

THE DISTRICT SCHOOL BOARD OF SUMTER COUNTY, FL
Group Medical and Prescription Benefits
RFP # 2016-01
Addendum #1: Issued September 30, 2015

PURPOSE OF ADDENDUM

This Addendum has been prepared to provide additional information and answers to specific questions submitted by proposers.

ACKNOWLEDGMENT OF ADDENDUM TO RFP

As required in the RFP, proposers are reminded that they should either acknowledge receipt of this addendum on their proposal, or attach this addendum to their proposal. In order to acknowledge receipt of this addendum on their proposal, proposers should properly complete Proposal Forms.

STATUS OF ADDENDUM

To date, this is the first (1st) addendum that has been issued for the Group Medical and Prescription Benefits RFP. The question deadline has expired.

ADDITIONAL INFORMATION REQUESTED

The following is provided in response to proposers' specific requests for additional information:

1. Q: Please provide the most recent 12 months of claim experience and enrollment split by HMO and PPO.

A: *This information has been requested and will be released via addendum if/when received.*
2. Q: Please provide a rolling 12 large claim report that aligns with the most recent 12 months of claim data. The report should include paid large claim dollar amount, diagnosis, and plan (PPO/HMO) if available.

A: *This information has been requested and will be released via addendum if/when received.*
3. Q: Are large claims above the pooling point included in the monthly claim data?

A: *Yes.*

4. Q: Please confirm whether the current BlueCare HMO Plan 47 is open access (no referral requirement) or gated (referral required).
- A: *The BlueCare HMO plan is open access.*
5. Q: What is the Post 65 employer contribution?
- A: *The District does not contribute to the retirees who maintain the District's health plans. The District does participate in FRS.*
6. Q: Please provide a copy of the current Rx formulary. Is the current formulary "open" or are there restrictions?
- A: *Please see the attached July 2015 Medication Guide. The current formulary is open.*
7. Q: Can someone who has Binding Authority sign the pertinent documents?
- A: *Yes.*
8. Q: Would the County entertain an extension on due date because of the size and scope of work needed to complete this RFP?
- A: *Not at this time.*
9. Q: If carriers do not bid on certain sections of the RFP (if a carrier only wanted to bid on the fully insured section), would the County still want the unanswered sections returned in the binder to show not applicable or can bidders just leave them out completely?
- A: *Please indicate N/A for non-applicable sections to ensure there is no confusion. This can be done on the cover page of each section not applicable/completed so that empty pages do not have to be printed.*
10. Q: Can you please send a description of the current Wellness program?
- A: *Please see Sections IV and V, page 15 for the description of the wellness program.*
11. Q: Is it possible to obtain TINS for Item 5-Utilized Provider Comparison Match-up, as this will give a more accurate reflection of our network.
- A: *This information has been requested and will be released via addendum if/when received.*

12. Q: Section IX (FI questionnaire): Is there a Proposer's Warranty for the end of Section IX? There is at the end of X, XI and XII.

A: *Yes. Please copy and paste the Proposer's Warranty from Section X and use for Section IX if proposing for Section IX.*

13. Q: Per Section IX-Page 18: Do you require an excel file of the directory of networks and participating pharmacies or can we provide the link to the directory on the internet?

A: *The only Excel file that we have requested returned with the proposal on the CD-ROM is Item 5. A link to any general directory is acceptable.*

14. Q: Is there a Proposer's Warranty page as part of Section IX Proposal Forms for Fully Insured Group Medical and Prescription Benefits? We see one included for Section X, XI and XII.

A: *Please see the answer to question #12.*

15. Q: In order to avoid unnecessary duplication , we are propose responding to the Administrative (Section V) and Stop Loss (Section VI) request as one. Our Admin and Stop Loss would be from the same basic entity. We would repeat the same answers in each section otherwise.

A: *This is acceptable as long as it is made clear in the proposal.*

16. Q: Section VII (Model Program for Agent/Broker Services): We need to have the broker report to that independently. We do not have the ability to take their information and combine it into our response.

A: *As stated in the Proposal Forms, Section IX, X and XI: If one or more agencies/agents are acceptable to the proposing insurer, please list those firms and representatives which you approve, if the District should decide on a proposal other than directly through the proposing insurer's employee agent... If an agent(s) is/are listed, Section XII of this RFP must be completed by each of such agent(s).*

The proposer who completes Sections IX, X or XI, must state who/which agent/broker they are proposing with. A blanket statement of the ability to work with any agent/broker is not acceptable. The agent/broker may submit their proposal under separate cover to the District. However, if the proposer has not listed that agent/broker on their proposal forms, they will not be considered.

17. Q: Is this group currently on a pro-share with BCBS?
A: *No.*
18. Q: Are the current rates net of commission?
A: *The current medical rates include a 2% commission.*
19. Q: Were there any plan changes in the last two years? If so, please outline the changes.
A: *2015: Added the HMO BlueCare 47 plan. No new applicants could choose the 3160/3161(Plan E), only those that were currently in the plan could remain.*

2014: Dropped the BlueChoice 727 plan.

Please see Item 1 for a plan history summary and the summary of benefits for each year.
20. Q: Located in Section IX, page 23, PRESCRIPTION SERVICE INFORMATION: The question is “Can the District contact the prescription administration department by a toll free number? What is the number?”. Can you please clarify which department the District is referring to? Customer Service? Account Management? Etc.?
A: *If there are different phone numbers for different departments, please identify and explain.*

Medication Guide



Click to search for a **drug name** in this document

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Please consider talking to your doctor about prescribing formulary medications, which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in selecting an appropriate medication for you.

The drug formulary is regularly updated. Please visit www.FloridaBlue.com for the most up-to-date information.

To search for a drug name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on **Search**.

Introduction

Florida Blue and Florida Blue HMO are pleased to present the Medication Guide. This is a general guide that includes an abbreviated listing of Brand and Generic prescription medications that may be covered under your plan. Since coverage for medication varies by the plan purchased by you or your employer, it's important that you refer to your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement for complete coverage details.

Current members are encouraged to log on to their member account for plan specific details about their prescription medication coverage. Go to www.FloridaBlue.com, click on the Members tab, then click on Your Member Account to get started. Once registered, you can look up a medication by name and compare your cost at different pharmacies. You'll see notes that indicate if a medication requires a prior authorization or is not covered by your plan. For questions, please call the customer service number listed on your member ID card. For the hearing impaired, call Florida TTY Relay Service 711.

Si desea hablar sobre esta guía en español con uno de nuestros representantes, por favor llame al número de atención al cliente indicado en su tarjeta de asegurado y pida ser transferido a un representante bilingüe.

NOTE: The decision concerning whether a prescription medication should be prescribed must be made by you and your physician. Any and all decisions that require or pertain to independent professional medical judgments or training, or the need for, and dosage of, a prescription medication, must be made solely by you and your treating physician in accordance with the patient/physician relationship.

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc. Florida Blue HMO is a trade name of Health Options, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

Preface

Medication list

The Medication Guide includes the Preferred Medication List and some commonly prescribed Non-Preferred prescription medications. The Preferred Medication List reflects the current recommendations of Florida Blue and is developed in conjunction with Prime Therapeutics' National Pharmacy & Therapeutics Committee. A newly FDA approved prescription medication may not be covered until reviewed and approved by the Pharmacy & Therapeutics Committee.

NOTE: This is not a complete listing of all covered prescriptions medications. Florida Blue reserves the right to modify (add, remove or change) the tier or apply limits of coverage to any prescription medication in this Medication Guide at any time.

To reduce your out-of-pocket expenses, please take a copy of this Medication Guide with you each time you visit your physician. Please consider asking your physician to prescribe Generic medications, or if necessary, one of the Preferred Brand prescription medications listed in the Medication Guide whenever appropriate. Your cost for Generic and Preferred Brand prescription medications on the Medication List are lower than Non-Preferred Brand prescription medications.

Pharmacy benefit programs

There are various types of pharmacy benefit programs; Generic Only and multiple Tier benefits. To understand which program you have, please refer to your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement or call the number on your member ID card for more information.

Generic only benefit

Tier 1: Covered Generic Prescription Medications

3 tier benefit

Tier 1: Covered Generic Prescription Medications

Tier 2: Covered Preferred Brand Prescription Medications

Tier 3: Covered Non-Preferred Brand Prescription Medications or Medications not listed on the Preferred Medication List

Multiple coverage benefit

Tier 1: All Other Covered Generic Prescription Medications

Tier 2: All Other Covered Preferred Brand Prescription Medications

Tier 3: Covered Non-Preferred Brand Prescription Medications or Medications not listed on the Preferred Medication List

Tier 4: Covered Specialty Medications as indicated in the Medication List

Condition Care Rx* Value/HSA Preventive Prescription Medications

* Refer to the Condition Care Rx Program section of this Medication Guide for a description of the program

NOTE: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine if the Condition Care Rx Program applies to your plan and the cost share.

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What you need to know about generic medications

Florida Blue encourages the use of Generic medications as a way to provide high-quality medications at reduced costs. Generic medications are as safe and effective as their Brand Name counterparts, and are usually considerably less expensive.

A Food and Drug Administration (FDA) approved Generic medication may be substituted for its Brand Name counterpart because it:

- Contains the same active ingredient(s) as the Brand medication
- Is identical in strength, dosage form, and route of administration
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile

Changes to the formulary

The medications listed in the Medication Guide are subject to change at any time. The Medication List is reviewed quarterly to examine new medications and new information about medications that are already on the market concerning safety, effectiveness and current use in therapy. The most up-to-date information about modifications to the medications listed in this Medication Guide can be found by:

Going to www.FloridaBlue.com.

- Click on the Members tab
- Click on the Login Now button and either Login or Register
- Once Logged in, click on My Plan, then select Pharmacy from the drop down menu
- Under Medication Guide/Approved Drug Lists, click [Medication Guide](#) or [Medication Guide Updates](#)

Medication Guides are posted every January and July, and Medication Guide Updates are posted January, April, July and October.

There are varying reasons why changes are made to the medications listed in the Medication Guide:

- The tier level of a Brand prescription medication included on the Medication List may increase (change from Tier 2 to Tier 3) when an FDA-approved bioequivalent Generic prescription medication becomes available.
- Newly marketed Brand prescription medications are usually introduced on Tier 3 until the opportunity exists to review the medication level, at which time a determination will be made as to which tier will apply based on safety, efficacy and the availability of other products within that class of medications.

Additional requirements or limits on coverage

Some covered medications may have additional requirements or limits on coverage. This section refers to our Responsible Rx programs including Prior Authorization, Responsible Quantity and Responsible Steps.

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Prior Authorization Program

The **Prior Authorization Program** encourages the appropriate, safe and cost-effective use of medication. If you are currently taking or are prescribed a medication that is included in the Prior Authorization program list of medications, your physician will need to submit a request form in order for your prescription to be considered for coverage. If you do not request and/or receive prior approval, the medication will not be covered. Medications on the Medication List that require Prior Authorization for coverage are indicated in the Prior Authorization column following the product name.

Note: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine if Prior Authorization requirements apply to your plan. Coverage details are also available to you by logging into the member section of **www.FloridaBlue.com** or by calling the customer service number listed on your member ID card.

Obtaining Prior Coverage Authorization

Information about **Prior Authorization** and forms for how to obtain a Prior Authorization approval can be found here:

[Prior Authorization Program Information and Forms](#)

NOTE: Your provider is required to complete and submit the Prior Authorization form in order for a coverage determination to be made.

1. Once a decision is made, you and/or your doctor will be informed of the decision.
2. If the decision is made to authorize coverage, the medication(s) and/or supplies may be obtained from a participating pharmacy or at the appropriate location if the medication(s) will be administered by a health professional. Prior Authorization approval does not waive your financial responsibility.
3. If a decision is made to deny authorization, you are free to purchase the prescription medication, supplies or Over-the-Counter (OTC) medication, but you will have to pay the full cost of the medication and will not be entitled to reimbursement under your plan.

NOTE: You have the right to request an appeal if coverage authorization is denied. Please refer to the 'How to Appeal an Adverse Benefit Determination' subsection of the Claims Processing and Appeal or Grievance Process section in your current Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement for information on how to file an appeal.

Responsible Quantity Program

The **Responsible Quantity Program** encourages the appropriate, safe and cost-effective use of medication by setting a maximum quantity per month for a medication or supply. The quantity limitations are based on the Food and Drug Administration guidelines and the manufacturer's dosing recommendations.

Information about the Responsible Quantity Program and steps for how to obtain an exception can be found here:

[Responsible Quantity Program Information](#)

Responsible Steps Program

The **Responsible Steps Program** promotes the appropriate, safe, and effective use of medications and helps you save on prescriptions. Responsible Steps is based on nationally recognized therapeutic guidelines, clinical evidence, and research. Prescription medications included in the Responsible Steps Program are not covered unless you have tried one or more covered alternative medications first.

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Responsible Steps Program (Medical Pharmacy)

Physician-administered Prescription Drugs which are rendered in a physician's office may be included in the Responsible Steps for Medical Pharmacy Program. If you are taking a medication in the Responsible Steps Program, please contact your physician/provider to discuss what medication options are best for you.

Information about the Responsible Steps Program and the Responsible Steps for Medical Pharmacy Program and steps for how to obtain an exception can be found at: [Responsible Steps Program Information](#) or [Responsible Steps for Medical Pharmacy Program Information](#).

NOTE: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine if Responsible Steps requirements apply to your plan. Coverage details are also available to you by logging into the member section of **www.FloridaBlue.com** or by calling the customer service number listed on your member ID card.

Exception requests

If, for medical reasons, you require a quantity of medication outside the Responsible Quantity Program limits or you cannot use one of the alternative medications and require the medication listed in the Responsible Steps or Responsible Steps for Medical Pharmacy Programs, or you require a tier exception for an oral contraceptive drug, your physician may submit an exception request by completing one of the forms below

[Prior Authorization Forms](#)

[Responsible Quantity Authorization Form](#)

[Responsible Steps Program Information and Authorization Forms](#)

[Responsible Steps for Medical Pharmacy Information and Authorization Forms](#)

[Contraceptives Tier Exception Request Form](#)

Covered over-the-counter (OTC) medications

An over-the-counter medication can be an appropriate treatment for some conditions and may offer a lower cost alternative to some commonly prescribed medications. Your pharmacy benefit may provide coverage for select OTC medications. Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine if OTC medications are covered under your plan. Only those OTC medications prescribed by your physician and designated on the Medication List with "OTC" in parenthesis following the medication name are eligible for coverage.

NOTE: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine if this benefit applies to your plan. Coverage details are also available to you logging into the member section of **www.FloridaBlue.com** or by calling the customer service number listed on your member ID card.

Three-month supply

Some plans allow you to purchase up to a three-month supply of medications. Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine if your plan includes this benefit. In addition to being able to obtain up to a three-month supply of medication through our mail order pharmacy, you may be able to receive up to a three-month supply of your medication through a participating retail pharmacy. Please refer to your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement for complete coverage details.

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Mail Order Pharmacy

Obtaining prescription medications through the Mail Order Pharmacy may reduce the cost you pay for your prescription medications.

Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine if your plan provides a mail order pharmacy benefit.

Members who have pharmacy benefits through Florida Blue can access and print out the [Mail Order Pharmacy Form](#) on our website at www.FloridaBlue.com.

NOTE: If the original prescription was filled at a pharmacy other than the Mail Order Pharmacy, you must submit a new, original three-month supply prescription with a quantity of up to a three-month supply and not less than a two-month supply along with the Registration and Prescription Order Form. Prescriptions may not be transferred from a retail pharmacy to the Mail Order Pharmacy.

Medications that are not covered

Your pharmacy benefit may not cover select medications. Some of the reasons a medication may not be covered are:

- The medication has been shown to have excessive adverse effects and/or safer alternatives
- The medication has a preferred formulary alternative or over-the-counter (OTC) alternative
- The medication is no longer marketed
- The medication has a widely available/distributed AB rated generic equivalent formulation
- The medication has been repackaged — a pharmaceutical product that is removed from the original manufacturer container (Brand Originator) and repackaged by another manufacturer with a different NDC

A list of medications that are not covered may be found at [Medications Not Covered List](#)

NOTE: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine the medication exclusions that apply to your plan. Coverage details may also be available to you by logging into the member section of www.FloridaBlue.com or by calling the customer service number listed on your member ID card.

Patient Protection Affordable Care Act (PPACA) Mandated Coverage

Preventive medications

The Patient Protection and Affordable Care Act (PPACA) provides for members to receive coverage for certain preventive care services, medications, and immunizations at no out-of-pocket costs based on recommendations from the U.S. Preventive Services Task Force (USPSTF). These USPSTF recommendations include services that have been shown to be important in preventing disease as well as providing for additional women's services such as FDA-approved contraception.

A list of drugs covered under our Preventive Medications Program may be found at: [Preventive Medications List](#)

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Immunizations

Certain vaccines which are covered under your wellness benefits can be administered by Pharmacists that are certified. Not all pharmacies provide services for vaccine administration. It is important to contact the pharmacy prior to your visit to ensure availability and administration of the vaccine.

A list of vaccines that are covered under your Pharmacy benefits may be found at: [Pharmacy Benefit Vaccines List](#)

Women's preventive Services

As a result of the expanded PPACA Preventive Services benefits for women's services, certain *generic* contraceptive medications or devices (e.g., oral contraceptives, emergency contraceptive, and diaphragms) are covered at no cost share when purchased at a participating pharmacy.

A list of medications and devices covered under this benefit may be found at: [Women's Preventive Services List](#)

Oral Chemotherapy Drugs

Oral chemotherapy drugs are drugs prescribed by a physician to kill or slow the growth of cancerous cells in a manner consistent with the national accepted standards of practice. A list of these drugs can be found at: [Oral Chemotherapy Drug List](#)

Condition Care Rx Program

The Condition Care Rx Program is designed to help manage the cost of medications used to treat certain chronic conditions and encourage medication adherence. Members who have the Condition Care Rx Program as part of their benefits are eligible to receive medications from the Condition Care Rx Program Value List/Health Savings Account Preventive List at a reduced cost.

A list of medications that are part of the Condition Care Rx Value Program may be found at: [Condition Care Rx Program Value List](#)

A list of medications that are part of the Condition Care Rx Program for Health Savings Account (HSA) compatible plans may be found at: [Condition Care Rx Program HSA Preventive List](#)

NOTE: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine if the Condition Care Rx Program applies to your plan and the cost share. Coverage details may also be available to you by logging into the member section of www.FloridaBlue.com or by calling the customer service number listed on your member ID card.

Formulary addition request

Physicians may request the addition of a medication to the Preferred Medication List by submitting a written request to Florida Blue.

Please mail to:

Florida Blue

Attn: Pharmacy Programs

P.O. Box 1798

Jacksonville, FL 32231-0014

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Notice

This Medication Guide shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in the Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement. In the event of any inconsistencies between the Medication Guide and the provisions contained in the Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement, the provisions contained in the Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement shall control to the extent necessary to effectuate the intent of Blue Cross and Blue Shield of Florida and Health Options, Inc.

Specialty Pharmacy medications

Specialty Pharmacy medications are high-cost injectable, infused, oral or inhaled medications that generally require close supervision and monitoring of the patient's therapy.

NOTE: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement for information on how Specialty Pharmacy medications are covered on your plan. Coverage details are also available by calling the customer service number listed on your member ID card.

Specialty Medications are divided into two categories:

- **Self-Administered Specialty Medications** – Patients administer these Specialty Pharmacy medications themselves. Because these medications are intended to be self-administered, these medications may not be covered if administered in a physician's office. If these medications are not obtained from a participating specialty pharmacy, out-of-network cost shares may apply.

[A current listing of Self-Administered Specialty Medications can be found here](#)

- **Provider-Administered Specialty Medications**– These medications require the administration to be performed by a physician. The Specialty Pharmacy medications are ordered by a provider and administered in an office or outpatient setting. Provider-administered Specialty Pharmacy medications are covered under your medical benefit. These medications can be obtained from any health care provider and out-of-network cost shares do not apply.

[A current listing of Provider-Administered Specialty Medications can be found here](#)

NOTE: We have noted medications that may be covered as either Self-Administered and/or Provider-Administered. These Specialty Pharmacy products can be obtained in either setting.

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Participating Specialty Pharmacy Provider

If you are currently taking a Specialty Pharmacy medication, then your network for Specialty Pharmacies is limited to the following participating Specialty Pharmacy providers. Unless indicated below, any other pharmacy is considered a non-participating Specialty Pharmacy even if it participates in Florida Blue's networks for non-Specialty Pharmacy medications.

Caremark Specialty Pharmacy Services

All Products

Phone: 1.866.278.5108

Fax: 1.800.323.2445

Caremark Specialty Pharmacy

Caremark Hemophilia Services

Hemophilia Products

Telephone: 1.866.792.2731

(Mon-Fri., 9:00 a.m. to 7:30 p.m. EST)

Fax: 1.866.811.7450

Caremark Hemophilia

Prime Therapeutics Specialty Pharmacy (Prime Specialty Pharmacy)

Telephone: **1.877.627. (MEDS) 6337**

Fax: **1.877.828.3939**

TTY 711

Prime Specialty Pharmacy

Prime Therapeutics Specialty Pharmacy

(Prime Specialty Pharmacy) is a wholly owned subsidiary of Prime Therapeutics LLC.

NOTE: Specialty Pharmacy medications are not covered when purchased through the Mail Order Pharmacy.

Self-administered specialty medications, as classified by Florida Blue, obtained outside of the state of Florida may be obtained by a member with a written prescription through the preferred Specialty Pharmacy provider Caremark Specialty.

If a member resides or is traveling outside the state of Florida and needs to receive a provider-administered specialty medication, the prescribing physician should coordinate with the participating Specialty Pharmacy provider for their area or contact the local BlueCross and BlueShield Plan. This coordination can help ensure members receive their medications at the in-network cost share.

Members that receive a written prescription directly from their provider for a provider-administered specialty medication should contact customer service for further assistance.

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Using the Medication Guide

The Medication List is organized into broad categories (e.g., Antibacterials).

1	2	3	4	
Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits
erythromycin delayed-release caps	1			
ERYTHROMYCIN ETHYLSUCCINATE	2			
ZITHROMAX packets	2			
TETRACYCLINES				
ACTICLATE*	3			•
ADOXA/CK/TT*	3			•
ALODOX*	3			•
AVIDOXY/DK*	3			•
demeclocycline	1			
DORYX*	3			•

- 1 The first column of the chart lists the medication name. Generic medications are listed in lowercase **boldface** (e.g., **demeclocycline**) Brand Name medications are capitalized (e.g., ZITHROMAX packets)

Separate medication entries are required for some dosage forms or routes of administration including extended-release, delayed-release, rectal, injectable, otic, ophthalmic, vaginal, nasal, orally disintegrating, patches, and topical products.

- 2 **Note:** Self-administered injectable medications are designated in the Medication List with “inj” following the medication name (e.g., **enoxaparin inj**).

The second column indicates the Tier level:

1 (Lowest Cost): Covered Generic Prescription Medications

2 (Higher Cost): Covered Preferred Brand Prescription Medications

3 (Highest Cost): Covered Non-Preferred Brand Prescription Medications

The third column indicates if the medication is a Self-Administered Specialty* medication.

- 3 * If your Pharmacy plan has a separate Specialty medication Tier, then all Specialty medications will apply that cost share regardless of the Tier level displayed in the Medication List. Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine how coverage of Self-Administered Specialty medications applies to your plan.

- 4 The remaining columns indicate the Responsible Rx Pharmacy Program(s) that apply to the prescription medication (e.g., Prior Authorization, Responsible Quantity and Responsible Steps). If an indicator is present in the column(s), then the Responsible Rx Program applies.

An asterisk (*) next to a drug name signifies that this drug may not be covered. Please refer to your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement.

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Abbreviation/acronym key

caps	capsules	PA	Prior Coverage Authorization required
chew tabs	chewable tablets	QL	Responsible Quantity Program — quantity limit applies
conc	concentrate	RS	Responsible Steps Program — Pre-requisite drug required
crm	cream	SI	Self-Administered Injectable
ext-release	extended-release	SL	sublingual
inhal	inhalation	SP	Specialty Pharmacy
inj	injection	soln	solution
lotn	lotion	supp	suppositories
NP	non-preferred	susp	suspension
ODT	orally disintegrating tablets	tabs	tablets
oint	ointment		
OSM	osmotic-release		
OTC	over-the-counter		

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
ANTI-INFECTIVE DRUGS					
PENICILLINS					
AMOXICILLIN chew tabs, 250 mg	2				
amoxicillin/potassium clavulanate (Augmentin)	1				
amoxicillin/potassium clavulanate ext-release (Augmentin XR)	1				
amoxicillin, NP = chew tabs, 125 mg	1				
ampicillin caps	1				
AMPICILLIN susp	2				
AUGMENTIN susp, 125 mg/5 mL	2				
dicloxacillin	1				
penicillin v potassium	1				
CEPHALOSPORINS					
cefaclor caps	1				
cefadroxil	1				
cefdinir	1				
cefixime (Suprax)	1				
cefprozil	1				
cefuroxime (Ceftin)	1				
cephalexin, NP = tabs (Keflex)	1				
SUPRAX, NP = susp, 100 mg, 200 mg/5 mL	2				
MACROLIDES					
azithromycin susp, tabs (Zithromax)	1				
clarithromycin (Biaxin)	1				
clarithromycin ext-release (Biaxin XL)	1				
DIFICID	3				•

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
E.E.S. 400	2				
ERY-TAB	2				
erythromycin delayed-release caps	1				
ERYTHROMYCIN ETHYLSUCCINATE	2				
ZITHROMAX packets	2				
TETRACYCLINES					
ACTICLATE*	3				•
ADOXA/CK/TT*	3				•
ALODOX*	3				•
AVIDOXY/DK*	3				•
demeclocycline	1				
DORYX*	3				•
doxycycline hyclate caps (Vibramycin)	1				
doxycycline hyclate tabs	1				
doxycycline hyclate delayed-release (Doryx)	1				
doxycycline monohydrate (Adoxa, Monodox)	1				
DYNACIN*	3				•
MINOCIN/KIT*	3				•
minocycline (Dynacin, Minocin)	1				
minocycline ext-release (Solodyn)	1				•
MONODOX*	3				•
SOLODYN*	3				•
TETRACYCLINE	2				
VIBRAMYCIN*	3				•
FLUOROQUINOLONES					
ciprofloxacin ext-release (Cipro XR)	1				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
ciprofloxacin, NP = tabs, 100 mg (Cipro)	1				
levofloxacin (Levaquin)	1				
AMINOGLYCOSIDES					
BETHKIS	2	X			
KITABIS PAK	3	X			
neomycin sulfate	1				
paromomycin	1				
TOBI	3	X			
TOBI PODHALER	2	X			
tobramycin (Tobi)	1	X			
TUBERCULOSIS					
ethambutol (Myambutol)	1				
ISONIAZID syrup	2				
isoniazid tabs	1				
PRIFTIN	2				
pyrazinamide	1				
rifabutin (Mycobutin)	1				
RIFAMATE	2				
rifampin (Rifadin)	1				
FUNGAL INFECTIONS					
fluconazole (Diflucan)	1				
flucytosine (Ancobon)	1				
griseofulvin microsize (Grifulvin V)	1				
itraconazole (Sporanox)	1		•		
LAMISIL granules	2		•		
LAMISIL tabs	3		•		
NOXAFIL susp	2		•		
NOXAFIL tabs	3		•		
nystatin oral	1				
ONMEL*	3		•		

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
SPORANOX caps	3		•		
SPORANOX soln	2		•		
terbinafine (Lamisil)	1		•		
VFEND	3		•		
voriconazole (Vfend)	1		•		
VIRAL INFECTIONS					
Cytomegalovirus					
VALCYTE soln	2				
valganciclovir (Valcyte)	1				
Hepatitis					
adefovir (Hepsera)	1				
BARACLUDE soln	2				
COPEGUS	3	X	•		
entecavir (Baraclude)	1				
EPIVIR HBV soln	2				
HARVONI	2	X	•		
INTRON-A	2	X			
lamivudine (Epivir HBV)	1				
MODERIBA	3	X	•		
OLYSIO	3	X	•	•	
PEG-INTRON	3	X	•		
PEGASYS	2	X	•		
REBETOL	3	X	•		
RIBAPAK	3	X	•		
RIBASPHERE 400 mg, 600 mg	3	X	•		
RIBATAB	2	X	•		
ribavirin (Copegus, Rebetol)	1	X	•		
SOVALDI	2	X	•		
VIEKIRA PAK	3	X	•	•	
Herpes					
acyclovir (Zovirax)	1				
famciclovir (Famvir)	1				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
valacyclovir (Valtrex)	1				
HIV/AIDS					
abacavir (Ziagen)	1			•	
abacavir/lamivudine/zidovudine (Trizivir)	1			•	
APTIVUS	2			•	
ATRIPLA	2			•	
COMBIVIR	3			•	
COMPLERA	2			•	
CRIXIVAN	2			•	
didanosine delayed-release (Videx EC)	1			•	
EDURANT	2			•	
EMTRIVA	2			•	
EPIVIR	3			•	
EPZICOM	2			•	
EVOTAZ	2			•	
FUZEON	2	X		•	
INTELENCE	2			•	
INVIRASE	2			•	
ISENTRESS	2			•	
KALETRA	2			•	
lamivudine (Epivir)	1			•	
lamivudine/zidovudine (Combivir)	1			•	
LEXIVA	2			•	
NEVIRAPINE susp	2			•	
nevirapine tabs (Viramune)	1			•	
nevirapine ext-release (Viramune XR)	1			•	
NORVIR	2			•	
PREZCOBIX	2			•	
PREZISTA	2			•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
RESCRIPTOR	2			•	
RETROVIR	3			•	
REYATAZ	2			•	
SELZENTRY	2			•	
stavudine (Zerit)	1			•	
STRIBILD	2			•	
SUSTIVA	2			•	
TIVICAY	2			•	
TRIUMEQ	2			•	
TRIZIVIR	3			•	
TRUVADA	2			•	
TYBOST	2			•	
VIDEX	2			•	
VIDEX EC	3			•	
VIRACEPT	2			•	
VIRAMUNE susp	2			•	
VIRAMUNE tabs	3			•	
VIRAMUNE XR 100 mg	2			•	
VIRAMUNE XR 400 mg	3			•	
VIREAD	2			•	
VITEKTA	2			•	
ZERIT	3			•	
ZIAGEN soln	2			•	
ZIAGEN tabs	3			•	
zidovudine (Retrovir)	1			•	
Influenza					
RELENZA	3			•	
TAMIFLU	2			•	
MALARIA					
atovaquone/proguanil (Malarone)	1				
chloroquine phosphate (Aralen)	1				
COARTEM	2				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
DARAPRIM	2				
hydroxychloroquine (Plaquenil)	1				
mefloquine	1				
PRIMAQUINE	2				
QUALAQUIN	3			•	
quinine sulfate (Qualaquin)	1			•	
WORM INFECTIONS					
ALBENZA	2				
BILTRICIDE	2				
ivermectin (Stromectol)	1				
OTHER ANTI-INFECTIVES					
ALINIA	2				
CAYSTON	2				
clindamycin (Cleocin, Cleocin Pediatric)	1				
colistimethate (Coly-Mycin M)	1				
DAPSONE	2				
metronidazole (Flagyl)	1				
NEBUPENT	2				
PRIMSOL	2				
SIVEXTRO tabs	2		•	•	
sulfamethoxazole/trimethoprim (Bactrim)	1				
trimethoprim	1				
vancomycin (Vancocin)	1				
XIFAXAN 200 mg	3		•	•	
XIFAXAN 550 mg	2		•	•	
YODOXIN	2				
ZYVOX	2		•	•	
IMMUNIZING AGENTS					
FLU VACCINES	3			•	
GAMMAGARD	3	X	•		

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
GAMMAKED	3	X	•		
GAMUNEX-C	3	X	•		
GRASTEK*	3		•	•	
HIZENTRA	3	X	•		
HYQVIA	3	X	•		
ORALAIR*	3		•	•	
PNEUMOVAX 23	3				
PREVNAR 13	3				
RAGWITEK*	3		•	•	
ZOSTAVAX	3				
CANCER DRUGS					
ACTIMMUNE	2	X			
AFINITOR	2	X	•	•	
AFINITOR DISPERZ	2	X	•	•	
ALKERAN tabs	2				
anastrozole (Arimidex)	1				
bicalutamide (Casodex)	1				
BOSULIF	2	X	•	•	
capecitabine (Xeloda)	1	X	•	•	
CAPRELSA	2	X	•	•	
COMETRIQ	2	X	•	•	
CYCLOPHOSPHAMIDE tabs	2				
EMCYT	2				
ERIVEDGE	2	X	•	•	
ETOPOSIDE caps	2				
exemestane (Aromasin)	1				
FARESTON	2				
FARYDAK	2	X	•		
flutamide	1				
GILOTRIF	2	X	•	•	
GLEEVEC	2	X	•	•	
GLEOSTINE	2	X			

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
HEXALEN	2	X			
HYCANTIN caps	2	X	•		
hydroxyurea (Hydrea)	1				
IBRANCE	2	X	•		
ICLUSIG	2	X	•	•	
IMBRUVICA	2	X	•	•	
INLYTA	2	X	•	•	
INTRON-A	2	X			
JAKAFI	2	X	•	•	
LENVIMA	2	X	•		
letrozole (Femara)	1				
LEUCOVORIN CALCIUM tabs, 10 mg, 15 mg	2				
leucovorin calcium tabs, 5 mg, 25 mg	1				
LEUKERAN	2				
leuprolide acetate inj	1	X	•		
LOMUSTINE	2	X			
LYNPARZA	2	X	•		
LYSODREN	2	X			
MATULANE	2	X			
megestrol (Megace)	1				
MEKINIST	2	X	•	•	
mercaptopurine	1				
MESNEX tabs	2				
methotrexate	1				
MYLERAN	2				
NEXAVAR	2	X	•	•	
NILANDRON	2				
POMALYST	2	X	•	•	
PURIXAN	2	X			
SPRYCEL	2	X	•	•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
STIVARGA	2	X	•	•	
SUTENT	2	X	•	•	
SYLATRON	2	X			
TABLOID	2				
TAFINLAR	2	X	•	•	
tamoxifen	1				
TARCEVA	2	X	•	•	
TARGRETIN caps	2	X	•		
TASIGNA	2	X	•	•	
TEMODAR caps	3	X	•	•	
temozolomide (Temodar)	1	X	•	•	
tretinoin caps	1	X	•		
TYKERB	2	X	•	•	
VOTRIENT	2	X	•	•	
XALKORI	2	X	•	•	
XELODA	3	X	•	•	
XTANDI	2	X	•	•	
ZELBORAF	2	X	•	•	
ZOLINZA	2	X	•	•	
ZYDELIG	2	X	•	•	
ZYKADIA	2	X	•	•	
ZYTIGA	2	X	•	•	
HORMONES, DIABETES AND RELATED DRUGS					
CORTICOSTEROIDS					
budesonide ext-release (Entocort EC)	1				
CORTISONE	2				
dexamethasone elixir; tabs, 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg	1				
DEXAMETHASONE soln; tabs, 1 mg, 2 mg	2				
fludrocortisone	1				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
hydrocortisone (Cortef)	1				
methylprednisolone (Medrol)	1				
prednisolone syrup, 15 mg/5 mL	1				
prednisolone sodium phosphate soln, 5 mg, 15 mg/5 mL	1				
PREDNISONE soln, 5 mg/5 mL; tabs, 50 mg	2				
prednisone tabs, 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg; NP = dose packs	1				
MALE HORMONES					
ANDRODERM	2		•	•	
ANDROGEL	2		•	•	
ANDROID	3		•		
AXIRON*	3		•	•	
danazol	1				
DEPO-TESTOSTERONE	3		•	•	
FORTESTA	3		•	•	
METHITEST	3		•		
NATESTO*	3		•	•	
STRIANT*	3		•	•	
TESTIM*	3		•	•	
TESTOSTERONE gel*	3		•	•	
testosterone cypionate (Depo-Testosterone)	1		•	•	
testosterone enanthate	1		•	•	
TESTRED	3		•		
VOGELXO*	3		•	•	
ESTROGENS					
ALORA	3			•	
CLIMARA	3			•	
CLIMARA PRO	2			•	
DIVIGEL	2			•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
ELESTRIN	3			•	
estradiol patches (Climara, Vivelle-Dot)	1			•	
estradiol tabs (Estrace)	1				
estradiol/norethindrone acetate (Activella)	1				
ESTRASORB	3			•	
ESTROGEL	3			•	
estropipate 0.75 mg, 1.5 mg	1				
EVAMIST	3			•	
FEMHRT LOW DOSE 0.5 mg-2.5 mcg	2				
MENEST	2				
MENOSTAR	3			•	
MINIVELLE	3			•	
norethindrone acetate/ethinyl estradiol (Femhrt Low Dose)	1				
PREMARIN	2				
PREMPHASE	2				
PREMPRO	2				
VIVELLE-DOT	3			•	
PROGESTINS					
medroxyprogesterone acetate tabs (Provera)	1				
norethindrone acetate (Aygestin)	1				
progesterone micronized (Prometrium)	1				
BIRTH CONTROL					
ELLA	2				
levonorgestrel 1.5 mg	1				
norelgestromin/ethinyl estradiol (Ortho Evra)	1				
oral contraceptives – all generics	1				

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INFERTILITY					
BRAVELLE	2	X	•		
CETROTIDE	3	X	•		
clomiphene (Clomid)	1				
FOLLISTIM AQ	3	X	•		
GANIRELIX	3	X	•		
MENOPUR	3	X	•		
OVIDREL	3	X	•		
REPRONEX	3	X	•		
DIABETES					
acarbose (Precose)	1				
ACTOPLUS MET/XR	3				•
ACTOS	3				•
AVANDAMET	3				•
AVANDARYL	3				•
AVANDIA	3				•
BYDUREON	2			•	•
BYETTA inj	2			•	•
DUETACT	3				•
FARXIGA	3			•	•
glimepiride (Amaryl)	1				
glipizide (Glucotrol)	1				
glipizide ext-release (Glucotrol XL)	1				
glipizide/metformin	1				
GLUCAGON EMERGENCY INJ KIT	2				
glyburide (Micronase)	1				
glyburide micronized (Glynase)	1				
glyburide/metformin (Glucovance)	1				
GLYBURIDE, distributor of Diabeta	2				
GLYSET	2				
GLYXAMBI	3			•	•

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
INVOKAMET	2			•	•
INVOKANA	2			•	•
JANUMET	2			•	•
JANUMET XR	2			•	•
JANUVIA	2			•	•
JARDIANCE	3			•	•
JENTADUETO	3			•	•
KAZANO	3			•	•
KOMBIGLYZE XR	2			•	•
KORLYM	3	X	•	•	
metformin (Glucophage)	1				
metformin ext-release (Glucophage XR)	1				
metformin ext-release OSM* (Fortamet)	1				
nateglinide (Starlix)	1				
NESINA	3			•	•
ONGLYZA	2			•	•
OSENI	3			•	•
pioglitazone (Actos)	1				•
pioglitazone/metformin (Actoplus Met)	1				•
PROGLYCEM	2				
repaglinide (Prandin)	1				
SYMLINPEN inj	2				
TANZEUM	3			•	•
TRADJENTA	3			•	•
TRULICITY	3			•	•
VICTOZA inj	2			•	•
XIGDUO XR	3			•	•
Insulins					
Rapid-Acting Insulins					

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
APIDRA/SOLOSTAR inj*	3		•		
HUMALOG inj*	3		•		
NOVOLOG inj	2				
Short-Acting Insulins					
AFREZZA	3		•	•	
HUMULIN R U-100 inj*	3		•		
HUMULIN R U-500 inj	3				
NOVOLIN R inj	2				
Intermediate-Acting Insulins					
HUMALOG MIX 50/50 inj*	3		•		
HUMALOG MIX 75/25 inj*	3		•		
HUMULIN N inj*	3		•		
HUMULIN 70/30 inj*	3		•		
NOVOLIN N inj	2				
NOVOLIN 70/30 inj	2				
NOVOLOG MIX 70/30 inj	2				
Basal Insulins					
LANTUS inj	2				
LEVEMIR inj	2				
TOUJEO SOLOSTAR inj	2				
THYROID REGULATION					
levothyroxine (Synthroid)	1				
liothyronine (Cytomel)	1				
methimazole (Tapazole)	1				
propylthiouracil	1				
THYROLAR	2				
GROWTH HORMONE					
EGRIFTA	3	X	•		
GENOTROPIN	3	X	•		
HUMATROPE	3	X	•		
INCRELEX	2	X	•		
NORDITROPIN	2	X	•		

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
NUTROPIN AQ	3	X	•		
OMNITROPE	3	X	•		
SAIZEN	3	X	•		
SEROSTIM	3	X	•		
TEV-TROPIN	3	X	•		
ZORBTIVE	3	X	•		
OTHER HORMONES AND RELATED DRUGS					
ACTONEL	2			•	•
ALENDRONATE soln; tabs, 40 mg	3			•	•
alendronate tabs, 5 mg, 10 mg, 35 mg, 70 mg (Fosamax)	1			•	
ATELVIA	2			•	•
BINOSTO	3			•	•
BONIVA tabs	3			•	•
BUPHENYL	3	X	•	•	
cabergoline	1				
calcitonin-salmon (Miacalcin)	1				
calcitriol (Rocaltrol)	1				
CARBAGLU	3	X			
CYSTADANE	3	X	•		
desmopressin inj, nasal, tabs (DDAVP)	1				
FORTEO	2	X	•		
FOSAMAX/PLUS D	3			•	•
H.P. ACTHAR	3	X	•	•	
ibandronate (Boniva)	1			•	
KUVAN	2	X	•		
levocarnitine (Carnitor)	1				
methylergonovine	1				
MYALEPT	3	X	•	•	
NATPARA	3	X	•		
octreotide (Sandostatin)	1	X	•		

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
ORFADIN	2	X	•		
paricalcitol (Zemplar)	1				
raloxifene (Evista)	1				
RAVICTI	3	X	•	•	
risedronate (Actonel)	1			•	
SAMSCA	3			•	
SANDOSTATIN inj	3	X	•		
SENSIPAR	2				
SIGNIFOR	3	X	•	•	
SOMAVERT	2	X			
STIMATE	2				
SYNAREL	2	X			

HEART AND CIRCULATORY DRUGS

ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATIONS

benazepril (Lotensin)	1				
benazepril/ hydrochlorothiazide (Lotensin HCT)	1				
captopril	1				
CAPTOPRIL/ HYDROCHLOROTHIAZIDE 25-15 mg, 50-15 mg	2				
enalapril (Vasotec)	1				
enalapril/ hydrochlorothiazide (Vaseretic)	1				
fosinopril	1				
fosinopril/hydrochlorothiazide	1				
lisinopril (Prinivil, Zestril)	1				
lisinopril/ hydrochlorothiazide (Zestoretic)	1				
moexipril	1				
moexipril/hydrochlorothiazide	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
perindopril (Aceon)	1				
quinapril (Accupril)	1				
quinapril/ hydrochlorothiazide (Accuretic)	1				
ramipril (Altace)	1				
trandolapril (Mavik)	1				
ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBs) AND COMBINATIONS					
amlodipine/valsartan/ hydrochlorothiazide (Exforge HCT)	1			•	
ATACAND/HCT	3			•	•
AVALIDE	3			•	•
AVAPRO	3			•	•
BENICAR/HCT	3			•	•
candesartan (Atacand)	1			•	
candesartan/ hydrochlorothiazide (Atacand HCT)	1			•	
COZAAR	3			•	•
DIOVAN	3			•	•
DIOVAN HCT	3			•	•
EDARBI	3			•	•
EDARBYCLOR	3			•	•
eprosartan (Teveten)	1			•	
EXFORGE HCT	3			•	•
HYZAAR	3			•	•
irbesartan (Avapro)	1			•	
irbesartan/ hydrochlorothiazide (Avalide)	1			•	
losartan (Cozaar)	1			•	
losartan/ hydrochlorothiazide (Hyzaar)	1			•	
MICARDIS/HCT	3			•	•

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
telmisartan (Micardis)	1			•	
telmisartan/hydrochlorothiazide (Micardis HCT)	1			•	
TEVETEN/HCT	3			•	•
TRIBENZOR	3			•	•
valsartan (Diovan)	1			•	
valsartan/hydrochlorothiazide (Diovan HCT)	1			•	
BETA BLOCKERS AND COMBINATIONS					
acebutolol (Sectral)	1				
atenolol (Tenormin)	1				
atenolol/chlorthalidone (Tenoretic)	1				
bisoprolol (Zebeta)	1				
bisoprolol/hydrochlorothiazide (Ziac)	1				
carvedilol (Coreg)	1				
INNOPRAN XL	2				
labetalol (Trandate)	1				
metoprolol succinate ext-release (Toprol XL)	1				
metoprolol tartrate (Lopressor)	1				
nadolol (Corgard)	1				
pindolol	1				
propranolol ext-release (Inderal LA)	1				
PROPRANOLOL soln	2				
propranolol tabs	1				
PROPRANOLOL/HYDROCHLOROTHIAZIDE	2				
TIMOLOL tabs	2				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
CALCIUM CHANNEL BLOCKERS AND COMBINATIONS					
amlodipine (Norvasc)	1				
amlodipine/benazepril (Lotrel)	1				
amlodipine/valsartan (Exforge)	1			•	
AZOR	3			•	•
diltiazem (Cardizem)	1				
diltiazem ext-release (Cardizem CD, Tiazac)	1				
EXFORGE	3			•	•
felodipine ext-release	1				
nifedipine ext-release (Adalat CC, Procardia XL)	1				
NISOLDIPINE ext-release 20 mg, 25.5 mg, 30 mg, 40 mg	2				
nisoldipine ext-release 8.5 mg, 17 mg, 34 mg (Sular)	1				
telmisartan/amlodipine (Twynsta)	1			•	
TWYNSTA	3			•	•
VERAPAMIL 40 mg	2				
verapamil 80 mg, 120 mg (Calan)	1				
verapamil ext-release (Calan SR, Isoptin SR, Verelan, Verelan PM)	1				
CHEST PAIN					
ISOSORBIDE DINITRATE tabs, 30 mg	2				
isosorbide dinitrate tabs, 5 mg, 10 mg, 20 mg (Isordil)	1				
isosorbide mononitrate	1				
isosorbide mononitrate ext-release	1				
NITRO-BID	2				
NITRO-DUR 0.3 mg/hr, 0.8 mg/hr	2				
nitroglycerin (Nitro-Dur)	1				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
NITROSTAT	2				
CHOLESTEROL LOWERING					
ADVICOR	3			•	•
ALTOPREV	3			•	•
ANTARA	3			•	•
atorvastatin (Lipitor)	1			•	
cholestyramine (Questran, Questran Light)	1				
colestipol (Colestid)	1				
CRESTOR	2			•	•
fenofibrate (Lofibra, Tricor)	1			•	
fenofibrate micronized (Lofibra)	1			•	
FENOFIBRIC ACID	3			•	•
fenofibric acid delayed-release (Trilipix)	1			•	
FENOGLIDE	3			•	•
FIBRICOR	3			•	•
fluvastatin (Lescol)	1			•	
gemfibrozil (Lopid)	1			•	
JUXTAPID	3	X	•	•	
KYNAMRO	3	X	•	•	
LESCOL/XL	3			•	•
LIPITOR*	3			•	•
LIPOFEN	3			•	•
LIPTRUZET	3			•	•
LIVALO	3			•	•
LOFIBRA	3			•	•
LOPID	3			•	•
lovastatin (Mevacor)	1			•	
MEVACOR	3			•	•
niacin ext-release (Niaspan)	1				
PRAVACHOL	3			•	•

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
pravastatin (Pravachol)	1			•	
SIMCOR	3			•	•
simvastatin (Zocor)	1			•	
TRICOR	3			•	•
TRIGLIDE	3			•	•
TRILIPIX	3			•	•
VYTORIN	3			•	•
WELCHOL	2				
ZETIA	2			•	•
ZOCOR	3			•	•
FLUID RETENTION					
ACETAZOLAMIDE 125 mg	2				
acetazolamide 250 mg	1				
acetazolamide ext-release (Diamox Sequels)	1				
amiloride	1				
amiloride/hydrochlorothiazide	1				
bumetanide	1				
chlorothiazide 500 mg	1				
CHLORTHALIDONE 25 mg, 50 mg	2				
furosemide, NP = soln, 8 mg/mL (Lasix)	1				
hydrochlorothiazide caps (Microzide)	1				
hydrochlorothiazide tabs	1				
indapamide	1				
methazolamide (Neptazane)	1				
metolazone	1				
spironolactone (Aldactone)	1				
spironolactone/hydrochlorothiazide (Aldactazide)	1				
torsemide (Demadex)	1				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
triamterene/hydrochlorothiazide, NP = caps, 50-25 mg (Dyazide, Maxzide, Maxzide-25)	1				
HEART RHYTHM					
amiodarone (Cordarone)	1				
disopyramide (Norpace)	1				
flecainide	1				
mexiletine	1				
MULTAQ	2				
propafenone (Rythmol)	1				
propafenone ext-release (Rythmol SR)	1				
quinidine gluconate ext-release	1				
QUINIDINE SULFATE ext-release	2				
QUINIDINE SULFATE 200 mg	2				
quinidine sulfate 300 mg	1				
sotalol (Betapace, Betapace AF)	1				
OTHER HEART RELATED DRUGS					
ADCIRCA	2	X	•	•	
ADEMPAS	3	X	•		
amlodipine/atorvastatin (Caduet)	1				
clonidine (Catapres, Catapres-TTS)	1				
DIBENZYLINE	2				
DIGOXIN soln	2				
digoxin tabs (Lanoxin)	1				
doxazosin (Cardura)	1				
eplerenone (Inspra)	1				
guanfacine (Tenex)	1				
hydralazine	1				
LETAIRIS	2	X	•	•	
methyldopa	1				
midodrine	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
minoxidil	1				
NORTHERA*	3		•	•	
OPSUMIT	2	X	•	•	
ORENITRAM	3	X	•		
prazosin (Minipress)	1				
REMODULIN	3	X	•		
RESERPINE	2				
REVATIO	3	X	•	•	
sildenafil (Revatio)	1	X	•	•	
TEKAMLO	3			•	•
TEKTURN/HCT	3			•	•
terazosin	1				
TRACLEER	2	X	•	•	
TYVASO	3	X	•	•	
VALTURN	3			•	•
VENTAVIS	2	X	•	•	
ERECTILE DYSFUNCTION					
CIALIS* – PA on 2.5 mg, 5 mg	3		•	•	
LEVITRA*	2				
ALLERGIC REACTION KITS					
EPIPEN inj	2				
EPIPEN-JR inj	2				
RESPIRATORY DRUGS					
ANTI-HISTAMINES					
cetirizine oral soln	1				
cypheptadine	1				
desloratadine (Clarinet/RDT)	1				
levocetirizine (Xyzal)	1				
loratadine (Claritin – OTC)	1				
promethazine	1				
NASAL PRODUCTS					
ASTEPRO	2			•	

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
ATROVENT	3			•	
azelastine 137 mcg/spray, 205.5 mcg/spray (Astepro)	1			•	
BECONASE AQ*	3			•	•
budesonide (Rhinocort Aqua)	1			•	
DYMISTA*	3			•	•
FLONASE*	3			•	•
flunisolide 25 mcg/spray	1			•	
FLUNISOLIDE 25 mcg/spray	3			•	•
fluticasone propionate (Flonase)	1			•	
ipratropium (Atrovent)	1			•	
NASONEX*	3			•	•
olopatadine (Patanase)	1			•	
OMNARIS*	3			•	•
PATANASE	3			•	
QNASL CHILDRENS*	3			•	•
QNASL*	3			•	•
RHINOCORT AQUA*	3			•	•
triamcinolone	1			•	
VERAMYST*	3			•	•
ZETONNA*	3			•	•
COUGH/COLD/ALLERGY					
acetylcysteine	1				
loratadine/pseudoephedrine (Claritin-D – OTC)	1				
ASTHMA/COPD					
ACCOLATE	3			•	
ADVAIR DISKUS	2			•	
ADVAIR HFA	2			•	
AEROSPAN	3			•	
albuterol	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
ALVESCO	3			•	
ANORO ELLIPTA	2			•	
ARCAPTA NEOHALER	3			•	
ARNUITY ELLIPTA	3			•	
ASMANEX HFA	2			•	
ASMANEX TWISTHALER	2			•	
ATROVENT HFA	2			•	
BREO ELLIPTA	2			•	
budesonide (Pulmicort Respules)	1				
COMBIVENT RESPIMAT	2			•	
DALIRESP	3			•	•
DULERA	2			•	
FLOVENT DISKUS	2			•	
FLOVENT HFA	2			•	
FORADIL AEROLIZER	2			•	
INCRUSE ELLIPTA	2			•	
ipratropium inhal soln	1				
ipratropium/albuterol (Duoneb)	1				
levalbuterol (Xopenex, Xopenex Concentrate)	1				
montelukast (Singulair)	1			•	
PROAIR HFA	2			•	
PROAIR RESPICLICK	2			•	
PROVENTIL HFA	3			•	
PULMICORT FLEXHALER	3			•	
PULMICORT RESPULES 1 mg/2 mL	2				
QVAR	2			•	
SEREVENT DISKUS	3			•	
SINGULAIR*	3			•	
SPIRIVA HANDIHALER	2			•	
SPIRIVA RESPIMAT	2			•	

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
STRIVERDI RESPIMAT	3			•	
SYMBICORT	2			•	
terbutaline	1				
theophylline ext-release	1				
TUDORZA PRESSAIR	3			•	
VENTOLIN HFA	2			•	
XOPENEX HFA	3			•	
zafirlukast (Accolate)	1			•	
ZYFLO/CR	3			•	
OTHER RESPIRATORY DRUGS					
ESBRIET	3	X	•	•	
KALYDECO packets	3	X	•	•	
KALYDECO tabs	2	X	•	•	
OFEV	3	X	•	•	
PULMOZYME	2	X			
GASTROINTESTINAL DRUGS					
LAXATIVES					
lactulose	1				
PEG – electrolytes for soln (Colyte, Golytely, Nulytely)	1				
ANTIDIARRHEALS					
FULYZAQ	3		•	•	
loperamide	1				
ULCER/GERD					
ACIPHEX/SPRINKLE*	3			•	•
CARAFATE susp	2				
cimetidine	1				
DEXILANT*	3			•	•
dicyclomine caps, tabs (Bentyl)	1				
esomeprazole magnesium delayed-release (Nexium)	1			•	•
famotidine (Pepcid)	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
glycopyrrolate (Robinul)	1				
hyoscyamine (Anaspaz, Levsin, Levsin/SL)	1				
hyoscyamine ext-release (Levbid)	1				
lansoprazole delayed-release (Prevacid)	1			•	
methscopolamine (Pamine, Pamine Forte)	1				
misoprostol (Cytotec)	1				
NEXIUM caps	1			•	•
NEXIUM granules	2			•	•
omeprazole delayed-release (Prilosec)	1			•	
omeprazole/sodium bicarbonate (Zegerid)	1			•	•
pantoprazole delayed-release (Protonix)	1			•	
PREVACID/SOLUTAB*	3			•	•
PRILOSEC OTC	2				
PRILOSEC*	3			•	•
PROPANTHELINE 15 mg	2				
PROTONIX packets, tabs*	3			•	•
rabeprazole delayed-release (Aciphex)	1			•	•
ranitidine (Zantac)	1				
sucralfate (Carafate)	1				
SYMAX DUOTAB	2				
ZEGERID*	3			•	•
NAUSEA AND VOMITING					
ANZEMET	3			•	
CESAMET	3			•	
DICLEGIS	3		•	•	
EMEND caps, therapy pack	2			•	

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
granisetron	1			•	
GRANISOL	3			•	
meclizine	1				
ondansetron (Zofran, Zofran ODT)	1			•	
ondansetron tabs, 24 mg	1			•	
SANCUSO	3			•	
trimethobenzamide (Tigan)	1				
ZOFRAN/ODT	3			•	
ZUPLENZ*	3			•	
DIGESTIVE ENZYMES – Pancreatic Enzyme Products					
CREON	2				
SUCRAID	3	X			
ZENPEP	2				
OTHER GASTROINTESTINAL DRUGS					
AMITIZA	3		•		
ASACOL HD	2				
balsalazide (Colazal)	1				
calcium acetate (Eliphos, Phoslo)	1				
CANASA	2				
CHENODAL	2				
CHOLBAM	3	X	•		
CIMZIA	3	X	•	•	
DELZICOL	2				
diphenoxylate/atropine tabs (Lomotil)	1				
GATTEX	3	X	•	•	
lactulose	1				
LIALDA	2				
LINZESS	3		•		
mesalamine	1				
metoclopramide (Reglan)	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
MOVANTIK	3		•		
PENTASA	2				
RELISTOR inj	3		•		
RENVELA	2				
sulfasalazine (Azulfidine)	1				
sulfasalazine delayed-release (Azulfidine EN-Tabs)	1				
ursodiol (Actigall, Urso 250, Urso Forte)	1				
GENITOURINARY DRUGS					
URINARY TRACT INFECTIONS					
nitrofurantoin (Furadantin)	1				
nitrofurantoin macrocrystalline (Macrochantin)	1				
nitrofurantoin monohydrate/macrocrystalline (Macrobid)	1				
URINARY TRACT SPASMS					
DETROL/LA	3			•	
DITROPAN XL	3			•	
ENABLEX	3			•	
GELNIQUE	3			•	
MYRBETRIQ	2			•	
oxybutynin	1			•	
oxybutynin ext-release (Ditropan XL)	1			•	
OXYTROL	3			•	
tolterodine (Detrol)	1			•	
tolterodine ext-release (Detrol LA)	1			•	
TOVIAZ	3			•	
trospium	1			•	
trospium ext-release	1			•	
VESICARE	2			•	
VAGINAL PRODUCTS					

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
AVC	2				
CLEOCIN supp	2				
clindamycin (Cleocin)	1				
ESTRING	3			•	
FEMRING	3			•	
metronidazole (MetroGel-Vaginal)	1				
PREMARIN	2				
terconazole (Terazol)	1				
VAGIFEM	2				
OTHER GENITOURINARY DRUGS					
alfuzosin ext-release (Uroxatral)	1				
AVODART	2				
CYSTAGON	2				
ELMIRON	2				
finasteride (Proscar)	1				
K-PHOS NO. 2	2				
potassium citrate ext-release (Urocit-K)	1				
potassium citrate/citric acid (Polycitra-K)	1				
PROCYSBI	3	X	•		
sodium citrate/citric acid (Shohl's)	1				
tamsulosin (Flomax)	1				
THIOLA	3	X	•		
CENTRAL NERVOUS SYSTEM DRUGS					
ANXIETY					
alprazolam (Xanax)	1				
alprazolam ext-release (Xanax XR)	1				
buspirone	1				
diazepam oral conc, 5 mg/mL; tabs (Valium)	1				
DIAZEPAM oral soln, 1 mg/mL	2				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
hydroxyzine hcl	1				
hydroxyzine pamoate 25 mg, 50 mg (Vistaril)	1				
lorazepam (Ativan)	1				
lorazepam conc (Lorazepam Intensol)	1				
DEPRESSION					
amitriptyline	1				
AMOXAPINE	2				
APLENZIN	3			•	•
BRINTELLIX	3			•	•
bupropion (Wellbutrin)	1			•	
bupropion ext-release (Wellbutrin SR, Wellbutrin XL)	1			•	
CELEXA	3			•	•
citalopram (Celexa)	1			•	
clomipramine (Anafranil)	1				
CYMBALTA	3			•	•
desipramine (Norpramin)	1				
DESVENLAFAXINE ER	3			•	•
doxepin caps, 10 mg, 25 mg, 50 mg, 100 mg, 150 mg; conc	1				
DOXEPIN caps, 75 mg	2				
duloxetine delayed-release (Cymbalta)	1			•	
EFFEXOR XR	3			•	•
escitalopram (Lexapro)	1			•	
FETZIMA	3			•	•
fluoxetine (Prozac)	1			•	
FLUOXETINE 60 mg	3			•	•
fluvoxamine	1			•	
fluvoxamine ext-release (Luvox CR)	1			•	

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
FORFIVO XL	3			•	•
imipramine hcl (Tofranil)	1				
KHEDEZLA	3			•	•
LEXAPRO	3			•	•
MAPROTILINE	3			•	•
mirtazapine (Remeron, Remeron SolTab)	1			•	
nortriptyline caps (Pamelor)	1				
OLEPTRO	3			•	•
paroxetine hcl (Paxil)	1			•	
paroxetine hcl ext-release (Paxil CR)	1			•	
PAXIL/CR	3			•	•
PEXEVA	3			•	•
phenelzine (Nardil)	1				
PRISTIQ	3			•	•
PROZAC	3			•	•
REMERON/SOLTAB	3			•	•
sertraline (Zoloft)	1			•	
tranylcypromine (Parnate)	1				
trazodone	1				
venlafaxine	1			•	
venlafaxine ext-release caps (Effexor XR)	1			•	
VENLAFAXINE ext-release tabs, 225 mg	2			•	•
venlafaxine ext-release tabs, 37.5 mg, 75 mg, 150 mg	1			•	
VENLAFAXINE ext-release tabs, 37.5 mg, 75 mg, 150 mg	3			•	•
VIIBRYD	3			•	•
WELLBUTRIN/SR/XL	3			•	•
ZOLOFT	3			•	•

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
PSYCHOTIC AND BIPOLAR DISORDERS					
ABILIFY/DISC MELT	3			•	
chlorpromazine	1				
clozapine (Clozaril)	1			•	
CLOZAPINE ODT	3			•	
CLOZARIL	3			•	
FANAPT	3			•	
FAZACLO	3			•	
FLUPHENAZINE HCL elixir, soln	2				
fluphenazine hcl tabs	1				
GEODON	3			•	
haloperidol lactate oral soln	1				
haloperidol tabs	1				
INVEGA	3			•	
LATUDA	3			•	
LITHIUM soln	2				
lithium carbonate	1				
lithium carbonate ext-release 300 mg (Lithobid)	1				
lithium carbonate ext-release 450 mg	1				
loxapine	1				
olanzapine (Zyprexa, Zyprexa Zydis)	1			•	
perphenazine	1				
prochlorperazine	1				
quetiapine (Seroquel)	1			•	
RISPERDAL/M-TAB	3			•	
risperidone (Risperdal, Risperdal M-Tab)	1			•	
SAPHRIS	3			•	
SEROQUEL	3			•	
SEROQUEL XR	2			•	

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
thiothixene	1				
trifluoperazine	1				
VERSACLOZ	3			•	
ziprasidone (Geodon)	1			•	
ZYPREXA/ZYDIS	3			•	
SLEEP AIDS					
AMBIEN/CR*	3			•	•
BELSOMRA*	3			•	•
EDLUAR*	3			•	•
estazolam	1				
eszopiclone (Lunesta)	1			•	
HETLIOZ	3	X	•	•	
INTERMEZZO*	3			•	•
LUNESTA	3			•	•
phenobarbital soln; tabs, 16.2 mg, 32.4 mg, 64 mg, 97.2 mg	1				
PHENOBARBITAL tabs, 15 mg, 30 mg, 60 mg, 100 mg	2				
ROZEREM	3			•	•
SILENOR	3			•	•
SONATA	3			•	•
temazepam (Restoril)	1				
zaleplon (Sonata)	1			•	
zolpidem (Ambien)	1			•	
zolpidem ext-release (Ambien CR)	1			•	
ZOLPIMIST*	3			•	•
HYPERACTIVITY/NARCOLEPSY					
ADDERALL/XR	3		•	•	
amphetamine/ dextroamphetamine (Adderall)	1		•	•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
amphetamine/ dextroamphetamine ext- release (Adderall XR)	1		•	•	
caffeine citrate (Cafcit)	1				
clonidine ext-release (Kapvay)	1		•	•	
CONCERTA	3		•	•	
DAYTRANA	3		•	•	
DESOXYN	3		•	•	
DEXEDRINE	3		•	•	
dexmethylphenidate (Focalin)	1		•	•	
dexmethylphenidate ext- release (Focalin XR)	1		•	•	
dextroamphetamine (Procentra)	1		•	•	
dextroamphetamine ext- release (Dexedrine Spansule)	1		•	•	
EVEKEO	3		•	•	
FOCALIN/XR	3		•	•	
guanfacine ext-release (Intuniv)	1		•	•	
INTUNIV	3		•	•	
KAPVAY	3		•	•	
METADATE CD/ER	3		•	•	
methamphetamine (Desoxyn)	1		•	•	
METHYLIN	3		•	•	
methylphenidate (Methylin, Ritalin)	1		•	•	
methylphenidate ext-release caps (Metadate CD/ER, Ritalin LA)	1		•	•	
methylphenidate ext-release tabs, 20 mg	1		•	•	
METHYLPHENIDATE ext-release 10 mg	3		•	•	
METHYLPHENIDATE ext-release OSM	3		•	•	
modafinil (Provigil)	1		•	•	

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
NUVIGIL	3		•	•	
PROCENTRA	3		•	•	
PROVIGIL	3		•	•	
QUILLIVANT XR	3		•	•	
RITALIN/LA	3		•	•	
STRATTERA	3		•	•	
VYVANSE	3		•	•	
ZENZEDI	3		•	•	
MULTIPLE SCLEROSIS					
AMPYRA	3	X	•	•	
AUBAGIO	3	X	•	•	
AVONEX	3	X	•	•	
BETASERON	2	X	•	•	
COPAXONE	2	X	•	•	
EXTAVIA	3	X	•	•	
GILENYA	3	X	•	•	
PLEGRIDY	2	X	•	•	
REBIF	2	X	•	•	
TECFIDERA	2	X	•	•	
OTHER CENTRAL NERVOUS SYSTEM DRUGS					
acamprosate delayed-release (Campral)	1				
disulfiram (Antabuse)	1				
donepezil (Aricept)	1				
donepezil ODT	1				
EXELON patches	2				
galantamine tabs (Razadyne)	1				
galantamine ext-release (Razadyne ER)	1				
GRALISE	3				•
HORIZANT	3				•
naltrexone (ReVia)	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
NAMENDA	2				
NAMENDA XR	2				
olanzapine/fluoxetine (Symbyax)	1			•	
ORAP	2				
rivastigmine (Exelon)	1				
SAVELLA	3			•	•
SYMBYAX	3			•	
XENAZINE	3	X	•	•	
XYREM	3	X	•	•	
TOBACCO CESSATION					
bupropion ext-release (Zyban)	1				
CHANTIX*	2				
NICOTROL INHALER*	2				
NICOTROL NS*	2				
PAIN RELIEF DRUGS					
NON-NARCOTIC DRUGS					
ALAGESIC LQ	3			•	
BUPAP*	3			•	
butalbital/acetaminophen	1			•	
butalbital/acetaminophen 325 mg/caffeine (Esgic)	1			•	
butalbital/aspirin/caffeine caps (Fiorinal)	1			•	
ESGIC*	3			•	
FIORICET*	3			•	
FIORINAL*	3			•	
salsalate	1				
NARCOTIC DRUGS					
ABSTRAL	3		•	•	
acetaminophen/caffeine/dihydrocodeine	1			•	
acetaminophen/codeine (Tylenol w/Codeine)	1			•	

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ACTIQ	3		•	•	
AVINZA	3			•	
BUNAVAIL	3		•	•	
buprenorphine	1		•	•	
buprenorphine/naloxone	1		•	•	
butalbital/acetaminophen 325 mg/caffeine/codeine	1			•	
butalbital/aspirin/caffeine/ codeine (Fiorinal w/Codeine)	1			•	
butorphanol nasal	1			•	
BUTRANS	3			•	
CAPITAL and CODEINE	3			•	
CONZIP*	3			•	
DEMEROL	3			•	
DILAUDID	3			•	
DOLOPHINE	3			•	
DURAGESIC	3			•	
EMBEDA	3			•	
EXALGO	3			•	
fentanyl (Duragesic)	1			•	
fentanyl (Actiq)	1		•	•	
FENTORA	3		•	•	
FIORICET w/CODEINE*	3			•	
FIORINAL w/CODEINE*	3			•	
HYCET*	3			•	
hydrocodone/acetaminophen soln, tabs	1			•	
HYDROCODONE/ ACETAMINOPHEN soln, 7.5-500 mg, 10-325 mg/15 mL	3			•	
hydrocodone/ibuprofen (Ibudone, Reprexain, Vicoprofen)	1			•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
hydromorphone soln, tabs (Dilaudid)	1			•	
hydromorphone ext- release (Exalgo)	1			•	
HYSINGLA ER*	3			•	
IBUDONE*	3			•	
KADIAN	3			•	
LAZANDA	3		•	•	
LEVORPHANOL	3			•	
meperidine (Demerol)	1			•	
methadone conc, soln, tabs	1			•	
METHADOSE	3			•	
morphine sulfate conc, soln	1			•	
morphine sulfate ext- release (Avinza, Kadian, MS Contin)	1			•	
MORPHINE SULFATE supp, 30 mg; tabs	2			•	
MS CONTIN	3			•	
NORCO*	3			•	
NUCYNTA	3			•	
NUCYNTA ER	2			•	
ONSOLIS	3		•	•	
OPANA/ER	3			•	
ORAMORPH SR	3			•	
OXECTA	3			•	
oxycodone	1			•	
OXYCODONE conc, soln	3			•	
OXYCODONE ER	3			•	
oxycodone/ acetaminophen (Percocet)	1			•	
oxycodone/acetaminophen caps, 5-500 mg	1			•	

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oxycodone/aspirin (Percodan)	1			•	
oxycodone/ibuprofen	1			•	
OXYCONTIN	2			•	
oxymorphone (Opana)	1			•	
oxymorphone ext-release	1			•	
PERCOCET	3			•	
PERCODAN	3			•	
PRIMLEV*	3			•	
REPREXAIN*	3			•	
ROXICET soln	2			•	
ROXICET tabs	3			•	
RYBIX ODT*	3			•	
SUBOXONE film	2		•	•	
SUBSYS	3		•	•	
SUBUTEX	3		•	•	
tramadol (Ultram)	1			•	
tramadol ext-release (Ultram ER)	1			•	
TRAMADOL HCL ER*	3			•	
tramadol/ acetaminophen (Ultracet)	1			•	
TREZIX	3			•	
TYLENOL/CODEINE	3			•	
ULTRACET*	3			•	
ULTRAM/ER*	3			•	
VICOPROFEN*	3			•	
XARTEMIS XR*	3			•	
XODOL*	3			•	
XOLOX	3			•	
ZOHYDRO ER*	3			•	
ZOLVIT	3			•	
ZUBSOLV	3		•	•	
ZYDONE	3			•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
RHEUMATOID AND OSTEOARTHRITIS					
ACTEMRA	3	X	•	•	
ARCALYST	3	X	•	•	
CAMBIA*	3			•	•
CELEBREX	3			•	
celecoxib (Celebrex)	1			•	
diclofenac potassium	1				
diclofenac sodium delayed-release	1				
diclofenac sodium ext-release (Voltaren-XR)	1				
DUEXIS*	3			•	•
ENBREL	2	X	•	•	
etodolac	1				
etodolac ext-release	1				
flurbiprofen	1				
HUMIRA	2	X	•	•	
ibuprofen	1				
indomethacin	1				
ketoprofen	1				
ketorolac tabs	1			•	
KINERET	3	X	•	•	
leflunomide (Arava)	1				
meloxicam tabs (Mobic)	1				
nabumetone	1				
naproxen (Naprosyn)	1				
naproxen delayed-release (EC-Naprosyn)	1				
naproxen sodium (Anaprox)	1				
ORENCIA subcutaneous	3	X	•	•	
OTEZLA	3	X	•	•	
oxaprozin (Daypro)	1				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
piroxicam (Feldene)	1				
RIDAURA	2				
SIMPONI	2	X	•	•	
SPRIX	3			•	
sulindac	1				
VIMOVO*	3			•	•
XELJANZ	3	X	•	•	
ZIPSOR*	3			•	•
ZORVOLEX*	3			•	•
MIGRAINE HEADACHES					
acetaminophen/isometheptene/ dichloralphenazone	1				
ALSUMA	3			•	
AMERGE	3			•	
AXERT	3			•	
D.H.E. 45	3			•	
DIHYDROERGOTAMINE	3			•	
dihydroergotamine mesylate (D.H.E. 45)	1			•	
ERGOMAR	2				
FROVA	3			•	
IMITREX inj, tabs	3			•	
IMITREX nasal	2			•	
MAXALT/MLT	3			•	
MIGRANAL	2			•	
naratriptan (Amerge)	1			•	
RELPAK	3			•	
rizatriptan (Maxalt, Maxalt-MLT)	1			•	
sumatriptan auto-injector; cartridge; inj, 6 mg/0.5 mL; tabs (Imitrex)	1			•	
SUMATRIPTAN inj, 4 mg/0.5 mL	2			•	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
SUMATRIPTAN nasal; prefilled syringe	3			•	
SUMAVEL DOSEPRO inj	3			•	
TREXIMET*	3			•	
zolmitriptan (Zomig, Zomig ZMT)	1			•	
ZOMIG/ZMT	3			•	
GOUT					
allopurinol (Zyloprim)	1				
COLCRYST	2				
probenecid	1				
probenecid/colchicine	1				
NEUROMUSCULAR DRUGS					
SEIZURES					
carbamazepine (Tegretol)	1				
carbamazepine ext- release (Carbatrol, Tegretol-XR)	1				
CELONTIN	2				
clonazepam (Klonopin)	1				
DIASTAT	2				
DILANTIN 30 mg	2				
divalproex delayed- release (Depakote, Depakote Sprinkles)	1				
divalproex ext-release (Depakote ER)	1				
ethosuximide (Zarontin)	1				
gabapentin (Neurontin)	1				
GABITRIL 12 mg, 16 mg	2				
lamotrigine (Lamictal)	1				
levetiracetam (Keppra)	1				
levetiracetam ext-release (Keppra XR)	1				
LYRICA	3			•	•

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
oxcarbazepine (Trileptal)	1				
PEGANONE	2				
phenytoin (Dilantin)	1				
phenytoin sodium ext-release (Dilantin, Phenytek)	1				
primidone (Mysoline)	1				
TEGRETOL-XR 100 mg	2				
tiagabine (Gabitril)	1				
topiramate (Topamax, Topamax Sprinkle)	1				
valproic acid (Depakene)	1				
zonisamide (Zonegran)	1				
PARKINSON'S DISEASE					
amantadine caps, syrup	1				
AMANTADINE tabs	2				
APOKYN	3	X			
AZILECT	2				
benztropine	1				
bromocriptine (Parlodel)	1				
carbidopa/levodopa (Sinemet)	1				
carbidopa/levodopa ext-release (Sinemet CR)	1				
carbidopa/levodopa ODT	1				
entacapone (Comtan)	1				
pramipexole (Mirapex)	1				
ropinirole (Requip)	1				
selegiline caps (Eldepryl)	1				
selegiline tabs	1				
trihexyphenidyl	1				
MUSCLE RELAXANTS					
baclofen	1				
chlorzoxazone (Parafon Forte)	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
cyclobenzaprine	1				
DANTROLENE 100 mg	2				
dantrolene 25 mg, 50 mg (Dantrium)	1				
metaxalone (Skelaxin)	1				
methocarbamol (Robaxin)	1				
orphenadrine citrate ext-release	1				
orphenadrine/aspirin/caffeine 25-385-30 mg	1				
tizanidine (Zanaflex)	1				
OTHER NEUROMUSCULAR DRUGS					
MESTINON syrup	2				
MESTINON TIMESPAN	2				
neostigmine inj (Prostigmin)	1				
PROSTIGMIN tabs	2				
pyridostigmine (Mestinon)	1				
riluzole (Rilutek)	1				
SUPPLEMENTS					
VITAMINS					
ergocalciferol (Drisdol)	1				
MEPHYTON	2				
MULTIVITAMINS					
PRENATAL MULTIVITAMINS/ FOLIC ACID	2				
MINERALS AND ELECTROLYTES					
potassium bicarbonate/chloride effervescent 25 mEq	1				
potassium chloride packets; soln	1				
potassium chloride ext-release, NP = 20 mEq	1				
potassium phosphate/sodium phosphates (K-Phos Neutral)	1				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
sodium fluoride chew tabs; soln (Luride)	1				
SODIUM FLUORIDE tabs	2				
BLOOD MODIFYING DRUGS					
anagrelide (Agrylin)	1				
ARANESP	2	X	•		
ARIXTRA inj	3			•	
BERINERT	3	X	•		
CERDELGA	3	X	•		
cilostazol (Pletal)	1				
CINRYZE	2	X	•		
clopidogrel (Plavix)	1				
cyanocobalamin inj	1				
dipyridamole (Persantine)	1				
DROXIA	2				
ELIQUIS	2			•	
enoxaparin inj (Lovenox)	1			•	
EPOGEN	3	X	•		
FIRAZYR	2	X	•		
folic acid 1 mg	1				
fondaparinux inj (Arixtra)	1			•	
FRAGMIN inj	3			•	
IPRIVASK	3			•	
LEUKINE	2	X			
LOVENOX inj	3			•	
MIRCERA	3	X	•		
NEULASTA	2	X	•	•	
NEUMEGA	2	X	•		
NEUPOGEN	2	X	•		
pentoxifylline ext-release	1				
PRADAXA	2			•	
PROCRIT	2	X	•		

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
PROMACTA	3	X	•	•	
RUCONEST	3	X	•		
SAVAYSA	3			•	
warfarin (Coumadin)	1				
XARELTO	2			•	
ZAVESCA	3	X	•	•	
COAGULATION FACTORS					
ADVATE	2	X	•		
ALPHANATE/VWF	2	X	•		
ALPHANINE SD	2	X	•		
ALPROLIX	2	X	•		
BEBULIN/VH	2	X	•		
BENEFIX	2	X	•		
CORIFACT	2	X	•		
ELOCTATE	2	X	•		
FEIBA	2	X	•		
FEIBA NF	2	X	•		
HELIXATE FS	2	X	•		
HEMOFIL M	2	X	•		
HUMATE-P	2	X	•		
KOATE-DVI	2	X	•		
KOGENATE FS	2	X	•		
MONOCLATE-P	2	X	•		
MONONINE	2	X	•		
NOVOEIGHT	3	X	•		
NOVOSEVEN/RT	2	X	•		
OBIZUR	2	X	•		
PROFILNINE SD	2	X	•		
RECOMBINATE	2	X	•		
RIXUBIS	2	X	•		
TRETEN	2	X	•		
WILATE	2	X	•		

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
XYNTHA/SOLOFUSE	2	X	•		
TOPICAL PRODUCTS					
EYE					
Anti-infectives					
BACITRACIN oint	2				
bacitracin/polymyxin B oint	1				
ciprofloxacin soln (Ciloxan)	1				
erythromycin oint	1				
gentamicin oint, soln (Garamycin)	1				
NATACYN	2				
neomycin/polymyxin B/ bacitracin oint	1				
neomycin/polymyxin B/ gramicidin soln (Neosporin)	1				
ofloxacin soln (Ocuflox)	1				
polymyxin B/trimethoprim soln (Polytrim)	1				
sulfacetamide sodium soln (Bleph-10)	1				
tobramycin soln (Tobrex)	1				
trifluridine soln (Viroptic)	1				
VIGAMOX	2				
Steroids and Combination Products					
BLEPHAMIDE	2				
BLEPHAMIDE S.O.P.	2				
dexamethasone sodium phosphate soln	1				
fluorometholone susp, 0.1% (FML Liquifilm)	1				
LOTEMAX	2				
neomycin/polymyxin B/ bacitracin/hydrocortisone oint	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
neomycin/polymyxin B/ dexamethasone oint, susp (Maxitrol)	1				
prednisolone acetate susp (Pred Forte)	1				
sulfacetamide sodium/ prednisolone soln	1				
TOBRADEX oint	2				
tobramycin/dexamethasone susp (Tobradex)	1				
Glaucoma					
ALPHAGAN P 0.1%	2				
brimonidine soln, 0.15% (Alphagan P)	1				
brimonidine soln, 0.2%	1				
carteolol soln	1				
dorzolamide soln (Trusopt)	1				
dorzolamide/timolol maleate soln (Cosopt)	1				
latanoprost soln (Xalatan)	1			•	
levobunolol soln, 0.5% (Betagan)	1				
LUMIGAN	2			•	
PHOSPHOLINE IODIDE soln	2				
pilocarpine soln (Isopto Carpine)	1				
RESCULA	3			•	
timolol maleate soln (Timoptic, Timoptic-XE)	1				
TRAVATAN Z	2			•	
TRAVOPROST	3			•	
XALATAN	3			•	
Other Eye Products					
ATROPINE SULFATE oint	2				
atropine sulfate soln (Isopto Atropine)	1				

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
azelastine soln	1				
cromolyn sodium soln	1				
CYCLOGYL 0.5%	2				
cyclopentolate soln (Cyclogyl)	1				
CYSTARAN	3	X	•	•	
diclofenac soln	1				
flurbiprofen soln (Ocufen)	1				
homatropine soln (Isopto Homatropine)	1				
ketorolac soln (Acular, Acular LS)	1				
tropicamide soln (Mydracil)	1				
EAR					
acetic acid soln	1				
ACETIC ACID/ALUMINUM ACETATE soln	2				
benzocaine/antipyrine soln	1				
CIPRODEX	2				
hydrocortisone/acetic acid soln (Vosol HC)	1				
neomycin/polymyxin B/ hydrocortisone soln, susp (Cortisporin)	1				
ofloxacin soln	1				
MOUTH AND THROAT (LOCAL)					
cevimeline (Evoxac)	1				
chlorhexidine rinse (Peridex)	1				
clotrimazole troche	1				
lidocaine viscous	1				
nystatin susp	1				
pilocarpine (Salagen)	1				
triamcinolone paste	1				
ANORECTAL AGENTS					
CORTIFOAM	2				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
hydrocortisone acetate crm, supp (Anusol-HC, Proctocort)	1				
hydrocortisone enema (Cortenema)	1				
PROCTOFOAM HC	2				
SKIN CONDITIONS/PRODUCTS					
Acne					
adapalene crm, gel* (Differin)	1				
CLARAVIS 30 mg	2				
clindamycin (Cleocin-T)	1				
clindamycin/benzoyl peroxide (Benzacilin, Duac)	1				
DOXYCYCLINE delayed release 40 mg*	3				•
erythromycin (Erygel)	1				
erythromycin pads, soln	1				
erythromycin/benzoyl peroxide (Benzamycin)	1				
FINACEA	2				
isotretinoin 10 mg, 20 mg, 40 mg – Amnesteem, Claravis, Myorisan, Zenatane	1				
metronidazole (Metrocream, Metrogel, Metro lotion)	1				
ORACEA*	3				•
sulfacetamide sodium (Klaron)	1				
sulfacetamide sodium/sulfur, NP = susp, 10-5%	1				
TAZORAC*	2				•
tretinoin microsphere* (Retin-A Micro)	1				
tretinoin* (Retin-A)	1				
Anti-infectives					
CICLODAN KIT*	3		•		•

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Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
ciclopirox crm, gel, shampoo, susp (Loprox)	1				
ciclopirox soln, 8% (Penlac)	1		•		
diclofenac sodium (Pennsaid)	1			•	
econazole	1				
FLECTOR patch	3			•	•
JUBLIA*	3		•		
KERYDIN*	3		•		
ketoconazole (Nizoral)	1				
mupirocin (Bactroban)	1				
nystatin topical	1				
PENLAC	3		•		
PENNSAID	3			•	•
silver sulfadiazine (Silvadene)	1			•	
VOLTAREN gel	2			•	
ZOVIRAX crm	2				
Corticosteroids					
alclometasone (Aclovate)	1				
betamethasone dipropionate	1				
betamethasone dipropionate, augmented (Diprolene)	1				
betamethasone valerate	1				
calcipotriene/ betamethasone (Taclonex)	1			•	
CAPEX	2				
clobetasol (Olux, Temovate)	1				
CLOCORTOLONE	3				•
CLODAN KIT*	3				•
CLODERM	3				•
CUTIVATE	3				•
DESONATE	3				•
desonide (Desowen)	1				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
DESOWEN	3				•
desoximetasone crm, 0.25%; gel; oint, 0.25% (Topicort)	1				
diflorasone oint	1				
fluocinolone (Derma-Smoothe/FS, Synalar)	1				
fluocinonide	1				
fluticasone propionate (Cutivate)	1				
halobetasol (Ultravate)	1				
hydrocortisone butyrate (Locoid)	1				
hydrocortisone topical	1				
hydrocortisone valerate (Westcort)	1				
LOCOID	3				•
LUXIQ	3				•
mometasone (Elocon)	1				
nystatin/triamcinolone	1				
OLUX/E	3				•
PRAMOSONE lotn; oint 1-1%	2				
pramoxine/ hydrocortisone (Pramosone)	1				
TACLONEX	3			•	
TOPICORT spray	3				•
triamcinolone crm; lotn; oint, 0.025%, 0.1%	1				
VANOS	3				•
VERDESO	3				•
Other Skin Products					
acitretin (Soriatane)	1				
calcipotriene (Dovonex)	1			•	
CARAC	2				
CONDYLOX gel	2				
COSENTYX	3	X	•	•	

KEY	Tier			
	1 = Covered Generic Drugs	3 = Non-Preferred Brand Drugs	* = May not be covered – see endorsement	
	2 = Preferred Brand Drugs	• = Responsible Rx Program	X = Tier 4: Separate Specialty costshare may apply – see endorsement	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
diclofenac sodium (Solaraze)	1				
DOVONEX	3			•	
ELIDEL	3				•
fluorouracil (Efudex)	1				
imiquimod (Aldara)	1				
lidocaine jelly, 2%; oint, 5%; soln, 4% (Xylocaine)	1				
lidocaine patches (Lidoderm)	1				
lidocaine/prilocaine crm (Emla)	1				
lindane	1				
malathion (Ovide)	1				
permethrin crm	1				
PICATO	2			•	
podofilox (Condylox)	1				
PROTOPIC	3				•
SANTYL	2				
selenium sulfide 2.5%	1				
SORILUX	3			•	
STELARA	2	X	•	•	
tacrolimus (Protopic)	1				
VALCHLOR	2	X			
VECTICAL	3			•	
8-MOP	2				
MISCELLANEOUS CATEGORIES					
DIABETIC SUPPLIES					
BLOOD GLUCOSE METERS – BAYER BREEZE 2	2				
BLOOD GLUCOSE METERS – BAYER CONTOUR	2				
BLOOD GLUCOSE METERS – BAYER CONTOUR NEXT/EZ/ LINK/USB	2				

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
INSULIN PEN NEEDLES – NOVOFINE, NOVOTWIST, OTHER VARIOUS MANUFACTURERS	2				
LANCET DEVICES – VARIOUS MANUFACTURERS	2				
LANCETS – VARIOUS MANUFACTURERS	2				
SYRINGES/NEEDLES – VARIOUS MANUFACTURERS – for self-injectable drug administration	2				
TEST DISCS – BAYER BREEZE 2	2			•	
TEST STRIPS – BAYER CONTOUR/NEXT	2			•	
TEST STRIPS – Non-Preferred	3		•	•	
MISCELLANEOUS DRUGS					
azathioprine (Imuran)	1				
CHEMET	2				
CUPRIMINE	2				
cyclosporine (Sandimmune)	1				
cyclosporine modified caps, 25 mg, 100 mg; soln (Neoral)	1				
EXJADE	2	X			
FERRIPROX	3	X			
mycophenolate mofetil (Cellcept)	1				
mycophenolate sodium delayed-release (Myfortic)	1				
naloxone inj, 0.4 mg/mL	1				
RAPAMUNE soln	2				
REVLIMID	2	X	•	•	
sirolimus (Rapamune)	1				
sodium polystyrene sulfonate	1				
SYPRINE	2				
tacrolimus (Prograf)	1				

KEY	Tier			
	1 = Covered Generic Drugs	3 = Non-Preferred Brand Drugs	* = May not be covered – see endorsement	
	2 = Preferred Brand Drugs	• = Responsible Rx Program	X = Tier 4: Separate Specialty costshare may apply – see endorsement	

Drug Name	Drug Tier	Specialty/Tier 4	Prior Authorization	Quantity Limits	Responsible Steps
THALOMID	2	X	•	•	
ZORTRESS	2				

KEY	Tier		
	1 = Covered Generic Drugs	3 = Non-Preferred Brand Drugs	* = May not be covered – see endorsement
	2 = Preferred Brand Drugs	• = Responsible Rx Program	X = Tier 4: Separate Specialty costshare may apply – see endorsement

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ISONIAZID syrup.....	2
isoniazid tabs	2
ISOSORBIDE DINITRATE tabs, 30 mg.....	10
isosorbide dinitrate tabs, 5 mg, 10 mg, 20 mg	10
isosorbide mononitrate	10
isosorbide mononitrate ext-release	10
isotretinoin 10 mg, 20 mg, 40 mg – Amnesteem, Claravis, Myorisan, Zenatane	26
itraconazole	2
ivermectin	4

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JANUMET.....	7
JANUMET XR.....	7
JANUVIA.....	7
JARDIANCE.....	7
JENTADUETO.....	7
JUBLIA.....	27
JUXTAPID.....	11

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KALETRA.....	3
KALYDECO packets.....	14
KALYDECO tabs.....	14
KAPVAY.....	18
KAZANO.....	7
KERYDIN.....	27
ketoconazole crm, shampoo	27
ketoprofen	21
ketorolac eye soln	26
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KINERET.....	21
KITABIS PAK.....	2
KOATE-DVI.....	24
KOGENATE FS.....	24
KOMBIGLYZE XR.....	7
KORLYM.....	7
K-PHOS NO. 2.....	16
KUVAN.....	8
KYNAMRO.....	11

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labetalol	10
lactulose	14
lactulose	15
LAMISIL granules.....	2
LAMISIL tabs.....	2
lamivudine	2
lamivudine	3
lamivudine/zidovudine	3
lamotrigine	22
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lansoprazole delayed-release	14
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leflunomide	21
LENVIMA.....	5
LESCOL/XL.....	11
LETAIRIS.....	12
letrozole	5
LEUCOVORIN CALCIUM tabs, 10 mg, 15 mg.....	5
leucovorin calcium tabs, 5 mg, 25 mg	5
LEUKERAN.....	5
LEUKINE.....	24
leuprolide acetate inj	5
levalbuterol	13
LEVEMIR inj.....	8
levetiracetam	22
levetiracetam ext-release	22
LEVITRA.....	12

levobunolol eye soln, 0.5%.....	25	mefloquine.....	4
levocarnitine.....	8	megestrol.....	5
levocetirizine.....	12	MEKINIST.....	5
levofloxacin oral.....	2	meloxicam tabs.....	21
levonorgestrel 1.5 mg.....	6	MENEST.....	6
LEVORPHANOL.....	20	MENOPUR.....	7
levothyroxine.....	8	MENOSTAR.....	6
LEXAPRO.....	17	meperidine.....	20
LEXIVA.....	3	MEPHYTON.....	23
LIALDA.....	15	mercaptopurine.....	5
lidocaine/prilocaine crm.....	28	mesalamine.....	15
lidocaine jelly, 2%; oint, 5%; soln, 4%.....	28	MESNEX tabs.....	5
lidocaine patches.....	28	MESTINON syrup.....	23
lidocaine viscous.....	26	MESTINON TIMESPAN.....	23
lindane.....	28	METADATE CD/ER.....	18
LINZESS.....	15	metaxalone.....	23
liothyronine.....	8	metformin.....	7
LIPITOR.....	11	metformin ext-release.....	7
LIPOFEN.....	11	metformin ext-release OSM.....	7
LIPTRUZET.....	11	methadone conc, soln, tabs.....	20
lisinopril.....	9	METHADOSE.....	20
lisinopril/hydrochlorothiazide.....	9	methamphetamine.....	18
lithium carbonate.....	17	methazolamide.....	11
lithium carbonate ext-release 300 mg.....	17	methimazole.....	8
lithium carbonate ext-release 450 mg.....	17	METHITEST.....	6
LITHIUM soln.....	17	methocarbamol.....	23
LIVALO.....	11	methotrexate.....	5
LOCOID.....	27	methscopolamine.....	14
LOFIBRA.....	11	methyldopa.....	12
LOMUSTINE.....	5	methylegonovine.....	8
loperamide.....	14	METHYLIN.....	18
LOPID.....	11	methylphenidate.....	18
loratadine.....	12	METHYLPHENIDATE ext-release 10 mg.....	18
loratadine/pseudoephedrine.....	13	methylphenidate ext-release caps.....	18
lorazepam conc.....	16	METHYLPHENIDATE ext-release OSM.....	18
lorazepam tabs.....	16	methylphenidate ext-release tabs, 20 mg.....	18
losartan.....	9	methylprednisolone.....	6
losartan/hydrochlorothiazide.....	9	metoclopramide.....	15
LOTEMAX.....	25	metolazone.....	11
lovastatin.....	11	metoprolol succinate ext-release.....	10
LOVENOX inj.....	24	metoprolol tartrate.....	10
loxapine.....	17	metronidazole oral.....	4
LUMIGAN.....	25	metronidazole topical.....	26
LUNESTA.....	18	metronidazole vaginal gel.....	16
LUXIQ.....	27	MEVACOR.....	11
LYNPARZA.....	5	mexiletine.....	12
LYRICA.....	22	MICARDIS/HCT.....	9
LYSODREN.....	5	midodrine.....	12
M		MIGRANAL.....	22
malathion.....	28	MINIVELLE.....	6
MAPROTILINE.....	17	MINOCIN/PAC.....	1
MATULANE.....	5	minocycline.....	1
MAXALT/MLT.....	22	minocycline ext-release.....	1
meclizine.....	15	minoxidil.....	12
medroxyprogesterone acetate tabs.....	6	MIRCERA.....	24
		mirtazapine.....	17

misoprostol	14	nevirapine tabs	3
modafinil	18	NEXAVAR.....	5
MODERIBA.....	2	NEXIUM caps.....	14
moexipril	9	NEXIUM granules.....	14
moexipril/hydrochlorothiazide	9	niacin ext-release	11
mometasone	27	NICOTROL INHALER.....	19
MONOCLATE-P.....	24	NICOTROL NS.....	19
MONODOX.....	1	nifedipine ext-release	10
MONONINE.....	24	NILANDRON.....	5
montelukast	13	NISOLDIPINE ext-release 20 mg, 25.5 mg, 30 mg, 40 mg.....	10
morphine sulfate conc, soln	20	nisoldipine ext-release 8.5 mg, 17 mg, 34 mg	10
morphine sulfate ext-release	20	NITRO-BID.....	10
MORPHINE SULFATE supp, 30 mg; tabs.....	20	NITRO-DUR 0.3 mg/hr, 0.8 mg/hr.....	10
MOVANTIK.....	15	nitrofurantoin	15
MS CONTIN.....	20	nitrofurantoin macrocrystalline	15
MULTAQ.....	12	nitrofurantoin monohydrate/macrocrystalline	15
mupirocin	27	nitroglycerin	10
MYALEPT.....	8	NITROSTAT.....	11
mycophenolate mofetil	28	NORCO.....	20
mycophenolate sodium delayed-release	28	NORDITROPIN.....	8
MYLERAN.....	5	norelgestromin/ethinyl estradiol	6
MYRBETRIQ.....	15	norethindrone acetate	6
N		norethindrone acetate/ethinyl estradiol	6
nabumetone	21	NORTHERA.....	12
nadolol	10	nortriptyline caps	17
naloxone inj, 0.4 mg/mL	28	NORVIR.....	3
naltrexone	19	NOVOEIGHT.....	24
NAMENDA.....	19	NOVOLIN 70/30 inj.....	8
NAMENDA XR.....	19	NOVOLIN N inj.....	8
naproxen	21	NOVOLIN R inj.....	8
naproxen delayed-release	21	NOVOLOG inj.....	8
naproxen sodium	21	NOVOLOG MIX 70/30 inj.....	8
naratriptan	22	NOVOSEVEN/RT.....	24
NASONEX.....	13	NOXAFIL susp.....	2
NATACYN.....	25	NOXAFIL tabs.....	2
nateglinide	7	NUCYNTA.....	20
NATESTO.....	6	NUCYNTA ER.....	20
NATPARA.....	8	NUTROPIN AQ.....	8
NEBUPENT.....	4	NUVIGIL.....	19
neomycin/polymyxin B/bacitracin/hydrocortisone eye oint	25	nystatin/triamcinolone	27
neomycin/polymyxin B/bacitracin eye oint	25	nystatin oral	2
neomycin/polymyxin B/dexamethasone eye oint, susp	25	nystatin susp	26
neomycin/polymyxin B/gramicidin eye soln	25	nystatin topical	27
neomycin/polymyxin B/hydrocortisone ear soln, susp	26	O	
neomycin sulfate	2	OBIZUR.....	24
neostigmine inj	23	octreotide	8
NESINA.....	7	OFEV.....	14
NEULASTA.....	24	ofloxacin ear soln	26
NEUMEGA.....	24	ofloxacin eye soln	25
NEUPOGEN.....	24	olanzapine	17
nevirapine ext-release	3	olanzapine/fluoxetine	19
NEVIRAPINE susp.....	3	OLEPTRO.....	17
		olopatadine	13
		OLUX/E.....	27

OLYSIO.....	2	PENNSAID.....	27
omeprazole/sodium bicarbonate.....	14	PENTASA.....	15
omeprazole delayed-release.....	14	pentoxifylline ext-release.....	24
OMNARIS.....	13	PERCOCET.....	21
OMNITROPE.....	8	PERCODAN.....	21
ondansetron.....	15	perindopril.....	9
ondansetron tabs, 24 mg.....	15	permethrin crm.....	28
ONGLYZA.....	7	perphenazine.....	17
ONMEL.....	2	PEXEVA.....	17
ONSOLIS.....	20	phenelzine.....	17
OPANA/ER.....	20	phenobarbital soln; tabs, 16.2 mg, 32.4 mg, 64 mg, 97.2 mg.....	18
OPSUMIT.....	12	PHENOBARBITAL tabs, 15 mg, 30 mg, 60 mg, 100 mg.....	18
ORACEA.....	26	phenytoin.....	23
ORALAIR.....	4	phenytoin sodium ext-release.....	23
oral contraceptives – all generics.....	6	PHOSPHOLINE IODIDE eye soln.....	25
ORAMORPH SR.....	20	PICATO.....	28
ORAP.....	19	pilocarpine eye soln.....	25
ORENCIA subcutaneous.....	21	pilocarpine tabs.....	26
ORENITRAM.....	12	pindolol.....	10
ORFADIN.....	9	pioglitazone.....	7
orphenadrine/aspirin/cafeine 25-385-30 mg.....	23	pioglitazone/metformin.....	7
orphenadrine citrate ext-release.....	23	piroxicam.....	22
OSENI.....	7	PLEGRIDY.....	19
OTEZLA.....	21	PNEUMOVAX 23.....	4
OVIDREL.....	7	podofilox.....	28
oxaprozin.....	21	polymyxin B/trimethoprim eye soln.....	25
oxcarbazepine.....	23	POMALYST.....	5
OXECTA.....	20	potassium bicarbonate/chloride effervescent 25 mEq.....	23
oxybutynin.....	15	potassium chloride ext-release, NP = 20 mEq.....	23
oxybutynin ext-release.....	15	potassium chloride packets; soln.....	23
oxycodone.....	20	potassium citrate/citric acid.....	16
oxycodone/acetaminophen caps, 5-500 mg.....	20	potassium citrate ext-release.....	16
oxycodone/acetaminophen tabs.....	20	potassium phosphate/sodium phosphates.....	23
oxycodone/aspirin.....	21	PRADAXA.....	24
oxycodone/ibuprofen.....	21	pramipexole.....	23
OXYCODONE conc, soln.....	20	PRAMOSONE lotn; oint 1-1%.....	27
OXYCODONE ER.....	20	pramoxine/hydrocortisone.....	27
OXYCONTIN.....	21	PRAVACHOL.....	11
oxymorphone.....	21	pravastatin.....	11
oxymorphone ext-release.....	21	prazosin.....	12
OXYTROL.....	15	prednisolone acetate eye susp.....	25
P		prednisolone sodium phosphate oral soln, 5 mg, 15 mg/5 mL.....	6
pantoprazole delayed-release.....	14	prednisolone syrup, 15 mg/5 mL.....	6
paricalcitol.....	9	PREDNISONE soln, 5 mg/5 mL; tabs, 50 mg.....	6
paromomycin.....	2	prednisone tabs, 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg; NP = dose packs.....	6
paroxetine hcl.....	17	PREMARIN crm.....	16
paroxetine hcl ext-release.....	17	PREMARIN tabs.....	6
PATANASE.....	13	PREMPHASE.....	6
PAXIL/CR.....	17	PREMPRO.....	6
PEGANONE.....	23	PRENATAL MULTIVITAMINS/FOLIC ACID.....	23
PEGASYS.....	2	PREVACID/SOLUTAB.....	14
PEG – electrolytes for soln.....	14		
PEG-INTRON.....	2		
penicillin v potassium.....	1		
PENLAC.....	27		

PREVNAR 13.....	4	quinidine sulfate 300 mg	12
PREZCOBIX.....	3	QUINIDINE SULFATE ext-release.....	12
PREZISTA.....	3	quinine sulfate	4
PRIFTIN.....	2	QVAR.....	13
PRIOSEC.....	14	R	
PRIOSEC OTC.....	14	rabeprazole delayed-release	14
PRIMAQUINE.....	4	RAGWITEK.....	4
primidone	23	raloxifene	9
PRIMLEV.....	21	ramipril	9
PRIMSOL.....	4	ranitidine	14
PRISTIQ.....	17	RAPAMUNE soln.....	28
PROAIR HFA.....	13	RAVICTI.....	9
PROAIR RESPICLICK.....	13	REBETOL.....	2
probenecid	22	REBIF.....	19
probenecid/colchicine	22	RECOMBINATE.....	24
PROCENTRA.....	19	RELENZA.....	3
prochlorperazine	17	RELISTOR inj.....	15
PROCRT.....	24	RELPA.....	22
PROCTOFOAM HC.....	26	REMERON/SOLTAB.....	17
PROCYSBI.....	16	REMODULIN.....	12
PROFILNINE SD.....	24	REVELA.....	15
progesterone micronized	6	repaglinide	7
PROGLYCEM.....	7	REPREXAIN.....	21
PROMACTA.....	24	REPRONEX.....	7
promethazine	12	RESCRIPTOR.....	3
propafenone	12	RESCULA.....	25
propafenone ext-release	12	RESERPINE.....	12
PROPANTHELINE 15 mg.....	14	RETROVIR.....	3
PROPRANOLOL/HYDROCHLOROTHIAZIDE.....	10	REVATIO.....	12
propranolol ext-release	10	REVLIMID.....	28
PROPRANOLOL soln.....	10	REYATAZ.....	3
propranolol tabs	10	RHINOCORT AQUA.....	13
propylthiouracil	8	RIBAPAK.....	2
PROSTIGMIN tabs.....	23	RIBASPHERE 400 mg, 600 mg.....	2
PROTONIX packets, tabs.....	14	RIBATAB.....	2
PROTOPIC.....	28	ribavirin	2
PROVENTIL HFA.....	13	RIDAURA.....	22
PROVIGIL.....	19	rifabutin	2
PROZAC.....	17	RIFAMATE.....	2
PULMICORT FLEXHALER.....	13	rifampin	2
PULMICORT RESPULES 1 mg/2 mL.....	13	riluzole	23
PULMOZYME.....	14	risedronate	9
PURIXAN.....	5	RISPERDAL/M-TAB.....	17
pyrazinamide	2	risperidone	17
pyridostigmine	23	RITALIN/LA.....	19
Q		rivastigmine	19
QNASL.....	13	RIXUBIS.....	24
QNASL CHILDRENS.....	13	rizatriptan	22
QUALAQUIN.....	4	ropinirole	23
quetiapine	17	ROXICET soln.....	21
QUILLIVANT XR.....	19	ROXICET tabs.....	21
quinapril	9	ROZEREM.....	18
quinapril/hydrochlorothiazide	9	RUCONEST.....	24
quinidine gluconate ext-release	12	RYBIX ODT.....	21
QUINIDINE SULFATE 200 mg.....	12		

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SAIZEN.....	8
salsalate	19
SAMSCA.....	9
SANCUSO.....	15
SANDOSTATIN inj.....	9
SANTYL.....	28
SAPHRIS.....	17
SAVAYSA.....	24
SAVELLA.....	19
selegiline caps	23
selegiline tabs	23
selenium sulfide 2.5%	28
SELZENTRY.....	3
SENSIPAR.....	9
SEREVENT DISKUS.....	13
SEROQUEL.....	17
SEROQUEL XR.....	17
SEROSTIM.....	8
sertraline	17
SIGNIFOR.....	9
sildenafil	12
SILENOR.....	18
silver sulfadiazine	27
SIMCOR.....	11
SIMPONI.....	22
simvastatin	11
SINGULAIR.....	13
sirolimus	28
SIVEXTRO tabs.....	4
sodium citrate/citric acid	16
sodium fluoride chew tabs; soln	24
SODIUM FLUORIDE tabs.....	24
sodium polystyrene sulfonate	28
SOLODYN.....	1
SOMAVERT.....	9
SONATA.....	18
SORILUX.....	28
sotalol	12
SOVALDI.....	2
SPIRIVA HANDIHALER.....	13
SPIRIVA RESPIMAT.....	13
spironolactone	11
spironolactone/hydrochlorothiazide	11
SPORANOX caps.....	2
SPORANOX soln.....	2
SPRIX.....	22
SPRYCEL.....	5
stavudine	3
STELARA.....	28
STIMATE.....	9
STIVARGA.....	5
STRATTERA.....	19
STRIANT.....	6
STRIBILD.....	3

STRIVERDI RESPIMAT.....	14
SUBOXONE film.....	21
SUBSYS.....	21
SUBUTEX.....	21
SUCRAID.....	15
sucralfate	14
sulfacetamide sodium/prednisolone eye soln	25
sulfacetamide sodium/sulfur, NP = susp, 10-5%	26
sulfacetamide sodium eye soln	25
sulfacetamide sodium lotn	26
sulfamethoxazole/trimethoprim	4
sulfasalazine	15
sulfasalazine delayed-release	15
sulindac	22
sumatriptan auto-injector; cartridge; inj, 6 mg/0.5 mL; tabs	22
SUMATRIPTAN inj, 4 mg/0.5 mL.....	22
SUMATRIPTAN nasal; prefilled syringe.....	22
SUMAVEL DOSEPRO inj.....	22
SUPRAX, NP = susp, 100 mg, 200 mg/5 mL.....	1
SUSTIVA.....	3
SUTENT.....	5
SYLATRON.....	5
SYMAX DUOTAB.....	14
SYMBICORT.....	14
SYMBYAX.....	19
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SYPRINE.....	28
SYRINGES/NEEDLES – VARIOUS MANUFACTURERS – for self-injectable drug administration.....	28

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TACLONEX.....	27
tacrolimus	28
tacrolimus	28
TAFINLAR.....	5
TAMIFLU.....	3
tamoxifen	5
tamsulosin	16
TANZEUM.....	7
TARCEVA.....	5
TARGRETIN caps.....	5
TASIGNA.....	5
TAZORAC.....	26
TECFIDERA.....	19
TEGRETOL-XR 100 mg.....	23
TEKAMLO.....	12
TEKTURN/HCT.....	12
telmisartan	10
telmisartan/amlodipine	10
telmisartan/hydrochlorothiazide	10
temazepam	18
TEMODAR caps.....	5
temozolomide	5

terazosin.....	12	triamcinolone dental paste.....	26
terbinafine.....	2	triamcinolone nasal.....	13
terbutaline.....	14	triamterene/hydrochlorothiazide, NP = caps, 50-25 mg.....	12
terconazole.....	16	TRIBENZOR.....	10
TEST DISCS – BAYER BREEZE 2.....	28	TRICOR.....	11
TESTIM.....	6	trifluoperazine.....	18
testosterone cypionate.....	6	trifluridine eye soln.....	25
testosterone enanthate.....	6	TRIGLIDE.....	11
TESTOSTERONE gel.....	6	trihexyphenidyl.....	23
TESTRED.....	6	TRILIPIX.....	11
TEST STRIPS – BAYER CONTOUR/NEXT.....	28	trimethobenzamide.....	15
TEST STRIPS – Non-Preferred.....	28	trimethoprim.....	4
TETRACYCLINE.....	1	TRIUMEQ.....	3
TEVETEN/HCT.....	10	TRIZIVIR.....	3
TEV-TROPIN.....	8	tropicamide eye soln.....	26
THALOMID.....	29	tropium.....	15
theophylline ext-release.....	14	tropium ext-release.....	15
THIOLA.....	16	TRULICITY.....	7
thiothixene.....	18	TRUVADA.....	3
THYROLAR.....	8	TUDORZA PRESSAIR.....	14
tiagabine.....	23	TWYNSTA.....	10
timolol maleate eye soln.....	25	TYBOST.....	3
TIMOLOL tabs.....	10	TYKERB.....	5
TIVICAY.....	3	TYLENOL/CODEINE.....	21
tizanidine.....	23	TYVASO.....	12
TOBI.....	2	U	
TOBI PODHALER.....	2	ULTRACET.....	21
TOBRADEX oint.....	25	ULTRAM/ER.....	21
tobramycin/dexamethasone eye susp.....	25	ursodiol.....	15
tobramycin eye soln.....	25	V	
tobramycin inhal soln.....	2	VAGIFEM.....	16
tolterodine.....	15	valacyclovir.....	3
tolterodine ext-release.....	15	VALCHLOR.....	28
TOPICORT spray.....	27	VALCYTE soln.....	2
topiramate.....	23	valganciclovir.....	2
torsemide.....	11	valproic acid.....	23
TOUJEO SOLOSTAR inj.....	8	valsartan.....	10
TOVIAZ.....	15	valsartan/hydrochlorothiazide.....	10
TRACLEER.....	12	VALTURNA.....	12
TRADJENTA.....	7	vancomycin.....	4
tramadol.....	21	VANOS.....	27
tramadol/acetaminophen.....	21	VECTICAL.....	28
tramadol ext-release.....	21	venlafaxine.....	17
TRAMADOL HCL ER.....	21	venlafaxine ext-release caps.....	17
trandolapril.....	9	VENLAFAXINE ext-release tabs, 225 mg.....	17
tranlycypromine.....	17	venlafaxine ext-release tabs, 37.5 mg, 75 mg, 150 mg.....	17
TRAVATAN Z.....	25	VENLAFAXINE ext-release tabs, 37.5 mg, 75 mg, 150 mg.....	17
TRAVOPROST.....	25	VENTAVIS.....	12
trazodone.....	17	VENTOLIN HFA.....	14
tretinoin caps.....	5	VERAMYST.....	13
tretinoin crm, gel.....	26	VERAPAMIL 40 mg.....	10
tretinoin microsphere.....	26		
TRETEN.....	24		
TREXIMET.....	22		
TREZIX.....	21		
triamcinolone crm; lotn; oint, 0.025%, 0.1%.....	27		

verapamil 80 mg, 120 mg.....	10
verapamil ext-release.....	10
VERDESO.....	27
VERSACLOZ.....	18
VESICARE.....	15
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VIBRAMYCIN.....	1
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VIDEX EC.....	3
VIEKIRA PAK.....	2
VIGAMOX.....	25
VIIBRYD.....	17
VIMOVO.....	22
VIRACEPT.....	3
VIRAMUNE susp.....	3
VIRAMUNE tabs.....	3
VIRAMUNE XR 100 mg.....	3
VIRAMUNE XR 400 mg.....	3
VIREAD.....	3
VITEKTA.....	3
VIVELLE-DOT.....	6
VOGELXO.....	6
VOLTAREN gel.....	27
voriconazole	2
VOTRIENT.....	5
VYTORIN.....	11
VYVANSE.....	19
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warfarin	24
WELCHOL.....	11
WELLBUTRIN/SR/XL.....	17
WILATE.....	24
X	
XALATAN.....	25
XALKORI.....	5
XARELTO.....	24
XARTEMIS XR.....	21
XELJANZ.....	22
XELODA.....	5
XENAZINE.....	19
XIFAXAN 200 mg.....	4
XIFAXAN 550 mg.....	4
XIGDUO XR.....	7
XODOL.....	21
XOLOX.....	21
XOPENEX HFA.....	14
XTANDI.....	5
XYNTHA/SOLOFUSE.....	25
XYREM.....	19
Y	
YODOXIN.....	4

Z

zafirlukast	14
zaleplon	18
ZAVESCA.....	24
ZEGERID.....	14
ZELBORAF.....	5
ZENPEP.....	15
ZENZEDI.....	19
ZERIT.....	3
ZETIA.....	11
ZETONNA.....	13
ZIAGEN soln.....	3
ZIAGEN tabs.....	3
zidovudine	3
ziprasidone	18
ZIPSOR.....	22
ZITHROMAX packets.....	1
ZOCOR.....	11
ZOFRAN/ODT.....	15
ZOHYDRO ER.....	21
ZOLINZA.....	5
zolmitriptan	22
ZOLOFT.....	17
zolpidem	18
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ZOLPIMIST.....	18
ZOLVIT.....	21
ZOMIG/ZMT.....	22
zonisamide	23
ZORBTIVE.....	8
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ZORVOLEX.....	22
ZOSTAVAX.....	4
ZOVIRAX crm.....	27
ZUBSOLV.....	21
ZUPLENZ.....	15
ZYDELIG.....	5
ZYDONE.....	21
ZYFLO/CR.....	14
ZYKADIA.....	5
ZYPREXA/ZYDIS.....	18
ZYTIGA.....	5
ZYVOX.....	4