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

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

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

MEMBER GUIDE TO COMMONLY PRESCRIBED MEDICATIONS ON THE ENHANCED FORMULARY

This guide lists common brand name and generic prescription drugs that have been reviewed by Blue Cross and Blue Shield of North Carolina (BCBSNC). Please refer to this formulary benefit guide for information about the availability of frequently prescribed medications covered by BCBSNC's Enhanced Formulary and present this guide to your doctor if you or another covered family member requires a prescription. This guide is not meant to be comprehensive but to provide a list of the most commonly prescribed drugs.

This guide was current at the time of printing and is subject to change. If you are unable to find a particular drug in this guide, it does not necessarily mean that it is not covered. For a more complete listing of drug coverage and costs, you may use our Prescription Drug Search at bcbnsnc.com. You may also call BCBSNC Customer Service at the number listed on your ID card to confirm a drug's tier status or verify prescription drug benefits.

A formulary is a list of prescription drugs recommended by a health plan. BCBSNC Pharmacy & Therapeutics (P&T) Committee reviews medications listed on the formulary at least quarterly. This includes ongoing reviews of clinical information about new drugs and reviews of new safety and efficacy information about older drugs. The majority of BCBSNC's P&T Committee is composed of practicing physicians and pharmacists independent of BCBSNC.

Please refer to your benefit booklet for detailed information regarding your pharmacy benefits, including your tiered benefit structure, out-of-pocket costs and applicable exclusions.

ENHANCED FORMULARY TIERS

The 3-Tier and 4-Tier Formularies cover most medications approved by the United States Food & Drug Administration (FDA), within existing benefits. The plan design determines the member's payment obligation. Some members have a two-tiered benefit structure (Tier 1 and Tier 2), some members have a three-tiered benefit structure (Tier 1, Tier 2, and Tier 3), and some members have a four-tiered benefit structure (Tier 1, Tier 2, Tier 3, and Tier 4) depending on the plan in which they are enrolled.

Note: Drugs listed as covered on Tier 1 are generics only. Listed brand names for Tier 1 drugs are for reference only. Brands for which generic equivalents are available are covered on Tier 3 unless indicated otherwise.

4-Tier Formulary

Here are the definitions of each tier for a four-tiered benefit structure:

- **Tier 1:** Generic medications. ***Medications listed in Tier 1 have the lowest co-payment.***
- **Tier 2:** Includes select brand-name drugs recommended by the BCBSNC P&T Committee as preferred brand-name products based on safety, efficacy, and cost. ***Medications listed in Tier 2 have the second-lowest co-payment.***
- **Tier 3:** Contains 1) brand-name products that, as recommended by the P&T Committee, usually have preferred and often less costly therapeutic alternatives at a lower tier, 2) brands with therapeutically equivalent generics, 3) new non-specialty drugs not yet reviewed by the P&T Committee, and 4) preferred specialty brand-name drugs. ***Medications listed in Tier 3 have the second-highest co-payment.***
- **Tier 4:** Most specialty drugs: Those medications, as classified by the P&T Committee, that generally have unique uses, require special dosing or administration, are typically prescribed by a specialist provider and are significantly more costly than alternative drugs or therapies. ***Medications listed in Tier 4 generally have the highest co-payment or co-insurance amount.***

3-Tier Formulary

Definitions for a three-tiered benefit structure:

- **Tier 1:** Generic medications. ***Medications listed in Tier 1 have the lowest co-payment.***
- **Tier 2:** Includes select brand-name drugs determined by the BCBSNC P&T Committee to be preferred products based on safety, efficacy, and cost. ***Medications listed in Tier 2 have the second-lowest co-payment.***
- **Tier 3:** Contains brand-name products that often have preferred and less costly therapeutic alternatives at a lower tier, brands with therapeutically equivalent generics, and certain specialty drugs. ***Medications listed in Tier 3 have the highest co-payment.***

2-Tier Formulary

For a two-tiered benefit structure, the following definitions apply:

- **Tier 1:** Generic medications. ***Medications listed in Tier 1 have a lower co-payment.***
- **Tier 2:** Includes all brand-name products.
- For BCBSNC members participating in the 2-Tier Formulary, there is no distinction or preference between Tier 2, Tier 3, and Tier 4 drugs.

GENERIC DRUGS

In most cases choosing a generic drug equivalent, when available, will mean significant savings to you. We encourage you to discuss with your physician whether a generic alternative is available as these drugs represent safe, effective treatment options. Especially for drugs that are taken daily and refilled frequently, you will experience the long-term savings of a lower drug co-payment month after month. For some benefit plans, if you choose a brand name prescription drug and a generic equivalent is available, you may be subject to a reduced benefit and a higher out-of-pocket expense.

COMPOUNDED PRESCRIPTIONS

Compounded prescriptions contain two or more drugs mixed together. Compounded prescriptions are processed according to member benefits. To be eligible for coverage, compounded medications must contain at least one FDA-approved prescription ingredient and must not be a copy of a commercially available product. All compounded medications may be subject to review and may require prior review.

PRIOR REVIEW, QUANTITY LIMITATIONS AND RESTRICTED-ACCESS DRUGS

Under some benefit plans, certain medications may be subject to prior review, quantity limitations, or restricted-access programs. BCBSNC's P&T Committee reviews the clinical criteria for these programs.

- Drugs that have prior review requirements must be reviewed by BCBSNC before coverage can be authorized.
- Certain medications may also have limitations on the quantity and days' supply coverage. Quantities in excess of the coverage limit must be reviewed and approved by BCBSNC before coverage can be authorized for amounts in excess of the limits.
- For coverage of restricted-access drugs, BCBSNC requires that the member has tried a preferred drug first. Coverage for restricted-access drugs may be provided without the use of a preferred drug if the provider certifies in writing that the member has previously used a preferred drug and the preferred drug has been detrimental to the member's health or has been ineffective in treating the same condition and, in the opinion of the provider, is likely to be detrimental to the member's health or ineffective in treating the condition in the future.

The FDA is responsible for approving medications for use based on clinical data proving the medication is safe and effective for that specific use. BCBSNC's prior review and quantity limitations programs follow FDA-approved uses for these drugs. However, BCBSNC recognizes that in many cases, "off-label" (non-FDA approved) uses of prescription drugs may be acceptable. In determining the acceptability of off-label uses, BCBSNC utilizes several sources of clinical information including but not limited to 1) nationally recognized clinical references including American Hospital Formulary Service Drug Information; 2) the results of at least two randomized controlled clinical studies that support a specific off-label use, and that are published in peer-reviewed professional medical journals; and 3) consultations with internal and external physician experts regarding community standards. Additional searches for current supporting medical literature may be performed utilizing standard electronic databases.

SPECIALTY DRUGS

These medications, as classified by BCBSNC, generally have unique uses, require special dosing or administration, are typically prescribed by a specialist provider and are significantly more costly than alternative drugs or therapies. Most specialty drugs can be found on Tier 4, but there are some specialty drugs that are on Tiers 1, 2 and 3.

Some of these specialty drugs will need to be filled at a participating specialty pharmacy in our network. These drugs are identified in the specialty column of the formulary guide. Call the customer service number on the back of your BCBSNC ID card to determine which pharmacy can fill your specialty drug prescription.

USING THE MEMBER GUIDE TO THE ENHANCED FORMULARY

The Medication List is organized into broad categories (e.g., Anti-Infectives).

1 Drug Name	2 Drug Tier	3 Specialty	4 Prior Review	Quantity Limits	Restricted Access
ANTI-INFECTIVE DRUGS					
PENICILLINS					
amoxicillin	1				
amoxicillin/potassium clavulanate (Augmentin)	1				
amoxicillin/potassium clavulanate ext-release (Augmentin XR)	1				
ampicillin	1				
dicloxacillin	1				
MOXATAG	3				

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

Separate medication entries are required for some dosage forms such as extended-release and delayed-release.

- 2 The second column indicates the Tier level.
- 3 The third column indicates if the medication is a Specialty medication and needs to be filled at a participating specialty pharmacy in our network.
- 4 The remaining columns indicate the Pharmacy Program(s) that apply to the prescription medication (e.g., Prior Review, Quantity Limitations, and Restricted Access). If an indicator is present in the column(s), then the Pharmacy Program applies.

ABBREVIATION/ACRONYM KEY

caps capsules
chew tabs chewable tablets
conc concentrate
crm cream
ext-release extended-release
inhal inhalation
inj injection
lotn lotion
ODT orally disintegrating tabs

OSM osmotic-release
OTC over-the-counter drug
oint ointment
SL sublingual
soln solution
supp suppositories
susp suspension
tabs tablets

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
ANTI-INFECTIVE DRUGS					
PENICILLINS					
amoxicillin	1				
amoxicillin/potassium clavulanate (Augmentin)	1				
amoxicillin/potassium clavulanate ext-release (Augmentin XR)	1				
ampicillin	1				
dicloxacillin	1				
MOXATAG	3				
penicillin v potassium	1				
CEPHALOSPORINS					
cefadroxil	1				
cefdinir	1				
cefepodoxime	1				
cefprozil	1				
cefuroxime (Ceftin)	1				
cephalexin (Keflex)	1				
SPECTRACEF	3				
SUPRAX chew tabs	3				
SUPRAX susp, tabs	2				
MACROLIDES					
azithromycin (Zithromax)	1				
clarithromycin (Biaxin)	1				
clarithromycin ext-release (Biaxin XL)	1				
DIFICID	4		•	•	
erythromycin delayed-release caps, 250 mg, 333 mg	1				
erythromycin ethylsuccinate	1				
PCE	3				
ZMAX	3				
TETRACYCLINES					
demeclocycline	1				
DORYX	3				•

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
doxycycline hyclate (Vibramycin)	1				
doxycycline hyclate tabs	1				
minocycline (Dynacin, Minocin)	1				
SOLODYN	3				•
tetracycline	1				
FLUOROQUINOLONES					
AVELOX	2				
ciprofloxacin (Cipro)	1				
FACTIVE	3				
levofloxacin (Levaquin)	1				
AMINOGLYCOSIDES					
neomycin sulfate	1				
paromomycin	1				
TOBI	3	•			
TUBERCULOSIS					
ethambutol (Myambutol)	1				
isoniazid tabs	1				
pyrazinamide	1				
rifampin (Rifadin)	1				
FUNGAL INFECTIONS					
fluconazole (Diflucan)	1				
flucytosine (Ancobon)	1				
griseofulvin microsize (Grifulvin V)	1				
griseofulvin ultramicrosize (Gris-Peg)	1				
itraconazole (Sporanox)	1		•		
ketoconazole tabs	1				
LAMISIL granules	3				
NOXAFIL	4	•			
nystatin oral	1				
ONMEL	3		•		
terbinafine (Lamisil)	1				
VFEND	4	•			
voriconazole (Vfend)	1	•			

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
VIRAL INFECTIONS					
<i>Cytomegalovirus</i>					
CYTOVENE	4	•			
VALCYTE	3	•			
<i>Hepatitis</i>					
BARACLUDE	3	•			
COPEGUS	4	•			
EPIVIR-HBV	3				
HEPSERA	3	•			
INCIVEK	4	•	•		
INFERGEN	3	•			
INTRON-A	2	•			
PEG-INTRON/PEN	3	•	•		
PEGASYS	3	•	•		
REBETOL caps	4	•			
REBETOL soln	3	•			
RIBATAB	3	•			
ribavirin (Copegus, Rebetol)	1	•			
TYZEKA	3	•			
VICTRELIS	4	•	•		
<i>Herpes</i>					
acyclovir (Zovirax)	1				
famciclovir (Famvir)	1				
valacyclovir (Valtrex)	1				
<i>HIV/AIDS</i>					
abacavir (Ziagen)	1	•			
APTIVUS	2				
ATRIPLA	2	•			
COMBIVIR	3	•			
COMPLERA	2	•			
CRIXIVAN	2	•			
didanosine delayed-release (Videx EC)	1	•			
EDURANT	2				
EMTRIVA	2	•			

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
EPIVIR soln	2	•			
EPIVIR tabs	3	•			
EPZICOM	2	•			
FUZEON	3	•			
INTELENCE	2	•			
INVIRASE	2	•			
ISENTRESS	2	•			
KALETRA	2	•			
lamivudine (EpiVir)	1	•			
lamivudine/zidovudine (Combivir)	1	•			
LEXIVA	2	•			
nevirapine tabs (Viramune)	1	•			
NORVIR	2	•			
PREZISTA	2	•			
RESCRIPTOR	2	•			
RETROVIR	3	•			
REYATAZ	2	•			
SELZENTRY	2	•			
stavudine (Zerit)	1	•			
STRIBILD	2	•			
SUSTIVA	2	•			
TRIZIVIR	2	•			
TRUVADA	2	•			
VIDEX	2	•			
VIDEX EC	3	•			
VIRACEPT	2	•			
VIRAMUNE susp	2	•			
VIRAMUNE tabs	3	•			
VIRAMUNE XR	2	•			
VIREAD	2	•			
ZERIT caps	3	•			
ZERIT soln	2	•			
ZIAGEN soln	2	•			
zidovudine (Retrovir)	1	•			
<i>Influenza</i>					

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
RELENZA	3				
TAMIFLU	3				
MALARIA					
atovaquone/proguanil (Malarone)	1				
chloroquine phosphate (Aralen)	1				
COARTEM	2				
hydroxychloroquine (Plaquenil)	1				
mefloquine	1				
PRIMAQUINE	2				
WORM INFECTIONS					
ALBENZA	2				
OTHER ANTI-INFECTIVES					
ALINIA susp	2				
CAYSTON	4				
clindamycin (Cleocin, Cleocin Pediatric)	1				
DAPSONE	2				
erythromycin/sulfisoxazole	1				
KETEK	3				
metronidazole (Flagyl)	1				
PRIMSOL	2				
sulfamethoxazole/trimethoprim (Bactrim)	1				
trimethoprim	1				
vancomycin caps (Vancocin)	1				
VIRAZOLE	3	•			
XIFAXAN	3				
ZYVOX	3				
IMMUNIZING AGENTS					
ADAGEN	3	•			
CANCER DRUGS					
ACTIMMUNE	3	•			
AFINITOR	4	•			
ALKERAN	3	•			
anastrozole (Arimidex)	1				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
bicalutamide (Casodex)	1				
BOSULIF	4	•			
CAPRELSA	4				
CEENU	3	•			
COMETRIQ	4				
cyclophosphamide tabs	1	•			
ELIGARD	3	•			
EMCYT	2				
ERIVEDGE	4				
etoposide caps	1	•			
exemestane (Aromasin)	1				
FARESTON	3				
FASLODEX	4	•			
flutamide	1	•			
GLEEVEC	3	•			
HEXALEN	2				
HYCANTIN caps	4	•			
HYDREA	3	•			
hydroxyurea (Hydrea)	1	•			
ICLUSIG	4				
INLYTA	4				
INTRON-A	2	•			
JAKAFI	4	•			
letrozole (Femara)	1				
LEUCOVORIN CALCIUM tabs, 10 mg, 15 mg	3				
leucovorin calcium tabs, 5 mg, 25 mg	1				
LEUKERAN	3	•			
leuprolide acetate	1	•			
LUPRON DEPOT	2	•			
LYSODREN	2	•			
MATULANE	2	•			
megestrol (Megace)	1				
mercaptapurine (Purinethol)	1				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
MESNEX tabs	3	•			
methotrexate	1				
MYLERAN	2				
NEXAVAR	3	•			
NILANDRON	2				
POMALYST	4		•		
PROLEUKIN	2	•			
SPRYCEL	3	•			
STIVARGA	4	•			
SUTENT	3	•			
SYLATRON	4	•			
TABLOID	2	•			
tamoxifen	1				
TARCEVA	3	•			
TARGRETIN caps	3	•			
TASIGNA	4	•			
TEMODAR	3	•			
tretinoin caps	1	•			
TREXALL	3				
TYKERB	3	•			
VALSTAR	3	•			
VIDAZA	3	•			
VOTRIENT	4	•			
XALKORI	4	•			
XELODA	3	•			
XTANDI	4				
ZELBORAF	4	•	•		
ZOLINZA	4	•			
ZYTIGA	4	•			
HORMONES, DIABETES AND RELATED DRUGS					
CORTICOSTEROIDS					
budesonide ext-release (Entocort EC)	1				
cortisone	1				
dexamethasone elixir, tabs	1				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
DEXPAK	3				
fludrocortisone	1				
hydrocortisone (Cortef)	1				
methylprednisolone (Medrol)	1				
MILLIPRED soln	3				
prednisolone (Prelone)	1				
prednisolone sodium phosphate soln, 15 mg/5 mL (Orapred)	1				
prednisolone sodium phosphate soln, 5 mg/5 mL	1				
prednisone soln, 1 mg/mL; tabs	1				
UCERIS	3				
MALE HORMONES					
ANADROL-50	3		•		
ANDRODERM	2		•		
ANDROGEL	2		•		
ANDROID	3		•		
ANDROXY	1		•		
AXIRON	3		•		•
danazol	1				
FORTESTA	3		•		•
oxandrolone (Oxandrin)	1		•		
STRIANT	3		•		•
TESTIM	3		•		•
testosterone cypionate (Depo-Testosterone)	1		•		
testosterone enanthate (Delatestryl)	1		•		
TESTRED	3		•		
ESTROGENS					
ALORA	3				
ANGELIQ	3				
CENESTIN	3				
CLIMARA PRO	3				
COMBIPATCH	3				
DIVIGEL	3				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
ELESTRIN	3				
ENJUVIA	3				
estradiol (Climara, Estrace)	1				
estradiol/norethindrone acetate (Activella)	1				
ESTRASORB	3				
ESTROGEL	3				
estropipate	1				
EVAMIST	3				
MENOSTAR	3				
MINIVELLE	3				
PREFEST	3				
PREMARIN	2				
PREMPHASE	2				
PREMPRO	2				
VIVELLE-DOT	2				
PROGESTINS					
medroxyprogesterone acetate (Provera)	1				
MEGACE ES	3				
norethindrone acetate (Aygestin)	1				
progesterone micronized caps (Prometrium)	1				
BIRTH CONTROL					
BEYAZ	3				
ELLA	3				
levonorgestrel (Plan B, Plan B One-Step)	1				
LO LOESTRIN FE	2				
LOESTRIN 24 FE	3				
LOSEASONIQUE	3				
medroxyprogesterone acetate inj, 150 mg/mL (Depo-Provera)	1				
NATAZIA	3				
NUVARING	2				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
oral contraceptives – all generics					
ORTHO EVRA	3				
ORTHO TRI-CYCLEN LO	3				
OVCON	3				
SAFYRAL	3				
YAZ	2				
INFERTILITY					
BRAVELLE – Benefit Limits may apply	4				
CETROTIDE – Benefit Limits may apply	4				
chorionic gonadotropin – Benefit Limits may apply	1				
clomiphene – Benefit Limits may apply (Clomid)	1				
FOLLISTIM AQ – Benefit Limits may apply	4				
GANIRELIX – Benefit Limits may apply	4				
GONAL-F – Benefit Limits may apply	4				
MENOPUR – Benefit Limits may apply	4				
OVIDREL – Benefit Limits may apply	4				
REPRONEX – Benefit Limits may apply	4				
SYNAREL – Benefit Limits may apply	4	•			
DIABETES					
acarbose (Precose)	1				
ACTOPLUS MET XR	2				
AVANDAMET	2				
AVANDARYL	2				
AVANDIA	2				
BYDUREON	2				
BYETTA	2				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
CYCLOSET	3				
glimepiride (Amaryl)	1				
glipizide (Glucotrol)	1				
glipizide ext-release (Glucotrol XL)	1				
glipizide/metformin (Metaglip)	1				
GLUCAGEN/HYPOKIT	2				
GLUCAGON EMERGENCY KIT	2				
GLUMETZA	3				
glyburide (Micronase, Diabeta)	1				
glyburide micronized (Glynase)	1				
glyburide/metformin (Glucovance)	1				
GLYSET	3				
JANUMET	2				
JANUMET XR	2				
JANUVIA	2				
JENTADUETO	3				
JUVISYNC	2				
KOMBIGLYZE XR	2				
KORLYM	4	•	•		
metformin (Glucophage)	1				
metformin ext-release (Glucophage XR)	1				
metformin ext-release OSM (Fortamet)	1				
nateglinide (Starlix)	1				
ONGLYZA	2				
pioglitazone (Actos)	1				
pioglitazone/glimepiride (Duetact)	1				
pioglitazone/metformin (Actoplus Met)	1				
PRANDIMET	3				
PRANDIN	3				
RIOMET	3				
SYMLINPEN	3				
TRADJENTA	3				
VICTOZA	2				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
Insulins					
Rapid-Acting Insulins					
APIDRA/SOLOSTAR	3				
HUMALOG	2				
NOVOLOG	2				
Short-Acting Insulins					
HUMULIN R	2				
NOVOLIN R	2				
NOVOLIN R RELION	3				
Intermediate-Acting Insulins					
HUMALOG MIX 50/50, 75/25	2				
HUMULIN N	2				
HUMULIN 70/30	2				
NOVOLIN N	2				
NOVOLIN N RELION	3				
NOVOLIN 70/30	2				
NOVOLIN 70/30 RELION	3				
NOVOLOG MIX 70/30	2				
Basal Insulins					
LANTUS	2				
LEVEMIR	2				
THYROID REGULATION					
ARMOUR THYROID	3				
levothyroxine (Synthroid)	1				
liothyronine (Cytomel)	1				
methimazole (Tapazole)	1				
propylthiouracil	1				
SYNTHROID	2				
THYROLAR	3				
TIROSINT	2				
GROWTH HORMONE					
EGRIFTA	4	•	•		
GENOTROPIN	4	•	•		
HUMATROPE	4	•	•		
INCRELEX	4	•	•		

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
NORDITROPIN	4	•	•		
NUTROPIN	4	•	•		
NUTROPIN AQ	4	•	•		
OMNITROPE	3	•	•		
SAIZEN	4	•	•		
SEROSTIM	4	•	•		
TEV-TROPIN	4	•	•		
ZORBTIVE	4	•	•		
OTHER HORMONES AND RELATED DRUGS					
ACTHAR HP	4	•	•		
ACTONEL	3				•
alendronate (Fosamax)	1				
ATELVIA	3				•
BINOSTO	3				•
cabergoline	1				
calcitonin-salmon (Miacalcin)	1				
calcitriol (Rocaltrol)	1				
calcitriol inj	1	•			
CARBAGLU	4				
CYSTADANE	3	•			
desmopressin (DDAVP)	1				
etidronate	1				
EVISTA	3				
FORTEO	4	•	•		
FOSAMAX PLUS D	2				
HECTOROL	3				
ibandronate tabs (Boniva)	1				
KUVAN	4	•			
levocarnitine (Carnitor)	1				
LUPRON DEPOT-PED	2	•			
methylergonovine	1				
octreotide (Sandostatin)	1	•			
ORFADIN	4	•			
RAVICTI	4				
SAMSCA	4	•			

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
SANDOSTATIN	3	•			
SENSIPAR	3	•			
SOMATULINE DEPOT	4	•			
SOMAVERT	3	•			
STIMATE	3	•			
ZEMPLAR	3				
HEART AND CIRCULATORY DRUGS					
ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATIONS					
benazepril (Lotensin)	1				
benazepril/hydrochlorothiazide (Lotensin HCT)	1				
captopril	1				
captopril/hydrochlorothiazide	1				
enalapril (Vasotec)	1				
enalapril/hydrochlorothiazide (Vaseretic)	1				
fosinopril	1				
fosinopril/hydrochlorothiazide	1				
lisinopril (Prinivil, Zestril)	1				
lisinopril/hydrochlorothiazide (Prinzide, Zestoretic)	1				
moexipril (Univasc)	1				
moexipril/hydrochlorothiazide (Uniretic)	1				
perindopril (Aceon)	1				
quinapril (Accupril)	1				
quinapril/hydrochlorothiazide (Accuretic)	1				
ramipril (Altace)	1				
trandolapril (Mavik)	1				
ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBs) AND COMBINATIONS					
ATACAND	3				•
BENICAR	2				•

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
BENICAR HCT	2				•
candesartan/ hydrochlorothiazide (Atacand HCT)	1				
DIOVAN	2				
EDARBI	3				•
EDARBYCLOR	3				•
EXFORGE HCT	2				•
irbesartan (Avapro)	1				
irbesartan/ hydrochlorothiazide (Avalide)	1				
losartan (Cozaar)	1				
losartan/ hydrochlorothiazide (Hyzaar)	1				
MICARDIS	2				•
MICARDIS HCT	2				•
TEVETEN/HCT	3				•
TRIBENZOR	3				•
valsartan/ hydrochlorothiazide (Diovan HCT)	1				
BETA BLOCKERS AND COMBINATIONS					
acebutolol (Sectral)	1				
atenolol (Tenormin)	1				
atenolol/ chlorthalidone (Tenoretic)	1				
bisoprolol (Zebeta)	1				
bisoprolol/ hydrochlorothiazide (Ziac)	1				
BYSTOLIC	3				
carvedilol (Coreg)	1				
COREG CR	3				
DUTOPROL	3				
INNOPRAN XL	3				
labetalol (Trandate)	1				
LEVATOL	3				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
metoprolol succinate ext- release (Toprol XL)	1				
metoprolol tartrate (Lopressor)	1				
nadolol (Corgard)	1				
propranolol	1				
propranolol ext-release (Inderal LA)	1				
propranolol/hydrochlorothiazide	1				
CALCIUM CHANNEL BLOCKERS AND COMBINATIONS					
amlodipine (Norvasc)	1				
amlodipine/benazepril (Lotrel)	1				
AZOR	3				
CARDENE SR	3				
CARDIZEM CD 360 mg	2				
CARDIZEM LA 120 mg	2				
COVERA-HS	3				
diltiazem (Cardizem)	1				
diltiazem ext-release (Cardizem CD, Dilacor XR, Tiazac)	1				
DYNACIRC CR	3				
EXFORGE	2				•
felodipine ext-release	1				
nifedipine ext-release (Adalat CC, Procardia XL)	1				
TARKA	2				
TWYNSTA	3				•
verapamil (Calan)	1				
verapamil ext-release (Calan SR, Isoptin SR, Verelan, Verelan PM)	1				
CHEST PAIN					
isosorbide dinitrate (Isordil)	1				
isosorbide mononitrate (Monoket)	1				
isosorbide mononitrate ext- release (Imdur)	1				
NITRO-DUR	2				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
nitroglycerin (Nitro-Dur, Nitrolingual)	1				
NITROMIST spray	3				
NITROSTAT	2				
RANEXA	2				
CHOLESTEROL LOWERING					
ADVICOR	3		•		
ALTOPREV	3				
ANTARA	3				
atorvastatin (Lipitor)	1				
cholestyramine (Questran, Questran Light)	1				
colestipol (Colestid)	1				
CRESTOR 40 mg	2				
CRESTOR 5 mg, 10 mg, 20 mg	2		•		
fenofibrate (Lofibra, Tricor)	1				
fenofibrate micronized (Lofibra)	1				
FENOGLIDE	3				
fluvastatin (Lescol)	1				
gemfibrozil (Lopid)	1				
JUXTAPID	4				
KYNAMRO	4				
LESCOL XL	3		•		
LIPITOR	3		•		
LIPOFEN	3				
LIVALO	3		•		
lovastatin (Mevacor)	1				
LOVAZA	3				
NIASPAN	2				
pravastatin (Pravachol)	1				
SIMCOR	3		•		
simvastatin (Zocor)	1				
TRIGLIDE	3				
TRILIPIX	3				
VYTORIN	3		•		

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
WELCHOL	3				
ZETIA	2				
FLUID RETENTION					
acetazolamide	1				
acetazolamide ext-release (Diamox Sequels)	1				
ALDACTAZIDE 50 mg/50 mg	2				
amiloride	1				
amiloride/hydrochlorothiazide	1				
bumetanide	1				
chlorothiazide	1				
chlorthalidone 25 mg, 50 mg	1				
DIURIL	2				
DYRENIUM	2				
EDECIN	2				
furosemide soln, 10 mg/mL; tabs (Lasix)	1				
FUROSEMIDE soln, 8 mg/mL	2				
hydrochlorothiazide caps (Microzide)	1				
hydrochlorothiazide tabs	1				
indapamide	1				
methazolamide (Neptazane)	1				
metolazone (Zaroxolyn)	1				
spironolactone (Aldactone)	1				
spironolactone/hydrochlorothiazide (Aldactazide)	1				
torseamide (Demadex)	1				
triamterene/hydrochlorothiazide (Dyazide, Maxzide, Maxzide-25)	1				
HEART RHYTHM					
amiodarone (Cordarone, Pacerone)	1				
disopyramide (Norpace)	1				
flecainide (Tambocor)	1				
MULTAQ	3				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
NORPACE CR	2				
propafenone (Rythmol)	1				
propafenone ext-release (Rythmol SR)	1				
quinidine gluconate ext-release	1				
quinidine sulfate	1				
sotalol (Betapace, Betapace AF)	1				
TIKOSYN	3				
OTHER HEART RELATED DRUGS					
ADCIRCA	3	•	•		
AMTURNIDE	3				•
BIDIL	2				
clonidine (Catapres, Catapres-TTS)	1				
CLORPRES 0.1-15 mg, 0.2-15 mg	1				
CLORPRES 0.3-15 mg	3				
digoxin (Lanoxin)	1				
doxazosin (Cardura)	1				
eplerenone (Inspra)	1				
guanfacine (Tenex)	1				
hydralazine	1				
LANOXIN tabs	2				
LETAIRIS	3	•	•		
methyldopa	1				
midodrine (Proamatine)	1				
minoxidil	1				
prazosin (Minipress)	1				
sildenafil (Revatio)	1	•	•		
TEKAMLO	3				•
TEKTURN/HCT	3				•
terazosin	1				
TRACLEER	3	•	•		
VALTURNA	3				•
ERECTILE DYSFUNCTION					
CAVERJECT – Benefit Limits may apply	3				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
CIALIS – Benefit Limits may apply	3				
EDEX – Benefit Limits may apply	3				
LEVITRA – Benefit Limits may apply	3				
MUSE – Benefit Limits may apply	3				
STAXYN – Benefit Limits may apply	3				
VIAGRA – Benefit Limits may apply	2				
ALLERGIC REACTION KITS					
AUVI-Q	3				
EIPEN	2				
EIPEN-JR	2				
TWINJECT	2				
RESPIRATORY DRUGS					
ANTIHISTAMINES					
cyproheptadine	1				
desloratadine (Clarinet)	1				
levocetirizine (Xyzal)	1				
promethazine	1				
NASAL PRODUCTS					
ASTEPRO	2				
azelastine (Astelin)	1				
BECONASE AQ	3				•
DYMISTA	3				•
flunisolide	1				
fluticasone propionate (Flonase)	1				
ipratropium (Atrovent)	1				
NASONEX	2				
OMNARIS	3				•
PATANASE	3				
QNASL	3				•
RHINOCORT AQUA	3				•
triamcinolone (Nasacort AQ)	1				
VERAMYST	3				•
ZETONNA	3				•

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
COUGH/COLD/ALLERGY					
acetylcysteine	1				
CLARINEX-D	3				
ASTHMA/COPD					
ADVAIR DISKUS	2				
ADVAIR HFA	2				
AEROBID/M	3				
albuterol oral, inhal soln	1				
ALUPENT	3				
ALVESCO	3				
ARCAPTA NEOHALER	3				
ASMANEX	2				
ATROVENT HFA	2				
BROVANA	3				
budesonide (Pulmicort Respules)	1				
COMBIVENT	2				
COMBIVENT RESPIMAT	2				
cromolyn sodium inhal soln	1				
DALIRESP	3				
DULERA	2				
ELIXOPHYLLIN	2				
FLOVENT DISKUS	2				
FLOVENT HFA	2				
FORADIL AEROLIZER	2				
ipratropium inhal soln	1				
ipratropium/albuterol (Duoneb)	1				
MAXAIR AUTOHALER	2				
montelukast (Singulair)	1				
PERFORMIST	3				
PROAIR HFA	2				
PROVENTIL HFA	3				
PULMICORT FLEXHALER	2				
PULMICORT RESPULES 1 mg/2 mL	2				
QVAR	2				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
SEREVENT DISKUS	2				
SPIRIVA HANDIHALER	2				
SYMBICORT	2				
terbutaline	1				
THEO-24	3				
theophylline ext-release	1				
TUDORZA PRESSAIR	3				
VENTOLIN HFA	2				
XOPENEX/HFA	3				
zafirlukast (Accolate)	1				
ZYFLO CR	3				
OTHER RESPIRATORY DRUGS					
KALYDECO	4		•		
PULMOZYME	3	•			
GASTROINTESTINAL DRUGS					
LAXATIVES					
COLYTE 227.1 g	2				
HALFLYTELY	3				
lactulose	1				
MOVIPREP	3				
OSMOPREP	3				
PEG – electrolytes for soln (Colyte, Golytely, Nulytely)	1				
PREPOPIK	3				
SUPREP	3				
VISICOL	3				
ULCER/GERD					
ACIPHEX	3				•
cimetidine	1				
CUVPOSA	3				
DEXILANT	3				•
dicyclomine (Bentyl)	1				
famotidine – 20 mg is not covered, it is available OTC (Pepcid, 20 mg not covered)	1				
glycopyrrolate (Robinul)	1				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
HELIDAC	3				
hyoscyamine (Anaspaz, Levsin, Levsin/SL)	1				
hyoscyamine ext-release (Levbid)	1				
lansoprazole delayed-release (Prevacid)	1				
methscopolamine (Pamine, Pamine Forte)	1				
misoprostol (Cytotec)	1				
NEXIUM caps; granules, 10 mg, 20 mg, 40 mg	2				
OMECLAMOX-PAK	3				
omeprazole delayed-release (Prilosec)	1				
pantoprazole delayed-release (Protonix)	1				
PREVPAC	3				
PRILOSEC susp	3				•
PROTONIX susp	3				•
PYLERA	2				
ranitidine – 150 mg is not covered, it is available OTC (Zantac, 150 mg not covered)	1				
sucralfate (Carafate)	1				
ZANTAC, 150 mg is not covered	3				
ZEGERID packets	3				•
NAUSEA AND VOMITING					
ANZEMET tabs	4				
CESAMET	3				
EMEND caps	3				
granisetron	1				
GRANISOL	4				
meclizine (Antivert)	1				
ondansetron (Zofran, Zofran ODT)	1				
ondansetron tabs, 24 mg	1				
SANCUSO	4				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
TRANSDERM-SCOP	3				
trimethobenzamide (Tigan)	1				
ZUPLENZ	3				
DIGESTIVE ENZYMES					
– Pancreatic enzyme products:					
CREON	2				
PANCREAZE	2				
PERTZYE	3				
SUCRAID	3	•			
ULTRESA	3				
VIOKACE	3				
ZENPEP	2				
OTHER GASTROINTESTINAL DRUGS					
AMITIZA	3				
APRISO	3				
ASACOL	2				
ASACOL HD	2				
balsalazide (Colazal)	1				
calcium acetate (Eliphos, Phoslo)	1				
CANASA	2				
CIMZIA	4	•	•	•	
cromolyn sodium (Gastrocrom)	1	•			
DELZICOL	2				
DIPENTUM	2				
diphenoxylate/atropine (Lomotil)	1				
ENTEREG	4				
FOSRENOL	2				
GASTROCROM	3	•			
GATTEX	4				
lactulose	1				
LIALDA	2				
LINZESS	3				
loperamide	1				
mesalamine enema	1				
metoclopramide (Reglan)	1				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
METZOLV ODT	3				
PENTASA	2				
PHOSLYRA	3				
RELISTOR	4	•			
RENAGEL	2				
REVELA	2				
sulfasalazine (Azulfidine)	1				
sulfasalazine delayed-release (Azulfidine EN-Tabs)	1				
ursodiol (Actigall, Urso 250, Urso Forte)	1				
GENITOURINARY DRUGS					
URINARY TRACT INFECTIONS					
nitrofurantoin (Furadantin)	1				
nitrofurantoin macrocrystalline (Macrochantin)	1				
nitrofurantoin monohydrate/macrocrystalline (Macrobid)	1				
URINARY TRACT SPASMS					
DETROL LA	2				
ENABLEX	3				
GELNIQUE	3				
MYRBETRIQ	3				
oxybutynin	1				
oxybutynin ext-release (Ditropan XL)	1				
OXYTROL	3				
tolterodine (Detrol)	1				
TOVIAZ	3				
tropium ext-release (Sanctura XR)	1				
VESICARE	2				
VAGINAL PRODUCTS					
AVC	2				
CLEOCIN supp	2				
clindamycin (Cleocin)	1				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
CLINDESSE	3				
ENDOMETRIN	4				
ESTRING	3				
FEMRING	3				
GYNAZOLE-1	3				
metronidazole (MetroGel-Vaginal)	1				
PREMARIN	2				
terconazole (Terazol)	1				
VAGIFEM	3				
OTHER GENITOURINARY DRUGS					
alfuzosin ext-release (Uroxatral)	1				
AVODART	2				
CARDURA XL	3				
ELMIRON	3				
finasteride (Proscar)	1				
JALYN	3				
potassium citrate ext-release	1				
potassium citrate/citric acid (Polycitra-K)	1				
RAPAFLO	3				
RIMSO-50	3	•			
sodium citrate/citric acid (Shohl's)	1				
tamsulosin (Flomax)	1				
CENTRAL NERVOUS SYSTEM DRUGS					
ANXIETY					
alprazolam (Xanax)	1				
alprazolam ext-release (Xanax XR)	1				
buspirone	1				
diazepam tabs (Valium)	1				
hydroxyzine hcl	1				
hydroxyzine pamoate (Vistaril)	1				
lorazepam (Ativan)	1				
lorazepam conc (Lorazepam Intensol)	1				
DEPRESSION					

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
amitriptyline	1				
APLENZIN	3				
bupropion (Wellbutrin)	1				
bupropion ext-release (Wellbutrin SR, Wellbutrin XL)	1				
citalopram (Celexa)	1				
clomipramine (Anafranil)	1				
CYMBALTA	3				
desipramine (Norpramin)	1				
doxepin	1				
EMSAM	3				
escitalopram (Lexapro)	1				
fluoxetine (Prozac)	1				
FLUOXETINE 60 mg	3				
fluvoxamine	1				
imipramine hcl (Tofranil)	1				
LEXAPRO	3				•
LUVOX CR	3				•
mirtazapine (Remeron, Remeron SolTab)	1				
nortriptyline (Pamelor)	1				
OLEPTRO	3				
paroxetine hcl (Paxil)	1				
paroxetine hcl ext-release (Paxil CR)	1				
PAXIL susp	2				
PEXEVA	3				•
phenelzine (Nardil)	1				
PRISTIQ	3				•
sertraline (Zoloft)	1				
tranylcypromine (Parnate)	1				
trazodone	1				
venlafaxine	1				
venlafaxine ext-release caps (Effexor XR)	1				
venlafaxine ext-release tabs	1				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
VIIBRYD	3				
PSYCHOTIC AND BIPOLAR DISORDERS					
ABILIFY	2				
ABILIFY DISCMELT	3				
chlorpromazine	1				
clozapine, NP = ODT (Clozaril)	1				
EQUETRO	3				
FANAPT	3				
FAZACLO	3				
fluphenazine hcl	1				
haloperidol lactate oral soln	1				
haloperidol tabs	1				
INVEGA	3	•			
LATUDA	3				
lithium carbonate	1				
lithium carbonate ext-release 300 mg (Lithobid)	1				
lithium carbonate ext-release 450 mg	1				
lithium citrate	1				
LITHOBID	2				
loxapine (Loxitane)	1				
olanzapine (Zyprexa, Zyprexa Zydis)	1				
perphenazine	1				
prochlorperazine	1				
quetiapine (Seroquel)	1				
risperidone (Risperdal, Risperdal M-Tab)	1				
RISPERIDONE ODT 0.25 mg	2				
SAPHRIS	3				
SEROQUEL XR	3				
thiothixene	1				
trifluoperazine	1				
ziprasidone (Geodon)	1				
ZYPREXA/ZYDIS	3				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
SLEEP AIDS					
EDLUAR – Benefit Limits may apply	3				•
estazolam	1				
INTERMEZZO	3				•
LUNESTA – Benefit Limits may apply	3				•
phenobarbital	1				
ROZEREM – Benefit Limits may apply	3				•
SILENOR	3				•
temazepam (Restoril)	1				
zaleplon – Benefit Limits may apply (Sonata)	1				
zolpidem – Benefit Limits may apply (Ambien)	1				
zolpidem ext-release – Benefit Limits may apply (Ambien CR)	1				
ZOLPIMIST	3				•
HYPERACTIVITY/NARCOLEPSY					
amphetamine/dextroamphetamine (Adderall)	1			•	
amphetamine/dextroamphetamine ext-release (Adderall XR)	1			•	
caffeine citrate (Cafcit)	1				
DAYTRANA	3			•	
dextroamphetamine	1			•	
dextroamphetamine ext-release (Dexedrine Spansule)	1			•	
FOCALIN XR	3			•	
INTUNIV	3			•	
KAPVAY	3			•	
methylphenidate (Ritalin)	1			•	
methylphenidate ext-release (Metadate CD, Ritalin LA, Ritalin SR)	1			•	
modafinil (Provigil)	1		•	•	

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
NUVIGIL	3		•	•	
QSYMIA	3		•		
STRATTERA	3			•	
VYVANSE	2			•	
MULTIPLE SCLEROSIS					
AMPYRA	4	•	•		
AUBAGIO	4	•	•		
AVONEX	4	•	•		
BETASERON	3	•	•		
COPAXONE	3	•	•		
EXTAVIA	4	•	•		
GILENYA	4	•	•		
REBIF	3	•	•		
OTHER CENTRAL NERVOUS SYSTEM DRUGS					
ARICEPT 23 mg	2				
bupropion ext-release – Benefit Limits may apply (Zyban)	1				
CAMPRAL	2				
CHANTIX – Benefit Limits may apply	2				
disulfiram (Antabuse)	1				
donepezil (Aricept, Aricept ODT)	1				
EXELON patches, soln	2				
galantamine (Razadyne)	1				
galantamine ext-release (Razadyne ER)	1				
GRALISE	3				
HORIZANT	3				
naltrexone (ReVia)	1				
NAMENDA	3				
NICOTROL INHALER – Benefit Limits may apply	3				
NICOTROL NS – Benefit Limits may apply	3				
NUDEXTA	4				
olanzapine/fluoxetine (Symbyax)	1				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
ORAP	3				
rivastigmine (Exelon)	1				
SARAFEM	3				
SAVELLA	3				
XENAZINE	4	•			
XYREM	3	•	•		
PAIN RELIEF DRUGS					
NON-NARCOTIC DRUGS					
butalbital/acetaminophen	1				
butalbital/acetaminophen/caffeine (Esgic, Esgic Plus, Fioricet)	1				
butalbital/aspirin/caffeine (Fiorinal)	1				
salsalate	1				
NARCOTIC DRUGS					
ABSTRAL	4		•	•	
acetaminophen/codeine (Tylenol w/Codeine)	1				
ACTIQ	4		•	•	
AVINZA	3				
buprenorphine (Subutex)	1		•	•	
buprenorphine/naloxone (Suboxone)	1		•	•	
butalbital/aspirin/caffeine/codeine (Fiorinal w/Codeine)	1				
BUTRANS	3				
codeine sulfate	1				
CONZIP	3				
EMBEDA	3				
EXALGO	3				
fentanyl (Duragesic)	1				
fentanyl (Actiq)	1		•	•	
FENTORA	4		•	•	
hydrocodone/acetaminophen, NP = tabs, 2.5-325 mg	1				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
hydrocodone/ibuprofen (Ibudone, Reprexain, Vicoprofen)	1				
hydromorphone (Dilaudid)	1				
LAZANDA	4		•	•	
methadone conc, soln	1				
methadone tabs (Dolophine)	1				
morphine sulfate	1				
morphine sulfate ext-release (Kadian, MS Contin)	1				
NUCYNTA/ER	3				
ONSOLIS	4		•	•	
OPANA ER	3				
OXECTA	3				
oxycodone (Roxicodone)	1				
oxycodone caps, conc	1				
oxycodone/acetaminophen (Percocet)	1				
oxycodone/acetaminophen caps, 5-500 mg	1				
oxycodone/aspirin (Percodan)	1				
OXYCONTIN	2			•	
RYBIX	3				
SUBOXONE	2		•	•	
SUBSYS	4		•	•	
tramadol (Ultram)	1				
tramadol/acetaminophen (Ultracet)	1				
RHEUMATOID AND OSTEOARTHRITIS					
ARAVA	4				
ARCALYST	4	•			
CELEBREX	2		•		
diclofenac potassium (Cataflam)	1				
diclofenac sodium delayed-release	1				
diclofenac sodium ext-release (Voltaren-XR)	1				
DUEXIS	3		•		

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
ENBREL	3	•	•	•	
etodolac	1				
flurbiprofen	1				
HUMIRA	3	•	•	•	
ibuprofen	1				
indomethacin	1				
ketoprofen	1				
KINERET	4	•	•	•	
leflunomide (Arava)	1				
meloxicam (Mobic)	1				
nabumetone	1				
naproxen (Naprosyn)	1				
naproxen delayed-release (EC-Naprosyn)	1				
naproxen sodium (Anaprox)	1				
ORENCIA	4	•	•	•	
oxaprozin (Daypro)	1				
piroxicam (Feldene)	1				
RIDAURA	2				
SIMPONI	4	•	•	•	
SPRIX	3				
sulindac (Clinoril)	1				
VIMOVO	2		•		
XELJANZ	4	•	•		
ZIPSOR	3				
MIGRAINE HEADACHES					
acetaminophen/isometheptene/dichloralphenazone	1				
AXERT	3			•	•
CAFERGOT	3				
CAMBIA	3		•	•	
FROVA	3			•	•
MIGRANAL	3				
naratriptan (Amerge)	1			•	
RELPAZ	2			•	

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
rizatriptan (Maxalt, Maxalt-MLT)	1			•	
sumatriptan (Imitrex)	1			•	
SUMAVEL DOSEPRO	3			•	
TREXIMET	3			•	•
ZOMIG/ZMT	3			•	•
GOUT					
allopurinol (Zyloprim)	1				
COLCRYS	2				
probenecid	1				
probenecid/colchicine	1				
ULORIC	3				
NEUROMUSCULAR DRUGS					
SEIZURES					
BANZEL	3				
carbamazepine (Tegretol)	1				
carbamazepine ext-release (Carbatrol, Tegretol-XR)	1				
CARBATROL	2				
clonazepam (Klonopin)	1				
DILANTIN	2				
divalproex delayed-release (Depakote, Depakote Sprinkles)	1				
divalproex ext-release (Depakote ER)	1				
ethosuximide (Zarontin)	1				
gabapentin (Neurontin)	1				
GABITRIL 12 mg, 16 mg	2				
LAMICTAL Starter Kit	2				
LAMICTAL ODT	3				
lamotrigine (Lamictal)	1				
lamotrigine ext-release (Lamictal XR)	1				
levetiracetam (Keppra)	1				
LYRICA	2				
ONFI	3				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
oxcarbazepine (Trileptal)	1				
OXTELLAR XR	3				
PHENYTEK	2				
phenytoin (Dilantin)	1				
phenytoin sodium ext-release (Dilantin, Phenytek)	1				
POTIGA	3				
primidone (Mysoline)	1				
SABRIL	3	•			
STAVZOR	3				
TEGRETOL	2				
TEGRETOL-XR	2				
tiagabine (Gabitril)	1				
topiramate (Topamax, Topamax Sprinkle)	1				
valproic acid (Depakene)	1				
VIMPAT	3				
zonisamide (Zonegran)	1				
PARKINSON'S DISEASE					
amantadine	1				
APOKYN	3	•			
AZILECT	3				
benztropine	1				
bromocriptine (Parlodel)	1				
carbidopa/levodopa (Parcopa, Sinemet)	1				
carbidopa/levodopa ext-release (Sinemet CR)	1				
COMTAN	2				
LODOSYN	2				
MIRAPEX ER	3				
NEUPRO	3				
pramipexole (Mirapex)	1				
ropinirole (Requip)	1				
ropinirole ext-release (Requip XL)	1				
selegiline caps (Eldepryl)	1				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
selegiline tabs	1				
STALEVO	3				
trihexyphenidyl	1				
ZELAPAR	3				
MUSCLE RELAXANTS					
AMRIX	3				
baclofen	1				
chlorzoxazone (Parafon Forte)	1				
cyclobenzaprine (Fexmid, Flexeril)	1				
dantrolene (Dantrium)	1				
metaxalone (Skelaxin)	1				
methocarbamol (Robaxin)	1				
orphenadrine citrate ext-release	1				
orphenadrine/aspirin/caffeine	1				
tizanidine (Zanaflex)	1				
OTHER NEUROMUSCULAR DRUGS					
MESTINON TIMESPAN	2				
PROSTIGMIN	2				
pyridostigmine (Mestinon)	1				
RILUTEK	3	•			
SUPPLEMENTS					
VITAMINS					
ergocalciferol (Drisdol)	1				
MEPHYTON	3				
MINERALS AND ELECTROLYTES					
EFFER-K	2				
K-PHOS 500 mg	2				
K-TABS	3				
KLOR-CON M15	2				
potassium bicarbonate/chloride effervescent tabs, 25 mEq	1				
potassium chloride	1				
potassium chloride ext-release	1				
potassium phosphate/sodium phosphates (K-Phos Neutral)	1				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
sodium fluoride (Luride)	1				
BLOOD MODIFYING DRUGS					
AGGRENEX	3				
anagrelide (Agrylin)	1				
ARANESP	3	•			
ARIXTRA	4				
BRILINTA	3				
cilostazol (Pletal)	1				
clopidogrel (Plavix)	1				
COUMADIN	2				
cyanocobalamin inj	1				
dipyridamole (Persantine)	1				
DROXIA	2	•			
EFFIENT	3				
ELIQUIS	3				
enoxaparin (Lovenox)	1				
EPOGEN	4	•			
FIRAZYR	4	•	•		
folic acid tabs, 1 mg	1				
FRAGMIN	4				
IPRIVASK	4				
LEUKINE	4	•			
LYSTEDA	3				
MOZOBIL	4	•			
NASCOBAL	3				
NEULASTA	4	•			
NEUMEGA	2	•			
NEUPOGEN	3	•			
pentoxifylline ext-release (Trental)	1				
PRADAXA	3				
PROCRIT	4	•			
PROMACTA	4	•			
warfarin (Coumadin)	1				
XARELTO	3				
ZAVESCA	3	•			

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
TOPICAL PRODUCTS					
EYE					
Anti-infectives					
AZASITE	3				
bacitracin/polymyxin B oint	1				
BESIVANCE	3				
CILOXAN oint	3				
ciprofloxacin soln (Ciloxan)	1				
erythromycin oint	1				
gentamicin oint, soln (Garamycin)	1				
IQUIX	3				
MOXEZA	3				
neomycin/polymyxin B/ bacitracin oint	1				
neomycin/polymyxin B/ gramicidin soln (Neosporin)	1				
ofloxacin soln (Ocuflox)	1				
polymyxin B/trimethoprim soln (Polytrim)	1				
sulfacetamide sodium oint, soln (Bleph-10)	1				
tobramycin soln (Tobrex)	1				
trifluridine soln (Viroptic)	1				
VIGAMOX	3				
ZYMAR	3				
ZYMAXID	3				
Steroids and Combination Products					
BLEPHAMIDE	3				
BLEPHAMIDE S.O.P. oint	2				
dexamethasone sodium phosphate soln	1				
fluorometholone susp, 0.1% (FML Liquifilm)	1				
neomycin/polymyxin B/ bacitracin/hydrocortisone oint	1				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
neomycin/polymyxin B/ dexamethasone oint, susp (Maxitrol)	1				
POLY-PRED	3				
prednisolone acetate susp (Pred Forte)	1				
prednisolone sodium phosphate soln, 1%	1				
sulfacetamide sodium/ prednisolone soln	1				
TOBRADEX oint	2				
TOBRADEX ST susp	2				
tobramycin/dexamethasone susp (Tobradex)	1				
ZYLET	3				
Glaucoma					
ALPHAGAN P soln, 0.1%	2				
AZOPT	2				
BETIMOL	2				
BETOPTIC-S	2				
brimonidine soln, 0.15% (Alphagan P)	1				
brimonidine soln, 0.2%	1				
carteolol soln	1				
COMBIGAN	3				
COSOPT PF	3				
dorzolamide soln (Trusopt)	1				
dorzolamide/timolol maleate soln (Cosopt)	1				
ISOPTO CARBACHOL	3				
ISTALOL	3				
latanoprost soln (Xalatan)	1				
levobunolol (Betagan)	1				
LUMIGAN	2				
metipranolol soln (Optipranolol)	1				
PHOSPHOLINE IODIDE soln	2				
pilocarpine soln (Isopto Carpine)	1				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
PILOPINE HS	2				
timolol maleate soln (Timoptic, Timoptic-XE)	1				
TRAVATAN Z	2				
ZIOPTAN	3				
Other Eye Products					
ACUVAIL	3				
ALOCRIAL	3				
ALOMIDE	3				
atropine sulfate oint, soln (Isopto Atropine)	1				
azelastine soln (Optivar)	1				
BEPREVE	3				
BROMDAY	3				
cromolyn sodium soln	1				
cyclopentolate soln (Cyclogyl)	1				
diclofenac soln (Voltaren)	1				
flurbiprofen soln (Ocufen)	1				
homatropine soln (Isopto Homatropine)	1				
ILEVRO	3				
ISOPTO HYOSCINE	2				
ketorolac soln (Acular, Acular LS)	1				
LACRISERT	2				
LASTACFT	3				
NEVANAC	3				
PATADAY	3				
PATANOL	3				
RESTASIS	3		•		
tropicamide soln (Mydracil)	1				
EAR					
acetic acid soln	1				
benzocaine/antipyrine soln	1				
CETRAXAL	3				
CIPRO HC	3				
CIPRODEX	3				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
hydrocortisone/acetic acid soln (Vosol HC)	1				
neomycin/polymyxin B/hydrocortisone soln, susp (Cortisporin)	1				
ofloxacin soln	1				
MOUTH AND THROAT (LOCAL)					
cevimeline (Evoxac)	1				
chlorhexidine rinse (Peridex)	1				
clotrimazole troche	1				
lidocaine viscous	1				
nystatin susp	1				
ORAVIG	3				
pilocarpine (Salagen)	1				
sodium fluoride (Prevident)	1				
triamcinolone paste	1				
ANORECTAL AGENTS					
ANALPRAM-HC	3				
CORTIFOAM	2				
hydrocortisone acetate crm, supp (Anusol-HC, Proctocort)	1				
hydrocortisone enema (Cortenema)	1				
PROCTOCORT	3				
PROCTOFOAM HC	2				
SKIN CONDITIONS/PRODUCTS					
Acne					
ABSORICA	4				
ACANYA	3				
ACZONE	3				
adapalene (Differin)	1		•		•
ATRALIN	3		•		•
AZELEX	3				
clindamycin (Cleocin-T)	1				
clindamycin/benzoyl peroxide (Benzaclin, Duac)	1				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
DIFFERIN gel, 0.3%; lotn	2		•		•
EPIDUO	3		•		•
erythromycin gel, pads, soln	1				
erythromycin/benzoyl peroxide (Benzamycin)	1				
FINACEA	3				
isotretinoin	1				
metronidazole (Metrocream, Metro lotion)	1				
metronidazole gel	1				
NORITATE	3				
ORACEA	3		•		
RETIN-A MICRO	3		•		•
sulfacetamide sodium/sulfur	1				
TAZORAC	3		•		•
TRETIN-X	3		•		•
tretinoin (Retin-A)	1		•		•
VANOXIDE-HC	3				
VECTICAL	3				
VELTIN	3		•		•
ZIANA	3		•		•
Anti-infectives					
ALTABAX	3				
ciclopirox (Loprox, Penlac)	1				
DENAVIR	3				
econazole	1				
ERTACZO	3				
EXELDERM	3				
FLECTOR	3		•		
gentamicin	1				
ketoconazole (Nizoral)	1				
mupirocin (Bactroban)	1				
NAFTIN	3				
nystatin topical	1				
OXISTAT	3				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
PENNSAID	3		•		
silver sulfadiazine (Silvadene)	1				
VOLTAREN gel	3		•		
VUSION	3				
XERESE	3				
XOLEGEL	3				
ZOVIRAX	3				
Corticosteroids					
alclometasone (Aclovate)	1				
amcinonide	1				
betamethasone dipropionate	1				
betamethasone dipropionate, augmented (Diprolene)	1				
betamethasone valerate	1				
CAPEX	2				
clobetasol (Olux, Olux E, Temovate)	1				
CLOBEX spray	3				
CLODERM	3				
CORDRAN	3				
DESONATE	3				
desonide (Desowen)	1				
desoximetasone crm; gel; oint, 0.25% (Topicort)	1				
diflorasone	1				
fluocinolone (Derma-Smoothe/FS, Synalar)	1				
fluocinonide	1				
fluticasone propionate (Cutivate)	1				
halobetasol (Ultravate)	1				
hydrocortisone	1				
hydrocortisone valerate (Westcort)	1				
LOCOID LIPOCREAM	3				
mometasone (Elocon)	1				
nystatin/triamcinolone	1				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
PANDEL	3				
PRAMOSONE	3				
TACLONEX/SCALP	3				
triamcinolone	1				
VANOS	3				
VERDESO	3				
Other Skin Products					
aluminum chloride soln (Drysol)	1				
calcipotriene (Dovonex)	1				
CARAC	3				
CONDYLOX gel	3				
ELIDEL	3				
EURAX	3				
FLUOROPLEX	2				
fluorouracil (Efudex)	1				
imiquimod (Aldara)	1				
lidocaine jelly, 2%; oint, 5%; soln, 4% (Xylocaine)	1				
lidocaine/prilocaine crm (Emla)	1				
LIDODERM	3		•	•	
lindane	1				
malathion (Ovide)	1				
NATROBA	3				
OVACE/PLUS	3				
OXSORALEN	3				
PANRETIN	3	•			
permethrin crm, 5%	1				
PICATO	3				
podofilox (Condylox)	1				
PROTOPIC	3				
REGRANEX	4				
selenium sulfide (Selsun)	1				
SKLICE	3				
SOLARAZE	3				
SORIATANE	2				

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
TARGRETIN gel	3	•			
ULESFIA	3				
VEREGEN	3				
ZYCLARA	3				
8-MOP	2	•			
MISCELLANEOUS CATEGORIES					
DIABETIC SUPPLIES					
All Brands 25% coinsurance					
LANCETS – VARIOUS MANUFACTURERS					
TEST STRIPS – BAYER ASCENSIA AUTODISC, BREEZE 2, CONTOUR, CONTOUR NEXT					
TEST STRIPS – LIFESCAN ONETOUCH BASIC/PROFILE, FASTTAKE, SURESTEP, ULTRA BLUE, VERIO, VERIO IQ					
TEST STRIPS – other than Bayer, Lifescan					
MISCELLANEOUS DRUGS					
AZASAN	3				
azathioprine (Imuran)	1				
CELLCEPT caps, tabs	3	•			
CELLCEPT oral susp	2	•			
CHEMET	3				
CUPRIMINE	2				
cyclosporine (Sandimmune)	1	•			
cyclosporine modified caps, 25 mg, 100 mg; soln (Neoral)	1	•			
DEPEN TITRATABS	2				
EXJADE	4	•			
FERRIPROX	4				
mycophenolate mofetil (Cellcept)	1	•			
MYFORTIC	3	•			
NEORAL	2	•			
PROGRAF	2	•			

Drug Name	Drug Tier	Specialty	Prior Review	Quantity Limits	Restricted Access
RAPAMUNE	2	•			
REVIA	4				
REVLIMID	3	•	•		
SANDIMMUNE	2	•			
sodium polystyrene sulfonate	1				
tacrolimus (Prograf)	1	•			
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DETROL LA.....	13	EFFER-K.....	18
dexamethasone elixir, tabs	4	EFFIENT.....	19
dexamethasone sodium phosphate eye soln	19	EGRIFTA.....	6
DEXILANT.....	11	ELESTRIN.....	5
DEXPAK.....	4	ELIDEL.....	22
dextroamphetamine	15	ELIGARD.....	3
dextroamphetamine ext-release	15	ELIQUIS.....	19
diazepam tabs	13	ELIXOPHYLLIN.....	11
diclofenac eye soln	20	ELLA.....	5
diclofenac potassium	16	ELMIRON.....	13
diclofenac sodium delayed-release	16	EMBEDA.....	16
diclofenac sodium ext-release	16	EMCYT.....	3
dicloxacillin	1	EMEND caps.....	12
dicyclomine	11	EMSAM.....	14
didanosine delayed-release	2	EMTRIVA.....	2
DIFFERIN gel, 0.3%; lotn.....	21	ENABLEX.....	13
DIFICID.....	1	enalapril	7
diflorasone	22	enalapril/hydrochlorothiazide	7
digoxin	10	ENBREL.....	17
DILANTIN.....	17	ENDOMETRIN.....	13
diltiazem	8	ENJUVIA.....	5
diltiazem ext-release	8	enoxaparin	19
DIOVAN.....	8	ENTEREG.....	12
DIPENTUM.....	12	EPIDUO.....	21
diphenoxylate/atropine	12	EPIPEN.....	10
dipyridamole	19	EPIPEN-JR.....	10
disopyramide	9	EPIVIR-HBV.....	2
disulfiram	15	EPIVIR soln.....	2
DIURIL.....	9	EPIVIR tabs.....	2
divalproex delayed-release	17	eplerenone	10
divalproex ext-release	17	EPOGEN.....	19
DIVIGEL.....	4	EPZICOM.....	2
donepezil	15	EQUETRO.....	14
DORYX.....	1	ergocalciferol	18
dorzolamide/timolol maleate eye soln	20	ERIVEDGE.....	3
dorzolamide eye soln	20	ERTACZO.....	21
doxazosin	10	erythromycin/benzoyl peroxide	21
doxepin	14	erythromycin/sulfisoxazole	3
doxycycline hyclate	1	erythromycin delayed-release caps, 250 mg, 333 mg	1
doxycycline hyclate tabs	1	erythromycin ethylsuccinate	1
DROXIA.....	19	erythromycin eye oint	19
DUEXIS.....	16	erythromycin gel, pads, soln	21
DULERA.....	11	escitalopram	14
DUTOPROL.....	8	estazolam	15
DYMISTA.....	10	estradiol	5
DYNACIRC CR.....	8	estradiol/norethindrone acetate	5
DYRENIUM.....	9	ESTRASORB.....	5
E		ESTRING.....	13
econazole	21	ESTROGEL.....	5
		estropipate	5

ethambutol	1	flutamide	3
ethosuximide	17	fluticasone propionate	10
etidronate	7	fluticasone propionate	22
etodolac	17	fluvastatin	9
etoposide caps	3	fluvoxamine	14
EURAX.....	22	FOCALIN XR.....	15
EVAMIST.....	5	folic acid tabs, 1 mg	19
EVISTA.....	7	FOLLISTIM AQ – Benefit Limits may apply.....	5
EXALGO.....	16	FORADIL AEROLIZER.....	11
EXELDERM.....	21	FORTEO.....	7
EXELON patches, soln.....	15	FORTESTA.....	4
exemestane	3	FOSAMAX PLUS D.....	7
EXFORGE.....	8	fosinopril	7
EXFORGE HCT.....	8	fosinopril/hydrochlorothiazide	7
EXJADE.....	23	FOSRENOL.....	12
EXTAVIA.....	15	FRAGMIN.....	19
F		FROVA.....	17
FACTIVE.....	1	furosemide soln, 10 mg/mL; tabs	9
famciclovir	2	FUROSEMIDE soln, 8 mg/mL.....	9
famotidine – 20 mg is not covered, it is available		FUZEON.....	2
OTC	11	G	
FANAPT.....	14	gabapentin	17
FARESTON.....	3	GABITRIL 12 mg, 16 mg.....	17
FASLODEX.....	3	galantamine	15
FAZACLO.....	14	galantamine ext-release	15
felodipine ext-release	8	GANIRELIX – Benefit Limits may apply.....	5
FEMRING.....	13	GASTROCROM.....	12
fenofibrate	9	GATTEX.....	12
fenofibrate micronized	9	GELNIQUE.....	13
FENOGLIDE.....	9	gemfibrozil	9
fentanyl	16	GENOTROPIN.....	6
fentanyl	16	gentamicin eye oint, soln	19
FENTORA.....	16	gentamicin topical	21
FERRIPROX.....	23	GILENYA.....	15
FINACEA.....	21	GLEEVEC.....	3
finasteride	13	glimepiride	6
FIRAZYR.....	19	glipizide	6
flecainide	9	glipizide/metformin	6
FLECTOR.....	21	glipizide ext-release	6
FLOVENT DISKUS.....	11	GLUCAGEN/HYPOKIT.....	6
FLOVENT HFA.....	11	GLUCAGON EMERGENCY KIT.....	6
fluconazole	1	GLUMETZA.....	6
flucytosine	1	glyburide	6
fludrocortisone	4	glyburide/metformin	6
flunisolide	10	glyburide micronized	6
fluocinolone	22	glycopyrrolate	11
fluocinonide	22	GLYSET.....	6
fluorometholone eye susp, 0.1%	19	GONAL-F – Benefit Limits may apply.....	5
FLUOROPLEX.....	22	GRALISE.....	15
fluorouracil	22	granisetron	12
fluoxetine	14	GRANISOL.....	12
FLUOXETINE 60 mg.....	14	griseofulvin microsize	1
fluphenazine hcl	14	griseofulvin ultramicrosize	1
flurbiprofen	17	guanfacine	10
flurbiprofen eye soln	20	GYNAZOLE-1.....	13

H

HALFLYTELY.....	11
halobetasol	22
haloperidol lactate oral soln	14
haloperidol tabs	14
HECTOROL.....	7
HELIDAC.....	12
HEPSERA.....	2
HEXALEN.....	3
homatropine eye soln	20
HORIZANT.....	15
HUMALOG.....	6
HUMALOG MIX 50/50, 75/25.....	6
HUMATROPE.....	6
HUMIRA.....	17
HUMULIN 70/30.....	6
HUMULIN N.....	6
HUMULIN R.....	6
HYCAMTIN caps.....	3
hydralazine	10
HYDREA.....	3
hydrochlorothiazide caps	9
hydrochlorothiazide tabs	9
hydrocodone/acetaminophen, NP = tabs, 2.5-325 mg	16
hydrocodone/ibuprofen	16
hydrocortisone	4
hydrocortisone/acetic acid ear soln	21
hydrocortisone acetate rectal crm, supp	21
hydrocortisone enema	21
hydrocortisone topical	22
hydrocortisone valerate	22
hydromorphone	16
hydroxychloroquine	3
hydroxyurea	3
hydroxyzine hcl	13
hydroxyzine pamoate	13
hyoscyamine	12
hyoscyamine ext-release	12

I

ibandronate tabs	7
ibuprofen	17
ICLUSIG.....	3
ILEVRO.....	20
imipramine hcl	14
imiquimod	22
INCIVEK.....	2
INCRELEX.....	6
indapamide	9
indomethacin	17
INFERGEN.....	2
INLYTA.....	3
INNOPRAN XL.....	8
INTELENCE.....	2

INTERMEZZO.....	15
INTRON-A.....	2
INTRON-A.....	3
INTUNIV.....	15
INVEGA.....	14
INVIRASE.....	2
ipratropium/albuterol	11
ipratropium inhal soln	11
ipratropium nasal	10
IPRIVASK.....	19
IQUIX.....	19
irbesartan	8
irbesartan/hydrochlorothiazide	8
ISENTRESS.....	2
isoniazid tabs	1
ISOPTO CARBACHOL.....	20
ISOPTO HYOSCINE.....	20
isosorbide dinitrate	8
isosorbide mononitrate	8
isosorbide mononitrate ext-release	8
isotretinoin	21
ISTALOL.....	20
itraconazole	1

J

JAKAFI.....	3
JALYN.....	13
JANUMET.....	6
JANUMET XR.....	6
JANUVIA.....	6
JENTADUETO.....	6
JUVISYNC.....	6
JUXTAPID.....	9

K

KALETRA.....	2
KALYDECO.....	11
KAPVAY.....	15
KETEK.....	3
ketoconazole	21
ketoconazole tabs	1
ketoprofen	17
ketorolac eye soln	20
KINERET.....	17
KLOR-CON M15.....	18
KOMBIGLYZE XR.....	6
KORLYM.....	6
K-PHOS 500 mg.....	18
K-TABS.....	18
KUVAN.....	7
KYNAMRO.....	9

L

labetalol	8
LACRISERT.....	20
lactulose	11

lactulose	12	LODOSYN.....	18
LAMICTAL ODT.....	17	LOESTRIN 24 FE.....	5
LAMICTAL Starter Kit.....	17	LO LOESTRIN FE.....	5
LAMISIL granules.....	1	loperamide	12
lamivudine	2	lorazepam	13
lamivudine/zidovudine	2	lorazepam conc	13
lamotrigine	17	losartan	8
lamotrigine ext-release	17	losartan/hydrochlorothiazide	8
LANCETS – VARIOUS MANUFACTURERS.....	23	LOSEASONIQUE.....	5
LANOXIN tabs.....	10	lovastatin	9
lansoprazole delayed-release	12	LOVAZA.....	9
LANTUS.....	6	loxapine	14
LASTACAPT.....	20	LUMIGAN.....	20
latanoprost eye soln	20	LUNESTA – Benefit Limits may apply.....	15
LATUDA.....	14	LUPRON DEPOT.....	3
LAZANDA.....	16	LUPRON DEPOT-PED.....	7
leflunomide	17	LUVOX CR.....	14
LESCOL XL.....	9	LYRICA.....	17
LETAIRIS.....	10	LYSODREN.....	3
letrozole	3	LYSTEDA.....	19
LEUCOVORIN CALCIUM tabs, 10 mg, 15 mg.....	3	M	
leucovorin calcium tabs, 5 mg, 25 mg	3	malathion	22
LEUKERAN.....	3	MATULANE.....	3
LEUKINE.....	19	MAXAIR AUTOHALER.....	11
leuprolide acetate	3	meclizine	12
LEVATOL.....	8	medroxyprogesterone acetate	5
LEVEMIR.....	6	medroxyprogesterone acetate inj, 150 mg/mL	5
levetiracetam	17	mefloquine	3
LEVITRA – Benefit Limits may apply.....	10	MEGACE ES.....	5
levobunolol	20	megestrol	3
levocarnitine	7	meloxicam	17
levocetirizine	10	MENOPUR – Benefit Limits may apply.....	5
levofloxacin	1	MENOSTAR.....	5
levonorgestrel	5	MEPHYTON.....	18
levothyroxine	6	mercaptopurine	3
LEXAPRO.....	14	mesalamine enema	12
LEXIVA.....	2	MESNEX tabs.....	4
LIALDA.....	12	MESTINON TIMESPAN.....	18
lidocaine/prilocaine crm	22	metaxalone	18
lidocaine jelly, 2%; oint, 5%; soln, 4%	22	metformin	6
lidocaine viscous	21	metformin ext-release	6
LIDODERM.....	22	metformin ext-release OSM	6
lindane	22	methadone conc, soln	16
LINZESS.....	12	methadone tabs	16
liothyronine	6	methazolamide	9
LIPITOR.....	9	methimazole	6
LIPOFEN.....	9	methocarbamol	18
lisinopril	7	methotrexate	4
lisinopril/hydrochlorothiazide	7	methscopolamine	12
lithium carbonate	14	methyl dopa	10
lithium carbonate ext-release 300 mg	14	methylergonovine	7
lithium carbonate ext-release 450 mg	14	methylphenidate	15
lithium citrate	14	methylphenidate ext-release	15
LITHOBID.....	14	methylprednisolone	4
LIVALO.....	9	metipranolol eye soln	20
LOCOID LIPOCREAM.....	22		

metoclopramide.....	12	neomycin/polymyxin B/bacitracin eye oint.....	19
metolazone.....	9	neomycin/polymyxin B/dexamethasone eye oint, susp.....	20
metoprolol succinate ext-release.....	8	neomycin/polymyxin B/gramicidin eye soln.....	19
metoprolol tartrate.....	8	neomycin/polymyxin B/hydrocortisone ear soln, susp.....	21
METUZOLV ODT.....	13	neomycin sulfate.....	1
metronidazole.....	3	NEORAL.....	23
metronidazole.....	13	NEULASTA.....	19
metronidazole.....	21	NEUMEGA.....	19
metronidazole topical gel.....	21	NEUPOGEN.....	19
MICARDIS.....	8	NEUPRO.....	18
MICARDIS HCT.....	8	NEVANAC.....	20
midodrine.....	10	nevirapine tabs.....	2
MIGRANAL.....	17	NEXAVAR.....	4
MILLIPRED soln.....	4	NEXIUM caps; granules, 10 mg, 20 mg, 40 mg.....	12
MINIVELLE.....	5	NIASPAN.....	9
minocycline.....	1	NICOTROL INHALER – Benefit Limits may apply.....	15
minoxidil.....	10	NICOTROL NS – Benefit Limits may apply.....	15
MIRAPEX ER.....	18	nifedipine ext-release.....	8
mirtazapine.....	14	NILANDRON.....	4
misoprostol.....	12	NITRO-DUR.....	8
modafinil.....	15	nitrofurantoin.....	13
moexipril.....	7	nitrofurantoin macrocrystalline.....	13
moexipril/hydrochlorothiazide.....	7	nitrofurantoin monohydrate/macrocrystalline.....	13
mometasone.....	22	nitroglycerin.....	9
montelukast.....	11	NITROMIST spray.....	9
morphine sulfate.....	16	NITROSTAT.....	9
morphine sulfate ext-release.....	16	NORDITROPIN.....	7
MOVIPREP.....	11	norethindrone acetate.....	5
MOXATAG.....	1	NORITATE.....	21
MOXEZA.....	19	NORPACE CR.....	10
MOZOBIL.....	19	nortriptyline.....	14
MULTAQ.....	9	NORVIR.....	2
mupirocin.....	21	NOVOLIN 70/30.....	6
MUSE – Benefit Limits may apply.....	10	NOVOLIN 70/30 RELION.....	6
mycophenolate mofetil.....	23	NOVOLIN N.....	6
MYFORTIC.....	23	NOVOLIN N RELION.....	6
MYLERAN.....	4	NOVOLIN R.....	6
MYRBETRIQ.....	13	NOVOLIN R RELION.....	6
N		NOVOLOG.....	6
nabumetone.....	17	NOVOLOG MIX 70/30.....	6
nadolol.....	8	NOXAFIL.....	1
NAFTIN.....	21	NUCYNTA/ER.....	16
naltrexone.....	15	NUDEXTA.....	15
NAMENDA.....	15	NUTROPIN.....	7
naproxen.....	17	NUTROPIN AQ.....	7
naproxen delayed-release.....	17	NUVARING.....	5
naproxen sodium.....	17	NUVIGIL.....	15
naratriptan.....	17	nystatin/triamcinolone.....	22
NASCOBAL.....	19	nystatin oral.....	1
NASONEX.....	10	nystatin susp.....	21
NATAZIA.....	5	nystatin topical.....	21
nateglinide.....	6	O	
NATROBA.....	22	octreotide.....	7
neomycin/polymyxin B/bacitracin/hydrocortisone eye oint.....	19		

ofloxacin ear soln	21	PATANASE.....	10
ofloxacin eye soln	19	PATANOL.....	20
olanzapine	14	PAXIL susp.....	14
olanzapine/fluoxetine	15	PCE.....	1
OLEPTRO.....	14	PEGASYS.....	2
OMECLAMOX-PAK.....	12	PEG – electrolytes for soln	11
omeprazole delayed release	12	PEG-INTRON/PEN.....	2
OMNARIS.....	10	penicillin v potassium	1
OMNITROPE.....	7	PENNSAID.....	22
ondansetron	12	PENTASA.....	13
ondansetron tabs, 24 mg	12	pentoxifylline ext-release	19
ONFI.....	17	PERFOROMIST.....	11
ONGLYZA.....	6	perindopril	7
ONMEL.....	1	permethrin crm, 5%	22
ONSOLIS.....	16	perphenazine	14
OPANA ER.....	16	PERTZYE.....	12
ORACEA.....	21	PEXEVA.....	14
oral contraceptives – all generics	5	phenelzine	14
ORAP.....	16	phenobarbital	15
ORAVIG.....	21	PHENYTEK.....	18
ORENCIA.....	17	phenytoin	18
ORFADIN.....	7	phenytoin sodium ext-release	18
orphenadrine/aspirin/caffeine	18	PHOSLYRA.....	13
orphenadrine citrate ext-release	18	PHOSPHOLINE IODIDE eye soln.....	20
ORTHO EVRA.....	5	PICATO.....	22
ORTHO TRI-CYCLEN LO.....	5	pilocarpine	21
OSMOPREP.....	11	pilocarpine eye soln	20
OVACE/PLUS.....	22	PILOPINE HS.....	20
OVCON.....	5	pioglitazone	6
OVIDREL – Benefit Limits may apply.....	5	pioglitazone/glimepiride	6
oxandrolone	4	pioglitazone/metformin	6
oxaprozin	17	piroxicam	17
oxcarbazepine	18	podofilox	22
OXECTA.....	16	polymyxin B/trimethoprim eye soln	19
OXISTAT.....	21	POLY-PRED.....	20
OXSORALEN.....	22	POMALYST.....	4
OXTELLAR XR.....	18	potassium bicarbonate/chloride effervescent tabs, 25 mEq	18
oxybutynin	13	potassium chloride	18
oxybutynin ext-release	13	potassium chloride ext-release	18
oxycodone	16	potassium citrate/citric acid	13
oxycodone/acetaminophen	16	potassium citrate ext-release	13
oxycodone/acetaminophen caps, 5-500 mg	16	potassium phosphate/sodium phosphates	18
oxycodone/aspirin	16	POTIGA.....	18
oxycodone caps, conc	16	PRADAXA.....	19
OXYCONTIN.....	16	pramipexole	18
OXYTROL.....	13	PRAMOSONE.....	22
P		PRANDIMET.....	6
PANCREAZE.....	12	PRANDIN.....	6
PANDEL.....	22	pravastatin	9
PANRETIN.....	22	prazosin	10
pantoprazole delayed-release	12	prednisolone	4
paromomycin	1	prednisolone acetate eye susp	20
paroxetine hcl	14	prednisolone sodium phosphate eye soln, 1%	20
paroxetine hcl ext-release	14	prednisolone sodium phosphate oral soln, 5 mg/5 mL	4
PATADAY.....	20		

prednisolone sodium phosphate soln, 15 mg/5 mL....	4	RANEXA.....	9
prednisone soln, 1 mg/mL; tabs.....	4	ranitidine – 150 mg is not covered, it is available	
PREFEST.....	5	OTC	12
PREMARIN crm.....	13	RAPAFLO.....	13
PREMARIN tabs.....	5	RAPAMUNE.....	23
PREMPHASE.....	5	RAVICTI.....	7
PREMPRO.....	5	REBETOL caps.....	2
PREPOPIK.....	11	REBETOL soln.....	2
PREVPAC.....	12	REBIF.....	15
PREZISTA.....	2	REGRANEX.....	22
PRILOSEC susp.....	12	RELENZA.....	3
PRIMAQUINE.....	3	RELISTOR.....	13
primidone	18	RELPAK.....	17
PRIMSOL.....	3	RENAGEL.....	13
PRISTIQ.....	14	REVELA.....	13
PROAIR HFA.....	11	REPRONEX – Benefit Limits may apply.....	5
probenecid	17	RESCRIPTOR.....	2
probenecid/colchicine	17	RESTASIS.....	20
prochlorperazine	14	RETIN-A MICRO.....	21
PROCRIT.....	19	RETROVIR.....	2
PROCTOCORT.....	21	REVIA.....	23
PROCTOFOAM HC.....	21	REVLIMID.....	23
progesterone micronized caps	5	REYATAZ.....	2
PROGRAF.....	23	RHINOCORT AQUA.....	10
PROLEUKIN.....	4	RIBATAB.....	2
PROMACTA.....	19	ribavirin	2
promethazine	10	RIDAURA.....	17
propafenone	10	rifampin	1
propafenone ext-release	10	RILUTEK.....	18
propranolol	8	RIMSO-50.....	13
propranolol/hydrochlorothiazide	8	RIOMET.....	6
propranolol ext-release	8	risperidone	14
propylthiouracil	6	RISPERIDONE ODT 0.25 mg.....	14
PROSTIGMIN.....	18	rivastigmine	16
PROTONIX susp.....	12	rizatriptan	17
PROTOPIC.....	22	ropinirole	18
PROVENTIL HFA.....	11	ropinirole ext-release	18
PULMICORT FLEXHALER.....	11	ROZEREM – Benefit Limits may apply.....	15
PULMICORT RESPULES 1 mg/2 mL.....	11	RYBIX.....	16
PULMOZYME.....	11		
PYLERA.....	12	S	
pyrazinamide	1	SABRIL.....	18
pyridostigmine	18	SAFYRAL.....	5
		SAIZEN.....	7
Q		salsalate	16
QNASL.....	10	SAMSCA.....	7
QSYMIA.....	15	SANCUSO.....	12
quetiapine	14	SANDIMMUNE.....	23
quinapril	7	SANDOSTATIN.....	7
quinapril/hydrochlorothiazide	7	SAPHRIS.....	14
quinidine gluconate ext-release	10	SARAFEM.....	16
quinidine sulfate	10	SAVELLA.....	16
QVAR.....	11	selegiline caps	18
		selegiline tabs	18
R		selenium sulfide	22
ramipril	7	SELZENTRY.....	2

SENSIPAR.....	7	SYMBICORT.....	11
SEREVENT DISKUS.....	11	SYMLINPEN.....	6
SEROQUEL XR.....	14	SYNAREL – Benefit Limits may apply.....	5
SEROSTIM.....	7	SYNTHROID.....	6
sertraline	14	T	
sildenafil	10	TABLOID.....	4
SILENOR.....	15	TACLONEX/SCALP.....	22
silver sulfadiazine	22	tacrolimus	23
SIMCOR.....	9	TAMIFLU.....	3
SIMPONI.....	17	tamoxifen	4
simvastatin	9	tamsulosin	13
SKLICE.....	22	TARCEVA.....	4
sodium citrate/citric acid	13	TARGRETIN caps.....	4
sodium fluoride	19	TARGRETIN gel.....	23
sodium fluoride	21	TARKA.....	8
sodium polystyrene sulfonate	23	TASIGNA.....	4
SOLARAZE.....	22	TAZORAC.....	21
SOLODYN.....	1	TEGRETOL.....	18
SOMATULINE DEPOT.....	7	TEGRETOL-XR.....	18
SOMAVERT.....	7	TEKAMLO.....	10
SORIATANE.....	22	TEKTURN/HCT.....	10
sotalol	10	temazepam	15
SPECTRACEF.....	1	TEMODAR.....	4
SPIRIVA HANDIHALER.....	11	terazosin	10
spironolactone	9	terbinafine	1
spironolactone/hydrochlorothiazide	9	terbutaline	11
SPRIX.....	17	terconazole	13
SPRYCEL.....	4	TESTIM.....	4
STALEVO.....	18	testosterone cypionate	4
stavudine	2	testosterone enanthate	4
STAVZOR.....	18	TESTRED.....	4
STAXYN – Benefit Limits may apply.....	10	TEST STRIPS – BAYER ASCENSIA AUTODISC, BREEZE 2, CONTOUR, CONTOUR NEXT.....	23
STIMATE.....	7	TEST STRIPS – LIFESCAN ONETOUCH BASIC/ PROFILE, FASTTAKE, SURESTEP, ULTRA BLUE, VERIO, VERIO IQ.....	23
STIVARGA.....	4	TEST STRIPS – other than Bayer, Lifescan.....	23
STRATTERA.....	15	tetracycline	1
STRIANT.....	4	TEVETEN/HCT.....	8
STRIBILD.....	2	TEV-TROPIN.....	7
SUBOXONE.....	16	THALOMID.....	23
SUBSYS.....	16	THEO-24.....	11
SUCRAID.....	12	theophylline ext-release	11
sucrafate	12	thiothixene	14
sulfacetamide sodium/prednisolone eye soln	20	THYROGEN.....	23
sulfacetamide sodium/sulfur	21	THYROLAR.....	6
sulfacetamide sodium eye oint, soln	19	tiagabine	18
sulfamethoxazole/trimethoprim	3	TIKOSYN.....	10
sulfasalazine	13	timolol maleate eye soln	20
sulfasalazine delayed-release	13	TIROSINT.....	6
sulindac	17	tizanidine	18
sumatriptan	17	TOBI.....	1
SUMAVEL DOSEPRO.....	17	TOBRADEX oint.....	20
SUPRAX chew tabs.....	1	TOBRADEX ST susp.....	20
SUPRAX susp, tabs.....	1	tobramycin/dexamethasone eye susp	20
SUPREP.....	11		
SUSTIVA.....	2		
SUTENT.....	4		
SYLATRON.....	4		

tobramycin eye soln.	19	vancomycin caps.	3
tolterodine.	13	VANOS.....	22
topiramate.	18	VANOXIDE-HC.....	21
torsemide.	9	VECTICAL.....	21
TOVIAZ.....	13	VELTIN.....	21
TRACLEER.....	10	venlafaxine.	14
TRADJENTA.....	6	venlafaxine ext-release caps.	14
tramadol.	16	venlafaxine ext-release tabs.	14
tramadol/acetaminophen.	16	VENTOLIN HFA.....	11
trandolapril.	7	VERAMYST.....	10
TRANSDERM-SCOP.....	12	verapamil.	8
tranylcypromine.	14	verapamil ext-release.	8
TRAVATAN Z.....	20	VERDESO.....	22
trazodone.	14	VEREGEN.....	23
tretinoin.	21	VESICARE.....	13
tretinoin caps.	4	VFEND.....	1
TRETIN-X.....	21	VIAGRA – Benefit Limits may apply.....	10
TREXALL.....	4	VICTOZA.....	6
TREXIMET.....	17	VICTRELIS.....	2
triamcinolone.	10	VIDAZA.....	4
triamcinolone dental paste.	21	VIDEX.....	2
triamcinolone topical.	22	VIDEX EC.....	2
triamterene/hydrochlorothiazide.	9	VIGAMOX.....	19
TRIBENZOR.....	8	VIIBRYD.....	14
trifluoperazine.	14	VIMOVO.....	17
trifluridine eye soln.	19	VIMPAT.....	18
TRIGLIDE.....	9	VIOKACE.....	12
trihexyphenidyl.	18	VIRACEPT.....	2
TRILIPIX.....	9	VIRAMUNE susp.....	2
trimethobenzamide.	12	VIRAMUNE tabs.....	2
trimethoprim.	3	VIRAMUNE XR.....	2
TRIZIVIR.....	2	VIRAZOLE.....	3
tropicamide eye soln.	20	VIREAD.....	2
trospium ext-release.	13	VISICOL.....	11
TRUVADA.....	2	VIVELLE-DOT.....	5
TUDORZA PRESSAIR.....	11	VOLTAREN gel.....	22
TWINJECT.....	10	voriconazole.	1
TWYNSTA.....	8	VOTRIENT.....	4
TYKERB.....	4	VUSION.....	22
TYZEKA.....	2	VYTORIN.....	9
U		VYVANSE.....	15
UCERIS.....	4	W	
ULESFIA.....	23	warfarin.	19
ULORIC.....	17	WELCHOL.....	9
ULTRESA.....	12	X	
ursodiol.	13	XALKORI.....	4
V		XARELTO.....	19
VAGIFEM.....	13	XELJANZ.....	17
valacyclovir.	2	XELODA.....	4
VALCYTE.....	2	XENAZINE.....	16
valproic acid.	18	XERESE.....	22
valsartan/hydrochlorothiazide.	8	XIFAXAN.....	3
VALSTAR.....	4	XOLEGEL.....	22
VALTURNA.....	10	XOPENEX/HFA.....	11

XTANDI.....	4
XYREM.....	16
Y	
YAZ.....	5
Z	
zafirlukast	11
zaleplon – Benefit Limits may apply	15
ZANTAC, 150 mg is not covered.....	12
ZAVESCA.....	19
ZEGERID packets.....	12
ZELAPAR.....	18
ZELBORAF.....	4
ZEMPLAR.....	7
ZENPEP.....	12
ZERIT caps.....	2
ZERIT soln.....	2
ZETIA.....	9
ZETONNA.....	10
ZIAGEN soln.....	2
ZIANA.....	21
zidovudine	2
ZIOPTAN.....	20
ziprasidone	14
ZIPSOR.....	17
ZMAX.....	1
ZOLINZA.....	4
zolpidem – Benefit Limits may apply	15
zolpidem ext-release – Benefit Limits may apply	15
ZOLPIMIST.....	15
ZOMIG/ZMT.....	17
zonisamide	18
ZORBTIVE.....	7
ZORTRESS.....	23
ZOVIRAX.....	22
ZUPLENZ.....	12
ZYCLARA.....	23
ZYFLO CR.....	11
ZYLET.....	20
ZYMAR.....	19
ZYMAXID.....	19
ZYPREXA/ZYDIS.....	14
ZYTIGA.....	4
ZYVOX.....	3

Non-Discrimination and Accessibility Notice

Discrimination is Against the Law

- Blue Cross and Blue Shield of North Carolina (“BCBSNC”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- BCBSNC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

BCBSNC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, contact Customer Service **1-888-206-4697**, TTY and TDD, call **1-800-442-7028**.
- If you believe that BCBSNC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:
 - BCBSNC, PO Box 2291, Durham, NC 27702, Attention: Civil Rights Coordinator- Privacy, Ethics & Corporate Policy Office, Telephone **919-765-1663**, Fax **919-287-5613**, TTY **1-888-291-1783** civilrightscordinator@bcbsnc.com
- You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator - Privacy, Ethics & Corporate Policy Office is available to help you.
- You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 **1-800-368-1019**, **800-537-7697** (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- This Notice and/or attachments may have important information about your application or coverage through BCBSNC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call Customer Service **1-888-206-4697**.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-206-4697 (TTY: 1-800-442-7028).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-206-4697 (TTY: 1-800-442-7028).

注意: 如果您講廣東話或普通話, 您可以免費獲得語言援助服務。請致電 1-888-206-4697 (TTY : 1-800-442-7028)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-206-4697 (TTY: 1-800-442-7028).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-206-4697 (TTY: 1-800-442-7028)번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-206-4697 (ATS : 1-800-442-7028).

ملحوظة: إذا كنت تتحدث لغة غيريومية فإن خدمات المساعدين لغويين متوفرة لك مجاناً. اتصل بالرقم 1-888-206-4697. الرقم المكتوب: 1-800-442-7028.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-206-4697 (TTY: 1-800-442-7028).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-206-4697 (телетайп: 1-800-442-7028).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-206-4697 (TTY: 1-800-442-7028).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:સુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-206-4697 (TTY: 1-800-442-7028).

ចំណាំ: ប្រសិនបើលោកអ្នកនិយាយជាភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនសម្រាប់លោកអ្នកដោយមិនគិតថ្លៃ។ សូមទំនាក់ទំនងតាមរយៈលេខ: 1-888-206-4697 (TTY: 1-800-442-7028)។

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-206-4697 (TTY: 1-800-442-7028).

ध्यान दें: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-206-4697 (TTY: 1-800-442-7028) पर कॉल करें।

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-206-4697 (TTY: 1-800-442-7028).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-206-4697 (TTY: 1-800-442-7028) まで、お電話にてご連絡ください。