

2021



Blue Cross  
Blue Shield  
Blue Care Network  
of Michigan

Confidence comes with every card.<sup>®</sup>



# Preferred Drug List

# **Blue Cross and BCN Preferred Drug List - July 2021**

## **Table of contents**

Blue Cross and BCN Preferred Drug List (Formulary)	6
How to read the Blue Cross and BCN Preferred Drug List	13

## **Anti-infectives**

1A Antifungals	15
1B Antimalarials	15
1C Antiparasitics and antihelmintics	15
1D Antiretrovirals	16
1E Antituberculars	17
1F Antivirals	17
1G Cephalosporins	17
1H Macrolides	18
1I Penicillins	18
1J Quinolones	18
1K Sulfonamides and combinations	18
1L Tetracyclines	19
1M Urinary tract agents	19
1N Miscellaneous anti-infectives	19

## **Cardiovascular, hypertension, cholesterol**

2A ACE-Inhibitors and combinations	20
2B Alpha-adrenergic agents	20
2C Angiotensin II Receptor Blockers and combinations	21
2D Anticoagulants and hemostasis agents	21
2E Beta blockers and combinations	22
2F Calcium channel blockers and combinations	22
2G Cardiovascular treatment	23
2H Diuretics	23
2I Lipid-lowering agents	24
2J Nitrates and combinations	25
2K Renin-inhibitors and combinations	25
2L Miscellaneous antihypertensives	25

## **Central nervous system**

3A	Alzheimer's therapy	26
3B	Anticonvulsants	27
3C	Antidepressants	28
3D	Antipsychotics	29
3E	Anxiolytics	30
3F	CNS stimulants	30
3G	Migraine therapy	31
3H	Myasthenia gravis	31
3I	Narcotic antagonists and withdrawal management	31
3J	Narcotic mixed agonist and antagonist	32
3K	Narcotic and analgesic combinations	32
3L	Narcotics	33
3M	Nonsteroidal anti-inflammatory drugs	34
3N	Parkinsons disease and related disorders	35
3O	Salicylates	35
3P	Sedative and hypnotics	36
3Q	Skeletal muscle relaxants	36
3R	Miscellaneous CNS	37

## **Gastrointestinal agents**

4A	5-Aminosalicylic Acid (5-ASA) agents	38
4B	Antidiarrheals and antispasmodics	38
4C	Antiemetics	38
4D	Bile acids	38
4E	Bowel preparation and cleansing agents	39
4F	Digestive enzymes	39
4G	H2-Receptor antagonists	39
4H	Proton Pump Inhibitors (PPI)	39
4I	Topical anti-Inflammatory agents	40
4J	Tumor Necrosis Factor (TNF) blocking agents	40
4K	Ulcer therapy	40
4L	Miscellaneous gastrointestinal agents	41

## **Obstetrics and gynecology**

5A	Contraceptives-Biphasic	42
5B	Contraceptives-Misc.	42
5C	Contraceptives-Monophasic	42
5D	Contraceptives-Postcoital	43
5E	Contraceptives-Triphasic	43
5F	Estrogen and progestin combinations	43
5G	Estrogens	43
5H	Infertility treatment*	43
5I	Progestins	44
5J	Vaginal anti-infective and antifungal	44
5K	Miscellaneous OB-GYN	44

## **Rheumatology and musculoskeletal**

6A	Corticosteroids	45
6B	Gout therapy	45
6C	Non-Tumor Necrosis Factor (TNF) blocking agents	45
6D	Osteoporosis and bone resorption	45
6E	Osteoporosis and hormonal treatment	46
6F	Salicylates	46
6G	Tumor Necrosis Factor (TNF) blocking agents	46
6H	Miscellaneous rheumatologic agents	46

## **Endocrinology**

7A	Androgens	47
7B	Antithyroid agents	47
7C	Corticosteroids	47
7D	Growth Hormone and related products	48
7E	Insulins	48
7F	Non-insulin hypoglycemic agents	49
7G	Somatostatin analogs	49
7H	Thyroid hormones	50
7I	Urea cycle disorder agents	50
7J	Vitamin D analogs	50
7K	Miscellaneous endocrine	51

## **Antineoplastics and immunosupresants**

8A	Adjuvant therapy	52
8B	Alkylating agents	52
8C	Antimetabolites	52
8D	Hormonal agents	53
8E	Immunomodulators	53
8F	Kinase inhibitors and molecular target inhibitors	54
8G	Miscellaneous antineoplastic agents	55

## **Immunology and hematology**

9A	Hematopoietic agents	56
9B	Immunoglobulins	56
9C	Interferons and MS therapy	56
9D	Miscellaneous immunology and hematology	57

## **Dermatology**

10A	Acne treatment	58
10B	Antipsoriatic and antiseborrheic	59
10C	Corticosteroids - very high potency	59
10D	Corticosteroids - high potency	60
10E	Corticosteroids - medium potency	60
10F	Corticosteroids - low potency	61
10G	Scabicides and pediculicides	61
10H	Topical anesthetics	61
10I	Topical antibacterials	61
10J	Topical antifungals	62
10K	Topical antineoplastic agents and immunomodulators	62
10L	Topical antivirals	62
10M	Wound and burn therapy	63
10N	Miscellaneous dermatologicals	63

## **Ophthalmology**

11A	Cycloplegic mydriatics	64
11B	Glaucoma agents	64
11C	Ophthalmic anti-allergy agents	64
11D	Ophthalmic anti-infective and steroid combinations	65
11E	Ophthalmic anti-infectives	65
11F	Ophthalmic anti-inflammatory agents	65
11G	Ophthalmic beta blockers	66
11H	Ophthalmic steroids	66
11I	Dry eye agents	66
11J	Miscellaneous ophthalmic agents	66

## **Otic and nasal preparations**

12A	Nasal preparations	67
12B	Otic preparations	67

## **Respiratory, cough and cold**

13A	Antihistamine and decongestant combinations	68
13B	Antihistamines	68
13C	Antitussives	69
13D	Cystic Fibrosis agents	69
13E	Epinephrine	69
13F	Inhaled anticholinergics	69
13G	Inhaled beta-agonist and anticholinergic combinations	70
13H	Inhaled beta-agonists	70
13I	Inhaled steroid and beta-agonist combinations	70
13J	Inhaled steroids	70
13K	Intranasal steroids	70
13L	Oral beta-agonists	71
13M	Pulmonary Hypertension Agents	71
13N	Theophyllines	71
13O	Miscellaneous respiratory agents	72

## **Urology**

14A	BPH Treatment	73
14B	Ion-Removing Agents	73
14C	Urinary Antispasmodics	73
14D	Miscellaneous Urologicals	74

## **Vitamins and supplements**

15A	Potassium Replacement	75
15B	Vitamins and Minerals	75

## **Diagnostic and other miscellaneous**

16A	Chelating Agents	76
16B	Diabetes monitoring and management products	76
16C	Vaccines	77
16D	Diagnostics and Other Miscellaneous	78

## **Lifestyle modification**

17A	Sexual Dysfunction	79
17B	Smoking Cessation	79
17C	Weight Loss Preparations	79

## **Hemophilia**

18A	Antihemophilic Agents	80
-----	-----------------------	----

## **Blue Cross and BCN**

### ***Preferred Drug List***

Blue Cross Blue Shield of Michigan and Blue Care Network's *Preferred Drug List* is a useful reference and educational tool for prescribers, pharmacists and members.

We regularly update this list with medications approved by the U.S. Food and Drug Administration and reviewed by our Pharmacy and Therapeutics Committee. The *Preferred Drug List* includes medications that have been selected for their clinical effectiveness, safety and maximized savings. The drug list maintains affordable medication access and promotes the use of lower-cost alternatives for members. The *Preferred Drug List* is updated every month.

#### **About this drug list**

Use this list to find information about drug coverage and therapeutic options for Blue Cross and BCN members. It's divided by chapter into major drug classes or indication for use. Products approved for more than one use may be included in more than one chapter. Within each chapter, drugs are identified according to their tier placement. Refer to the "[How to Read](#)" section for details.

We encourage doctors to prescribe preferred medications whenever possible. Blue Cross and BCN respect the judgment of dispensing pharmacists and expect them to contact the prescriber when a drug or dose may not be appropriate for a member. We also encourage pharmacists to contact the prescriber to suggest an alternative when a Blue Cross or BCN member's prescription is written for a nonpreferred or excluded drug. The [Preferred Drug List Exclusions](#) list represents possible alternatives to drugs that are not covered.

Coverage and applicable copayment amount for drugs on Blue Cross and BCN's *Preferred Drug List* are based on a member's drug plan. Not all drugs included in the drug list are covered by each member's plan. Drugs not listed on the *Preferred Drug List* may not be covered.

Some medications excluded by a Blue Cross or BCN member's pharmacy benefits may be covered under his or her medical benefits. These are medications that are generally administered in a doctor's office under the supervision of appropriate health care personnel and aren't normally dispensed to the member for self-administration.

#### **Drug list exclusions**

Our goals are to provide you with safe, high-quality prescription drug therapies and keep your medical costs low. To accomplish this, we don't cover some high-cost drugs that have comparable therapeutic alternatives with similar effectiveness, quality and safety, but at a fraction of the cost. For the most recent list of excluded drugs, refer to our [Preferred Drug List Exclusions \(PDF\)](#). If you have a question about a drug that isn't covered and doesn't appear on this list, call the Customer Service number on the back of your Blue Cross or BCN member ID card.

Several drugs and drug categories are excluded from coverage under this drug list. These include:

- Most brand-name drugs when there's a generic equivalent available
- Prescription drugs for which there is an over-the-counter equivalent in both strength and dosage form (unless considered preventive by the United States Preventive Services Task Force)
- Drugs used for experimental or investigational purposes
- Drugs prescribed for cosmetic purposes
- Products covered as a medical benefit (for example, injectable drugs and vaccines that are usually administered in a doctor's office)
  - Note: All BCN members and most Blue Cross members can get multiple common vaccines at network retail pharmacies. Restrictions may apply.
- Compounded products, with some exceptions
- Replacement prescriptions resulting from loss, theft or mishandling
- Drugs not approved by the FDA

## Specialty drugs

For more information on specialty drugs, see [\*Specialty Drug Program Pharmacy Benefit Member Guide\*](#). Specialty drugs are limited to a 30-day supply. Select specialty drugs are managed by the [\*15-Day Specialty Drug Limitation program\*](#). Drugs included on this list are limited to a 15-day supply for all fills. Members pay half their usual copayment for a 15-day supply. For more details, visit [bcbsm.com/pharmacy](http://bcbsm.com/pharmacy).

## Preventive drug coverage

Under the Affordable Care Act, also known as national health care reform, most health care plans must cover certain preventive services and drugs with no cost-sharing. These drugs appear as a \$0 tier on the drug list. For a complete list of preventive drugs and coverage requirements, please refer to [\*Preventive Drug Coverage\*](#) or visit [bcbsm.com/pharmacy](http://bcbsm.com/pharmacy).

## How do I know what type of prescription coverage I have?

For details about your prescription drug benefits, please call the Customer Service phone number on the back of your Blue Cross or BCN member ID card. If you have online access, log in to your account at [bcbsm.com](http://bcbsm.com) or the Blue Cross mobile app. You can also find more general information about Blue Cross or BCN prescription coverage at [bcbsm.com/pharmacy](http://bcbsm.com/pharmacy).

## Tier descriptions

	<b>Three-tier plans</b>	<b>Five-tier plans</b>
<b>Tier 1</b>	<b>Generics — lowest copay</b> This tier includes generic specialty and nonspecialty drugs. Members pay the lowest copay for generics, which makes them the most cost-effective option for treatment. Select brand-name drugs may be included in the generic tier.	<b>Generics — lowest copay</b> This tier includes generic drugs. Members pay the lowest copay for generics, making them the most cost-effective option for treatment. Generic specialty drugs are in Tier 4. Select brand-name drugs may be included in the generic tier.
<b>Tier 2</b>	<b>Preferred brand — higher copay</b> This tier includes preferred, brand-name drugs. These drugs are more expensive than generics, and members pay a higher copay for them. This tier includes preferred brand-name specialty drugs.	<b>Preferred brand — higher copay</b> This tier includes nonspecialty, preferred brand-name drugs. These drugs are more expensive than generics, and members pay a higher copay for them.
<b>Tier 3</b>	<b>Nonpreferred brands — highest copay</b> This tier includes nonpreferred, brand-name drugs for which there's a more cost-effective generic alternative or preferred brand-name drug available. Members pay the highest copay for these drugs. This tier includes nonpreferred brand-name specialty drugs.	<b>Nonpreferred brands — highest nonspecialty copay</b> This tier includes nonspecialty, brand-name drugs for which there's either a generic alternative or a more cost-effective, preferred brand-name drug available. Members pay a higher copay for these nonpreferred brand-name drugs.
<b>Tier 4</b>	<b>Doesn't apply</b>	<b>Preferred specialty — lower specialty drug cost-sharing</b> This tier includes specialty drugs, both generic and brand-name, that are used to treat difficult health conditions. These drugs are generally more cost-effective than nonpreferred specialty drugs.
<b>Tier 5</b>	<b>Doesn't apply</b>	<b>Nonpreferred specialty — higher specialty drug cost-sharing</b> This tier includes nonpreferred brand-name, specialty drugs that are used to treat difficult health conditions. Members pay a higher copay for nonpreferred specialty drugs because there are more cost-effective generic or preferred drugs available.

## How do I fill my prescription?

The type of drug you take determines which pharmacy you may use.

- **Specialty drugs**
  - Local retail pharmacy
    - Walgreens is our preferred specialty pharmacy. Find a location at [walgreens.com/pharmacy/\\*](http://walgreens.com/pharmacy/*).
    - You can use any retail pharmacy in your applicable network.
  - Limited-distribution specialty drugs
    - Pharmacy options vary based on the drug. Please refer to the [Specialty Drug Program Pharmacy Benefit Member Guide](#), and search for the drug you take.
  - Mail order for home delivery

- AllianceRx Walgreens Prime\*\* Specialty Pharmacy
  - Website: [alliancerxwp.com](http://alliancerxwp.com)\*
  - Telephone: 1-866-515-1355
- **All other drugs**
  - Local retail pharmacy — More than 2,400 retail pharmacies in Michigan and 70,000 retail pharmacies outside of Michigan accept your member ID card.
  - Mail order for home delivery
    - Pharmacy: Express Scripts\*\*\* mail order pharmacy
    - Telephone:
      - **Blue Cross members:** 1-800-778-0735
      - **BCN members:** 1-800-229-0832

If you have questions about which mail-order vendor to use, call the Customer Service number on the back of your Blue Cross or BCN member ID card or visit [bcbsm.com/pharmacy](http://bcbsm.com/pharmacy).

\*Blue Cross Blue Shield of Michigan and Blue Care Network don't own or control this website.

\*\*AllianceRx Walgreens Prime® is an independent company that provides specialty pharmacy benefit management services for Blue Cross and BCN.

\*\*\*Express Scripts® is an independent company that provides pharmacy benefit management services for Blue Cross and BCN.

## New generics

When a generic version of a brand-name drug becomes available, the generic version is generally added to Tier 1. Once the generic drug is added, the original brand-name version won't be covered in most cases.

## Generic drug substitution

Generic drug substitution occurs when a pharmacist dispenses a generic equivalent in place of the brand-name product. Generics approved by the U.S. Food and Drug Administration are listed in the "Generic name" column to the right of the brand-name drug. Generic substitution is required for most Blue Cross and BCN members. If both the generic and brand names are listed, the tier number matches the available generic. The brand-name drug is generally not covered when there's an available generic.

## Brand for generic substitution

Select brand-name drugs may be covered at a generic (Tier 1) copay, and the generic drug will not be covered. These brand-name drugs will be shown without a generic drug listing and will be listed with a Tier 1 copay.

## Authorized generics

Authorized generics are drugs that are considered brand-name drugs and don't have generic equivalents. These drugs are the same as the brand-name drugs but are not true generic drugs. The respective brand copayment will apply for these medications. Some authorized generics may not be covered. For the most recent list of excluded drugs, refer to our [Preferred Drug List Exclusions \(PDF\)](#).

## Vaccines

The following select vaccines are covered at pharmacies without cost-sharing for most members whose pharmacies participate with Blue Cross and BCN, and are certified to administer vaccines.

Common name	Vaccine	Age restrictions
Chickenpox	Varivax®	None
Flu	Influenza virus vaccine (various)	None
Haemophilus influenzae type B	ActHIB®	None
	Hiberix®	None
	PedvaxHIB®	None
Hepatitis A	Havrix®	None
	Vaqta®	None
Hepatitis A and B	Twinrix®	None
Hepatitis B	Energix-B®	None
	Recombivax HB®	None
	Heplisav-B®	None
Human papillomavirus (or HPV)	Gardasil® 9	9 to 45 years old
Measles, mumps and rubella	M-M-R- II®	None
Measles, mumps and rubella; varicella	ProQuad®	None
Meningitis	Bexsero®	None
	Menveo®	None
	Menactra®	None
	Menomune®	None
	MenQuadfi®	None
	Trumenba®	None
Pneumonia	Pneumovax® 23	None
	Prevnar 13®	65 and older
Polio	Ipol®	None

Common name	Vaccine	Age restrictions
Rotavirus	Rotarix®	None
	RotaTeq®	None
Shingles	Shingrix®	50 and older
Tetanus, diphtheria	Diphtheria-Tetanus Tox	None
	Tenivac®	None
	TDVAX®	None
Tetanus, diphtheria and whooping cough	Adacel®	None
	Boostrix®	None
	Daptacel®	None
	Infanrix®	None
Tetanus, diphtheria and whooping cough; polio	Kinrix®	None
	Quadracel®	None
Tetanus, diphtheria and whooping cough; hepatitis B; polio	Pediarix®	None
Tetanus, diphtheria and whooping cough; haemophilus influenzae type B; polio	Pentacel®	None
Tetanus, diphtheria, and whooping cough; haemophilus influenzae type B; hepatitis B; polio	Vaxelis®	None

## How prior approval, step therapy and quantity limits work

### Prior approval

Prior approval may be necessary for coverage of certain medications. In these cases, the member must meet clinical criteria or additional information must be provided before coverage is approved. Clinical criteria are based on current medical information and approved by our Pharmacy and Therapeutics Committee.

### Step therapy

Drugs subject to step therapy may require previous treatment with one or more preferred drugs before coverage is approved.

To view a current list of drugs requiring prior approval or step therapy, please see the [Preferred Drug List](#) [Prior Authorization and Step Therapy Coverage Criteria](#).

## **Quantity limits**

Blue Cross and BCN set quantity limits based on clinical appropriateness and manufacturer-recommended dosing for select drugs. For certain medications, Blue Cross and BCN limit the quantity that can be dispensed per fill.

To view a current list of drugs that have limits on the quantity that can be dispensed per fill, please see the [Quantity Limit Program](#), and refer to the column labeled "BCBSM / BCN Preferred Drug List."

## **How to request approval**

### ***For members:***

Blue Cross and BCN members should consult their prescription drug benefit packet for information on how to get prior approval or request a review for coverage of a drug that isn't included in their plan. Members can also call the Customer Service number on the back of their Blue Cross or BCN member ID card for more information.

To request coverage of a drug:

- Fill out the [Coverage Request Form](#) online at [bcbsm.com](http://bcbsm.com).
- Write to:  
Pharmacy Services — Mail Code 512C  
Blue Cross Blue Shield of Michigan  
600 E. Lafayette Blvd.  
Detroit, MI 48226-2998

### ***For doctors:***

Doctors can request approval for Blue Cross and BCN members. We notify the doctor of approved requests and process the member's claim accordingly. If a request isn't approved, we'll notify the member and doctor in writing. The notification includes the reason for the denial, an explanation of the member's appeal rights and the appeals process.

Physicians can request approval one of four ways:

- **Electronic prior authorization:** Physicians can use their electronic health record or CoverMyMeds® to submit [electronic prior authorizations](#) for commercial pharmacy members.
- **Call:** 1-800-437-3803
- **Fax:** 1-866-601-4425
- **Write:**  
Pharmacy Services — Mail Code 512C  
Blue Cross Blue Shield of Michigan  
600 E. Lafayette Blvd.  
Detroit, MI 48226-2998

## How to read the *Preferred Drug List*

This drug list shows each drug's copayment tier and whether the drug has special requirements for coverage.

Drugs are listed alphabetically by brand name within each section. If a generic version is available, the name is included in the "Generic name" column next to the brand name in the "Trade name" column, and coverage is provided for the generic version. The brand name is included for informational purposes only, as most brand-name drugs aren't covered. If only a brand name is listed, there isn't a generic version available or the generic is not covered.

(6)

### ① 8D. Hormonal agents

	Trade name	Generic name	3-Tier	5-Tier	Limits
②	Erleada <s>		2	4	PA, QL
③	Evista	raloxifene hcl	1	1	QL
③	Evista* (Prevent)	raloxifene hcl	\$0	\$0	PA, QL
④	Faslodex	fulvestrant	1	1	
⑤	Soltamox		3	3	

\*Age restrictions apply.

- ① Drugs are organized based on drug class or indication for use.
- ② Erleada is a preferred brand-name specialty drug (<s>). It requires a Tier 2 copay for members with a three-tier drug plan and a Tier 4 copay for all other drug plans. Prior approval and quantity limits apply.
- ③ The generic drug raloxifene HCl requires a Tier 1 copay. Quantity limits apply. Raloxifene HCl may be covered with no cost-sharing for members who meet criteria.
- ④ The generic drug fulvestrant requires a Tier 1 copay and doesn't have any restrictions on coverage.

⑤ Soltamox is a nonpreferred brand-name drug that requires a Tier 3 copay and doesn't have any restrictions on coverage.

⑥ **Limits:** This section lists information such as prior approval, step therapy and quantity limits.

**Prior approval:** Plan approval is required for coverage (listed as PA in the chart).

**Step therapy:** Previous treatment with preferred drugs is required (listed as ST in the chart).

**Quantity limits:** Prescriptions can't exceed a specific quantity per fill (listed as QL in the chart).

"(Prevent)" designates preventive drugs.

**This document is current at the time of publication and subject to change. Go to [bcbsm.com/pharmacy](http://bcbsm.com/pharmacy) and click on *Drug Lists* for the most up-to-date information about the Preferred Drug List.**

This content was developed to comply with applicable federal and state regulations. To learn more about your plan, go to **bcbsm.com** and type "[How Health Insurance Works](#)" in the search field.

**Editor's note:**

Please send us your comments and suggestions about this *Preferred Drug List*. Your input is vital to its continued success. We review and consider all responses.

Please send your comments to:

Drug Information Services — Mail Code 512C  
Blue Cross Blue Shield of Michigan  
600 E. Lafayette Blvd.  
Detroit, MI 48226-2998

# 1. Anti-infectives

## 1A. Antifungals

Trade name	Generic name	3-Tier	5-Tier	Limits
Ancobon	flucytosine	1	1	
Cresemba capsule		2	2	QL
Diflucan	fluconazole	1	1	
Grifulvin V	griseofulvin, microsize	1	1	
Gris-PEG	griseofulvin ultramicrosize	1	1	
Lamisil tablet	terbinafine hcl	1	1	
Mycelex Troche	clotrimazole	1	1	
Nizoral	ketoconazole	1	1	
Noxafil suspension		2	2	
Noxafil tablet	posaconazole	1	1	QL
Nystatin	nystatin	1	1	
Oravig		3	3	QL
Sporanox	itraconazole	1	1	
Vfend	voriconazole	1	1	

## 1B. Antimalarials

Trade name	Generic name	3-Tier	5-Tier	Limits
Arakoda		3	3	QL
Aralen	chloroquine phosphate	1	1	
Coartem		2	2	QL
Krintafel		3	3	QL
Lariam	mefloquine hcl	1	1	
Malarone	atovaquone/proguanil hcl	1	1	
Plaquenil	hydroxychloroquine sulfate	1	1	
Primaquine	primaquine phosphate	1	1	
Primaquine		2	2	
Qualaquin	quinine sulfate	1	1	

## 1C. Antiparasitics and antihelmintics

Trade name	Generic name	3-Tier	5-Tier	Limits
Albenza	albendazole	1	1	QL
Alinia	nitazoxanide	1	1	
Alinia suspension		2	2	
Benznidazole		2	2	QL
Biltricide	praziquantel	1	1	
Daraprim <s>	pyrimethamine	1	4	
Emverm		2	2	QL
Flagyl	metronidazole	1	1	
Humatin	paromomycin sulfate	1	1	
Impavido		2	2	QL
Mepron	atovaquone	1	1	
Nebupent aerosol	pentamidine isethionate	1	1	
Stromectol	ivermectin	1	1	
Tindamax	tinidazole	1	1	QL

## 1D. Antiretrovirals

Trade name	Generic name	3-Tier	5-Tier	Limits
Aptivus		2	2	
Atripla	efavirenz/emtricitabine/tenofovir df	1	1	
Biktarvy		2	2	QL
Cimduo		2	2	QL
Combivir	lamivudine/zidovudine	1	1	
Descovy		2	2	ST, QL
Dovato		2	2	
Edurant		2	2	QL
Emtriva	emtricitabine	1	1	
Emtriva solution		2	2	
Epivir	lamivudine	1	1	
Epzicom	abacavir sulfate/lamivudine	1	1	
Evotaz		3	3	QL
Fuzeon		2	2	
Genvoya		2	2	QL
Intelence	etravirine	1	1	
Intelence		2	2	
Invirase		2	2	
Isentress		2	2	
Isentress HD		2	2	
Juluca		2	2	QL
Kaletra	lopinavir/ritonavir	1	1	QL
Kaletra tablet		2	2	QL
Lexiva	fosamprenavir calcium	1	1	
Lexiva suspension		2	2	
Norvir	ritonavir	1	1	
Norvir packet, solution		2	2	
Odefsey		2	2	QL
Prezista		2	2	
Retrovir	zidovudine	1	1	
Reyataz	atazanavir sulfate	1	1	
Reyataz packet		2	2	
Rukobia		2	2	PA, QL
Selzentry		2	2	
Sustiva	efavirenz	1	1	
Symfi	efavirenz/lamivudine/tenofovir disop	1	1	QL
Symfi Lo	efavirenz/lamivudine/tenofovir disop	1	1	QL
Syntuzta		2	2	QL
Temixys		2	2	QL
Tivicay		2	2	
Tivicay PD		2	2	QL
Triumeq		2	2	QL
Truvada	emtricitabine/tenofovir (tdf)	1	1	QL
Truvada 200mg/300mg ( <b>Prevent</b> )	emtricitabine/tenofovir (tdf)	\$0	\$0	PA, QL
Tybost		3	3	QL
Vemlidy <s>		2	4	QL
Viramune, XR	nevirapine	1	1	
Viread	tenofovir disoproxil fumarate	1	1	
Viread 150mg, 200mg, 250mg tablet; packet		2	2	
Ziagen	abacavir sulfate	1	1	

## 1E. Antituberculars

Trade name	Generic name	3-Tier	5-Tier	Limits
Cycloserine		3	3	
Ethambutol	ethambutol hcl	1	1	
Isoniazid	isoniazid	1	1	
Mycobutin	rifabutin	1	1	
Paser		3	3	
Pretomanid		2	2	QL
Priftin		2	2	
Pyrazinamide	pyrazinamide	1	1	
Rifadin	rifampin	1	1	
Sirturo		2	2	PA, QL
Trecator		3	3	

## 1F. Antivirals

Trade name	Generic name	3-Tier	5-Tier	Limits
Baraclude <s>	entecavir	1	4	
Baraclude solution <s>		2	4	
Copegus <s>	ribavirin	1	4	
Epclusa <s>		2	4	PA, QL
Epivir HBV	lamivudine	1	1	
Epivir HBV solution		2	2	
Famvir	famciclovir	1	1	
Flumadine	rimantadine hcl	1	1	
Harvoni <s>		2	4	PA, QL
Hepsera <s>	adefovir dipivoxil	1	4	
Prevymis tablet		2	2	QL
Rebetol <s>	ribavirin	1	4	
Relenza		3	3	QL
Ribasphere <s>	ribavirin	1	4	
Symmetrel	amantadine hcl	1	1	
Tamiflu	oseltamivir phosphate	1	1	QL
Valcyte	valganciclovir hcl	1	1	
Valtrex	valacyclovir hcl	1	1	
Vosevi <s>		2	4	PA, QL
Xofluza		3	3	QL
Zepatier <s>		2	4	PA, QL
Zovirax capsule, suspension, tablet	acyclovir	1	1	

## 1G. Cephalosporins

Trade name	Generic name	3-Tier	5-Tier	Limits
Ceclor, ER	cefaclor	1	1	
Ceftin	cefuroxime axetil	1	1	
Cefzil	cefprozil	1	1	
Duricef	cefadroxil	1	1	
Keflex	cephalexin	1	1	
Omnicef	cefdinir	1	1	
Spectracef	cefditoren pivoxil	1	1	QL
Suprax	cefixime	1	1	
Suprax chew tablet, 500mg/5ml suspension		3	3	
Vantin	cefpodoxime proxetil	1	1	

## 1H. Macrolides

Trade name	Generic name	3-Tier	5-Tier	Limits
Biaxin, XL	clarithromycin	1	1	
Difidic		3	3	QL
E.E.S.; Eryped	erythromycin ethylsuccinate	1	1	
Ery-tab	erythromycin base	1	1	
Erythromycin Base	erythromycin base	1	1	
Erythromycin Stearate	erythromycin stearate	1	1	
Zithromax	azithromycin	1	1	

## 1I. Penicillins

Trade name	Generic name	3-Tier	5-Tier	Limits
Amoxil	amoxicillin	1	1	
Ampicillin	ampicillin trihydrate	1	1	
Augmentin 125mg-31.25mg/ml suspension		2	2	
Augmentin, ES, XR	amoxicillin/potassium clav	1	1	
Dicloxacillin	dicloxacillin sodium	1	1	
Moxatag		3	3	
Penicillin VK	penicillin v potassium	1	1	

## 1J. Quinolones

Trade name	Generic name	3-Tier	5-Tier	Limits
Avelox	moxifloxacin hcl	1	1	
Baxdela tablet		2	2	
Cipro suspension	ciprofloxacin	1	1	
Cipro tablet	ciprofloxacin hcl	1	1	
Factive		3	3	
Floxin tablet	ofloxacin	1	1	
Levaquin	levofloxacin	1	1	

## 1K. Sulfonamides and combinations

Trade name	Generic name	3-Tier	5-Tier	Limits
Bactrim, DS; Septra, DS	sulfamethoxazole/trimethoprim	1	1	
Sulfadiazine	sulfadiazine	1	1	

## 1L. Tetracyclines

Trade name	Generic name	3-Tier	5-Tier	Limits
Adoxa capsule	doxycycline monohydrate	1	1	PA
Adoxa tablet	doxycycline monohydrate	1	1	
Avidoxy 100mg	doxycycline monohydrate	1	1	
Declomycin	demeocycline hcl	1	1	
Doryx	doxycycline hyclate	1	1	PA
Doryx MPC		3	3	PA
Dynacin	minocycline hcl	1	1	
Minocin capsule	minocycline hcl	1	1	
Minolira ER		3	3	
Monodox	doxycycline monohydrate	1	1	
Nuzyra tablet		3	3	QL
Oracea		3	3	
Periostat	doxycycline hyclate	1	1	
Tetracycline	tetracycline hcl	1	1	
Vibramycin	doxycycline hyclate	1	1	
Vibramycin suspension	doxycycline monohydrate	1	1	
Vibramycin syrup		3	3	
Zilxi		3	3	QL

## 1M. Urinary tract agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Furadantin	nitrofurantoin	1	1	
Hiprex/Urex	methenamine hippurate	1	1	
Macrobid	nitrofurantoin monohyd/m-cryst	1	1	
Macrodantin	nitrofurantoin macrocrystal	1	1	
Monurol	fosfomycin tromethamine	1	1	
Primsol		3	3	
Trimethoprim	trimethoprim	1	1	

## 1N. Miscellaneous anti-infectives

Trade name	Generic name	3-Tier	5-Tier	Limits
Aemcolo		3	3	QL
Arikayce <i>&lt;S&gt;</i>		2	4	PA, QL
Bethkis <i>&lt;S&gt;</i>	tobramycin	1	4	QL
Cayston <i>&lt;S&gt;</i>		2	4	PA, QL
Cleocin capsule	clindamycin hcl	1	1	
Cleocin solution	clindamycin palmitate hcl	1	1	
Dapsone	dapsone	1	1	
Firvanq	vancomycin hcl	1	1	QL
Neomycin	neomycin sulfate	1	1	
Peridex	chlorhexidine gluconate	1	1	
Sivextro		3	3	QL
Tobi <i>&lt;S&gt;</i>	tobramycin in 0.225% sod chlor	1	4	QL
Tobi Podhaler <i>&lt;S&gt;</i>		2	4	QL
Vancocin	vancomycin hcl	1	1	
Xenleta tablet		3	3	QL
Xifaxan 200mg		2	2	QL
Zyvox	linezolid	1	1	

## 2. Cardiovascular, hypertension, cholesterol

### 2A. ACE-Inhibitors and combinations

Trade name	Generic name	3-Tier	5-Tier	Limits
Accupril	quinapril hcl	1	1	
Accuretic	quinapril/hydrochlorothiazide	1	1	
Aceon	perindopril erbumine	1	1	
Altace	ramipril	1	1	
Capoten	captopril	1	1	
Capozide	captopril/hydrochlorothiazide	1	1	
Lotensin	benazepril hcl	1	1	
Lotensin HCT	benazepril/hydrochlorothiazide	1	1	
Lotrel	amlodipine besylate/benazepril	1	1	
Mavik	trandolapril	1	1	
Monopril	fosinopril sodium	1	1	
Monopril HCT	fosinopril/hydrochlorothiazide	1	1	
Prestalia		3	3	QL
Prinivil; Zestril	lisinopril	1	1	
Prinzide; Zestoretic	lisinopril/hydrochlorothiazide	1	1	
Tarka	trandolapril/verapamil hcl	1	1	
Univasc	moexipril hcl	1	1	
Vaseretic	enalapril/hydrochlorothiazide	1	1	
Vasotec	enalapril maleate	1	1	

### 2B. Alpha-adrenergic agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Aldomet	methyldopa	1	1	
Aldoril	methyldopa/hydrochlorothiazide	1	1	
Cardura	doxazosin mesylate	1	1	
Catapres	clonidine hcl	1	1	
Catapres-TTS	clonidine	1	1	
Dibenzyline	phenoxybenzamine hcl	1	1	PA, QL
Hytrin	terazosin hcl	1	1	
Minipress	prazosin hcl	1	1	
Tenex	guanfacine hcl	1	1	

## 2C. Angiotensin II Receptor Blockers and combinations

Trade name	Generic name	3-Tier	5-Tier	Limits
Atacand	candesartan cilexetil	1	1	
Atacand HCT	candesartan/hydrochlorothiazid	1	1	
Avalide	irbesartan/hydrochlorothiazide	1	1	
Avapro	irbesartan	1	1	
Azor	amlodipine bes/olmesartan med	1	1	
Benicar	olmesartan medoxomil	1	1	
Benicar HCT	olmesartan/hydrochlorothiazide	1	1	
Cozaar	losartan potassium	1	1	
Diovan	valsartan	1	1	
Diovan HCT	valsartan/hydrochlorothiazide	1	1	
Entresto		2	2	QL
Exforge	amlodipine besylate/valsartan	1	1	
Exforge HCT	amlodipine/valsartan/hcthiazid	1	1	
Hyzaar	losartan/hydrochlorothiazide	1	1	
Micardis	telmisartan	1	1	
Micardis HCT	telmisartan/hydrochlorothiazid	1	1	
Teveten	eprosartan mesylate	1	1	
Tribenzor	olmesartan/amlodipin/hcthiazid	1	1	QL
Twynsta	telmisartan/amlodipine	1	1	

## 2D. Anticoagulants and hemostasis agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Aggrenox	aspirin/dipyridamole	1	1	
Agrylin	anagrelide hcl	1	1	
Amicar	aminocaproic acid	1	1	
Arixtra	fondaparinux sodium	1	1	
Brilinta		2	2	QL
Cablivi <s>		2	4	PA, QL
Coumadin	warfarin sodium	1	1	
Effient	prasugrel hcl	1	1	QL
Eliquis		2	2	QL
Fragmin		2	2	
Heparin	heparin sodium,porcine/pf	1	1	
Heparin	heparin sodium,porcine	1	1	
Lovenox	enoxaparin sodium	1	1	
Mephyton	phytonadione (vit k1)	1	1	
Persantine	dipyridamole	1	1	
Plavix	clopidogrel bisulfate	1	1	
Pletal	cilostazol	1	1	
Trental	pentoxifylline	1	1	
Vitamin K ampule	phytonadione (vit k1)	1	1	
Xarelto		2	2	QL
Zontivity		3	3	QL

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

Prevent - Prevent drugs may be covered at \$0 if criteria are met

## 2E. Beta blockers and combinations

Trade name	Generic name	3-Tier	5-Tier	Limits
Betapace, AF	sotalol hcl	1	1	
Blocadren	timolol maleate	1	1	
Coreg CR	carvedilol phosphate	1	1	QL
Coreg immediate-release	carvedilol	1	1	
Corgard	nadolol	1	1	
Corzide	nadolol/bendroflumethiazide	1	1	
Hemangeol		3	3	QL
Inderal, LA	propranolol hcl	1	1	
Inderide	propranolol/hydrochlorothiazid	1	1	
Kerlone	betaxolol hcl	1	1	
Lopressor	metoprolol tartrate	1	1	
Lopressor HCT	metoprolol/hydrochlorothiazide	1	1	
Normodyne	labetalol hcl	1	1	
Sectral	acebutolol hcl	1	1	
Sotyline		2	2	
Tenoretic	atenolol/chlorthalidone	1	1	
Tenormin	atenolol	1	1	
Toprol XL	metoprolol succinate	1	1	
Visken	pindolol	1	1	
Zebeta	bisoprolol fumarate	1	1	
Ziac	bisoprolol/hydrochlorothiazide	1	1	

## 2F. Calcium channel blockers and combinations

Trade name	Generic name	3-Tier	5-Tier	Limits
Adalat CC; Procardia, XL	nifedipine	1	1	
Azor	amlodipine bes/olmesartan med	1	1	
Caduet	amlodipine/atorvastatin	1	1	QL
Calan SR; Isoptin SR	verapamil hcl	1	1	
Cardene	nicardipine hcl	1	1	
Cardizem LA 120mg		3	3	
Cardizem, CD, LA, SR	diltiazem hcl	1	1	
Consensi		3	3	QL
Dynacirc	isradipine	1	1	
Exforge	amlodipine besylate/valsartan	1	1	
Exforge HCT	amlodipine/valsartan/hcthiazid	1	1	
Lotrel	amlodipine besylate/benazepril	1	1	
Norvasc	amlodipine besylate	1	1	
Plendil	felodipine	1	1	
Prestalia		3	3	QL
Sular	nisoldipine	1	1	
Tarka	trandolapril/verapamil hcl	1	1	
Tiazac	diltiazem hcl	1	1	
Tribenzor	olmesartan/amlodipin/hcthiazid	1	1	QL
Twynsta	telmisartan/amlodipine	1	1	
Verelan, PM	verapamil hcl	1	1	

## 2G. Cardiovascular treatment

Trade name	Generic name	3-Tier	5-Tier	Limits
Betapace, AF	sotalol hcl	1	1	
Cordarone; Pacerone	amiodarone hcl	1	1	
Lanoxin	digoxin	1	1	
Lanoxin 62.5mcg, 187.5mcg		3	3	
Mexitil	mexiletine hcl	1	1	
Multaq		3	3	QL
Norpace	disopyramide phosphate	1	1	
Norpace CR		3	3	
Northera <s>	droxidopa	1	4	PA, QL
Proamatine	midodrine hcl	1	1	
Quinidex	quinidine sulfate	1	1	
Quinidine Gluconate SA	quinidine gluconate	1	1	
Ranexa	ranolazine	1	1	
Rythmol, SR	propafenone hcl	1	1	
Sotyline		2	2	
Tambocor	flecainide acetate	1	1	
Tikosyn	dofetilide	1	1	
Verquvo		2	2	PA, QL
Vyndamax <s>		2	4	PA, QL
Vyndaquel <s>		2	4	PA, QL

## 2H. Diuretics

Trade name	Generic name	3-Tier	5-Tier	Limits
Aldactazide	spironolact/hydrochlorothiazid	1	1	
Aldactazide 50/50mg		3	3	
Aldactone	spironolactone	1	1	
Bumex	bumetanide	1	1	
Carospir		3	3	
Demadex	torsemide	1	1	
Diamox, Sequels	acetazolamide	1	1	
Diuril suspension		3	3	
Dyazide; Maxzide	triamterene/hydrochlorothiazid	1	1	
Dyrenium	triamterene	1	1	
Edecrin	ethacrynic acid	1	1	
Hydrodiuril; Microzide	hydrochlorothiazide	1	1	
Hygroton; Thalitone	chlorthalidone	1	1	
Inspira	eplerenone	1	1	
Lasix	furosemide	1	1	
Lozol	indapamide	1	1	
Midamor	amiloride hcl	1	1	
Moduretic	amiloride/hydrochlorothiazide	1	1	
Zaroxolyn	metolazone	1	1	

## 2I. Lipid-lowering agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Antara	fenofibrate,micronized	1	1	
Antara 30mg, 90mg		3	3	
Caduet	amlodipine/atorvastatin	1	1	QL
Colestid	colestipol hcl	1	1	
Colestid granules, packet		3	3	
Crestor	rosuvastatin calcium	1	1	QL
Crestor* (5mg, 10mg) ( <b>Prevent</b> )	rosuvastatin calcium	\$0	\$0	QL
Fenofibrate capsule (authorized generic of Lipofen)		3	3	
Fenoglide	fenofibrate	1	1	
Flolipid		3	3	
Juxtapid <s>		2	4	PA, QL
Lescol, XL	fluvastatin sodium	1	1	QL
Lescol, XL* (all strengths) ( <b>Prevent</b> )	fluvastatin sodium	\$0	\$0	QL
Lipitor	atorvastatin calcium	1	1	QL
Lipitor* (10mg, 20mg) ( <b>Prevent</b> )	atorvastatin calcium	\$0	\$0	QL
Lipofen		2	2	
Livalo		2	2	ST, QL
Lofibra capsule	fenofibrate,micronized	1	1	
Lofibra tablet	fenofibrate	1	1	
Lopid	gemfibrozil	1	1	
Lovaza	omega-3 acid ethyl esters	1	1	QL
Mevacor	lovastatin	1	1	QL
Mevacor* (all strengths) ( <b>Prevent</b> )	lovastatin	\$0	\$0	QL
Nexletol		2	2	PA, QL
Nexlizet		2	2	PA, QL
Niaspan	niacin	1	1	
Pravachol	pravastatin sodium	1	1	QL
Pravachol* (all strengths) ( <b>Prevent</b> )	pravastatin sodium	\$0	\$0	QL
Questran	cholestyramine (with sugar)	1	1	
Questran Light	cholestyramine/aspartame	1	1	
Repatha		2	2	PA, QL
Tricor	fenofibrate nanocrystallized	1	1	
Trilipix	fenofibric acid (choline)	1	1	
Vascepa	icosapent ethyl	1	1	QL
Vascepa		2	2	QL
Vytorin	ezetimibe/simvastatin	1	1	QL
Welchol	colesevelam hcl	1	1	
Zetia	ezetimibe	1	1	QL
Zocor	simvastatin	1	1	QL
Zocor* (5mg, 10mg, 20mg, 40mg) ( <b>Prevent</b> )	simvastatin	\$0	\$0	QL

\*Age restrictions apply.

## 2J. Nitrates and combinations

Trade name	Generic name	3-Tier	5-Tier	Limits
Bidil		3	3	
Dilatrate-SR		2	2	
GoNitro		3	3	
Imdur; Ismo; Monoket	isosorbide mononitrate	1	1	
Isordil	isosorbide dinitrate	1	1	
Minitran		3	3	
Nitro-bid ointment	nitroglycerin	1	1	
Nitroglycerin capsule, patch	nitroglycerin	1	1	
Nitrostat	nitroglycerin	1	1	

## 2K. Renin-inhibitors and combinations

Trade name	Generic name	3-Tier	5-Tier	Limits
Tekturna	aliskiren hemifumarate	1	1	
Tekturna HCT		2	2	

## 2L. Miscellaneous antihypertensives

Trade name	Generic name	3-Tier	5-Tier	Limits
Apresoline	hydralazine hcl	1	1	
Demser	metyrosine	1	1	
Loniten	minoxidil	1	1	
Vecamyl		3	3	PA, QL

### 3. Central nervous system

#### 3A. Alzheimer's therapy

Trade name	Generic name	3-Tier	5-Tier	Limits
Aricept 23mg	donepezil hcl	1	1	QL
Aricept 5, 10mg; ODT	donepezil hcl	1	1	
Exelon capsule	rivastigmine tartrate	1	1	
Exelon patch	rivastigmine	1	1	
Memantine hcl (authorized generic of Namenda dose pack)		3	3	QL
Namenda	memantine hcl	1	1	
Namenda dose pack		3	3	QL
Namenda XR	memantine hcl	1	1	QL
Namenda XR dose pack		3	3	QL
Namzaric		2	2	QL
Razadyne, ER	galantamine hbr	1	1	

### 3B. Anticonvulsants

Trade name	Generic name	3-Tier	5-Tier	Limits
Acthar H.P. <s>		3	5	PA, QL
Banzel suspension	rufinamide	1	1	
Banzel tablet	rufinamide	1	1	PA, QL
Briviact		3	3	PA, QL
Carbatrol	carbamazepine	1	1	
Celontin		2	2	
Depakene capsule	valproic acid	1	1	
Depakene solution	valproic acid (as sodium salt)	1	1	
Depakote, ER, Sprinkles	divalproex sodium	1	1	
Diacomit <s>		2	4	PA
Diamox, Sequels	acetazolamide	1	1	
Diastat 2.5mg	diazepam	1	1	
Diastat Acudial	diazepam	1	1	
Dilantin	phenytoin	1	1	
Dilantin 30mg capsule		2	2	
Dilantin; Phenytek capsule	phenytoin sodium extended	1	1	
Epidiolex <s>		2	4	PA, QL
Equetro		3	3	
Felbatol	felbamate	1	1	
Fycompa		2	2	QL
Gabitril	tiagabine hcl	1	1	
Kepra, XR	levetiracetam	1	1	
Klonopin, Wafer	clonazepam	1	1	
Lamictal XR dose pack		3	3	
Lamictal, ODT, XR	lamotrigine	1	1	
Lyrica	pregabalin	1	1	QL
Lyrica CR	pregabalin	1	1	PA, QL
Mysoline	primidone	1	1	
Nayzilam		2	2	QL
Neurontin	gabapentin	1	1	
Onfi	clobazam	1	1	QL
Oxtellar XR		3	3	ST, QL
Phenobarbital	phenobarbital	1	1	
Qudexy XR	topiramate	1	1	ST, QL
Sabril <s>	vigabatrin	1	4	ST, QL
Spritam		3	3	PA, QL
Sympazan		3	3	PA, QL
Tegretol, XR	carbamazepine	1	1	
Topamax, Sprinkle	topiramate	1	1	
Trileptal	oxcarbazepine	1	1	
Trokendi XR		3	3	ST, QL
Valtoco		3	3	QL
Vimpat solution		2	2	
Vimpat tablet		2	2	PA, QL
Xcopri		3	3	PA, QL
Zarontin	ethosuximide	1	1	
Zonegran	zonisamide	1	1	

PA - Prior approval may be required    ST - Step therapy may be required    QL - Quantity limits may apply    <s> - Specialty Drug  
 Prevent - Prevent drugs may be covered at \$0 if criteria are met

### 3C. Antidepressants

Trade name	Generic name	3-Tier	5-Tier	Limits
Adapin; Sinequan	doxepin hcl	1	1	
Amoxapine	amoxapine	1	1	
Anafranil	clomipramine hcl	1	1	
Aplenzin		3	3	ST
Aventyl; Pamelor	nortriptyline hcl	1	1	
Bupropion XL (authorized generic of Forfivo XL)		3	3	ST, QL
Celexa	citalopram hydrobromide	1	1	
Cymbalta	duloxetine hcl	1	1	
Desvenlafaxine ER		3	3	ST, QL
Desyrel	trazodone hcl	1	1	
Effexor	venlafaxine hcl	1	1	
Effexor XR; Venlafaxine hcl ER	venlafaxine hcl	1	1	
Elavil	amitriptyline hcl	1	1	
Emsam		3	3	PA, QL
Etrafon	perphenazine/amitriptyline hcl	1	1	
Fetzima		2	2	QL
Fluoxetine 60mg	fluoxetine hcl	1	1	
Forfivo XL		3	3	ST, QL
Irenka	duloxetine hcl	1	1	
Lexapro	escitalopram oxalate	1	1	
Limbitrol, DS	amitriptyline/chlordiazepoxide	1	1	
Luvox	fluvoxamine maleate	1	1	
Luvox CR	fluvoxamine maleate	1	1	
Maprotiline hcl	maprotiline hcl	1	1	
Marplan		3	3	
Nardil	phenelzine sulfate	1	1	
Norpramin	desipramine hcl	1	1	
Parnate	tranylcypromine sulfate	1	1	
Paxil	paroxetine hcl	1	1	
Paxil CR	paroxetine hcl	1	1	
Paxil suspension		3	3	
Pristiq	desvenlafaxine succinate	1	1	QL
Prozac	fluoxetine hcl	1	1	
Remeron	mirtazapine	1	1	
Serzone	nefazodone hcl	1	1	
Surmontil	trimipramine maleate	1	1	
Tofranil	imipramine hcl	1	1	
Tofranil-PM	imipramine pamoate	1	1	
Trintellix		3	3	ST, QL
Vivactil	protriptyline hcl	1	1	
Wellbutrin, SR, XL	bupropion hcl	1	1	
Zoloft	sertraline hcl	1	1	

PA - Prior approval may be required    ST - Step therapy may be required    QL - Quantity limits may apply    <s> - Specialty Drug  
 Prevent - Prevent drugs may be covered at \$0 if criteria are met

### 3D. Antipsychotics

Trade name	Generic name	3-Tier	5-Tier	Limits
Abilify	aripiprazole	1	1	
Abilify Maintena		2	2	
Abilify MyCite		3	3	PA, QL
Aristada		2	2	QL
Aristada Initio		2	2	
Clozaril	clozapine	1	1	
Etrafon	perphenazine/amitriptyline hcl	1	1	
Fanapt		3	3	ST
Fazaclor	clozapine	1	1	
Fluphenazine decanoate	fluphenazine decanoate	1	1	
Fluphenazine liquid	fluphenazine hcl	1	1	
Geodon	ziprasidone hcl	1	1	
Haldol decanoate	haloperidol decanoate	1	1	
Haldol liquid	haloperidol lactate	1	1	
Haldol tablet	haloperidol	1	1	
Invega	paliperidone	1	1	QL
Invega Sustenna		3	3	
Invega Trinza		3	3	QL
Latuda		2	2	
Loxitane	loxapine succinate	1	1	
Mellaril	thioridazine hcl	1	1	
Molindone	molindone hcl	1	1	QL
Navane	thiothixene	1	1	
Nuplazid		3	3	PA, QL
Orap	pimozide	1	1	
Perphenazine	perphenazine	1	1	
Perseris		3	3	QL
Prolixin	fluphenazine hcl	1	1	
Rexulti		3	3	QL
Risperdal Consta		2	2	
Risperdal, M-Tab	risperidone	1	1	
Risperidone	risperidone	1	1	
Saphris	asenapine maleate	1	1	ST, QL
Secuado		3	3	ST, QL
Seroquel	quetiapine fumarate	1	1	
Seroquel XR	quetiapine fumarate	1	1	QL
Stelazine	trifluoperazine hcl	1	1	
Symbyax	olanzapine/fluoxetine hcl	1	1	
Thorazine	chlorpromazine hcl	1	1	
Versacloz		3	3	
Vraylar		3	3	ST, QL
Zyprexa Relprevv		3	3	
Zyprexa, Zydis	olanzapine	1	1	

PA - Prior approval may be required    ST - Step therapy may be required    QL - Quantity limits may apply    <s> - Specialty Drug  
 Prevent - Prevent drugs may be covered at \$0 if criteria are met

### 3E. Anxiolytics

Trade name	Generic name	3-Tier	5-Tier	Limits
Ativan	lorazepam	1	1	
Buspar	buspirone hcl	1	1	
Equanil; Miltown	meprobamate	1	1	
Librium	chlordiazepoxide hcl	1	1	
Lorazepam intensol	lorazepam	1	1	
Niravam	alprazolam	1	1	
Serax	oxazepam	1	1	
Tranxene T-Tab	clorazepate dipotassium	1	1	
Valium	diazepam	1	1	
Xanax, XR	alprazolam	1	1	

### 3F. CNS stimulants

Trade name	Generic name	3-Tier	5-Tier	Limits
Adderall	dextroamphetamine/amphetamine	1	1	QL
Adderall XR (brand)		1	1	QL
Adhansia XR		3	3	PA, QL
Adzenys ER		3	3	PA, QL
Adzenys XR-ODT		3	3	PA, QL
Aptensio XR	methylphenidate hcl	1	1	PA, QL
Concerta	methylphenidate hcl	1	1	QL
Cotempla XR-ODT		3	3	PA, QL
Daytrana		2	2	QL
Desoxyn	methamphetamine hcl	1	1	QL
Dexedrine	dextroamphetamine sulfate	1	1	QL
Dyanavel XR		2	2	PA, QL
Evekeo	amphetamine sulfate	1	1	PA, QL
Evekeo ODT		3	3	PA, QL
Focalin, XR	dexmethylphenidate hcl	1	1	QL
Jornay PM		3	3	PA, QL
Metadate CD	methylphenidate hcl	1	1	QL
Methylin, ER	methylphenidate hcl	1	1	QL
Methylphenidate ER 72mg		3	3	PA, QL
Mydayis		2	2	PA, QL
Nuvigil	armodafinil	1	1	QL
Procentra	dextroamphetamine sulfate	1	1	QL
Provigil	modafinil	1	1	QL
Quillicew ER		2	2	PA, QL
Quillivant XR		2	2	PA, QL
Relexxii		3	3	PA, QL
Ritalin, LA, SR	methylphenidate hcl	1	1	QL
Vyvanse		2	2	PA, QL
Zenedzi		3	3	QL

PA - Prior approval may be required    ST - Step therapy may be required    QL - Quantity limits may apply    <s> - Specialty Drug  
 Prevent - Prevent drugs may be covered at \$0 if criteria are met

### 3G. Migraine therapy

Trade name	Generic name	3-Tier	5-Tier	Limits
Aimovig		2	2	PA, QL
Ajovy		2	2	PA, QL
Alsuma	sumatriptan succinate	1	1	QL
Amerge	naratriptan hcl	1	1	QL
Axert	almotriptan malate	1	1	ST, QL
Cafergot	ergotamine tartrate/caffeine	1	1	QL
Cambia		3	3	ST, QL
D.H.E.45	dihydroergotamine mesylate	1	1	QL
Emgality		2	2	PA, QL
Ergomar		3	3	QL
Esgic; Fioricet	butalb/acetaminophen/caffeine	1	1	QL
Fioricet w/codeine	butalbit/acetamin/caff/codeine	1	1	QL
Fiorinal	butalbital/aspirin/caffeine	1	1	
Fiorinal w/codeine	codeine/butalbital/asa/caffein	1	1	QL
Frova	frovatriptan succinate	1	1	ST, QL
Imitrex	sumatriptan succinate	1	1	QL
Imitrex nasal spray	sumatriptan	1	1	QL
Maxalt, MLT	rizatriptan benzoate	1	1	QL
Migranal	dihydroergotamine mesylate	1	1	QL
Nurtec ODT		3	3	PA, QL
Onzetra Xsail		3	3	ST, QL
Phrenilin 50mg/325mg	butalbital/acetaminophen	1	1	
Relpax	eletriptan hydrobromide	1	1	ST, QL
Reyvow		3	3	PA, QL
Tosymra		3	3	ST, QL
Treximet	sumatriptan succ/haproxen sod	1	1	PA, QL
Ubrelvy		3	3	PA, QL
Zembrace Symtouch		3	3	ST, QL
Zomig nasal spray		2	2	ST, QL
Zomig, ZMT	zolmitriptan	1	1	QL

### 3H. Myasthenia gravis

Trade name	Generic name	3-Tier	5-Tier	Limits
Mestinon, Timespan	pyridostigmine bromide	1	1	

### 3I. Narcotic antagonists and withdrawal management

Trade name	Generic name	3-Tier	5-Tier	Limits
Naloxone hcl injection	naloxone hcl	1	1	
Narcan nasal spray		2	2	QL
Revia	naltrexone hcl	1	1	

### 3J. Narcotic mixed agonist and antagonist

Trade name	Generic name	3-Tier	5-Tier	Limits
Belbuca		2	2	PA, QL
Butrans	buprenorphine	1	1	QL
Ryzolt	tramadol hcl	1	1	QL
Stadol NS	butorphanol tartrate	1	1	QL
Suboxone	buprenorphine hcl/naloxone hcl	1	1	QL
Subutex	buprenorphine hcl	1	1	QL
Talwin NX	pentazocine hcl/naloxone hcl	1	1	QL
Tramadol Hcl 100mg tablet		3	3	QL
Ultracet	tramadol hcl/acetaminophen	1	1	QL
Ultram, ER	tramadol hcl	1	1	QL
Zubsolv		2	2	QL

### 3K. Narcotic and analgesic combinations

Trade name	Generic name	3-Tier	5-Tier	Limits
Esgic; Fioricet	butalb/acetaminophen/caffeine	1	1	QL
Fioricet w/codeine	butalbit/acetamin/caff/codeine	1	1	QL
Fiorinal	butalbital/aspirin/caffeine	1	1	
Fiorinal w/codeine	codeine/butalbital/asa/caffein	1	1	QL
Hycet	hydrocodone/acetaminophen	1	1	QL
Ibudone	hydrocodone/ibuprofen	1	1	QL
Lortab solution		3	3	QL
Norco; Vicodin; Xodol	hydrocodone/acetaminophen	1	1	QL
Percocet	oxycodone hcl/acetaminophen	1	1	QL
Percodan	oxycodone hcl/aspirin	1	1	QL
Phrenilin 50mg/325mg	butalbital/acetaminophen	1	1	
Trezix	acetaminophen/caff/dihydrocod	1	1	QL
Trezix		3	3	QL
Tylenol w/codeine	acetaminophen with codeine	1	1	QL
Vicoprofen	hydrocodone/ibuprofen	1	1	QL

### 3L. Narcotics

Trade name	Generic name	3-Tier	5-Tier	Limits
Actiq	fentanyl citrate	1	1	PA, QL
Avinza	morphine sulfate	1	1	QL
Belladonna & Opium	opium/belladonna alkaloids	1	1	QL
Codeine sulfate tablet	codeine sulfate	1	1	QL
Demerol	meperidine hcl	1	1	QL
Dilaudid	hydromorphone hcl	1	1	QL
Duragesic	fentanyl	1	1	QL
Exalgo	hydromorphone hcl	1	1	PA, QL
Hysingla ER	hydrocodone bitartrate	1	1	PA, QL
Kadian	morphine sulfate	1	1	QL
Levorphanol Tartrate	levorphanol tartrate	1	1	PA, QL
Methadone	methadone hcl	1	1	QL
MS Contin	morphine sulfate	1	1	QL
MSIR	morphine sulfate	1	1	QL
Nubain	nalbuphine hcl	1	1	QL
Opana	oxymorphone hcl	1	1	QL
Opana ER	oxymorphone hcl	1	1	PA, QL
Oxaydo		3	3	PA, QL
Oxycodone hcl ER (authorized generic of Oxycontin)		3	3	PA, QL
Oxycodone immediate release, solution	oxycodone hcl	1	1	QL
Oxycontin		3	3	PA, QL
RMS Suppository	morphine sulfate	1	1	QL
Roxanol	morphine sulfate	1	1	QL
Zohydro ER	hydrocodone bitartrate	1	1	PA, QL

PA - Prior approval may be required    ST - Step therapy may be required    QL - Quantity limits may apply    <s> - Specialty Drug  
 Prevent - Prevent drugs may be covered at \$0 if criteria are met

### 3M. Nonsteroidal anti-inflammatory drugs

Trade name	Generic name	3-Tier	5-Tier	Limits
Anaprox, DS	naproxen sodium	1	1	
Ansaid	flurbiprofen	1	1	
Arthrotec	diclofenac sodium/misoprostol	1	1	
Cambia		3	3	ST, QL
Cataflam	diclofenac potassium	1	1	
Celebrex	celecoxib	1	1	
Clinoril	sulindac	1	1	
Consensi		3	3	QL
Daypro	oxaprozin	1	1	
Duxies		3	3	QL
EC-Naprosyn	naproxen	1	1	
Feldene	piroxicam	1	1	
Flector Patch		2	2	PA, QL
Indocin suppository		3	3	QL
Indocin, SR	indomethacin	1	1	
Ketoprofen (except 25mg)	ketoprofen	1	1	
Ketoprofen 25mg	ketoprofen	1	1	PA, QL
Licart		2	2	PA, QL
Lodine, XL	etodolac	1	1	
Meclofenem	meclofenamate sodium	1	1	
Mobic	meloxicam	1	1	
Motrin (Rx Only)	ibuprofen	1	1	
Nalfon 600mg	fenoprofen calcium	1	1	PA, QL
Naprelan		3	3	
Naprosyn (Rx Only)	naproxen	1	1	
Naproxen 750mg tablet (authorized generic of Naprelan)		3	3	
Pennsaid 1.5%	diclofenac sodium	1	1	QL
Ponstel	mefenamic acid	1	1	
Relafen	nabumetone	1	1	
Srix		3	3	QL
Tolectin, DS	tolmetin sodium	1	1	
Toradol injection	ketorolac tromethamine	1	1	
Toradol tablet	ketorolac tromethamine	1	1	QL
Vivlodex	meloxicam, submicronized	1	1	PA, QL
Voltaren gel	diclofenac sodium	1	1	QL
Voltaren tablet	diclofenac sodium	1	1	
Voltaren-XR	diclofenac sodium	1	1	

PA - Prior approval may be required    ST - Step therapy may be required    QL - Quantity limits may apply    <s> - Specialty Drug  
 Prevent - Prevent drugs may be covered at \$0 if criteria are met

### 3N. Parkinsons disease and related disorders

Trade name	Generic name	3-Tier	5-Tier	Limits
Artane	trihexyphenidyl hcl	1	1	
Azilect	rasagiline mesylate	1	1	
Cogentin	benztropine mesylate	1	1	
Comtan	entacapone	1	1	
Duopa <i>&lt;S&gt;</i>		2	4	PA, QL
Eldepryl	selegiline hcl	1	1	
Inbrija		2	2	PA, QL
Kynmobi		2	2	PA, QL
Lodosyn	carbidopa	1	1	
Mirapex ER	pramipexole di-hcl	1	1	QL
Mirapex immediate-release	pramipexole di-hcl	1	1	
Neupro		3	3	QL
Nourianz		3	3	PA, QL
Nuplazid		3	3	PA, QL
Osmolex ER		3	3	PA, QL
Parcopa	carbidopa/levodopa	1	1	
Parlodel	bromocriptine mesylate	1	1	
Requip	ropinirole hcl	1	1	
Requip XL	ropinirole hcl	1	1	
Rytary		3	3	ST, QL
Sinemet, CR	carbidopa/levodopa	1	1	
Stalevo	carbidopa/levodopa/entacapone	1	1	
Symmetrel	amantadine hcl	1	1	
Tasmar	tolcapone	1	1	

### 3O. Salicylates

Trade name	Generic name	3-Tier	5-Tier	Limits
Aspirin; Ecotrin 81mg, 325mg* (OTC) <i>(Prevent)</i>	aspirin	\$0	\$0	
Disalcid	salsalate	1	1	
Dolobid	diflunisal	1	1	

\*Age restrictions apply.

### 3P. Sedative and hypnotics

Trade name	Generic name	3-Tier	5-Tier	Limits
Ambien	zolpidem tartrate	1	1	QL
Ambien CR	zolpidem tartrate	1	1	QL
Belsomra		3	3	ST, QL
Dalmane	flurazepam hcl	1	1	QL
Dayvigo		3	3	ST, QL
Edluar		3	3	ST, QL
Halcion	triazolam	1	1	QL
Hetlioz, LQ <s>		3	5	PA, QL
Intermezzo	zolpidem tartrate	1	1	PA, QL
Lunesta	eszopiclone	1	1	QL
Prosom	estazolam	1	1	QL
Restoril	temazepam	1	1	QL
Rozerem	ramelteon	1	1	QL
Seconal	secobarbital sodium	1	1	
Silenor	doxepin hcl	1	1	ST, QL
Sonata	zaleplon	1	1	QL
Versed syrup	midazolam hcl	1	1	
Zolpimist		3	3	ST, QL

### 3Q. Skeletal muscle relaxants

Trade name	Generic name	3-Tier	5-Tier	Limits
Baclofen	baclofen	1	1	
Dantrium	dantrolene sodium	1	1	
Fexmid	cyclobenzaprine hcl	1	1	
Flexeril	cyclobenzaprine hcl	1	1	
Norflex	orphenadrine citrate	1	1	
Parafon Forte DSC	chlorzoxazone	1	1	
Robaxin	methocarbamol	1	1	
Skelaxin	metaxalone	1	1	
Valium	diazepam	1	1	
Zanaflex	tizanidine hcl	1	1	

### 3R. Miscellaneous CNS

Trade name	Generic name	3-Tier	5-Tier	Limits
Antabuse	disulfiram	1	1	
Austedo <b>&lt;S&gt;</b>		2	4	PA, QL
Cafcit	caffeine citrate	1	1	
Campral	acamprosate calcium	1	1	
Cuvposa		3	3	
Enspryng <b>&lt;S&gt;</b>		2	4	PA, QL
Ergoloid Mesylates	ergoloid mesylates	1	1	
Eskalith, CR; Lithobid	lithium carbonate	1	1	
Evrysdi <b>&lt;S&gt;</b>		2	4	PA, QL
Gralise		3	3	ST, QL
Guanidine hcl	guanidine hcl	1	1	
Horizant		3	3	ST, QL
Intuniv	guanfacine hcl	1	1	QL
Kapvay	clonidine hcl	1	1	QL
Lithium Citrate	lithium citrate	1	1	
Nimotop	nimodipine	1	1	
Nuedexta		2	2	PA, QL
Nymalize		3	3	QL
Rilutek	riluzole	1	1	
Ruzurgi <b>&lt;S&gt;</b>		2	4	PA, QL
Savella		2	2	ST, QL
Strattera	atomoxetine hcl	1	1	QL
Sunosi		2	2	PA, QL
Tegsedi <b>&lt;S&gt;</b>		2	4	PA, QL
Tiglutik <b>&lt;S&gt;</b>		3	5	PA, QL
Wakix <b>&lt;S&gt;</b>		3	5	PA, QL
Xenazine <b>&lt;S&gt;</b>	tetrabenazine	1	4	PA, QL
Xyrem <b>&lt;S&gt;</b>		2	4	PA, QL
Xywav <b>&lt;S&gt;</b>		2	4	PA, QL

PA - Prior approval may be required    ST - Step therapy may be required    QL - Quantity limits may apply    **<S>** - Specialty Drug  
 Prevent - Prevent drugs may be covered at \$0 if criteria are met

## 4. Gastrointestinal agents

### 4A. 5-Aminosalicylic Acid (5-ASA) agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Apriso (brand)		1	1	
Asacol HD	mesalamine	1	1	
Azulfidine, EN-tab	sulfasalazine	1	1	
Canasa	mesalamine	1	1	
Colazal	balsalazide disodium	1	1	
Delzicol	mesalamine	1	1	
Lialda	mesalamine	1	1	QL
Pentasa		2	2	
SfRowasa	mesalamine	1	1	

### 4B. Antidiarrheals and antispasmodics

Trade name	Generic name	3-Tier	5-Tier	Limits
Bentyl	dicyclomine hcl	1	1	
Imodium	loperamide hcl	1	1	
Levbid	hyoscyamine sulfate	1	1	
Levsin, SL	hyoscyamine sulfate	1	1	
Librax	chlordiazepoxide/clidinium br	1	1	
Lomotil	diphenoxylate hcl/atropine	1	1	
Motofen		3	3	

### 4C. Antiemetics

Trade name	Generic name	3-Tier	5-Tier	Limits
Antivert	meclizine hcl	1	1	
Bonjesta		3	3	PA, QL
Compazine suppository	prochlorperazine	1	1	
Compazine tablet	prochlorperazine maleate	1	1	
Diclegis (brand)		1	1	QL
Emend	aprepitant	1	1	QL
Kytril	gransetron hcl	1	1	QL
Marinol	dronabinol	1	1	
Phenergan	promethazine hcl	1	1	
Sancuso		3	3	ST, QL
Syndros		3	3	
Tigan	trimethobenzamide hcl	1	1	
Transderm-Scop	scopolamine	1	1	
Varubi tablet		2	2	QL
Zofran solution	ondansetron hcl	1	1	
Zofran tablet, ODT	ondansetron hcl	1	1	QL

### 4D. Bile acids

Trade name	Generic name	3-Tier	5-Tier	Limits
Actigall	ursodiol	1	1	
Chenodal <s>		2	4	PA
Ocaliva <s>		2	4	PA, QL
Urso; Forte	ursodiol	1	1	

PA - Prior approval may be required    ST - Step therapy may be required    QL - Quantity limits may apply  
 Prevent - Prevent drugs may be covered at \$0 if criteria are met    <s> - Specialty Drug

#### 4E. Bowel preparation and cleansing agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Bisacodyl OTC* ( <b>Prevent</b> )	bisacodyl	\$0	\$0	QL
Citrate of Magnesia OTC* ( <b>Prevent</b> )	magnesium citrate	\$0	\$0	QL
Colyte	peg3350/sod sulf,bicarb,cl/kcl	1	1	
Colyte* ( <b>Prevent</b> )	peg3350/sod sulf,bicarb,cl/kcl	\$0	\$0	QL
Glycolax OTC* ( <b>Prevent</b> )	polyethylene glycol 3350	\$0	\$0	QL
Golytely	peg3350/sod sulf,bicarb,cl/kcl	1	1	
Golytely* ( <b>Prevent</b> )	peg3350/sod sulf,bicarb,cl/kcl	\$0	\$0	QL
Milk of Magnesia OTC* ( <b>Prevent</b> )	magnesium hydroxide	\$0	\$0	QL
Moviprep	peg3350/sod sul/nacl/kcl/asb/c	1	1	
Moviprep* ( <b>Prevent</b> )	peg3350/sod sul/nacl/kcl/asb/c	\$0	\$0	QL
Nulytely	sodium chloride/nahco3/kcl/peg	1	1	
Nulytely		3	3	
Nulytely* ( <b>Prevent</b> )	sodium chloride/nahco3/kcl/peg	\$0	\$0	QL
Oral Saline Laxative liquid OTC* ( <b>Prevent</b> )	sodium phosphate,mono-dibasic	\$0	\$0	QL
Peg-Prep	bisac-nacl/nahco3/kcl/peg 3350	1	1	
Peg-Prep* ( <b>Prevent</b> )	bisac-nacl/nahco3/kcl/peg 3350	\$0	\$0	QL

\*Age restrictions apply.

#### 4F. Digestive enzymes

Trade name	Generic name	3-Tier	5-Tier	Limits
Creon		2	2	
Pancreaze		2	2	
Viokace		2	2	
Zenpep		2	2	

#### 4G. H2-Receptor antagonists

Trade name	Generic name	3-Tier	5-Tier	Limits
Axid (Rx only)	nizatidine	1	1	
Pepcid (Rx Only)	famotidine	1	1	
Tagamet (Rx only)	cimetidine	1	1	
Tagamet liquid (Rx only)	cimetidine hcl	1	1	

#### 4H. Proton Pump Inhibitors (PPI)

Trade name	Generic name	3-Tier	5-Tier	Limits
Aciphex tablet	rabeprazole sodium	1	1	
Dexilant		3	3	
Nexium	esomeprazole magnesium	1	1	
Nexium suspension 10mg, 20mg, 40mg	esomeprazole magnesium	1	1	ST
Prevacid capsule (Rx Only)	lansoprazole	1	1	
Prevacid Solutab	lansoprazole	1	1	
Prilosec capsule (Rx Only)	omeprazole	1	1	
Protonix	pantoprazole sodium	1	1	

#### 4I. Topical anti-Inflammatory agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Analpram-HC	hydrocortisone/pramoxine	1	1	
Analpram-HC 1-1% cream		3	3	
Anamantle HC	lidocaine/hydrocortisone ac	1	1	
Anamantle HC Forte	lidocaine/hydrocortisone ac	1	1	
Anamantle HC Kit	lidocaine/hydrocortisone ac	1	1	
Cortenema	hydrocortisone	1	1	
Epifoam		3	3	
Hydrocortisone 1% cream (Rx only)	hydrocortisone	1	1	
Pramosone	hydrocortisone/pramoxine	1	1	
Pramosone ointment		3	3	
Proctocort suppository	hydrocortisone acetate	1	1	
Procto-pak	hydrocortisone	1	1	
Proctosol-HC suppository	hydrocortisone acetate	1	1	
Uceris foam		2	2	ST

#### 4J. Tumor Necrosis Factor (TNF) blocking agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Humira <s>		2	4	PA, QL
Simponi 100mg/ml <s>		2	4	PA, QL
Simponi 50mg/0.5ml <s>		3	5	PA, QL

#### 4K. Ulcer therapy

Trade name	Generic name	3-Tier	5-Tier	Limits
Carafate suspension (brand)		1	1	
Carafate tablet	sucralfate	1	1	
Cytotec	misoprostol	1	1	
Omeclamox-pak		3	3	
Pamine, Forte	methscopolamine bromide	1	1	
Prevpac	lansoprazole/amoxiciln/clarith	1	1	
Robinul tablet, Forte	glycopyrrolate	1	1	
Talicia		2	2	QL

#### 4L. Miscellaneous gastrointestinal agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Evoxac	cevimeline hcl	1	1	
Gastrocrom	cromolyn sodium	1	1	
Gattex <i>&lt;S&gt;</i>		3	5	PA, QL
Kristalose 20g packet		3	3	
Lactulose	lactulose	1	1	
Linzess		2	2	QL
Lotronex	alosetron hcl	1	1	QL
Metozolv ODT	metoclopramide hcl	1	1	
Motegrity		3	3	PA, QL
Movantik		2	2	QL
Rectiv		2	2	QL
Reglan	metoclopramide hcl	1	1	
Relistor		2	2	PA, QL
Salagen	pilocarpine hcl	1	1	
Stelara 45mg, 90mg <i>&lt;S&gt;</i>		2	4	PA, QL
Sucraid <i>&lt;S&gt;</i>		2	4	QL
Symproic		2	2	QL
Trulance		2	2	QL
Viberzi		2	2	PA, QL
Xeljanz, XR <i>&lt;S&gt;</i>		2	4	PA, QL
Xifaxan 200mg		2	2	QL
Xifaxan 550mg		2	2	QL
Zelnorm		3	3	QL
Zorbtive <i>&lt;S&gt;</i>		3	5	PA

PA - Prior approval may be required    ST - Step therapy may be required    QL - Quantity limits may apply    *<S>* - Specialty Drug  
 Prevent - Prevent drugs may be covered at \$0 if criteria are met

## 5. Obstetrics and gynecology

### 5A. Contraceptives-Biphasic

Trade name	Generic name	3-Tier	5-Tier	Limits
Loseasonique ( <b>Prevent</b> )	l-norgest/e.estradiol-e.estrad	\$0	\$0	QL
Mircette ( <b>Prevent</b> )	desog-e.estradiol/e.estradiol	\$0	\$0	
Seasonique ( <b>Prevent</b> )	l-norgest/e.estradiol-e.estrad	\$0	\$0	QL

### 5B. Contraceptives-Misc.

Trade name	Generic name	3-Tier	5-Tier	Limits
Depo-Provera 150mg ( <b>Prevent</b> )	medroxyprogesterone acetate	\$0	\$0	
Depo-subq Provera 104		3	3	
FC2 Female Condom ( <b>Prevent</b> )		\$0	\$0	QL
Gynol II ( <b>Prevent</b> )	nonoxynol 9	\$0	\$0	QL
Nuvaring ( <b>Prevent</b> )	etonogestrel/ethinyl estradiol	\$0	\$0	QL
Ortho Evra ( <b>Prevent</b> )	norelgestromin/ethin.estradiol	\$0	\$0	QL
Ortho Micronor; Nor-QD ( <b>Prevent</b> )	norethindrone	\$0	\$0	
Quartette ( <b>Prevent</b> )	l-norgest/e.estradiol-e.estrad	\$0	\$0	QL
Safyral ( <b>Prevent</b> )	drospir/eth estra/levomefol ca	\$0	\$0	
Today contraceptive sponge ( <b>Prevent</b> )		\$0	\$0	QL
VCF film, gel ( <b>Prevent</b> )		\$0	\$0	QL
VCF foam ( <b>Prevent</b> )	nonoxynol 9	\$0	\$0	QL

### 5C. Contraceptives-Monophasic

Trade name	Generic name	3-Tier	5-Tier	Limits
Alesse; Levlite ( <b>Prevent</b> )	levonorgestrel/ethin.estradiol	\$0	\$0	
Beyaz ( <b>Prevent</b> )	drospir/eth estra/levomefol ca	\$0	\$0	
Demulen ( <b>Prevent</b> )	ethynodiol d-ethinyl estradiol	\$0	\$0	
Desogen; Ortho-cept ( <b>Prevent</b> )	desogestrel-ethinyl estradiol	\$0	\$0	
Femcon Fe ( <b>Prevent</b> )	noreth-ethinyl estradiol/iron	\$0	\$0	
Generess Fe ( <b>Prevent</b> )	noreth-ethinyl estradiol/iron	\$0	\$0	
Levlen; Nordette ( <b>Prevent</b> )	levonorgestrel/ethin.estradiol	\$0	\$0	
Lo/Ovral ( <b>Prevent</b> )	norgestrel-ethinyl estradiol	\$0	\$0	
Loestrin ( <b>Prevent</b> )	norethindrone ac-eth estradiol	\$0	\$0	
Loestrin 24 Fe ( <b>Prevent</b> )	norethindrone-e.estradiol-iron	\$0	\$0	
Loestrin Fe ( <b>Prevent</b> )	norethindrone-e.estradiol-iron	\$0	\$0	
Lybrel ( <b>Prevent</b> )	levonorgestrel/ethin.estradiol	\$0	\$0	
Minastrin 24 FE ( <b>Prevent</b> )	norethindrone-e.estradiol-iron	\$0	\$0	
Modicon ( <b>Prevent</b> )	norethindrone-ethin. estradiol	\$0	\$0	
Norinyl 1/35; Ortho-novum 1/35 ( <b>Prevent</b> )	norethindrone-ethin. estradiol	\$0	\$0	
Nortrel ( <b>Prevent</b> )	norethindrone-ethin. estradiol	\$0	\$0	
Ortho-Cyclen ( <b>Prevent</b> )	norgestimate-ethinyl estradiol	\$0	\$0	
Ovcon 35 ( <b>Prevent</b> )	norethindrone-ethin. estradiol	\$0	\$0	
Seasonale ( <b>Prevent</b> )	levonorgestrel/ethin.estradiol	\$0	\$0	QL
Taytulla ( <b>Prevent</b> )	norethindrone-e.estradiol-iron	\$0	\$0	
Yasmin 28 ( <b>Prevent</b> )	ethinyl estradiol/drospirenone	\$0	\$0	
Yaz ( <b>Prevent</b> )	ethinyl estradiol/drospirenone	\$0	\$0	

## 5D. Contraceptives-Postcoital

Trade name	Generic name	3-Tier	5-Tier	Limits
Ella ( <b>Prevent</b> )		\$0	\$0	QL
Plan B One-step ( <b>Prevent</b> )	levonorgestrel	\$0	\$0	QL

## 5E. Contraceptives-Triphasic

Trade name	Generic name	3-Tier	5-Tier	Limits
Cyclessa ( <b>Prevent</b> )	desogestrel-ethynodiol diacetate	\$0	\$0	
Estrostep Fe ( <b>Prevent</b> )	norethindrone-e.estradiol-iron	\$0	\$0	
Ortho Tri-Cyclen ( <b>Prevent</b> )	norgestimate-ethynodiol diacetate	\$0	\$0	
Ortho-Tri-Cyclen Lo ( <b>Prevent</b> )	norgestimate-ethynodiol diacetate	\$0	\$0	
Ortho-Novum 7/7/7 ( <b>Prevent</b> )	norethindrone-ethinodiol diacetate	\$0	\$0	
Trilevel ( <b>Prevent</b> )	levonorgestrel/ethinodiol diacetate	\$0	\$0	
Tri-Norinyl ( <b>Prevent</b> )	norethindrone-ethinodiol diacetate	\$0	\$0	

## 5F. Estrogen and progestin combinations

Trade name	Generic name	3-Tier	5-Tier	Limits
Activella	estradiol/norethindrone acetate	1	1	
Angeliq		3	3	
Combipatch		2	2	
FemHRT	norethindrone ac-eth estradiol	1	1	
Prefest		3	3	

## 5G. Estrogens

Trade name	Generic name	3-Tier	5-Tier	Limits
Alora		3	3	
Climara	estradiol	1	1	
Delestrogen	estradiol valerate	1	1	
Delestrogen 10mg/ml		3	3	
Depo-estradiol		2	2	
Estrace	estradiol	1	1	
Menostar		3	3	
Minivelle, Vivelle-Dot	estradiol	1	1	
Premarin cream		2	2	
Vagifem	estradiol	1	1	

## 5H. Infertility treatment\*

Trade name	Generic name	3-Tier	5-Tier	Limits
Cetrotide <s>		2	4	
Chorionic Gonadotropin <s>		3	5	PA
Clomid	clomiphene citrate	1	1	
Endometrin		2	2	PA
Ganirelix Acetate <s>	ganirelix acetate	1	4	
Gonal-F, RFF, Redi-ject <s>		2	4	
Menopur <s>		2	4	
Novarel <s>		2	4	PA
Ovidrel <s>		2	4	

\*Drugs used for the treatment of infertility may not be covered for select benefits. Cost-sharing depends on the medical benefit for BCN members.

PA - Prior approval may be required    ST - Step therapy may be required    QL - Quantity limits may apply  
 Prevent - Prevent drugs may be covered at \$0 if criteria are met    <s> - Specialty Drug

## 5I. Progestins

Trade name	Generic name	3-Tier	5-Tier	Limits
Aygestin	norethindrone acetate	1	1	
Depo-subq Provera 104		3	3	
Progesterone In Oil (inj)	progesterone	1	1	
Prometrium	progesterone, micronized	1	1	
Provera	medroxyprogesterone acetate	1	1	

## 5J. Vaginal anti-infective and antifungal

Trade name	Generic name	3-Tier	5-Tier	Limits
Cleocin vaginal cream	clindamycin phosphate	1	1	
Cleocin vaginal ovules		3	3	
Clindesse		3	3	
Diflucan	fluconazole	1	1	
Gynazole-1		3	3	
Metrogel-Vaginal	metronidazole	1	1	
Monistat 3	miconazole nitrate	1	1	
Nuvessa		3	3	
Solosec		2	2	QL
Terazol- 3, 7	terconazole	1	1	

## 5K. Miscellaneous OB-GYN

Trade name	Generic name	3-Tier	5-Tier	Limits
Bonjesta		3	3	PA, QL
Bridelle	paroxetine mesylate	1	1	QL
Covaryx, H.S.	estrogen,ester/me-testosterone	1	1	
Diclegis (brand)		1	1	QL
Duavee		2	2	
Lupaneta Pack <s>		2	4	
Lupron Depot 3.75mg, 11.25mg <s>		2	4	
Lysteda	tranexamic acid	1	1	QL
Methergine	methylergonovine maleate	1	1	PA, QL
Oriahnn		2	2	PA, QL
Orilissa		2	2	PA, QL
Synarel		2	2	

## 6. Rheumatology and musculoskeletal

### 6A. Corticosteroids

Trade name	Generic name	3-Tier	5-Tier	Limits
Corticosteroids	See Chapter 7C			

### 6B. Gout therapy

Trade name	Generic name	3-Tier	5-Tier	Limits
Colbenemid	probencid/colchicine	1	1	
Colcrys	colchicine	1	1	
Gloperba		3	3	QL
Mitigare		2	2	
Probenecid	probenecid	1	1	
Uloric	febuxostat	1	1	ST, QL
Zyloprim	allopurinol	1	1	

### 6C. Non-Tumor Necrosis Factor (TNF) blocking agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Actemra Actpen, syringe <s>		2	4	PA, QL
Kevzara <s>		3	5	PA, QL
Kineret <s>		3	5	PA, QL
Olumiant <s>		3	5	PA, QL
Orencia Clickject, sub-q <s>		3	5	PA, QL
Otezla <s>		2	4	PA, QL
Rinvoq ER <s>		2	4	PA, QL
Stelara 45mg, 90mg <s>		2	4	PA, QL
Taltz <s>		2	4	PA, QL
Xeljanz, XR <s>		2	4	PA, QL

### 6D. Osteoporosis and bone resorption

Trade name	Generic name	3-Tier	5-Tier	Limits
Actonel	risedronate sodium	1	1	QL
Atelvia	risedronate sodium	1	1	ST, QL
Binosto		3	3	ST, QL
Boniva	ibandronate sodium	1	1	QL
Didronel	etidronate disodium	1	1	
Evista	raloxifene hcl	1	1	QL
Fosamax	alendronate sodium	1	1	QL
Fosamax Plus D		3	3	ST, QL
Miacalcin	calcitonin, salmon, synthetic	1	1	

## 6E. Osteoporosis and hormonal treatment

Trade name	Generic name	3-Tier	5-Tier	Limits
Alora		3	3	
Climara	estradiol	1	1	
Duavée		2	2	
Estrace	estradiol	1	1	
FemHRT	norethindrone ac-eth estradiol	1	1	
Forteo <i>&lt;S&gt;</i>		2	4	PA, QL
Minivelle, Vivelle-Dot	estradiol	1	1	
Premarin cream		2	2	
Teriparatide <i>&lt;S&gt;</i>		3	5	PA, QL
Tymlos <i>&lt;S&gt;</i>		2	4	PA, QL

## 6F. Salicylates

Trade name	Generic name	3-Tier	5-Tier	Limits
Salicylates and NSAIDS	See Chapters 3O & 3M			

## 6G. Tumor Necrosis Factor (TNF) blocking agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Cimzia syringe <i>&lt;S&gt;</i>		2	4	PA, QL
Enbrel <i>&lt;S&gt;</i>		2	4	PA, QL
Humira <i>&lt;S&gt;</i>		2	4	PA, QL
Simponi 100mg/ml <i>&lt;S&gt;</i>		2	4	PA, QL
Simponi 50mg/0.5ml <i>&lt;S&gt;</i>		3	5	PA, QL

## 6H. Miscellaneous rheumatologic agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Arava	leflunomide	1	1	
Azasan		3	3	
Azulfidine, EN-tab	sulfasalazine	1	1	
Depen	penicillamine	1	1	QL
Gengraf; Neoral <i>&lt;S&gt;</i>	cyclosporine, modified	1	4	
Imuran	azathioprine	1	1	
Methotrexate	methotrexate sodium	1	1	
Methotrexate PF injection	methotrexate sodium/pf	1	1	
Plaquenil	hydroxychloroquine sulfate	1	1	
Rasuvo <i>&lt;S&gt;</i>		2	4	ST, QL
Ridaura		2	2	
Trexall		3	3	

## 7. Endocrinology

### 7A. Androgens

Trade name	Generic name	3-Tier	5-Tier	Limits
Androderm		2	2	PA, QL
Androgel	testosterone	1	1	PA, QL
Android, Testred	methyltestosterone	1	1	QL
Axiron	testosterone	1	1	PA, QL
Danocrine	danazol	1	1	
Delatestryl	testosterone enanthate	1	1	
Depo-Testosterone	testosterone cypionate	1	1	
Depo-Testosterone 100mg/ml		3	3	
Fortesta	testosterone	1	1	PA, QL
Jatenzo		3	3	PA, QL
Methitest		2	2	QL
Natesto		2	2	PA, QL
Oxandrin	oxandrolone	1	1	PA
Testim	testosterone	1	1	PA, QL
Testosterone 1% (authorized generic of Vogelxo)		3	3	PA, QL
Vogelxo		3	3	PA, QL
Xyosted		3	3	PA, QL

### 7B. Antithyroid agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Propylthiouracil	propylthiouracil	1	1	
SSKI		3	3	
Strong Iodine	potassium iodide/iodine	1	1	
Tapazole	methimazole	1	1	

### 7C. Corticosteroids

Trade name	Generic name	3-Tier	5-Tier	Limits
Cortef; Hydrocortisone	hydrocortisone	1	1	
Decadron	dexamethasone	1	1	
Deltasone	prednisone	1	1	
Dexpak	dexamethasone	1	1	
Entocort EC	budesonide	1	1	
Florinef	fludrocortisone acetate	1	1	
Medrol	methylprednisolone	1	1	
Medrol 2mg		3	3	
Millipred	prednisolone	1	1	
Orapred ODT	prednisolone sodium phosphate	1	1	
Orapred solution	prednisolone sodium phosphate	1	1	
Ortokos		3	3	QL
Pediapred solution	prednisolone sodium phosphate	1	1	
Prednisolone solution, tablet	prednisolone	1	1	
Prednisone	prednisone	1	1	
Rayos		3	3	PA, QL
Solu-cortef		2	2	
Uceris tablet (brand)		1	1	QL

## 7D. Growth Hormone and related products

Trade name	Generic name	3-Tier	5-Tier	Limits
Genotropin <s>		2	4	PA
Increlex <s>		2	4	PA
Norditropin FlexPro <s>		2	4	PA
Serostim <s>		2	4	PA

## 7E. Insulins

Trade name	Generic name	3-Tier	5-Tier	Limits
Basaglar Kwikpen U-100		3	3	
Fiasp, Flextouch, Penfill		2	2	
Insulin lispro junior (authorized generic of Humalog Junior Kwikpen)		3	3	
Lantus, Solostar		2	2	
Levemir, Flextouch		2	2	
Novolin (NDCs ending in 00, 01, 11, & 15)		2	2	
Novolog, Mix (all forms)		2	2	
Soliqua 100-33		2	2	QL
Toujeo Max Solostar		2	2	
Toujeo Solostar		2	2	
Tresiba, Flextouch		2	2	
Xultophy 100-3.6		2	2	QL

## 7F. Non-insulin hypoglycemic agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Actoplus Met	pioglitazone hcl/metformin hcl	1	1	
Actos	pioglitazone hcl	1	1	
Amaryl	glimepiride	1	1	
Bydureon, BCise, Pen		2	2	QL
Byetta		2	2	QL
Cycloset		3	3	QL
Diabeta; Micronase	glyburide	1	1	
Duetact	pioglitazone hcl/glimepiride	1	1	
Farxiga		2	2	QL
Fortamet	metformin hcl	1	1	PA
Glucophage, XR	metformin hcl	1	1	
Glucotrol, XL	glipizide	1	1	
Glucovance	glyburide/metformin hcl	1	1	
Glynase	glyburide,micronized	1	1	
Glyset	miglitol	1	1	
Glyxambi		2	2	QL
Invokamet, XR		2	2	QL
Invokana		2	2	QL
Janumet		2	2	QL
Janumet XR		2	2	QL
Januvia		2	2	QL
Jardiance		2	2	QL
Metaglip	glipizide/metformin hcl	1	1	
Oseni		3	3	ST, QL
Ozempic		2	2	QL
PrandilMet	repaglinide/metformin hcl	1	1	
Prandin	repaglinide	1	1	
Precose	acarbose	1	1	
Riomet	metformin hcl	1	1	
Riomet ER		3	3	QL
Rybelsus		2	2	QL
Segluromet		2	2	QL
Starlix	nateglinide	1	1	
Steglatro		2	2	QL
Steglujan		2	2	QL
Symlinpen		2	2	
Synjardy, XR		2	2	QL
Trijardy XR		2	2	QL
Trulicity		2	2	QL
Xigduo XR		2	2	QL

## 7G. Somatostatin analogs

Trade name	Generic name	3-Tier	5-Tier	Limits
Bynfezia <s>		3	5	PA, QL
Sandostatin <s>	octreotide acetate	1	4	
Signifor <s>		2	4	PA, QL
Somatuline Depot <s>		2	4	PA, QL

## 7H. Thyroid hormones

Trade name	Generic name	3-Tier	5-Tier	Limits
Armour Thyroid	thyroid,pork	1	1	
Armour Thyroid		2	2	
Cytomel	liothyronine sodium	1	1	
NP Thyroid	thyroid,pork	1	1	
Synthroid	levothyroxine sodium	1	1	
Thyrolar		3	3	
Westhroid	thyroid,pork	1	1	

## 7I. Urea cycle disorder agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Buphenyl powder	sodium phenylbutyrate	1	1	
Buphenyl tablet	sodium phenylbutyrate	1	1	QL
Carbaglu <s>		2	4	PA
Ravicti <s>		2	4	PA, QL

## 7J. Vitamin D analogs

Trade name	Generic name	3-Tier	5-Tier	Limits
Calciferol (Rx Only)	ergocalciferol (vitamin d2)	1	1	
Hectorol	doxercalciferol	1	1	
Rayaldee		3	3	QL
Rocaltrol	calcitriol	1	1	
Zemplar	paricalcitol	1	1	

## 7K. Miscellaneous endocrine

Trade name	Generic name	3-Tier	5-Tier	Limits
Baqsimi		2	2	QL
Cerdelga <i>&lt;S&gt;</i>		2	4	PA, QL
Cholbam <i>&lt;S&gt;</i>		2	4	PA, QL
DDAVP	desmopressin (nonrefrigerated)	1	1	
DDAVP	desmopressin acetate	1	1	
DDAVP solution		2	2	
Dojolvi <i>&lt;S&gt;</i>		2	4	PA
Dostinex	cabergoline	1	1	
Egrifta SV <i>&lt;S&gt;</i>		2	4	PA, QL
Galafold <i>&lt;S&gt;</i>		3	5	PA, QL
Glucagon Emergency Kit	glucagon	1	1	
Glucagon Emergency Kit		2	2	
Gvoke		2	2	QL
Kuvan <i>&lt;S&gt;</i>	sapropterin dihydrochloride	1	4	PA
Lupron Depot-PED <i>&lt;S&gt;</i>		2	4	
Miacalcin	calcitonin, salmon, synthetic	1	1	
Myalept <i>&lt;S&gt;</i>		2	4	PA, QL
Natpara <i>&lt;S&gt;</i>		2	4	PA, QL
Palyntiq <i>&lt;S&gt;</i>		2	4	PA, QL
Proglycem	diazoxide	1	1	
Revcovit <i>&lt;S&gt;</i>		2	4	PA, QL
Sensipar <i>&lt;S&gt;</i>	cinacalcet hcl	1	4	
Somavert <i>&lt;S&gt;</i>		2	4	PA
Strensiq <i>&lt;S&gt;</i>		2	4	PA, QL
Synarel		2	2	
Xermelo <i>&lt;S&gt;</i>		2	4	PA, QL
Zavesca <i>&lt;S&gt;</i>	miglustat	1	4	PA, QL

## 8. Antineoplastics and immunosuppressants

### 8A. Adjuvant therapy

Trade name	Generic name	3-Tier	5-Tier	Limits
Fulphila <s>		2	4	QL
Leucovorin tablet	leucovorin calcium	1	1	
Leukine <s>		2	4	
Mesnex tablet		2	2	
Nivestym <s>		2	4	QL
Nyvepria <s>		2	4	QL
Procrit <s>		2	4	
Retacrit <s>		2	4	
Zarxio <s>		2	4	
Zixtenzo <s>		2	4	QL

### 8B. Alkylating agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Alkeran tablet	melphalan	1	1	
Cyclophosphamide capsule	cyclophosphamide	1	1	
Cyclophosphamide tablet (authorized generic of Cytoxin)		3	3	
Emcyt		2	2	
Gleostine; Lomustine		2	2	
Leukeran		2	2	
Matulane <s>		2	4	
Myleran		2	2	
Temodar <s>	temozolamide	1	4	

### 8C. Antimetabolites

Trade name	Generic name	3-Tier	5-Tier	Limits
Lonsurf <s>		2	4	PA, QL
Methotrexate	methotrexate sodium	1	1	
Methotrexate PF injection	methotrexate sodium/pf	1	1	
Onureg <s>		2	4	PA, QL
Purinethol	mercaptopurine	1	1	
Purixan <s>		2	4	
Tabloid		3	3	
Trexall		3	3	
Xeloda <s>	capecitabine	1	4	

## 8D. Hormonal agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Arimidex	anastrozole	1	1	QL
Arimidex* (Prevent)	anastrozole	\$0	\$0	PA, QL
Aromasin	exemestane	1	1	QL
Aromasin* (Prevent)	exemestane	\$0	\$0	PA, QL
Casodex	bicalutamide	1	1	
Eligard <s>		2	4	
Erleada <s>		2	4	PA, QL
Eulexin	flutamide	1	1	
Evista	raloxifene hcl	1	1	QL
Evista* (Prevent)	raloxifene hcl	\$0	\$0	PA, QL
Fareston	toremifene citrate	1	1	
Faslodex	fulvestrant	1	1	
Femara	letrozole	1	1	
Lupaneta Pack <s>		2	4	
Lupron <s>	leuprolide acetate	1	4	
Lupron Depot 3.75mg, 11.25mg <s>		2	4	
Lupron Depot 7.5mg, 22.5mg, 30mg, 45mg <s>		3	5	
Megace, ES	megestrol acetate	1	1	
Nilandron	nilutamide	1	1	
Soltamox		3	3	
Tamoxifen	tamoxifen citrate	1	1	QL
Tamoxifen* (Prevent)	tamoxifen citrate	\$0	\$0	PA, QL
Xtandi <s>		2	4	PA, QL
Yonsa <s>		2	4	PA, QL
Zoladex <s>		2	4	QL
Zytiga 250mg <s>	abiraterone acetate	1	4	QL

\*Age restrictions apply.

## 8E. Immunomodulators

Trade name	Generic name	3-Tier	5-Tier	Limits
Arcalyst <s>		2	4	PA, QL
Astagraf XL <s>		3	5	
Azasan		3	3	
Cellcept <s>	mycophenolate mofetil	1	4	
Gengraf; Neoral <s>	cyclosporine, modified	1	4	
Imuran	azathioprine	1	1	
Kineret <s>		3	5	PA, QL
Myfortic <s>	mycophenolate sodium	1	4	
Pomalyst <s>		2	4	PA, QL
Prednisone	prednisone	1	1	
Prograf <s>	tacrolimus	1	4	
Prograf granules <s>		2	4	
Rapamune <s>	sirolimus	1	4	
Revlimid <s>		2	4	QL
Sandimmune capsule <s>	cyclosporine	1	4	
Sandimmune solution <s>		2	4	
Somatuline Depot <s>		2	4	PA, QL
Thalomid <s>		2	4	

## 8F. Kinase inhibitors and molecular target inhibitors

Trade name	Generic name	3-Tier	5-Tier	Limits
Afinitor <s>	everolimus	1	4	PA, QL
Afinitor 10mg, Disperz <s>		2	4	PA, QL
Alecensa <s>		2	4	PA, QL
Alunbrig <s>		2	4	PA, QL
Ayvakit <s>		2	4	PA, QL
Balversa <s>		2	4	PA
Bosulif <s>		2	4	PA, QL
Braftovi <s>		3	5	PA, QL
Brukinsa <s>		3	5	PA, QL
Cabometyx <s>		2	4	PA, QL
Caprelsa <s>		2	4	PA, QL
Cometriq <s>		2	4	PA, QL
Copiktra <s>		3	5	PA, QL
Cotellic <s>		2	4	PA, QL
Daurismo <s>		3	5	PA, QL
Gavreto <s>		2	4	PA, QL
Gilotrif <s>		2	4	PA, QL
Gleevec <s>	imatinib mesylate	1	4	
Ibrance <s>		2	4	PA, QL
Iclusig <s>		2	4	PA, QL
Idhifa <s>		2	4	PA, QL
Imbruvica capsule; 280mg, 420mg, 560mg tablet <s>		2	4	PA, QL
Inlyta <s>		2	4	PA, QL
Inqovi <s>		2	4	PA, QL
Iressa <s>		2	4	PA, QL
Jakafi <s>		2	4	PA, QL
Koselugo <s>		2	4	PA, QL
Lenvima <s>		2	4	PA, QL
Lorbrena <s>		2	4	PA, QL
Lynparza <s>		2	4	PA, QL
Mekinist <s>		2	4	PA, QL
Mektovi <s>		3	5	PA, QL
Nerlynx <s>		2	4	PA, QL
Nexavar <s>		2	4	PA
Ninlaro <s>		2	4	PA, QL
Nubeqa <s>		2	4	PA, QL
Pemazyre <s>		2	4	PA, QL
Piqray <s>		2	4	PA, QL
Retevmo <s>		2	4	PA, QL
Rozlytrek <s>		2	4	PA, QL
Rubraca <s>		2	4	PA, QL
Rydapt <s>		2	4	PA, QL
Sprycel <s>		2	4	PA
Stivarga <s>		2	4	PA, QL
Sutent <s>		2	4	PA, QL
Tabrecta <s>		2	4	PA, QL
Tafinlar <s>		2	4	PA, QL
Tagrisso <s>		2	4	PA, QL
Talzenna <s>		2	4	PA, QL
Tarceva <s>	erlotinib hcl	1	4	PA
Tasigna <s>		2	4	PA, QL
Tazverik <s>		2	4	PA, QL
Tibsovo <s>		2	4	PA, QL

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

Prevent - Prevent drugs may be covered at \$0 if criteria are met

## 8F. Kinase inhibitors and molecular target inhibitors

Trade name	Generic name	3-Tier	5-Tier	Limits
Tukysa <s>		3	5	PA, QL
Turalio <s>		2	4	PA, QL
Tykerb <s>	lapatinib ditosylate	1	4	PA
Venclexta <s>		2	4	PA, QL
Verzenio <s>		2	4	PA, QL
Vitrakvi <s>		2	4	PA, QL
Vizimpro <s>		2	4	PA, QL
Votrient <s>		2	4	PA
Xalkori <s>		2	4	PA, QL
Xospata <s>		2	4	PA, QL
Zejula <s>		2	4	PA, QL
Zelboraf <s>		2	4	PA, QL
Zokinvy <s>		2	4	PA, QL
Zortress <s>	everolimus	1	4	
Zortress 1mg <s>		2	4	
Zydelig <s>		2	4	PA, QL
Zykadia <s>		2	4	PA, QL

## 8G. Miscellaneous antineoplastic agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Droxia		2	2	
Erivedge <s>		2	4	PA, QL
Farydak <s>		3	5	PA, QL
Hycamtin capsule <s>		2	4	
Hydrea	hydroxyurea	1	1	
Lysodren		2	2	
Odomzo <s>		2	4	PA, QL
Sandostatin <s>	octreotide acetate	1	4	
Synribo <s>		2	4	PA, QL
Targretin capsule <s>	bexarotene	1	4	PA
Vepesid	etoposide	1	1	
Vesanoid	tretinoin	1	1	
Zolinza <s>		2	4	PA

## 9. Immunology and hematology

### 9A. Hematopoietic agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Doptelet <s>		2	4	PA, QL
Fulphila <s>		2	4	QL
Leukine <s>		2	4	
Nivestym <s>		2	4	QL
Nyvepria <s>		2	4	QL
Procrit <s>		2	4	
Promacta <s>		2	4	PA
Retacrit <s>		2	4	
Zarxio <s>		2	4	
Zixtenzo <s>		2	4	QL

### 9B. Immunoglobulins

Trade name	Generic name	3-Tier	5-Tier	Limits
Cuvitru <s>		3	5	PA
Gammagard liquid <s>		2	4	PA
Gamunex-C sub-q <s>		2	4	PA
HyQvia <s>		3	5	PA
Xembify <s>		2	4	PA

### 9C. Interferons and MS therapy

Trade name	Generic name	3-Tier	5-Tier	Limits
Actimmune <s>		2	4	
Alferon N		2	2	
Ampyra <s>	dalfampridine	1	4	QL
Aubagio <s>		2	4	QL
Avonex <s>		2	4	QL
Bafiertam <s>		2	4	QL
Betaseron <s>		2	4	QL
Copaxone <s>	glatiramer acetate	1	4	QL
Gilenya <s>		2	4	QL
Glatopa <s>	glatiramer acetate	1	4	QL
Intron A <s>		2	4	
Kesimpta Pen <s>		2	4	QL
Mavenclad <s>		3	5	QL
Mayzent <s>		2	4	QL
Pegasys, Proclick <s>		2	4	QL
Peg-Intron, Redipen <s>		3	5	QL
Plegridy <s>		2	4	QL
Rebif, Rebiodose <s>		2	4	QL
Tecfidera <s>	dimethyl fumarate	1	4	QL
Vumerity <s>		2	4	QL
Zeposia <s>		2	4	QL

## 9D. Miscellaneous immunology and hematology

Trade name	Generic name	3-Tier	5-Tier	Limits
Benlysta <s>s</s>		2	4	PA, QL
Firazyr <s>s</s>	icatibant acetate	1	4	PA, QL
Haegarda <s>s</s>		3	5	PA, QL
Orladeyo <s>s</s>		3	5	PA, QL
Palforzia packet <s>s</s>		2	4	PA, QL
Ruconest <s>s</s>		2	4	PA, QL
Takhzyro <s>s</s>		2	4	PA, QL

## 10. Dermatology

### 10A. Acne treatment

Trade name	Generic name	3-Tier	5-Tier	Limits
Absorica (brand)		1	1	PA, QL
Absorica LD		3	3	PA, QL
Acanya	clindamycin phos/benzoyl perox	1	1	
Accutane; Amnesteem; Claravis; Myorisan; Zenatane	isotretinoin	1	1	QL
Aczone 5%	dapsone	1	1	QL
Aczone 7.5%	dapsone	1	1	ST
Aczone 7.5%		3	3	ST
Adapalene 0.1% lotion (authorized generic of Differin)		3	3	
Adoxa capsule	doxycycline monohydrate	1	1	PA
Adoxa tablet	doxycycline monohydrate	1	1	
Akliel		3	3	QL
Altreno		3	3	QL
Amzeeq		2	2	QL
Arazlo		3	3	QL
Atralin	tretinoin	1	1	
Avar, Avar-E	sulfacetamide sodium/sulfur	1	1	
Avidoxy 100mg	doxycycline monohydrate	1	1	
Avita gel		3	3	
Azelex		3	3	
Benzaclin	clindamycin phos/benzoyl perox	1	1	
Benzamycin	erythromycin/benzoyl peroxide	1	1	
Cleocin-T, swabs	clindamycin phosphate	1	1	
Dapsone 7.5% (authorized generic of Aczone)		3	3	ST
Differin 0.1% lotion		3	3	
Differin cream, gel	adapalene	1	1	
Doryx	doxycycline hyclate	1	1	PA
Doryx MPC		3	3	PA
Duac	clindamycin phos/benzoyl perox	1	1	
Epiduo	adapalene/benzoyl peroxide	1	1	
Erythromycin topical gel, solution, swab	erythromycin base in ethanol	1	1	
Fabior		3	3	ST, QL
Klaron	sulfacetamide sodium	1	1	
Minocin capsule	minocycline hcl	1	1	
Minolira ER		3	3	
Monodox	doxycycline monohydrate	1	1	
Noritate		3	3	
Onexton		2	2	ST, QL
Oracea		3	3	
Retin-A Micro pump 0.06%, 0.08%		3	3	
Retin-A; Avita	tretinoin	1	1	
Rosanil	sulfacetamide sodium/sulfur	1	1	
Seysara		3	3	PA
Tazorac	tazarotene	1	1	
Tazorac 0.05%; 0.1% gel		2	2	
Tretin-X		3	3	
Vibramycin suspension	doxycycline monohydrate	1	1	

## 10A. Acne treatment (Continued.)

Trade name	Generic name	3-Tier	5-Tier	Limits
Vibramycin	doxycycline hyclate	1	1	
Vibramycin syrup		3	3	
Zilxi		3	3	QL

## 10B. Antipsoriatic and antiseborrheic

Trade name	Generic name	3-Tier	5-Tier	Limits
Avar, Avar-E	sulfacetamide sodium/sulfur	1	1	
Dovonex	calcipotriene	1	1	
Duobrii		3	3	QL
Enbrel <i>&lt;S&gt;</i>		2	4	PA, QL
Enstilar		2	2	QL
Humira <i>&lt;S&gt;</i>		2	4	PA, QL
Klaron	sulfacetamide sodium	1	1	
Otezla <i>&lt;S&gt;</i>		2	4	PA, QL
Ovace	sulfacetamide sodium	1	1	
Oxsoralen-Ultra	methoxsalen	1	1	
Rasuvo <i>&lt;S&gt;</i>		2	4	ST, QL
Rosanil	sulfacetamide sodium/sulfur	1	1	
Siliq <i>&lt;S&gt;</i>		3	5	PA, QL
Skyrizi <i>&lt;S&gt;</i>		2	4	PA, QL
Soriatane	acitretin	1	1	
Sorilux		3	3	
Stelara 45mg, 90mg <i>&lt;S&gt;</i>		2	4	PA, QL
Taclonex ointment	calcipotriene/betamethasone	1	1	
Taclonex topical suspension (Brand)		1	1	
Taltz <i>&lt;S&gt;</i>		2	4	PA, QL
Tazorac	tazarotene	1	1	
Tazorac 0.05%; 0.1% gel		2	2	
Tremfya <i>&lt;S&gt;</i>		2	4	PA, QL
Vertical	calcitriol	1	1	

## 10C. Corticosteroids - very high potency

Trade name	Generic name	3-Tier	5-Tier	Limits
Bryhali		3	3	QL
Clobevate; Temovate	clobetasol propionate	1	1	
Clobex	clobetasol propionate	1	1	
Clobex, spray	clobetasol propionate	1	1	
Cordan tape		3	3	
Duobrii		3	3	QL
Lexette		3	3	
Olux	clobetasol propionate	1	1	
Olux-E	clobetasol propionate/emoll	1	1	
Temovate Emollient	clobetasol propionate/emoll	1	1	
Ultravate	halobetasol propionate	1	1	
Ultravate lotion		3	3	
Vanos	fluocinonide	1	1	QL

## 10D. Corticosteroids - high potency

Trade name	Generic name	3-Tier	5-Tier	Limits
Apexicon E	diflorasone diacetate/emoll	1	1	
Aristocort; Kenalog 0.5%	triamcinolone acetonide	1	1	
Cyclocort	amcinonide	1	1	
Diprolene cream, lotion; AF	betamethasone/propylene glyc	1	1	
Diprosone cream, ointment	betamethasone dipropionate	1	1	
Elocon ointment	mometasone furoate	1	1	
Florone; Psorcon	diflorasone diacetate	1	1	
Halog	halcinonide	1	1	
Halog ointment, solution		3	3	
Impoyz		3	3	
Lidex	fluocinonide	1	1	
Lidex E	fluocinonide/emollient base	1	1	
Luxiq	betamethasone valerate	1	1	
Sernivo		3	3	ST, QL
Topicort 0.25%; 0.05% gel	desoximetasone	1	1	
Valisone ointment	betamethasone valerate	1	1	

## 10E. Corticosteroids - medium potency

Trade name	Generic name	3-Tier	5-Tier	Limits
Cloderm		3	3	
Cordran	flurandrenolide	1	1	
Cordran 0.025% cream		3	3	
Cutivate	fluticasone propionate	1	1	
Dermatop	prednicarbate	1	1	
Diprosone lotion	betamethasone dipropionate	1	1	
Elocon cream, lotion, solution	mometasone furoate	1	1	
Kenalog 0.025% ointment, 0.05%, 0.1%	triamcinolone acetonide	1	1	
Kenalog Spray	triamcinolone acetonide	1	1	QL
Locoid	hydrocortisone butyrate	1	1	
Locoid Lipocream	hydrocortisone butyrate/emoll	1	1	
Oralone paste	triamcinolone acetonide	1	1	
Synalar 0.025%	fluocinolone acetonide	1	1	
Topicort 0.05% cream, ointment	desoximetasone	1	1	
Westcort	hydrocortisone valerate	1	1	

## 10F. Corticosteroids - low potency

Trade name	Generic name	3-Tier	5-Tier	Limits
Aclovate	alclometasone dipropionate	1	1	
Ala-scalp HP	hydrocortisone	1	1	
Capex shampoo		3	3	
Dermacort, Hytöne 2.5%	hydrocortisone	1	1	
Dermacort; Hytöne 1% (Rx Only)	hydrocortisone	1	1	
Derma-smoothe-FS	fluocinolone acetonide	1	1	
Derma-smoothe-FS	fluocinolone/shower cap	1	1	
Desonate	desonide	1	1	
Desowen	desonide	1	1	
Kenalog 0.025% cream, lotion	triamcinolone acetonide	1	1	
Neo-Synalar		3	3	
Synalar 0.01%	fluocinolone acetonide	1	1	
Texacort		3	3	
Valisone cream, lotion	betamethasone valerate	1	1	

## 10G. Scabicides and pediculicides

Trade name	Generic name	3-Tier	5-Tier	Limits
Crotan	crotamiton	1	1	
Elimite	permethrin	1	1	
Eurax		3	3	
Lindane	lindane	1	1	
Natroba	spinosad	1	1	
Ovide	malathion	1	1	
Sklice	ivermectin	1	1	QL
Ulesfia		3	3	

## 10H. Topical anesthetics

Trade name	Generic name	3-Tier	5-Tier	Limits
Emla	lidocaine/prilocaine	1	1	
Lidoderm patch	lidocaine	1	1	
Xylocaine Viscous Solution (Rx Only)	lidocaine hcl	1	1	
Ztido		2	2	PA, QL

## 10I. Topical antibacterials

Trade name	Generic name	3-Tier	5-Tier	Limits
Bactroban ointment	mupirocin	1	1	
Gentamicin cream, ointment	gentamicin sulfate	1	1	
Neo-Synalar		3	3	
Xepi		3	3	PA, QL

## 10J. Topical antifungals

Trade name	Generic name	3-Tier	5-Tier	Limits
Ertaczo		3	3	
Exelderm		3	3	
Extina	ketoconazole	1	1	
Jublia		3	3	ST, QL
Kerydin	tavaborole	1	1	ST, QL
Kerydin 4ml		3	3	ST, QL
Loprox cream, suspension	ciclopirox olamine	1	1	
Loprox gel, shampoo	ciclopirox	1	1	
Lotrimin	clotrimazole	1	1	
Lotrisone	clotrimazole/betamethasone dip	1	1	
Luzu		3	3	PA, QL
Mentax		3	3	
Miconazole-zinc oxide-petroltm (authorized generic of Vusion)		3	3	QL
Mycostatin	nystatin	1	1	
Naftin	naftifine hcl	1	1	QL
Naftin 2% gel		3	3	QL
Nizoral cream, shampoo 2%	ketoconazole	1	1	
Nystatin w/Triamcinolone	nystatin/triamcin	1	1	
Oxistat	oxiconazole nitrate	1	1	PA, QL
Oxistat lotion		3	3	PA, QL
Penlac	ciclopirox	1	1	
Spectazole	econazole nitrate	1	1	
Vusion		3	3	QL

## 10K. Topical antineoplastic agents and immunomodulators

Trade name	Generic name	3-Tier	5-Tier	Limits
Aldara	imiquimod	1	1	QL
Efudex	fluorouracil	1	1	
Elidel	pimecrolimus	1	1	
Fluropex		3	3	
Panretin		3	3	
Picato		2	2	PA, QL
Protopic	tacrolimus	1	1	
Targretin gel <s>		2	4	PA
Tolak		3	3	QL
Valchlor <s>		2	4	PA, QL
Veregen		3	3	
Zyclara packet	imiquimod	1	1	PA, QL

## 10L. Topical antivirals

Trade name	Generic name	3-Tier	5-Tier	Limits
Xerese		3	3	QL
Zovirax ointment	acyclovir	1	1	

## 10M. Wound and burn therapy

Trade name	Generic name	3-Tier	5-Tier	Limits
Regranex		2	2	QL
Santyl		2	2	
Silvadene	silver sulfadiazine	1	1	
Sulfamylon	mafenide acetate	1	1	
Sulfamylon cream		2	2	

## 10N. Miscellaneous dermatologicals

Trade name	Generic name	3-Tier	5-Tier	Limits
Condyllox gel		3	3	
Condyllox solution	podofilox	1	1	
Dupixent <b>&lt;S&gt;</b>		2	4	PA, QL
Eucrisa		3	3	ST, QL
Finacea foam		2	2	QL
Finacea gel	azelaic acid	1	1	
Lac-Hydrin	ammonium lactate	1	1	
Metrocream, gel, lotion	metronidazole	1	1	
Prudoxin, Zonalon	doxepin hcl	1	1	PA, QL
Qbrexza		3	3	PA, QL
Solaraze	diclofenac sodium	1	1	PA, QL
Soolantra (Brand)		1	1	QL
Xolair syringe <b>&lt;S&gt;</b>		2	4	PA, QL
Zonalon 30g		3	3	PA, QL

# 11. Ophthalmology

## 11A. Cycloplegic mydriatics

Trade name	Generic name	3-Tier	5-Tier	Limits
Cyclogyl	cyclopentolate hcl	1	1	
Cyclogyl 5ml		3	3	
Cyclomydril		3	3	
Isopto Atropine	atropine sulfate	1	1	
Isopto Homatropine	homatropine hbr	1	1	
Mydriacyl	tropicamide	1	1	
Paremyd		3	3	

## 11B. Glaucoma agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Alphagan 0.2%, P 0.15%	brimonidine tartrate	1	1	
Alphagan P 0.1%		2	2	
Azopt	brinzolamide	1	1	
Combigan		2	2	
Cosopt	dorzolamide hcl/timolol maleat	1	1	
Cosopt PF	dorzolamide/timolol/pf	1	1	
Iopidine dropperette		3	3	
Iopidine drops	apraclonidine hcl	1	1	
Isopto-Carpine; Pilocar	pilocarpine hcl	1	1	
Lumigan	bimatoprost	1	1	
Lumigan 0.01%		2	2	
Neptazane	methazolamide	1	1	
Simbrinza		3	3	
Travatan Z	travoprost	1	1	
Trusopt	dorzolamide hcl	1	1	
Vyzulta		3	3	PA
Xalatan	latanoprost	1	1	
Zioptan		2	2	

## 11C. Ophthalmic anti-allergy agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Bepreve	bepotastine besilate	1	1	
Elestat	epinastine hcl	1	1	
Opticrom	cromolyn sodium	1	1	
Optivar	azelastine hcl	1	1	
Pataday	olopatadine hcl	1	1	
Patanol	olopatadine hcl	1	1	
Zerviate		2	2	

## 11D. Ophthalmic anti-infective and steroid

Trade name	Generic name	3-Tier	5-Tier	Limits
Blephamide		3	3	
Cortisporin eye drops	neomycin/polymyxin b/hydrocort	1	1	
Cortisporin eye ointment	neomycin/bacit/p-myx/hydrocort	1	1	
Maxitrol	neomycin/polymyxin b/dexametha	1	1	
Pred-G		3	3	
Tobradex ointment		2	2	
Tobradex suspension	tobramycin/dexamethasone	1	1	
Vasocidin	sulfacetamide/prednisolone sp	1	1	

## 11E. Ophthalmic anti-infectives

Trade name	Generic name	3-Tier	5-Tier	Limits
Azasite		2	2	
Bacitracin	bacitracin	1	1	
Bleph-10 ointment	sulfacetamide sodium	1	1	
Bleph-10, Sodium Sulamyde drops	sulfacetamide sodium	1	1	
Ciloxan drops	ciprofloxacin hcl	1	1	
Garamycin	gentamicin sulfate	1	1	
Ilotycin	erythromycin base	1	1	
Moxeza	moxifloxacin hcl	1	1	
Natacyn		2	2	
Neosporin ophthalmic ointment	neomycin sulf/bacitracin/poly	1	1	
Neosporin ophthalmic solution	neomycin/polymyxn b/gramicidin	1	1	
Ocuflox	ofloxacin	1	1	
Polysporin	bacitracin/polymyxin b sulfate	1	1	
Polytrim	polymyxin b sulf(trimethoprim	1	1	
Quixin	levofloxacin	1	1	
Tobrex drops	tobramycin	1	1	
Tobrex ointment		3	3	
Vigamox	moxifloxacin hcl	1	1	
Viroptic	trifluridine	1	1	
Zirgan		3	3	
Zymaxid	gatifloxacin	1	1	

## 11F. Ophthalmic anti-inflammatory agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Acular, LS	ketorolac tromethamine	1	1	
Bromday; Xibrom	bromfenac sodium	1	1	
Ilevro		3	3	
Ocufen	flurbiprofen sodium	1	1	
Prolensa		3	3	
Voltaren ophthalmic solution	diclofenac sodium	1	1	

## 11G. Ophthalmic beta blockers

Trade name	Generic name	3-Tier	5-Tier	Limits
Betagan	levobunolol hcl	1	1	
Betoptic S		3	3	
Betoptic solution	betaxolol hcl	1	1	
Istalol	timolol maleate	1	1	
Ocupress	carteolol hcl	1	1	
Optipranolol	metipranolol	1	1	
Timoptic Ocudose	timolol maleate/pf	1	1	
Timoptic, XE	timolol maleate	1	1	

## 11H. Ophthalmic steroids

Trade name	Generic name	3-Tier	5-Tier	Limits
Alrex		3	3	
Decadron ophthalmic	dexamethasone sodium phosphate	1	1	
Durezol		3	3	
Eysuvis		3	3	QL
FML	fluorometholone	1	1	
Inflamase, Forte	prednisolone sodium phosphate	1	1	
Inveltys		2	2	PA, QL
Lotemax	loteprednol etabonate	1	1	
Lotemax ointment		2	2	
Lotemax SM		2	2	QL
Pred Forte	prednisolone acetate	1	1	

## 11I. Dry eye agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Cequa		3	3	QL
Lacrisert		3	3	
Restasis		2	2	
Xiidra		2	2	QL

## 11J. Miscellaneous ophthalmic agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Cystaran <s>		2	4	PA, QL
Neo-Synephrine	phenylephrine hcl	1	1	
Oxervate <s>		2	4	PA, QL
Upneeq		2	2	PA, QL

## 12. Otic and nasal preparations

### 12A. Nasal preparations

Trade name	Generic name	3-Tier	5-Tier	Limits
Astelin nasal spray	azelastine hcl	1	1	QL
Astupro nasal spray	azelastine hcl	1	1	QL
Atrovent nasal spray	ipratropium bromide	1	1	QL
Dymista	azelastine/fluticasone	1	1	ST, QL
Flonase (Rx Only)	fluticasone propionate	1	1	QL
Nasalide	flunisolide	1	1	QL
Nasonex	mometasone furoate	1	1	ST, QL
Patanase	olopatadine hcl	1	1	QL
Xhance		3	3	ST, QL

### 12B. Otic preparations

Trade name	Generic name	3-Tier	5-Tier	Limits
Acetasol HC; Vosol HC	hydrocortisone/acetic acid	1	1	
Auralgan	aa/antipyrin/bcaine/polico1/al	1	1	
Cipro HC		3	3	
Ciprodex	ciprofloxacin hcl/dexameth	1	1	
ciprofloxacin 0.2% dropperette	ciprofloxacin hcl	1	1	
Cortisporin	neomycin/polymyxin b/hydrocort	1	1	
Cortisporin-TC		3	3	
Dermotic	fluocinolone acetonide oil	1	1	
Floxin Otic	ofloxacin	1	1	
Otovel		2	2	
Vosol	acetic acid	1	1	

## 13. Respiratory, cough and cold

### 13A. Antihistamine and decongestant combinations

Trade name	Generic name	3-Tier	5-Tier	Limits
Antihistamine/Decongestant Combinations	See Chapter 13B			

### 13B. Antihistamines

Trade name	Generic name	3-Tier	5-Tier	Limits
Allegra	fexofenadine hcl	1	1	
Astelin nasal spray	azelastine hcl	1	1	QL
Astupro nasal spray	azelastine hcl	1	1	QL
Atarax	hydroxyzine hcl	1	1	
Benadryl (Rx Only)	diphenhydramine hcl	1	1	
Clarinex	desloratadine	1	1	QL
Clarinex-D		3	3	QL
Histex PD	carbinoxamine maleate	1	1	
Karbinal ER		3	3	ST, QL
Mar-Cof BP		3	3	
Palgic	carbinoxamine maleate	1	1	
Patanase	olopatadine hcl	1	1	QL
Periactin	cyproheptadine hcl	1	1	
Phenergan	promethazine hcl	1	1	
Phenergan w/Codeine	promethazine hcl/codeine	1	1	
Rynatan	phenylephrine/chlor-tan	1	1	
Tavist tablet (Rx Only)	clemastine fumarate	1	1	
Vistaril	hydroxyzine pamoate	1	1	
Xyzal	levocetirizine dihydrochloride	1	1	QL
Zyrtec solution (Rx Only)	cetirizine hcl	1	1	

### 13C. Antitussives

Trade name	Generic name	3-Tier	5-Tier	Limits
Bromfed-DM	brompheniramine/pseudoephed/dm	1	1	
Cheratussin AC		3	3	
Coditussin AC, DAC		3	3	
CPB WC	bromphenira/pseudoephed/codein	1	1	
Guaitussin AC	codeine phosphate/guaifenesin	1	1	
Histex-AC		3	3	
Hycodan	hydrocodone bit/homatrop me-br	1	1	
Obredon		3	3	QL
Phenergan DM	promethazine/dextromethorphan	1	1	
Phenergan VC	phenylephrine hcl/prometh hcl	1	1	
Phenergan VC w/Codeine	promethazine/phenyleph/codeine	1	1	
Phenergan w/Codeine	promethazine hcl/codeine	1	1	
Relcof C	codeine phosphate/guaifenesin	1	1	
Robitussin AC	codeine phosphate/guaifenesin	1	1	
Tessalon, Perles	benzonatate	1	1	
Tussicaps		3	3	QL
Tussionex	hydrocodone/chlorphen p-stirex	1	1	
Tuxarin ER		3	3	
Tuzistra XR		3	3	QL
Virtussin DAC	pseudoephed/codeine/guaifen	1	1	
Zonatuss	benzonatate	1	1	

### 13D. Cystic Fibrosis agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Bethkis <s>	tobramycin	1	4	QL
Cayston <s>		2	4	PA, QL
Kalydeco <s>		2	4	PA, QL
Orkambi <s>		2	4	PA, QL
Pulmozyme <s>		2	4	PA
Symdeko <s>		2	4	PA, QL
Tobi <s>	tobramycin in 0.225% sod chlor	1	4	QL
Tobi Podhaler <s>		2	4	QL
Trikafta <s>		2	4	PA, QL

### 13E. Epinephrine

Trade name	Generic name	3-Tier	5-Tier	Limits
Epipen, Jr.	epinephrine	1	1	QL
Symjepi		2	2	QL

### 13F. Inhaled anticholinergics

Trade name	Generic name	3-Tier	5-Tier	Limits
Atrovent HFA		3	3	QL
Atrovent solution	ipratropium bromide	1	1	
Incruse Ellipta		2	2	QL
Lonhala Magnair		3	3	QL
Seebri Neohaler		3	3	QL
Spiriva, Respimat		2	2	QL
Yupelri		2	2	QL

### 13G. Inhaled beta-agonist and anticholinergic

Trade name	Generic name	3-Tier	5-Tier	Limits
Anoro Ellipta		2	2	QL
Bevespi Aerosphere		2	2	QL
Breztri Aerosphere		2	2	QL
Combivent Respimat		2	2	QL
Duoneb	ipratropium/albuterol sulfate	1	1	
Stiolto Respimat		2	2	QL
Trelegy Ellipta		2	2	QL
Utibron Neohaler		3	3	QL

### 13H. Inhaled beta-agonists

Trade name	Generic name	3-Tier	5-Tier	Limits
Albuterol nebulizer solution	albuterol sulfate	1	1	
Arcapta Neohaler		3	3	QL
Brovana	arformoterol tartrate	1	1	QL
Perforomist		2	2	QL
ProAir HFA, Proventil HFA	albuterol sulfate	1	1	QL
Serevent Diskus		2	2	QL
Xopenex solution	levalbuterol hcl	1	1	

### 13I. Inhaled steroid and beta-agonist combinations

Trade name	Generic name	3-Tier	5-Tier	Limits
Advair Diskus (brand)		1	1	QL
Advair HFA		2	2	QL
Breo Ellipta		2	2	QL
Breztri Aerosphere		2	2	QL
Dulera		2	2	QL
Symbicort		2	2	QL
Trelegy Ellipta		2	2	QL

### 13J. Inhaled steroids

Trade name	Generic name	3-Tier	5-Tier	Limits
Alvesco		3	3	QL
Arnuity Ellipta		2	2	QL
Asmanex, HFA		2	2	QL
Flovent HFA, Diskus		2	2	QL
Pulmicort solution	budesonide	1	1	
Qvar RediHaler		2	2	QL

### 13K. Intranasal steroids

Trade name	Generic name	3-Tier	5-Tier	Limits
Intranasal Steroids	See Chapter 12A			

## 13L. Oral beta-agonists

Trade name	Generic name	3-Tier	5-Tier	Limits
Alupent	metaproterenol sulfate	1	1	
Brethine	terbutaline sulfate	1	1	
Proventil solution	albuterol sulfate	1	1	
Proventil/Ventolin tablet	albuterol sulfate	1	1	
Vospire ER	albuterol sulfate	1	1	

## 13M. Pulmonary Hypertension Agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Adcirca <i>&lt;S&gt;</i>	tadalafil	1	4	PA, QL
Adempas <i>&lt;S&gt;</i>		2	4	PA, QL
Letairis <i>&lt;S&gt;</i>	ambrisentan	1	4	PA, QL
Opsumit <i>&lt;S&gt;</i>		2	4	PA, QL
Orenitram ER <i>&lt;S&gt;</i>		3	5	PA, QL
Remodulin <i>&lt;S&gt;</i>	treprostinil sodium	1	4	
Revatio	sildenafil citrate	1	1	QL
Revatio suspension	sildenafil citrate	1	1	PA, QL
Tracleer <i>&lt;S&gt;</i>	bosentan	1	4	PA, QL
Tracleer tablet for suspension <i>&lt;S&gt;</i>		2	4	PA
Tyvaso <i>&lt;S&gt;</i>		2	4	PA, QL
Uptravi <i>&lt;S&gt;</i>		2	4	PA, QL
Ventavis <i>&lt;S&gt;</i>		3	5	PA, QL

## 13N. Theophyllines

Trade name	Generic name	3-Tier	5-Tier	Limits
Elixophyllin		3	3	
Theo-24		3	3	
Theophylline anhydrous	theophylline anhydrous	1	1	

## 13O. Miscellaneous respiratory agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Accolate	zafirlukast	1	1	QL
Actemra Actpen, syringe <s>		2	4	PA, QL
Dupixent <s>		2	4	PA, QL
Esbriet <s>		2	4	PA, QL
Fasenra Pen <s>		2	4	PA, QL
Glassia <s>		2	4	PA, QL
Grastek		2	2	PA, QL
Hyper-Sal		3	3	
Intal solution	cromolyn sodium	1	1	
Mucomyst	acetylcysteine	1	1	
Nebusal		3	3	
Nucala auto-injector, syringe <s>		2	4	PA, QL
Odactra		2	2	PA, QL
Ofev <s>		2	4	PA, QL
Oralair		2	2	PA, QL
Ragwitek		2	2	PA, QL
Singulair	montelukast sodium	1	1	QL
Sodium chloride inhalation	sodium chloride for inhalation	1	1	
Xolair syringe <s>		2	4	PA, QL
Zyflo		3	3	QL
Zyflo CR	zileuton	1	1	QL

## 14. Urology

### 14A. BPH Treatment

Trade name	Generic name	3-Tier	5-Tier	Limits
Avodart	dutasteride	1	1	
Cardura	doxazosin mesylate	1	1	
Cardura XL		3	3	
Cialis 2.5mg, 5mg	tadalafil	1	1	PA, QL
Flomax	tamsulosin hcl	1	1	
Hytrin	terazosin hcl	1	1	
Jalyn	dutasteride/tamsulosin hcl	1	1	QL
Proscar	finasteride	1	1	
Rapaflo	silodosin	1	1	QL
Uroxatral	alfuzosin hcl	1	1	

### 14B. Ion-Removing Agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Auryxia		3	3	
Fosrenol	lanthanum carbonate	1	1	
Kayexalate	sodium polystyrene sulfonate	1	1	
Lokelma		2	2	QL
Phoslo	calcium acetate	1	1	
Phoslyra		2	2	
Renagel	sevelamer hcl	1	1	
Renvela	sevelamer carbonate	1	1	
SPS	sodium polystyrene sulfonate	1	1	
SPS (sorbitol free)	sodium polystyrene sulfon/sorb	1	1	
Velphoro		2	2	

### 14C. Urinary Antispasmodics

Trade name	Generic name	3-Tier	5-Tier	Limits
Detrol, LA	tolterodine tartrate	1	1	
Ditropan, XL	oxybutynin chloride	1	1	
Enablex	darifenacin hydrobromide	1	1	QL
Gelnique		2	2	ST, QL
Gemtesa		3	3	QL
Levbid	hyoscyamine sulfate	1	1	
Levsin, SL	hyoscyamine sulfate	1	1	
Myrbetriq		2	2	QL
Sanctura	trospium chloride	1	1	QL
Sanctura XR	trospium chloride	1	1	QL
Toviaz		2	2	QL
Urispas	flavoxate hcl	1	1	
Vesicare	solifenacain succinate	1	1	QL

## 14D. Miscellaneous Urologicals

Trade name	Generic name	3-Tier	5-Tier	Limits
Cystagon <s>		2	4	
Depen	penicillamine	1	1	QL
Elmiron		2	2	
Lithostat		3	3	
Nocdurna		3	3	PA, QL
Renacidin		2	2	
Thiola	tioprorin	1	1	PA, QL
Thiola EC		3	3	PA, QL
Urecholine	bethanechol chloride	1	1	
Urocit-K	potassium citrate	1	1	
Xuriden <s>		2	4	PA, QL

## 15. Vitamins and supplements

### 15A. Potassium Replacement

Trade name	Generic name	3-Tier	5-Tier	Limits
Effer-K		3	3	
K-Lor; Klor-Con packet	potassium chloride	1	1	
Klor-Con M15	potassium chloride	1	1	
K-Lyte; Klor-con/EF	potassium bicarbonate/cit ac	1	1	
K-phos no.2		3	3	
K-phos Original		2	2	
K-Sol; Potassium Chloride	potassium chloride	1	1	
K-Tab 10meq		3	3	
K-Tab; K-Dur; Slow-K; Kaon CL; Klor-con	potassium chloride	1	1	
Micro-K	potassium chloride	1	1	

### 15B. Vitamins and Minerals

Trade name	Generic name	3-Tier	5-Tier	Limits
Calciferol (Rx Only)	ergocalciferol (vitamin d2)	1	1	
Clinpro 5000		3	3	
Complete Natal DHA	prenatal 2/iron/folic acid/om3	1	1	
Cyanocobalamin injection	cyanocobalamin (vitamin b-12)	1	1	
Fluoridex		3	3	
Folic Acid 0.4mg, 0.8mg (OTC) <b>(Prevent)</b>	folic acid	\$0	\$0	
Folic Acid 1mg (RX only)	folic acid	1	1	
Galzin		3	3	
Mephycytone	phytonadione (vit k1)	1	1	
Nascobal spray		2	2	
PNV 29-1	pnv no.5/ferrous fum/folic ac	1	1	
Prenata		3	3	
Prenatabs FA	prenatal vit,calc78/iron/folic	1	1	
Prenatabs Rx	prenatal vit,calc76/iron/folic	1	1	
Prenatal Plus	pnv,calcium 72/iron,carb/folic	1	1	
Prenatal Plus-DHA		3	3	
Prenatal vitamin plus low iron	pnv,calcium 72/iron/folic acid	1	1	
PrePLUS	pnv,calcium 72/iron/folic acid	1	1	
PreTAB	prenatal vit,calc78/iron/folic	1	1	
Prevident	fluoride (sodium)	1	1	
Prevident, 5000		3	3	
Sodium Fluoride 0.25mg, 0.5mg, 1mg	fluoride (sodium)	1	1	
Sodium Fluoride 0.25mg, 0.5mg, 1mg* <b>(Prevent)</b>	fluoride (sodium)	\$0	\$0	
Thrive Rx		3	3	
Trinatal Rx 1		1	1	
Vitamin K ampule	phytonadione (vit k1)	1	1	

\*Age restrictions apply.

## 16. Diagnostic and other miscellaneous

### 16A. Chelating Agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Chemet		2	2	
Depen	penicillamine	1	1	QL
Desferal	deferoxamine mesylate	1	1	
Exjade <i>&lt;S&gt;</i>	deferasirox	1	4	PA, QL
Ferriprox <i>&lt;S&gt;</i>	deferiprone	1	4	PA, QL
Ferriprox 1000mg tablet, solution <i>&lt;S&gt;</i>		2	4	PA, QL
Jadenu <i>&lt;S&gt;</i>	deferasirox	1	4	PA, QL
Syprine <i>&lt;S&gt;</i>	trientine hcl	1	4	PA, QL

### 16B. Diabetes monitoring and management products

Trade name	Generic name	3-Tier	5-Tier	Limits
Contour Meter		\$0	\$0	QL
Contour Next EZ Meter		\$0	\$0	QL
Contour Next Meter		\$0	\$0	QL
Contour Next One Meter		\$0	\$0	QL
Contour Test Strips		2	2	QL
Countour Next Test Strip		2	2	QL
Dexcom G6 Receiver		\$0	\$0	QL
Dexcom G6 Sensor 3-Pack		2	2	QL
Dexcom G6 Transmitter		\$0	\$0	QL
Freestyle Libre 2 Reader - 14 day		2	2	QL
Freestyle Libre 2 Sensor - 14 day		2	2	QL
Freestyle Libre Reader - 14 day		2	2	QL
Freestyle Libre Sensor - 14 day		2	2	QL
Freestyle Test Strip		2	2	QL
OmniPod DASH Pods		2	2	QL
One Touch Delica Plus Lancets, 30 & 33G		2	2	QL
One Touch Ultra 2 Meter		\$0	\$0	QL
One Touch Ultra 2 Meter with Delica Plus		\$0	\$0	QL
One Touch Ultra Soft Lancets		2	2	QL
One Touch Ultra Test Strips		2	2	QL
One Touch Verio Flex Meter		\$0	\$0	QL
One Touch Verio Flex Meter with Delica Plus		\$0	\$0	QL
One Touch Verio Reflect Meter		\$0	\$0	QL
One Touch Verio Test Strips		2	2	QL
Simplicity 2 Unit		2	2	QL
Simplicity Inserter		2	2	QL
Vgo 20		2	2	QL
Vgo 30		2	2	QL
Vgo 40		2	2	QL

## 16C. Vaccines

Trade name	Generic name	3-Tier	5-Tier	Limits
ActHIB		\$0	\$0	QL
Adacel		\$0	\$0	QL
Afluria		\$0	\$0	QL
Bexsero		\$0	\$0	QL
Boostrix		\$0	\$0	QL
Daptacel		\$0	\$0	QL
Diphtheria-Tetanus Tox		\$0	\$0	QL
Engerix-B		\$0	\$0	QL
Fluad		\$0	\$0	QL
Fluarix		\$0	\$0	QL
Flublok		\$0	\$0	QL
Flucelvax		\$0	\$0	QL
Flulaval		\$0	\$0	QL
Flumist		\$0	\$0	QL
Fluzone		\$0	\$0	QL
Gardasil 9*		\$0	\$0	QL
Havrix		\$0	\$0	QL
Heplisav-B		\$0	\$0	QL
Hiberix		\$0	\$0	QL
Infanrix		\$0	\$0	QL
Ipol		\$0	\$0	QL
Janssen Covid-19 vaccine		\$0	\$0	
Kinrix		\$0	\$0	QL
MedQuadfi		\$0	\$0	QL
Menactra		\$0	\$0	QL
Mencevo		\$0	\$0	QL
M-M-R II		\$0	\$0	QL
Moderna Covid-19 vaccine		\$0	\$0	
Pediarix		\$0	\$0	QL
PedvaxHIB		\$0	\$0	QL
Pentacel		\$0	\$0	QL
Pfizer Covid-19 vaccine		\$0	\$0	
Pneumovax 23		\$0	\$0	QL
Prevnar 13*		\$0	\$0	QL
ProQuad		\$0	\$0	QL
Quadracel DTAP-IPV		\$0	\$0	QL
Recombivax HB		\$0	\$0	QL
Rotarix		\$0	\$0	QL
RotaTeq		\$0	\$0	QL
Shingrix*		\$0	\$0	QL
TDVAX		\$0	\$0	QL
Tenivac		\$0	\$0	QL
Trumenba		\$0	\$0	QL
Twinrix		\$0	\$0	QL
Vaqta		\$0	\$0	QL
Varivax		\$0	\$0	QL
Vaxelinis		\$0	\$0	QL

\*Age restrictions apply.

## 16D. Diagnostics and Other Miscellaneous

Trade name	Generic name	3-Tier	5-Tier	Limits
Carnitor	levocarnitine	1	1	
Carnitor SF	levocarnitine	1	1	
Carnitor solution	levocarnitine (with sugar)	1	1	
Cystadane <s>		2	4	
Endari		3	3	PA, QL
Jynarque <s>		3	5	PA, QL
Keveyis <s>		3	5	PA, QL
Nityr <s>		2	4	PA
Orfadin <s>	nitisinone	1	4	PA
Orfadin 20mg capsule, suspension <s>		3	5	PA
Radiogardase		2	2	
Samsca <s>	tolvaptan	1	4	QL
Samsca 15mg <s>		2	4	QL
Tolvaptan 15mg (authorized generic of Samsca) <s>		3	5	QL
Vistogard <s>		2	4	QL

## 17. Lifestyle modification

### 17A. Sexual Dysfunction

Trade name	Generic name	3-Tier	5-Tier	Limits
Addyi		3	3	PA, QL
Caverject		2	2	PA, QL
Cialis	tadalafil	1	1	PA, QL
Edex		3	3	PA, QL
Levitra	vardenafil hcl	1	1	PA, QL
Muse		2	2	PA, QL
Staxyn	vardenafil hcl	1	1	PA, QL
Stendra		3	3	PA, QL
Viagra	sildenafil citrate	1	1	PA, QL
Vyleesi		3	3	PA, QL

### 17B. Smoking Cessation

Trade name	Generic name	3-Tier	5-Tier	Limits
Chantix		2	2	QL
Chantix* <b>(Prevent)</b>		\$0	\$0	QL
Commit Lozenge OTC* <b>(Prevent)</b>	nicotine polacrilex	\$0	\$0	QL
Nicorette lozenge* <b>(Prevent)</b>	nicotine polacrilex	\$0	\$0	QL
Nicotine gum; Nicorette* <b>(Prevent)</b>	nicotine polacrilex	\$0	\$0	QL
Nicotine patch* <b>(Prevent)</b>	nicotine	\$0	\$0	QL
Nicotrol, NS		3	3	QL
Nicotrol, NS* <b>(Prevent)</b>		\$0	\$0	QL
Zyban* <b>(Prevent)</b>	bupropion hcl	\$0	\$0	QL

\*Age restrictions apply.

### 17C. Weight Loss Preparations

Trade name	Generic name	3-Tier	5-Tier	Limits
Adipex-P	phentermine hcl	1	1	
Bontril	phendimetrazine tartrate	1	1	
Contrave		3	3	PA, QL
Didrex	benzphetamine hcl	1	1	
Imcivree <b>&lt;s&gt;</b>		2	4	PA, QL
Lomaira		3	3	
Qsymia		3	3	PA, QL
Saxenda		3	3	PA, QL
Tenuate	diethylpropion hcl	1	1	
Xenical		3	3	PA, QL

## 18. Hemophilia

### 18A. Antihemophilic Agents

Trade name	Generic name	3-Tier	5-Tier	Limits
Advate		2	2	
Adynovate		2	2	
Afstyla		2	2	
Alphanate		2	2	
Alphanine SD		2	2	
Alprolix		2	2	
Benefix		2	2	
Coagadex		2	2	
Corifact		2	2	
Eloctate		2	2	
Esperoct		2	2	
Feiba NF		2	2	
Hemlibra		2	2	PA
Hemofil M		2	2	
Humate-P		2	2	
Idelvion		2	2	
Ixinity		2	2	
Jivi		2	2	
Koate		2	2	
Kovaltry		2	2	
Mononine		2	2	
Novoeight		2	2	
NovoSeven RT		2	2	
Obizur		2	2	
Profilnine		2	2	
Rebinyn		2	2	
Recombinate		2	2	
Rixubis		2	2	
Sevenfact		2	2	
Tretten		2	2	
Vonvendi		2	2	
Wilate		2	2	
Xyntha		2	2	
Xyntha SoloFuse		2	2	

## We speak your language

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta, o 877-469-2583, TTY: 711 si usted todavía no es un miembro.

إذا كنت أنت أو شخص آخر تساعد بحاجة لمساعدة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أي تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك، أو برقم 877-469-2583 TTY:711 إذا لم تكن مشترك بالفعل.

如果您，或是您正在協助的對象，需要協助，您有權利免費以您的母語得到幫助和訊息。要洽詢一位翻譯員，請撥在您的卡背面的客戶服務電話；如果您還不是會員，請撥電話 877-469-2583, TTY: 711。

‘‘جَئِتُّكُمْ بِالْحَقِيقَةِ’’، هَذِهِ الْفِعْلَةُ مَلْأَةٌ بِالْحَقِيقَةِ، وَبِهَا تَعْلَمُونَ مَا يَرَوْنَ، وَمَا يَرَوْنَ لَيَعْلَمُهُمْ بِهَا. لِمَنْ يَرَى حَقًّا يَعْلَمُهُ، مَنْ لَمْ يَرَهُ لَيَعْلَمَهُ. جَئِتُّكُمْ بِالْحَقِيقَةِ’’، 877-469-2583 TTY:711 بِهَا جَدِيدٌ تَعْلَمُونَ وَجَدِيدٌ تَعْلَمُونَ لِمَنْ لَيَعْلَمَهُ.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thẻ của quý vị, hoặc 877-469-2583, TTY: 711 nếu quý vị chưa phải là một thành viên.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e Shërbimit të Klientit në anën e pasme të kartës tuaj, ose 877-469-2583, TTY: 711 nëse nuk jeni ende një anëtar.

만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하거나, 이미 회원이 아닌 경우 877-469-2583, TTY: 711로 전화하십시오.

যদি আপনার, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য ও তথ্য পাওয়ার অধিকার আপনার রয়েছে। কোনো একজন দোভাসীর সাথে কথা বলতে, আপনার কার্ডের পেছনে দেওয়া গ্রাহক সহায়তা নম্বরে কল করুন বা 877-469-2583, TTY: 711 যদি ইতোমধ্যে আপনি সদস্য না হয়ে থাকেন।

Jeśli Ty lub osoba, której pomagasz, potrzebujecie pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwój pod numer działu obsługi klienta, wskazanym na odwrocie Twojej karty lub pod numer 877-469-2583, TTY: 711, jeżeli jeszcze nie masz członkostwa.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an oder 877-469-2583, TTY: 711, wenn Sie noch kein Mitglied sind.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda o chiama il 877-469-2583, TTY: 711 se non sei ancora membro.

ご本人様、またはお客様の身の回りの方で支援を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号(メンバーでない方は877-469-2583, TTY: 711)までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по номеру телефона обратной стороне вашей карты, или по номеру 877-469-2583, TTY: 711, если у вас нет членства.

Ukoliko Vama ili nekome kome Vi pomažete treba pomoći, imate pravo da besplatno dobijete pomoći i informacije na svom jeziku. Da biste razgovarali sa prevodiocem, pozovite broj korisničke službe sa zadnje strane kartice ili 877-469-2583, TTY: 711 ako već niste član.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta, o 877-469-2583, TTY: 711 kung ikaw ay hindi pa isang miyembro.

## Important disclosure

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with: Office of Civil Rights Coordinator, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226, phone: 888-605-6461, TTY: 711, fax: 866-559-0578, email: [CivilRights@bcbsm.com](mailto:CivilRights@bcbsm.com). If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

[bcbsm.com/pharmacy](http://bcbsm.com/pharmacy)



**Blue Cross  
Blue Shield  
Blue Care Network**  
of Michigan

Nonprofit corporations and independent licensees  
of the Blue Cross and Blue Shield Association

For members with 3 tier or 5 tier  
pharmacy benefit designs