



2018 Bright Formulary (List of Covered Drugs)

Bright Health Individual and Family Plans

Alabama Plan

**Gold
Silver
Silver HSA
Silver Plus
Silver Plus HSA
Bronze
Bronze HSA
Catastrophic**

PLEASE READ: This document contains information about the drugs Bright Health covers in their Individual and Family plans.

This formulary was updated on 09/21/2017. For more recent information or other questions, please contact us at (866) 217-4238 or visit www.brighthealthplan.com.

Welcome to Bright

Enclosed you will find a list of the drugs included in our Bright Health Individual and Family plans from January 1, 2018 - December 31, 2018. As you review, be sure to have your medications on hand so you can confirm your prescriptions are covered and compare dosage and pricing of the drugs you take.

Keep in mind, this document includes a *comprehensive* list of drugs (formulary) included in our Individual and Family plans, as of September 21, 2017. For an 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.

As a Bright Health Member, you must generally use in-network pharmacies to fill your prescriptions. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2019, and from time to time during the 2018 calendar year.

Have a Bright day!

Sincerely,
Your Bright Health team

Frequently Asked Questions:

What is a Formulary (drug list)?

A formulary is a list of covered drugs selected by Bright Health 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. Bright Health will generally cover the drugs listed in our formulary as long as the drug is medically necessary and the prescription is filled at a Bright Health network pharmacy.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. 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 feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, 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 60 days before the change becomes effective, or at the time the member requests a refill of the drug. 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. The enclosed formulary is current as of September 21, 2017. To get updated information about the drugs covered by Bright Health, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

There are two ways to find the drugs you take in the formulary:

1. Medical Condition

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". If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

2. Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the end of the formulary. The Index provides an alphabetical list of all 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?

Bright Health covers both brand name drugs and generic drugs. A generic drug is approved by the 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 may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Bright Health requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Bright Health before you fill your prescriptions. If you don't get approval, Bright Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Bright Health limits the amount of the drug that we will cover. For example, Bright Health provides 15 tablets every 25 days per prescription for Zolpidem Tartrate 5mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Bright Health 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, Bright Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Bright Health will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization restriction 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 Bright Health 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 Bright Health's formulary?" 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 Member Services and ask if your drug is covered.

If you learn that Bright Health does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Bright Health. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Bright Health.
- You can ask Bright Health 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 Bright Health Formulary?

You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Bright Health limits the amount of the 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, Bright Health will only approve your request for an exception if the alternative drugs included on the plan's formulary, 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 us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary 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.

For more information

If you have questions about Bright Health 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 Individual and Family prescription drug coverage, please call Bright Health at (866) 217-4238 or visit www.brighthealthplan.com.

Our Formulary (drug list)

The formulary below provides coverage information about the drugs covered by our Bright Individual and Family plans. If you have trouble finding your drug in the list, turn to the Index at the end of the formulary.

The first column of the chart lists the drug name. Brand name drugs are capitalized and generic drugs are listed in lower-case italics.

The second column of the chart, Drug Tier, tells you which tier the drug falls under. Drug tiers are how we divide prescription drugs into different levels of cost. How much you will pay will depend on your individual plan, however, here's what the drug tier tells you.

- Tier 1: Preventative drugs with no member cost share under the ACA
- Tier 2: Generic Drugs
- Tier 3: Preferred Brand Drugs
- Tier 4: Non-Preferred Brand Drugs
- Tier 5: Specialty Drugs

The information in the Requirements/Limits column tells you if our plans have any special requirements for coverage of your drug.

You can see the benefits associated with each tier level in the section titled "Prescription benefits for each plan" at the end of this document.

There. Now that's Brighter.

This formulary was updated on 09/21/2017. For more recent information or other questions, please contact us at (866) 217-4238 or visit www.brighthealthplan.com.

Bright Health Alabama 2018 effective 01/01/2018

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
<i>celecoxib</i>	2	
GOUT		
<i>allopurinol</i>	2	
<i>allopurinol sodium</i>	2	
<i>colchicine</i>	2	
<i>colchicine w/ probenecid</i>	2	
<i>probenecid</i>	2	
ULORIC	4	ST; PA**
NON-OPIOID ANALGESICS		
<i>butalbital-acetaminophen-caffeine</i> CAPS	2	QL (48 caps / 25 days)
<i>butalbital-acetaminophen-caffeine</i> TABS	2	QL (48 tabs / 25 days)
<i>butalbital-aspirin-caffeine</i>	2	QL (48 caps / 25 days)
<i>tencon</i>	2	QL (48 tabs per 25 days)
NSAIDS		
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium</i>	2	
<i>etodolac</i>	2	
<i>fenoprofen calcium</i>	2	
<i>flurbiprofen</i>	2	
<i>ibuprofen</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin</i>	2	
<i>ketoprofen</i>	2	
<i>ketorolac tromethamine</i> SOLN	2	
<i>ketorolac tromethamine</i> TABS	2	QL (20 tabs / 25 days)
<i>meclofenamate sodium</i>	2	
<i>mefenamic acid</i>	2	
<i>meloxicam</i>	2	
<i>nabumetone</i>	2	
<i>naproxen</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen sodium</i>	2	
<i>oxaprozin</i>	2	
<i>piroxicam</i>	2	
<i>sulindac</i>	2	
<i>tolmetin sodium</i>	2	

NSAIDS, COMBINATIONS

<i>diclofenac w/ misoprostol</i>	2	
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OPIOID AGONIST/ANTAGONIST

<i>buprenorphine hcl-naloxone hcl dihydrate</i>	2	QL (90 tabs / 25 days)
SUBOXONE	3	QL (60 units / 25 days)
SUBOXONE	3	QL (90 units / 25 days)

OPIOID ANALGESICS

<i>acetaminophen w/ codeine</i> SOLN	2	QL (2700 ml per 25 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine</i> TABS	2	QL (180 tablets per 25 days)
<i>acetaminophen w/ codeine</i> TABS	2	QL (360 tablets per 25 days)
<i>acetaminophen w/ codeine</i> TABS	2	QL (400 tablets per 25 days)
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	2	QL (48 caps per 25 days)
<i>butorphanol tartrate</i> 1mg/ml, 2mg/ml	2	
<i>butorphanol tartrate</i> 10mg/ml	2	QL (2 bottles / 25 days)
CAPITAL/CODEINE	4	QL (2700 ml per 25 days)
<i>codeine sulfate</i>	2	QL (42 tablets per 25 days)
EMBEDA	4	PA
EMBEDA	4	QL (120 capsules per 25 days)
<i>endocet</i>	2	QL (180 tablets per 25 days)
<i>endocet</i>	2	QL (240 tablets per 25 days)
<i>endocet</i>	2	QL (360 tablets per 25 days)
<i>fentanyl</i> 12mcg/hr, 25mcg/hr	2	QL (10 patches per 25 days)
<i>fentanyl</i> 50mcg/hr, 75mcg/hr, 100mcg/hr	2	PA
<i>fentanyl citrate</i>	2	QL (120 lozenges / 25 days), PA
<i>hydrocodone-acetaminophen</i> SOLN	2	QL (2700 ml per 25 days)
<i>hydrocodone-acetaminophen</i> TABS	2	QL (180 tablets per 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen</i> TABS	2	QL (240 tablets per 25 days)
<i>hydrocodone-acetaminophen</i> TABS	2	QL (360 tablets per 25 days)
<i>hydromorphone hcl</i> LIQD	2	QL (600 ml per 25 days)
<i>hydromorphone hcl</i> SOLN	2	
HYDROMORPHONE HCL SUPP	4	QL (120 suppositories per 25 days)
<i>hydromorphone hcl</i> T24A 8mg, 12mg, 16mg	2	QL (60 tablets per 25 days)
<i>hydromorphone hcl</i> T24A 32mg	2	PA
<i>hydromorphone hcl</i> TABS	2	QL (180 tablets per 25 days)
HYSINGLA ER 20mg, 30mg, 40mg, 60mg, 4 80mg		QL (60 tablets per 25 days)
HYSINGLA ER 100mg, 120mg	4	PA
<i>levorphanol tartrate</i>	2	QL (120 tablets per 25 days)
<i>loratab</i>	2	QL (180 tablets per 25 days)
<i>methadone hcl</i> CONC	2	QL (30 ml per 25 days)
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	2	QL (450 ml per 25 days)
METHADONE HCL SOLN 10mg/ml	4	QL (20 ml per 25 days)
<i>methadone hcl</i> TABS	2	QL (90 tablets per 25 days)
<i>methadone hcl</i> TBSO	2	QL (9 tablets per 25 days)
<i>methadose</i>	2	QL (9 tablets per 25 days)
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg	2	QL (120 capsules per 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate</i> CP24 100mg	2	PA
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 150mg/30ml	4	
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	2	QL (900 ml per 25 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	2	QL (180 ml per 25 days)
<i>morphine sulfate</i> SOLN .5mg/ml, 1mg/ml, 2 4mg/ml, 8mg/ml, 10mg/ml, 15mg/ml		
<i>morphine sulfate</i> SUPP 5mg, 10mg, 20mg	2	QL (180 suppositories per 25 days)
MORPHINE SULFATE SUPP 30mg	3	QL (180 suppositories per 25 days)
<i>morphine sulfate</i> TABS	2	QL (180 tablets per 25 days)
<i>morphine sulfate</i> TBCR 15mg, 30mg	2	QL (90 tablets per 25 days)
<i>morphine sulfate</i> TBCR 60mg, 100mg, 200mg	2	PA
<i>morphine sulfate beads</i> 30mg, 45mg, 60mg, 75mg, 90mg	2	QL (30 capsules per 25 days)
<i>morphine sulfate beads</i> 120mg	2	PA
<i>nalbuphine hcl</i>	2	
NUCYNTA 50mg	4	QL (360 tablets per 25 days)
NUCYNTA 75mg	4	QL (240 tablets per 25 days)
NUCYNTA 100mg	4	QL (180 tablets per 25 days)
NUCYNTA ER 50mg	4	QL (300 tablets per 25 days)
NUCYNTA ER 100mg	4	QL (150 tablets per 25 days)

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ER 150mg, 200mg, 250mg	4	PA
<i>oxycodone hcl</i> CAPS	2	QL (180 capsules per 25 days)
<i>oxycodone hcl</i> CONC	2	QL (180 ml per 25 days)
<i>oxycodone hcl</i> SOLN	2	QL (900 ml per 25 days)
<i>oxycodone hcl</i> T12A 10mg, 15mg, 20mg, 30mg	2	QL (120 tablets per 25 days)
<i>oxycodone hcl</i> T12A 40mg, 60mg, 80mg	2	PA
<i>oxycodone hcl</i> TABS	2	QL (180 tablets per 25 days)
<i>oxycodone w/ acetaminophen</i> SOLN	2	QL (1800 ml per 25 days)
<i>oxycodone w/ acetaminophen</i> TABS	2	QL (180 tablets per 25 days)
<i>oxycodone w/ acetaminophen</i> TABS	2	QL (240 tablets per 25 days)
<i>oxycodone w/ acetaminophen</i> TABS	2	QL (360 tablets per 25 days)
<i>oxycodone-aspirin</i>	2	QL (360 tablets per 25 days)
<i>oxycodone-ibuprofen</i>	2	QL (28 tabs per 25 days)
<i>oxymorphone hcl</i> TABS	2	QL (180 tablets per 25 days)
<i>oxymorphone hcl</i> TB12 5mg, 7.5mg, 10mg, 15mg	2	QL (120 tablets per 25 days)
<i>oxymorphone hcl</i> TB12 20mg, 30mg, 40mg	2	PA
<i>tramadol hcl</i> TABS	2	QL (180 tablets per 25 days)
<i>tramadol hcl</i> TB24 100mg	2	QL (30 tablets per 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl</i> TB24 200mg, 300mg	2	PA
<i>vicodin</i>	2	QL (240 tablets per 25 days)
<i>vicodin es</i>	2	QL (180 tablets per 25 days)
<i>vicodin hp</i>	2	QL (180 tablets per 25 days)
<i>xylon</i>	2	QL (50 tablets per 25 days)

OPIOID PARTIAL AGONISTS

<i>buprenorphine hcl</i>	2	
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SALICYLATES

<i>aspirin enteric coated ad</i>	1	QL (100 tabs / 30 days); OTC; \$0 copay-age and gender restrictions apply
<i>diflunisal</i>	2	
<i>goodsense aspirin</i>	1	QL (100 tabs / 30 days); OTC; \$0 copay-age and gender restrictions apply

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.)</i>	2	
LIDOCAINE HCL/DEXTROSE	4	

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate</i>	2	
<i>chloramphenicol sodium succinate</i>	2	
<i>gentamicin in saline</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate</i>	2	
GENTAMICIN SULFATE/0.9% S	4	
KETEK	4	
MONUROL	4	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	2	
<i>streptomycin sulfate</i>	2	
SULFADIAZINE	4	
<i>tinidazole</i>	2	
<i>tobramycin</i>	2	PA
<i>tobramycin sulfate</i>	2	

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA	3	
ALINIA	3	
<i>atovaquone</i>	2	
AZACTAM IN ISO-OSMOTIC DE	4	
<i>aztreonam</i>	2	
BILTRICIDE	4	
CAYSTON	5	PA
<i>clindamycin hcl</i>	2	
<i>clindamycin palmitate hydrochloride</i>	2	
<i>clindamycin phosphate</i>	2	
<i>dapsone</i>	2	
<i>daptomycin</i>	2	

Drug Name	Drug Tier	Requirements/Limits
DARAPRIM	4	
<i>doripenem</i>	2	
EMVERM	4	
<i>imipenem-cilastatin</i>	2	
INVANZ	4	
<i>ivermectin</i>	2	
<i>linezolid</i>	2	
<i>linezolid in sodium chloride</i>	2	
<i>meropenem</i>	2	
<i>methenamine hippurate</i>	2	
<i>metronidazole</i>	2	
<i>metronidazole in nacl</i>	2	
NEBUPENT	4	
<i>nitrofurantoin</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>nitrofurantoin macrocrystal</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>nitrofurantoin monohyd macro</i>	2	PA; High Risk Medications require PA for members age 65 and older
PENTAM 300	4	
<i>polymyxin b sulfate</i>	2	
PRIMSOL	3	
SIVEXTRO	4	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim</i>	2	
<i>trimethoprim</i>	2	
<i>vancomycin hcl</i> CAPS	2	ST; PA**
<i>vancomycin hcl</i> SOLR	2	
XIFAXAN 200mg	3	
XIFAXAN 550mg	3	PA

ANTIFUNGALS

<i>amphotericin b</i>	2	
BIO-STATIN	3	
CRESEMBA	4	
<i>fluconazole</i>	2	
<i>fluconazole in dextrose</i>	2	
<i>fluconazole in nacl</i>	2	
FLUCONAZOLE IN NACL	4	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole</i>	2	PA
LAMISIL	4	PA
NOXAFIL	3	
<i>nystatin</i>	2	
SPORANOX	3	PA
<i>terbinafine hcl</i>	2	PA
<i>voriconazole</i>	2	PA

ANTIMALARIALS

Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone-proguanil hcl</i>	2	
<i>chloroquine phosphate</i>	2	
COARTEM	4	
<i>mefloquine hcl</i>	2	
PRIMAQUINE PHOSPHATE	4	
<i>quinine sulfate</i>	2	

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i>	2	QL (60 tablets per 30 days)
CRIXIVAN 200mg	3	QL (450 capsules per 30 days)
CRIXIVAN 400mg	3	QL (180 capsules per 30 days)
<i>didanosine</i>	2	QL (30 capsules per 30 days)
EDURANT	3	QL (60 tablets per 30 days)
EMTRIVA CAPS	3	QL (30 capsules per 30 days)
EMTRIVA SOLN	3	QL (680 ml per 28 days)
FUZEON	5	QL (60 injections per 30 days)
INTELENCE 25mg, 100mg	3	QL (120 tablets per 30 days)
INTELENCE 200mg	3	QL (60 tablets per 30 days)
INVIRASE CAPS	3	QL (300 capsules per 30 days)
INVIRASE TABS	3	QL (120 tablets per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHEW	3	QL (180 tablets per 30 days)
ISENTRESS PACK	3	QL (60 packets per 30 days)
ISENTRESS TABS	3	QL (120 tablets per 30 days)
<i>lamivudine</i> SOLN	2	QL (900 ml per 30 days)
<i>lamivudine</i> TABS 150mg	2	QL (60 tablets per 30 days)
<i>lamivudine</i> TABS 300mg	2	QL (30 tablets per 30 days)
LEXIVA SUSP	3	QL (1680 ml per 30 days)
LEXIVA TABS	3	QL (120 tablets per 30 days)
<i>nevirapine</i> SUSP	2	QL (1200 ml per 30 days)
<i>nevirapine</i> TABS	2	QL (60 tablets per 30 days)
<i>nevirapine</i> TB24 100mg	2	QL (90 tablets per 30 days)
<i>nevirapine</i> TB24 400mg	2	QL (30 tablets per 30 days)
NORVIR CAPS	3	QL (360 capsules per 30 days)
NORVIR SOLN	3	QL (450 ml per 30 days)
NORVIR TABS	3	QL (360 tablets per 30 days)
PREZISTA SUSP	3	QL (360 ml per 30 days)
PREZISTA TABS 75mg	3	QL (300 tablets per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABS 150mg	3	QL (180 tablets per 30 days)
PREZISTA TABS 600mg	3	QL (60 tablets per 30 days)
PREZISTA TABS 800mg	3	QL (30 tablets per 30 days)
RESCRIPTOR 100mg	4	QL (900 tablets per 30 days)
RESCRIPTOR 200mg	4	QL (450 tablets per 30 days)
RETROVIR IV INFUSION	3	
REYATAZ CAPS 150mg, 300mg	3	QL (30 capsules per 30 days)
REYATAZ CAPS 200mg	3	QL (60 capsules per 30 days)
REYATAZ PACK	3	QL (180 packets per 30 days)
SELZENTRY 25mg	3	QL (240 tablets per 30 days)
SELZENTRY 75mg, 150mg	3	QL (60 tablets per 30 days)
SELZENTRY 300mg	3	QL (120 tablets per 30 days)
<i>stavudine</i>	2	QL (60 capsules per 30 days)
SUSTIVA CAPS	3	QL (90 capsules per 30 days)
SUSTIVA TABS	3	QL (30 tablets per 30 days)
TIVICAY	3	QL (60 tablets per 30 days)
TYBOST	3	QL (30 tablets per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VIDEX PEDIATRIC	3	QL (1200 ml per 30 days)
VIRACEPT 250mg	3	QL (300 tablets per 30 days)
VIRACEPT 625mg	3	QL (120 tablets per 30 days)
VIREAD POWD	3	QL (240 gm per 30 days)
VIREAD TABS	3	QL (30 tablets per 30 days)
ZERIT	3	QL (2400 ml per 30 days)
ZIAGEN	3	QL (900 ml per 30 days)
<i>zidovudine</i> CAPS	2	QL (180 capsules per 30 days)
<i>zidovudine</i> SYRP	2	QL (1800 ml per 30 days)
<i>zidovudine</i> TABS	2	QL (60 tablets per 30 days)

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine</i>	2	QL (30 tablets per 30 days)
<i>abacavir sulfate-lamivudine-zidovudine</i>	2	QL (60 tablets per 30 days)
ATRIPLA	3	QL (30 tablets per 30 days)
COMPLERA	3	QL (30 tablets per 30 days)
DESCOVY	3	QL (30 tablets per 30 days)
EVOTAZ	3	QL (30 tablets per 30 days)

Drug Name	Drug Tier	Requirements/Limits
GENVOYA	3	QL (30 tablets per 30 days)
KALETRA	3	QL (120 tablets per 30 days)
KALETRA	3	QL (240 tablets per 30 days)
<i>lamivudine-zidovudine</i>	2	QL (60 tablets per 30 days)
<i>lopinavir-ritonavir</i>	2	QL (390 ml per 30 days)
ODEFSEY	3	QL (30 tablets per 30 days)
PREZCOBIX	3	QL (30 tablets per 30 days)
STRIBILD	3	QL (30 tablets per 30 days)
TRIUMEQ	3	QL (30 tablets per 30 days)
TRUVADA	3	QL (30 tablets per 30 days)

ANTITUBERCULAR AGENTS

<i>cycloserine</i>	2	
<i>ethambutol hcl</i>	2	
<i>isoniazid</i>	2	
PASER	4	
PRIFTIN	3	
<i>pyrazinamide</i>	2	
<i>rifabutin</i>	2	
RIFAMATE	3	
<i>rifampin</i>	2	

Drug Name	Drug Tier	Requirements/Limits
RIFATER	3	
SIRTURO	4	
TRECTOR	3	

ANTIVIRALS

<i>acyclovir</i>	2	
<i>acyclovir sodium</i>	2	
<i>adefovir dipivoxil</i>	2	
BARACLUDE	3	
<i>cidofovir</i>	2	
<i>entecavir</i>	2	
EPCLUSA	5	PA
EPIVIR HBV	3	
<i>famciclovir</i>	2	
HARVONI	5	PA
<i>lamivudine (hbv)</i>	2	
<i>oseltamivir phosphate</i> 30mg	2	QL (28 caps / 90 days)
<i>oseltamivir phosphate</i> 45mg, 75mg	2	QL (14 caps / 90 days)
PEG-INTRON KIT 50MCG RP	5	PA
PEG-INTRON KIT 80MCG	5	PA
PEG-INTRON KIT 120MCG	5	PA
PEG-INTRON KIT 150MCG	5	PA
PEGASYS	5	PA
PEGASYS PROCLICK	5	PA
PEGINTRON	5	PA

Drug Name	Drug Tier	Requirements/Limits
REBETOL	5	PA
RELENZA DISKHALER	3	QL (2 inhalers / 90 days)
<i>ribasphere</i>	2	PA
<i>ribavirin</i>	2	
<i>ribavirin (hepatitis c)</i>	2	PA
<i>rimantadine hydrochloride</i>	2	
SOVALDI	5	PA
TAMIFLU	3	QL (180 mL / 90 days)
<i>valacyclovir hcl</i>	2	
<i>valganciclovir hcl</i>	2	

CEPHALOSPORINS

<i>cefaclor</i>	2	
CEFACTOR ER	3	
<i>cefadroxil</i>	2	
<i>cefazolin sodium</i>	2	
<i>cefdinir</i>	2	
<i>cefditoren pivoxil</i>	2	
<i>cefepime hcl</i>	2	
<i>cefixime</i>	2	
<i>cefotaxime sodium</i>	2	
<i>cefotetan disodium</i>	2	
<i>cefoxitin sodium</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime</i>	2	
<i>ceftibuten</i>	2	
CEFTIN	3	
<i>ceftriaxone sodium</i>	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i> 1.5gm, 750mg	2	
<i>cefuroxime sodium</i> 7.5gm	4	
CEFUROXIME SODIUM 75gm, 225gm	4	
<i>cephalexin</i>	2	
SUPRAX	3	
<i>tazicef</i>	2	
ZINACEF	4	

ERYTHROMYCINS/MACROLIDES

<i>azithromycin</i>	2	
<i>clarithromycin</i>	2	
DIFICID	3	PA
<i>e.e.s. 400</i>	2	
<i>ery-tab</i>	2	
ERYPED 400	3	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	2	
<i>erythromycin base</i>	2	
<i>erythromycin ethylsuccinate</i>	2	
PCE	4	

Drug Name	Drug Tier	Requirements/Limits
ZMAX	4	

FLUOROQUINOLONES

AVELOX	4	
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl</i>	2	
<i>ciprofloxacin in d5w</i>	2	
<i>ciprofloxacin-ciprofloxacin hcl</i>	2	
FACTIVE	4	
<i>levofloxacin</i>	2	
<i>levofloxacin in d5w</i>	2	
<i>moxifloxacin hcl</i>	2	
<i>ofloxacin</i>	2	

PENICILLINS

<i>amoxicillin</i>	2	
<i>amoxicillin & pot clavulanate</i>	2	
<i>ampicillin</i>	2	
<i>ampicillin & sulbactam sodium</i>	2	
<i>ampicillin sodium</i>	2	
AUGMENTIN	3	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium</i>	2	
<i>oxacillin sodium</i>	2	
<i>penicillin g potassium</i>	2	
<i>penicillin g sodium</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium</i>	2	
<i>pfizerpen-g</i>	2	
<i>piperacillin sodium-tazobactam sodium</i>	2	

TETRACYCLINES

<i>avidoxy</i>	2	
<i>demeclocycline hcl</i>	2	
<i>doxy 100</i>	2	
<i>doxycycline (monohydrate)</i>	2	
<i>doxycycline hyclate</i>	2	
<i>minocycline hcl</i>	2	
<i>morgidox 1x100mg</i>	2	
<i>tetracycline hcl</i>	2	
VIBRAMYCIN	4	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

ALKERAN	3	
BICNU	3	
<i>busulfan</i>	2	
CYCLOPHOSPHAMIDE CAPS	3	
<i>cyclophosphamide SOLR</i>	2	
<i>dacarbazine</i>	2	
EMCYT	3	
GLEOSTINE	3	
GLIADEL WAFER	3	

Drug Name	Drug Tier	Requirements/Limits
HEXALEN	3	
<i>ifosfamide</i>	2	
LEUKERAN	3	
<i>melphalan hcl</i>	2	
TEMODAR	5	PA
<i>temozolomide</i>	5	PA

ANTHRACYCLINES

<i>daunorubicin hcl</i>	2	
DAUNOXOME	3	
<i>doxorubicin hcl</i>	2	
<i>doxorubicin hcl liposomal</i>	2	
<i>epirubicin hcl</i>	2	
<i>idarubicin hcl</i>	2	
<i>lipodox 50</i>	2	

ANTIBIOTICS

<i>bleomycin sulfate</i>	2	
<i>mitomycin</i>	2	

ANTIMETABOLITES

<i>adrucil</i>	2	
ALIMTA	3	
ARRANON	3	
<i>azacitidine</i>	5	PA
<i>capecitabine</i>	5	PA
<i>cladribine</i>	2	

Drug Name	Drug Tier	Requirements/Limits
CLOLAR	3	
<i>cytarabine</i>	2	
<i>decitabine</i>	5	PA
DEPOCYT	3	
<i>floxuridine</i>	2	
<i>fludarabine phosphate</i>	2	
<i>fluorouracil</i>	2	
<i>gemcitabine hcl</i>	2	
<i>mercaptopurine</i>	2	
<i>methotrexate sodium</i> SOLN; SOLR	2	
NIPENT	3	
TABLOID	3	

ANTIMITOTIC, TAXOIDS

ABRAXANE	3	
DOCEFREZ	3	
DOCETAXEL CONC 20mg/0.5ml, 80mg/2ml, 140mg/7ml, 160mg/8ml	3	
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml	2	
DOCETAXEL SOLN	3	
DOCETAXEL (NON-ALCOHOL FO	3	
<i>paclitaxel</i>	2	

ANTIMITOTIC, VINCA ALKALOIDS

<i>vinblastine sulfate</i>	2	
<i>vincasar pfs</i>	2	
<i>vincristine sulfate</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>vinorelbine tartrate</i>	2	

BIOLOGIC RESPONSE MODIFIERS

ERBITUX	5	PA
ERIVEDGE	5	PA
FARYDAK	5	PA
GAZYVA	5	PA
IBRANCE	5	PA
KADCYLA	5	PA
KEYTRUDA	5	PA
LYNPARZA	5	PA
ZOLINZA	5	PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>anastrozole</i>	2	
<i>bicalutamide</i>	2	
DEPO-PROVERA	4	
ELIGARD	5	PA
<i>exemestane</i>	2	
FARESTON	3	
FASLODEX	3	
<i>flutamide</i>	2	
<i>letrozole</i>	2	
<i>leuprolide acetate</i>	5	PA
LUPRON DEPOT (1-MONTH)	5	PA
LUPRON DEPOT (3-MONTH)	5	PA

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (4-MONTH)	5	PA
LUPRON DEPOT (6-MONTH)	5	PA
LUPRON DEPOT-PED (1-MONTH)	5	PA
LUPRON DEPOT-PED (3-MONTH)	5	PA
LYSODREN	3	
<i>megestrol acetate</i>	2	
<i>megestrol acetate (appetite)</i>	2	
<i>nilutamide</i>	2	
<i>tamoxifen citrate</i>	2	\$0 copay for women > 35 years for the primary prevention of breast cancer
ZYTIGA 250mg	5	PA
ZYTIGA 500mg	5	PA

KINASE INHIBITORS

AFINITOR	5	PA
AFINITOR DISPERZ	5	PA
BOSULIF	5	PA
CAPRELSA	5	PA
COMETRIQ	5	PA
ICLUSIG	5	PA
<i>imatinib mesylate</i>	5	PA
IMBRUVICA	5	PA
INLYTA	5	PA
JAKAFI	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
MEKINIST	5	PA
NEXAVAR	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
SUTENT	5	PA
TAFINLAR	5	PA
TARCEVA	5	PA
TYKERB	5	PA
VOTRIENT	5	PA
XALKORI	5	PA
ZELBORAF	5	PA
ZYDELIG	5	PA
ZYKADIA	5	PA

MISCELLANEOUS

<i>bexarotene</i>	5	PA
DROXIA	3	
<i>hydroxyurea</i>	2	
MATULANE	3	
<i>mitoxantrone hcl</i>	5	PA

Drug Name	Drug Tier	Requirements/Limits
ONCASPAR	5	PA
PHOTOFRIN	3	
QUADRAMET	3	
THERACYS	3	
TICE BCG	3	
<i>tretinoin (chemotherapy)</i>	2	
TRISENOX	3	
UVADEX	3	
VISTOGARD	3	

PLATINUM-BASED AGENTS

<i>carboplatin</i>	2	
<i>cisplatin</i>	2	
<i>oxaliplatin</i>	2	

PROTECTIVE AGENTS

<i>amifostine</i>	2	
<i>dexrazoxane</i>	2	
<i>leucovorin calcium</i>	2	
<i>mesna</i>	2	
MESNEX	3	

TOPOISOMERASE INHIBITORS

CAMPTOSAR	3	
<i>etoposide</i>	2	
<i>irinotecan hcl</i>	2	
TENIPOSIDE	3	

Drug Name	Drug Tier	Requirements/Limits
<i>toposar</i>	2	
<i>topotecan hcl</i>	2	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ANTINEOPLASTIC, BCL-2 INHIBITORS

VENCLEXTA	5	PA
VENCLEXTA STARTING PACK	5	PA

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl</i>	2	
<i>benazepril & hydrochlorothiazide</i>	2	
<i>captopril & hydrochlorothiazide</i>	2	
<i>enalapril maleate & hydrochlorothiazide</i>	2	
<i>fosinopril sodium & hydrochlorothiazide</i>	2	
<i>lisinopril & hydrochlorothiazide</i>	2	
<i>moexipril-hydrochlorothiazide</i>	2	
<i>quinapril-hydrochlorothiazide</i>	2	
<i>trandolapril-verapamil hcl</i>	2	

ACE INHIBITORS

<i>benazepril hcl</i>	2	
<i>captopril</i>	2	
<i>enalapril maleate</i>	2	
<i>fosinopril sodium</i>	2	
<i>lisinopril</i>	2	
<i>moexipril hcl</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine</i>	2	
<i>quinapril hcl</i>	2	
<i>ramipril</i>	2	
<i>trandolapril</i>	2	

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone</i>	2	
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ALPHA BLOCKERS

<i>doxazosin mesylate</i>	2	
<i>prazosin hcl</i>	2	
<i>terazosin hcl</i>	2	

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<i>amlodipine besylate-olmesartan medoxomil</i>	2	
<i>amlodipine besylate-valsartan</i>	2	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide</i>	2	
<i>irbesartan-hydrochlorothiazide</i>	2	
<i>losartan potassium & hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	2	
<i>telmisartan-amlodipine</i>	2	
<i>telmisartan-hydrochlorothiazide</i>	2	
<i>valsartan-hydrochlorothiazide</i>	2	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil</i>	2	
EDARBI	4	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
<i>eprosartan mesylate</i>	2	
<i>irbesartan</i>	2	
<i>losartan potassium</i>	2	
<i>olmesartan medoxomil</i>	2	
<i>telmisartan</i>	2	
<i>valsartan</i>	2	

ANTIARRHYTHMICS

<i>amiodarone hcl</i>	2	
<i>disopyramide phosphate</i>	2	
<i>dofetilide</i>	5	PA
<i>flecainide acetate</i>	2	
<i>lidocaine hcl (cardiac)</i>	2	
<i>lidocaine in d5w</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	4	PA
NEXTERONE	4	
NORPACE CR	3	
<i>pacerone</i>	2	
<i>procainamide hcl</i>	2	
<i>propafenone hcl</i>	2	
<i>quinidine sulfate</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
SOTALOL HYDROCHLORIDE	4	
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
<i>colestipol hcl</i>	2	
<i>prevalite</i>	2	
WELCHOL	3	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe</i>	2	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i>	2	
<i>fenofibrate</i>	2	
<i>fenofibrate micronized</i>	2	
<i>fenofibric acid</i>	2	
<i>gemfibrozil</i>	2	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin</i>	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> 10mg, 20mg	2	\$0 copay for members age 40 through 75
<i>atorvastatin calcium</i> 40mg, 80mg	2	
<i>fluvastatin sodium</i>	2	\$0 copay for members age 40 through 75
LIVALO	4	

Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin</i>	2	\$0 copay for members age 40 through 75
<i>pravastatin sodium</i>	2	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium</i> 5mg, 10mg	2	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium</i> 20mg, 40mg	2	
<i>simvastatin</i> 5mg, 10mg, 20mg, 40mg	2	\$0 copay for members age 40 through 75
<i>simvastatin</i> 80mg	2	ST; PA**

ANTILIPEMICS, MISCELLANEOUS

<i>niacin (antihyperlipidemic)</i>	2	
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ANTILIPEMICS, OMEGA-3 FATTY ACIDS

<i>omega-3-acid ethyl esters</i>	2	PA
VASCEPA	3	

ANTILIPEMICS, PCSK9 INHIBITORS

PRALUENT	5	PA, ST
REPATHA	5	PA
REPATHA PUSHTRONEX SYSTEM	5	PA
REPATHA SURECLICK	5	PA

BETA AGONISTS

BYVALSON	4	
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BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone</i>	2	
<i>bisoprolol & hydrochlorothiazide</i>	2	
<i>metoprolol & hydrochlorothiazide</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nadolol & bendroflumethiazide</i>	2	
<i>propranolol & hydrochlorothiazide</i>	2	

BETA-BLOCKERS

<i>acebutolol hcl</i>	2	
<i>atenolol</i>	2	
<i>betaxolol hcl</i>	2	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC	4	
<i>carvedilol</i>	2	
COREG CR	4	
<i>labetalol hcl</i>	2	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate</i>	2	
<i>nadolol</i>	2	
<i>pindolol</i>	2	
<i>propranolol hcl</i>	2	
<i>timolol maleate</i>	2	

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium</i>	2	
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CALCIUM CHANNEL BLOCKERS

<i>afeditab cr</i>	2	
<i>amlodipine besylate</i>	2	
CARDENE IV	4	
CARDIZEM LA	3	

Drug Name	Drug Tier	Requirements/Limits
<i>cartia xt</i>	2	
<i>diltiazem hcl</i> CP12; CP24; SOLN; TABS	2	
DILTIAZEM HCL SOLR	4	
<i>diltiazem hcl coated beads</i>	2	
<i>diltiazem hcl extended release beads</i>	2	
<i>felodipine</i>	2	
<i>isradipine</i>	2	
<i>matzim la</i>	2	
<i>nicardipine hcl</i>	2	
<i>nifedical xl</i>	2	
<i>nifedipine</i>	2	
<i>nimodipine</i>	2	
<i>nisoldipine</i>	2	
<i>taztia xt</i>	2	
<i>verapamil hcl</i>	2	
<i>DIGITALIS GLYCOSIDES</i>		
<i>digox</i>	2	
<i>digoxin</i>	2	
LANOXIN	3	
LANOXIN PEDIATRIC	4	
<i>DIRECT RENIN INHIBITORS/COMBINATIONS</i>		
TEKTURNA	4	ST; PA**
<i>DIURETICS</i>		
<i>acetazolamide</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide sodium</i>	2	
ALDACTAZIDE	3	
<i>amiloride & hydrochlorothiazide</i>	2	
<i>amiloride hcl</i>	2	
<i>bumetanide</i>	2	
<i>chlorothiazide</i>	2	
<i>chlorothiazide sodium</i>	2	
<i>chlorthalidone</i>	2	
DIURIL	4	
DYRENIUM	4	
<i>ethacrynate sodium</i>	2	
<i>ethacrynic acid</i>	2	
FUROSEMIDE SOLN 8mg/ml	2	
<i>furosemide SOLN 10mg/ml</i>	2	
<i>furosemide TABS</i>	2	
<i>hydrochlorothiazide</i>	2	
<i>indapamide</i>	2	
<i>methazolamide</i>	2	
<i>methyclothiazide</i>	2	
<i>metolazone</i>	2	
<i>spironolactone</i>	2	
<i>spironolactone & hydrochlorothiazide</i>	2	
<i>torseamide</i>	2	
<i>triamterene & hydrochlorothiazide</i>	2	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>clonidine hcl</i>	2	
ENTRESTO	3	
<i>guanfacine hcl</i>	2	
<i>hydralazine hcl</i>	2	
<i>methyldopa</i>	2	
<i>methyldopate hcl</i>	2	
<i>midodrine hcl</i>	2	
<i>minoxidil</i>	2	
<i>phenoxybenzamine hcl</i>	2	
RANEXA	3	ST; PA**
<i>reserpine</i>	2	
NITRATES		
DILATRATE SR	4	
ISORDIL TITRADOSE	3	
<i>isosorbide dinitrate</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>minitran</i>	2	
NITRO-BID	4	
NITRO-DUR	3	
<i>nitro-time</i>	2	
<i>nitroglycerin AERS</i>	2	
<i>nitroglycerin PT24</i>	2	
NITROGLYCERIN SOLN 5mg/ml	4	

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin</i> SOLN .4mg/spray	2	
<i>nitroglycerin</i> SUBL	2	
<i>nitroglycerin in d5w</i>	2	

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA	5	PA, ST
ADEMPAS	5	PA
<i>epoprostenol sodium</i>	5	PA
LETAIRIS	5	PA
OPSUMIT	5	PA, ST
ORENITRAM	5	PA
REMODULIN	5	PA
<i>sildenafil citrate (pulmonary hypertension)</i>	5	PA
TRACLEER	5	PA
TYVASO STARTER	5	PA
UPTRAVI	5	PA
VENTAVIS	5	PA

CENTRAL NERVOUS SYSTEM

ANTIAXIETY

<i>meprobamate</i>	2	
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ANTICONSULSANTS

APTIOM	4	PA
BANZEL	4	PA
<i>carbamazepine</i>	2	
CELONTIN	4	

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam</i>	2	
<i>clorazepate dipotassium</i>	2	QL (120 tabs / 25 days)
<i>diazepam</i> SOLN 1mg/ml	2	QL (1200 mL / 25 days)
<i>diazepam</i> SOLN 5mg/ml	2	
<i>diazepam</i> TABS	2	QL (120 tabs / 25 days)
<i>diazepam intensol</i>	2	QL (240 mL / 25 days)
DILANTIN	4	
<i>divalproex sodium</i>	2	
<i>epitol</i>	2	
<i>ethosuximide</i>	2	
<i>felbamate</i>	2	
<i>fosphenytoin sodium</i>	2	
<i>gabapentin</i>	2	
GABITRIL	3	
<i>lamotrigine</i>	2	
<i>levetiracetam</i>	2	
<i>levetiracetam in sodium chloride</i>	2	
LYRICA	4	ST; PA**
ONFI	4	PA
<i>oxcarbazepine</i>	2	
PEGANONE	4	
<i>phenobarbital</i>	2	
<i>phenytoin</i>	2	
<i>phenytoin sodium</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium extended</i>	2	
POTIGA	4	PA
<i>primidone</i>	2	
SABRIL	5	PA
<i>tiagabine hcl</i>	2	
<i>topiramate</i>	2	
<i>valproate sodium</i>	2	
<i>valproic acid</i>	2	
VIMPAT	4	
<i>zonisamide</i>	2	

ANTIDEMENTIA

<i>donepezil hydrochloride</i>	2	
<i>ergoloid mesylates</i>	2	
<i>galantamine hydrobromide</i>	2	
<i>memantine hcl</i>	2	PA; PA applies for members less than 30 years of age
<i>rivastigmine</i>	2	PA
<i>rivastigmine tartrate</i>	2	PA

ANTIDEPRESSANTS

<i>amitriptyline hcl 10mg</i>	2	QL (150 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl 25mg</i>	2	QL (60 tabs / 25 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl</i> 50mg	2	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl</i> 75mg, 100mg, 150mg	2	Members 65 and older subject to PA
<i>amoxapine</i> 25mg, 50mg, 100mg	2	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>amoxapine</i> 150mg	2	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>bupropion hcl</i>	2	
<i>citalopram hydrobromide</i>	2	
<i>desipramine hcl</i> 10mg, 25mg, 50mg	2	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl</i> 75mg	2	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl</i> 100mg, 150mg	2	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>desvenlafaxine</i>	2	(generic of Khedezla)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg	2	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl</i> CAPS 75mg	2	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl</i> CAPS 100mg, 150mg	2	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl</i> CONC	2	QL (450 mL / 25 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hcl</i>	2	
EMSAM	4	
<i>escitalopram oxalate</i>	2	
FETZIMA	4	
FETZIMA TITRATION PACK	4	
<i>fluoxetine hcl</i>	2	
<i>imipramine hcl</i> 10mg, 25mg	2	QL (120 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine hcl</i> 50mg	2	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate</i> 75mg, 100mg	2	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate</i> 125mg, 150mg	2	Members 65 and older subject to PA
<i>maprotiline hcl</i>	2	
MARPLAN	4	
<i>mirtazapine</i>	2	
<i>nefazodone hcl</i>	2	
<i>nortriptyline hcl</i> CAPS 10mg	2	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl</i> CAPS 25mg	2	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl</i> CAPS 50mg	2	QL (30 caps / 25 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl</i> CAPS 75mg	2	Members 65 and older subject to PA
<i>nortriptyline hcl</i> SOLN	2	QL (750 mL / 25 days); QL applies to members age 65 and older
<i>paroxetine hcl</i>	2	
<i>phenelzine sulfate</i>	2	
<i>protriptyline hcl</i> 5mg	2	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>protriptyline hcl</i> 10mg	2	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>sertraline hcl</i>	2	
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hcl</i>	2	
<i>trimipramine maleate</i> 25mg, 50mg	2	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>trimipramine maleate</i> 100mg	2	QL (30 caps / 25 days); QL applies to members age 65 and older
TRINTELLIX	4	ST; PA**
<i>venlafaxine hcl</i>	2	
VIIBRYD	4	ST; PA**
VIIBRYD STARTER PACK	4	ST; PA**
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i>	2	
APOKYN	5	PA
<i>benztropine mesylate</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine mesylate</i>	2	
<i>carbidopa</i>	2	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa-levodopa-entacapone</i>	2	
<i>entacapone</i>	2	
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	2	
<i>rasagiline mesylate</i>	2	
<i>ropinirole hydrochloride</i>	2	
<i>selegiline hcl</i>	2	
<i>tolcapone</i>	2	
<i>trihexyphenidyl hcl</i>	2	

ANTIPSYCHOTICS

<i>aripiprazole</i>	2	
ARISTADA	3	
CHLORPROMAZINE HCL SOLN	4	
<i>chlorpromazine hcl TABS</i>	2	
<i>clozapine</i>	2	
<i>fluphenazine decanoate</i>	2	
<i>fluphenazine hcl</i>	2	
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	2	
<i>haloperidol lactate</i>	2	
LATUDA	3	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
<i>loxapine succinate</i>	2	
NUPLAZID	5	PA
<i>olanzapine</i>	2	
<i>paliperidone</i>	2	
<i>perphenazine</i>	2	
<i>quetiapine fumarate</i>	2	
REXULTI	4	ST; PA**
<i>risperidone</i>	2	
SAPHRIS	4	ST; PA**
<i>thioridazine hcl</i>	2	
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
<i>ziprasidone hcl</i>	2	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine</i> CP24	2	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine</i> CP24	2	QL (90 caps / 25 days)
<i>amphetamine-dextroamphetamine</i> TABS	2	QL (30 tabs / 25 days)
<i>amphetamine-dextroamphetamine</i> TABS	2	QL (60 tabs / 25 days)
<i>amphetamine-dextroamphetamine</i> TABS	2	QL (90 tabs / 25 days)
<i>atomoxetine hcl</i>	2	
<i>dexmethylphenidate hcl</i> CP24 5mg, 10mg, 15mg, 20mg	2	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl</i> CP24 25mg, 30mg, 35mg, 40mg	2	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	2	QL (120 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl</i> TABS 10mg	2	QL (60 tabs / 25 days)
<i>dextroamphetamine sulfate</i> CP24 5mg, 10mg	2	QL (120 caps / 25 days)
<i>dextroamphetamine sulfate</i> CP24 15mg	2	QL (60 caps / 25 days)
<i>dextroamphetamine sulfate</i> SOLN	2	QL (1,200 mL / 25 days)
<i>dextroamphetamine sulfate</i> TABS	2	QL (120 tabs / 25 days)
<i>guanfacine hcl (adhd)</i>	2	ST; PA**
<i>methamphetamine hcl</i>	2	QL (150 tabs / 25 days)
<i>methylphenidate hcl</i> CHEW	2	QL (180 chew tabs / 25 days)
<i>methylphenidate hcl</i> CP24 20mg, 30mg	2	QL (60 caps / 25 days)
<i>methylphenidate hcl</i> CP24 40mg	2	QL (30 caps / 25 days)
<i>methylphenidate hcl</i> CP24 60mg	2	QL (30 capsules per 25 days)
<i>methylphenidate hcl</i> CPCR 10mg, 20mg, 30mg	2	QL (60 caps / 25 days)
<i>methylphenidate hcl</i> CPCR 40mg, 50mg, 60mg	2	QL (30 caps / 25 days)
<i>methylphenidate hcl</i> SOLN 5mg/5ml	2	QL (1800 mL / 25 days)
<i>methylphenidate hcl</i> SOLN 10mg/5ml	2	QL (900 mL / 25 days)
<i>methylphenidate hcl</i> TABS 5mg, 10mg	2	QL (180 tabs / 25 days)
<i>methylphenidate hcl</i> TABS 20mg	2	QL (90 tabs / 25 days)
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg	2	QL (60 tabs / 25 days)
<i>methylphenidate hcl</i> TB24 54mg	2	QL (30 tabs / 25 days)
<i>methylphenidate hcl</i> TBCR 10mg, 20mg	2	QL (90 tabs / 25 days)
<i>methylphenidate hcl</i> TBCR 18mg, 27mg, 36mg	2	QL (60 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> TBCR 54mg	2	QL (30 tabs / 25 days)
VYVANSE	3	
<i>zenzedi</i> 2.5mg, 7.5mg	2	QL (120 tabs / 25 days)
<i>zenzedi</i> 15mg, 20mg	2	QL (60 tabs / 25 days)
<i>zenzedi</i> 30mg	2	QL (30 tabs / 25 days)

HYPNOTICS

<i>eszopiclone</i>	2	QL (15 tablets/25 days)
ROZEREM	4	QL (15 tabs / 25 days), ST; PA**
<i>zaleplon</i>	2	QL (15 caps / 25 days)
<i>zolpidem tartrate</i>	2	QL (15 tabs / 25 days)

MIGRAINE

<i>almotriptan malate</i>	2	QL (12 tabs / 25 days)
<i>dihydroergotamine mesylate</i> 1mg/ml	2	
<i>dihydroergotamine mesylate</i> 4mg/ml	2	QL (8 kits / 25 days)
<i>ergotamine w/ caffeine</i>	2	
<i>frovatriptan succinate</i>	2	QL (18 tabs / 25 days)
<i>naratriptan hcl</i>	2	QL (12 tabs / 25 days)
RELPAK	4	QL (12 tabs / 25 days), ST; PA**
<i>rizatriptan benzoate</i>	2	QL (18 tabs / 25 days)
<i>sumatriptan</i> 5mg/act	2	QL (24 sprays / 25 days)
<i>sumatriptan</i> 20mg/act	2	QL (12 sprays / 25 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml	2	QL (18 syringes / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml	2	QL (12 units / 25 days)
<i>sumatriptan succinate</i> SOCT 4mg/0.5ml	2	QL (18 syringes / 25 days)
<i>sumatriptan succinate</i> SOCT 6mg/0.5ml	2	QL (12 units / 25 days)
<i>sumatriptan succinate</i> SOLN	2	QL (12 vials per 25 days)
<i>sumatriptan succinate</i> SOSY	2	QL (12 units / 25 days)
<i>sumatriptan succinate</i> TABS	2	QL (12 tabs / 25 days)
<i>zolmitriptan</i>	2	QL (12 tabs / 25 days)
ZOMIG	4	QL (12 sprays / 25 days)

MISCELLANEOUS

<i>bupirone hcl</i>	2	
<i>clomipramine hcl</i> 25mg, 50mg	2	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine hcl</i> 75mg	2	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>fluvoxamine maleate</i>	2	
GUANIDINE HCL	4	
LITHIUM	4	
<i>lithium carbonate</i>	2	
MESTINON	3	
NUEDEXTA	3	
<i>pimozide</i>	2	
<i>pyridostigmine bromide</i>	2	

Drug Name	Drug Tier	Requirements/Limits
REGONOL	4	
<i>riluzole</i>	2	
SAVELLA	4	
SAVELLA TITRATION PACK	4	
<i>tetrabenazine</i>	5	PA

MULTIPLE SCLEROSIS AGENTS

AMPYRA	5	PA
BETASERON	5	PA
COPAXONE	5	PA
GILENYA	5	PA
<i>glatopa</i>	5	PA
PLEGRIDY	5	PA, ST
PLEGRIDY STARTER PACK	5	PA, ST
REBIF	5	PA
REBIF REBIDOSE	5	PA
REBIF REBIDOSE TITRATION	5	PA
REBIF TITRATION PACK	5	PA
TECFIDERA	5	PA
TECFIDERA STARTER PACK	5	PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i>	2	
<i>carisoprodol</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>chlorzoxazone</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>dantrolene sodium</i>	2	
<i>metaxalone</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>methocarbamol</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>orphenadrine citrate</i> SOLN	2	
<i>orphenadrine citrate</i> TB12	2	PA; High Risk Medications require PA for members age 65 and older
<i>tizanidine hcl</i>	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i>	2	PA
<i>modafinil</i>	2	PA
XYREM	3	PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	2	PA
<i>buproban</i>	1	\$0 limited to 2 treatment cycles/year
<i>bupropion hcl (smoking deterrent)</i>	1	\$0 limited to 2 treatment cycles/year
CHANTIX	1	\$0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
CHANTIX CONTINUING MONTH	1	\$0 limited to 2 treatment cycles/year
CHANTIX STARTING MONTH PA	1	\$0 limited to 2 treatment cycles/year
<i>disulfiram</i>	2	
<i>naloxone hcl</i>	2	
<i>naltrexone hcl</i>	2	
NARCAN	3	
<i>nicorelief</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex</i>	1	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INHALER	1	QL (max 168 days per year); \$0 limited to 2 treatment cycles/year
NICOTROL NS	1	QL (max 168 days per year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine</i>	1	OTC; \$0 limited to 2 treatment cycles/year
VIVITROL	5	PA

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50	4	PA
ANDROXY	4	PA
<i>methyltestosterone</i>	2	PA
<i>oxandrolone</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone</i>	2	PA
<i>testosterone cypionate</i>	2	PA
<i>testosterone enanthate</i>	2	PA

ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose</i>	2	
<i>miglitol</i>	2	

ANTIDIABETICS, AMYLIN ANALOGS

SYMLINPEN 60	4	PA
SYMLINPEN 120	4	PA

ANTIDIABETICS, BIGUANIDE

<i>metformin hcl</i>	2	
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ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS

<i>glipizide-metformin hcl</i>	2	
<i>glyburide-metformin</i>	2	PA; High Risk Medications require PA for members age 65 and older

ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS

<i>alogliptin benzoate</i>	2	PA
JANUVIA	3	
ONGLYZA	4	ST; PA**
TRADJENTA	3	

ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS

CYCLOSET	4	
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ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
JANUMET	3	
JANUMET XR	3	
JENTADUETO	3	

ANTIDIABETICS, INCRETIN MIMETIC AGENTS

BYDUREON	4	
BYDUREON PEN	4	
TANZEUM	5	
TRULICITY	5	
VICTOZA	5	

ANTIDIABETICS, INSULIN

APIDRA	3	
APIDRA SOLOSTAR	3	
BASAGLAR KWIKPEN	3	
HUMALOG	4	
HUMALOG KWIKPEN	4	
HUMALOG MIX 50/50	4	
HUMALOG MIX 50/50 KWIKPEN	4	
HUMALOG MIX 75/25	4	
HUMALOG MIX 75/25 KWIKPEN	4	
HUMULIN 70/30	4	OTC
HUMULIN 70/30 KWIKPEN	4	OTC
HUMULIN N	4	OTC
HUMULIN N KWIKPEN	4	OTC
HUMULIN R	4	OTC

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONCENTR	3	
HUMULIN R U-500 KWIKPEN	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	OTC;RELION not covered
NOVOLIN N	3	OTC;RELION not covered
NOVOLIN R	3	OTC;RELION not covered
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILL	3	
NOVOLOG PENFILL	3	
TRESIBA FLEXTOUCH	3	

ANTIDIABETICS, INSULIN SENSITIZER

<i>pioglitazone hcl</i>	2	
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ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION

<i>pioglitazone hcl-metformin hcl</i>	2	
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ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION

<i>pioglitazone hcl-glimepiride</i>	2	
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ANTIDIABETICS, MEGLITINIDE

<i>nateglinide</i>	2	
<i>repaglinide</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATION		
<i>repaglinide-metformin hcl</i>	2	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO		
XIGDUO XR	3	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB		
FARXIGA	3	
INVOKANA	4	ST; PA**
JARDIANCE	3	
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride</i>	2	
<i>glipizide</i>	2	
<i>glyburide</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>glyburide micronized</i>	2	PA; High Risk Medications require PA for members age 65 and older
BISPHOSPHONATES		
<i>alendronate sodium</i>	2	
<i>etidronate disodium</i>	2	
FOSAMAX PLUS D	4	ST; PA**
<i>ibandronate sodium</i>	2	
<i>pamidronate disodium</i>	2	
<i>risedronate sodium</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>zoledronic acid</i>	5	PA

CALCIUM RECEPTOR AGONISTS

SENSIPAR	5	PA
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CHELATING AGENTS

CHEMET	4	
DEPEN TITRATABS	4	
FERRIPROX	5	PA
JADENU	5	PA
<i>kionex</i>	2	
<i>sodium polystyrene sulfonate</i>	2	
SYPRINE	4	

CONTRACEPTIVES

<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aviane</i>	1	
<i>azurette</i>	1	
<i>camila</i>	1	
<i>caziant</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>chateal</i>	1	
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>delyla</i>	1	
DEPO-SUBQ PROVERA 104	1	QL (4 inj / 300 days)
<i>drospirenone-ethinyl estradiol</i>	1	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	1	
<i>elinest</i>	1	
ELLA	1	
<i>emoquette</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin</i>	1	
<i>falmina</i>	1	
<i>fayosim</i>	1	
<i>gianvi</i>	1	
<i>gildess 1.5/30</i>	1	
<i>gildess 1/20</i>	1	
<i>gildess fe 1.5/30</i>	1	
<i>gildess fe 1/20</i>	1	
<i>heather</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>introvale</i>	1	
<i>jolessa</i>	1	
<i>jolivette</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kurvelo</i>	1	
KYLEENA	1	QL (1 / 300 days)
<i>larin 1.5/30</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel & eth estradiol</i>	1	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	1	
<i>levora 0.15/30-28</i>	1	
LILETTA	1	QL (1 / 300 days)
LO LOESTRIN FE	1	
<i>lomedica 24 fe</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive)</i>	1	QL (4 inj / 300 days)
<i>mibelas 24 fe</i>	1	
MIRENA	1	QL (1 / 300 days)
<i>mono-linyah</i>	1	
<i>mononessa</i>	1	
<i>myzilra</i>	1	
NATAZIA	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35</i>	1	
<i>necon 1/50-28</i>	1	
NECON 10/11-28	1	
NEXPLANON	1	QL (1 / 300 days)
<i>nikki</i>	1	
<i>nora-be</i>	1	
<i>norethindrone & ethinyl estradiol-fe</i>	1	
<i>norethindrone (contraceptive)</i>	1	
<i>norgestimate-ethinyl estradiol</i>	1	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
NUVARING	1	QL (13 / 300 days)
<i>ocella</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ogestrel</i>	1	
<i>orsythia</i>	1	
PARAGARD INTRAUTERINE COP	1	QL (1 unit / 300 days)
<i>pirmella 1/35</i>	1	
<i>pirmella 7/7/7</i>	1	
<i>portia-28</i>	1	
<i>previfem</i>	1	
QUARTETTE	1	
<i>quasense</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
SAFYRAL	1	
SKYLA	1	QL (1 / 300 days)
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>take action</i>	1	
TAYTULLA	1	
<i>tilia fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trinessa</i>	1	
<i>trivora-28</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>viorele</i>	1	
<i>wera</i>	1	
<i>xulane</i>	1	
<i>zarah</i>	1	
<i>zenchent</i>	1	
<i>zenchent fe</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	

ENDOMETRIOSIS

<i>danazol</i>	2	
SYNAREL	3	

ENZYME REPLACEMENTS

BUPHENYL	5	PA
CARBAGLU	5	PA
CERDELGA	5	PA
CYSTADANE	5	
CYSTAGON	5	PA
KUVAN	5	PA
MYALEPT	5	PA
ORFADIN	5	PA
<i>sodium phenylbutyrate</i>	2	PA
ZAVESCA	5	PA

Drug Name	Drug Tier	Requirements/Limits
ESTROGENS		
CLIMARA PRO	3	
DEPO-ESTRADIOL	4	
DIVIGEL	4	PA; High Risk Medications require PA for members age 65 and older
DUAVEE	3	
ELESTRIN	4	PA; High Risk Medications require PA for members age 65 and older
ENJUVIA	4	PA; High Risk Medications require PA for members age 65 and older
ESTRACE	3	
<i>estradiol</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol & norethindrone acetate</i>	2	
<i>estradiol valerate</i>	2	
ESTROGEL	4	PA; High Risk Medications require PA for members age 65 and older
<i>estropipate</i>	2	PA; High Risk Medications require PA for members age 65 and older
EVAMIST	4	PA; High Risk Medications require PA for members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>jinteli</i>	2	
MENEST	4	PA; High Risk Medications require PA for members age 65 and older
<i>mimvey</i>	2	
<i>mimvey lo</i>	2	
<i>norethindrone acetate-ethinyl estradiol</i>	2	
PREMARIN CREA; SOLR	4	
PREMARIN TABS	4	PA; High Risk Medications require PA for members age 65 and older
<i>yuvaferm</i>	2	

GLUCOCORTICOIDS

<i>cortisone acetate</i>	2	
DEPO-MEDROL	4	
<i>dexamethasone</i>	2	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone sodium phosphate</i>	2	
<i>fludrocortisone acetate</i>	2	
<i>hydrocortisone</i>	2	
MEDROL	3	
<i>methylprednisolone</i>	2	
<i>methylprednisolone acetate</i>	2	
<i>methylprednisolone sod succ</i>	2	
<i>prednisolone</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate</i>	2	
<i>prednisone</i>	2	
PREDNISON INTENSOL	3	
SOLU-CORTEF	4	
SOLU-MEDROL	4	

GLUCOSE ELEVATING AGENTS

GLUCAGON EMERGENCY KIT	3	
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HUMAN GROWTH HORMONES

GENOTROPIN	5	PA, ST
GENOTROPIN MINIQUICK	5	PA, ST
HUMATROPE	5	PA
HUMATROPE COMBO PACK	5	PA
NORDITROPIN FLEXPRO	5	PA
NUTROPIN AQ NUSPIN 5	5	PA, ST
NUTROPIN AQ NUSPIN 10	5	PA, ST
NUTROPIN AQ PEN	5	PA, ST
OMNITROPE	5	PA, ST
SAIZEN	5	PA, ST
SAIZEN CLICK.EASY	5	PA, ST
SEROSTIM	5	PA
ZORBTIVE	5	PA

MISCELLANEOUS

<i>cabergoline</i>	2	
<i>calcitonin (salmon)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
FORTEO	5	PA
INCRELEX	5	PA
MIACALCIN	4	
<i>octreotide acetate</i>	5	PA
OSPHENA	3	
<i>raloxifene hcl</i>	2	\$0 copay for women > 35 years for the primary prevention of breast cancer
SAMSCA	5	PA
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA

PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder)</i>	2	
FOSRENOL	4	
PHOSLYRA	3	
REVELA	3	
VELPHORO	4	

PROGESTINS

CRINONE	3	
LUPANETA PACK	5	PA
<i>medroxyprogesterone acetate</i>	2	
<i>norethindrone acetate</i>	2	
<i>progesterone micronized</i>	2	

Drug Name	Drug Tier	Requirements/Limits
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THYROID AGENTS

<i>levothyroxine sodium</i>	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium</i>	2	
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
SYNTHROID	3	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	
<i>unithroid</i>	2	

VASOPRESSINS

<i>desmopressin acetate</i>	2	
<i>desmopressin acetate refrigerated</i>	2	
<i>desmopressin acetate spray</i>	2	
<i>desmopressin acetate spray refrigerated</i>	2	

GASTROINTESTINAL

ANTICHOLINERGICS

<i>atropine sulfate</i>	2	
CUVPOSA	3	
<i>dicyclomine hcl</i>	2	
<i>ed-spaz</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate</i>	2	
<i>hyoscyamine sulfate</i>	2	
<i>methscopolamine bromide</i>	2	
<i>nulev</i>	2	
<i>oscimin</i>	2	
<i>oscimin sr</i>	2	
<i>symax-sl</i>	2	

ANTIEMETICS

AKYNZEO	4	QL (2 capsules per 21 days)
ANZEMET	4	QL (6 tablets / 21 days)
<i>aprepitant</i>	2	QL (2 packs / 21 days)
<i>aprepitant</i> 40mg	2	QL (3 caps / 180 days)
<i>aprepitant</i> 80mg	2	QL (4 capsules / 21 days)
<i>aprepitant</i> 125mg	2	QL (2 capsules / 21 days)
CESAMET	4	QL (18 caps / 25 days)
<i>compro</i>	2	
<i>dronabinol</i>	2	QL (60 caps / 25 days)
EMEND	4	QL (6 kits / 25 days)
<i>granisetron hcl</i> SOLN	2	QL (2 mL / 21 days)
<i>granisetron hcl</i> TABS	2	QL (12 tablets / 21 days)
<i>meclizine hcl</i>	2	
<i>metoclopramide hcl</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron</i>	2	QL (18 tablets / 21 days)
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	2	QL (20 mL / 21 days)
<i>ondansetron hcl</i> SOLN 4mg/5ml	2	QL (200 mL / 21 days)
<i>ondansetron hcl</i> TABS 4mg, 8mg	2	QL (18 tablets / 21 days)
<i>ondansetron hcl</i> TABS 24mg	2	QL (2 tablets / 21 days)
<i>phenadoz</i>	2	
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate</i>	2	
<i>prochlorperazine maleate</i>	2	
<i>promethazine hcl</i> SOLN; SUPP	2	
<i>promethazine hcl</i> SYRP; TABS	2	PA; High Risk Medications require PA for members age 65 and older
<i>promethegan</i>	2	
SANCUSO	4	QL (2 patches / 21 days)
<i>scopolamine</i>	2	
TRANSDERM-SCOP	4	
<i>trimethobenzamide hcl</i>	2	PA; High Risk Medications require PA for members age 65 and older
VARUBI	3	
ZUPLENZ	4	QL (18 films / 21 days)

H2-RECEPTOR ANTAGONISTS

Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine 200mg</i>	2	
<i>cimetidine 300mg, 400mg, 800mg</i>	2	
<i>cimetidine hcl</i>	2	
<i>famotidine</i>	2	
<i>famotidine in nacl</i>	2	
<i>nizatidine</i>	2	
<i>ranitidine hcl</i>	2	

INFLAMMATORY BOWEL DISEASE

APRISO	3	
<i>balsalazide disodium</i>	2	
<i>budesonide</i>	2	
CANASA	3	
<i>colocort</i>	2	
DIPENTUM	4	
<i>mesalamine</i>	2	
<i>mesalamine w/ cleanser</i>	2	
<i>sulfasalazine</i>	2	

IRRITABLE BOWEL SYNDROME WITH CONSTIPATION

AMITIZA	3	
LINZESS	3	

IRRITABLE BOWEL SYNDROME WITH DIARRHEA

<i>alosetron hcl</i>	2	PA
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LAXATIVES

<i>enulose</i>	2	
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Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-h</i>	1	\$0 copay for members age 50 through 74
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	2	
GOLYTELY	3	
<i>lactulose</i>	2	
MOVIPREP	3	\$0 copay for members age 50 through 74
OSMOPREP	4	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>polyethylene glycol 3350</i>	2	
PREPOPIK	1	\$0 copay for members age 50 through 74
SUPREP BOWEL PREP KIT	4	\$0 copay for members age 50 through 74

MISCELLANEOUS

CARAFATE	4	
<i>cromolyn sodium (mastocytosis)</i>	2	
<i>diphenoxylate w/ atropine</i>	2	
<i>loperamide hcl</i>	2	
<i>misoprostol</i>	2	
MOTOFEN	4	

Drug Name	Drug Tier	Requirements/Limits
MOVANTIK	3	
SUCRAID	4	
<i>sucralfate</i>	2	
<i>ursodiol</i>	2	

PANCREATIC ENZYMES

CREON	3	
VIOKACE	3	
ZENPEP	3	

PROTON PUMP INHIBITORS

DEXILANT	4	QL (90 caps / 365 days), ST; PA**
<i>esomeprazole magnesium</i>	2	QL (90 caps / 365 days)
<i>esomeprazole sodium</i>	2	
<i>lansoprazole</i>	2	QL (90 caps / 365 days)
<i>omeprazole</i>	2	QL (90 caps / 365 days)
<i>pantoprazole sodium</i>	2	QL (90 tabs / 365 days)
<i>rabeprazole sodium</i>	2	QL (90 tabs / 365 days)

RECTAL,CORTICOSTEROIDS

<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i>	2	
CARDURA XL	3	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
CIALIS	3	QL (30 tabs / 25 days), PA
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin hcl</i>	2	
<i>finasteride</i>	2	
RAPAFLO	3	ST; PA**
<i>tamsulosin hcl</i>	2	

CONTRACEPTIVES

ENCARE	1	OTC
OPTIONS CONCEPTROL VAGINA	1	OTC
OPTIONS GYNOL II VAGINAL	1	OTC
SHUR-SEAL	1	OTC
TODAY SPONGE	1	OTC
VCF VAGINAL CONTRACEPTIVE	1	OTC

MISCELLANEOUS

<i>bethanechol chloride</i>	2	
ELMIRON	4	
<i>flavoxate hcl</i>	2	
<i>phenazopyridine hcl</i>	2	
<i>potassium citrate (alkalinizer)</i>	2	

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide</i>	2	
MYRBETRIQ	4	ST; PA**
<i>oxybutynin chloride</i>	2	
<i>tolterodine tartrate</i>	2	

Drug Name	Drug Tier	Requirements/Limits
TOVIAZ	3	
<i>trospium chloride</i>	2	
VESICARE	4	ST; PA**

VAGINAL ANTI-INFECTIVES

CLEOCIN	3	
<i>clindamycin phosphate vaginal</i>	2	
GYNAZOLE-1	4	
<i>metronidazole vaginal</i>	2	
<i>miconazole 3</i>	2	
<i>terconazole vaginal</i>	2	
<i>vandazole</i>	2	
<i>zazole</i>	2	

HEMATOLOGIC

ANTICOAGULANTS

ARGATROBAN	4	
<i>argatroban 250mg/2.5ml</i>	2	
ELIQUIS	3	
<i>enoxaparin sodium</i>	2	
<i>fondaparinux sodium</i>	2	
FRAGMIN	4	
<i>heparin sodium (porcine)</i>	2	
<i>jantoven</i>	2	
PRADAXA	4	
<i>warfarin sodium</i>	2	

Drug Name	Drug Tier	Requirements/Limits
XARELTO	3	
XARELTO STARTER PACK	3	

HEMATOPOIETIC GROWTH FACTORS

ARANESP ALBUMIN FREE	5	PA
MIRCERA	5	PA
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
PROCRIT	5	PA
PROMACTA	5	PA
ZARXIO	5	PA

MISCELLANEOUS

<i>anagrelide hcl</i>	2	
<i>cilostazol</i>	2	
FIRAZYR	5	PA
<i>pentoxifylline</i>	2	
<i>tranexamic acid</i>	2	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole</i>	2	
BRILINTA	3	
<i>clopidogrel bisulfate</i>	2	
<i>dipyridamole</i>	2	PA; High Risk Medications require PA for members age 65 and older
EFFIENT	3	
<i>prasugrel hcl</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ZONTIVITY	3	

IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS

ACTEMRA	5	PA, ST
CIMZIA	5	PA, ST
CIMZIA STARTER KIT	5	PA, ST
ENBREL	5	PA
ENBREL SURECLICK	5	PA
HUMIRA	5	PA
HUMIRA PEN-CROHNS DISEASE	5	PA
ORENCIA	5	PA, ST
ORENCIA CLICKJECT	5	PA, ST
SIMPONI	5	PA, ST
SIMPONI ARIA	5	PA, ST
STELARA	5	PA, ST
XELJANZ	5	PA, ST

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i>	2	
<i>leflunomide</i>	2	
<i>methotrexate sodium</i> TABS	2	
OTEZLA	5	PA, ST

IMMUNOGLOBULIN

HYQVIA	5	PA
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IMMUNOMODULATORS

Drug Name	Drug Tier	Requirements/Limits
ACTIMMUNE	5	PA
ALFERON N	5	
ARCALYST	5	PA
INTRON A	5	PA
INTRON A W/DILUENT	5	PA
POMALYST	5	PA
REVLIMID	5	PA
THALOMID	5	PA

IMMUNOSUPPRESSANTS

AZASAN	4	
<i>azathioprine</i>	2	
<i>cyclosporine</i>	2	
<i>cyclosporine modified (for microemulsion)</i>	2	
<i>gengraf</i>	2	
<i>mycophenolate mofetil</i>	2	
<i>mycophenolate mofetil hcl</i>	2	
<i>mycophenolate sodium</i>	2	
PROGRAF	4	
RAPAMUNE	3	
SANDIMMUNE	4	
<i>sirolimus</i>	2	
<i>tacrolimus</i>	2	
ZORTRESS	3	

VACCINES

Drug Name	Drug Tier	Requirements/Limits
ACTHIB	1	\$0 copay for members age 18 and younger
ADACEL	1	
AFLURIA 2016-2017	1	
AFLURIA PF 2016-2017	1	
BEXSERO	1	
BOOSTRIX	1	
COMVAX	1	\$0 copay for members age 18 and younger
DAPTACEL	1	\$0 copay for members age 18 and younger
DIPHTHERIA/TETANUS TOXOID	1	\$0 copay for members age 18 and younger
ENGERIX-B	1	
FLUAD 2016-2017	1	
FLUBLOK 2016-2017	1	
FLUCELVAX QUADRIVALENT 20	1	
FLULAVAL QUADRIVALENT 201	1	
FLUVIRIN 2016-2017	1	
FLUZONE HIGH-DOSE PF 2016	1	
FLUZONE INTRADERMAL QUADR	1	
FLUZONE QUADRIVALENT 2016	1	
GARDASIL	1	
GARDASIL 9	1	
HAVRIX	1	
HIBERIX	1	\$0 copay for members age 18 and younger

Drug Name	Drug Tier	Requirements/Limits
INFANRIX	1	\$0 copay for members age 18 and younger
IPOL INACTIVATED IPV	1	\$0 copay for members age 18 and younger
KINRIX	1	\$0 copay for members age 18 and younger
M-M-R II	1	
MEDICAL PROVIDER SINGLE U	1	
MENACTRA	1	
MENHIBRIX	1	\$0 copay for members age 18 and younger
MENOMUNE-A/C/Y/W-135	1	
MENVEO	1	
PEDIARIX	1	\$0 copay for members age 18 and younger
PEDVAX HIB	1	\$0 copay for members age 18 and younger
PENTACEL	1	\$0 copay for members age 18 and younger
PNEUMOVAX 23/1 DOSE	1	
PREVNAR 13	1	
PROQUAD	1	\$0 copay for members age 18 and younger
RECOMBIVAX HB	1	
ROTARIX	1	\$0 copay for members age 18 and younger
ROTATEQ	1	\$0 copay for members age 18 and younger
TENIVAC	1	\$0 copay for members age 19 and older

Drug Name	Drug Tier	Requirements/Limits
TETANUS/DIPHTHERIA TOXOID	1	\$0 copay for members age 19 and older
TRUMENBA	1	
TWINRIX	1	\$0 copay for members age 19 and older
VAQTA	1	
VARIVAX	1	
ZOSTAVAX	1	\$0 copay for members age 19 and older

MEDICAL DEVICES

CONTRACEPTIVES

CAYA	1	QL (1 / 300 days)
FC2 FEMALE CONDOM	1	OTC
FEMCAP	1	QL (1 / 300 days)
OMNIFLEX DIAPHRAGM	1	QL (1 / 300 days)
PRENTIF CAVITY-RIM CERVIC	1	QL (1 / 300 days)
PRENTIF FITTING SET	1	QL (1 / 300 days)
WIDE-SEAL SILICONE DIAPHR	1	QL (1 / 300 days)

DIABETIC SUPPLIES

BD INSULIN SYRINGE ULTRAF	3	OTC
BD SWABS SINGLE USE	3	OTC
CHEMSTRIP 9 STRIPS	3	OTC
ONETOUCH DELICA LANCING D	3	OTC
ONETOUCH PING METER REMOT	3	OTC
ONETOUCH ULTRA 2	3	OTC

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH ULTRA BLUE	3	QL (200 Test Strips / 25 days); OTC
ONETOUCH ULTRASOFT LANCET	3	OTC
ONETOUCH VERIO	3	OTC
ONETOUCH VERIO MID CONTRO	3	OTC
SHARPS CONTAINER/HALF GAL	3	OTC

MISCELLANEOUS

AEROCHAMBER PLUS FLOW-VU	3	
FLEXICHAMBER CHILD MASK/S	3	OTC
HUMATROPEN FOR 6MG	3	
HUMATROPEN FOR 12MG	3	
HUMATROPEN FOR 24MG	3	
OPTICHAMBER FACE MASK/SMA	3	OTC
PEDIATRIC PANDA MASK	3	OTC

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>fluor-a-day</i>	1	\$0 applies for ages 5 and under
FLUORABON	1	\$0 applies for ages 5 and under
<i>fluoritab</i> 1mg	2	
<i>fluoritab</i> .25mg, .5mg	1	\$0 applies for ages 5 and under
<i>flura-drops</i>	1	\$0 applies for ages 5 and under
<i>k-effervescent</i>	2	
<i>klor-con 8</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con 10</i>	2	
KLOR-CON M15	3	
<i>klor-con m20</i>	2	
<i>ludent 1mg</i>	2	
<i>ludent .25mg, .5mg</i>	1	\$0 applies for ages 5 and under
LURIDE	1	\$0 applies for ages 5 and under
<i>magnesium sulfate</i>	2	
<i>magnesium sulfate in dextrose</i>	2	
<i>nafrinse</i>	2	
<i>potassium chloride CPCR</i>	2	
<i>potassium chloride SOLN 10%, 20%</i>	2	
<i>potassium chloride TBCR</i>	2	
<i>potassium chloride microencapsulated crystals cr</i>	2	
<i>sodium chloride 2.5meq/ml</i>	2	
<i>sodium chloride flush</i>	2	
<i>sodium fluoride CHEW 1mg, 2.2mg</i>	2	
<i>sodium fluoride CHEW .25mg, .5mg</i>	1	\$0 applies for ages 5 and under
<i>sodium fluoride SOLN</i>	1	\$0 applies for ages 5 and under
<i>sodium fluoride TABS 1mg</i>	2	
<i>sodium fluoride TABS .5mg</i>	1	\$0 applies for ages 5 and under

IV REPLACEMENT SOLUTIONS

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride</i> SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	2	
<i>potassium chloride in nacl</i>	2	
<i>sodium chloride</i> .45%, .9%, 3%, 5%	2	

VITAMINS

BABY SUPER DAILY D3	1	OTC; \$0 applies for ages 65 and older
<i>bio-d-mulsion</i>	1	OTC; \$0 applies for ages 65 and older
<i>bprotected pedia d-vite</i>	1	OTC; \$0 applies for ages 65 and older
<i>calcitriol</i>	2	
<i>cholecalciferol</i>	1	OTC; \$0 applies for ages 65 and older
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	
CITRANATAL B-CALM	3	
CITRANATAL DHA	3	
CITRANATAL HARMONY	3	
CITRANATAL RX	3	
<i>cyanocobalamin</i>	2	
<i>d3 kids</i>	1	OTC; \$0 applies for ages 65 and older
D-VI-SOL	1	OTC; \$0 applies for ages 65 and older
DDROPS BOOSTER	1	OTC; \$0 applies for ages 65 and older
<i>doxercalciferol</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>elite-ob</i>	2	
<i>ergocalciferol</i>	2	
<i>folbic</i>	2	
<i>folic acid 1mg</i>	2	
<i>folic acid 400mcg, 800mcg</i>	1	QL (100 tabs / 30 days); OTC; \$0 copay for women ages 55 and under
MEPHYTON	3	
<i>multi-vit/fluoride</i>	2	
<i>multi-vit/iron/fluoride</i>	2	
<i>multi-vitamin/fluoride/ir</i>	2	
<i>multivitamin with fluorid</i>	2	
<i>mvc-fluoride</i>	2	
<i>paricalcitol</i>	2	
<i>prenatabs rx</i>	2	
<i>sm vitamin d</i>	1	OTC; \$0 applies for ages 65 and older
<i>tri-vit/fluoride</i>	2	
<i>tri-vit/fluoride/iron</i>	2	
VITAMIN D2	1	OTC; \$0 applies for ages 65 and older
VITAMIN D3	1	OTC; \$0 applies for ages 65 and older
<i>vitamins a/c/d/fluoride</i>	2	
WELLESSE VITAMIN D3	1	OTC; \$0 applies for ages 65 and older

OPHTHALMIC

Drug Name	Drug Tier	Requirements/Limits
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ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-poly-neomycin-hc</i>	2	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>neomycin-polymy-dexameth</i>	2	
<i>neomycin-polymyxin-hc (ophth)</i>	2	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX	3	
<i>tobramycin-dexamethasone</i>	2	

ANTI-INFECTIVES

AZASITE	4	
<i>bacitracin (ophthalmic)</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	4	
CILOXAN	3	
<i>ciprofloxacin hcl (ophth)</i>	2	
<i>erythromycin (ophth)</i>	2	
<i>gatifloxacin (ophth)</i>	2	
<i>gentak</i>	2	
<i>gentamicin sulfata (ophth)</i>	2	
<i>levofloxacin (ophth)</i>	2	
NATACYN	3	
<i>neomycin-polymyxin-gramicidin</i>	2	
<i>ofloxacin (ophth)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>polycin</i>	2	
<i>polymyxin b-trimethoprim</i>	2	
<i>sulfacetamide sodium (ophth)</i>	2	
<i>tobramycin (ophth)</i>	2	
TOBEX	3	
<i>trifluridine</i>	2	
VIGAMOX	3	
ZIRGAN	4	

ANTI-INFLAMMATORIES

ALREX	4	
<i>bromfenac sodium (ophth)</i>	2	
<i>dexamethasone sodium phosphate (ophth)</i>	2	
<i>diclofenac sodium (ophth)</i>	2	
DUREZOL	4	
FLAREX	4	
<i>fluorometholone (ophth)</i>	2	
<i>flurbiprofen sodium</i>	2	
FML	4	
FML FORTE	4	
<i>ketorolac tromethamine (ophth)</i>	2	
LOTEMAX	4	
MAXIDEX	4	
NEVANAC	4	
PRED MILD	3	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone acetate (ophth)</i>	2	
PREDNISOLONE SODIUM PHOSP	3	
VEXOL	4	

ANTIALLERGICS

ALOCRIIL	4	
ALOMIDE	4	
<i>azelastine hcl (ophth)</i>	2	
BEPREVE	4	
<i>cromolyn sodium (ophth)</i>	2	
EMADINE	4	
<i>epinastine hcl (ophth)</i>	2	
LASTACAFT	4	
<i>olopatadine hcl</i>	2	
PATADAY	4	

ANTI GLAUCOMA

ALPHAGAN P	4	
<i>apraclonidine hcl</i>	2	
AZOPT	4	
<i>betaxolol hcl (ophth)</i>	2	
BETIMOL	4	
BETOPTIC-S	3	
<i>bimatoprost</i>	2	
<i>brimonidine tartrate</i>	2	
<i>carteolol hcl (ophth)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
COMBIGAN	3	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl-timolol maleate</i>	2	
IOPIDINE	4	
ISTALOL	4	
<i>latanoprost</i>	2	
<i>levobunolol hcl</i>	2	
LUMIGAN	4	ST; PA**
<i>metipranolol</i>	2	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl</i>	2	
SIMBRINZA	3	
<i>timolol maleate (ophth)</i>	2	
TIMOPTIC OCUDOSE	3	
TRAVATAN Z	4	ST; PA**
ZIOPTAN	4	ST; PA**
MISCELLANEOUS		
<i>atropine sulfate (ophthalmic)</i>	2	
CYSTARAN	5	PA
LACRISERT	4	
<i>naphazoline hcl</i>	2	
<i>phenylephrine hcl (ophth)</i>	2	
<i>proparacaine hcl</i>	2	
RESTASIS	4	

Drug Name	Drug Tier	Requirements/Limits
<i>tropicamide</i>	2	

OTHER

IRRIGATION SOLUTIONS

<i>physiolyte</i>	2	
<i>physiosol irrigation</i>	2	
<i>tis-u-sol</i>	2	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS

ADDYI	4	PA
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RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

<i>epinephrine</i>	2	(generic of Adrenaclick)
<i>epinephrine hcl</i> SOSY	2	
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPTA	3	QL (1 package / 25 days)
BEVESPI AEROSPHERE	3	QL (1 package / 25 days)
COMBIVENT RESPIMAT	3	QL (2 inhalers / 25 days)
<i>ipratropium-albuterol</i>	2	QL (6 boxes / 25 days)

ANTICHOLINERGICS

INCRUSE ELLIPTA	3	QL (1 package per 25 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide</i>	2	QL (5 boxes / 25 days)
<i>ipratropium bromide (nasal)</i>	2	
SPIRIVA HANDIHALER	3	
SPIRIVA RESPIMAT	3	
TUDORZA PRESSAIR	4	QL (1 packages per 25 days)

ANTI-HISTAMINE COMBINATIONS

DYMISTA	3	QL (1 package / 25 days)
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ANTI-HISTAMINES

<i>arbinoxa</i>	2	
<i>azelastine hcl</i>	2	QL (2 bottles / 25 days)
<i>brompheniramine tannate</i>	2	
<i>carbinoxamine maleate</i>	2	
CLARINEX	4	
<i>clemastine fumarate</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>cyproheptadine hcl</i>	2	
<i>desloratadine</i>	2	
<i>diphenhydramine hcl</i>	2	
<i>hydroxyzine hcl</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>hydroxyzine pamoate</i>	2	PA; High Risk Medications require PA for members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride</i>	2	
<i>olopatadine hcl (nasal)</i>	2	QL (1 container / 25 days)

BETA AGONISTS

<i>albuterol sulfate</i> NEBU .5%	2	QL (60 mL per 25 days)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml	2	QL (5 boxes / 25 days)
<i>albuterol sulfate</i> SYRP	2	
<i>albuterol sulfate</i> TABS	2	
<i>albuterol sulfate</i> TB12	2	
ARCAPTA NEOHALER	4	QL (30 caps / 25 days)
BROVANA	4	QL (2 boxes / 25 days)
<i>levalbuterol hcl</i> 1.25mg/0.5ml	2	QL (45 mL / 25 days)
<i>levalbuterol hcl</i> .31mg/3ml, .63mg/3ml, 1.25mg/3ml	2	QL (300 mL / 25 days)
<i>levalbuterol tartrate</i>	2	QL (2 inhalers per 25 days)
<i>metaproterenol sulfate</i>	2	
PERFOROMIST	3	QL (2 boxes / 25 days)
PROAIR HFA	3	QL (2 inhalers / 25 days)
PROAIR RESPICLICK	3	QL (2 packages / 25 days)
SEREVENT DISKUS	4	QL (60 inhalations / 25 days)
STRIVERDI RESPIMAT	3	QL (1 package per 25 days)
<i>terbutaline sulfate</i>	2	

Drug Name	Drug Tier	Requirements/Limits
COLD/COUGH		
<i>benzonatate</i>	2	
<i>hydrocodone w/ homatropine</i>	2	
<i>hydromet</i>	2	
NORTUSS-EX	3	
<i>promethazine vc plain</i>	2	
<i>promethazine vc/codeine</i>	2	
<i>promethazine w/codeine</i>	2	
<i>promethazine-dm</i>	2	
<i>pseudoephed-bromphen-dm</i>	2	
<i>tussigon</i>	2	
LEUKOTRIENE MODIFIERS		
<i>zileuton</i>	2	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium</i>	2	
<i>zafirlukast</i>	2	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i>	2	QL (2 boxes / 25 days)
MISCELLANEOUS		
<i>acetylcysteine</i>	2	
DALIRESP	4	PA
<i>epinephrine hcl SOLN</i>	2	
ESBRIET	5	PA
KALYDECO	5	PA

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI	5	PA
<i>sodium chloride (inhalant)</i>	2	

NASAL STEROIDS

<i>budesonide (nasal)</i>	2	QL (2 containers / 25 days)
<i>flunisolide (nasal)</i>	2	QL (3 containers / 25 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 container / 25 days)
OMNARIS	4	QL (1 package per 25 days)
<i>triamcinolone acetonide (nasal)</i>	2	QL (1 container / 25 days)

STEROID INHALANTS

ASMANEX HFA	3	QL (1 inhaler per 25 days)
ASMANEX TWISTHALER 30 MET	3	QL (2 inhalers / 25 days)
ASMANEX TWISTHALER 60 MET	3	QL (2 inhalers per 25 days)
ASMANEX TWISTHALER 120 ME	3	QL (1 inhaler per 25 days)
<i>budesonide (inhalation) 1mg/2ml</i>	2	QL (1 box / 25 days)
<i>budesonide (inhalation) .5mg/2ml</i>	2	QL (2 boxes / 25 days)
<i>budesonide (inhalation) .25mg/2ml</i>	2	QL (3 boxes / 25 days)
QVAR	3	

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKUS	3	
ADVAIR HFA	3	

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA	3	QL (1 package / 25 days)

XANTHINES

<i>aminophylline</i>	2	
ELIXOPHYLLIN	4	
THEO-24	4	
<i>theochron</i>	2	
<i>theophylline</i>	2	

TOPICAL

DERMATOLOGY, ACNE

ACANYA	4	ST; PA**
<i>adapalene</i>	2	PA; PA applies for members age 35 and older
<i>amnesteem</i>	2	PA
<i>avita</i>	2	PA; PA applies for members age 35 and older
AZELEX	4	ST; PA**
BENZIQ	3	
BENZIQ LS	3	
<i>benziq wash</i>	2	
<i>benzoyl peroxide wash</i>	2	
<i>benzoyl peroxide-erythromycin</i>	2	
<i>bp wash</i>	2	
<i>claravis</i>	2	PA
<i>clearplex x</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamax</i>	2	
<i>clindamycin phosphate (topical)</i>	2	
<i>clindamycin phosphate-benzoyl peroxide</i>	2	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	2	
EPIDUO	4	
EPIDUO FORTE	4	
<i>ery</i>	2	
<i>erythromycin (acne aid)</i>	2	
<i>myorisan</i>	2	PA
<i>oscion cleanser</i>	2	
<i>sulfacetamide sodium (acne)</i>	2	
TRETIN-X	4	PA; PA applies for members age 35 and older
<i>tretinoin</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere</i>	2	PA; PA applies for members age 35 and older

DERMATOLOGY, ACTINIC KERATOSIS

FLUOROPLEX	4	
<i>fluorouracil (topical)</i>	2	
<i>imiquimod</i>	2	
PICATO	4	

DERMATOLOGY, ANTIBIOTICS

ALTABAX	4	
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Drug Name	Drug Tier	Requirements/Limits
BACTROBAN NASAL	4	
CORTISPORIN	4	
<i>gentamicin sulfate (topical)</i>	2	
IV PREP WIPES	3	
<i>mupirocin</i>	2	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
SULFAMYLON	4	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox</i>	2	
<i>ciclopirox olamine</i>	2	
<i>clotrimazole (topical)</i>	2	
<i>clotrimazole w/ betamethasone</i>	2	
<i>econazole nitrate</i>	2	
ERTACZO	4	
EXELDERM	4	ST; PA**
JUBLIA	4	PA
KERYDIN	4	PA
<i>ketconazole (topical) CREA</i>	2	
<i>ketodan</i>	2	
MENTAX	4	
<i>naftifine hcl</i>	2	
<i>nyamyc</i>	2	
<i>nystatin (topical)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone</i>	2	
<i>nystop</i>	2	
<i>oxiconazole nitrate</i>	2	
OXISTAT	4	
XOLEGEL	4	

DERMATOLOGY, ANTIPRURITIC

<i>doxepin hcl (antipruritic)</i>	2	
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DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i>	2	
<i>calcipotriene</i>	2	
<i>calcitrene</i>	2	
<i>calcitriol (topical)</i>	2	
COSENTYX	5	PA, ST
COSENTYX SENSOREADY PEN	5	PA, ST
<i>methoxsalen rapid</i>	2	
8-MOP	4	
<i>tazarotene</i>	2	PA
TAZORAC	3	PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole (topical) SHAM</i>	2	
<i>selenium sulfide</i>	2	

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i>	2	
<i>alclometasone dipropionate</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>alphatrex</i>	2	
<i>amcinonide</i> CREA; LOTN	2	
AMCINONIDE OINT	3	
<i>betamethasone dipropionate (topical)</i>	2	
<i>betamethasone dipropionate augmented</i>	2	
<i>betamethasone valerate</i>	2	
<i>calcipotriene-betamethasone dipropionate</i>	2	
CAPEX	4	
<i>clobetasol propionate</i>	2	
<i>clocortolone pivalate</i>	2	
CORDRAN TAPE	4	
DESONATE	4	
<i>desonide</i>	2	
<i>desoximetasone</i>	2	
<i>diflorasone diacetate</i>	2	
<i>fluocinolone acetonide</i>	2	
<i>fluocinolone acetonide bo</i>	2	
<i>fluocinolone acetonide sc</i>	2	
<i>fluocinonide</i>	2	
<i>flurandrenolide</i>	2	
<i>fluticasone propionate</i>	2	
<i>halobetasol propionate</i>	2	
HALOG	4	
<i>hydrocortisone (topical)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate</i>	2	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	2	
<i>hydrocortisone valerate</i>	2	
<i>lokara</i>	2	
<i>mometasone furoate</i>	2	
PEDIADERM HC	4	
PEDIADERM TA	4	
<i>prednicarbate</i>	2	
<i>scalacort</i>	2	
TEXACORT	4	
<i>triamcinolone acetonide (topical)</i>	2	
<i>triderm</i>	2	
VERDESO	4	

DERMATOLOGY, LOCAL ANESTHETICS

<i>lidocaine</i> OINT	2	QL (50gm / 25 days)
<i>lidocaine</i> PTCH	2	
<i>lidocaine hcl</i> GEL	2	QL (30gm / 25 days)
<i>lidocaine hcl</i> SOLN	2	QL (50mL / 25 days)
<i>lidocaine-prilocaine</i> CREA	2	QL (30gm / 25 days)
<i>lidocaine-prilocaine</i> KIT	2	
<i>pramox gel</i>	2	
SYNERA	4	QL (2 patches / 25 days)

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir topical</i>	2	
<i>amlactin</i>	2	
CONDYLOX	4	
DENAVIR	4	
<i>diclofenac sodium (topical)</i>	2	
ELIDEL	3	ST; PA**
<i>lactic acid (ammonium lactate)</i>	2	
<i>podofilox</i>	2	
RECTIV	4	
<i>tacrolimus (topical)</i>	2	ST; PA**
TARGETIN	5	PA
VEREGEN	4	

DERMATOLOGY, ROSACEA

FINACEA	3	
<i>metronidazole (topical)</i>	2	
MIRVASO	4	
<i>rosadan</i>	2	

DERMATOLOGY, SCABICIDES AND PEDICULIDES

EURAX	4	
<i>lindane</i>	2	
<i>malathion</i>	2	
<i>permethrin</i>	2	
SKLICE	4	
<i>spinosad</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ULESFIA	4	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	4	
SANTYL	4	
<i>sodium chloride (gu irrigant)</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate (mouth-throat)</i>	2	
<i>clotrimazole</i>	2	
<i>lidocaine hcl (mouth-throat)</i>	2	
<i>nystatin (mouth-throat)</i>	2	
<i>oralone dental paste</i>	2	
ORAVIG	4	
<i>periogard</i>	2	
<i>pilocarpine hcl (oral)</i>	2	
<i>triamcinolone acetonide (mouth)</i>	2	
OTIC		
<i>acetic acid (otic)</i>	2	
<i>acetic acid-aluminum acetate</i>	2	
CIPRO HC	4	
CIPRODEX	3	
CORTISPORIN-TC	4	
<i>fluocinolone acetonide (otic)</i>	2	
<i>hydrocortisone w/acetic acid</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc (otic)</i>	2	
<i>ofloxacin (otic)</i>	2	

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2018 Prescription benefits for each plan

Gold

Tier	Retail (30 days)	Mail-order (90 days)
Tier 1	No Charge	No Charge
Tier 2	\$10 per prescription	\$25 per prescription
Tier 3	\$50 per prescription	\$125 per prescription
Tier 4	20% after deductible	20% after deductible
Tier 5	20% after deductible	20% after deductible

Silver

Tier	Retail (30 days)	Mail-order (90 days)
Tier 1	No Charge	No charge
Tier 2	\$25 per prescription	\$62.50 per prescription
Tier 3	\$100 per prescription	\$250 per prescription
Tier 4	40% after deductible	40% after deductible
Tier 5	40% after deductible	40% after deductible

Silver HSA

Tier	Retail (30 days)	Mail-order (90 days)
Tier 1	No charge	No charge
Tier 2	\$20 after deductible	\$50 after deductible
Tier 3	15% after deductible	15% after deductible
Tier 4	15% after deductible	15% after deductible
Tier 5	15% after deductible	15% after deductible

Silver Plus

Tier	Retail (30 days)	Mail-order (90 days)
Tier 1	No charge	No charge
Tier 2	\$25 per prescription	\$62.50 per prescription
Tier 3	\$75 per prescription	\$187.50 per prescription
Tier 4	40% after deductible	40% after deductible
Tier 5	40% after deductible	40% after deductible

Silver Plus HSA

Tier	Retail (30 days)	Mail-order (90 days)
Tier 1	No charge	No charge
Tier 2	\$15 after deductible	\$37.50 after deductible
Tier 3	20% after deductible	20% after deductible
Tier 4	20% after deductible	20% after deductible
Tier 5	20% after deductible	20% after deductible

Bronze

Tier	Retail (30 days)	Mail-order (90 days)
Tier 1	No charge	No charge
Tier 2	\$25 per prescription	\$62.50 per prescription
Tier 3	0% after deductible	0% after deductible
Tier 4	0% after deductible	0% after deductible
Tier 5	0% after deductible	0% after deductible

Bronze HSA

Tier	Retail (30 days)	Mail-order (90 days)
Tier 1	No charge	No charge
Tier 2	0% after deductible	0% after deductible
Tier 3	0% after deductible	0% after deductible
Tier 4	0% after deductible	0% after deductible
Tier 5	0% after deductible	0% after deductible

Catastrophic

Tier	Retail (30 days)	Mail-order (90 days)
Tier 1	No charge	No charge
Tier 2	0% after deductible	0% after deductible
Tier 3	0% after deductible	0% after deductible
Tier 4	0% after deductible	0% after deductible
Tier 5	0% after deductible	0% after deductible

Language Assistance Services

If You or someone you're helping has questions about Bright Health, You have the right to get help and information in Your language, at no cost. To talk to an interpreter, call (855) 453-0435.

Spanish

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Bright Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (855) 453-0435.

Chinese

如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱 Bright Health方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 (855) 453-0435。

Korean

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Bright Health에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 (855) 453-0435로 전화하십시오.

Vietnamese

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Bright Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi (855) 453-0435.

Arabic

في الحصول على المساعدة والمعلومات فلديك الحق، Bright Health إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص (855) 453-0435 الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل ب)

German

Falls Sie oder jemand, dem Sie helfen, Fragen zum Bright Health haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer (855) 453-0435 an.

French

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Bright Health, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez (855) 453-0435.

Gujarati

જો તમે અથવા તમે કોઇને મદદ કરી રહ્યાં તેમ જ કોઇને Bright Health વિશે પ્રશ્નો હોય તો તમને મદદ અને મહત્તી મેળિ નો અવિક ર છે. તે ખર્ચ વિન તમ રી ભ ષ માં પ્ર સ કરી શક ર છે. દ ભ વષરો િત કરિ મ ટે,આ (855) 453-0435 પર કોલ કરો.

Tagalog

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Bright Health, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa (855) 453-0435.

Hindi

यदि आपके ,या आप द्वारा सहायता ककए जा रहे ककसी व्यक्तत के Bright Health के बारे में प्रश्न हैं ,तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी िुभाषण से बात करने के लिए (855) 453-0435 पर कॉि करें।

Laotian

ຖ້າທ່ານ, ຫຼື ຄົນທ່ານກ່າວ ຈຶ່ງ ຈ່ວຍເຫຼືອ, ມຄ່າຖາມກ່ຽວກັບ Bright Health, ທ່ານມສິດທິ ຈໄດ້ ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທ່ານ ເປັນພາສາຂອງທ່ານ ບໍ່ມຄ່າໃຊ້ຈ່າຍ. ການໃສ້ ວັມກ ບນາຍພາສາ, ໃຫ້ ໂທຫາ (855) 453-0435.

Russian

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Bright Health, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (855) 453-0435.

Portuguese

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Bright Health, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para (855) 453-0435.

Turkish

Sizin veya yardım ettiğiniz birinin Bright Health hakkında sorularınız varsa, kendi dilinizde ücretsiz olarak yardım ve bilgi alma hakkınız bulunmaktadır. Bir tercüman ile konuşmak için (855) 453-0435 numaralı hattı arayın.

Japanese

ご本人様、またはお客様の身の回りの方でも、Bright Healthについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報入手したりすることができます。料金はかかりません。通訳とお話される場合、(855) 453-0435までお電話ください。