PH
WIDE-SEAL DIAPHRAGM 95	2	PH
Narcotic Antituss-Decongestant-Expectorant Comb		
Respiratory Tract Agents Antitussives		
cheratussin ac	1	QL (max 7 days therapy/month)

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Drug	Tier	Limits/Notes
codeine-guaifenesin	1	QL (max 7 days therapy/month)
guaifenesin ac	1	QL (max 7 days therapy/month)
virtussin ac	1	QL (max 7 days therapy/month)
Narcotic-Anituss-Decongestant-Expectorant Comb		
g tussin ac	1	QL (max 7 days therapy/month)
guaiaatussin ac	1	QL (max 7 days therapy/month)
Ophthalmic Agents		
Ophthalmic Prostaglandin And Prostanamide Analogs		
bimatoprost ophthalmic (eye)	1	ST QL (use latanoprost first; 5 ml/month)
latanoprost	1	QL (5 ml/month)
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	ST QL (use latanoprost first; 5 ml/month)
TRAVATAN Z	2	ST QL (use latanoprost first; 5 ml/month)
ZIOPTAN (PF)	3	ST QL (use Lumigan or Travatan Z first; 1 droperette/day)
Ophthalmic Agents, Other		
atropine ophthalmic (eye)	1	
cyclopentolate	1	
homatropaire	1	
homatropine hbr	1	
phenylephrine hcl ophthalmic (eye)	1	
proparacaine	1	
RESTASIS	2	QL (2 droppers/day)
RESTASIS MULTIDOSE	2	QL (1 bottle/month)
sulfacetamide sodium ophthalmic (eye) ointment	1	
tropicamide	1	
XIIDRA	2	QL (2 droppers/day)
Ophthalmic Anti-Allergy Agents		
ALOMIDE	2	
azelastine ophthalmic (eye)	1	
BEPREVE	3	QL (5 ml/month)
cromolyn ophthalmic (eye)	1	
epinastine	1	
LASTACAFT	2	QL (1 bottle/month)
olopatadine ophthalmic (eye) drops 0.1 %	1	QL (10 ml/month)
olopatadine ophthalmic (eye) drops 0.2 %	1	QL (1 bottle/month)
PAZEO	2	QL (1 bottle/month)
Ophthalmic Antiglaucoma Agents		
acetazolamide oral capsule, extended release	1	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	
apraclonidine	1	
AZOPT	2	
betaxolol ophthalmic (eye)	1	
BETIMOL	2	
BETOPTIC S	2	
brimonidine	1	
carteolol	1	

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Drug	Tier	Limits/Notes
COMBIGAN	2	
COSOPT (PF)	2	QL (2 dropperettes/day)
dorzolamide-timolol	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	2	
levobunolol ophthalmic (eye) drops 0.5 %	1	
metipranolol	1	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	
SIMBRINZA	2	
timolol maleate ophthalmic (eye) drops	1	
timolol maleate ophthalmic (eye) gel forming solution	1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %	2	
Ophthalmic Anti-Inflammatories		
ACUVAIL (PF)	2	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
bromfenac	1	
dexamethasone sodium phosphate ophthalmic (eye)	1	
diclofenac sodium ophthalmic (eye)	1	
DUREZOL	3	
fluorometholone	1	
flurbiprofen sodium	1	
FML FORTE	2	
FML S.O.P.	2	
ILEVRO	3	QL (1 bottle/month)
ketorolac ophthalmic (eye)	1	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
PRED MILD	2	
prednisolone acetate	1	
prednisolone sodium phosphate ophthalmic (eye)	1	
PROLENSA	3	QL (1 bottle/month)
sulfacetamide-prednisolone	1	
Otic Agents		
Otic Agents		
acetic acid otic (ear)	1	
CIPRO HC	3	
CIPRODEX	3	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine nasal	1	QL (1 bottle/month)
carbinoxamine maleate	1	
clemastine oral tablet 2.68 mg	1	
cyproheptadine	1	
desloratadine	1	ST (use azelastine, flunisolide nasal, or mometasone furoate nasal first)

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Drug	Tier	Limits/Notes
hydrocodone-chlorpheniramine	1	QL (max 7 days therapy/month)
hydrocodone-cpm-pseudoephed	1	QL (max 7 days therapy/month)
olopatadine nasal	1	ST QL (use azelastine 0.15% nasal or azelastine 0.1% nasal first; 1 bottle/month)
promethazine vc	1	
promethazine-codeine	1	QL (max 7 days therapy/month)
promethazine-phenylephrine	1	
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS	2	QL (1 inhaler/month)
ADVAIR HFA	2	QL (1 inhaler/month)
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	ST QL (use one preferred inhaled corticosteroid first; 2 inhalers/month)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	ST QL (use one preferred inhaled corticosteroid first; 1 inhaler/month)
ARNUITY ELLIPTA	2	QL (1 inhaler/month)
BREO ELLIPTA	2	QL (1 inhaler/month)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	QL (4 ml/day)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	QL (2 ml/day)
DULERA	3	QL (1 inhaler/month)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (1 inhaler/month)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	QL (4 inhalers/month)
FLOVENT HFA	2	QL (2 inhalers/month)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	QL (2 bottles/month)
fluticasone nasal	1	QL (1 bottle/month)
fluticasone-salmeterol	1	QL (1 inhaler/month)
mometasone nasal	1	ST QL (use fluticasone or flunisolide first; 1 bottle/month)
OMNARIS	3	ST QL (use 2 of the following first: flunisolide, fluticasone, or mometasone; 1 bottle/month)
PULMICORT FLEXHALER	2	QL (2 inhalers/month)
QVAR INHALATION AEROSOL 40 MCG/ACTUATION	2	QL (4 inhalers/month)
QVAR INHALATION AEROSOL 80 MCG/ACTUATION	2	QL (2 inhalers/month)
SYMBICORT	2	QL (1 inhaler/month)
Antileukotrienes		
montelukast oral granules in packet	1	QL (1 pack/day)
montelukast oral tablet	1	QL (1 tab/day)
montelukast oral tablet,chewable	1	QL (1 tab/day)
zafirlukast	1	
Bronchodilators, Anticholinergic		
ANORO ELLIPTA	2	QL (1 inhaler/month)
ATROVENT HFA	2	QL (2 inhalers/month)
COMBIVENT RESPIMAT	2	QL (1 inhaler/month)
INCRUSE ELLIPTA	2	QL (1 inhaler/month)
ipratropium bromide inhalation	1	QL (120 doses/month)
ipratropium bromide nasal spray,non-aerosol 0.03 %	1	QL (1 bottle/month)

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Drug	Tier	Limits/Notes
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	1	QL (3 bottles/month)
ipratropium-albuterol	1	QL (6 boxes [30 doses/box]/month)
TUDORZA PRESSAIR	2	QL (1 inhaler/month)
Bronchodilators, Sympathomimetic		
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 ml	1	QL (5 boxes/month)
albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)	1	QL (375 ml/month)
albuterol sulfate inhalation solution for nebulization 5 mg/ml	1	QL (4 bottles/month)
albuterol sulfate oral	1	
epinephrine 0.3 mg auto-inject outer	1	QL (4 injections/fill; max 6 fills/year; generic for Epipen)
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	1	QL (4 injections/fill; max 6 fills/year; generic for Adrenaclick)
epinephrine injection auto-injector 0.15 mg/0.3 ml	1	QL (4 injections/fill; max 6 fills/year; generic for Epipen)
EPIPEN	2	QL (4 injections/fill; max 6 fills/year)
EPIPEN 2-PAK	2	QL (4 injections/fill; max 6 fills/year)
EPIPEN JR	2	QL (4 injections/fill; max 6 fills/year)
EPIPEN JR 2-PAK	2	QL (4 injections/fill; max 6 fills/year)
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml	1	QL (90 nebs/month)
levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml	1	QL (90 vials/month)
levalbuterol tartrate	1	QL (2 inhalers/month at retail, 5 inhalers/3 months at mail order)
metaproterenol	1	
SEREVENT DISKUS	2	QL (1 inhaler/month)
STRIVERDI RESPIMAT	2	QL (1 inhaler/month)
terbutaline oral	1	
VENTOLIN HFA	2	QL (2 inhalers/month)
Cystic Fibrosis Agents		
PULMOZYME	4	QL (5 ml/day)
Mast Cell Stabilizers		
cromolyn inhalation	1	QL (2 boxes/month)
Phosphodiesterase Inhibitors, Airways Disease		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2	
THEO-24	2	
theochron	1	
theophylline oral solution	1	
theophylline oral tablet extended release 12 hr	1	
theophylline oral tablet extended release 24 hr	1	
Pulmonary Antihypertensives		
ADCIRCA	4	PA QL (2 tabs/day)
LETAIRIS	4	PA QL (1 tab/day)
sildenafil (antihypertensive) oral	4	PA QL (3 tabs/day)
Respiratory Tract Agents, Other		
acetylcysteine	1	
benzonatate	1	

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Drug	Tier	Limits/Notes
hydrocodone-homatropine	1	QL (max 7 days therapy/month)
hydromet	1	QL (max 7 days therapy/month)
nebusal inhalation solution for nebulization 3 %	1	
promethazine vc-codeine	1	QL (max 7 days therapy/month)
promethazine-dm	1	
promethazine-phenyleph-codeine	1	QL (max 7 days therapy/month)
pulmosal	1	
sodium chloride inhalation solution for nebulization 10 %, 3 %, 7 %	1	
sski	1	
tussion	1	QL (max 7 days therapy/month)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
carisoprodol	1	AL QL (PA required for those 65 years of age or older; 4 tabs/day)
chlorzoxazone	1	AL (PA required for those 65 years of age or older)
cyclobenzaprine oral tablet 10 mg, 5 mg	1	AL (PA required for those 65 years of age or older)
cyclobenzaprine oral tablet 7.5 mg	1	ST AL QL (PA required for those 65 years of age or older; use cyclobenzaprine [Flexeril] first; 3 tabs/day)
metaxall	1	AL QL (PA required for those 65 years of age or older; 4 tabs/day)
metaxalone oral tablet 400 mg	1	AL QL (PA required for those 65 years of age or older; 4 tabs/day)
metaxalone oral tablet 800 mg	1	AL QL (PA required for those 65 years of age or older; 4 tabs/day)
methocarbamol oral	1	AL (PA required for those 65 years of age or older)
orphenadrine citrate oral	1	AL (PA required for those 65 years of age or older)
Sleep Disorder Agents		
Gaba Receptor Modulators		
eszopiclone	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 1 tab/day)
zaleplon oral capsule 10 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 2 caps/day)
zaleplon oral capsule 5 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 4 caps/day)
zolpidem oral tablet 10 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 1 tab/day)
zolpidem oral tablet 5 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 2 tabs/day)
zolpidem oral tablet,ext release multiphase 12.5 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 1 tab/day)
zolpidem oral tablet,ext release multiphase 6.25 mg	1	AL QL (PA required if 65 yrs of age or older and filled > 90 days in a 1-year period; 2 tabs/day)
zolpidem sublingual	1	AL PA QL (PA also required if 65 yrs of age or older and filled > 90 days in a 1-year period; 1 tab/day)
Sleep Disorders, Other		
modafinil oral tablet 100 mg	1	PA QL (3 tabs/day)
modafinil oral tablet 200 mg	1	PA QL (2 tabs/day)
ROZEREM	3	ST AL QL (use zolpidem IR, zolpidem ER, eszopiclone, or zaleplon first if 64 years of age or younger; 1 tab/day)

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Drug	Tier	Limits/Notes
SILENOR	3	QL (1 tab/day)
Therapeutic Nutrients/Minerals/Electrolytes		
Electrolyte/Mineral Modifiers		
CHEMET	2	
kionex	1	
kionex (with sorbitol)	1	
sodium polystyrene (sorb free)	1	
sodium polystyrene sulfonate	1	
Electrolyte/Mineral Replacement		
av-phos 250 neutral	1	
calcium acetate oral capsule	1	
cytra k crystals	1	
cytra-2	1	
cytra-3	1	
cytra-k	1	
effer-k oral tablet, effervescent 25 meq	1	
extra-virt plus dha	1	
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT	2	QL (4 tabs/month)
hemenatal ob	1	
k-effervescent	1	
klor-con	1	
klor-con m10	1	
klor-con m20	1	
klor-con sprinkle	1	
klor-con/ef	1	
newgen	1	
phospha 250 neutral	1	
pnv 29-1	1	
pot,sodium citrate-citric acid	1	
potassium bicarb and chloride	1	
potassium bicarb-citric acid	1	
potassium chloride oral	1	
potassium citrate	1	
potassium citrate-citric acid	1	
prena1 pearl	1	
prenatal plus	1	
prenatal plus (calcium carb)	1	
prenatal vitamin plus low iron	1	
preplus	1	
sodium citrate-citric acid	1	
tricitrates	1	
tri-vitamin with fluoride	1	PH
virt-phos 250 neutral	1	
virtrate-2	1	
virtrate-3	1	

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Drug	Tier	Limits/Notes
virtrate-k	1	
virt-select	1	
vp-ch plus	1	
vp-ch-pnv	1	
vp-ggr-b6	1	
vp-heme ob	1	
zingiber	1	
Vitamins		
calcium pnv	1	
c-nate dha	1	
completenate	1	
cyanocobalamin (vitamin b-12) injection	1	
dothelle dha	1	
elite ob with dha	1	
elite-ob	1	
elite-ob 400	1	
ESCAVITE	3	PH
folic acid oral tablet 1 mg	1	
folivane-ob	1	
levomefolate dha	1	
MEPHYTON	2	QL (5 tabs/7 days)
multi-vit with fluoride-iron	1	PH
multivitamin with fluoride	1	PH
multi-vitamin with fluoride	1	PH
multivitamins with fluoride	1	PH
multivit-fluor (vit e acetate)	1	PH
mynatal advance	1	
mynatal oral tablet	1	
mynatal plus	1	
mynatal-z	1	
mynate 90 plus	1	
niva-plus	1	
obstetrix one	1	
O-CAL FA	2	
pnv-dha	1	
pnv-dha + docusate	1	
pnv-ferrous fumarate-docu-fa	1	
pnv-omega	1	
pnv-select	1	
pnv-vp-u	1	
prenaissance	1	
prenaissance plus	1	
prenatal 19	1	
prenatal 19 (with docusate)	1	
prenatal low iron	1	

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Drug	Tier	Limits/Notes
prenatal-u	1	
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pretab	1	
relnate dha	1	
taron-c dha	1	
taron-prex prenatal-dha	1	
thrivite rx	1	
tl-select	1	
triadvance	1	
trinatal gt	1	
trinatal rx 1	1	
triple vitamin with fluoride	1	PH
triveen-one	1	
triveen-prx rnf	1	
tri-vit with fluoride and iron	1	PH
ultimatecare one	1	
ultimatecare one nf	1	
vemavite-prx-2	1	
vinacal	1	
vinate care	1	
vinate gt	1	
vinate ii	1	
vinate m	1	
vinate one	1	
vinate pn care	1	
vinate ultra	1	
virt-advance	1	
virt-c dha	1	
virt-nate	1	
virt-nate dha	1	
virt-pn	1	
virt-pn dha	1	
virt-pn plus	1	
virtprex	1	
virt-vite gt	1	
VITAFOL ULTRA	3	
vitamin d2	1	
vitamins a,c,d and fluoride	1	PH
vol-nate	1	
vol-plus	1	
vol-tab rx	1	
vp-heme one	1	
zatean-ch	1	
zatean-pn dha	1	
zatean-pn plus	1	

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

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Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Discrimination is against the law

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

Blue Shield of California:

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

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

If you believe that Blue Shield of California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

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

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

Fax: (916) 350-7405

Email: BlueShieldCivilRightsCoordinator@blueshieldca.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
(800) 368-1019; TTY: (800) 537-7697

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

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

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

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

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

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

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

Notice of the Availability of Language Assistance Services

Blue Shield of California Life & Health Insurance Company

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

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

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

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

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

Անվճար Լեզվական Օգնություններ: Հոյք կարող եք թարգմանել ձեր բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնություն համար մեզ զանգահարել ձեր ինքնություն (ID) տոմսի վրա նշված կամ 1-866-346-7198 համարով: Լրացուցիչ օգնություն համար 1-800-927-4357 համարով զանգահարել Կալիֆորնիայի Ապահովագրության Բաժանմունք: Armenian

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

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

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

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

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

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

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

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

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

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