

Health Options Program

Abridged Gold5 Prescription Drug Formulary for the Value Medicare Rx Option *(Partial List of Covered Drugs)*

2020

PLEASE READ: THIS DOCUMENT CONTAINS
INFORMATION ABOUT SOME OF THE DRUGS
WE COVER IN THIS PLAN.

This Abridged Gold5 Prescription Drug Formulary for the Value Medicare Rx Option (PDP) was updated on August 7, 2019. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please call the HOP Administration Unit at 1-800-773-7725, or for TTY users, 1-800-498-5428, 8 a.m. to 8 p.m. EST, Monday - Friday, or visit www.HOPbenefits.com.

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

When this drug list (formulary) refers to "we," "us," or "our," it means the Health Options Program, which is sponsored by the Pennsylvania Public School Employees' Retirement System. When it refers to "plan" or "our plan," it means the Value Medicare Rx Option.

This document includes a partial list of the drugs (formulary) for the plan, which is current as of August 7, 2019. For a complete, updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

What is the Value Medicare Rx Option Abridged Formulary?

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

This document is a partial formulary and includes only some of the drugs covered by the Value Medicare Rx Option. For a complete listing of all prescription drugs covered by the Value Medicare Rx Option, please visit our website at www.HOPbenefits.com or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Please note that this formulary covers the Value Medicare Rx Option only. If you have coverage through the Enhanced or Basic Medicare Rx Option or a Medicare Advantage plan through the Health Options Program, you will have to contact the HOP Administration Unit or the Medicare Advantage plan directly for a copy of the formulary for your prescription drug plan.

Can the formulary (drug list) change?

Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except when a new, less expensive drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We must follow Medicare rules in making these changes. Below are changes to the drug list that will also affect members currently taking a drug:

- **New Generic Drugs.** We may immediately remove a brand-name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find

information in the section below entitled "How do I request an exception to the Value Medicare Rx Option Formulary?"

- **Drugs Removed From the Market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other Changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section entitled "How do I request an exception to the Value Medicare Rx Option Formulary?"

The enclosed formulary is current as of August 7, 2019. To get updated information about the drugs covered by the Value Medicare Rx Option, please contact us. Our contact information appears on the front and back cover pages. In the event of midyear formulary changes, a revised Comprehensive Formulary for the Value Medicare Rx Option will be posted to www.HOPbenefits.com.

How do I use the formulary?

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

- **Medical Condition**

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

- **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 22. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

The Value Medicare Rx Option covers both brand-name drugs and generic drugs. A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization (PA):** The Value Medicare Rx Option requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from the Value Medicare Rx Option before you fill your prescriptions. If you don't get approval, the Value Medicare Rx Option may not cover the drug.

- **Quantity Limits (QL):** For certain drugs, the Value Medicare Rx Option limits the amount of the drug that will be covered. For example, the Value Medicare Rx Option covers 30 pills per 30 days for Crestor. If your prescription is for more, OptumRx will contact your doctor to determine whether more than one per day will be covered. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** In some cases, the Value Medicare Rx Option requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, the Value Medicare Rx Option may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask the Value Medicare Rx Option to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section “How do I request an exception to the Value Medicare Rx Option Formulary?” on page iv, for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact OptumRx and ask if your drug is covered. This document includes only a partial list of covered drugs, so the Value Medicare Rx Option may cover your drug. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that the Value Medicare Rx Option does not cover your drug, you have two options:

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

How do I request an exception to the Value Medicare Rx Option Formulary?

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

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

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

You should contact us to ask for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you**

request a formulary, tiering, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum of a 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

Emergency transitions and level of care changes

You may have a change in your treatment setting due to the level of care you require. Such transitions may include if you are:

- Admitted to a long-term care facility following an inpatient hospital stay.
- Discharged from a hospital or skilled nursing facility to a home setting.
- Admitted to a hospital or skilled nursing facility from a home setting.
- Transferred from one skilled nursing facility to another and that new facility is serviced by a different pharmacy.
- Discharged from a skilled nursing facility Medicare Part A stay, where payments include all pharmacy charges, and you now need to use your Part D plan benefit.
- Reverted back to standard Medicare Part A and B coverage after giving up hospice status.

This transition policy applies to drugs that are covered under the Value Medicare Rx Option and filled at a network pharmacy.

For More Information

For more detailed information about the Value Medicare Rx Option's prescription drug coverage, please review your *Evidence of Coverage for the Value Medicare Rx Option* and other plan materials. If you have questions about the Value Medicare Rx Option, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or visit <https://www.medicare.gov>.

Value Medicare Rx Option Abridged Prescription Drug Formulary

The abridged formulary that begins on page 1 provides coverage information about some of the drugs covered by the Value Medicare Rx Option.

If you have trouble finding your drug in the list, turn to the Index that begins on page 22.

Remember: This is only a partial listing of drugs covered by the Value Medicare Rx Option. If your prescription is not in this partial formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIDODERM) and generic drugs are listed in lowercase italics (e.g., *meloxicam*).

The information in the Requirements/Limits column tells you if the Value Medicare Rx Option has any special requirements for coverage of your drug.

WHAT THE ABBREVIATIONS MEAN

B/D: This prescription drug has a **Part B versus D administrative prior authorization requirement**. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

NDS: Non-Extended Day Supply. This prescription drug is not available for an extended day's supply under the Value Medicare Rx Option.

PA: Prior Authorization. You or your physician need to get approval from the Value Medicare Rx Option before you fill this prescription. If you don't get approval, the Value Medicare Rx Option may not cover the drug. See page iii for more information.

QL: Quantity Limit. The Value Medicare Rx Option limits the amount of this drug that will be covered. See page iii for more information.

ST: Step Therapy. The Value Medicare Rx Option requires you to first try another drug to treat your medical condition before we will cover this one for that condition. See page iii for more information.

2020 Abridged Gold5 Prescription Drug Formulary

DEDUCTIBLE

- In general, you must pay the annual deductible of \$435 before the Value Medicare Rx Option pays any portion of your prescription drug costs.

PREFERRED GENERIC DRUGS (TIER 1)

- In Initial Coverage, you'll pay a maximum of \$2 for up to a 30-day supply (and a maximum of up to \$6 for a 31- to 90-day supply) of preferred generic drugs without having to satisfy the annual deductible.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, you'll pay the greater of \$3.60 or 5%.

GENERIC DRUGS (TIER 2)

- In Initial Coverage, you'll pay 25% of the cost after you satisfy the annual deductible.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, you'll pay the greater of \$3.60 or 5%.

PREFERRED BRAND-NAME DRUGS

(TIER 3)

- In Initial Coverage, you'll pay 25% of the cost after you satisfy the annual deductible.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, you'll pay the greater of \$8.95 or 5%.

NON-PREFERRED BRAND-NAME DRUGS (TIER 4)

- In Initial Coverage, you'll pay 25% of the cost after you satisfy the annual deductible.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, you'll pay the greater of \$8.95 or 5%.

SPECIALTY DRUGS (TIER 5)

- In Initial Coverage, you'll pay 25% of the cost after you satisfy the annual deductible.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, you'll pay the greater of \$3.60 or 5% for a **generic** prescription; you'll pay the greater of \$8.95 or 5% for a **brand** prescription.
- Specialty drugs are limited to a 30-day supply.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics		
butalbital/acetaminophen/caffeine caps 325mg; 50mg; 40mg	4	PA
butalbital/acetaminophen tabs 300mg; 50mg	4	PA
Nonsteroidal Anti-inflammatory Drugs		
celecoxib caps	2	QL (60 EA per 30 days)
diclofenac sodium dr	4	
diclofenac sodium gel 1%	2	QL (1000 GM per 30 days)
ibuprofen tabs 400mg, 600mg, 800mg	1	
ibu tabs 600mg, 800mg	1	
meloxicam tabs	1	
naproxen tabs	1	
Opioid Analgesics, Long-acting		
EMBEDA	3	NDS
fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 75mcg/hr	4	NDS
fentanyl pt72 62.5mcg/hr, 87.5mcg/hr	5	NDS
methadone hcl tabs	2	NDS
morphine sulfate er tbcr	2	NDS
XTAMPZA ER	3	ST NDS
Opioid Analgesics, Short-acting		
acetaminophen/codeine tabs	2	NDS
endocet tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg	2	NDS
hydrocodone bitartrate/acetaminophen tabs 300mg; 5mg, 300mg; 7.5mg	2	NDS
hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg	4	NDS
hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg	2	NDS
lorcet	2	NDS
lorcet hd	2	NDS
lorcet plus tabs 325mg; 7.5mg	2	NDS
morphine sulfate tabs	2	NDS
oxycodone hcl tabs 10mg, 20mg, 30mg, 5mg	2	NDS
oxycodone hydrochloride tabs 15mg	2	NDS
oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	2	NDS
PRIMLEV TABS 300MG; 5MG, 300MG; 7.5MG	4	NDS
PRIMLEV TABS 300MG; 10MG	5	NDS
tramadol hcl tabs	1	NDS
tramadol hydrochloride/acetaminophen	2	NDS
vicodin es tabs 300mg; 7.5mg	2	NDS
vicodin hp tabs 300mg; 10mg	4	NDS
vicodin tabs 300mg; 5mg	2	NDS
Anesthetics		
Local Anesthetics		
lidocaine hcl jelly	2	QL (30 ML per 30 days) PA
lidocaine ptch	4	PA
lidocaine oint	4	QL (150 GM per 30 days) PA
Anti-Addiction/Substance Abuse Treatment Agents		

Drug Name	Drug Tier	Requirements/Limits
Opioid Dependence Treatments		
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	4	QL (60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	4	QL (90 EA per 30 days)
<i>naltrexone hcl tabs</i>	2	
SUBOXONE FILM 12MG; 3MG, 4MG; 1MG	4	QL (60 EA per 30 days)
SUBOXONE FILM 2MG; 0.5MG	4	QL (90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl inj 0.4mg/ml</i>	2	
NARCAN LIQD	3	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	3	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK	3	QL (504 EA per 365 days)
CHANTIX TABS 0.5MG, 1MG	3	QL (504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>tobramycin sulfate inj 10mg/ml, 80mg/2ml</i>	2	
Antibacterials, Other		
<i>clindamycin hcl caps 300mg, 75mg</i>	2	
<i>clindamycin hydrochloride caps 150mg</i>	2	
<i>methenamine hippurate</i>	2	
<i>metronidazole tabs</i>	2	
<i>mupirocin oint</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
XIFAXAN	5	PA
Beta-lactam, Cephalosporins		
<i>cefdinir caps</i>	2	
<i>cefuroxime axetil tabs</i>	2	
<i>cephalexin caps</i>	1	
SUPRAX CAPS, CHEW	3	
Beta-lactam, Other		
<i>imipenem/cilastatin</i>	2	
<i>meropenem</i>	2	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium tabs</i>	1	
<i>amoxicillin caps, tabs</i>	1	
<i>penicillin v potassium tabs</i>	1	
Macrolides		
<i>azithromycin tabs</i>	1	
<i>erythromycin oint</i>	1	
Quinolones		
BESIVANCE	4	
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs</i>	1	
<i>levofloxacin tabs</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hydrochloride soln</i>	2	
<i>ofloxacin soln</i>	2	
Sulfonamides		
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tabs</i>	1	
Tetracyclines		
<i>doxycycline hyclate caps</i>	2	
<i>doxycycline hyclate tabs 100mg, 20mg, 75mg</i>	2	
<i>doxycycline hyclate tabs 150mg</i>	4	
<i>doxycycline monohydrate caps</i>	2	
<i>mondoxyne nl caps 100mg, 75mg</i>	2	
<i>morgidox 1x50mg</i>	2	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLN, TABS	5	PA
FYCOMPA SUSP	4	
FYCOMPA TABS 2MG, 8MG	4	
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG	5	
<i>levetiracetam tabs</i>	1	
<i>roweepra</i>	1	
Calcium Channel Modifying Agents		
LYRICA SOLN	3	QL (900 ML per 30 days)
LYRICA CAPS 300MG	3	QL (60 EA per 30 days)
LYRICA CAPS 100MG, 150MG, 200MG, 225MG, 25MG, 50MG, 75MG	3	QL (90 EA per 30 days)
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clonazepam tabs 2mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium csdr</i>	2	
<i>gabapentin caps 400mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin caps 100mg, 300mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin tabs 800mg</i>	2	QL (150 EA per 30 days)
<i>gabapentin tabs 600mg</i>	2	QL (180 EA per 30 days)
<i>primidone tabs</i>	2	
Glutamate Reducing Agents		
<i>lamotrigine tabs</i>	1	
<i>topiramate tabs</i>	1	
Sodium Channel Agents		
<i>carbamazepine tabs</i>	2	
DILANTIN CAPS 30MG	4	
<i>epitol</i>	2	
<i>oxcarbazepine tabs</i>	2	
<i>phenytoin sodium extended</i>	2	
VIMPAT SOLN	4	
VIMPAT TABS 50MG	4	
VIMPAT TABS 100MG, 150MG, 200MG	5	
Antidementia Agents		

Drug Name	Drug Tier	Requirements/Limits
Antidementia Agents, Other		
<i>ergoloid mesylates tabs</i>	2	
Cholinesterase Inhibitors		
<i>donepezil hcl tabs 10mg, 5mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl</i>	2	
<i>memantine hcl titration pak</i>	4	
<i>memantine hydrochloride er</i>	4	QL (30 EA per 30 days)
Antidepressants		
Antidepressants, Other		
<i>bupropion hydrochloride er (sr) tb12 150mg, 200mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tb12 100mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tb24 300mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tb24 150mg</i>	2	QL (90 EA per 30 days)
<i>mirtazapine tabs</i>	2	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide tabs</i>	1	
<i>duloxetine hcl cpep 20mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hcl cpep 40mg</i>	2	QL (90 EA per 30 days)
<i>duloxetine hydrochloride cpep 60mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	2	QL (90 EA per 30 days)
<i>escitalopram oxalate tabs</i>	1	
<i>fluoxetine hcl caps 20mg, 40mg</i>	1	
<i>fluoxetine hydrochloride caps 10mg</i>	1	
<i>paroxetine hcl tabs 10mg, 30mg, 40mg</i>	4	
<i>paroxetine hydrochloride tabs 20mg</i>	4	
<i>sertraline hcl tabs 25mg, 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg</i>	1	
<i>trazodone hydrochloride</i>	2	
TRINTELLIX	4	QL (30 EA per 30 days)
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er cp24</i>	2	
VIIBRYD STARTER PACK	4	QL (60 EA per 365 days)
VIIBRYD TABS	4	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	4	PA
<i>amitriptyline hydrochloride tabs 10mg, 50mg</i>	4	PA
<i>nortriptyline hcl caps</i>	2	
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl tabs</i>	4	
<i>prochlorperazine maleate tabs</i>	1	
<i>promethazine hcl tabs 12.5mg</i>	4	PA
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	4	PA
Emetogenic Therapy Adjuncts		
<i>granisetron hcl tabs</i>	2	QL (30 EA per 30 days) B/D
<i>ondansetron hcl tabs 24mg</i>	2	QL (14 EA per 28 days) B/D

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hydrochloride tabs</i>	1	B/D
<i>ondansetron odt</i>	1	B/D
Antifungals		
Antifungals		
<i>ciclopirox nail lacquer</i>	2	PA
<i>clotrimazole/betamethasone dipropionate crea</i>	1	
<i>fluconazole tabs</i>	2	
JUBLIA	4	
<i>ketoconazole sham</i>	1	
<i>ketoconazole crea</i>	2	
NAFTIN GEL	4	
<i>nyamyc</i>	2	
<i>nystatin crea, susp</i>	1	
<i>nystatin powd</i>	2	
<i>nystop</i>	2	
<i>terbinafine hcl tabs</i>	1	QL (84 EA per 180 days)
Antigout Agents		
Antigout Agents		
<i>allopurinol tabs</i>	1	
COLCHICINE CAPS	3	
COLCHICINE TABS 0.6MG	3	
Antimigraine Agents		
Prophylactic		
AIMOVIG INJ 140MG/ML	4	QL (1 ML per 30 days) PA
AIMOVIG INJ 70MG/ML	4	QL (2 ML per 30 days) PA
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	2	
Serotonin (5-HT) 1b/1d Receptor Agonists		
<i>rizatriptan benzoate</i>	2	QL (18 EA per 30 days)
<i>sumatriptan succinate tabs</i>	1	QL (9 EA per 30 days)
<i>zolmitriptan odt tbdp 2.5mg</i>	2	QL (12 EA per 30 days)
<i>zolmitriptan odt tbdp 5mg</i>	2	QL (9 EA per 30 days)
<i>zolmitriptan tabs</i>	2	QL (12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL	4	
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide tabs 60mg</i>	2	
Antimycobacterials		
Antituberculars		
<i>ethambutol hcl tabs 100mg</i>	2	
<i>ethambutol hydrochloride</i>	2	
<i>isoniazid tabs</i>	1	
<i>pyrazinamide tabs</i>	2	
Antineoplastics		
Alkylating Agents		
CYCLOPHOSPHAMIDE CAPS	2	B/D
Antiandrogens		
<i>bicalutamide</i>	2	
XTANDI	5	PA

Drug Name	Drug Tier	Requirements/Limits
Antiangiogenic Agents		
POMALYST	5	PA
REVLIMID	5	PA
Antiestrogens/Modifiers		
<i>tamoxifen citrate tabs</i>	2	
Antimetabolites		
<i>fluorouracil crea 5%</i>	2	
<i>fluorouracil crea 0.5%</i>	5	
<i>hydroxyurea caps</i>	2	
Antineoplastics, Other		
COPIKTRA	5	PA
VITRAKVI	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs</i>	1	
<i>letrozole</i>	1	
Molecular Target Inhibitors		
SPRYCEL	5	PA
TASIGNA CAPS 150MG, 50MG	5	PA
Retinoids		
TARGRETIN GEL	5	PA
<i>tretinoin</i>	5	
Antiparasitics		
Antiprotozoals		
DARAPRIM	5	PA
<i>hydroxychloroquine sulfate tabs</i>	2	
Pediculicides/Scabicides		
<i>permethrin crea</i>	2	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tabs</i>	2	
<i>trihexyphenidyl hydrochloride</i>	4	
Antiparkinson Agents, Other		
<i>entacapone</i>	2	
<i>tolcapone</i>	5	
Dopamine Agonists		
APOKYN INJ 30MG/3ML	5	QL (90 ML per 30 days) PA
NEUPRO	4	ST
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole hcl</i>	2	
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tabs</i>	4	
<i>selegiline hcl caps, tabs</i>	2	
Antipsychotics		
1st Generation/Typical		
<i>haloperidol tabs</i>	2	
<i>perphenazine tabs 2mg, 4mg, 8mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
<i>aripiprazole tabs</i>	4	QL (30 EA per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
INVEGA SUSTENNA INJ 39MG/0.25ML	4	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days)
LATUDA TABS 80MG	5	QL (60 EA per 30 days)
<i>olanzapine tabs</i>	1	QL (30 EA per 30 days)
PERSERIS	5	PA
<i>quetiapine fumarate tabs 300mg, 400mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 100mg, 200mg, 25mg, 50mg</i>	2	QL (90 EA per 30 days)
REXULTI	5	QL (30 EA per 30 days)
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	
<i>risperidone tabs</i>	1	QL (60 EA per 30 days)
SAPHRIS	5	QL (60 EA per 30 days)
VRAYLAR CPPK	4	QL (14 EA per 365 days) ST
VRAYLAR CAPS	5	QL (30 EA per 30 days) ST
Treatment-Resistant		
<i>clozapine odt tbdp 150mg</i>	4	QL (180 EA per 30 days)
<i>clozapine odt tbdp 100mg, 25mg</i>	4	QL (270 EA per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	4	QL (90 EA per 30 days)
<i>clozapine odt tbdp 200mg</i>	5	QL (120 EA per 30 days)
<i>clozapine tabs 200mg</i>	2	QL (120 EA per 30 days)
<i>clozapine tabs 50mg</i>	2	QL (180 EA per 30 days)
<i>clozapine tabs 100mg, 25mg</i>	2	QL (270 EA per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs</i>	2	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
ZIRGAN	4	
Anti-hepatitis B (HBV) Agents		
<i>entecavir</i>	4	QL (30 EA per 30 days)
<i>lamivudine</i>	2	
Anti-hepatitis C (HCV) Agents, Direct Acting Agents		
EPCLUSA	5	QL (84 EA per 365 days) PA
HARVONI	5	QL (168 EA per 365 days) PA
LEDIPASVIR/SOFOSBUVIR	5	QL (168 EA per 365 days) PA
MAVYRET	5	QL (336 EA per 365 days) PA
SOFOSBUVIR/VELPATASVIR	5	QL (84 EA per 365 days) PA
VOSEVI	5	QL (84 EA per 365 days) PA
Anti-hepatitis C (HCV) Agents, Other		

Drug Name	Drug Tier	Requirements/Limits
PEGASYS PROCLICK INJ 180MCG/0.5ML	5	PA
<i>ribasphere caps</i>	2	
<i>ribasphere tabs 600mg</i>	5	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
ISENTRESS CHEW 25MG	3	
ISENTRESS CHEW 100MG	5	
ISENTRESS PACK 100MG	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
<i>efavirenz caps 50mg</i>	2	
<i>efavirenz caps 200mg</i>	5	
<i>nevirapine</i>	2	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>stavudine caps</i>	2	
<i>zidovudine syrp, tabs</i>	2	
Anti-HIV Agents, Other		
ISENTRESS HD	5	
ISENTRESS TABS 400MG	5	
SELZENTRY SOLN	5	
SELZENTRY TABS 25MG	4	
SELZENTRY TABS 150MG, 300MG, 75MG	5	
Anti-HIV Agents, Protease Inhibitors		
CRIXIVAN CAPS 200MG, 400MG	3	
<i>lopinavir/ritonavir</i>	5	
Anti-influenza Agents		
<i>oseltamivir phosphate caps 75mg</i>	2	QL (110 EA per 365 days)
<i>oseltamivir phosphate caps 30mg</i>	2	QL (168 EA per 365 days)
<i>oseltamivir phosphate caps 45mg</i>	2	QL (84 EA per 365 days)
Antiherpetic Agents		
<i>acyclovir tabs</i>	1	
<i>valacyclovir hcl tabs 1gm</i>	2	QL (120 EA per 30 days)
<i>valacyclovir hydrochloride tabs 500mg</i>	2	QL (120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs 15mg, 30mg</i>	1	
<i>bupirone hydrochloride tabs 10mg, 5mg, 7.5mg</i>	1	
<i>meprobamate</i>	4	
Benzodiazepines		
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) PA
<i>alprazolam tabs 2mg</i>	1	QL (150 EA per 30 days) PA
<i>diazepam tabs 10mg</i>	1	QL (120 EA per 30 days)
<i>diazepam tabs 5mg</i>	1	QL (240 EA per 30 days)
<i>diazepam tabs 2mg</i>	1	QL (300 EA per 30 days)
<i>lorazepam tabs 2mg</i>	1	QL (150 EA per 30 days) PA
<i>lorazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) PA
<i>temazepam caps 15mg, 30mg</i>	2	QL (30 EA per 30 days) PA
<i>temazepam caps 22.5mg, 7.5mg</i>	4	QL (30 EA per 30 days) PA
Bipolar Agents		

Drug Name	Drug Tier	Requirements/Limits
Mood Stabilizers		
EQUETRO	4	
<i>lithium carbonate caps, tabs</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide tabs</i>	1	
GLYXAMBI	3	ST
INVOKAMET	3	ST
INVOKAMET XR	3	ST
INVOKANA	3	ST
JANUMET	3	ST
JANUMET XR	3	ST
JANUVIA	3	ST
JARDIANCE	3	ST
JENTADUETO	3	ST
JENTADUETO XR	3	ST
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride tabs</i>	1	
<i>pioglitazone hcl tabs 45mg</i>	1	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	
SYNJARDY	3	ST
SYNJARDY XR	3	ST
TRADJENTA	3	ST
TRULICITY	3	QL (2 ML per 28 days) ST
VICTOZA	3	QL (9 ML per 30 days) ST
Insulins		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
INSULIN LISPRO	3	
INSULIN LISPRO KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N	3	
NOVOLIN R	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG PENFILL	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	

Blood Products/Modifiers/Volume Expanders

Anticoagulants

ELIQUIS STARTER PACK	3	QL (148 EA per 365 days)
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL (90 EA per 30 days)
FRAGMIN INJ 2500UNIT/0.2ML, 5000UNIT/0.2ML	4	QL (7 ML per 90 days)
FRAGMIN INJ 7500UNIT/0.3ML	5	QL (10.5 ML per 90 days)
FRAGMIN INJ 12500UNIT/0.5ML	5	QL (17.5 ML per 90 days)
FRAGMIN INJ 15000UNIT/0.6ML	5	QL (21 ML per 90 days)
FRAGMIN INJ 95000UNIT/3.8ML	5	QL (22.8 ML per 90 days)
FRAGMIN INJ 18000UNIT/0.72ML	5	QL (25.3 ML per 90 days)
FRAGMIN INJ 10000UNIT/ML	5	QL (35 ML per 90 days)
<i>jantoven</i>	1	
PRADAXA	4	QL (60 EA per 30 days)
<i>warfarin sodium tabs</i>	1	
XARELTO STARTER PACK	3	QL (102 EA per 365 days)
XARELTO TABS 10MG, 20MG	3	QL (30 EA per 30 days)
XARELTO TABS 15MG, 2.5MG	3	QL (60 EA per 30 days)

Blood Formation Modifiers

ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML	4	PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML, 60MCG/ML	5	PA
NEULASTA	5	PA
NEUPOGEN	5	ST
UDENYCA	5	PA
ZARXIO	5	

Hemostasis Agents

RETACRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJ 40000UNIT/ML	5	PA
<i>tranexamic acid tabs</i>	2	

Platelet Modifying Agents

BRILINTA	3	
<i>cilostazol</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel tabs 75mg</i>	1	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl tabs 0.1mg, 0.3mg</i>	1	
<i>clonidine hydrochloride tabs 0.2mg</i>	1	
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
<i>phenoxybenzamine hydrochloride</i>	5	
<i>prazosin hcl caps 1mg, 5mg</i>	2	
<i>prazosin hydrochloride caps 2mg</i>	2	
Angiotensin II Receptor Antagonists		
EDARBI	4	
EDARBYCLOR	4	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil tabs</i>	2	
<i>telmisartan</i>	1	
<i>valsartan</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tabs 20mg</i>	1	
<i>enalapril maleate tabs</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>lisinopril tabs</i>	1	
<i>quinapril hcl tabs 20mg, 40mg, 5mg</i>	1	
<i>quinapril hydrochloride tabs 10mg</i>	1	
<i>ramipril</i>	1	
Antiarrhythmics		
<i>amiodarone hcl tabs 200mg</i>	1	
<i>amiodarone hcl tabs 400mg</i>	2	
<i>amiodarone hydrochloride tabs 100mg</i>	2	
<i>flecainide acetate</i>	2	
MULTAQ	3	
<i>pacerone tabs 200mg</i>	1	
<i>pacerone tabs 100mg, 400mg</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
Beta-adrenergic Blocking Agents		
<i>atenolol tabs</i>	1	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC	3	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tabs</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	1	
<i>propranolol hcl tabs 40mg, 80mg</i>	2	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
Calcium Channel Blocking Agents		
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate tabs</i>	1	
<i>cartia xt</i>	2	
<i>diltiazem hcl er cp24 240mg, 300mg</i>	2	
<i>diltiazem hydrochloride er cp24 120mg, 180mg</i>	2	
<i>nifedipine er</i>	2	
<i>verapamil hcl er tbc</i>	2	
Cardiovascular Agents, Other		
CORLANOR	4	QL (60 EA per 30 days) PA
<i>digitek tabs 0.125mg</i>	2	
<i>digitek tabs 0.25mg</i>	4	
<i>digoxin tabs 125mcg</i>	2	
<i>digoxin tabs 250mcg</i>	4	
<i>digox tabs 125mcg</i>	2	
<i>digox tabs 250mcg</i>	4	
ENTRESTO	3	QL (60 EA per 30 days)
LANOXIN TABS 62.5MCG	4	
<i>ranolazine er</i>	2	
REPATHA	4	QL (3 ML per 28 days) PA
REPATHA PUSHTRONEX SYSTEM	4	QL (3.5 ML per 28 days) PA
REPATHA SURECLICK	4	QL (3 ML per 28 days) PA
Diuretics, Loop		
<i>bumetanide tabs</i>	1	
<i>furosemide tabs</i>	1	
<i>torseamide tabs</i>	1	
Diuretics, Potassium-sparing		
<i>spironolactone tabs</i>	1	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	2	
<i>triamterene/hydrochlorothiazide tabs</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate tabs 54mg</i>	1	
<i>fenofibrate tabs 145mg, 160mg, 40mg, 48mg</i>	2	
<i>fenofibrate tabs 120mg</i>	4	
<i>gemfibrozil tabs</i>	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	
LIVALO	3	ST
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin tabs 10mg, 20mg, 40mg, 5mg</i>	1	
<i>simvastatin tabs 80mg</i>	1	PA
Dyslipidemics, Other		
<i>ezetimibe</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>omega-3-acid ethyl esters</i>	4	
VASCEPA	4	
Vasodilators, Direct-acting Arterial/Venous		
BIDIL	3	
<i>isosorbide mononitrate er</i>	1	
<i>nitroglycerin sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tabs 10mg</i>	1	
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	1	
<i>minoxidil tabs</i>	4	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine tabs</i>	2	QL (90 EA per 30 days) PA
<i>dextroamphetamine sulfate tabs 5mg</i>	2	QL (90 EA per 30 days) PA
<i>dextroamphetamine sulfate tabs 10mg</i>	4	QL (180 EA per 30 days) PA
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	2	QL (60 EA per 30 days) PA
<i>methylphenidate hydrochloride tabs</i>	2	QL (90 EA per 30 days) PA
Central Nervous System, Other		
AUSTEDO	5	QL (120 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	4	PA
INGREZZA CPPK	5	QL (56 EA per 365 days) PA
NUEDEXTA	4	PA
Fibromyalgia Agents		
SAVELLA	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL (110 EA per 365 days)
Multiple Sclerosis Agents		
AMPYRA	5	QL (60 EA per 30 days) PA
AUBAGIO	5	QL (30 EA per 30 days) PA
AVONEX	5	QL (4 EA per 28 days) PA
AVONEX PEN	5	QL (4 EA per 28 days) PA
BETASERON	5	QL (15 EA per 30 days) PA
<i>dalfampridine er</i>	5	QL (60 EA per 30 days) PA
GILENYA CAPS 0.5MG	5	QL (30 EA per 30 days) PA
PLEGRIDY	5	QL (1 ML per 28 days) PA
PLEGRIDY STARTER PACK INJ 0	5	QL (2 ML per 365 days) PA
PLEGRIDY STARTER PACK INJ 0	5	QL (4 ML per 365 days) PA
REBIF	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	5	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA
TECFIDERA	5	QL (60 EA per 30 days) PA
TECFIDERA STARTER PACK	5	QL (120 EA per 365 days) PA
Dental and Oral Agents		
Dental and Oral Agents		
<i>chlorhexidine gluconate soln</i>	1	
Dermatological Agents		
Dermatological Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>ammonium lactate crea</i>	2	
COSENTYX	5	PA
COSENTYX SENSOREADY PEN	5	PA
EUCRISA	4	
FINACEA FOAM	3	
REGRANEX	5	PA
SANTYL	4	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle cpr 8meq</i>	2	
<i>potassium chloride cr tbc 10meq</i>	2	
<i>potassium chloride er cpr</i>	2	
<i>potassium chloride er tbc 10meq, 20meq, 8meq</i>	2	
<i>Electrolyte/Mineral/Metal Modifiers</i>		
DEPEN TITRATABS	5	
veltassa	5	
<i>Phosphate Binders</i>		
AURYXIA	5	PA
<i>calcium acetate caps</i>	2	
<i>sevelamer carbonate tabs</i>	4	
VELPHORO	5	
<i>Vitamins</i>		
RAYALDEE	5	
<i>vp-pnv-dha</i>	2	
Gastrointestinal Agents		
<i>Antispasmodics, Gastrointestinal</i>		
<i>dicyclomine hydrochloride caps, tabs</i>	2	
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	
<i>Gastrointestinal Agents, Other</i>		
<i>diphenoxylate/atropine tabs</i>	2	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride tabs</i>	1	
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>famotidine tabs 20mg, 40mg</i>	1	
<i>ranitidine hcl tabs 150mg, 300mg</i>	1	
<i>ranitidine hydrochloride caps</i>	2	
<i>Irritable Bowel Syndrome Agents</i>		
AMITIZA	3	QL (60 EA per 30 days)
LINZESS	3	QL (30 EA per 30 days)
<i>Laxatives</i>		
CLENPIQ	3	
<i>constulose</i>	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lactulose soln</i>	2	
<i>peg 3350/electrolytes</i>	1	
<i>peg-3350/electrolytes</i>	1	
SUPREP BOWEL PREP KIT	3	
Protectants		
CARAFATE SUSP	4	
<i>misoprostol</i>	2	
<i>sucralfate tabs</i>	2	
Proton Pump Inhibitors		
DEXILANT	4	QL (30 EA per 30 days)
<i>esomeprazole magnesium cpdr 20mg</i>	2	QL (30 EA per 30 days)
<i>esomeprazole magnesium cpdr 40mg</i>	2	QL (60 EA per 30 days)
<i>lansoprazole cpdr</i>	2	QL (30 EA per 30 days)
<i>omeprazole cpdr</i>	1	QL (30 EA per 30 days)
<i>pantoprazole sodium tbec</i>	1	QL (30 EA per 30 days)
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
Antispasmodics, Urinary		
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride tabs</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate er</i>	2	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	2	
<i>dutasteride caps</i>	4	
<i>finasteride tabs 5mg</i>	1	
<i>tamsulosin hydrochloride</i>	2	
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride caps 2mg</i>	1	
Genitourinary Agents, Other		
<i>bethanechol chloride tabs</i>	2	
ELMIRON	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>ala-cort crea 2.5%</i>	1	
<i>clobetasol propionate crea, oint</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
<i>fludrocortisone acetate tabs</i>	2	
<i>hydrocortisone crea 2.5%</i>	1	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>triamcinolone acetonide crea, oint</i>	1	
<i>triderm crea 0.1%</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJ 0.2MG	4	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
HUMATROPE COMBO PACK	5	PA
HUMATROPE INJ 12MG, 24MG, 6MG	5	PA
NORDITROPIN FLEXPRO INJ 10MG/1.5ML, 30MG/3ML, 5MG/1.5ML	5	PA
NUTROPIN AQ NUSPIN 10	5	PA
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ NUSPIN 5	5	PA
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	5	QL (120 EA per 30 days) PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Anabolic Steroids</i>		
ANADROL-50	5	PA
<i>oxandrolone tabs 2.5mg</i>	2	QL (240 EA per 30 days) PA
<i>oxandrolone tabs 10mg</i>	5	QL (60 EA per 30 days) PA
<i>Androgens</i>		
ANDRODERM PT24 2MG/24HR, 4MG/24HR	3	PA
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	PA
<i>Estrogens</i>		
<i>estradiol crea</i>	2	
<i>estradiol tabs 0.5mg</i>	2	
<i>estradiol tabs 1mg, 2mg</i>	4	
PREMARIN CREA	4	
PREMARIN TABS 0.3MG	3	
PREMARIN TABS 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>Progestins</i>		
<i>medroxyprogesterone acetate tabs</i>	1	
<i>Selective Estrogen Receptor Modifying Agents</i>		
OSPHENA	3	QL (30 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
<i>levo-t</i>	4	
<i>levothyroxine sodium tabs</i>	2	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	4	
<i>liothyronine sodium tabs</i>	2	
<i>unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	4	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
ELIGARD INJ 30MG	4	QL (1 EA per 112 days) PA
ELIGARD INJ 7.5MG	4	QL (1 EA per 28 days) PA
ELIGARD INJ 22.5MG	4	QL (1 EA per 84 days) PA
<i>leuprolide acetate inj</i>	5	PA
LUPRON DEPOT (1-MONTH)	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (3-MONTH)	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (4-MONTH)	5	QL (1 EA per 112 days) PA
LUPRON DEPOT (6-MONTH)	5	QL (1 EA per 168 days) PA
ORILISSA TABS 150MG	5	QL (30 EA per 30 days) PA
ORILISSA TABS 200MG	5	QL (60 EA per 30 days) PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	1	
<i>propylthiouracil tabs</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	5	PA
FIRAZYR	5	PA
RUCONEST	5	PA
<i>Immune Suppressants</i>		
AZASAN	4	B/D
<i>azathioprine tabs</i>	2	B/D
ENBREL	5	PA
ENBREL SURECLICK	5	PA
ENVARUSUS XR TB24 0.75MG, 1MG	4	B/D
ENVARUSUS XR TB24 4MG	5	B/D
HUMIRA	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
<i>methotrexate tabs</i>	2	
ORENCIA CLICKJECT	5	QL (4 ML per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJ 125MG/ML	5	PA
RASUVO INJ 7.5MG/0.15ML	4	QL (0.6 ML per 28 days) PA
RASUVO INJ 10MG/0.2ML	4	QL (0.8 ML per 28 days) PA
RASUVO INJ 12.5MG/0.25ML	4	QL (1 ML per 28 days) PA
RASUVO INJ 15MG/0.3ML	4	QL (1.2 ML per 28 days) PA
RASUVO INJ 17.5MG/0.35ML	4	QL (1.4 ML per 28 days) PA
RASUVO INJ 20MG/0.4ML	4	QL (1.6 ML per 28 days) PA
RASUVO INJ 22.5MG/0.45ML	4	QL (1.8 ML per 28 days) PA
RASUVO INJ 25MG/0.5ML	4	QL (2 ML per 28 days) PA
RASUVO INJ 30MG/0.6ML	4	QL (2.4 ML per 28 days) PA
SKYRIZI	5	PA
TREXALL	4	
Immunomodulators		
<i>leflunomide tabs</i>	2	
Vaccines		
ADACEL	3	
BOOSTRIX	3	
SHINGRIX	3	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO	3	
DIPENTUM	5	
Glucocorticoids		
<i>budesonide cpep</i>	4	
<i>colocort</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	2	
Sulfonamides		
<i>sulfasalazine tabs, tbec</i>	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium tabs 10mg, 35mg, 40mg, 5mg</i>	1	
<i>alendronate sodium tabs 70mg</i>	1	QL (4 EA per 28 days)
BINOSTO	4	QL (4 EA per 28 days)
<i>calcitriol caps</i>	2	
<i>cinacalcet hydrochloride tabs 30mg</i>	4	
<i>cinacalcet hydrochloride tabs 60mg, 90mg</i>	5	
FORTEO INJ 600MCG/2.4ML	5	PA
<i>ibandronate sodium tabs</i>	2	QL (1 EA per 28 days)
PROLIA	4	QL (2 ML per 365 days)
TYMLOS	5	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	3	QL (200 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	3	QL (200 EA per 30 days)
Ophthalmic Agents		
<i>Ophthalmic Prostaglandin and Prostanamide Analogs</i>		
<i>bimatoprost</i>	2	QL (5 ML per 30 days)
COMBIGAN	3	
<i>latanoprost soln</i>	1	QL (2.5 ML per 25 days)
LUMIGAN	3	QL (2.5 ML per 25 days)
VYZULTA	4	QL (5 ML per 25 days)
<i>Ophthalmic Agents, Other</i>		
RESTASIS	3	
RHOPRESSA	3	QL (2.5 ML per 25 days) ST
XIIDRA	4	QL (60 EA per 30 days)
<i>Ophthalmic Anti-allergy Agents</i>		
BEPREVE	4	
<i>olopatadine hcl</i>	2	
<i>olopatadine hydrochloride soln 0.2%</i>	2	
PAZEO	3	
<i>Ophthalmic Anti-inflammatories</i>		
ALREX	4	
DUREZOL	3	
ILEVRO	3	QL (6 ML per 30 days)
<i>ketorolac tromethamine</i>	2	
LOTEMAX SM	4	QL (20 GM per 365 days)
LOTEMAX OINT	4	QL (14 GM per 365 days)
PRED MILD	3	
<i>prednisolone acetate</i>	2	
PROLENSA	4	QL (12 ML per 365 days)
TOBRADEX ST	4	
<i>tobramycin/dexamethasone</i>	2	
ZYLET	4	
<i>Ophthalmic Antiglaucoma Agents</i>		
ALPHAGAN P SOLN 0.1%	3	
AZOPT	3	
BETIMOL	4	
<i>brimonidine tartrate</i>	1	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	2	
SIMBRINZA	3	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
<i>timolol maleate soln 0.5%</i>	2	
Otic Agents		
<i>Otic Agents</i>		
CIPRODEX	3	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ASMANEX HFA	4	QL (26 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	4	QL (1 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 30 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	4	QL (1 EA per 30 days)
BREO ELLIPTA	3	QL (60 EA per 30 days)
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days)
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days)
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days)
<i>mometasone furoate</i>	4	QL (34 GM per 30 days)
QVAR REDHALER	3	QL (21.2 GM per 30 days)
Antihistamines		
<i>azelastine hcl soln 0.15%</i>	2	QL (60 ML per 30 days)
<i>azelastine hydrochloride</i>	2	QL (60 ML per 30 days)
DYMISTA	4	QL (23 GM per 30 days)
<i>hydroxyzine hcl tabs 25mg, 50mg</i>	4	PA
<i>hydroxyzine hydrochloride tabs 10mg</i>	4	PA
Antileukotrienes		
<i>montelukast sodium tabs</i>	1	
<i>zafirlukast</i>	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (25.8 GM per 30 days)
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
INCRUSE ELLIPTA	3	QL (30 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	QL (540 ML per 30 days) B/D
<i>ipratropium bromide soln</i>	2	
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	QL (8 GM per 28 days)
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL (8 GM per 30 days)
YUPELRI	5	QL (90 ML per 30 days) B/D
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate nebu 0.5%</i>	2	QL (100 EA per 30 days) B/D
<i>albuterol sulfate nebu 0.63mg/3ml, 1.25mg/3ml</i>	2	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.083%</i>	2	QL (525 ML per 30 days) B/D
EPINEPHRINE INJ 0.15MG/0.3ML, 0.3MG/0.3ML	3	
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
PERFOROMIST	5	QL (120 ML per 30 days) B/D
PROAIR HFA	3	QL (17 GM per 30 days)
PROAIR RESPICLICK	3	QL (2 EA per 30 days)
SEREVENT DISKUS	3	QL (60 EA per 30 days)
Cystic Fibrosis Agents		
TOBI PODHALER	5	QL (224 EA per 56 days)
<i>tobramycin</i>	5	B/D
Mast Cell Stabilizers		
<i>cromolyn sodium nebu</i>	2	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>theophylline cr tb12 100mg, 200mg</i>	2	
<i>theophylline er tb24</i>	2	
Pulmonary Antihypertensives		
OPSUMIT	5	QL (30 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM TBCR 0.125MG	4	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA
UPTRAVI TBPK	5	QL (400 EA per 365 days) PA
<i>Respiratory Tract Agents, Other</i>		
ADVAIR HFA	3	QL (24 GM per 30 days)
ANORO ELLIPTA	3	QL (60 EA per 30 days)
ARALAST NP INJ 1000MG	5	PA
DULERA	4	QL (17.6 GM per 30 days)
<i>fluticasone propionate/salmeterol diskus</i>	3	QL (60 EA per 30 days)
PROLASTIN-C INJ 1000MG	5	PA
STIOLTO RESPIMAT	3	QL (24 GM per 30 days)
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	3	QL (12 GM per 30 days)
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	3	QL (13.8 GM per 30 days)
TRELEGY ELLIPTA	3	QL (60 EA per 30 days)
<i>wixela inhub</i>	3	QL (60 EA per 30 days)
ZEMAIRA	5	PA
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tabs</i>	4	PA
<i>methocarbamol tabs</i>	4	PA
Sleep Disorder Agents		
<i>GABA Receptor Modulators</i>		
<i>zaleplon caps 5mg</i>	4	QL (30 EA per 30 days)
<i>zaleplon caps 10mg</i>	4	QL (60 EA per 30 days)
<i>zolpidem tartrate tabs</i>	3	QL (30 EA per 30 days)
<i>Sleep Disorders, Other</i>		
BELSOMRA	3	QL (30 EA per 30 days)

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<i>doxycycline monohydrate</i>	3
DULERA	21
<i>duloxetine hcl</i>	4
<i>duloxetine hydrochloride</i>	4
DUREZOL	19
<i>dutasteride</i>	15
DYMISTA	20
EDARBI	11
EDARBYCLOR	11
<i>efavirenz</i>	8
ELIGARD	17
ELIQUIS	10
ELIQUIS STARTER PACK	10
ELMIRON	15
EMBEDA	1

Drug Name	Page #
<i>enalapril maleate</i>	11
ENBREL	17
ENBREL SURECLICK	17
<i>endocet</i>	1
<i>entacapone</i>	6
<i>entecavir</i>	7
ENTRESTO	12
ENVARUSUS XR	17
EPCLUSA	7
EPINEPHRINE	20
EPIPEN 2-PAK	20
EPIPEN-JR 2-PAK	20
<i>epitol</i>	3
EQUETRO	9
<i>ergoloid mesylates</i>	4
<i>erythromycin</i>	2
<i>escitalopram oxalate</i>	4
<i>esomeprazole magnesium</i>	15
<i>estradiol</i>	16
<i>ethambutol hcl</i>	5
<i>ethambutol hydrochloride</i>	5
EUCRISA	14
<i>ezetimibe</i>	12
<i>famotidine</i>	14
<i>fenofibrate</i>	12
<i>fentanyl</i>	1
FINACEA	14
<i>finasteride</i>	15
FIRAZYR	17
<i>flecainide acetate</i>	11
FLOVENT DISKUS	20
FLOVENT HFA	20
<i>fluconazole</i>	5
<i>fludrocortisone acetate</i>	16
<i>fluorouracil</i>	6
<i>fluoxetine hcl</i>	4
<i>fluoxetine hydrochloride</i>	4
<i>fluticasone propionate/salmeterol diskus</i>	21
FORTEO	18
FRAGMIN	10
<i>furosemide</i>	12
FYCOMPA	3
<i>gabapentin</i>	3
<i>gavilyte-c</i>	14
<i>gavilyte-g</i>	14
<i>gemfibrozil</i>	12
GENOTROPIN	16
GENOTROPIN MINIQUICK	16
GILENYA	13
<i>glimepiride</i>	9

Drug Name	Page #
<i>glipizide</i>	9
<i>glipizide er</i>	9
<i>glycopyrrolate</i>	14
GLYXAMBI	9
<i>granisetron hcl</i>	4
GUANIDINE HCL	5
<i>haloperidol</i>	6
HARVONI	7
HUMALOG	9
HUMALOG JUNIOR KWIKPEN	9
HUMALOG KWIKPEN	9
HUMALOG MIX 50/50	9
HUMALOG MIX 50/50 KWIKPEN	9
HUMALOG MIX 75/25	9
HUMALOG MIX 75/25 KWIKPEN	9
HUMATROPE	16
HUMATROPE COMBO PACK	16
HUMIRA	17
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	17
HUMIRA PEN	17
HUMIRA PEN-CD/UC/HS STARTER	17
HUMIRA PEN-PS/UV STARTER	17
HUMULIN 70/30	9
HUMULIN 70/30 KWIKPEN	9
HUMULIN N	9
HUMULIN N KWIKPEN	9
HUMULIN R	9
HUMULIN R U-500 (CONCENTRATED)	9
HUMULIN R U-500 KWIKPEN	9
<i>hydralazine hcl</i>	13
<i>hydralazine hydrochloride</i>	13
<i>hydrochlorothiazide</i>	12
<i>hydrocodone bitartrate/acetaminophen</i>	1
<i>hydrocodone/acetaminophen</i>	1
<i>hydrocortisone</i>	16
<i>hydrocortisone</i>	18
<i>hydroxychloroquine sulfate</i>	6
<i>hydroxyurea</i>	6
<i>hydroxyzine hcl</i>	20
<i>hydroxyzine hydrochloride</i>	20
<i>ibandronate sodium</i>	18
<i>ibu</i>	1
<i>ibuprofen</i>	1
ILEVRO	19
<i>imipenem/cilastatin</i>	2
INCRUSE ELLIPTA	20
INGREZZA	13
INSULIN LISPRO	9
INSULIN LISPRO KWIKPEN	9

Drug Name	Page #
INVEGA SUSTENNA	7
INVEGA TRINZA	7
INVOKAMET	9
INVOKAMET XR	9
INVOKANA	9
<i>ipratropium bromide</i>	20
<i>ipratropium bromide/albuterol sulfate</i>	20
<i>irbesartan</i>	11
ISENTRESS	8
ISENTRESS	8
ISENTRESS HD	8
<i>isoniazid</i>	5
<i>isosorbide mononitrate er</i>	13
<i>jantoven</i>	10
JANUMET	9
JANUMET XR	9
JANUVIA	9
JARDIANCE	9
JENTADUETO	9
JENTADUETO XR	9
JUBLIA	5
<i>ketoconazole</i>	5
<i>ketorolac tromethamine</i>	19
<i>klor-con 10</i>	14
<i>klor-con 8</i>	14
<i>klor-con m10</i>	14
<i>klor-con m15</i>	14
<i>klor-con m20</i>	14
<i>klor-con sprinkle</i>	14
KORLYM	16
<i>labetalol hydrochloride</i>	11
<i>lactulose</i>	15
<i>lamivudine</i>	7
<i>lamotrigine</i>	3
LANOXIN	12
<i>lansoprazole</i>	15
LANTUS	9
LANTUS SOLOSTAR	9
<i>latanoprost</i>	19
LATUDA	7
LEDIPASVIR/SOFOSBUVIR	7
<i>leflunomide</i>	18
<i>letrozole</i>	6
<i>leuprolide acetate</i>	17
LEVEMIR	9
LEVEMIR FLEXTOUCH	9
<i>levetiracetam</i>	3
<i>levofloxacin</i>	2
<i>levo-t</i>	17
<i>levothyroxine sodium</i>	17

Drug Name	Page #
<i>levoxyl</i>	17
<i>lidocaine</i>	1
<i>lidocaine hcl jelly</i>	1
LINZESS	14
<i>liothyronine sodium</i>	17
<i>lisinopril</i>	11
<i>lisinopril/hydrochlorothiazide</i>	11
<i>lithium carbonate</i>	9
LIVALO	12
<i>lopinavir/ritonavir</i>	8
<i>lorazepam</i>	8
<i>lorcet</i>	1
<i>lorcet hd</i>	1
<i>lorcet plus</i>	1
<i>losartan potassium</i>	11
<i>losartan potassium/hydrochlorothiazide</i>	11
LOTEMAX	19
LOTEMAX SM	19
<i>lovastatin</i>	12
LUMIGAN	19
LUPRON DEPOT (1-MONTH)	17
LUPRON DEPOT (3-MONTH)	17
LUPRON DEPOT (4-MONTH)	17
LUPRON DEPOT (6-MONTH)	17
LYRICA	3
LYSODREN	17
MAVYRET	7
<i>meclizine hcl</i>	4
<i>medroxyprogesterone acetate</i>	16
<i>meloxicam</i>	1
<i>memantine hcl</i>	4
<i>memantine hcl titration pak</i>	4
<i>memantine hydrochloride er</i>	4
<i>meprobamate</i>	8
<i>meropenem</i>	2
<i>metformin hydrochloride</i>	9
<i>metformin hydrochloride er</i>	9
<i>methadone hcl</i>	1
<i>methenamine hippurate</i>	2
<i>methimazole</i>	17
<i>methocarbamol</i>	21
<i>methotrexate</i>	17
<i>methylphenidate hydrochloride</i>	13
<i>methylprednisolone dose pack</i>	16
<i>metoclopramide hcl</i>	14
<i>metoclopramide hydrochloride</i>	14
<i>metolazone</i>	12
<i>metoprolol succinate er</i>	11
<i>metoprolol tartrate</i>	11
<i>metronidazole</i>	2

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<i>midodrine hcl</i>	11
<i>minoxidil</i>	13
<i>mirtazapine</i>	4
<i>misoprostol</i>	15
<i>mometasone furoate</i>	20
<i>mondoxyne nl</i>	3
<i>montelukast sodium</i>	20
<i>morgidox 1x50mg</i>	3
<i>morphine sulfate</i>	1
<i>morphine sulfate er</i>	1
<i>moxifloxacin hydrochloride</i>	3
MULTAQ	11
<i>mupirocin</i>	2
MYRBETRIQ	15
NAFTIN	5
<i>naloxone hcl</i>	2
<i>naltrexone hcl</i>	2
<i>naproxen</i>	1
NARCAN	2
NEULASTA	10
NEUPOGEN	10
NEUPRO	6
<i>nevirapine</i>	8
<i>nifedipine er</i>	12
<i>nitrofurantoin monohydrate/macrocrytals</i>	2
<i>nitroglycerin</i>	13
NORDITROPIN FLEXPEN	16
<i>nortriptyline hcl</i>	4
NOVOLIN 70/30	9
NOVOLIN N	10
NOVOLIN R	10
NOVOLOG	10
NOVOLOG FLEXPEN	10
NOVOLOG MIX 70/30	10
NOVOLOG MIX 70/30 PREFILLED	10
FLEXPEN	
NOVOLOG PENFILL	10
NUEDEXTA	13
NUTROPIN AQ NUSPIN 10	16
NUTROPIN AQ NUSPIN 20	16
NUTROPIN AQ NUSPIN 5	16
<i>nyamyc</i>	5
<i>nystatin</i>	5
<i>nystop</i>	5
<i>ofloxacin</i>	3
<i>olanzapine</i>	7
<i>olmesartan medoxomil</i>	11
<i>olopatadine hcl</i>	19
<i>olopatadine hydrochloride</i>	19
<i>omega-3-acid ethyl esters</i>	13

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<i>omeprazole</i>	15
OMNITROPE	16
<i>ondansetron hcl</i>	4
<i>ondansetron hydrochloride</i>	5
<i>ondansetron odt</i>	5
OPSUMIT	20
ORENCIA	18
ORENCIA CLICKJECT	17
ORENITRAM	21
ORILISSA	17
<i>oseltamivir phosphate</i>	8
OSPHERA	16
<i>oxandrolone</i>	16
<i>oxcarbazepine</i>	3
<i>oxybutynin chloride</i>	15
<i>oxybutynin chloride er</i>	15
<i>oxycodone hcl</i>	1
<i>oxycodone hydrochloride</i>	1
<i>oxycodone/acetaminophen</i>	1
<i>pacerone</i>	11
<i>pantoprazole sodium</i>	15
<i>paroxetine hcl</i>	4
<i>paroxetine hydrochloride</i>	4
PAZEO	19
<i>peg 3350/electrolytes</i>	15
<i>peg-3350/electrolytes</i>	15
PEGASYS PROCLICK	8
<i>penicillin v potassium</i>	2
PERFOROMIST	20
<i>permethrin</i>	6
<i>perphenazine</i>	6
PERSERIS	7
<i>phenoxybenzamine hydrochloride</i>	11
<i>phenytoin sodium extended</i>	3
<i>pioglitazone hcl</i>	9
<i>pioglitazone hydrochloride</i>	9
PLEGRIDY	13
PLEGRIDY STARTER PACK	13
POMALYST	6
<i>potassium chloride cr</i>	14
<i>potassium chloride er</i>	14
PRADAXA	10
<i>pramipexole dihydrochloride</i>	6
<i>pravastatin sodium</i>	12
<i>prazosin hcl</i>	11
<i>prazosin hydrochloride</i>	11
PRED MILD	19
<i>prednisolone acetate</i>	19
<i>prednisone</i>	16
PREMARIN	16

Drug Name	Page #
PREMPHASE	16
PREMPRO	16
<i>primidone</i>	3
PRIMLEV	1
PROAIR HFA	20
PROAIR RESPICLICK	20
<i>prochlorperazine maleate</i>	4
PROLASTIN-C	21
PROLENSA	19
PROLIA	18
<i>promethazine hcl</i>	4
<i>promethazine hydrochloride</i>	4
<i>propranolol hcl</i>	11
<i>propranolol hydrochloride</i>	11
<i>propylthiouracil</i>	17
<i>pyrazinamide</i>	5
<i>pyridostigmine bromide</i>	5
<i>pyridostigmine bromide er</i>	5
<i>quetiapine fumarate</i>	7
<i>quinapril hcl</i>	11
<i>quinapril hydrochloride</i>	11
QVAR REDIHALER	20
<i>raloxifene hydrochloride</i>	17
<i>ramipril</i>	11
<i>ranitidine hcl</i>	14
<i>ranitidine hydrochloride</i>	14
<i>ranolazine er</i>	12
<i>rasagiline mesylate</i>	6
RASUVO	18
RAYALDEE	14
REBIF	13
REBIF REBIDOSE	13
REBIF REBIDOSE TITRATION PACK	13
REBIF TITRATION PACK	13
REGRANEX	14
REPATHA	12
REPATHA PUSHTRONEX SYSTEM	12
REPATHA SURECLICK	12
RESTASIS	19
RETACRIT	10
REVLIMID	6
REXULTI	7
RHOPRESSA	19
<i>ribasphere</i>	8
RISPERDAL CONSTA	7
<i>risperidone</i>	7
<i>rizatriptan benzoate</i>	5
<i>ropinirole hcl</i>	6
<i>rosuvastatin calcium</i>	12
<i>roweepra</i>	3

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RUCONEST	17
RYTARY	6
SANTYL	14
SAPHRIS	7
SAVELLA	13
SAVELLA TITRATION PACK	13
<i>selegiline hcl</i>	6
SELZENTRY	8
SEREVENT DISKUS	20
<i>sertraline hcl</i>	4
<i>sertraline hydrochloride</i>	4
<i>sevelamer carbonate</i>	14
SHINGRIX	18
SIMBRINZA	19
<i>simvastatin</i>	12
SKYRIZI	18
SOFOSBUVIR/VELPATASVIR	7
<i>solifenacin succinate</i>	15
<i>sorine</i>	11
<i>sotalol hcl</i>	11
SPIRIVA HANDIHALER	20
SPIRIVA RESPIMAT	20
<i>spironolactone</i>	12
SPRYCEL	6
<i>stavudine</i>	8
STIOLTO RESPIMAT	21
SUBOXONE	2
<i>sucralfate</i>	15
<i>sulfamethoxazole/trimethoprim</i>	3
<i>sulfamethoxazole/trimethoprim ds</i>	3
<i>sulfasalazine</i>	18
<i>sumatriptan succinate</i>	5
SUPRAX	2
SUPREP BOWEL PREP KIT	15
SYMBICORT	21
SYNJARDY	9
SYNJARDY XR	9
<i>tamoxifen citrate</i>	6
<i>tamsulosin hydrochloride</i>	15
TARGRETIN	6
TASIGNA	6
TECFIDERA	13
TECFIDERA STARTER PACK	13
<i>telmisartan</i>	11
<i>temazepam</i>	8
<i>terazosin hcl</i>	15
<i>terazosin hydrochloride</i>	15
<i>terbinafine hcl</i>	5
<i>testosterone cypionate</i>	16
<i>theophylline cr</i>	20

Drug Name	Page #
<i>theophylline er</i>	20
<i>timolol maleate</i>	5
<i>timolol maleate</i>	19
<i>tizanidine hcl</i>	7
<i>tizanidine hydrochloride</i>	7
TOBI PODHALER	20
TOBRADEX ST	19
<i>tobramycin</i>	20
<i>tobramycin sulfate</i>	2
<i>tobramycin/dexamethasone</i>	19
<i>tolcapone</i>	6
<i>tolterodine tartrate er</i>	15
<i>topiramate</i>	3
<i>torseamide</i>	12
TOUJEO MAX SOLOSTAR	10
TOUJEO SOLOSTAR	10
TRADJENTA	9
<i>tramadol hcl</i>	1
<i>tramadol hydrochloride/acetaminophen</i>	1
<i>tranexamic acid</i>	10
<i>trazodone hydrochloride</i>	4
TRELEGY ELLIPTA	21
TRESIBA	10
TRESIBA FLEXTOUCH	10
<i>tretinoin</i>	6
TREXALL	18
<i>triamcinolone acetonide</i>	16
<i>triamterene/hydrochlorothiazide</i>	12
<i>triderm</i>	16
<i>trihexyphenidyl hydrochloride</i>	6
TRINTELLIX	4
TRULICITY	9
TYMLOS	18
UDENYCA	10
<i>unithroid</i>	17
UPTRAVI	21
<i>valacyclovir hcl</i>	8
<i>valacyclovir hydrochloride</i>	8
<i>valsartan</i>	11
<i>valsartan/hydrochlorothiazide</i>	11
VASCEPA	13
VELPHORO	14
<i>veltassa</i>	14
<i>venlafaxine hcl</i>	4
<i>venlafaxine hcl er</i>	4
<i>verapamil hcl er</i>	12
<i>vicodin</i>	1
<i>vicodin es</i>	1
<i>vicodin hp</i>	1
VICTOZA	9

Drug Name	Page #
VIIBRYD	4
VIIBRYD STARTER PACK	4
VIMPAT	3
VITRAKVI	6
VOSEVI	7
<i>vp-pnv-dha</i>	14
VRAYLAR	7
VYZULTA	19
<i>warfarin sodium</i>	10
<i>wixela inhub</i>	21
XARELTO	10
XARELTO STARTER PACK	10
XIFAXAN	2
XIIDRA	19
XTAMPZA ER	1
XTANDI	5
YUPELRI	20
<i>zafirlukast</i>	20
<i>zaleplon</i>	21
ZARXIO	10
ZEMAIRA	21
ZENPEP	15
<i>zidovudine</i>	8
ZIRGAN	7
<i>zolmitriptan</i>	5
<i>zolmitriptan odt</i>	5
<i>zolpidem tartrate</i>	21
ZYLET	19

This abridged formulary was updated on August 7, 2019. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact the HOP Administration Unit at 1-800-773-7725, or for TTY users, 1-800-498-5428, 8 a.m. to 8 p.m. EST, Monday - Friday, or visit www.HOPbenefits.com.

THE VALUE MEDICARE Rx OPTION (PDP) IS A STAND-ALONE PRESCRIPTION DRUG PLAN WITH A MEDICARE CONTRACT. ENROLLMENT IN THE VALUE MEDICARE Rx OPTION (PDP) DEPENDS ON CONTRACT RENEWAL. CMS CONTRACT NUMBER: E3014; FORMULARY ID: 20409

