



Effective: 7/1/2021

# WELCOME CITY OF BOSTON PPO



## GET THE MOST OUT OF YOUR PLAN



VISIT  
MYBLUE



FIND A  
DOCTOR



LOOK UP A  
MEDICATION



CONTACT US



SAVINGS  
AND DEALS



DOWNLOAD  
THE MYBLUE APP



GET HEALTHY &  
STAY HEALTHY



UNDERSTANDING YOUR  
PLAN AND BENEFITS

## PLAN OPTIONS

### Medical

Blue Care Elect PPO Plan

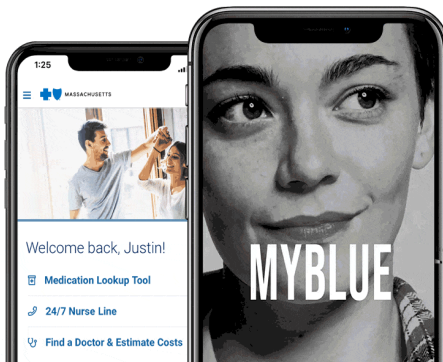
[Summary](#)



[View SBC](#)



## HELPFUL RESOURCES



[Quick Start - PPO](#)  
[Telehealth Brochure](#)  
[NPF Pharm](#)  
[ahealthyme](#)  
[ahealthyme Wellness Workshops](#)  
[Weight-Loss \\$150 Reimbursement](#)  
[Hinge Health for Chronic Back and Joint](#)  
[Blue Card Program Brochure](#)  
[SBC Glossary Medical Terms](#)  
[MyBlue App](#)  
[MyBlue Fact Sheet](#)  
[\\$9 Generic Medications List](#)



[Emergency Room Alternatives](#)  
[NPF\\_Maintenance\\_Medication\\_List](#)  
[BCBSMA\\_and\\_NPF\\_Specialty\\_Pharmacy](#)  
[24/7 Nurse Line](#)  
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[OVIA Maternity Care](#)  
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# BLUE CARE® ELECT DEDUCTIBLE

City of Boston PPO

Plan-Year Deductible: \$250/\$500

## UNLOCK THE POWER OF YOUR PLAN

MyBlue gives you an instant snapshot of your plan:



COVERAGE AND  
BENEFITS



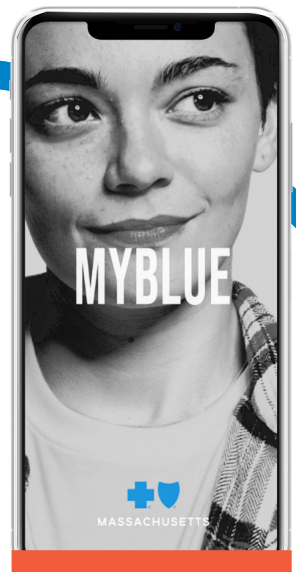
CLAIMS AND  
BALANCES



DIGITAL  
ID CARD

**Sign in**

Download the app, or create an account at [bluecrossma.com](https://bluecrossma.com).



This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.

# YOUR CHOICE

## Your Deductible

Your deductible is the amount of money you pay out-of-pocket each plan year before you can receive coverage for some benefits under this plan. The plan-year deductible begins on July 1 and ends on June 30 of each year. Your deductibles are **\$250** per member (up to **\$500** per family) for in-network services and **\$350** per member (up to **\$875** per family) for out-of-network services.

## When You Choose Preferred Providers

You receive the highest level of benefits under your health care plan when you obtain covered services from preferred providers. These are called your “in-network” benefits. See the charts for your cost share.

*Note: If a preferred provider refers you to another provider for covered services (such as a lab or specialist), make sure the provider is a preferred provider in order to receive benefits at the in-network level. If the provider you use is not a preferred provider, you're still covered, but your benefits, in most situations, will be covered at the out-of-network level, even if the preferred provider refers you.*

## How to Find a Preferred Provider

To find a preferred provider:

- Look up a provider in the Provider Directory. If you need a copy of your directory or help choosing a provider, call the Member Service number on your ID card.
- Visit the Blue Cross Blue Shield of Massachusetts website at [bluecrossma.com/findadoctor](https://bluecrossma.com/findadoctor)

## When You Choose Non-Preferred Providers

You can also obtain covered services from non-preferred providers, but your out-of-pocket costs are higher. These are called your “out-of-network” benefits. See the charts for your cost share.

Payments for out-of-network benefits are based on the Blue Cross Blue Shield allowed charge as defined in your benefit description. You may be responsible for any difference between the allowed charge and the provider's actual billed charge (this is in addition to your deductible and/or your coinsurance).

## Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a plan year for deductible, copayments (including prescription drug copayments), and coinsurance for covered services. Your out-of-pocket maximums are **\$4,500** per member (up to **\$9,000** per family) for in-network services and **\$4,500** per member (up to **\$9,000** per family) for out-of-network services.

## Emergency Room Services

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call **911** (or the local emergency phone number). After meeting your in-network deductible, you pay a copayment per visit for in-network or out-of-network emergency room services. The copayment is waived if you are admitted to the hospital or for an observation stay. See the chart for your cost share.

## Telehealth Services

You are covered for certain medical and mental health services for conditions that can be treated through video visits from an approved telehealth provider. Most telehealth services are available by using the Well Connection website at [wellconnection.com](https://wellconnection.com) on your computer, or the Well Connection app on your mobile device, when you prefer not to make an in-person visit for any reason to a doctor or therapist. Some providers offer telehealth services through their own video platforms. For a list of telehealth providers, visit the Blue Cross Blue Shield of Massachusetts website at [bluecrossma.com](https://bluecrossma.com), consult the Provider Directory, or call the Member Service number on your ID card.

## Utilization Review Requirements

Certain services require **pre-approval/prior authorization** through Blue Cross Blue Shield of Massachusetts for you to have benefit coverage; this includes non-emergency and non-maternity hospitalization and may include certain outpatient services, therapies, procedures, and drugs. You should work with your health care provider to determine if pre-approval is required for any service your provider is suggesting. If your provider, or you, don't get pre-approval when it's required, your benefits will be denied, and you may be fully responsible for payment to the provider of the service. Refer to your benefit description for requirements and the process you should follow for Utilization Review, including Pre-Admission Review, Pre-Service Approval, Concurrent Review and Discharge Planning, and Individual Case Management.

## Dependent Benefits

This plan covers dependents until the end of the calendar month in which they turn age 26, regardless of their dependent's financial dependency, student status, or employment status. See your benefit description (and riders, if any) for exact coverage details.



Covered Services	Your Cost In-Network	Your Cost Out-of-Network
<b>Preventive Care</b>		
Well-child care exams, including related tests, according to age-based schedule as follows: <ul style="list-style-type: none"> <li>10 visits during the first year of life</li> <li>Three visits during the second year of life (age 1 to age 2)</li> <li>Two visits for age 2</li> <li>One visit per plan year for age 3 and older</li> </ul>	Nothing, no deductible	20% coinsurance after deductible
Routine adult physical exams, including related tests (one per plan year)	Nothing, no deductible	20% coinsurance after deductible
Routine GYN exams, including related lab tests (one per plan year)	Nothing, no deductible	20% coinsurance after deductible
Routine hearing exams, including routine tests	Nothing, no deductible	20% coinsurance after deductible
Hearing aids (up to \$2,000 per ear every 36 months for a member age 21 or younger)	All charges beyond the maximum, no deductible	20% coinsurance after deductible and all charges beyond the maximum
Routine vision exams (one every 24 months)	Nothing, no deductible	20% coinsurance after deductible
Family planning services—office visits	Nothing, no deductible	20% coinsurance after deductible
<b>Outpatient Care</b>		
Emergency room visits	\$100 per visit after deductible (copayment waived if admitted or for an observation stay)	\$100 per visit after in-network deductible (copayment waived if admitted or for an observation stay)
Office or health center visits, when performed by: <ul style="list-style-type: none"> <li>A family or general practitioner, internist, OB/GYN physician, pediatrician, geriatric specialist, nurse midwife, limited services clinic, multi-specialty provider group, or by a physician assistant or nurse practitioner designated as primary care</li> <li>Other covered providers, including a physician assistant or nurse practitioner designated as specialty care</li> </ul>	\$20 per visit, no deductible	20% coinsurance after deductible
	\$35 per visit, no deductible	20% coinsurance after deductible
Mental health or substance use treatment	\$20 per visit, no deductible	20% coinsurance after deductible
Telehealth services for simple medical conditions or mental health	\$20 per visit, no deductible	20% coinsurance after deductible
Chiropractors' office visits	\$35 per visit, no deductible	20% coinsurance after deductible
Short-term rehabilitation therapy—physical and occupational (up to 100 visits per plan year*)	\$20 per visit, no deductible	20% coinsurance after deductible
Speech, hearing, and language disorder treatment—speech therapy	\$20 per visit, no deductible	20% coinsurance after deductible
Diagnostic X-rays and lab tests	Nothing after deductible	20% coinsurance after deductible
CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	\$100 per category per service date** after deductible	20% coinsurance after deductible
Home health care and hospice services	Nothing after deductible	20% coinsurance after deductible
Oxygen and equipment for its administration	Nothing after deductible	20% coinsurance after deductible
Durable medical equipment such as wheelchairs, crutches, hospital beds	Nothing after deductible***	20% coinsurance after deductible
Prosthetic devices	Nothing after deductible	20% coinsurance after deductible
Surgery and related anesthesia in an office or health center, when performed by: <ul style="list-style-type: none"> <li>A family or general practitioner, internist, OB/GYN physician, pediatrician, geriatric specialist, nurse midwife, multi-specialty provider group, or by a physician assistant or nurse practitioner designated as primary care</li> <li>Other covered providers, including a physician assistant or nurse practitioner designated as specialty care</li> </ul>	\$20 per visit†, no deductible	20% coinsurance after deductible
	\$35 per visit†, no deductible	20% coinsurance after deductible
Surgery in an ambulatory surgical facility, hospital outpatient department, or surgical day care unit	\$100 per outpatient admission** after deductible	20% coinsurance after deductible
<b>Inpatient Care (including maternity care)</b>		
General or chronic disease hospital care (as many days as medically necessary)	\$100 per admission†† after deductible†††	20% coinsurance after deductible
Mental hospital or substance use facility care (as many days as medically necessary)	Nothing, no deductible	20% coinsurance after deductible
Rehabilitation hospital care (up to 60 days per plan year)	\$100 per admission†† after deductible	20% coinsurance after deductible
Skilled nursing facility care (up to 100 days per plan year)	\$100 per admission†† after deductible	20% coinsurance after deductible

\* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or for the treatment of autism spectrum disorders.

\*\* Copayments limited to \$100 per member per plan year for high tech radiology and \$100 per member per plan year for outpatient day surgery.

\*\*\* Cost share waived for one breast pump per birth.

† Copayment waived for restorative dental services and orthodontic treatment or prosthetic management therapy for members under age 18 to treat conditions of cleft lip and cleft palate.

†† Copayment limited to \$100 per member per plan year and is combined for all inpatient care.

††† Cost share waived for behavioral and mental health admissions.

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
<b>Prescription Drug Benefits*</b>		
<b>At designated retail pharmacies</b> (up to a 30-day formulary supply for each prescription or refill)**	No deductible \$10 for Tier 1 \$30 for Tier 2 \$55 for Tier 3	Not covered
<b>Through the designated mail order pharmacy</b> (up to a 90-day formulary supply for each prescription or refill)**	No deductible \$20 for Tier 1*** \$60 for Tier 2 \$135 for Tier 3	Not covered

\* Generally, Tier 1 refers to generic drugs; Tier 2 refers to preferred brand-name drugs; Tier 3 refers to non-preferred brand-name drugs.  
 \*\* Cost share may be waived for certain covered drugs and supplies.  
 \*\*\* Certain generic medications are available through the mail order pharmacy at \$9. For more information, go to [bluecrossma.com/mail-order-pharmacy](https://bluecrossma.com/mail-order-pharmacy).

**Get the Most from Your Plan: Visit us at [bluecrossma.com](https://bluecrossma.com) or call 1-888-714-0189 to learn about discounts, savings, resources, and special programs available to you, like those listed below.**

<b>Wellness Participation Program</b> Fitness Reimbursement: a program that rewards participation in qualified fitness programs This fitness program applies for fees paid to: a health club with cardiovascular and strength-training equipment; a fitness studio offering instructor-led group classes for cardiovascular and strength-training; or virtual fitness memberships or classes. (See your benefit description for details.)	\$150 per calendar year per policy
<b>Weight Loss Reimbursement:</b> a program that rewards participation in a qualified weight loss program This weight loss program applies for fees paid to: hospital-based or non-hospital-based weight loss programs that focus on eating and physical activity habits and behavioral/lifestyle counseling with certified health professionals. (See your benefit description for details.)	\$150 per calendar year per policy

 **24/7 Nurse Line: A 24-hour nurse line to answer your health care questions—call 1-888-247-BLUE (2583). No additional charge.**

# QUESTIONS?

For questions about Blue Cross Blue Shield of Massachusetts, call 1-888-714-0189, or visit us online at [bluecrossma.com](https://bluecrossma.com).

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The **Summary of Benefits and Coverage (SBC)** document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE:** Information about the cost of this plan (called the premium) will be provided separately. This is only a **summary**. For more information about your coverage, or to get a copy of the complete terms of coverage, see [www.boston.gov/city-workers](http://www.boston.gov/city-workers). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [bluecrossma.com/sbcglossary](http://bluecrossma.com/sbcglossary) or call 1-888-714-0189 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <u>deductible</u>?</b>	\$250 member / \$500 family in-network; \$350 member / \$875 family out-of-network.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<b>Are there services covered before you meet your <u>deductible</u>?</b>	Yes. In-network preventive and prenatal care, <u>prescription drugs</u> , most office visits, most mental health services, therapy visits.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <u>deductibles</u> for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	\$4,500 member / \$9,000 family in-network; \$4,500 member / \$9,000 family out-of-network.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a <u>network provider</u>?</b>	Yes. See <a href="http://bluecrossma.com/findadoctor">bluecrossma.com/findadoctor</a> or call the Member Service number on your ID card for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$20 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; family or general practitioner, internist, OB/GYN physician, pediatrician, geriatric <u>specialist</u> , nurse midwife, limited services clinic, multi-specialty <u>provider</u> group, or by a physician assistant or nurse practitioner designated as primary care
	<u>Specialist</u> visit	\$35 / visit; \$35 / chiropractor visit	20% <u>coinsurance</u> ; 20% <u>coinsurance</u> / chiropractor visit	<u>Deductible</u> applies first for out-of-network; includes physician assistant or nurse practitioner designated as specialty care
	<u>Preventive care/screening/immunization</u>	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; limited to age-based schedule and / or frequency. You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> may be required
	Imaging (CT/PET scans, MRIs)	\$100	20% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>copayment</u> applies per category of test / day; <u>copayment</u> limited to \$100 per member per <u>plan</u> year; <u>pre-authorization</u> may be required

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <b>prescription drug coverage</b> is available at <a href="https://bluecrossma.com/medications">bluecrossma.com/medications</a>	Generic drugs	\$10 / retail supply or \$20 / mail order supply	Not covered	Up to 30-day retail (90-day mail order) supply; <u>cost share</u> may be waived for certain covered drugs and supplies; <u>pre-authorization</u> required for certain drugs
	Preferred brand drugs	\$30 / retail supply or \$60 / mail order supply	Not covered	
	Non-preferred brand drugs	\$55 / retail supply or \$135 mail order supply	Not covered	
	<u>Specialty drugs</u>	Applicable <u>cost share</u> (generic, preferred, non-preferred)	Not covered	When obtained from a designated specialty pharmacy; <u>pre-authorization</u> required for certain drugs
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$100 / outpatient admission	20% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>copayment</u> limited to \$100 per member per <u>plan</u> year; <u>pre-authorization</u> required for certain services
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	\$100 / visit	\$100 / visit	In-network <u>deductible</u> applies first for in-network and out-of-network services; <u>copayment</u> waived if admitted or for observation stay
	<u>Emergency medical transportation</u>	No charge	No charge	In-network <u>deductible</u> applies first for in-network and out-of-network services
	<u>Urgent care</u>	\$35 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	\$100 / admission	20% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>copayment</u> limited to \$100 per member per <u>plan</u> year; <u>pre-authorization</u> required
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$20 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required for certain services
	Inpatient services	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required for certain services
If you are pregnant	Office visits	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first except for in-network prenatal care; <u>copayment</u> limited to \$100 per member per <u>plan</u> year; <u>cost sharing</u> does not apply for in-network <u>preventive services</u> ; maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound)
	Childbirth/delivery professional services	No charge	20% <u>coinsurance</u>	
	Childbirth/delivery facility services	\$100 / admission	20% <u>coinsurance</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required
	<u>Rehabilitation services</u>	\$20 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; limited to 100 visits per <u>plan</u> year (other than for autism, <u>home health care</u> , and speech therapy)
	<u>Habilitation services</u>	\$20 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; rehabilitation therapy coverage limits apply; <u>cost share</u> and coverage limits waived for early intervention services for eligible children
	<u>Skilled nursing care</u>	\$100 / admission	20% <u>coinsurance</u>	<u>Deductible</u> applies first; limited to 100 days per <u>plan</u> year; <u>copayment</u> limited to \$100 per member per <u>plan</u> year; <u>pre-authorization</u> required
	<u>Durable medical equipment</u>	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first; in-network <u>cost share</u> waived for one breast pump per birth
	<u>Hospice services</u>	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
If your child needs dental or eye care	Children's eye exam	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; limited to one exam every 24 months
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	No charge for members with a cleft palate / cleft lip condition	20% <u>coinsurance</u> for members with a cleft palate / cleft lip condition	<u>Deductible</u> applies first for out-of-network; limited to members under age 18



## Excluded Services & Other Covered Services:

### Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"><li>• Acupuncture</li><li>• Children's glasses</li></ul> | <ul style="list-style-type: none"><li>• Cosmetic surgery</li><li>• Dental care (Adult)</li></ul> | <ul style="list-style-type: none"><li>• Long-term care</li><li>• Private-duty nursing</li></ul> |
|--|--|---|

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"><li>• Bariatric surgery</li><li>• Chiropractic care</li><li>• Hearing aids (\$2,000 per ear every 36 months for members age 21 or younger)</li></ul> | <ul style="list-style-type: none"><li>• Infertility treatment</li><li>• Non-emergency care when traveling outside the U.S.</li><li>• Routine eye care - adult (one exam every 24 months)</li></ul> | <ul style="list-style-type: none"><li>• Routine foot care (only for patients with systemic circulatory disease)</li><li>• Weight loss programs (\$150 per calendar year per policy)</li></ul> |
|--|--|---|

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) and the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Your state insurance department might also be able to help. If you are a Massachusetts resident, you can contact the Massachusetts Division of Insurance at 1-877-563-4467 or [www.mass.gov/doi](http://www.mass.gov/doi). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596. For more information about possibly buying individual coverage through a state exchange, you can contact your state's marketplace, if applicable. If you are a Massachusetts resident, contact the Massachusetts Health Connector by visiting [www.mahealthconnector.org](http://www.mahealthconnector.org). For more information on your rights to continue your employer coverage, contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, call 1-888-714-0189 or contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

**Does this plan provide Minimum Essential Coverage? Yes.**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan meet the Minimum Value Standards? Yes.**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Disclaimer:** This document contains only a partial description of the benefits, limitations, exclusions and other provisions of this health care plan. It is not a policy. It is a general overview only. It does not provide all the details of this coverage, including benefits, exclusions and policy limitations. In the event there are discrepancies between this document and the policy, the terms and conditions of the policy will govern.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network prenatal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$250
■ <u>Delivery fee copay</u>	\$0
■ <u>Facility fee copay</u>	\$100
■ <u>Diagnostic tests copay</u>	\$0

This **EXAMPLE** event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

Cost Sharing	
<u>Deductibles</u>	\$250
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$410</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$250
■ <u>Specialist visit copay</u>	\$35
■ <u>Primary care visit copay</u>	\$20
■ <u>Diagnostic tests copay</u>	\$0

This **EXAMPLE** event includes services like:

Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

Cost Sharing	
<u>Deductibles</u>	\$100
<u>Copayments</u>	\$1,200
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,320</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow-up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$250
■ <u>Specialist visit copay</u>	\$35
■ <u>Emergency room copay</u>	\$100
■ <u>Ambulance services copay</u>	\$0

This **EXAMPLE** event includes services like:

Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

Cost Sharing	
<u>Deductibles</u>	\$250
<u>Copayments</u>	\$200
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$450</b>

The plan would be responsible for the other costs of these **EXAMPLE** covered services.

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This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.

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# PREFERRED PROVIDER ORGANIZATION (PPO)

## IMPORTANT INFORMATION ABOUT YOUR PLAN

Your health plan lets you get care from providers who participate in a **Blue Cross Blue Shield PPO Network** (preferred), as well as from providers who are out of our network. You'll pay a lower cost for care when you see an in-network provider, and a higher cost when you see an out-of-network provider. For help finding a provider, visit [myfindadoctor.bluecrossma.com](https://myfindadoctor.bluecrossma.com) and sign in to select the following network: PPO or EPO.



PCP



REFERRAL



IN NETWORK



## HOW TO ACCESS IMPORTANT RESOURCES

We're committed to your health—that's why we offer additional programs, benefits, and discounts beyond traditional health care coverage. Use these tools and resources to monitor your health and overall wellness.

**Get Connected with Message Wire:** We can send you important information about your health and wellness, relevant discounts, and plan information directly to your phone. Text **bluecrossma** to **73529**, or call **1-844-779-8813** to join with your Blue Cross member ID number.

**Visit ahealthyme®:** Learn about your health and set personal goals for a healthy life. You can take a health

assessment, sign up for wellness workshops, access health tools and resources, and more. Sign in to [myblue.bluecrossma.com](https://myblue.bluecrossma.com) and select **AHealthyMe** from the drop-down menu in the top right corner for more information about ahealthyme.

**Take Advantage of Discounts:** Use **Blue365®**, a members-only website that offers local health and wellness deals, for discounts on health and fitness products, family events, spa services, and more. Sign in to [myblue.bluecrossma.com](https://myblue.bluecrossma.com), and select **My Plan** and then **Discounts & Savings** from the drop-down menu in the top right corner for more information about Blue365.

## Sign In

Visit [myblue.bluecrossma.com](https://myblue.bluecrossma.com) to create an account, or download the app from the App Store® or Google Play™.

## HOW TO GET CARE

Routine annual checkups are one of the best ways you and your doctor can stay on top of your health. When selecting a doctor, consider the hospital where that doctor has admitting privileges.

**Finding a Provider:** You don't have to choose a primary care provider (PCP) to help manage your care, but you should see in-network doctors to pay the lowest cost. You can also see out-of-network doctors, but you'll pay higher out-of-pocket costs.

**Seeing a Specialist:** You don't need a referral from your PCP to see a specialist. However, you should talk with your doctor about the specialty care you may need.

**Understanding Prior Authorization:** We require prior authorization (pre-approval) before we cover certain services, procedures, or drugs. Prior authorization ensures that you get the care that is medically necessary for you and covered by your health plan. Your doctor should submit

any requests for prior authorization to us. If you or your doctor don't get prior authorization when it's needed, the care may not be covered and you may be financially responsible. Talk to your doctor to see if prior authorization is needed before you receive any services, procedures, or drugs.

**Taking Action in an Emergency:** In case of a medical or behavioral health emergency, call **911** or your local emergency number, or go directly to the nearest medical facility. Be sure to notify your PCP, if applicable, within 48 hours to coordinate any follow-up care.

**Getting Care Worldwide with BlueCard®:** Your Blue Cross member ID card is widely recognized and lets you get urgent and emergency care worldwide. If you're traveling within the U.S. or abroad and need emergency medical care, go to the nearest hospital. Once you get care, call **1-800-810-BLUE (2583)** or **1-804-673-1177** for 24/7 assistance.

## HOW TO READ YOUR ID CARD

Your Blue Cross member ID card contains our Member Service telephone number and your member ID number, and sometimes lists the costs you'll pay for certain health services. You should always carry your ID card with you when you visit the doctor or download the MyBlue App to keep a digital copy of your ID card.

**Your ID Number** points to the member ID number: **XXP123456789**

**Plan Name** points to the plan type: **PPO**

**Call Us** points to the Member Service number: **1-800-000-0000**

**Copays** points to the copay amounts: **OV 15, BH 15, ER 50**

**MEMBER SUFFIX: 00**

**Legend:**  
OV: Office visit for primary care provider or specialist  
BH: Behavioral health office visit  
ER: Emergency room (waived if admitted)

## HOW TO CONTACT US

### General questions about your health plan coverage?

**Member Service:** Call the number on the front of your member ID card (TTY: **711**) Monday–Friday, 8:00 a.m.–6:00 p.m. ET. Or sign in to [bluecrossma.com](https://bluecrossma.com) and select **Review My Benefits** to check what your plan covers and your costs.

### Health questions if you're hurt or sick?

**24/7 Nurse Line: 1-888-247-BLUE (2583)** Registered nurses are available at no cost.

### Questions about your prescription drug coverage?

**Mail Order Pharmacy: 1-800-892-5119** Available 24/7

### Order a new Blue Cross member ID card?

**Lost member ID card?** Call **1-800-253-5210** Monday–Friday, 8:00 a.m.–6:00 p.m. ET.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: **711**).  
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).  
ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

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# Mail Order Pharmacy



## The Mail Order Pharmacy Saves You Time and Money

You can get 90-day prescriptions for certain maintenance medications delivered right to your door, and for a fraction of the cost, when you order them through the mail order pharmacy. Maintenance medications, also known as long-term medications, are prescribed to treat chronic or ongoing conditions, such as high blood pressure or diabetes.

### Advantages of Using the Mail Order Pharmacy

- You'll pay less for a 90-day supply than you would for three 30-day supplies of your maintenance medications
- Medications are shipped to you at no additional cost for standard shipping
- With fewer refills and no trips to the pharmacy, you'll be less likely to miss a dose
- Get your prescriptions on time, every time with automatic refills

### How to Order Prescriptions

Express Scripts®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts, will deliver your prescriptions straight to your door. To order prescriptions, choose one of the following options. In most cases, Express Scripts will contact your doctor directly to arrange 90-day prescriptions, plus refills.

- Visit Express Scripts at [express-scripts.com /starthd](http://express-scripts.com/starthd), and select **Register**
- Download the Express Scripts mobile app and select **Register**
- Call Express Scripts at 1-800-892-5119 (TTY: 1-800-305-5376)
- Ask your doctor to e-prescribe a new, 90-day prescription to Express Scripts, or fax it to 1-800-837-0959
- Fill out the order form\* and mail it to:  
Home Delivery Service  
PO Box 66566  
St Louis, MO 63166-9967

### How to Order Refills

- Log in to Express Scripts at [express-scripts.com](http://express-scripts.com), select the medications to be filled, then click **Add to Cart**
- Call Express Scripts at 1-800-892-5119 (TTY: 1-800-305-5376), 24 hours a day

### Have Your Prescriptions Refilled Automatically

Worry Free Fills® are available for qualifying maintenance medications. When enrolled, Express Scripts will calculate when you'll need your prescriptions and deliver them on time. They'll contact you before processing each fill to confirm delivery, and the delivery date. Enroll in Worry Free Fills by choosing one of the following methods:

- Visit Express Scripts at [express-scripts.com](http://express-scripts.com), and select **Automatic Refills**
- When refilling a prescription, answer yes when asked to enroll in Worry Free Fills
- Call Express Scripts at 1-800-892-5119 (TTY: 1-800-305-5376)

Save up to  
**33%**

When you use the  
mail order pharmacy.\*\*

\*You can download and print a copy of the mail order form at [express-scripts.com](http://express-scripts.com).

\*\*Compared to three 30-day prescriptions purchased at a retail pharmacy.

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MASSACHUSETTS

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# Blue Cross Blue Shield of Massachusetts Formulary: \$9 Generic Medication List

Last Updated: January 1, 2021

Valid Until: July 1, 2021

The following list includes generic medications covered by plans with the Blue Cross Blue Shield of Massachusetts Formulary. Members can get these medications in 90-day supplies for \$9<sup>1</sup> when they order them through the mail order pharmacy available through Express Scripts®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts.

Normal prescription guidelines apply, which in some cases result in prescription supplies for less than 90 days. If your copayment for a 90-day supply through the mail order pharmacy is less than \$9, you'll pay the lesser amount. The \$9-or-less price is based only on a 90-day supply of each generic medication.<sup>2</sup> The price of the medication may differ if the quantity purchased is different.

This isn't a complete list of covered medications, and inclusion on the list doesn't guarantee coverage.<sup>3</sup> You must have a valid prescription from a licensed health provider to receive coverage for these medications. Some medications may also be subject to pharmacy management programs, such as Step Therapy, Prior Authorization, or Quality Care Dosing, or have other coverage requirements.

## \$9 Generic Medications Included in the National Preferred Formulary (NPF)

The generic medications listed in this document are also included in the National Preferred Formulary (NPF), which is available through Express Scripts. Pharmacy management program requirements apply to generic medications included in the NPF.

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## Learn More About Your Coverage

For more information about your pharmacy benefits, including the NPF and the medications listed in this document, sign in to your MyBlue account at [bluecrossma.org](https://bluecrossma.org).

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1. Medications and pricing are subject to change without notice, so you should always confirm your cost prior to filling a prescription. A processing fee may apply. In applicable states, sales tax may be added to the cost of your prescriptions. Cost of standard shipping is included as part of your prescription plan. The coverage and prices of certain medications are also subject to the specific terms of your plan. Changes are made available to your Plan Sponsor.

2. Pre-packaged medications are only available for \$9 in the package sizes specified.

3. Not all medications listed are covered by all prescription plans. Check your benefit materials for details.

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Antibiotics/Antifungals/ Antivirals	ACYCLOVIR	200 MG	CAPSULE	180
	AMOXICILLIN	500 MG	TABLET	180
	CIPROFLOXACIN HCL	250 MG	TABLET	90
	CIPROFLOXACIN HCL	500 MG	TABLET	180
	FLUCONAZOLE	150 MG	TABLET	3
	METRONIDAZOLE	250 MG	TABLET	270
	METRONIDAZOLE	500 MG	TABLET	42
	PENICILLIN V POTASSIUM	250 MG	TABLET	180
	PENICILLIN V POTASSIUM	500 MG	TABLET	180
	PENICILLIN V POTASSIUM	250 MG/5ML	SOLUTION, RECONSTITUTED, ORAL	900
Antiseizure Medications	ZONISAMIDE	25 MG	CAPSULE	180
	ZONISAMIDE	50 MG	CAPSULE	180
Arthritis/Pain	DICLOFENAC SODIUM	50 MG	TABLET, ENTERIC COATED	180
	DICLOFENAC SODIUM	75 MG	TABLET, ENTERIC COATED	180
	IBUPROFEN	400 MG	TABLET	270
	IBUPROFEN	600 MG	TABLET	270
	IBUPROFEN	800 MG	TABLET	270
	INDOMETHACIN	25 MG	CAPSULE	270
	MELOXICAM	7.5 MG	TABLET	90
	MELOXICAM	15 MG	TABLET	90
	NAPROXEN	250 MG	TABLET	180
	NAPROXEN	375 MG	TABLET	180
	NAPROXEN	500 MG	TABLET	180
	NAPROXEN SODIUM	220 MG	TABLET	72
	NAPROXEN SODIUM	275 MG	TABLET	180
Asthma/Respiratory	ALBUTEROL SULFATE	2.5 MG/3ML	VIAL, NEBULIZER (ML)	225
Behavioral Health	BUSPIRONE HCL	5 MG	TABLET	180
	BUSPIRONE HCL	10 MG	TABLET	180
	BUSPIRONE HCL	15 MG	TABLET	180
	CHLORDIAZEPOXIDE HCL	5 MG	CAPSULE	180
	CHLORDIAZEPOXIDE HCL	10 MG	CAPSULE	180
	CHLORDIAZEPOXIDE HCL	25 MG	CAPSULE	180
	DONEPEZIL HCL	0.3 MG	TABLET	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Behavioral Health (Cont.)	DONEPEZIL HCL	5 MG	TABLET	90
	DONEPEZIL HCL	10 MG	TABLET	90
	DOXEPIN HCL	10 MG	CAPSULE	90
	FLUOXETINE HCL	10 MG	CAPSULE	90
	FLUOXETINE HCL	20 MG	CAPSULE	90
	FLUOXETINE HCL	40 MG	CAPSULE	90
	HYDROXYZINE PAMOATE	25 MG	CAPSULE	180
	IMIPRAMINE HCL	10 MG	TABLET	90
	IMIPRAMINE HCL	25 MG	TABLET	90
	IMIPRAMINE HCL	50 MG	TABLET	90
	LITHIUM CARBONATE	150 MG	CAPSULE	90
	LITHIUM CARBONATE	300 MG	CAPSULE	180
	LITHIUM CARBONATE	600 MG	CAPSULE	180
	MIRTAZAPINE	15 MG	TABLET	90
	MIRTAZAPINE	30 MG	TABLET	90
	MIRTAZAPINE	45 MG	TABLET	90
	NORTRIPTYLINE HCL	10 MG	CAPSULE	90
	NORTRIPTYLINE HCL	25 MG	CAPSULE	90
	PAROXETINE HCL	10 MG	TABLET	90
	PAROXETINE HCL	20 MG	TABLET	90
	PAROXETINE HCL	30 MG	TABLET	90
	PAROXETINE HCL	40 MG	TABLET	90
	SERTRALINE HCL	25 MG	TABLET	90
	TRAZODONE HCL	50 MG	TABLET	90
	TRAZODONE HCL	100 MG	TABLET	90
	TRAZODONE HCL	150 MG	TABLET	90
Blood Pressure/Heart Health	AMIODARONE HCL	200 MG	TABLET	90
	ATENOLOL	25 MG	TABLET	90
	ATENOLOL	50 MG	TABLET	90
	ATENOLOL	100 MG	TABLET	90
	BENAZEPRIL HCL	5 MG	TABLET	90
	BENAZEPRIL HCL	10 MG	TABLET	90
	BENAZEPRIL HCL	20 MG	TABLET	90
	BENAZEPRIL HCL	40 MG	TABLET	90
	BISOPROLOL FUMARATE	5 MG	TABLET	90
	BISOPROLOL FUMARATE	10 MG	TABLET	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Blood Pressure/Heart Health (Cont.)	CARVEDILOL	3.125 MG	TABLET	180
	CARVEDILOL	6.25 MG	TABLET	180
	CARVEDILOL	12.5 MG	TABLET	180
	CARVEDILOL	25 MG	TABLET	180
	CLONIDINE HCL	0.1 MG	TABLET	90
	CLONIDINE HCL	0.2 MG	TABLET	90
	DILTIAZEM HCL	30 MG	TABLET	180
	DILTIAZEM HCL	60 MG	TABLET	180
	DOXAZOSIN MESYLATE	1 MG	TABLET	90
	DOXAZOSIN MESYLATE	2 MG	TABLET	90
	DOXAZOSIN MESYLATE	4 MG	TABLET	90
	DOXAZOSIN MESYLATE	8 MG	TABLET	90
	ENALAPRIL MALEATE	2.5 MG	TABLET	90
	ENALAPRIL MALEATE	5 MG	TABLET	90
	ENALAPRIL MALEATE	10 MG	TABLET	90
	ENALAPRIL MALEATE	20 MG	TABLET	90
	FUROSEMIDE	20 MG	TABLET	90
	FUROSEMIDE	40 MG	TABLET	90
	FUROSEMIDE	80 MG	TABLET	90
	HYDRALAZINE HCL	10 MG	TABLET	270
	HYDRALAZINE HCL	25 MG	TABLET	270
	HYDRALAZINE HCL	50 MG	TABLET	270
	HYDRALAZINE HCL	100 MG	TABLET	270
	HYDROCHLOROTHIAZIDE	12.5 MG	CAPSULE	90
	HYDROCHLOROTHIAZIDE	25 MG	TABLET	90
	HYDROCHLOROTHIAZIDE	50 MG	TABLET	90
	INDAPAMIDE	1.25 MG	TABLET	90
	INDAPAMIDE	2.5 MG	TABLET	90
	ISOSORBIDE MONONITRATE	10 MG	TABLET	180
	LABETALOL HCL	100 MG	TABLET	180
	LABETALOL HCL	200 MG	TABLET	180
	LABETALOL HCL	300 MG	TABLET	180
	LISINOPRIL	2.5 MG	TABLET	90
	LISINOPRIL	5 MG	TABLET	90
	LISINOPRIL	10 MG	TABLET	90
	LISINOPRIL	20 MG	TABLET	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Blood Pressure/Heart Health (Cont.)	LISINAPRIL	30 MG	TABLET	90
	LISINAPRIL	40 MG	TABLET	90
	METHYLDOPA	250 MG	TABLET	180
	METOPROLOL TARTRATE	25 MG	TABLET	180
	METOPROLOL TARTRATE	50 MG	TABLET	180
	METOPROLOL TARTRATE	100 MG	TABLET	180
	MINOXIDIL	2.5 MG	TABLET	90
	MINOXIDIL	10 MG	TABLET	180
	PRAVASTATIN SODIUM	10 MG	TABLET	90
	PRAVASTATIN SODIUM	40 MG	TABLET	90
	PRAZOSIN HCL	1 MG	CAPSULE	90
	PROPRANOLOL HCL	10 MG	TABLET	180
	PROPRANOLOL HCL	20 MG	TABLET	180
	PROPRANOLOL HCL	40 MG	TABLET	180
	PROPRANOLOL HCL	60 MG	TABLET	180
	PROPRANOLOL HCL	80 MG	TABLET	180
	QUINAPRIL HCL	5 MG	TABLET	90
	QUINAPRIL HCL	10 MG	TABLET	90
	QUINAPRIL HCL	20 MG	TABLET	90
	QUINAPRIL HCL	40 MG	TABLET	90
	RAMIPRIL	1.25 MG	CAPSULE	90
	RAMIPRIL	2.5 MG	CAPSULE	90
	RAMIPRIL	5 MG	CAPSULE	90
	RAMIPRIL	10 MG	CAPSULE	90
	SPIRONOLACTONE	25 MG	TABLET	90
	TERAZOSIN HCL	1 MG	CAPSULE	90
	TERAZOSIN HCL	2 MG	CAPSULE	90
	TERAZOSIN HCL	5 MG	CAPSULE	90
	TERAZOSIN HCL	10 MG	CAPSULE	90
	TORSEMIDE	5 MG	TABLET	90
	TORSEMIDE	10 MG	TABLET	90
	TORSEMIDE	20 MG	TABLET	90
	TORSEMIDE	100 MG	TABLET	90
	TRANDOLAPRIL	1 MG	TABLET	90
	TRANDOLAPRIL	2 MG	TABLET	90
	TRANDOLAPRIL	4 MG	TABLET	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Blood Pressure/Heart Health (Cont.)	VERAPAMIL HCL	80 MG	TABLET	90
	VERAPAMIL HCL	120 MG	TABLET	270
	WARFARIN SODIUM	1 MG	TABLET	90
	WARFARIN SODIUM	2 MG	TABLET	90
	WARFARIN SODIUM	2.5 MG	TABLET	90
	WARFARIN SODIUM	3 MG	TABLET	90
	WARFARIN SODIUM	4 MG	TABLET	90
	WARFARIN SODIUM	5 MG	TABLET	90
	WARFARIN SODIUM	6 MG	TABLET	90
	WARFARIN SODIUM	7.5 MG	TABLET	90
	WARFARIN SODIUM	10 MG	TABLET	90
Cold and Allergy Therapy	BENZONATATE	100 MG	CAPSULE	270
	CYPROHEPTADINE HCL	4 MG	TABLET	90
	PROMETHAZINE HCL	6.25 MG/5ML	SYRUP	360
	PROMETHAZINE HCL	12.5 MG	TABLET	90
	PROMETHAZINE HCL	25 MG	TABLET	270
	PROMETHAZINE HCL	50 MG	TABLET	90
Diabetes	GLIMEPIRIDE	1 MG	TABLET	180
	GLIMEPIRIDE	2 MG	TABLET	90
	GLIMEPIRIDE	4 MG	TABLET	90
	GLIPIZIDE	5 MG	TABLET	180
	GLIPIZIDE	10 MG	TABLET	180
	GLYBURIDE	1.25 MG	TABLET	90
	GLYBURIDE	2.5 MG	TABLET	90
	GLYBURIDE	5 MG	TABLET	180
	METFORMIN HCL	500 MG	TABLET	180
	METFORMIN HCL	850 MG	TABLET	180
	METFORMIN HCL	1000 MG	TABLET	180
Eye Health	GENTAMICIN SULFATE	0.30%	DROPS	15
	SULFACETAMIDE SODIUM	10%	DROPS	45
GI Drugs	HYOSCYAMINE SULFATE	0.125 MG	TABLET	270
	METOCLOPRAMIDE HCL	5 MG	TABLET	360
	METOCLOPRAMIDE HCL	10 MG	TABLET	360
Heartburn/Ulcer	FAMOTIDINE	40 MG	TABLET	90
	RANITIDINE HCL	300 MG	TABLET	90



Drug Class	Medication Name	Strength	Form	\$9 Quantity
High Cholesterol	LOVASTATIN	10 MG	TABLET	90
	LOVASTATIN	20 MG	TABLET	90
	LOVASTATIN	40 MG	TABLET	90
	PRAVASTATIN SODIUM	20 MG	TABLET	90
Muscle Relaxants	BACLOFEN	10 MG	TABLET	270
	CYCLOBENZAPRINE HCL	5 MG	TABLET	90
	CYCLOBENZAPRINE HCL	10 MG	TABLET	90
	DOXEPIN HCL	25 MG	CAPSULE	90
	TIZANIDINE HCL	2 MG	TABLET	270
	TIZANIDINE HCL	4 MG	TABLET	270
Parkinson's Disease	BENZTROPINE MESYLATE	0.5 MG	TABLET	180
	BENZTROPINE MESYLATE	1 MG	TABLET	180
	BENZTROPINE MESYLATE	2 MG	TABLET	180
	TRIHEXYPHENIDYL HCL	2 MG	TABLET	180
	TRIHEXYPHENIDYL HCL	5 MG	TABLET	180
Skin Conditions	HYDROCORTISONE	2.50%	CREAM	90
	TRIAMCINOLONE ACETONIDE	0.50%	CREAM	180
Thyroid Therapy	LEVOTHYROXINE SODIUM	25 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	50 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	75 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	88 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	100 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	112 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	125 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	137 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	150 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	175 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	200 MCG	TABLET	90
	METHIMAZOLE	5 MG	TABLET	90
	METHIMAZOLE	10 MG	TABLET	90
Vitamins and Electrolytes	FOLIC ACID	1 MG	TABLET	90
	POTASSIUM CHLORIDE	10 MEQ	PARTICLES/ CRYSTALS	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Women's Health	ESTRADIOL	0.5 MG	TABLET	90
	ESTRADIOL	1 MG	TABLET	90
	ESTRADIOL	2 MG	TABLET	90
	NORGESTIMATE-ETHINYL ESTRADIOL	7 DAYS X 3 28	TABLET	84
Other Medications	ALENDRONATE SODIUM	5 MG	TABLET	90
	ALENDRONATE SODIUM	10 MG	TABLET	12
	ALENDRONATE SODIUM	35 MG	TABLET	90
	ALENDRONATE SODIUM	70 MG	TABLET	12
	ALLOPURINOL	100 MG	TABLET	90
	ALLOPURINOL	300 MG	TABLET	90
	CHLORHEXIDINE GLUCONATE	0.12%	MOUTHWASH	1,419
	DEXAMETHASONE	0.5 MG	TABLET	90
	DEXAMETHASONE	0.75 MG	TABLET	90
	FLUDROCORTISONE ACETATE	0.1 MG	TABLET	90
	ISONIAZID	300 MG	TABLET	90
	MEGESTROL ACETATE	20 MG	TABLET	90
	METHYLPREDNISOLONE	4 MG	TABLET DS PK	63
	OXYBUTYNIN CHLORIDE	5 MG	TABLET	180
	PREDNISONE	1 MG	TABLET	360
	PREDNISONE	2.5 MG	TABLET	90
	PREDNISONE	5 MG	TABLET	90
	PREDNISONE	10 MG	TABLET	90
	PREDNISONE	20 MG	TABLET	90

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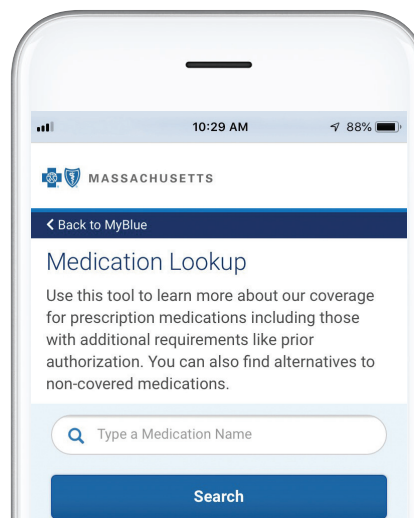
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

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# GET TO KNOW THE NEW MEDICATION LOOKUP TOOL

With a simple search, you can see which medications our plans cover.



## KEY FEATURES

Using the tool, you can:



Search for any medication



View medications by:

- Strength
- Tier plan
- How they're dispensed, such as pills, liquids, and injections



Learn which medications have additional coverage requirements, such as Prior Authorization, Step Therapy, and Quality Care Dosing



See covered alternatives for non-covered medications

### See Which Medications Are Covered by Your Plan

Medication coverage is determined by a plan's tier structure. The tool defaults to a 3-tier medication plan, which is our most common pharmacy plan. If you have a different plan, you can filter your search, using the tier plan drop-down next to the search bar. If you're not sure which plan you have, you can follow the easy instructions included within the tool to find this information.

### Anyone Can Use It

This is a public search tool, so anyone can use it. It's a great option if you, a friend, or a family member is considering one of our plans. You can easily find out if your medication is covered, or see covered alternatives if it's not.

### Learn More in the Important Information Section

Within the tool, you can find additional information and resources about medications and coverage, such as Specialty Pharmacy Contact Information, and medication lists such as \$9 Generics, Maintenance Medications, Specialty Medications, and Over-the-Counter Exclusions.

### Now Mobile Friendly

Search medications anywhere, anytime through the web browser on your mobile device.

## Get Started

To search for a medication, visit [bluecrossma.com/medications](https://bluecrossma.com/medications).



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# THE CARE YOU NEED. WHENEVER AND WHEREVER.

Because guidance and advice should happen round the clock.  
Learn more about your medical care options to save you time  
and money at [bluecrossma.org](https://bluecrossma.org).



You have more ways than ever to get expert medical opinions and advice.  
Right when you need them.



24/7 NURSE  
LINE



VIDEO DOCTOR  
VISIT



DOCTOR'S  
OFFICE



URGENT  
CARE

**Learn More**

Visit [bluecrossma.org](https://bluecrossma.org) to review your medical care options.





#### 24/7 NURSE LINE

When you're uncertain if your symptoms are serious or if an injury needs immediate care, get a nurse's advice 24/7, even on holidays. And get answers at no additional cost to you. Speak to a registered nurse. Call 1-888-247-BLUE (2583).

**Best for:** advice on when to seek care or questions about your symptoms, or whether they might be serious.

Cost:

Time:

Severity:



#### VIDEO DOCTOR VISIT

See a licensed doctor online in real time, without leaving home. Doctors on call on your device visit [wellconnection.com](https://www.wellconnection.com).

**Best for:** colds, minor cuts, cough, wheezing, sore throat, headache or migraine, mild allergies, fever, skin rash, anxiety, depression.

Cost:

Time:

Severity:



#### DOCTOR'S OFFICE

Go to your doctor's office for scheduled checkups and for urgent health concerns that occur during office hours. Use Find a Doctor at [bluecrossma.org](https://www.bluecrossma.org).

**Best for:** asthma, minor burns, nausea, urination problems, back pain, minor injuries, suspected flu, sinus infection, behavioral health, conjunctivitis or other eye irritation.

Cost:

Time:

Severity:



#### URGENT CARE

Go to a nearby urgent care center when you need immediate, in-person help for a non-life-threatening problem and you can't see your doctor.

**Best for:** joint/muscle pain or injuries, nausea or diarrhea, respiratory issues, bites, cuts, concussion screening, stitches, asthma attack, X-rays, and suspected strep throat or bronchitis.

Cost:

Time:

Severity:

**Go to the nearest emergency room when you're facing a life-threatening situation or think you could put your health in danger by delaying care.**

**The information in this document doesn't replace the advice of a health care provider. You should speak to your provider about any specific health concerns.**

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# DOCTORS ON CALL. ON YOUR DEVICE.

Get convenient access to telehealth care  
by using the Well Connection platform.



## REAL DOCTORS. REAL EXPERIENCE. REALLY FAST.



### GET CONFIDENTIAL CARE, REMOTELY

Speak face to face with  
a doctor, in the privacy  
of your home.<sup>1</sup>



### THERAPY THAT COMES TO YOU

Talk to a licensed therapist – on  
your terms. It's convenient and  
completely confidential.



### HIGHLY EXPERIENCED, HIGHLY RATED

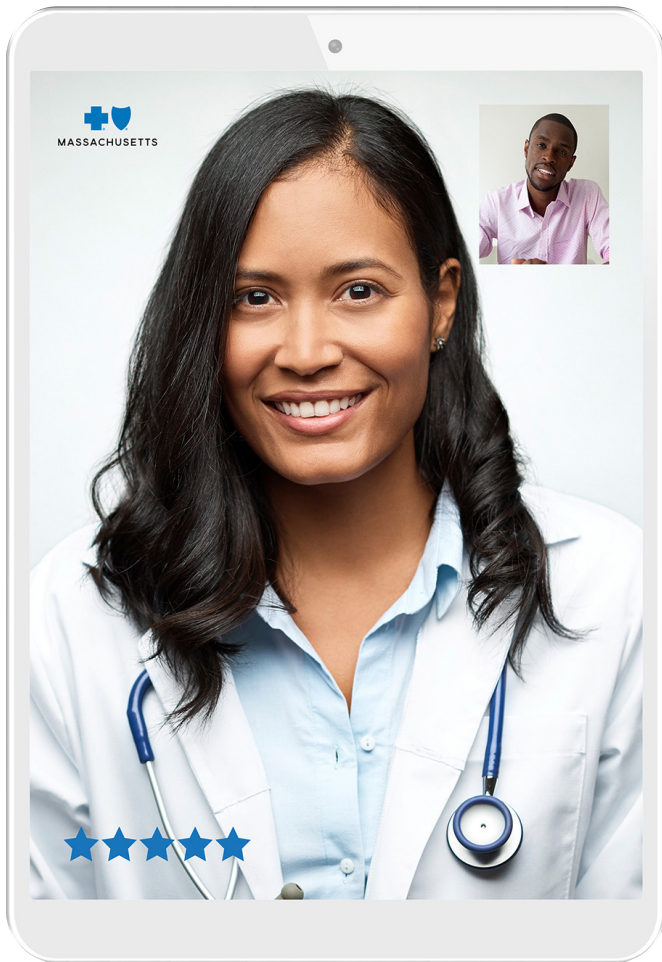
Qualified practitioners.  
Rated 4.8/5 stars and averaging  
15 years of experience.<sup>2</sup>

## Sign In

Download the Well Connection App from  
the App Store<sup>®</sup> or Google Play<sup>™</sup>, or go to **wellconnection.com**.

1. Medical services are available 24/7. Behavioral health visits must be made by appointment. If your local doctor in the Blue Cross Blue Shield of Massachusetts network offers covered services using live video visits through a service other than Well Connection, you're still covered. This service is only available in the United States.

2. Source: American Well. AmWell TeleHealth Report, February 2018. Patient Satisfaction Survey Data compiled December 2017–February 2018. Data, compiled December 2017–February 2018.



## IS A VIDEO DOCTOR VISIT RIGHT FOR ME?

Our doctors can do a lot over your tablet, laptop, or smartphone. Here's how members are using this service.

### "I'm not feeling well."

Get care for:

- Cold and flu symptoms
- Fever
- Runny nose, sinus pain
- Cough, wheezing
- Sore throat
- Headaches and migraines
- Diarrhea
- Skin rash

### "I need emotional support."

Talk to a therapist about:

- Depression and anxiety
- Substance use disorder
- Loss of a loved one
- Couples therapy
- Emotional trauma
- Stress

### "My loved one is under the weather."

If they're on your plan:

- Set up an appointment
- Get quick, expert family care
- Save time in your busy family schedule



## WELL CONNECTION IS HIGHLY RATED: 4.8 out of 5 Doctor and Provider rating from our members<sup>3</sup>

Licensed doctors and providers in the Well Connection network have an average of 15 years of experience. They can look up your medical history, diagnose and treat your symptoms, and prescribe medication,<sup>4</sup> if necessary.

<sup>3</sup> Source: American Well. AmWell TeleHealth Report, February 2018. Patient Satisfaction Survey Data, compiled December 2017–February 2018.

<sup>4</sup> Prescription availability is defined by physician judgment.

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# Blue Cross Blue Shield of Massachusetts Formulary: Maintenance Medication List

Last Updated: January 1, 2021

The following list includes maintenance medications that are covered by plans with the Blue Cross Blue Shield of Massachusetts formulary. These maintenance medications, also known as long-term medications, are included in our Smart90<sup>®</sup>, Select Home Delivery, and Exclusive Home Delivery programs.

This isn't a complete list of covered medications, and inclusion on the list doesn't guarantee coverage.<sup>1</sup> You must have a valid prescription from a licensed health provider to receive coverage for these medications. Some medications may also be subject to pharmacy management programs, such as Step Therapy, Prior Authorization, or Quality Care Dosing, or have other coverage requirements.

## Maintenance Medications Included in the National Preferred Formulary (NPF)

The maintenance medications listed in this document are also included in the National Preferred Formulary (NPF), which is available through Express Scripts<sup>®</sup>, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts. Pharmacy management program requirements apply to maintenance medications included in the NPF.

## Where to Fill Your Maintenance Medications

Members of our pharmacy plans that use the Blue Cross formulary or NPF must fill their maintenance medications at an in-network pharmacy. If your plan includes Smart90, Select Home Delivery, or Exclusive Home Delivery, you may be required to fill your maintenance medication in designated quantities from a participating retail pharmacy or through the mail order pharmacy managed by Express Scripts.

**NOTE:** Some maintenance medications on this list may be considered non-covered, including new medications under review. Your doctor may request an exception for a non-covered medication when medically necessary.<sup>2</sup>

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## Learn More About Your Coverage

For more information about your pharmacy benefits, including the NPF and the medications listed in this document, sign in to your MyBlue account at [bluecrossma.com/myblue](https://bluecrossma.com/myblue).

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1. Not all medications listed are covered by all prescription plans. Check your benefit materials for details.

2. If approved, you'd pay the highest tier cost.

## Maintenance Medications

Drug Class	Medication Name	
5-Lipoxygenase Inhibitors	ZILEUTON	ZYFLO CR
Ace Inhibitor-Calcium Channel Blocker Combination	AMLODIPINE BESYLATE-BENAZEPRIL	TRANDOLAPRIL-VERAPAMIL
	PRESTALIA	
Ace Inhibitor-Thiazide or Thiazide-Like Diuretic	BENAZEPRIL HCL-HCTZ	FOSINOPRIL-HYDROCHLOROTHIAZIDE
	CAPTOPRIL/HYDROCHLOROTHIAZIDE	LISINOPRIL-HCTZ
	ENALAPRIL MALEATE/HCTZ	QUINAPRIL-HYDROCHLOROTHIAZIDE
Agents to Treat Hypoglycemia (Hyperglycemics)	BAQSIMI	INSTA-GLUCOSE
	GVOKE	PROGLYCEM
Alpha/Beta-Adrenergic Blocking Agents	CARVEDILOL	LABETALOL
	CARVEDILOL ER	
Alpha-Adrenergic Blocking Agents	DOXAZOSIN MESYLATE	TERAZOSIN
	PRAZOSIN	
Alzheimer's Therapy, NMDA Receptor Antagonists	MEMANTINE	NAMENDA
	MEMANTINE ER	NAMENDA XR
Analgesic/Antipyretics, Salicylates	DIFLUNISAL	
Angiotensin Receptor Antag-Calcium Channel Blocker-Thiazide	AMLODIPINE-VALSARTAN-HCTZ	OLMESARTAN-AMLODIPINE-HCTZ
	EXFORGE HCT	TRIBENZOR
Angiotensin Receptor Antag-Neprilysin Inhibitor Combination (ARNI)	ENTRESTO	
Angiotensin Receptor Antag-Thiazide Diuretic Combination	CANDESARTAN-HYDROCHLOROTHIAZIDE	MICARDIS HCT
	EDARBYCLOR	OLMESARTAN-HYDROCHLOROTHIAZIDE
	IRBESARTAN-HYDROCHLOROTHIAZIDE	TELMISARTAN-HYDROCHLOROTHIAZIDE
	LOSARTAN-HYDROCHLOROTHIAZIDE	VALSARTAN-HYDROCHLOROTHIAZIDE
Angiotensin Receptor Blocker-Calcium Channel Blocker	AMLODIPINE-OLMESARTAN	TELMISARTAN-AMLODIPINE
	AMLODIPINE-VALSARTAN	TWYNSTA
Angiotensin II Receptor Blocker-Beta Blocker Combination	BYVALSON	
Antianginal, Anti-Ischemic Agents, Non-Hemodynamic	RANEXA	
Anti-Anxiety Drugs	BUSPIRONE	
Antiarrhythmics	AMIODARONE	NORPACE
	CORDARONE	NORPACE CR
	DISOPYRAMIDE PHOSPHATE	PACERONE
	FLECAINIDE ACETATE	PROPAFENONE
	MEXILETINE	PROPAFENONE ER
	MULTAQ	QUINIDINE GLUCONATE

Drug Class	Medication Name	
Antiarrhythmics (Cont.)	QUINIDINE SULFATE	RYTHMOL SR
	RYTHMOL	
Anti-Arthritic and Chelating Agents	CUPRIMINE	D-PENAMINE
	DEPEN	
Anticholinergics, Orally Inhaled Long Acting	INCRUSE ELLIPTA	SPIRIVA
	LONHALA MAGNAIR REFILL	SPIRIVA RESPIMAT
	LONHALA MAGNAIR STARTER	TUDORZA PRESSAIR
	SEEBRI NEOHALER	YUPELRI
Anticholinergics, Orally Inhaled Short Acting	ATROVENT HFA	IPRATROPIUM BROMIDE
Anticonvulsants	DIACOMIT	
Antidiuretic and Vasopressor Hormones	DDAVP	VASOPRESSIN-0.9% NACL
	DESMOPRESSIN ACETATE	VASOPRESSIN-D5W
	NOC DURNA	VASOPRESSIN-NS
	NOCTIVA	VASOSTRICT
	STIMATE	
Antihyperglycemic, DPP-4 Enzyme Inhibitor-Thiazolidinedione	ALOGLIPTIN-PIOGLITAZONE	OSENI
Antihyperglycemic, Incretin Mimetic (GLP-1 Recep. Agonist)	ADLYXIN	RYBELSUS
	BYDUREON	TANZEUM
	BYDUREON BCISE	TRULICITY
	BYDUREON PEN	VICTOZA
	BYETTA	SOLIQUA 100-33
	OZEMPIC	XULTOPHY 100-3.6
Antihyperglycemic–Sod/Gluc Cotransport-2 (SGLT2) Inhibitors	FARXIGA	JARDIANCE
	INVOKANA	STEGLATRO
Antihyperglycemic–Dopamine Receptor Agonists	CYCLOSET	
Antihyperglycemic, Alpha-Glucosidase Inhibitors	ACARBOSE	MIGLITOL
	GLYSET	PRECOSE
Antihyperglycemic, Amylin Analog	SYMLINPEN 60	SYMLINPEN 120
Antihyperglycemic, Biguanide Type	DM2	METFORMIN
	FORTAMET	METFORMIN ER
	GLUCOPHAGE	METFORMIN ER FILM TAB
	GLUCOPHAGE XR	RIOMET
	GLUMETZA	



Drug Class	Medication Name	
Antihyperglycemic, DPP-4 Inhibitors	ALOGLIPTIN	ONGLYZA
	JANUVIA	TRADJENTA
	NESINA	
Antihyperglycemic, Insulin-Release Stimulant Type	CHLORPROPAMIDE	GLYBURIDE
	GLIMEPIRIDE	GLYBURIDE MICRONIZED
	GLIPIZIDE	GLYNASE
	GLIPIZIDE ER	NATEGLINIDE
	GLIPIZIDE XL	REPAGLINIDE
	GLUCOTROL	TOLAZAMIDE
	GLUCOTROL XL	TOLBUTAMIDE
Antihyperglycemic, SGLT-2 and DPP-4 Inhibitor Combination	GLYXAMBI	STEGLUJAN
	QTERN	
Antihyperglycemic, Thiazolidinedione and Biguanide	ACTOPLUS MET	PIOGLITAZONE-METFORMIN
	ACTOPLUS MET XR	
Antihyperglycemic, Thiazolidinedione-Sulfonylurea	DUETACT	PIOGLITAZONE-GLIMEPIRIDE
Antihyperglycemic, DPP-4 Inhibitor-Biguanide Combination	ALOGLIPTIN-METFORMIN	JENTADUETO XR
	JANUMET	KAZANO
	JANUMET XR	KOMBIGLYZE XR
	JENTADUETO	
Antihyperglycemic, Insulin-Release Stim-Biguanide	GLIPIZIDE-METFORMIN	REPAGLINIDE-METFORMIN HCL
	GLYBURIDE-METFORMIN HCL	
Antihyperglycemic, Thiazolidinedione (PPARG Agonist)	ACTOS	PIOGLITAZONE
	AVANDIA	
Antihyperglycemic-SGLT2 Inhibitor-Biguanide Combination	INVOKAMET	SYNJARDY
	INVOKAMET XR	SYNJARDY XR
	SEGLUROMET	XIGDUO XR
Antihyperlipidemic	NEXLETOL	NEXLIZET
Antihyperlipidemic HMG COA Reductase Inhibitor-Cholesterol Inhibitor	EZETIMIBE-SIMVASTATIN	
Antihyperlipidemic HMG COA Ri-Calcium Channel Blocker	AMLODIPINE-ATORVASTATIN	CADUET
Antihyperlipidemic HMG COA Reductase Inhibitors	ALTOPREV	FLUVASTATIN ER
	ATORVASTATIN CALCIUM	FLUVASTATIN SODIUM
	EZALLOR SPRINKLE	LIVALO
	FLOLIPID	LOVASTATIN

Drug Class	Medication Name	
Antihyperlipidemic HMG COA Reductase Inhibitors (Cont.)	PRAVASTATIN SODIUM	SIMVASTATIN
	ROSUVASTATIN CALCIUM	ZYPITAMAG
Antihyperlipidemic HMG COA Reductase Inhibitor-Niacin	ADVICOR	SIMCOR
Antihypertensives, Ace Inhibitors	BENAZEPRIL	MAVIK
	CAPTOPRIL	MOEXIPRIL
	ENALAPRIL MALEATE	PERINDOPRIL ERBUMINE
	EPANED	QUINAPRIL
	FOSINOPRIL SODIUM	RAMIPRIL
	LISINOPRIL	TRANDOLAPRIL
Antihypertensives, Angiotensin Receptor Antagonist	CANDESARTAN CILEXETIL	LOSARTAN POTASSIUM
	EDARBI	OLMESARTAN MEDOXOMIL
	EPROSARTAN MESYLATE	TELMISARTAN
	IRBESARTAN	VALSARTAN
Antihypertensives, Sympatholytic	CATAPRES	GUANFACINE
	CATAPRES-TTS	METHYLDOPA
	CLONIDINE	METHYLDOPA/HYDROCHLOROTHIAZIDE
	CLORPRES	
Antihypertensives, Vasodilators	HYDRALAZINE HCL	MINOXIDIL
Antileprotics	DAPSONE	
Antimalarial Drugs	HYDROXYCHLOROQUINE SULFATE	PRIMAQUINE
	PLAQUENIL	
Antiparkinson Drugs, Other	AMANTADINE HCL	PRAMIPEXOLE ER
	AZILECT	RASAGILINE MESYLATE
	CARBIDOPA/LEVODOPA	REQUIP
	CARBIDOPA-LEVODOPA ER	REQUIP XL
	CARBIDOPA-LEVODOPA-ENTACAPONE	ROPINIROLE HCL
	COMTAN	RYTARY
	ENTACAPONE	SELEGILINE HCL
	GOCOVRI ER	SINEMET CR
	INBRIJA	STALEVO
	NEUPRO	TASMAR
	NOURIANZ	TOLCAPONE
	OSMOLEX ER	XADAGO
	PRAMIPEXOLE DIHYDROCHLORIDE	ZELAPAR

Drug Class	Medication Name	
Antithyroid Preparations	METHIMAZOLE	TAPAZOLE
	PROPYLTHIOURACIL	
Anti-Ulcer Preparations	CARAFATE	MISOPROSTOL
	CYTOTEC	SUCRALFATE
Benign Prostatic Hypertrophy/ Micturition Agents	ALFUZOSIN ER	RAPAFLO
	AVODART	SILODOSIN
	DUTASTERIDE	TAMSULOSIN
	FINASTERIDE	UROXATRAL
Beta-Adrenergic Agents	ALBUTEROL SULFATE TABLETS	TERBUTALINE SULFATE
	METAPROTERENOL SULFATE	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting	ARCAPTA NEOHALER	STRIVERDI RESPIMAT
Beta-Adrenergic Agents, Orally Inhaled, Long Acting	BROVANA	SEREVENT DISKUS
	PERFOROMIST	
Beta-Adrenergic and Anticholinergic Combo, Inhaled	ANORO ELLIPTA	STIOLTO RESPIMAT
	BEVESPI AEROSPHERE	UTIBRON NEOHALER
Beta-Adrenergic and Glucocorticoid Combo, Inhaled	ADVAIR DISKUS	DULERA
	ADVAIR HFA	FLUTICASONE-SALMETEROL
	AIRDUO	SYMBICORT
	BREO ELLIPTA	WIXELLA INHUB
Beta-Adrenergic Blocking Agents	ACEBUTOLOL	NADOLOL
	ATENOLOL	PINDOLOL
	BETAPACE	PROPRANOLOL
	BETAPACE AF	PROPRANOLOL ER
	BETAXOLOL	SORINE
	BISOPROLOL FUMARATE	SOTALOL
	BYSTOLIC	SOTALOL AF
	INNOPRAN XL	SOTYLIZE
	KAPSPARGO SPRINKLE	TENORMIN
	METOPROLOL SUCCINATE	TIMOLOL MALEATE
	METOPROLOL TARTRATE	TOPROL XL
Beta-Adrenergic-Anticholinergic- Glucocorticoid, Inhaled	TRELEGY ELLIPTA	
Beta-Blockers and Thiazide, Thiazide- Like Diuretics	ATENOLOL W/CHLORTHALIDONE	METOPROLOL SUCCINATE-HCTZ ER
	BISOPROLOL FUMARATE/HCTZ	METOPROLOL-HYDROCHLOROTHIAZIDE
	DUTOPROL	NADOLOL-BENDROFLUMETHIAZIDE

Drug Class	Medication Name	
Beta-Blockers and Thiazide, Thiazide-Like Diuretics (Cont.)	PROPRANOLOL HCL-HCTZ	ZIAC
	TENORETIC	
Bile Salts	ACTIGALL	URSO FORTE
	URSO	URSODIOL
Bile Salt Sequestrants	CHOLESTYRAMINE	COLESTID
	CHOLESTYRAMINE LIGHT	COLESTIPOL HCL
	COLESEVELAM HCL	
Blood Sugar Diagnostics	ACCU-CHEK AVIVA PLUS	FREESTYLE INSULINX TEST STRIPS
	ACCU-CHEK COMPACT	FREESTYLE LITE TEST STRIPS
	ACCU-CHEK COMPACT PLUS	FREESTYLE PRECISION NEO
	ACCU-CHEK GUIDE TEST STRIP	FREESTYLE TEST STRIPS
	ACCU-CHEK SMARTVIEW	GOJJI TEST STRIP
	ACCUTREND GLUCOSE	IGLUCOSE TEST STRIP
	ADVOCATE TEST STRIP	INFINITY VOICE TEST STRIP
	ASCENSIA BREEZE 2	HARMONY GLUCOSE TEST STRIP
	ASSURE PLATINUM	LIBERTY TEST STRIP
	CARETOUCH TEST STRIP	MICRODOT XTRA
	CLEVER CHOICE TALK	ONE TOUCH ULTRA TEST STRIPS
	CONTOUR	ONE TOUCH ULTRA BLUE TEST STRIPS
	CONTOUR NEXT EZ	ONE TOUCH VERIO TEST STRIPS
	EASY TOUCH TEST STRIP	OPTIUM
	EASY TRACK II TEST STRIP	OPTIUM EZ
	EMBRACE	PRECISION PCX
	EMBRACE EVO	PRECISION PCX PLUS
	EMBRACE PRO	PRECISION POINT OF CARE
	EMBRACE TALK TEST STRIP	PRECISION Q-I-D
	EVENCARE TEST STRIP	PRECISION XTRA
	FORA 6 CONNECT GLUCOSE STRIP	PREMIER TEST STRIP
	FORA GTEL GLUCOSE TEST STRIP	UNISTRIPI
	FORA V10-V12-D10-D20	VERASENS TEST STRIP
	FREESTYLE INSULINX	VIVAGUARD INO TEST STRIP
Bone Resorption Inhibitors	ALENDRONATE SODIUM	FORTICAL
	ATELVIA	IBANDRONATE SODIUM
	BINOSTO	RISEDRONATE SODIUM
	CALCITONIN-SALMON	RISEDRONATE SODIUM DR
	ETIDRONATE DISODIUM	

Drug Class	Medication Name	
Bone Resorption Inhibitor and Vitamin D Combinations	FOSAMAX PLUS D	
BPH 5-Alpha-Reductase Inhib-Alpha1-Adrenocep Antagonist	DUTASTERIDE-TAMSULOSIN	JALYN
Calcium Channel Blocking Agents	AFEDITAB CR	MATZIM LA
	AMLODIPINE BESYLATE	NICARDIPINE HCL
	CALAN	NIFEDICAL XL
	CALAN SR	NIFEDIPINE
	CARTIA XT	NIFEDIPINE ER
	DILTIAZEM 12HR ER	NISOLDIPINE
	DILTIAZEM 24HR ER	TAZTIA XT
	DILTIAZEM 24HR ER (CD)	TIAZAC
	DILTIAZEM 24HR ER (LA)	VERAPAMIL ER
	DILTIAZEM 24HR ER (XR)	VERAPAMIL ER PM
	DILTIAZEM HCL	VERAPAMIL HCL
	DILT-XR	VERELAN
	FELODIPINE ER	VERELAN PM
	ISRADIPINE	
Carbonic Anhydrase Inhibitors	ACETAZOLAMIDE	METHAZOLAMIDE
	ACETAZOLAMIDE ER	
Cholinesterase Inhibitors	ARICEPT	MESTINON
	DONEPEZIL	PYRIDOSTIGMINE BROMIDE
	DONEPEZIL ODT	PYRIDOSTIGMINE BROMIDE ER
	EXELON	RAZADYNE
	GALANTAMINE	RAZADYNE ER
	GALANTAMINE ER	RIVASTIGMINE
Chronic Inflammatory Colon DX, 5-Aminosalicylate Drug Treatment	APRISO	MESALAMINE
	ASACOL HD	MESALAMINE DR
	AZULFIDINE	PENTASA
	DELZICOL	SULFASALAZINE
	DIPENTUM	SULFASALAZINE DR
	LIALDA	SULFAZINE
Contraceptives, Intravaginal, Systemic	ANNOVERA	
Contraceptives, Oral	BALCOLTRA	CYCLESSA
	BEYAZ	DESOGEN
	BREVICON	DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE

Drug Class	Medication Name	
Contraceptives, Oral (Cont.)	ESTROSTEP FE	NORINYL
	FAYOSIM	NOR-Q-D
	FEMCON FE	ORTHO-NOVUM
	LEVONORGESTREL-ETHINYL ESTRADIOL-ETHINYL ESTRADIOL	QUARTETTE
	LO LOESTRIN FE	RIVELSA
	LOESTRIN	SAFYRAL
	LOESTRIN FE	SEASONIQUE
	LOSEASONIQUE	SLYND
	MELODETTA 24 FE	TAYTULLA
	MIBELAS 24 FE	TWIRLA
	MICROGESTIN 24 FE	TYBLUME
	MINASTRIN 24 FE	TYDEMY
	MIRCETTE	YASMIN
	NATAZIA	YAZ
	NORETHINDRONE-ETHINYL ESTRADIOL-FERROUS FUMERATE	
Decarboxylase Inhibitors	CARBIDOPA	LODOSYN
Digitalis Glycosides	DIGITEK	DIGOXIN
	DIGOX	LANOXIN
Erectile Dysfunction Drugs	STENDRA	
Estrogenic Agents	ACTIVELLA	FEMHRT
	ALORA	FYAVOLV
	AMABELZ	JINTELI
	CLIMARA	LOPREEZA
	CLIMARA PRO	MENEST
	COMBIPATCH	MENOSTAR
	DIVIGEL	MIMVEY
	DOTTI	MIMVEY LO
	ELESTRIN	MINIVELLE
	ENJUVIA	NORETHINDRONE-ETHINYL ESTRADIOL
	ESTRACE	PREFEST
	ESTRADIOL	PREMARIN
	ESTRADIOL-NORETHINDRONE ACETATE	PREMPHASE
	ESTROGEL	PREMPRO
	ESTROPIPATE	VIVELLE-DOT

Drug Class	Medication Name	
Estrogen-Progestin with Antimineralocorticoid Combinations	ANGELIQ	
Fibromyalgia Agents, Serotonin–Norepinephrine Reuptake Inhibitors	SAVELLA	
Fluoride Preparations	CLINPRO 5000	GEL-KAM
	DENTA 5000 PLUS	LUDENT FLUORIDE
	DENTAGEL	PERIOMED
	FLORIVA	PHOS-FLUR
	FLUORABON	PREVIDENT
	FLUORIDE	PREVIDENT 5000 ENAMEL PROTECT
	FLUORIDEX	PREVIDENT PLUS
	FLUORIDEX SENSITIVITY RELIEF	PREVIDENT 5000 SENSITIVE
	FLUORITAB	SF 5000 PLUS
	FLURA-DROPS	SODIUM FLUORIDE
Glucocorticoids	BETALAN SUIK	P-CARE D80G
	CORTEF	P-CARE K40G
	DEXONTO	P-CARE K80G
	DMT SUIK	POD-CARE 100CG
	EMFLAZA	POD-CARE 100KG
	HYDROCORTISONE	TRILOAN SUIK
	MEDROLOAN SUIK	TRILOAN II SUIK
	MEDROLOAN II SUIK	ZILRETTA
	P-CARE D40G	
Glucocorticoids, Orally Inhaled	ALVESCO	FLOVENT DISKUS
	ARMONAIR	FLOVENT HFA
	ARNUITY ELLIPTA	PULMICORT
	ASMANEX	PULMICORT FLEXHALER
	ASMANEX HFA	QVAR
	BUDESONIDE	QVAR REDHALER
Gold Salts	RIDAURA	
Heart Rate Reducing, Selective Current Inhibitors	CORLANOR	
Hemorrhologic Agents	PENTOXIFYLLINE	

Drug Class	Medication Name	
Histamine H2-Receptor Inhibitors	CIMETIDINE	PEPCID
	FAMOTIDINE	RANITIDINE HCL
	NIZATIDINE	ZANTAC RX
Hyperparathyroid TX Agents– Vitamin D Analog-Type	DOXERCALCIFEROL	RAYALDEE
	HECTOROL	ZEMPLAR
	PARICALCITOL	
Hyperuricemia TX–Xanthine Oxidase Inhibitors	ALLOPURINOL	ULORIC
	FEBUXOSTAT	ZYLOPRIM
Insulins	ADMELOG	INSULIN LISPRO
	ADMELOG SOLOSTAR	LANTUS
	AFREZZA	LANTUS SOLOSTAR
	APIDRA	LEVEMIR
	APIDRA SOLOSTAR	LEVEMIR FLEXTOUCH
	BASAGLAR KWIKPEN U-100	LYUMJEV
	FIASP	MYXREDLIN
	FIASP FLEXTOUCH	NOVOLIN 70/30
	HUMALOG	NOVOLIN 70/30 FLEXPEN
	HUMALOG JUNIOR KWIKPEN	NOVOLIN N
	HUMALOG MIX 50-50	NOVOLIN R
	HUMALOG MIX 75-25	NOVOLOG
	HUMULIN 70/30	NOVOLOG FLEXPEN
	HUMULIN 70/30 KWIKPEN	NOVOLOG MIX 70-30
	HUMULIN N	SEMGLEE
	HUMULIN N KWIKPEN	TOUJEO MAX SOLOSTAR
	HUMULIN R	TOUJEO SOLOSTAR
	HUMULIN R U-500 KWIKPEN	TRESIBA FLEXTOUCH U-100
	INSULIN ASPART	TRESIBA FLEXTOUCH U-200
Iodine-Containing Agents	POTASSIUM IODIDE	SSKI
Laxatives and Cathartics	KRISTALOSE	LACTULOSE
Leukotriene Receptor Antagonists	ACCOLATE	SINGULAIR
	MONTELUKAST SODIUM	ZAFIRLUKAST



Drug Class	Medication Name	
Lipotropics	ANTARA	LIPOFEN
	ENDUR-ACIN	LOVAZA
	EZETIMIBE	NIACIN ER
	FENOFIBRATE	NIASPAN
	FENOFIBRIC ACID	OMEGA-3 ACID ETHYL ESTERS
	FENOGLIDE	SLO-NIACIN
	FIBRICOR	TRIKLO
	GEMFIBROZIL	VASCEPA
Loop Diuretics	BUMETANIDE	FUROSEMIDE
	EDECRIN	LASIX
	ETHACRYNIC ACID	TORSEMIDE
MAOIs, Non-Selective, Irreversible Antidepressants	MARPLAN	PHENELZINE SULFATE
	NARDIL	TRANLYCYPROMINE SULFATE
	PARNATE	
Mast Cell Stabilizers, Orally Inhaled	CROMOLYN SODIUM	
Menopausal Symptoms Suppressant–SSRIS	BRISDELLE	PAROXETINE MESYLATE
Metabolic Deficiency Agents	CARNITOR	LEVOCARNITINE
	CARNITOR SF	
Mineralocorticoids	FLUDROCORTISONE ACETATE	
Miotics and Other Intraocular Pressure Reducers	ALPHAGAN P	ISOPTO CARPINE
	APRACLOPIDINE	ISTALOL
	BETAGAN	LATANOPROST
	BETAXOLOL	LEVOBUNOLOL
	BIMATOPROST	LUMIGAN
	BRIMONIDINE TARTRATE	METIPRANOLOL
	CARTEOLOL	PHOSPHOLINE IODIDE
	COMBIGAN	PILOCARPINE
	COSOPT	RHOPRESSA
	COSOPT PF	SIMBRINZA
	DORZOLAMIDE	TIMOLOL MALEATE
	DORZOLAMIDE-TIMOLOL	TIMOPTIC-XE
	IOPIDINE	TRAVATAN Z

Drug Class	Medication Name	
Miotics and Other Intraocular Pressure Reducers (Cont.)	TRAVOPROST	XALATAN
	TRUSOPT	XELPROS
	VYZULTA	ZIOPTAN
Monoamine Oxidase (MAO) Inhibitor Antidepressants	EMSAM	
Multivitamin Preparations	ELITE-OB	OBSTETRIX ONE
	ENBRACE HR	PRENATE AM
	FOLET ONE	PRENATE CHEWABLE
	NEEVODHA	PRENATE ESSENTIAL
	NESTABS ONE	VINATE DHA RF
	OB COMPLETE	
Mydriatics	ATROPINE SULFATE	ISOPTO ATROPINE
	ATROPINE SULFATE-NS	LIDOCAINE-PHENYLEPHRINE-BSS
	CYCLOGYL	LIDOCAINE-PHENYLEPHRINE-WATER
	CYCLOMYDRIL	MYDRIACYL
	CYCLOPENTOLATE	MYDRIATIC 3 (TROP-CYCLOPENT-PE)
	EPINEPHRINE-LIDOCAINE HCL-BSS	TROPICAMIDE
	HOMATROPINE	TROPICAMIDE-CYCLOPENTOLATE-PE
	HOMATROPINE HYDROBROMIDE	
Needles/Needleless Devices	1ST TIER UNIFINE PENTIPS	BLUNT NEEDLE
	ADVOCATE PEN NEEDLES	CAREFINE PEN NEEDLE
	ASSURE ID PEN NEEDLE	CARETOUCH PEN NEEDLE
	BD AUTOSHIELD PEN NEEDLE	CLICKFINE
	BD ECLIPSE	COMFORT EZ
	BD INSULIN PEN NEEDLE UF MINI	DROPLET PEN NEEDLE
	BD INTEGRA NEEDLE	DROPSAFE PEN NEEDLE
	BD NANO PEN NEEDLE	EASY COMFORT PEN NEEDLES
	BD NEEDLES	EASY GLIDE PEN NEEDLE
	BD PRECISIONGLIDE NEEDLE	EASY TOUCH
	BD SAFETYGLIDE	EASY TOUCH FLIPLOCK NEEDLE
	BD ULTRA-FINE PEN NEEDLE	EASY TOUCH HYPODERMIC NEEDLE

Drug Class	Medication Name	
Needles/Needleless Devices (Cont.)	EASY POINT NEEDLE	NOVOTWIST
	ECLIPSE NEEDLE	PEN-NEEDLE
	EXEL HUBER NEEDLE	PENTIPS
	EXEL HYPODERMIC NEEDLE	PHASEAL PROTECTOR
	EXEL MULTI DRAWING NEEDLE	POLY HUB NEEDLE
	FILTER NEEDLE	PRECISIONGLIDE
	FLOW-EZE	PRO COMFORT PEN NEEDLE
	HEALTHWISE PEN NEEDLE	RELION PEN NEEDLES
	HEALTHY ACCENTS UNIFINE PENTIP	SAFETY PEN NEEDLE
	HYPODERMIC NEEDLE	SAFETYGLIDE NEEDLE
	INCONTROL PEN NEEDLE	SURE COMFORT
	INSULIN PEN NEEDLE	SURE-FINE PEN NEEDLES
	INSUPEN	TECHLITE PEN NEEDLE
	INTEGRA PRECISIONGLIDE NEEDLE	TERUMO SURGUARD
	LIFESHIELD BLUNT CANNULA	TOPCARE CLICKFINE
	LITE TOUCH	TRANSFER NEEDLE
	MAXICOMFORT II PEN NEEDLE	TRUE COMFORT PEN NEEDLE
	MAXICOMFORT SAFETY PEN NEEDLE	TRUEPLUS PEN NEEDLE
	MINI ULTRA-THIN II	ULTICARE
	MONOJECT BLOOD COLLECTION	ULTILET PEN NEEDLE
	MONOJECT FILTER NEEDLE	ULTRA-FINE MICRO PEN NEEDLE
	NANO 2ND GEN PEN NEEDLE	ULTRA-FINE MINI PEN NEEDLE
	NEEDLES	ULTRA-FINE NANO PEN NEEDLE
	NOKOR ADMIX NEEDLE	ULTRA-FINE ORIGINAL PEN NEEDLE
	NOKOR NEEDLE	ULTRA-FINE SHORT PEN NEEDLE
	NOVOFINE	ULTRA-THIN II
	NOVOFINE 32	UNIFINE PENTIPS
	NOVOFINE AUTOCOVER	UNIFINE PENTIPS PLUS
	NOVOFINE PLUS	YALE NEEDLE
Norepinephrine and Dopamine Reuptake Inhib (NDRIS)	APLENZIN	BUPROPION XL
	BUPROPION	BUPROPION SR
	BUPROPION ER	FORFIVO XL

Drug Class	Medication Name	
NSAID and Histamine H2 Receptor Antagonist Combination	DUEXIS	
NSAID, Cox Inhibitor-Type and Proton Pump Inhibitor	VIMOVO	
NSAID, Cox Non-Spec. Inhib and Prostaglandin Analog	ARTHROTEC	
NSAIDs, Cyclooxygenase Inhibitor-Type Analgesics	DICLOFENAC SODIUM	NABUMETONE
	EC-NAPROSYN	NAPROXEN
	ETODOLAC	NAPROXEN SODIUM
	ETODOLAC ER	NAPROXEN SODIUM DS
	FELDENE	NAPROXEN SODIUM ER
	FENOPROFEN CALCIUM	OXAPROZIN
	FENORTHO	PIROXICAM
	FLURBIPROFEN	PROFENO
	IBU	TIVORBEX
	IBUPROFEN	TOLMETIN SODIUM
	KETOPROFEN	TORONOVA SUIK
	LODINE	TORONOVA II SUIK
	MECLOFENAMATE SODIUM	VIVLODEX
	MELOXICAM	ZORVOLEX
	MOBIC	
NSAIDs, Cyclooxygenase-2 (COX-2) Selective Inhibitor	CELEBREX	CELECOXIB
Ophthalmic Antibiotics	NEOMYCIN/BACITRACIN/POLYMYXIN	NEO-POLYCIN
Ophthalmic Anti-Inflammatory Immunomodulator-Type	CEQUA	RESTASIS MULTIDOSE
	CYCLOSPORINE IN KLARITY	XIIDRA
	RESTASIS	
Overactive Bladder Agents, Beta-3 Adrenergic Recep.	MYRBETRIQ	
Parasympathetic Agents	CEVIMELINE HCL	EVOXAC
Pediatric Vitamin Preparations	ESCAVITE D	MULTIVITAMINS
	ESCAVITE LQ	POLY-VI-FLOR FS
	FLORIVA	QUFLORA
	FLORIVA PLUS	QUFLORA FE
	MULTIVITAMIN WITH FLUORIDE	TEXAVITE LQ

Drug Class	Medication Name	
Pituitary Suppressive Agents	CABERGOLINE	
Platelet Aggregation Inhibitors	ADULT ASPIRIN REGIMEN	DURLAZA
	ADULT LOW DOSE ASPIRIN	EFFIENT
	AGGRENOX	LOW DOSE ASPIRIN
	ASPIR 81	PERSANTINE
	ASPIRIN-DIPYRIDAMOLE ER	PLAVIX
	ASPIR-LOW	PLETAL
	BAYER CHEWABLE	PRASUGREL HCL
	BRILINTA	ST. JOSEPH ASPIRIN
	CHILDREN'S ASPIRIN	TICLOPIDINE HCL
	CILOSTAZOL	YOSPRALA
	CLOPIDOGREL	ZONTIVITY
	DIPYRIDAMOLE	
Platelet Reducing Agents	AGRYLIN	ANAGRELIDE HYDROCHLORIDE
Potassium Replacement	EFFER-K	K-SOL
	K-EFFERVESCENT	K-TAB
	KLOR-CON	POTASSIUM BICARBONATE
	KLOR-CON M	POTASSIUM CHLORIDE
	KLOR-CON SPRINKLE	POTASSIUM-MAGNESIUM ASPARTATE
	KLOR-CON-EF	
Potassium Sparing Diuretics	ALDACTONE	EPLERENONE
	AMILORIDE	INSpra
	CAROSPIR	SPIRONOLACTONE
	DYRENIUM	
Potassium Sparing Diuretics in Combination	AMILORIDE HCL W/HCTZ	TRIAMTERENE W/HCTZ
	SPIRONOLACTONE W/HCTZ	
Progestational Agents	AYGESTIN	PROGESTERONE
	MEDROXYPROGESTERONE ACETATE	PROMETRIUM
	NORETHINDRONE ACETATE	PROVERA
Pulmonary Anti-Hypertension	AMBRISENTAN	BOSENTAN
Renin Inhibitor, Direct	TEKTurnA	
Renin Inhibitor, Direct and Thiazide Diuretic Combination	TEKTurnA HCT	

Drug Class	Medication Name	
Selective Serotonin Reuptake Inhibitor (SSRIS)	CITALOPRAM HBR	PAROXETINE ER
	ESCITALOPRAM OXALATE	PAROXETINE HCL
	FLUOXETINE DR	SARAFEM
	FLUOXETINE HCL	SERTRALINE HCL
	FLUVOXAMINE MALEATE	
Serotonin-2 Antagonist/Reuptake Inhibitors (SARIS)	NEFAZODONE HCL	
Serotonin-Norepinephrine Reuptake-Inhibitor (SNRIS)	DESVENLAFAXINE ER	KHEDEZLA
	DESVENLAFAXINE FUMARATE ER	PRISTIQ
	DESVENLAFAXINE SUCCINATE ER	VENLAFAXINE HCL
	DULOXETINE HCL	VENLAFAXINE HCL ER
	FETZIMA	VENLAFAXINE HCL ER BRAND
	IRENKA	
Skeletal Muscle Relaxants	BACLOFEN	DANTROLENE SODIUM
	DANTRIUM	
Smoking Deterrent Agents (Ganglionic Stim, Others)	NICODERM CQ	
SSRI and 5HT1A Partial Agonist Antidepressants	VIIBRYD	
Syringes and Accessories	ADVOCATE SYRINGES	EASY TOUCH LUER LOCK INSULIN
	ASSURE ID INSULIN SAFETY	EASY TOUCH SHEATHLOCK INSULIN
	BD ECLIPSE	EASY TOUCH UNI-SLIP
	BD INSULIN SYRINGE	FIFTY50 RESERVOIR
	BD INSULIN SYRINGE MF	FREESTYLE PRECISION
	BD INTEGRA SYRINGE	INSULIN CARTRIDGE
	BD SAFETYGLIDE	INSULIN SYRINGE
	COMFORT EZ	LITE TOUCH
	DROPLET INSULIN SYRINGE	LUER-LOK SYRINGE
	EASY COMFORT INSULIN SYRINGE	MAGELLAN INSULIN SAFETY SYRINGE
	EASY TOUCH	MAGELLAN INSULIN SYRINGE
	EASY TOUCH FLIPLOCK SYRINGES	MAXI-COMFORT
	EASY TOUCH FLURINGE FLIPLOCK	MINIMED RESERVOIR
	EASY TOUCH FLURINGE SHEATHLOCK	MONOJECT
	EASY TOUCH INSULIN SAFETY	MONOJECT INSULIN SYRINGE

Drug Class	Medication Name	
Syringes and Accessories (Cont.)	MONOJECT MAGELLAN SYRINGE	THINSET
	PARADIGM	TOPCARE ULTRA COMFORT
	PRO COMFORT INSULIN SYRINGE	TRUE COMFORT INSULIN SYRINGE
	PRODIGY INSULIN SYRINGE	TRUEPLUS INSULIN SYRINGE
	SAFESNAP INSULIN SYRINGE	ULTICARE
	SURE COMFORT	ULTICARE INSULIN SYRINGE
	SURE COMFORT INSULIN SYRINGE	ULTILET INSULIN SYRINGE
	SURE-JECT INSULIN SYRINGE	ULTRA COMFORT
	TECHLITE INSULIN SYRINGE	ULTRA-THIN II
	TERUMO INSULIN SYRINGE	VANISHPOINT
	THINPRO INSULIN SYRINGE	
Thiazide and Related Diuretics	CHLOROTHIAZIDE	INDAPAMIDE
	CHLORTHALIDONE	METHYCLOTHIAZIDE
	DIURIL	METOLAZONE
	HYDROCHLOROTHIAZIDE	MICROZIDE
Thrombin Inhibitors, Selective, Direct, Reversible	PRADAXA	
Thyroid Hormones	ARMOUR THYROID	NP THYROID
	CYTOMEL	SYNTHROID
	EUTHYROX	THYROID
	LEVO-T	THYROLAR
	LEVOTHYROXINE SODIUM	TIROSINT
	LEVOXYL	UNITHROID
	LIOTHYRONINE SODIUM	WESTHROID
	NATURE-THROID	WP THYROID
Topical Anti-Inflammatory, NSAIDs	CAPSFENAC PAK	DICLOPAR
	DERMACINRX LEXITRAL	DICLOSAICIN
	DICLO GEL	DICLOTRAL
	DICLO GEL-XRYLIX SHEET	DICLOZOR
	DICLOFENAC SODIUM	DITHOL
	DICLOFEX DC	FROTEK
	DICLOFONO	INFLAMMA-K
	DICLOPAK	LEXIXRYL

Drug Class	Medication Name	
Topical Anti-Inflammatory, NSAIDs (Cont.)	NUDICLO	VOLTAREN
	PENNSAID	XELITRAL
	VAROPHEN	XRYLIX
Uricosuric Agents	PROBENECID	ZURAMPIC
	PROBENECID W/COLCHICINE	
Uricosuric and Xanthine Oxidase Inhibitor Combination	DUZALLO	
Urinary PH Modifiers	POTASSIUM CITRATE ER	UROCIT-K
Urinary Tract Antispasmodic, M(3) Selective Antagonist	DARIFENACIN ER	SOLIFENACIN SUCCINATE
	ENABLEX	VESICARE
Urinary Tract Antispasmodic/ Anti-Incontinence Agent	FLAVOXATE	TOLTERODINE TARTRATE
	GELNIQUE	TOLTERODINE TARTRATE ER
	OXYBUTYNIN CHLORIDE	TOVIAZ
	OXYBUTYNIN CHLORIDE ER	TROSPIUM CHLORIDE
	OXYTROL	
Vaginal Estrogen Preparations	ESTRACE	PREMARIN
	ESTRADIOL	VAGIFEM
	ESTRING	YUVAFEM
	FEMRING	
Vasodilators, Combination	BIDIL	
Vasodilators, Coronary	DILATRATE-SR	ISOSORBIDE MONONITRATE ER
	ISOCHRON	NITRO-BID
	ISORDIL	NITROGLYCERIN
	ISOSORBIDE DINITRATE	NITRO-TIME
	ISOSORBIDE MONONITRATE	
Vasodilators, Peripheral	ERGOLOID MESYLATES	ISOXSUPRINE HCL
Vitamin B Preparations	POTABA	VB7 MAX
Vitamin B12 Preparations	NASCOBAL	
Vitamin D Preparations	CALCITRIOL	ROCALTROL
Xanthines	ELIXOPHYLLIN	THEOCHRON
	THEO-24	THEOPHYLLINE ANHYDROUS



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ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).



MASSACHUSETTS

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# 2021 Express Scripts National Preferred Formulary List

Last Updated: March 19, 2021

The following list includes medications that are covered by plans with the National Preferred Formulary (NPF), which is available through Express Scripts, Inc.®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts.

This isn't a complete list of covered medications, and inclusion on the list doesn't guarantee coverage.<sup>1</sup> You must have a valid prescription from a licensed health provider, and in some instances, Prior Authorization from Blue Cross to receive coverage for these medications. Some medications may also be subject to other pharmacy management programs, such as Step Therapy or Quantity Limitations, or be considered specialty medications.

1. Not all medications listed are covered by all prescription plans. Check your benefit materials for details.

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## KEY

lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

ACA: Medication may be covered at no cost to you under the Affordable Care Act when prescribed by a doctor. For some medications, you must meet eligibility criteria in order to qualify for the zero cost.

HDE: Home Delivery Exclusion-Medication is not available through the Express Scripts Mail Pharmacy. It is only available through a participating retail pharmacy.

LM: Long Term Medication (LM) - This maintenance medication is intended for long-term use. Please check your benefit materials to learn what your options are to obtain a 90-day (3 month) supply of the medication. In some cases, you may not be able to obtain a 30-day supply of the medication at a retail pharmacy.

NC: Non-Covered-Medication is not covered as there are equally safe, effective covered alternatives for treating the same medical condition. Your doctor may request a formulary exception for coverage.

OC: Oral Chemotherapy Parity Law-This medication is covered at zero cost share under the Massachusetts Oral Chemotherapy Parity Law.

PA: Your doctor must submit a prior authorization to request coverage for this medication.

QCD: Medication is subject to Quality Care Dosing guidelines.

SP: Specialty Pharmacy-Medication is required to be filled through one of our retail pharmacies in the Specialty Pharmacy Network.

ST: Step Therapy - Certain "first step" medications may be required before coverage is allowed for "second step" medications. Some medications may have multiple steps.

Drug Name	Drug Tier	Requirements / Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ANCOBON	3	
<i>clotrimazole mucous membrane</i>	1	
CRESEMBA ORAL	2	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	3	
DIFLUCAN ORAL TABLET 150 MG	3	QCD
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QCD
<i>flucytosine</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole oral capsule</i>	1	QCD
<i>itraconazole oral solution</i>	1	
<i>ketoconazole oral</i>	1	
NOXAFIL ORAL SUSPENSION	2	PA
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC)	3	PA; NC
<i>nystatin oral suspension</i>	1	
<i>nystatin oral tablet</i>	1	
ORAVIG	3	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA
SPORANOX ORAL SOLUTION	3	
SPORANOX PULSEPAK	3	QCD
<i>terbinafine hcl oral</i>	1	
TOLSURA	3	PA; NC; QCD
VFEND	3	PA
<i>voriconazole oral</i>	1	PA
<b>ANTIVIRALS</b>		
<i>abacavir</i>	1	
<i>abacavir-lamivudine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>abacavir-lamivudine-zidovudine</i>	1	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	LM
APTIVUS	2	
APTIVUS (WITH VITAMIN E)	2	
<i>atazanavir</i>	1	
ATRIPLA	3	NC
BARACLUDE ORAL SOLUTION	2	
BARACLUDE ORAL TABLET	3	NC
BIKTARVY	2	
CIMDUO	2	
COMBIVIR	3	
COMPLERA	3	NC
CRIXIVAN ORAL CAPSULE 200 MG	2	
DELSTRIGO	3	NC
DESCOVY	2	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	
DOVATO	2	
EDURANT	2	
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabin-tenofov</i>	1	
<i>efavirenz-lamivu-tenofov disop</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofov (tdf)</i>	1	
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	2	
<i>entecavir</i>	1	
EPCLUSA	2	PA; SP; QCD
EPIVIR	3	
EPIVIR HBV ORAL SOLUTION	2	
EPIVIR HBV ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
EPZICOM	3	
EVOTAZ	3	
<i>famciclovir</i>	1	QCD
FLUMADINE ORAL TABLET	3	
<i>fosamprenavir</i>	1	
FUZEON SUBCUTANEOUS RECON SOLN	2	SP
GENVOYA	2	
HARVONI	2	PA; SP; QCD
HEPSERA	3	
INTELENCE	2	
INVIRASE ORAL TABLET	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
KALETRA ORAL SOLUTION	3	
KALETRA ORAL TABLET	2	
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEDIPASVIR-SOFOSBUVIR	3	PA; SP; NC; QCD
LEXIVA ORAL SUSPENSION	2	
LEXIVA ORAL TABLET	3	
<i>lopinavir-ritonavir</i>	1	
MAVYRET	3	PA; SP; NC; QCD
<i>nevirapine</i>	1	
NORVIR ORAL POWDER IN PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	3	
ODEFSEY	2	
<i>oseltamivir</i>	1	HDE; QCD
PIFELTRO	3	NC
PREVYMIS ORAL	2	QCD
PREZCOBIX	3	NC
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	

Drug Name	Drug Tier	Requirements / Limits
RELENZA DISKHALER	3	HDE; QCD
RETROVIR ORAL CAPSULE	3	
RETROVIR ORAL SYRUP	3	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	
REYATAZ ORAL POWDER IN PACKET	2	
<i>ribavirin inhalation</i>	1	
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	
RUKOBIA	3	NC
SELZENTRY	2	
SITAVIG	3	PA; NC; QCD
SOFOSBUVIR-VELPATASVIR	3	PA; SP; NC; QCD
SOVALDI	3	PA; SP; NC; QCD
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	1	
STRIBILD	3	NC
SUSTIVA	3	
SYMFI	2	
SYMFI LO	2	
SYMTUZA	2	
SYNAGIS	2	SP
TAMIFLU	3	HDE; QCD
TEMIXYS	2	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TIVICAY PD	2	
TRIUMEQ	2	
TRIZIVIR	3	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	2	
TRUVADA ORAL TABLET 200-300 MG	3	
TYBOST	3	
<i>valacyclovir</i>	1	QCD
VALCYTE	3	
<i>valganciclovir</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VALTREX	3	NC; QCD
VEMLIDY	2	
VIEKIRA PAK	3	PA; SP; QCD
VIRACEPT ORAL TABLET	2	
VIRAMUNE ORAL SUSPENSION	3	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	
VIRAZOLE	3	
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	
VOSEVI	2	PA; SP; QCD
XOFLUZA	3	HDE; QCD
ZEPATIER	2	PA; SP; QCD
ZIAGEN	3	
<i>zidovudine</i>	1	
ZOVIRAX ORAL SUSPENSION	3	
<b>CEPHALOSPORINS</b>		
<i>cefactor oral capsule</i>	1	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefactor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir</i>	1	
<i>cefditoren pivoxil</i>	1	
<i>cefixime</i>	1	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i>	1	
CEFTAZIDIME IN D5W	2	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cephalexin</i>	1	



Drug Name	Drug Tier	Requirements / Limits
FORTAZ INJECTION RECON SOLN 1 GRAM, 2 GRAM, 500 MG	3	
KEFLEX ORAL CAPSULE 750 MG	3	
SPECTRACEF ORAL TABLET 400 MG	3	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	3	
SUPRAX ORAL TABLET,CHEWABLE	3	
<i>tazicef</i>	1	
<b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b>		
<i>azithromycin oral</i>	1	
<i>clarithromycin</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	
DIFICID ORAL TABLET	3	QCD
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	3	
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral</i>	1	
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
AEMCOLO	3	QCD

Drug Name	Drug Tier	Requirements / Limits
<i>albendazole</i>	1	QCD
ALBENZA	3	QCD
ALINIA	2	QCD
ARAKODA	3	QCD
ARIKAYCE	2	PA
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	QCD
BENZNIDAZOLE	2	QCD
BETHKIS	3	PA; SP; QCD
BILTRICIDE	3	
CAYSTON	2	SP; QCD
<i>chloroquine phosphate</i>	1	
CLEOCIN HCL	3	
CLEOCIN PEDIATRIC	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	2	QCD
CYCLOSERINE	3	
<i>dapsone oral</i>	1	LM
DARAPRIM	3	PA
EMVERM	2	HDE; QCD
<i>ethambutol</i>	1	
FLAGYL ORAL CAPSULE	3	
FLAGYL ORAL TABLET 500 MG	3	
<i>hydroxychloroquine</i>	1	LM
IMPAVIDO	2	QCD
<i>isoniazid oral</i>	1	
<i>ivermectin oral</i>	1	QCD
KITABIS PAK	2	PA; QCD
KRINTAFEL	3	QCD
LAMPIT	3	NC
<i>linezolid</i>	1	
MALARONE	3	QCD
MALARONE PEDIATRIC	3	QCD
<i>mefloquine</i>	1	QCD

Drug Name	Drug Tier	Requirements / Limits
MEPRON	3	
<i>metronidazole oral</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN	3	
NEBUPENT	3	QCD
<i>neomycin</i>	1	
<i>nitazoxanide</i>	1	QCD
<i>paromomycin</i>	1	
PASER	3	
<i>pentamidine inhalation</i>	1	QCD
PLAQUENIL	3	LM; NC
<i>praziquantel</i>	1	
PRETOMANID	3	PA
PRIFTIN	2	
<i>primaquine</i>	1	LM; QCD
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	1	PA; SP
QUALAQUIN	3	QCD
<i>quinine sulfate</i>	1	QCD
<i>rifabutin</i>	1	
RIFADIN ORAL	3	
<i>rifampin oral</i>	1	
SIRTURO	2	PA
SIVEXTRO ORAL	3	
SOLOSEC	2	QCD
STROMECTOL	3	QCD
<i>tinidazole</i>	1	QCD
TOBI	3	PA; SP; NC; QCD
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	PA; SP; QCD
<i>tobramycin in 0.225 % nacl</i>	1	PA; SP; QCD
<i>tobramycin inhalation</i>	1	PA; SP; QCD
TOBRAMYCIN WITH NEBULIZER	3	PA; QCD
TRECTOR	3	
XENLETA ORAL	3	

Drug Name	Drug Tier	Requirements / Limits
XIFAXAN	2	QCD
ZYVOX ORAL	3	
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	3	
AUGMENTIN XR	3	
BICILLIN L-A	2	
<i>dicloxacillin</i>	1	
MOXATAG	3	
<i>penicillin v potassium</i>	1	
<b>QUINOLONES</b>		
BAXDELA ORAL	2	QCD
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl oral</i>	1	
FACTIVE	3	
<i>levofloxacin oral</i>	1	
<i>moxifloxacin oral</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<b>SULFA'S &amp; RELATED AGENTS</b>		
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>TETRACYCLINES</b>		
ACTICLATE	3	ST
<i>avidoxy</i>	1	
AVIDOXY DK	3	ST
BENZODOX 30	3	
BENZODOX 60	3	
<i>coremino</i>	1	
<i>demeclocycline</i>	1	
DORYX MPC	3	ST
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG	3	ST
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	3	ST; NC
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	3	ST; NC
<i>doxycycline monohydrate oral capsule</i>	1	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	ST; NC
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline oral capsule</i>	1	
MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST; NC
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr</i>	1	ST
MINOLIRA ER	3	ST
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	
MONODOX	3	ST
MORGIDOX 1X 50	3	ST
MORGIDOX 2X100	3	ST
<i>morgidox oral capsule 100 mg</i>	1	
NUZYRA ORAL	3	QCD

Drug Name	Drug Tier	Requirements / Limits
ORACEA	3	ST
SEYSARA	3	ST
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST
TARGADOX	3	ST
<i>tetracycline</i>	1	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	
VIBRAMYCIN ORAL SYRUP	3	
XIMINO	3	ST; NC
<b>URINARY TRACT AGENTS</b>		
<i>fosfomycin tromethamine</i>	1	
FURADANTIN	3	
HIPREX	3	
MACROBID	3	
MACRODANTIN	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
MONUROL	3	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
PRIMSOL	3	
<i>trimethoprim</i>	1	
<b>VANCOMYCIN</b>		
FIRVANQ	3	NC; QCD
VANCOCIN	3	QCD
<i>vancomycin oral capsule</i>	1	QCD
<i>vancomycin oral recon soln</i>	1	QCD
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>dexrazoxane hcl</i>	1	SP
ETHYOL	3	SP

Drug Name	Drug Tier	Requirements / Limits
KHAPZORY	3	PA
<i>leucovorin calcium injection</i>	1	SP
<i>leucovorin calcium oral</i>	\$0	OC
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	1	PA; SP
<i>levoleucovorin calcium intravenous solution</i>	1	PA; SP
<i>mesna</i>	1	SP
MESNEX INTRAVENOUS	3	SP
MESNEX ORAL	\$0	SP; OC
TOTECT INTRAVENOUS RECON SOLN 500 MG	3	SP
VISTOGARD	2	PA
XGEVA	2	PA; SP
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone</i>	\$0	PA; SP; OC; QCD
ABRAXANE	2	SP
ADAKVEO	2	PA; SP
ADCETRIS	2	PA
<i>adriamycin intravenous recon soln 10 mg</i>	1	SP
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	3	SP
<i>adriamycin intravenous solution</i>	1	SP
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	SP
AFINITOR	\$0	PA; SP; OC
AFINITOR DISPERZ	\$0	PA; SP; OC
ALECENSA	\$0	PA; SP; OC; QCD
ALKERAN	\$0	SP; OC
ALKERAN (AS HCL)	3	SP
ALUNBRIG	\$0	PA; SP; OC; QCD
<i>anastrozole</i>	\$0	OC; ACA
ARIMIDEX	\$0	NC; OC
AROMASIN	\$0	OC
ARZERRA	3	PA; SP
ASPARLAS	3	PA
ASTAGRAF XL	3	PA
AYVAKIT	\$0	PA; OC; QCD

Drug Name	Drug Tier	Requirements / Limits
AZASAN	3	
<i>azathioprine</i>	1	
BALVERSA	\$0	PA; OC
BAVENCIO	2	PA
BELEODAQ	3	PA; SP
BESPONSA	2	PA; SP
<i>bexarotene</i>	\$0	PA; OC
<i>bicalutamide</i>	\$0	OC
BICNU	3	PA; SP
<i>bleomycin</i>	1	SP
BLINCYTO INTRAVENOUS KIT	2	PA
BORTEZOMIB	3	SP
BOSULIF	\$0	PA; SP; OC; QCD
BRAFTOVI	\$0	PA; OC; QCD
BRUKINSA	\$0	PA; OC
BUSULFEX	3	SP
BYNFEZIA	3	SP
CABOMETYX	\$0	PA; SP; OC; QCD
CALQUENCE	\$0	PA; NC; OC; QCD
CAMPTOSAR	3	SP
<i>capecitabine</i>	\$0	SP; OC
CAPRELSA	\$0	PA; OC; QCD
<i>carboplatin intravenous solution</i>	1	SP
<i>carmustine</i>	1	PA; SP
CASODEX	\$0	OC
CELLCEPT	3	
CISPLATIN INTRAVENOUS RECON SOLN	3	SP
<i>cisplatin intravenous solution</i>	1	SP
<i>cladribine</i>	1	SP
COMETRIQ	\$0	PA; OC
COPIKTRA	\$0	PA; OC; QCD
COSMEGEN	3	SP
COTELLIC	\$0	PA; SP; OC; QCD
<i>cyclophosphamide intravenous recon soln</i>	1	SP



Drug Name	Drug Tier	Requirements / Limits
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION	3	SP
<i>cyclophosphamide oral capsule</i>	\$0	SP; OC
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral capsule</i>	1	
CYRAMZA	2	PA; SP
<i>cytarabine</i>	1	SP
<i>cytarabine (pf) injection solution</i>	1	SP
<i>dacarbazine</i>	1	SP
<i>dactinomycin</i>	1	SP
<i>daunorubicin intravenous solution</i>	1	SP
DAURISMO	\$0	PA; SP; OC; QCD
DOCEFREZ	2	SP
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	SP
DOXIL	3	SP
<i>doxorubicin intravenous recon soln 50 mg</i>	1	SP
<i>doxorubicin intravenous solution</i>	1	SP
<i>doxorubicin, peg-liposomal</i>	1	
DROXIA	2	
ELIGARD	2	PA; SP
ELIGARD (3 MONTH)	2	PA; SP
ELIGARD (4 MONTH)	2	PA; SP
ELIGARD (6 MONTH)	2	PA; SP
ELLENC	3	SP
EMCYT	\$0	OC
EMPLICITI	3	PA; SP
ENSPRYNG	2	PA; SP
ENVARUSUS XR	3	PA
<i>epirubicin intravenous recon soln 200 mg</i>	1	SP
<i>epirubicin intravenous solution</i>	1	SP
ERIVEDGE	\$0	PA; SP; OC; QCD
ERLEADA	\$0	PA; SP; OC; QCD
<i>erlotinib</i>	\$0	PA; SP; OC; QCD

Drug Name	Drug Tier	Requirements / Limits
ETOPOPHOS	2	SP
<i>etoposide intravenous</i>	1	SP
<i>etoposide oral</i>	\$0	SP; OC
<i>everolimus (antineoplastic)</i>	\$0	PA; SP; OC
<i>everolimus (immunosuppressive)</i>	1	SP
EVOMELA	3	
<i>exemestane</i>	\$0	OC; ACA
FARESTON	\$0	OC
FARYDAK	\$0	PA; SP; OC; QCD
FASLODEX	3	PA; SP
FEMARA	\$0	OC
FENSOLVI	3	SP; NC
FIRMAGON KIT W DILUENT SYRINGE	2	PA; SP
<i>floxuridine</i>	1	SP
<i>fludarabine</i>	1	SP
<i>fluorouracil intravenous</i>	1	SP
<i>flutamide</i>	\$0	OC
<i>fulvestrant</i>	1	PA; SP
GAMIFANT	2	PA
GAVRETO	\$0	PA; OC
GAZYVA	2	PA; SP
<i>gemcitabine intravenous recon soln</i>	1	SP
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	SP
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	SP
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution</i>	1	
GILOTRIF	\$0	PA; SP; OC; QCD
GLEEVEC	\$0	PA; SP; NC; OC; QCD
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	\$0	OC
HERCEPTIN HYLECTA	3	PA; SP; NC
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	3	PA; SP; NC

Drug Name	Drug Tier	Requirements / Limits
HERZUMA	3	PA; SP; NC
HYCAMTIN INTRAVENOUS	3	PA; SP
HYCAMTIN ORAL	\$0	PA; SP; OC
HYDREA	\$0	OC
<i>hydroxyurea</i>	\$0	OC
IBRANCE	\$0	PA; SP; OC; QCD
ICLUSIG ORAL TABLET 15 MG, 45 MG	\$0	PA; OC; QCD
ICLUSIG ORAL TABLET 30 MG	\$0	PA; OC
IDAMYCIN PFS	3	SP
<i>idarubicin</i>	1	SP
IDHIFA	\$0	PA; SP; OC; QCD
IFEX	3	SP
<i>ifosfamide</i>	1	SP
<i>imatinib</i>	\$0	PA; SP; OC; QCD
IMBRUVICA	\$0	PA; OC; QCD
IMFINZI	2	PA; SP
IMURAN	3	
INLYTA	\$0	PA; SP; OC; QCD
INQOVI	\$0	PA; SP; NC; OC; QCD
INREBIC	\$0	PA; SP; NC; OC; QCD
IRESSA	\$0	PA; SP; OC; QCD
<i>irinotecan</i>	1	SP
ISTODAX	2	PA; SP
JAKAFI	\$0	PA; SP; OC; QCD
JELMYTO	3	PA
KANJINTI	2	PA; SP
KEYTRUDA INTRAVENOUS SOLUTION	2	PA; SP
KISQALI	\$0	PA; SP; NC; OC; QCD
KISQALI FEMARA CO-PACK	\$0	PA; SP; NC; OC; QCD
KLISYRI	3	
KOSELUGO	\$0	PA; OC
<i>lapatinib</i>	\$0	PA; SP; OC; QCD
LENVIMA	\$0	PA; SP; OC
<i>letrozole</i>	\$0	OC
LEUKERAN	\$0	OC

Drug Name	Drug Tier	Requirements / Limits
<i>leuprolide subcutaneous kit</i>	1	PA; SP
LIBTAYO	2	PA
LONSURF	\$0	PA; SP; OC
LORBRENA	\$0	PA; SP; OC; QCD
LUMOXITI	3	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	2	SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	3	PA; SP
LUPRON DEPOT (4 MONTH)	3	PA; SP
LUPRON DEPOT (6 MONTH)	3	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	2	SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	3	PA; SP
LUPRON DEPOT-PED	2	SP
LUPRON DEPOT-PED (3 MONTH)	2	SP
LYNPARZA ORAL TABLET	\$0	PA; OC; QCD
LYSODREN	\$0	OC
MARQIBO	2	SP
MATULANE	\$0	OC
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	\$0	OC
<i>megestrol oral tablet</i>	\$0	OC
MEKINIST	\$0	PA; SP; OC; QCD
MEKTOVI	\$0	PA; OC; QCD
<i>melphalan</i>	\$0	OC
<i>mercaptopurine</i>	\$0	OC
<i>methotrexate sodium (pf)</i>	1	SP
<i>methotrexate sodium injection</i>	1	SP
<i>methotrexate sodium oral</i>	\$0	OC
<i>mitomycin intravenous</i>	1	SP
<i>mitoxantrone</i>	1	SP
MYCAPSSA	3	PA; SP; NC
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MYFORTIC	3	
MYLERAN	\$0	OC
MYLOTARG	2	PA; SP
NAVELBINE	3	SP
NEORAL	3	
NERLYNX	\$0	PA; SP; OC
NEXAVAR	\$0	PA; SP; OC; QCD
NILANDRON	\$0	PA; OC
<i>nilutamide</i>	\$0	PA; OC
NINLARO	\$0	PA; SP; OC; QCD
NIPENT	3	SP
NUBEQA	\$0	PA; SP; OC; QCD
<i>octreotide acetate</i>	1	SP
ODOMZO	\$0	PA; SP; OC; QCD
OGIVRI	3	PA; SP; NC
ONCASPAR	2	PA; SP
ONIVYDE	2	PA; SP
ONTRUZANT	3	PA; SP; NC
ONUREG	\$0	PA; SP; NC; OC; QCD
OPDIVO	2	PA; SP
ORGOVYX	\$0	PA; OC
<i>oxaliplatin</i>	1	SP
<i>paclitaxel</i>	1	SP
PEMAZYRE	\$0	PA; OC; QCD
PHOTOFRIN	2	SP
PIQRAY	\$0	PA; SP; NC; OC
PORTRAZZA	3	PA
POTELIGEO	2	PA; SP
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL GRANULES IN PACKET	2	
PURIXAN	\$0	OC
QINLOCK	\$0	PA; NC; OC; QCD
RAPAMUNE	3	
RETEVMO	\$0	PA; SP; OC; QCD
RIABNI	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
RITUXAN	3	PA; SP; NC
RITUXAN HYCELA	3	PA; SP; NC
ROMIDEPSIN INTRAVENOUS SOLUTION	3	PA
ROZLYTREK	\$0	PA; SP; OC; QCD
RUBRACA	\$0	PA; OC; QCD
RUXIENCE	2	PA; SP
RYDAPT	\$0	PA; SP; OC
SANDIMMUNE INTRAVENOUS	3	
SANDIMMUNE ORAL CAPSULE	3	
SANDIMMUNE ORAL SOLUTION	2	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	3	PA; SP; NC
SIGNIFOR	2	PA; SP
SIGNIFOR LAR	3	PA; SP; NC
SIKLOS	3	ST; NC
<i>sirolimus</i>	1	
SOLTAMOX	\$0	OC; ACA
SOMATULINE DEPOT	2	PA; SP
SPRYCEL	\$0	PA; SP; OC; QCD
STIVARGA	\$0	PA; SP; OC; QCD
SUPPRELIN LA	3	
SUTENT	\$0	PA; SP; OC; QCD
SYLVANT	2	PA; SP
SYNRIBO	2	PA
TABLOID	\$0	OC
TABRECTA	\$0	PA; SP; OC
<i>tacrolimus oral</i>	1	
TAFINLAR	\$0	PA; SP; OC; QCD
TAGRISSO	\$0	PA; SP; OC; QCD
TALZENNA	\$0	PA; SP; OC; QCD
<i>tamoxifen</i>	\$0	OC; ACA
TARCEVA	\$0	PA; SP; OC; QCD
TARGRETIN ORAL	\$0	PA; NC; OC

Drug Name	Drug Tier	Requirements / Limits
TARGRETIN TOPICAL	2	PA
TASIGNA	\$0	PA; SP; OC; QCD
TAZVERIK	\$0	PA; OC
TECENTRIQ	2	PA; SP
TEMODAR INTRAVENOUS	2	SP
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG	\$0	PA; SP; OC
<i>temozolomide</i>	\$0	PA; SP; OC
TENIPOSIDE	2	SP
TEPADINA	3	PA; SP
THALOMID	\$0	PA; SP; OC
<i>thiotepa</i>	1	PA; SP
TIBSOVO	\$0	PA; OC
<i>toposar</i>	1	SP
<i>toremifene</i>	\$0	OC
TRAZIMERA	2	PA; SP
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA; SP; NC
<i>tretinoin (antineoplastic)</i>	\$0	OC
TREXALL	\$0	OC
TRIPTODUR	2	
TRUXIMA	3	PA; SP; NC
TUKYSA	\$0	PA; OC; QCD
TURALIO	3	PA; QCD
TYKERB	\$0	PA; SP; OC; QCD
UNITUXIN	2	
UPLIZNA	3	PA; NC
VANTAS	2	
VELCADE	2	SP
VENCLEXTA	\$0	PA; OC
VENCLEXTA STARTING PACK	\$0	PA; OC; QCD
VERZENIO	\$0	PA; SP; OC; QCD
<i>vinblastine intravenous solution</i>	1	SP
<i>vincasar pfs</i>	1	SP
<i>vincristine</i>	1	SP

Drug Name	Drug Tier	Requirements / Limits
<i>vinorelbine</i>	1	SP
VITRAKVI	\$0	PA; SP; OC
VIZIMPRO	\$0	PA; SP; OC; QCD
VOTRIENT	\$0	PA; SP; OC; QCD
VYXEOS	2	PA
XALKORI	\$0	PA; SP; OC; QCD
XATMEP	\$0	PA; NC; OC
XELODA	\$0	SP; OC
XERMELO	2	PA; QCD
XOSPATA	\$0	PA; OC
XPOVIO	\$0	PA; NC; OC
XTANDI	\$0	PA; SP; OC; QCD
YONDELIS	2	
YONSA	\$0	PA; OC; QCD
ZALTRAP	2	PA; SP
ZANOSAR	2	SP
ZEJULA	\$0	PA; OC; QCD
ZELBORAF	\$0	PA; SP; OC; QCD
ZOLADEX	2	SP
ZOLINZA	\$0	PA; SP; OC
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	3	
ZORTRESS ORAL TABLET 1 MG	2	
ZYDELIG	2	PA; QCD
ZYKADIA ORAL TABLET	\$0	PA; SP; OC; QCD
ZYTIGA ORAL TABLET 250 MG	\$0	PA; SP; NC; OC; QCD
ZYTIGA ORAL TABLET 500 MG	\$0	PA; SP; OC; QCD

## AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

### ANTICONVULSANTS

ACTIVE-PAC	3	
APTIOM	3	NC
BANZEL ORAL SUSPENSION	3	PA
BANZEL ORAL TABLET	2	PA
BRIVIACT ORAL	3	ST
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	



Drug Name	Drug Tier	Requirements / Limits
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
CARBATROL	3	
CELONTIN ORAL CAPSULE 300 MG	2	
<i>clobazam</i>	1	PA
<i>clonazepam</i>	1	
DEPAKOTE	3	ST
DEPAKOTE ER	3	ST
DEPAKOTE SPRINKLES	3	ST
DIACOMIT	2	PA
DIASTAT	3	
DIASTAT ACUDIAL	3	
<i>diazepam rectal</i>	1	
DILANTIN	2	
DILANTIN EXTENDED	3	
DILANTIN INFATABS	3	
DILANTIN-125	3	
<i>divalproex</i>	1	
EPIDIOLEX	2	PA
<i>epitol</i>	1	
EQUETRO	3	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FELBATOL	3	
FINTEPLA	3	PA; NC
FYCOMPA ORAL SUSPENSION	2	
FYCOMPA ORAL TABLET	2	
GABACAINE	3	LM
GABAPAL	3	LM
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GABITRIL	3	
GRALISE	3	ST
KEPPRA ORAL	3	ST; NC
KEPPRA XR	3	ST; NC
KLONOPIN	3	
LAMICTAL ODT	3	ST; NC
LAMICTAL ODT STARTER (BLUE)	3	ST; NC
LAMICTAL ODT STARTER (GREEN)	3	ST; NC
LAMICTAL ODT STARTER (ORANGE)	3	ST; NC
LAMICTAL ORAL TABLET	3	ST; NC
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	ST; NC
LAMICTAL STARTER (BLUE) KIT	3	ST; NC
LAMICTAL STARTER (GREEN) KIT	3	ST; NC
LAMICTAL STARTER (ORANGE) KIT	3	ST; NC
LAMICTAL XR	3	ST; NC
LAMICTAL XR STARTER (BLUE)	3	ST
LAMICTAL XR STARTER (GREEN)	3	ST
LAMICTAL XR STARTER (ORANGE)	3	ST
<i>lamotrigine</i>	1	
<i>levetiracetam oral</i>	1	
LIDOTIN	3	LM
LIPRITIN	3	LM
LIPRITIN II	3	LM
LYRICA	3	NC
LYRICA CR	3	PA; NC
MYSOLINE	3	
NAYZILAM	2	PA; QCD
NEURONTIN	3	ST; NC
ONFI ORAL SUSPENSION	3	PA
ONFI ORAL TABLET 10 MG, 20 MG	3	PA
<i>oxcarbazepine</i>	1	
OXTELLAR XR	3	ST
PENTICAN	3	LM

Drug Name	Drug Tier	Requirements / Limits
<i>phenobarbital</i>	1	
PHENYTEK	3	
<i>phenytoin oral suspension</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin</i>	1	
<i>primidone</i>	1	
QUDEXY XR	2	ST
<i>roweepra</i>	1	
<i>rufinamide</i>	1	PA
SABRIL	3	PA; SP
SPRITAM	3	ST
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	
<i>subvenite starter (orange) kit</i>	1	
SYMPAZAN	3	PA
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL XR	3	
<i>tiagabine</i>	1	
TOPAMAX	3	ST; NC
<i>topiramate oral capsule, sprinkle</i>	1	
TOPIRAMATE ORAL CAPSULE, SPRINKLE, ER 24HR	3	ST; NC
<i>topiramate oral tablet</i>	1	
TRILEPTAL	3	ST; NC
TROKENDI XR	3	ST
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	3	QCD
<i>vigabatrin</i>	1	PA; SP
<i>vigadrone</i>	1	PA
VIMPAT ORAL SOLUTION	2	

Drug Name	Drug Tier	Requirements / Limits
VIMPAT ORAL TABLET	2	
XCOPRI	3	QCD
XCOPRI MAINTENANCE PACK	3	QCD
XCOPRI TITRATION PACK	3	QCD
ZARONTIN	3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	NC
<i>zonisamide</i>	1	
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN	2	SP; QCD
AZILECT	3	ST; LM
<i>benztropine oral</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	LM
<i>carbidopa-levodopa</i>	1	LM
<i>carbidopa-levodopa-entacapone</i>	1	LM
COMTAN	3	LM
DUOPA	3	SP
<i>entacapone</i>	1	LM
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	3	PA; LM; NC
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	3	PA; LM; NC; QCD
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	2	PA; LM; QCD
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA; QCD
LODOSYN	3	LM
MIRAPEX ER	3	LM
NEUPRO	3	LM
NOURIANZ	3	PA; LM; QCD
ONGENTYS	3	PA; LM; NC
OSMOLEX ER	3	PA; LM; QCD
PARLODEL	3	
<i>pramipexole</i>	1	LM
<i>rasagiline</i>	1	LM

Drug Name	Drug Tier	Requirements / Limits
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	3	LM
<i>ropinirole</i>	1	LM
RYTARY	3	LM
<i>selegiline hcl</i>	1	LM
SINEMET	3	LM
STALEVO 100	3	LM
STALEVO 125	3	LM
STALEVO 150	3	LM
STALEVO 200	3	LM
STALEVO 50	3	LM
STALEVO 75	3	LM
TASMAR ORAL TABLET 100 MG	3	LM
<i>tolcapone</i>	1	LM
<i>trihexyphenidyl</i>	1	
XADAGO	3	ST; LM; NC
ZELAPAR	3	PA; LM; NC
<b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR	2	PA; QCD
AJOVY AUTOINJECTOR	2	PA; QCD
AJOVY SYRINGE	2	PA; QCD
<i>almotriptan malate</i>	1	QCD
AMERGE	3	ST; QCD
CAFERGOT	3	
D.H.E.45	3	
<i>dihydroergotamine injection</i>	1	
<i>dihydroergotamine nasal</i>	1	ST; QCD
<i>eletriptan</i>	1	QCD
EMGALITY PEN	2	PA; QCD
EMGALITY SYRINGE	2	PA; QCD
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
FROVA	3	ST; QCD
<i>frovatriptan</i>	1	QCD
IMITREX	3	ST; NC; QCD

Drug Name	Drug Tier	Requirements / Limits
IMITREX STATDOSE PEN	3	ST; NC; QCD
IMITREX STATDOSE REFILL	3	ST; NC; QCD
MAXALT ORAL TABLET 10 MG	3	ST; NC; QCD
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	ST; NC; QCD
<i>migergot</i>	1	
MIGRANAL	3	ST; QCD
MIGRANOW	3	
<i>naratriptan</i>	1	QCD
NURTEC ODT	3	PA; QCD
ONZETRA XSAIL	3	ST; QCD
RELPAX	3	ST; QCD
REYVOW	3	PA; QCD
<i>rizatriptan</i>	1	QCD
<i>sumatriptan</i>	1	QCD
<i>sumatriptan succinate oral</i>	1	QCD
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QCD
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QCD
<i>sumatriptan succinate subcutaneous solution</i>	1	QCD
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QCD
<i>sumatriptan-naproxen</i>	1	ST; QCD
TOSYMRA	3	ST; QCD
TREXIMET ORAL TABLET 85-500 MG	3	ST; NC; QCD
UBRELVY	3	PA; QCD
VYEPTI	3	PA; NC
ZEMBRACE SYMTOUCH	3	ST; QCD
<i>zolmitriptan oral</i>	1	QCD
ZOMIG NASAL	2	ST; QCD
ZOMIG ORAL	3	ST; NC; QCD
ZOMIG ZMT	3	ST; NC; QCD
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AMPYRA	3	PA; SP; NC
ARICEPT	3	ST; LM
AUSTEDO	2	PA; QCD

Drug Name	Drug Tier	Requirements / Limits
<i>dalfampridine</i>	1	PA; SP
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	LM
<i>donepezil oral tablet 23 mg</i>	1	ST; LM
<i>donepezil oral tablet,disintegrating</i>	1	LM
EVRYSDI	3	PA; SP; QCD
EXELON TRANSDERMAL	3	ST; LM
EXONDYS-51	3	PA; NC
FIRDAPSE	3	PA; NC
<i>galantamine</i>	1	LM
HORIZANT	3	ST
INGREZZA	3	PA; NC; QCD
INGREZZA INITIATION PACK	3	PA; NC; QCD
KEVEYIS	3	PA
<i>memantine oral capsule,sprinkle,er 24hr</i>	1	LM
<i>memantine oral solution</i>	1	LM
<i>memantine oral tablet</i>	1	LM
MEMANTINE ORAL TABLETS,DOSE PACK	3	LM
NAMENDA ORAL TABLET	3	ST; LM
NAMENDA TITRATION PAK	3	LM
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	LM
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	ST; LM; NC
NAMZARIC	2	ST
NUEDEXTA	2	
ONPATTRO	3	PA; NC
RADICAVA	2	SP
RAZADYNE ER	3	ST; LM
<i>rivastigmine</i>	1	LM
<i>rivastigmine tartrate</i>	1	LM
RUZURGI	2	PA
TEGSEDI	2	PA; SP
<i>tetrabenazine</i>	1	PA; SP; QCD
VILTEPSO	3	PA; NC
XENAZINE	3	PA; SP; NC; QCD

Drug Name	Drug Tier	Requirements / Limits
<b>MUSCLE RELAXANTS &amp; ANTISPASMODIC THERAPY</b>		
AMRIX	3	PA; NC
<i>baclofen oral</i>	1	LM
<i>carisoprodol</i>	1	
<i>carisoprodol-aspirin</i>	1	
<i>carisoprodol-aspirin-codeine</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine</i>	1	
CYCLOTENS REFILL	3	
CYCLOTENS STARTER	3	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	LM
<i>dantrolene oral</i>	1	LM
FEXMID	3	PA
LORZONE	3	PA
<i>meprobamate</i>	1	
MESTINON ORAL	3	LM; NC
MESTINON TIMESPAN	3	LM; NC
<i>metaxalone</i>	1	
<i>methocarbamol oral</i>	1	
NORGESIC FORTE	3	
<i>orphenadrine citrate oral</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	1	
<i>orphengesic forte</i>	1	
OZOBAX	3	LM; NC
<i>pyridostigmine bromide oral syrup</i>	1	LM
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	LM
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	LM
<i>pyridostigmine bromide oral tablet extended release</i>	1	LM
ROBAXIN-750	3	
SKELAXIN	3	
SOMA	3	
<i>tizanidine</i>	1	
<i>vanadom</i>	1	



Drug Name	Drug Tier	Requirements / Limits
ZANAFLEX	3	
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	HDE
<i>acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg</i>	1	HDE
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	HDE
<i>acetaminophen-codeine oral tablet</i>	1	HDE
ACTIQ	3	ST; QCD
ALLZITAL	3	ST
APADAZ	3	HDE; NC
ARYMO ER	3	ST; HDE; QCD
<i>ascomp with codeine</i>	1	
BELBUCA	2	ST; HDE; QCD
BENZHYDROCODONE-ACETAMINOPHEN	3	HDE; NC
BUPAP ORAL TABLET 50-300 MG	3	ST; NC
<i>buprenorphine</i>	1	ST; HDE
<i>buprenorphine hcl sublingual</i>	1	HDE
<i>butalbital compound w/codeine</i>	1	
<i>butalbital-acetaminop-caf-cod</i>	1	
<i>butalbital-acetaminophen</i>	1	
<i>butalbital-acetaminophen-caff oral capsule</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
BUTRANS	3	ST; HDE; NC
<i>codeine sulfate oral tablet</i>	1	HDE
<i>codeine-bitalbital-asa-caff</i>	1	
DILAUDID	3	HDE
<i>diskets</i>	1	ST; HDE
DSUVIA	3	
DURAGESIC	3	ST; HDE; NC; QCD
<i>dvorah</i>	1	HDE
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	HDE
ESGIC	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>fentanyl</i>	1	ST; HDE; QCD
<i>fentanyl citrate buccal lozenge on a handle</i>	1	ST; QCD
FENTORA	3	ST; NC; QCD
FIORICET ORAL CAPSULE	3	ST
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	3	
<i>hydrocodone bitartrate</i>	1	ST; HDE; QCD
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	1	HDE
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	HDE
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5- 200 mg, 7.5-200 mg</i>	1	HDE
<i>hydromorphone oral liquid</i>	1	HDE
<i>hydromorphone oral tablet</i>	1	HDE
<i>hydromorphone oral tablet extended release 24 hr</i>	1	ST; HDE; QCD
<i>hydromorphone rectal</i>	1	HDE
HYSINGLA ER	2	ST; HDE; QCD
<i>ibuprofen-oxycodone</i>	1	HDE
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY	3	ST; NC; QCD
<i>levorphanol tartrate oral tablet 2 mg</i>	1	HDE
LEVORPHANOL TARTRATE ORAL TABLET 3 MG	3	
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	HDE
<i>meperidine oral solution</i>	1	HDE
<i>meperidine oral tablet 50 mg</i>	1	HDE
<i>methadone oral concentrate</i>	1	ST; HDE
<i>methadone oral solution</i>	1	ST; HDE
<i>methadone oral tablet</i>	1	ST; HDE
<i>methadone oral tablet, soluble</i>	1	ST; HDE
<i>methadose oral concentrate</i>	1	ST; HDE
<i>methadose oral tablet, soluble</i>	1	ST; HDE
<i>morphine concentrate oral solution</i>	1	HDE
<i>morphine oral capsule, er multiphase 24 hr</i>	1	ST; HDE; QCD

Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral capsule,extend.release pellets</i>	1	ST; HDE; QCD
<i>morphine oral solution</i>	1	HDE
<i>morphine oral tablet</i>	1	HDE
<i>morphine oral tablet extended release</i>	1	ST; HDE; QCD
<i>morphine rectal</i>	1	HDE
MS CONTIN	3	ST; HDE; QCD
NALOCET	3	HDE
OXAYDO	3	HDE
<i>oxycodone oral capsule</i>	1	HDE
<i>oxycodone oral concentrate</i>	1	HDE
<i>oxycodone oral solution</i>	1	HDE
<i>oxycodone oral tablet</i>	1	HDE
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	3	ST; HDE; NC; QCD
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	HDE
<i>oxycodone-aspirin</i>	1	HDE
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	2	ST; HDE; QCD
<i>oxymorphone oral tablet</i>	1	HDE
<i>oxymorphone oral tablet extended release 12 hr</i>	1	ST; HDE; QCD
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	HDE; NC
PRIMLEV	3	HDE; NC
PROBUPHINE	3	HDE
<i>prolate</i>	1	HDE
ROXICODONE	3	HDE
SUBLOCADE	2	SP; HDE
SUBSYS	3	ST; NC; QCD
<i>tencon oral tablet 50-325 mg</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	HDE
VANATOL LQ	3	ST
VANATOL S	3	ST
<i>vtol lq</i>	1	
XTAMPZA ER	3	ST; HDE; NC; QCD
<i>zebutal oral capsule 50-325-40 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ZOXYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	3	ST; HDE; NC; QCD
<b>NON-NARCOTIC ANALGESICS</b>		
<i>adult aspirin regimen</i>	\$0	LM; ACA
ANAPROX DS	3	ST; LM
ARTHROTEC 50	3	ST; LM
ARTHROTEC 75	3	ST; LM
<i>aspirin low dose</i>	\$0	LM; ACA
<i>aspirin oral tablet</i>	\$0	ACA
<i>aspirin oral tablet,chewable</i>	\$0	LM; ACA
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg</i>	\$0	ACA
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	\$0	LM; ACA
<i>aspir-trin</i>	\$0	ACA
<i>bayer aspirin</i>	\$0	ACA
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG	3	HDE; NC; QCD
BUNAVAIL BUCCAL FILM 6.3-1 MG	3	HDE; NC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	HDE
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	HDE; QCD
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	HDE; QCD
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	HDE
<i>butorphanol injection</i>	1	
<i>butorphanol nasal</i>	1	QCD
CAMBIA	3	ST; QCD
CAPSFENAC PAK	3	LM
CAPSINAC	3	LM
CELEBREX	3	ST; LM; NC
<i>celecoxib</i>	1	ST; LM
<i>children's aspirin</i>	\$0	LM; ACA
<i>choline,magnesium salicylate</i>	1	
CONZIP	3	ST; HDE; QCD
DAYPRO	3	ST; LM
DERMACINRX LEXITRAL	3	LM
DICLO GEL	3	LM

Drug Name	Drug Tier	Requirements / Limits
DICLO GEL-XRYLIX SHEET	3	LM
DICLOFENAC EPOLAMINE	3	ST; NC; QCD
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium oral</i>	1	LM
<i>diclofenac sodium topical drops</i>	1	LM; QCD
<i>diclofenac sodium topical gel 1 %</i>	1	ST; LM; QCD
DICLOFENAC SUBMICRONIZED	3	ST; LM; NC
DICLOFENAC-HYALURONATE-NIACIN	3	LM
<i>diclofenac-misoprostol</i>	1	LM
DICLOFEX DC	3	LM
DICLOFONO	3	LM
DICLOPAK	3	LM
DICLOPR	3	LM
DICLOTRAL	3	LM
DICLOTREX	3	LM
DICLOVIX M	3	LM
DICLOZOR	3	LM
<i>diflunisal</i>	1	LM
DIMENTHO	3	LM
DISALCID	3	
DITHOL	3	LM
DUEXIS	3	ST; LM
EC-NAPROSYN	3	ST; LM
<i>ecotrin</i>	\$0	ACA
<i>ecotrin low strength</i>	\$0	LM; ACA
<i>etodolac</i>	1	LM
EUFLEXXA	2	PA
FELDENE	3	ST; LM
FENOPROFEN ORAL CAPSULE	3	ST; LM; NC
<i>fenoprofen oral tablet</i>	1	ST; LM
FENORTH0 ORAL CAPSULE 200 MG	3	ST; LM; NC
FLECTOR	2	ST; QCD
<i>flurbiprofen oral tablet 100 mg</i>	1	LM
FROTEK	3	LM
<i>ibu</i>	1	LM

Drug Name	Drug Tier	Requirements / Limits
IBUPAK	3	LM
<i>ibuprofen oral suspension</i>	1	LM
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	LM
INDOCIN ORAL	3	ST
INDOCIN RECTAL	3	
<i>indomethacin oral</i>	1	
INDOMETHACIN SUBMICRONIZED	3	ST; LM; NC; QCD
INFLAMMA-K	3	LM
<i>ketoprofen oral capsule 25 mg</i>	1	ST; LM
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	LM
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	ST; LM
KETOROLAC NASAL	3	ST; NC; QCD
<i>ketorolac oral</i>	1	QCD
LEXIXRYL	3	LM
LICART	2	ST; QCD
LIDOVIX	3	
<i>lite coat aspirin</i>	\$0	ACA
LODINE ORAL TABLET	3	ST; LM
LUCEMYRA	3	PA; HDE; NC; QCD
<i>meclofenamate</i>	1	LM
<i>mefenamic acid</i>	1	
<i>meloxicam oral tablet 15 mg</i>	1	LM
<i>meloxicam oral tablet 7.5 mg</i>	1	LM; QCD
<i>meloxicam submicronized oral capsule 10 mg</i>	1	LM
<i>meloxicam submicronized oral capsule 5 mg</i>	1	LM; QCD
MOBIC ORAL TABLET 15 MG	3	ST; LM
MOBIC ORAL TABLET 7.5 MG	3	ST; LM; QCD
MONOVISC	2	PA
<i>nabumetone</i>	1	LM
NALFON ORAL CAPSULE 400 MG	3	ST; LM; NC
NALFON ORAL TABLET	3	ST; LM
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naltrexone</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NAPRELAN CR	3	ST; LM
NAPROSYN ORAL SUSPENSION	3	ST; LM
NAPROSYN ORAL TABLET 500 MG	3	ST; LM
<i>naproxen oral suspension</i>	1	ST; LM
<i>naproxen oral tablet</i>	1	LM
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	LM
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	LM
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	1	ST; LM
NAPROXEN SODIUM ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	3	ST; LM
<i>naproxen-esomeprazole</i>	1	ST; LM
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	QCD
NUCYNTA	3	HDE; NC; QCD
NUCYNTA ER	3	ST; HDE; NC; QCD
NUDICLO SOLUPAK	3	LM
NUDROXIPAK	3	
ORTHOVISC	2	PA
<i>oxaprozin</i>	1	LM
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	ST; LM; NC; QCD
<i>pentazocine-naloxone</i>	1	
<i>piroxicam</i>	1	LM
QDOLO	3	HDE
RELAFEN	3	ST; LM
RELAFEN DS	3	ST; LM; NC
<i>salsalate</i>	1	
SPRIX	3	ST; QCD
<i>st joseph aspirin</i>	\$0	LM; ACA
<i>st. joseph aspirin</i>	\$0	LM; ACA
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	HDE
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	3	HDE; QCD
<i>sulindac</i>	1	LM
TIVORBEX ORAL CAPSULE 20 MG	3	ST; LM; NC; QCD

Drug Name	Drug Tier	Requirements / Limits
<i>tolmetin oral capsule</i>	1	ST; LM
<i>tolmetin oral tablet 200 mg</i>	1	LM
<i>tolmetin oral tablet 600 mg</i>	1	ST; LM
TORONOVA II SUIK	3	LM
TORONOVA SUIK	3	LM
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	ST; HDE; QCD
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	ST; HDE; QCD
TRAMADOL ORAL TABLET 100 MG	3	HDE
<i>tramadol oral tablet 50 mg</i>	1	HDE; QCD
<i>tramadol oral tablet extended release 24 hr</i>	1	ST; HDE; QCD
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	ST; HDE; QCD
<i>tramadol-acetaminophen</i>	1	HDE; QCD
ULTRACET	3	HDE; QCD
ULTRAM	3	HDE; QCD
VAROPHEN (DICLOFENAC)	3	LM
VENNGEL ONE	3	LM
VIMOVO	3	ST; LM
VIVITROL	2	SP
VIVLODEX ORAL CAPSULE 10 MG	3	ST; LM; NC
VIVLODEX ORAL CAPSULE 5 MG	3	ST; LM; NC; QCD
VOLTAREN TOPICAL	3	ST; LM; QCD
XELITRAL	3	LM
XRYLIX (DICLOFENAC-KINES TAPE)	3	LM
ZIPSOR	3	ST; NC
ZORVOLEX ORAL CAPSULE 18 MG	3	ST; LM; NC; QCD
ZORVOLEX ORAL CAPSULE 35 MG	3	ST; LM; NC
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	HDE; QCD
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	2	HDE
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY MYCITE	3	QCD
ABILIFY ORAL TABLET	3	NC; QCD



Drug Name	Drug Tier	Requirements / Limits
ADASUVE	3	
ADDERALL	3	NC
ADDERALL XR	3	ST
ADHANSIA XR	3	ST
ADZENYS ER	3	ST
ADZENYS XR-ODT	3	ST
<i>alprazolam</i>	1	
<i>alprazolam intensol</i>	1	
AMBIEN	3	ST; NC; QCD
AMBIEN CR	3	ST; NC; QCD
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
AMPHETAMINE	3	ST; NC
<i>amphetamine sulfate</i>	1	
ANAFRANIL	3	
APLENZIN	3	ST; LM; QCD
APTENSIO XR	3	ST
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QCD
<i>aripiprazole oral tablet, disintegrating</i>	1	QCD
<i>armodafinil</i>	1	PA; QCD
<i>asenapine maleate</i>	1	QCD
ATIVAN ORAL	3	
<i>atomoxetine</i>	1	
BELSOMRA	3	ST; QCD
BRISDELLE	3	ST; LM; NC; QCD
<i>bupropion hcl oral tablet</i>	1	LM
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	LM; QCD
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; LM; QCD
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	LM; QCD
<i>buspirone</i>	1	LM
CAPLYTA	3	NC; QCD

Drug Name	Drug Tier	Requirements / Limits
CELEXA ORAL TABLET	3	ST; LM; NC; QCD
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine oral</i>	1	
<i>citalopram oral solution</i>	1	LM
<i>citalopram oral tablet</i>	1	LM; QCD
<i>clomipramine</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>clozapine</i>	1	
CLOZARIL	3	
CONCERTA	3	ST; NC
COTEMPLA XR-ODT	3	ST
CYMBALTA	3	ST; LM; NC; QCD
DAYTRANA	2	ST
DAYVIGO	3	ST
<i>desipramine</i>	1	
DESOXYN	3	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; LM; QCD
<i>desvenlafaxine succinate</i>	1	ST; LM; QCD
DEXEDRINE SPANSULE	3	ST
<i>dexmethylphenidate</i>	1	
<i>dextroamphetamine</i>	1	
<i>dextroamphetamine-amphetamine</i>	1	
<i>diazepam intensol</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
DORAL	3	NC
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	ST; QCD
DRIZALMA SPRINKLE	3	ST; LM; NC; QCD
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	LM; QCD
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	1	ST; LM; QCD

Drug Name	Drug Tier	Requirements / Limits
DYANAVEL XR	2	ST
EDLUAR	3	ST; QCD
EFFEXOR XR	3	ST; LM; NC; QCD
EMSAM	3	LM
<i>ergoloid</i>	1	LM
<i>escitalopram oxalate oral solution</i>	1	LM
<i>escitalopram oxalate oral tablet</i>	1	LM; QCD
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QCD
EVEKEO	3	
EVEKEO ODT	3	
FANAPT	3	QCD
FETZIMA	2	ST; LM; QCD
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	LM; QCD
<i>fluoxetine oral capsule 20 mg</i>	1	LM
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	LM; QCD
<i>fluoxetine oral solution</i>	1	LM
<i>fluoxetine oral tablet 10 mg</i>	1	ST; LM; QCD
<i>fluoxetine oral tablet 20 mg</i>	1	ST; LM
<i>fluoxetine oral tablet 60 mg</i>	1	ST
<i>fluphenazine hcl oral</i>	1	
<i>flurazepam</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	ST; LM; QCD
<i>fluvoxamine oral tablet</i>	1	LM; QCD
FOCALIN	3	NC
FOCALIN XR	3	ST; NC
FORFIVO XL	3	ST; LM; QCD
GEODON ORAL	3	QCD
<i>guanfacine oral tablet extended release 24 hr</i>	1	
<i>guanidine</i>	1	
HALCION ORAL TABLET 0.25 MG	3	
<i>haloperidol</i>	1	
<i>haloperidol lactate oral</i>	1	
HETLIOZ	3	PA; SP; QCD
<i>imipramine hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>imipramine pamoate</i>	1	
INTUNIV ER	3	ST; NC
INVEGA	3	QCD
JORNAY PM	3	ST
KAPVAY	3	ST
KETAMINE SUBLINGUAL	3	
LATUDA	2	QCD
LEXAPRO ORAL TABLET	3	ST; LM; NC; QCD
<i>lithium carbonate</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
LITHOBID	3	
<i>lorazepam intensol</i>	1	
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>loxapine succinate</i>	1	
LUNESTA	3	ST; NC; QCD
<i>maprotiline</i>	1	
MARPLAN	3	LM
<i>methamphetamine</i>	1	
METHYLIN ORAL SOLUTION	3	
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	
<i>methylphenidate hcl oral solution</i>	1	
<i>methylphenidate hcl oral tablet</i>	1	
<i>methylphenidate hcl oral tablet extended release</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	ST
<i>methylphenidate hcl oral tablet,chewable</i>	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MKO (MIDAZOLAM-KETAMINE-ONDAN)	3	
<i>modafinil</i>	1	PA; QCD
<i>molindone</i>	1	
MYDAYIS	2	ST
NARDIL	3	LM
<i>nefazodone</i>	1	LM
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline</i>	1	
NUPLAZID ORAL CAPSULE	3	PA; SP; QCD
NUPLAZID ORAL TABLET 10 MG	3	PA; SP; QCD
NUVIGIL	3	PA; NC; QCD
<i>olanzapine oral</i>	1	QCD
<i>olanzapine-fluoxetine</i>	1	
<i>oxazepam</i>	1	
<i>paliperidone</i>	1	QCD
PAMELOR	3	
PARNATE	3	LM
<i>paroxetine hcl oral tablet</i>	1	LM; QCD
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	ST; LM; QCD
<i>paroxetine mesylate(menop.sym)</i>	1	ST; LM; QCD
PAXIL CR	3	ST; LM; QCD
PAXIL ORAL SUSPENSION	3	ST; LM
PAXIL ORAL TABLET	3	ST; LM; QCD
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
PEXEVA	3	ST; LM; QCD
<i>phenelzine</i>	1	LM
<i>pimozide</i>	1	
PRISTIQ	3	ST; LM; NC; QCD
<i>procentra</i>	1	
<i>protriptyline</i>	1	
PROVIGIL	3	PA; NC; QCD
PROZAC ORAL CAPSULE 10 MG, 40 MG	3	ST; LM; NC; QCD
PROZAC ORAL CAPSULE 20 MG	3	ST; LM; NC
QUAZEPAM	3	NC

Drug Name	Drug Tier	Requirements / Limits
<i>quetiapine</i>	1	QCD
QUILLICHEW ER	2	ST
QUILLIVANT XR	2	ST
<i>ramelteon</i>	1	QCD
RELEXXII	3	ST
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB	3	
RESTORIL	3	
REXULTI	3	QCD
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QCD
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	QCD
<i>risperidone oral tablet,disintegrating</i>	1	QCD
RITALIN	3	
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	ST
ROZEREM	3	ST; NC; QCD
SAPHRIS	3	QCD
<i>seconal sodium</i>	1	QCD
SECUADO	3	QCD
SEROQUEL	3	NC; QCD
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	3	NC; QCD
<i>sertraline oral concentrate</i>	1	LM
<i>sertraline oral tablet</i>	1	LM; QCD
SILENOR	3	ST; QCD
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	3	PA; NC
STRATTERA	3	ST; NC
SUNOSI	2	PA; QCD
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	3	
<i>temazepam</i>	1	
<i>thioridazine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>thiothixene</i>	1	
TRANXENE T-TAB ORAL TABLET 7.5 MG	3	
<i>tranylcypromine</i>	1	LM
<i>trazodone</i>	1	
<i>triazolam</i>	1	
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	3	ST; QCD
VALIUM	3	NC
<i>venlafaxine oral capsule,extended release 24hr</i>	1	LM; QCD
<i>venlafaxine oral tablet</i>	1	LM; QCD
<i>venlafaxine oral tablet extended release 24hr</i>	1	ST; LM; QCD
VERSACLOZ	3	
VIIBRYD ORAL TABLET	2	ST; LM; QCD
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	2	ST; QCD
VRAYLAR	3	QCD
VYLEESI	3	PA; QCD
VYVANSE	2	ST
WAKIX	3	PA; SP; QCD
WELLBUTRIN SR	3	ST; LM; NC; QCD
WELLBUTRIN XL	3	ST; LM; NC; QCD
XANAX	3	NC
XANAX XR	3	NC
XYREM	2	SP
XYWAV	2	
<i>zaleplon</i>	1	QCD
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
<i>ziprasidone hcl</i>	1	QCD
ZOLOFT ORAL CONCENTRATE	3	ST; LM; NC
ZOLOFT ORAL TABLET	3	ST; LM; NC; QCD
<i>zolpidem</i>	1	QCD
ZOLPIMIST	3	ST; QCD

Drug Name	Drug Tier	Requirements / Limits
ZYPREXA ORAL	3	QCD
ZYPREXA ZYDIS	3	QCD

## CARDIOVASCULAR, HYPERTENSION & LIPIDS

### ANTIARRHYTHMIC AGENTS

<i>amiodarone oral</i>	1	LM
BETAPACE	3	LM
BETAPACE AF	3	LM
<i>disopyramide phosphate oral capsule</i>	1	LM
<i>dofetilide</i>	1	
<i>flecainide</i>	1	LM
<i>mexiletine</i>	1	LM
MULTAQ	3	LM
NORPACE	3	LM
NORPACE CR	3	LM
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	LM
<i>propafenone</i>	1	LM
<i>quinidine gluconate oral</i>	1	LM
<i>quinidine sulfate oral tablet</i>	1	LM
RYTHMOL SR	3	LM
<i>sorine</i>	1	LM
<i>sotalol af</i>	1	LM
<i>sotalol oral</i>	1	LM
SOTYLIZE	2	LM
TIKOSYN	3	NC

### ANTIHYPERTENSIVE THERAPY

ACCUPRIL	3	LM
ACCURETIC	3	LM
<i>acebutolol</i>	1	LM
ADALAT CC	3	LM
ALDACTAZIDE	3	LM
ALDACTONE	3	LM
<i>aliskiren</i>	1	LM
ALTACE	3	LM
<i>amiloride</i>	1	LM
<i>amiloride-hydrochlorothiazide</i>	1	LM



Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine</i>	1	LM
<i>amlodipine-benazepril</i>	1	LM
<i>amlodipine-olmesartan</i>	1	LM
<i>amlodipine-valsartan</i>	1	LM
<i>amlodipine-valsartan-hctiazid</i>	1	LM
ATACAND	3	ST; LM; NC
ATACAND HCT	3	ST; LM; NC
<i>atenolol</i>	1	LM
<i>atenolol-chlorthalidone</i>	1	LM
AVALIDE	3	ST; LM; NC
AVAPRO	3	ST; LM; NC
AZOR	3	ST; LM; NC
<i>benazepril</i>	1	LM
<i>benazepril-hydrochlorothiazide</i>	1	LM
BENICAR	3	ST; LM; NC
BENICAR HCT	3	ST; LM; NC
<i>betaxolol oral</i>	1	LM
BIDIL	3	LM
<i>bisoprolol fumarate</i>	1	LM
<i>bisoprolol-hydrochlorothiazide</i>	1	LM
<i>bumetanide oral</i>	1	LM
BYSTOLIC	2	LM
CALAN SR	3	LM
<i>candesartan oral tablet 16 mg</i>	1	
<i>candesartan oral tablet 32 mg, 4 mg, 8 mg</i>	1	LM
<i>candesartan-hydrochlorothiazid</i>	1	LM
<i>captopril</i>	1	LM
<i>captopril-hydrochlorothiazide</i>	1	LM
CARDIZEM CD	3	LM
CARDIZEM LA	3	LM
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	LM
CARDURA	3	LM; QCD
CARDURA XL	3	LM; QCD
CAROSPIR	3	PA; LM

Drug Name	Drug Tier	Requirements / Limits
<i>cartia xt</i>	1	LM
<i>carvedilol</i>	1	LM
<i>carvedilol phosphate</i>	1	LM
CATAPRES-TTS-1	3	LM; QCD
CATAPRES-TTS-2	3	LM; QCD
CATAPRES-TTS-3	3	LM; QCD
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	LM
<i>clonidine</i>	1	LM; QCD
<i>clonidine hcl oral tablet</i>	1	LM
CONJUPRI	3	LM
CONSENSI	3	LM
COREG	3	LM; NC
COREG CR	3	LM
CORGARD	3	LM
COZAAR	3	ST; LM; NC
DEMSER	3	PA
DIBENZYLINE	3	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	LM
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	LM
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	LM
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	LM
<i>diltiazem hcl oral tablet</i>	1	LM
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	LM
<i>dilt-xr</i>	1	LM
DIOVAN	3	ST; LM; NC
DIOVAN HCT	3	ST; LM; NC
DIURIL	3	LM
<i>doxazosin</i>	1	LM; QCD
DUTOPROL	3	LM; NC
DYRENIUM	3	LM
EDARBI	2	ST; LM
EDARBYCLOR	2	ST; LM
EDECRIN	3	LM
<i>enalapril maleate</i>	1	LM

Drug Name	Drug Tier	Requirements / Limits
<i>enalapril-hydrochlorothiazide</i>	1	LM
EPANED ORAL SOLUTION	3	PA; LM; NC
<i>eplerenone</i>	1	LM
<i>eprosartan</i>	1	LM
<i>ethacrynic acid</i>	1	LM
EXFORGE	3	ST; LM; NC
EXFORGE HCT	3	ST; LM; NC
<i>felodipine</i>	1	LM
<i>fosinopril</i>	1	LM
<i>fosinopril-hydrochlorothiazide</i>	1	LM
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	LM
<i>furosemide oral tablet</i>	1	LM
<i>guanfacine oral tablet</i>	1	LM
HEMANGEOL	3	
<i>hydralazine oral</i>	1	LM
<i>hydrochlorothiazide oral capsule</i>	1	LM
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg</i>	1	LM
<i>hydrochlorothiazide oral tablet 50 mg</i>	1	
HYZAAR	3	ST; LM; NC
<i>indapamide</i>	1	LM
INDERAL LA	3	LM; NC
INDERAL XL	3	LM; NC
INNOPRAN XL	3	LM; NC
INSpra	3	LM
<i>irbesartan</i>	1	LM
<i>irbesartan-hydrochlorothiazide</i>	1	LM
<i>isradipine</i>	1	LM
KAPSPARGO SPRINKLE	3	LM; NC
KATERZIA	3	LM; NC
<i>labetalol oral</i>	1	LM
LASIX	3	LM
<i>lisinopril</i>	1	LM
<i>lisinopril-hydrochlorothiazide</i>	1	LM
LOPRESSOR ORAL	3	LM

Drug Name	Drug Tier	Requirements / Limits
<i>losartan</i>	1	LM
<i>losartan-hydrochlorothiazide</i>	1	LM
LOTENSIN HCT	3	LM
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	LM
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	LM; NC
<i>matzim la</i>	1	LM
MAXZIDE	3	LM
MAXZIDE-25MG	3	LM
<i>methyldopa</i>	1	LM
<i>methyldopa-hydrochlorothiazide</i>	1	LM
<i>metolazone</i>	1	LM
<i>metoprolol succinate</i>	1	LM
<i>metoprolol ta-hydrochlorothiaz</i>	1	LM
<i>metoprolol tartrate oral</i>	1	LM
<i>metyrosine</i>	1	PA
MICARDIS	3	ST; LM; NC
MICARDIS HCT	3	ST; LM; NC
MINIPRESS	3	LM
<i>minoxidil oral</i>	1	LM
<i>moexipril</i>	1	LM
<i>nadolol</i>	1	LM
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	LM
<i>nicardipine oral</i>	1	LM
<i>nifedipine</i>	1	LM
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	LM
NORVASC	3	LM; NC
NYMALIZE ORAL SYRINGE	3	
<i>olmesartan</i>	1	LM
<i>olmesartan-amlodipin-hcthiazid</i>	1	LM
<i>olmesartan-hydrochlorothiazide</i>	1	LM
ORENITRAM	3	PA; SP
<i>perindopril erbumine</i>	1	LM

Drug Name	Drug Tier	Requirements / Limits
<i>phenoxybenzamine</i>	1	PA
<i>pindolol</i>	1	LM
<i>prazosin</i>	1	LM
PRESTALIA	3	LM
PRINIVIL ORAL TABLET 20 MG	3	LM
PROCARDIA	3	LM
PROCARDIA XL	3	LM
<i>propranolol oral</i>	1	LM
<i>propranolol-hydrochlorothiazid</i>	1	LM
QBRELIS	3	PA; LM; NC
<i>quinapril</i>	1	LM
<i>quinapril-hydrochlorothiazide</i>	1	LM
<i>ramipril</i>	1	LM
<i>spironolactone</i>	1	LM
<i>spironolacton-hydrochlorothiaz</i>	1	LM
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	LM
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	3	LM
<i>taztia xt</i>	1	LM
TEKTURNA	3	LM; NC
TEKTURNA HCT	2	LM
<i>telmisartan</i>	1	LM
<i>telmisartan-amlodipine</i>	1	LM
<i>telmisartan-hydrochlorothiazid</i>	1	LM
TENORETIC 100	3	LM
TENORETIC 50	3	LM
TENORMIN	3	LM
<i>terazosin</i>	1	LM; QCD
<i>tiadylt er</i>	1	LM
TIAZAC	3	LM
<i>timolol maleate oral</i>	1	LM
TOPROL XL	3	LM; NC
<i>torse mide oral</i>	1	LM
<i>trandolapril</i>	1	LM

Drug Name	Drug Tier	Requirements / Limits
<i>trandolapril-verapamil</i>	1	LM
<i>triamterene</i>	1	LM
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	LM
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	LM
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-25 MG	3	ST; LM; NC
UPTRAVI	2	PA; SP
<i>valsartan</i>	1	LM
<i>valsartan-hydrochlorothiazide</i>	1	LM
VASERETIC	3	LM
VASOTEC	3	LM
<i>verapamil oral</i>	1	LM
VERELAN	3	LM
VERELAN PM	3	LM
ZESTORETIC	3	LM
ZESTRIL	3	LM
ZIAC	3	LM
<b>CARDIAC GLYCOSIDES</b>		
<i>digitek</i>	1	LM
<i>digox</i>	1	LM
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	LM
<i>digoxin oral tablet</i>	1	LM
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	LM
<b>COAGULATION THERAPY</b>		
AMICAR	3	
<i>aminocaproic acid oral</i>	1	
ARIXTRA	3	
<i>aspirin-dipyridamole</i>	1	LM
ASPIRIN-OMEPRAZOLE	3	PA; LM; NC
BRILINTA	2	LM
CABLIVI INJECTION KIT	2	PA
CEPROTIN (BLUE BAR)	2	
CEPROTIN (GREEN BAR)	2	

Drug Name	Drug Tier	Requirements / Limits
<i>cilostazol</i>	1	LM
<i>clopidogrel oral tablet 300 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i>	1	LM
COAGADEX	2	PA
CORIFACT	2	PA
<i>dipyridamole oral</i>	1	LM
DOPTelet (15 TAB PACK)	2	PA; SP; QCD
EFFIENT	3	LM
ELIQUIS	2	PA
ELIQUIS DVT-PE TREAT 30D START	2	PA
<i>enoxaparin</i>	1	
<i>fondaparinux</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION	2	
FRAGMIN SUBCUTANEOUS SYRINGE	2	
<i>hep flush-10 (pf)</i>	1	
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf)</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin flush(porcine)-0.9nacl</i>	1	
<i>heparin lock flush</i>	1	
<i>heparin lock flush (porcine) intravenous solution 100 unit/ml</i>	1	
<i>heparin lockflush(porcine)(pf)</i>	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	
<i>jantoven</i>	1	
LOVENOX	3	NC
MEPHYTON	3	QCD
MULPLETA	3	PA; SP; NC; QCD
NPLATE	2	PA; SP
<i>pentoxifylline</i>	1	LM
<i>phytonadione (vitamin k1) injection solution</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QCD
PLAVIX ORAL TABLET 75 MG	3	LM; NC
PRADAXA	3	PA; LM; NC
<i>prasugrel</i>	1	LM
PROMACTA	2	PA; SP
SAVAYSA	3	PA; NC
TAVALISSE	3	PA; NC; QCD
TRETTEN	2	PA
<i>vitamin k</i>	1	
<i>vitamin k1 injection</i>	1	
VONVENDI	2	PA
<i>warfarin</i>	1	
XARELTO	2	PA
XARELTO DVT-PE TREAT 30D START	2	PA
YOSPRALA	3	PA; LM; NC



Drug Name	Drug Tier	Requirements / Limits
ZONTIVITY	3	PA; LM
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
ALTOPREV	3	ST; LM; NC; QCD
<i>amlodipine-atorvastatin</i>	1	LM; QCD
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	ST; LM
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	\$0	LM; ACA; QCD
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	LM; QCD
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	ST; LM; QCD
<i>cholestyramine (with sugar)</i>	1	LM
<i>cholestyramine light</i>	1	LM
<i>colesevelam</i>	1	LM
COLESTID	3	LM
COLESTID FLAVORED ORAL PACKET	3	LM
<i>colestipol</i>	1	LM
CRESTOR	3	ST; LM; NC; QCD
EZALLOR SPRINKLE	3	ST; LM; NC; QCD
<i>ezetimibe</i>	1	LM
<i>ezetimibe-simvastatin</i>	1	LM; QCD
<i>fenofibrate micronized</i>	1	LM
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	LM
FENOFIBRATE ORAL CAPSULE	3	ST; LM
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1	ST; LM
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	LM
<i>fenofibric acid</i>	1	LM
<i>fenofibric acid (choline)</i>	1	LM
FENOGLIDE	3	ST; LM
FIBRICOR	3	ST; LM
FLOLIPID	3	ST; LM; QCD
<i>fluvastatin</i>	\$0	LM; ACA; QCD
<i>gemfibrozil</i>	1	LM
<i>icosapent ethyl</i>	1	PA; LM
JUXTAPID	2	SP
LESCOL XL	3	ST; LM; QCD

Drug Name	Drug Tier	Requirements / Limits
LIPITOR	3	ST; LM; NC; QCD
LIPOFEN	2	LM
LIVALO	2	ST; LM; QCD
LOPID	3	LM
<i>lovastatin</i>	\$0	LM; ACA; QCD
LOVAZA	3	PA; LM
NEXLETOL	2	PA; LM
NEXLIZET	2	PA; LM
<i>niacin oral tablet 500 mg</i>	1	LM
<i>niacin oral tablet extended release 24 hr</i>	1	LM
NIACOR	3	LM
NIASPAN EXTENDED-RELEASE	3	LM
<i>omega-3 acid ethyl esters</i>	1	PA; LM
PRALUENT PEN	3	NC
PRAVACHOL ORAL TABLET 20 MG, 40 MG	3	ST; LM; NC; QCD
<i>pravastatin</i>	\$0	LM; ACA; QCD
<i>prevalite</i>	1	LM
QUESTRAN	3	LM
QUESTRAN LIGHT ORAL POWDER	3	LM
REPATHA PUSHTRONEX	2	
REPATHA SURECLICK	2	
REPATHA SYRINGE	2	
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	\$0	LM; ACA; QCD
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	LM; QCD
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0	LM; ACA; QCD
<i>simvastatin oral tablet 80 mg</i>	1	LM; QCD
TRICOR	3	ST; LM; NC
TRILIPIX	3	ST; LM
VASCEPA	2	PA; LM
VYTORIN 10-10	3	ST; LM; NC; QCD
VYTORIN 10-20	3	ST; LM; NC; QCD
VYTORIN 10-40	3	ST; LM; NC; QCD
VYTORIN 10-80	3	ST; LM; NC; QCD
WELCHOL ORAL POWDER IN PACKET	3	LM; NC
WELCHOL ORAL TABLET	3	LM

Drug Name	Drug Tier	Requirements / Limits
ZETIA	3	LM; NC
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	ST; LM; NC; QCD
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	ST; LM; QCD
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
CORLANOR	2	PA; LM
ENTRESTO	2	LM; QCD
RANEXA	3	LM; NC
<i>ranolazine</i>	1	LM
VECAMYL	3	
VYNDAMAX	2	PA; SP
VYNDAQEL	2	PA; SP
<b>NITRATES</b>		
DILATRATE-SR	2	LM
GONITRO	3	
ISORDIL	3	LM
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	LM
<i>isosorbide dinitrate oral tablet</i>	1	LM
<i>isosorbide mononitrate</i>	1	LM
MINITRAN	3	LM
<i>nitro-bid</i>	1	LM
NITRO-DUR	3	LM
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	LM
<i>nitroglycerin translingual spray,non-aerosol</i>	1	
NITROLINGUAL	3	
NITROMIST	3	
NITROSTAT	3	
<i>nitro-time</i>	1	LM
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin</i>	1	
ANALPRAM-HC TOPICAL	3	ST
<i>calcipotriene scalp</i>	1	QCD
<i>calcipotriene topical cream</i>	1	QCD

Drug Name	Drug Tier	Requirements / Limits
CALCIPOTRIENE TOPICAL FOAM	3	ST; NC; QCD
<i>calcipotriene topical ointment</i>	1	QCD
<i>calcipotriene-betamethasone topical ointment</i>	1	ST; QCD
<i>calcipotriene-betamethasone topical suspension</i>	1	QCD
<i>calcitriol topical</i>	1	
CLOBETASOL-CALCIPOTRIENE	3	
COSENTYX	3	PA; SP; NC; QCD
COSENTYX (2 SYRINGES)	3	PA; SP; NC; QCD
COSENTYX PEN	3	PA; SP; NC; QCD
COSENTYX PEN (2 PENS)	3	PA; SP; NC; QCD
DOVONEX TOPICAL	3	ST; QCD
<i>drithocrema hp</i>	1	
ENSTILAR	2	QCD
EPIFOAM	3	ST
<i>hydrocortisone-pramoxine topical</i>	1	ST
ILUMYA	3	PA; SP; NC; QCD
NUDERMRXPAK	3	
OVACE	3	
OVACE PLUS SHAMPOO	3	
OVACE PLUS TOPICAL CLEANSER	3	
OVACE PLUS TOPICAL CREAM	3	
OVACE PLUS TOPICAL FOAM	3	
OVACE PLUS TOPICAL LOTION	3	
OVACE PLUS WASH	3	
PRAMOSONE	3	ST
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SELRX	3	
SILIQ	3	PA; SP; NC; QCD
SKYRIZI SUBCUTANEOUS SYRINGE KIT	2	PA; SP; QCD
SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	
SORILUX	3	ST; QCD
STELARA INTRAVENOUS	3	PA; SP
STELARA SUBCUTANEOUS	2	PA; SP; QCD
<i>sulfacetamide sodium topical</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TACLONEX TOPICAL OINTMENT	3	ST; QCD
TACLONEX TOPICAL SUSPENSION	3	QCD
TALTZ AUTOINJECTOR	2	PA; SP; QCD
TALTZ AUTOINJECTOR (2 PACK)	2	PA; SP; QCD
TALTZ AUTOINJECTOR (3 PACK)	2	PA; SP; QCD
TALTZ SYRINGE	2	PA; SP; QCD
TERSI FOAM	3	
TREMFYA	2	PA; SP; QCD
VECTICAL	3	
WYNZORA	3	QCD
ZITHRANOL	3	
<b>BURN THERAPY</b>		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<b>KERATOLYTICS</b>		
BENSAL HP TOPICAL OINTMENT 3 %	3	
INOVA 4-1	3	ST
INOVA 8-2	3	ST
KERALYT RX	3	
KERALYT SCALP COMPLETE	3	
<i>keralyt topical shampoo</i>	1	
PODOCON	3	
SALEX TOPICAL SHAMPOO	3	
<i>salicylic acid topical cream</i>	1	
<i>salicylic acid topical cream,extended release</i>	1	
<i>salicylic acid topical film forming liquid w/appl</i>	1	
<i>salicylic acid topical film-forming soln er w/ appl</i>	1	
<i>salicylic acid topical foam</i>	1	
<i>salicylic acid topical gel</i>	1	
<i>salicylic acid topical liquid 26 %</i>	1	
<i>salicylic acid topical lotion</i>	1	
<i>salicylic acid topical lotion,extended release</i>	1	
<i>salicylic acid topical shampoo</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>salicylic acid-ceramides no.1 topical kit,cleanser and cream er</i>	1	
SALICYLIC-CIMETIDINE-LIDOCAINE	3	
<i>salimez</i>	1	
SALIMEZ FORTE	3	
SALKERA	3	
<i>salvax</i>	1	
SALVAX DUO PLUS	3	
ULTRASAL-ER	3	
VIRASAL	3	
XALIX	3	
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
AMELUZ	3	
ATOPADERM	3	
<i>atopavo</i>	1	
ATOPICLAIR	3	
ATRAPRO CP	3	
ATRAPRO HYDROGEL	3	
<i>avo cream</i>	1	
BIAFINE EMULSION	3	
CANTHARIDIN IN ACETONE	3	
CARAC	3	NC
<i>celacyn</i>	1	
<i>cem-urea</i>	1	
CERACADE	3	
CERAMAX	3	
CONDYLOX TOPICAL GEL	3	
CORTANE-B TOPICAL	3	
DEXERYL	3	
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QCD
DICLOVIX	3	
<i>doxepin topical</i>	1	ST; QCD
DUPIXENT PEN	2	PA; SP; QCD
DUPIXENT SYRINGE	2	PA; SP; QCD
EFUDEX TOPICAL CREAM	3	

Drug Name	Drug Tier	Requirements / Limits
<i>eletone</i>	1	
ELIDEL	3	ST; NC; QCD
<i>emulsion sb</i>	1	
ENTTY	3	
EPICERAM	3	
ESKATA	3	
EUCRISA	3	ST; QCD
FLUOROPLEX	3	
FLUOROURACIL TOPICAL CREAM 0.5 %	3	NC
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
HALUCORT	3	
<i>hpr</i>	1	
<i>hpr plus</i>	1	
<i>hpr plus hydrogel</i>	1	
HPR PLUS-MB HYDROGEL	3	
HYDRO 35	3	
HYDRO 40	3	
HYLAGUARD	3	
HYLATOPICPLUS TOPICAL CREAM	3	
HYLATOPICPLUS TOPICAL LOTION	3	
<i>iodine-sodium iodide topical tincture 2 %</i>	1	
IODOFLEX	3	
IODOSORB	3	
KERAFOAM	3	
KERALAC	3	
KIVIK	3	
LEVICYN ANTIPRURITIC	3	
LEVICYN ANTIPRURITIC SG	3	
LEVULAN	3	
LOUTREX	3	
LOYON	3	
<i>luxamend</i>	1	
<i>mb hydrogel</i>	1	
<i>mb hydrogel (cyclomethicone)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>methoxsalen</i>	1	
<i>methyl salicylate</i>	1	
<i>methyl salicylate topical liquid</i>	1	
MIMYX	3	
NEOCERA	3	
NEOSALUS	3	
<i>nivatopic plus</i>	1	
NUTRASEB	3	
OXSORALEN ULTRA	3	
PANRETIN	3	SP
PENLEN	3	
PHEODOYO	3	
PHLAG SPRAY	3	
PICATO	2	
<i>pimecrolimus</i>	1	ST; QCD
<i>podofilox</i>	1	
PRESERA	3	
PROMISEB	3	
PROTOPIC	3	ST; QCD
<i>pruclair</i>	1	
<i>prudoxin</i>	1	ST; QCD
<i>prumyx</i>	1	
QBREXZA	3	PA
QUTENZA	3	SP
REGRANEX	2	QCD
RYNODERM	3	
SEBUDERM	3	
<i>silver nitrate applicators</i>	1	
<i>silver nitrate topical solution</i>	1	
SOLARAVIX	3	
SOLOX GEL	3	
<i>sonafine</i>	1	
SYNERDERM	3	
<i>tacrolimus topical</i>	1	ST; QCD
TACROLIMUS-HYALURONATE-NIACIN	3	



Drug Name	Drug Tier	Requirements / Limits
TACROLIMUS-NIACINAMIDE	3	
TACROLIMUS-VEHICLE BASE NO.238	3	
TOLAK	3	
TRIXYLITRAL	3	
<i>umecta topical foam</i>	1	
URAMAXIN TOPICAL FOAM	3	
URAMAXIN TOPICAL GEL	3	
<i>urea nail stick</i>	1	
<i>urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 %</i>	1	
<i>urea topical foam</i>	1	
<i>urea topical gel 45 %</i>	1	
<i>ure-k</i>	1	
UREVAZ	3	
UTOPIC	3	
VALCHLOR	2	PA; SP
VEREGEN	3	PA; QCD
<i>wintergreen oil</i>	1	
XCLAIR	3	
XUREA	3	
ZONALON	3	ST; QCD
<b>THERAPY FOR ACNE</b>		
ABSORICA	3	HDE
ABSORICA LD	3	HDE
ACANYA TOPICAL GEL WITH PUMP	3	ST; NC
ACZONE	3	ST
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump</i>	1	
ADAPALENE TOPICAL LOTION	3	ST
<i>adapalene topical solution</i>	1	
<i>adapalene topical swab</i>	1	
<i>adapalene-benzoyl peroxide</i>	1	
ADAPALENE-BENZOYL PEROX-NIACIN	3	ST
ADAPALENE-BENZOYL-CLINDAMYCIN	3	ST

Drug Name	Drug Tier	Requirements / Limits
AKLIEF	3	ST
ALTRENO	3	PA
<i>amnestem</i>	1	HDE
AMZEEQ	2	ST
ARAZLO	3	PA
ATRALIN	3	PA; NC
AVAR LS	3	ST
<i>avar topical cleanser</i>	1	
AVAR TOPICAL PADS, MEDICATED	3	ST
AVAR-E GREEN	3	ST
AVAR-E LS	3	ST
AVEIDAOXIA	3	
<i>avita topical cream</i>	1	PA
AVITA TOPICAL GEL	3	PA
<i>azelaic acid</i>	1	
AZELAIC ACID-NIACINAMIDE	3	ST
AZELEX	3	ST
BENZACLIN	3	ST
BENZACLIN PUMP	3	ST
BENZAMYCIN	3	ST
BENZEPRO (MICROSPHERES)	3	ST
<i>benzepro topical towelette</i>	1	
BENZOYL PER-CLINDAMYCIN-NIACIN	3	ST
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 9.8 %</i>	1	
<i>bp 10-1</i>	1	ST
<i>claravis</i>	1	HDE
<i>cleansing wash topical cleanser</i>	1	ST
CLEOCIN T TOPICAL LOTION	3	ST; QCD
CLINDACIN ETZ TOPICAL KIT	3	ST
<i>clindacin p</i>	1	
CLINDACIN PAC	3	ST
CLINDAGEL	3	ST; NC; QCD
<i>clindamycin phosphate topical foam</i>	1	QCD
<i>clindamycin phosphate topical gel</i>	1	QCD

Drug Name	Drug Tier	Requirements / Limits
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	3	ST; NC; QCD
<i>clindamycin phosphate topical lotion</i>	1	QCD
<i>clindamycin phosphate topical solution</i>	1	QCD
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide</i>	1	
<i>clindamycin-tretinoin</i>	1	PA
<i>dapsone topical</i>	1	
DEOXIA	3	ST
DIADIMAXIA	3	ST
DIAOXIA	3	ST
DIASDIMAXIA	3	ST
DIASOXIA	3	ST
DIFFERIN TOPICAL CREAM	3	ST
DIFFERIN TOPICAL GEL WITH PUMP	3	ST
DIFFERIN TOPICAL LOTION	3	ST
DIMOXIA	3	ST
DRAXACE	3	ST
DRIXECE	3	ST
ECEOXIA	3	
ENZOCLEAR	3	ST
EPIDUO FORTE	3	ST; NC
EPIDUO TOPICAL GEL WITH PUMP	3	ST; NC
<i>ery pads</i>	1	
<i>erygel</i>	1	
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
ETHOXIA	3	
EVOCLIN	3	ST; QCD
FABIOR	3	PA
FINACEA TOPICAL FOAM	2	ST
FINACEA TOPICAL GEL	3	ST
INOVA	3	ST
<i>isotretinoin</i>	1	HDE

Drug Name	Drug Tier	Requirements / Limits
ITHOXIA	3	
METROCREAM	3	ST
METROGEL TOPICAL GEL 1 %	3	ST
<i>metronidazole topical</i>	1	
MIRVASO TOPICAL GEL WITH PUMP	2	PA
<i>myorisan</i>	1	HDE
<i>neuac</i>	1	
NEUAC KIT	3	ST
NORITATE	3	ST
NUCARACLINPAK	3	ST
NUCARARXPAK	3	ST
ONEXTON TOPICAL GEL WITH PUMP	2	ST
PACNEX	3	ST
PLEXION	3	ST
PLEXION CLEANSING CLOTHS	3	ST
PR BENZOYL PEROXIDE	3	ST
RETIN-A	3	PA
RETIN-A MICRO	3	PA; NC
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 %	3	PA; NC
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	PA
RHOFADE	3	PA
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSADAN TOPICAL KIT,CLEANSER AND CREAM	3	ST
ROSANIL	3	ST
ROSULA	3	ST
<i>rosula cleansing cloths</i>	1	
SOOLANTRA	3	ST; QCD
<i>sss 10-5</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser</i>	1	
<i>sulfacetamide sodium-sulfur topical cream</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension</i>	1	
<i>sulfacetamide sod-sulfur-urea topical cleanser</i>	1	
<i>sulfacetamide-sulfur-cleansr23</i>	1	
<i>sulfacleanse 8-4</i>	1	ST
SUMADAN	3	ST
SUMADAN XLT	3	ST
SUMAXIN	3	ST
SUMAXIN CP	3	ST
SUMAXIN TS	3	ST
TARDEOXIA	3	ST
TARDIMAXIA	3	ST
TAROXIA	3	ST
<i>tazarotene</i>	1	PA
TAZORAC TOPICAL CREAM 0.05 %	2	PA
TAZORAC TOPICAL CREAM 0.1 %	3	PA; NC
TAZORAC TOPICAL GEL	2	PA
<i>tretinoin</i>	1	PA
<i>tretinoin microspheres</i>	1	PA
TRETINOIN-BENZOYL-CLINDA-NIAC	3	ST
TRETINOIN-CLINDA-SPIRON-NIACIN	3	ST
TRETINOIN-HYALURONATE-NIACIN	3	ST
TRETIN-X CREAM KIT	3	PA
TRETIN-X TOPICAL CREAM 0.075 %	3	PA
VANOXIDE-HC	3	ST
VARDIMAXIA	3	ST
VAROXIA	3	ST
VELTIN	3	PA; ST; NC
WINLEVI	3	PA
<i>zenatane</i>	1	HDE
ZIANA	3	PA; ST
ZILXI	3	ST

## TOPICAL ANESTHETICS

Drug Name	Drug Tier	Requirements / Limits
AGONEAZE	3	
ANASTIA	3	
ANODYNE LPT	3	
APRIZIO PAK	3	
APRIZIO PAK II	3	
ASTERO	3	
COCAINE NASAL	3	
DERMACINRX EMPRICAINE	3	
<i>dermacinrx prizopak</i>	1	
DOLOTRANZ	3	
EMPRICAINE-II	3	
<i>ethyl chloride</i>	1	
<i>glydo</i>	1	QCD
GOPRELTO	3	
LDO PLUS	3	
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine hcl mucous membrane jelly</i>	1	QCD
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	QCD
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl topical cream 3 %</i>	1	
LIDOCAINE HCL TOPICAL CREAM 3.88 %	3	
<i>lidocaine hcl-hydrocortison ac topical</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA
<i>lidocaine topical ointment</i>	1	QCD
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QCD
<i>lidocaine-prilocaine topical kit</i>	1	
LIDOCAINE-TETRACAINE	3	PA; NC; QCD
<i>lidocort</i>	1	
LIDODERM	3	PA; NC
<i>lido-k</i>	1	
LIDOPAC	3	
<i>lidopin topical cream 3 %</i>	1	
LIDOPIN TOPICAL CREAM 3.25 %	3	

Drug Name	Drug Tier	Requirements / Limits
<i>lidopril</i>	1	
LIDOPRIL XR	3	
LIDO-PRILO CAINE PACK	3	
LIDORX	3	
<i>lido-sorb</i>	1	
LIDOTRAL	3	
LIDOVEX	3	
<i>lidozion</i>	1	
LIDTOPIC MAX	3	
LIVIXIL PAK	3	
<i>lta pre-attached</i>	1	
NUMBONEX	3	
NUMBRINO	3	
PLIAGLIS	3	PA; QCD
PRIKAAN	3	
PRIKAAN LITE	3	
PRILO PATCH	3	
PRILO PATCH II	3	
PRILOLID	3	
PRILOVIX	3	
PRILOVIX LITE	3	
PRILOVIX LITE PLUS	3	
PRILOVIX ULTRALITE	3	
PRILOVIX ULTRALITE PLUS	3	
PRILOVIXIL	3	
PRIZOPAK II	3	
<i>relador pak</i>	1	
<i>relador pak plus</i>	1	
SKYADERM-LP	3	
SYNERA	3	
TRANZAREL	3	
<i>zionodil</i>	1	
ZTLIDO	2	PA
<b>TOPICAL ANTIBACTERIALS</b>		
ALCORTIN A	3	PA; NC

Drug Name	Drug Tier	Requirements / Limits
ALTABAX	3	ST; QCD
BASADROX	3	
CENTANY	3	ST; QCD
CENTANY AT	3	ST; QCD
CORTISPORIN TOPICAL	3	
DERMAZENE TOPICAL CREAM IN PACKET	3	
<i>gentamicin topical</i>	1	
<i>hydrocortisone-iodoquinol-aloe2</i>	1	
<i>hydrocortisone-iodoquinol</i>	1	
<i>hydrocortisone-iodoquinol-aloe</i>	1	
KLARON	3	ST
<i>lugols topical</i>	1	
<i>mafenide acetate</i>	1	
<i>mupirocin</i>	1	QCD
<i>mupirocin calcium</i>	1	ST; QCD
NEO-SYNALAR	3	
NEO-SYNALAR KIT	3	
QUINJA	3	
SILVRSTAT	3	
<i>strong iodine topical</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON TOPICAL CREAM	2	
SULFAMYLON TOPICAL PACKET	3	
VYTONE	3	
XEPI	3	ST; QCD
<b>TOPICAL ANTIFUNGALS</b>		
ALA-QUIN	3	
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	ST
<i>ciclodan topical cream</i>	1	QCD
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QCD
<i>ciclopirox topical gel</i>	1	QCD
<i>ciclopirox topical shampoo</i>	1	QCD
<i>ciclopirox topical solution</i>	1	



Drug Name	Drug Tier	Requirements / Limits
<i>ciclopirox topical suspension</i>	1	QCD
CICLOPIROX-CLOBETASOL	3	
CICLOPIROX-CLOBETASOL-SALICYL	3	
CICLOPIROX-SALICYLIC ACID	3	
<i>ciclopirox-ure-camph-menth-euc</i>	1	
<i>clotrimazole-betamethasone</i>	1	QCD
DERMACINRX THERAZOLE PAK	3	
DIFMETIOXRIME	3	
ECONASIL	3	
<i>econazole</i>	1	QCD
ECOZA	3	NC; QCD
ERTACZO	3	QCD
EXELDERM	3	QCD
EXODERM	3	
EXTINA	3	QCD
IMIOXIA	3	
JUBLIA	3	ST
KERYDIN	3	ST
<i>ketoconazole topical</i>	1	QCD
<i>ketodan</i>	1	QCD
<i>ketodan kit</i>	1	
LOPROX (AS OLAMINE)	3	QCD
LOPROX KIT	3	QCD
LOPROX TOPICAL SHAMPOO	3	QCD
LULICONAZOLE	3	NC; QCD
LUZU	3	QCD
MICONAZOLE NITRATE-ZINC OX-PET	3	QCD
<i>naftifine</i>	1	QCD
NAFTIN TOPICAL GEL	3	QCD
<i>nyamyc</i>	1	QCD
<i>nystatin topical</i>	1	QCD
<i>nystatin-triamcinolone</i>	1	QCD
<i>nystop</i>	1	QCD
<i>oxiconazole</i>	1	QCD
OXISTAT	3	QCD

Drug Name	Drug Tier	Requirements / Limits
PEDIZOL PAK	3	
PHEYO	3	
SULCONAZOLE	3	NC; QCD
<i>tavaborole</i>	1	
VUSION	3	QCD
XOLEGEL	3	NC; QCD
ZOLPAK	3	
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical</i>	1	PA; QCD
DENAVIR	3	
XERESE	3	
ZOVIRAX TOPICAL CREAM	3	PA; QCD
ZOVIRAX TOPICAL OINTMENT	3	PA; NC; QCD
<b>TOPICAL CORTICOSTEROIDS</b>		
ADVANCED ALLERGY COLLECT KIT	3	
ALA-SCALP	3	ST
<i>alclometasone</i>	1	
<i>amcinonide topical cream</i>	1	ST
<i>amcinonide topical lotion</i>	1	ST
<i>apexicon e</i>	1	ST
AQUA GLYCOLIC HC	3	ST
<i>beser</i>	1	ST
BESER KIT	3	ST
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	ST
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented</i>	1	
BRYHALI	3	ST
CAPEX	3	ST
CHLOOXIA	3	ST
<i>clobetasol scalp</i>	1	QCD
<i>clobetasol topical cream</i>	1	QCD
<i>clobetasol topical foam</i>	1	ST; QCD

Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol topical gel</i>	1	QCD
<i>clobetasol topical lotion</i>	1	ST; QCD
<i>clobetasol topical ointment</i>	1	QCD
<i>clobetasol topical shampoo</i>	1	ST; QCD
<i>clobetasol topical spray,non-aerosol</i>	1	ST; QCD
<i>clobetasol-emollient topical cream</i>	1	QCD
<i>clobetasol-emollient topical foam</i>	1	ST; QCD
CLOBETASOL-LEVOCETIRIZINE	3	ST
CLOBETASOL-NIACINAMIDE TOPICAL SOLUTION	3	ST
CLOBETAVIX	3	ST
CLOBEX	3	ST; QCD
CLOCORTOLONE PIVALATE	3	ST; NC
<i>clodan</i>	1	ST; QCD
CLODAN KIT	3	ST
CLODERM	3	ST
CORDRAN TAPE LARGE ROLL	3	ST
CORDRAN TOPICAL CREAM	3	ST; QCD
CORDRAN TOPICAL LOTION	3	ST; QCD
CORDRAN TOPICAL OINTMENT	3	ST; QCD
CUTIVATE TOPICAL CREAM	3	ST
CUTIVATE TOPICAL LOTION	3	ST
DERMACINRX SILAPAK	3	
DERMA-SMOOTH/FS BODY OIL	3	ST
DERMA-SMOOTH/FS SCALP OIL	3	ST
DERMAWERX SDS	3	
DESONATE	3	ST
<i>desonide topical cream</i>	1	
<i>desonide topical gel</i>	1	ST
<i>desonide topical lotion</i>	1	ST
<i>desonide topical ointment</i>	1	
DESOWEN TOPICAL LOTION	3	ST
<i>desoximetasone</i>	1	ST
<i>diflorasone</i>	1	ST; QCD

Drug Name	Drug Tier	Requirements / Limits
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	ST
DUOBRII	3	ST; QCD
ELLZIA PAK	3	
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
FLUOCINOLONE-NIACINAMIDE	3	ST
<i>fluocinonide topical cream 0.05 %</i>	1	QCD
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QCD
<i>fluocinonide topical gel</i>	1	QCD
<i>fluocinonide topical ointment</i>	1	QCD
<i>fluocinonide topical solution</i>	1	QCD
<i>fluocinonide-e</i>	1	QCD
FLUOPAR	3	ST
FLUOVIX	3	ST
FLUOVIX PLUS	3	ST
<i>flurandrenolide</i>	1	ST; QCD
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	ST
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide</i>	1	ST
<i>halobetasol propionate topical cream</i>	1	
HALOBETASOL PROPIONATE TOPICAL FOAM	3	ST
<i>halobetasol propionate topical ointment</i>	1	
HALOG	3	ST
<i>hydrocortisone butyrate topical cream</i>	1	QCD
<i>hydrocortisone butyrate topical lotion</i>	1	ST; QCD
<i>hydrocortisone butyrate topical ointment</i>	1	ST
<i>hydrocortisone butyrate topical solution</i>	1	ST; QCD
<i>hydrocortisone butyr-emollient</i>	1	QCD
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
IMPEKLO	3	ST
IMPOYZ	3	ST; QCD
KENALOG TOPICAL	3	ST; QCD
LEXETTE	3	ST
LOCOID LIPOCREAM	3	ST; NC; QCD
LOCOID TOPICAL LOTION	3	ST; NC; QCD
LUXIQ	3	ST
<i>mometasone topical</i>	1	
<i>nolix</i>	1	ST; QCD
NOXIPAK	3	
NUCORT	3	ST
NUTRIARX	3	
OLUX	3	ST; QCD
OLUX-E	3	ST; QCD
PANDEL	3	ST
<i>prednicarbate</i>	1	
PSORCON	3	ST; QCD
QUINIXIL	3	ST
SANADERMRX	3	
<i>scalacort</i>	1	
SCALACORT DK	3	ST
SERNIVO	3	ST
SILA III	3	
SILALITE PAK	3	
SILAZONE-II	3	
SURE RESULT TAC PAK	3	
SYNALAR	3	ST
SYNALAR CREAM KIT	3	ST
SYNALAR OINTMENT KIT	3	ST
SYNALAR TS	3	ST
TASOPROL	3	ST
TEMOVATE TOPICAL CREAM	3	ST; QCD
TEMOVATE TOPICAL OINTMENT	3	ST; QCD
TEXACORT	3	ST
TOPICORT TOPICAL CREAM	3	ST

Drug Name	Drug Tier	Requirements / Limits
TOPICORT TOPICAL GEL	3	ST
TOPICORT TOPICAL OINTMENT	3	ST
TOPICORT TOPICAL SPRAY, NON-AEROSOL	3	ST; NC
<i>tovet emollient</i>	1	ST; QCD
TOVET KIT	3	ST
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QCD
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
TRIAMCINOLONE-NIACINAMIDE	3	ST
<i>trianex</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
TRIDESILON	3	ST
TRIVIX	3	
ULTRAVATE TOPICAL LOTION	3	ST
VANOS	3	ST; NC; QCD
VERDESO	3	ST; NC
WHYTEDERM TDKPAK	3	
WHYTEDERM TRILASIL PAK	3	
XILAPAK	3	ST
<b>TOPICAL ENZYMES</b>		
SANTYL	2	QCD
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>crotan</i>	1	
ELIMITE	3	
EURAX	3	
<i>ivermectin topical lotion</i>	1	
<i>lindane topical shampoo</i>	1	
<i>malathion</i>	1	
NATROBA	3	NC
OVIDE	3	
<i>permethrin topical cream</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SKLICE	3	
<i>spinosad</i>	1	
ULESFIA	3	
<b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b>		
<b>ANOREXIANTS</b>		
ADIPEX-P	3	PA
<i>benzphetamine oral tablet 50 mg</i>	1	PA
CONTRACE	3	PA; HDE
<i>diethylpropion</i>	1	PA
IMCIVREE	3	PA
LOMAIRA	3	PA
<i>phendimetrazine tartrate</i>	1	PA
<i>phentermine</i>	1	PA
QSYMIA	3	PA; SP
SAXENDA	3	PA; HDE
XENICAL	3	PA
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>ringer's irrigation</i>	1	
SORBITOL IRRIGATION	3	
SORBITOL-MANNITOL	3	
<i>tis-u-sol pentalyte</i>	1	
VASHE WOUND THERAPY	3	
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate</i>	1	
<i>acetic acid irrigation</i>	1	
AGRYLIN	3	LM
<i>anagrelide</i>	1	LM
<i>aqua care sodium chloride</i>	1	
<i>aqua care sterile water</i>	1	
BUPHENYL	3	

Drug Name	Drug Tier	Requirements / Limits
<i>caffeine citrate oral</i>	1	
CARBAGLU	2	SP
CARNITOR (SUGAR-FREE)	3	LM
CARNITOR ORAL	3	LM
<i>cevimeline</i>	1	LM
CHEMET	2	PA
<i>clovique</i>	1	PA
<i>deferasirox</i>	1	PA; SP
<i>deferiprone</i>	1	PA
<i>disulfiram</i>	1	
ENDARI	3	PA
EVOXAC	3	LM
EXJADE	3	PA; SP; NC
FERRIPROX	2	PA
FERRLECIT	3	PA
GIVLAARI	3	PA; SP
GLASSIA	2	PA
INCRELEX	2	PA; SP
INFASURF	3	
JADENU	3	PA; SP; NC
JADENU SPRINKLE	3	PA; SP; NC
<i>levocarnitine (with sugar)</i>	1	LM
<i>levocarnitine oral solution 100 mg/ml</i>	1	LM
<i>levocarnitine oral tablet</i>	1	LM
LIQUIVIDA HYDRATION KIT	3	
LITHOSTAT	3	
<i>midodrine</i>	1	
<i>nitisinone</i>	1	PA
NITYR	2	PA
NORTHERA	3	PA; SP
ORFADIN	3	PA
OXBRYTA	3	PA; SP; NC; QCD
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
RADIOGARDASE	3	
RAVICTI	2	SP



Drug Name	Drug Tier	Requirements / Limits
REVCovi	2	
RILUTEK	3	PA; SP
<i>riluzole</i>	1	PA; SP
<i>risedronate oral tablet 30 mg</i>	1	QCD
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	
<i>sodium chloride 0.9 %</i>	1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	1	
<i>sodium chloride injection</i>	1	
<i>sodium chloride irrigation</i>	1	
<i>sodium ferric gluconat-sucrose</i>	1	PA
<i>sodium phenylbutyrate</i>	1	
SURVANTA	3	
SYPRINE	3	PA
THIOLA	3	
THIOLA EC	3	
TIGLUTIK	3	PA
<i>trientine</i>	1	PA
<i>water for irrigation, sterile</i>	1	
XURIDEN	2	
ZOKINVY	3	PA
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter)</i>	\$0	ACA
CHANTIX	\$0	ACA
CHANTIX CONTINUING MONTH BOX	\$0	ACA
CHANTIX STARTING MONTH BOX	\$0	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 7 MG/24 HR	\$0	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 21 MG/24 HR	\$0	LM; ACA
NICORETTE BUCCAL GUM 2 MG	\$0	ACA
<i>nicorette buccal gum 4 mg</i>	\$0	ACA
NICORETTE BUCCAL LOZENGE	\$0	ACA
NICORETTE BUCCAL MINI LOZENGE	\$0	ACA
<i>nicotine (polacrilex)</i>	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	\$0	ACA
<i>nicotine transdermal patch, td daily, sequential</i>	\$0	ACA
NICOTROL	\$0	ACA
NICOTROL NS	\$0	ACA
<i>quit 2</i>	\$0	ACA
<i>quit 4</i>	\$0	ACA
<i>stop smoking aid</i>	\$0	ACA

## EAR, NOSE & THROAT MEDICATIONS

### MISCELLANEOUS AGENTS

ALZAIR	3	
ARESTIN	3	
<i>azelastine nasal aerosol,spray</i>	1	QCD
<i>azelastine nasal spray,non-aerosol</i>	1	
<i>chlorhexidine gluconate mucous membrane</i>	1	
CLINPRO 5000	3	LM
DEBACTEROL	3	
<i>denta 5000 plus</i>	1	LM
<i>dentagel</i>	1	LM
EPISIL	3	
<i>fluoride (sodium) dental cream</i>	1	LM
<i>fluoride (sodium) dental gel</i>	1	LM
<i>fluoride (sodium) dental paste</i>	1	LM
FLUORIDEX DAILY DEFENSE DENTAL PASTE	3	LM
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	LM
GELCLAIR	3	
GELX	3	
<i>ipratropium bromide nasal</i>	1	QCD
MUGARD	3	SP
<i>olopatadine nasal</i>	1	QCD
<i>oralone</i>	1	
ORAMAGICRX	3	
ORAPEUTIC	3	

Drug Name	Drug Tier	Requirements / Limits
<i>paroex oral rinse</i>	1	
PATANASE	3	QCD
PERIDEX	3	
<i>periogard</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT	3	LM
PREVIDENT 5000 BOOSTER PLUS	3	LM
PREVIDENT 5000 DRY MOUTH	3	LM
PREVIDENT 5000 ENAMEL PROTECT	3	LM
PREVIDENT 5000 ORTHO DEFENSE	3	LM
PREVIDENT 5000 PLUS	3	LM
PREVIDENT 5000 SENSITIVE	3	LM
PROTHELIAL	3	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>sf</i>	1	LM
<i>sf 5000 plus</i>	1	LM
<i>sodium fluoride 5000 plus</i>	1	LM
<i>sodium fluoride-pot nitrate</i>	1	LM
<i>triamcinolone acetonide dental</i>	1	
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear)</i>	1	
<i>ciprofloxacin hcl otic (ear)</i>	1	
DERMOTIC OIL	3	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic (ear)</i>	1	
OTIPRIO	3	QCD
<b>OTIC STEROID / ANTIBIOTIC</b>		
CIPRO HC	3	
CIPRODEX	3	
<i>ciprofloxacin-dexamethasone</i>	1	
CIPROFLOXACIN-FLUOCINOLONE	3	NC
CORTISPORIN-TC	3	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
OTOVEL	2	
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
ACTHAR	3	SP
ALKINDI SPRINKLE	3	LM; NC
CORTEF	3	LM
<i>decadron oral tablet</i>	1	
<i>dexabliss</i>	1	PA
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack</i>	1	PA
DXEVO	3	PA
EMFLAZA	3	PA; LM; NC
<i>fludrocortisone</i>	1	LM
HEMADY	3	NC
<i>hidex</i>	1	PA
<i>hydrocortisone oral tablet 10 mg, 5 mg</i>	1	LM
<i>hydrocortisone oral tablet 20 mg</i>	1	
KENALOG INJECTION	3	SP
KENALOG-80	3	SP
MEDROL	3	
MEDROL (PAK)	3	
<i>methylprednisolone</i>	1	
<i>millipred dp</i>	1	
<i>millipred oral tablet</i>	1	
ORAPRED ODT	3	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	
RAYOS	3	PA
TAPERDEX	3	PA
TRIESENCE (PF)	3	
ZCORT	3	PA
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	LM
<i>propylthiouracil</i>	1	LM
SSKI	3	LM
TAPAZOLE	3	LM
<b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>		
ACCU-CHEK AVIVA PLUS TEST STRP	3	LM; NC
ACCU-CHEK GUIDE TEST STRIPS	3	LM; NC
ACCU-CHEK SMARTVIEW TEST STRIP	3	LM; NC
ACCUTREND GLUCOSE TEST STRIPS	3	LM; NC
ADVANCED GLUC METER TEST STRIP	3	NC
ADVOCATE REDI-CODE	3	NC
ADVOCATE TEST STRIPS	3	LM; NC
AGAMATRIX AMP TEST STRIPS	3	NC
ASSURE 4 STRIPS	3	NC
ASSURE PLATINUM TEST STRIP	3	LM; NC
ASSURE PRISM MULTI STRIP	3	NC
BIONIME RIGHTEST TEST STRIPS	3	NC
BLOOD GLUCOSE TEST	3	NC
CARESENS N TEST STRIPS	3	NC
CARETOUCH TEST STRIP	3	LM; NC
CLEVER CHOICE MICRO TEST STRIP	3	NC
CLEVER CHOICE PRO STRIP	3	NC
CLEVER CHOICE TALK TEST	3	LM; NC
CLEVER CHOICE TEST STRIPS	3	NC
CLEVER CHOICE VOICE+ TEST	3	NC
CONTOUR NEXT TEST STRIPS	3	LM; NC
CONTOUR TEST STRIPS	3	LM; NC
COOL GLUCOSE TEST STRIP	3	NC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
DIATRUE PLUS TEST STRIP	3	NC
EASY PLUS II TEST	3	NC
EASY STEP	3	NC
EASY TALK GLUCOSE TEST	3	NC
EASY TOUCH TEST STRIP	3	LM; NC
EASY TRAK GLUCOSE TEST	3	NC
EASY TRAK II TEST STRIP	3	LM; NC
EASYGLUCO PLUS STRIP	3	NC
EASYGLUCO TEST	3	NC
EASYMAX	3	NC
ELEMENT COMPACT TEST STRIPS	3	NC
ELEMENT TEST STRIPS	3	NC
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	3	LM; NC
EMBRACE EVO TEST STRIPS	3	LM; NC
EMBRACE PRO TEST STRIPS	3	LM; NC
EMBRACE TALK TEST STRIPS	3	LM; NC
EVENCARE G2 STRIP	3	NC
EVENCARE G3 TEST	3	NC
EVENCARE MINI GLUCOSE TEST STR	3	NC
EVENCARE PROVIEW TEST STRIP	3	LM; NC
EVOLUTION TEST STRIPS	3	NC
EZ SMART PLUS TEST	3	NC
EZ SMART TEST	3	NC
FIFTY50 TEST STRIP	3	NC
FORA 6 CONNECT GLUCOSE STRIP	3	LM; NC
FORA D15G STRIPS	3	NC
FORA D20 STRIP	3	NC
FORA D40-G31 TEST STRIPS	3	NC
FORA G20 STRIP	3	NC
FORA G30-PREMIUM V10 TEST STRP	3	NC
FORA GD50 TEST STRIPS	3	NC
FORA GTEL GLUCOSE TEST STRIP	3	LM; NC
FORA TEST STRIP	3	NC
FORA TN'G VOICE TEST STRIPS	3	NC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FORA V10 STRIP	3	NC
FORA V10-V12-D10-D20 STRIPS	3	LM; NC
FORA V12 GLUCOSE	3	NC
FORA V20 STRIP	3	NC
FORACARE GD20	3	NC
FORACARE GD40 TEST STRIPS	3	NC
FORTISCARE GLUCOSE TEST STRIPS	3	NC
FREESTYLE INSULINX STRIP	2	LM
FREESTYLE INSULINX TEST STRIPS	2	LM
FREESTYLE LITE STRIPS	2	LM
FREESTYLE PRECISION NEO STRIPS	3	LM; NC
FREESTYLE TEST	2	LM
GE100 BLOOD GLUCOSE TEST STRIP	3	NC
GENSTRIP TEST STRIP	3	NC
GLUCO NAVII TEST STRIP	3	NC
GLUCOCARD 01 SENSOR PLUS	3	NC
GLUCOCARD EXPRESSION STRIP	3	NC
GLUCOCARD SHINE TEST STRIPS	3	NC
GLUCOCARD VITAL SENSOR	3	NC
GLUCOCARD VITAL TEST STRIPS	3	NC
GLUCOCOM GLUCOSE	3	NC
GM100 STRIP	3	NC
GOJJI BLOOD GLUCOSE TEST STRIP	3	LM; NC
HARMONY GLUCOSE TEST STRIP	3	LM; NC
HEALTHPRO TEST STRIPS	3	NC
IGLUCOSE TEST STRIP	3	LM; NC
INFINITY TEST STRIPS	3	NC
INFINITY VOICE TEST STRIP	3	LM; NC
MICRO BLOOD GLUCOSE	3	NC
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	3	NC
MICRODOT XTRA BLOOD GLUCOSE	3	LM; NC
MYGLUCOHEALTH STRIP	3	NC
NEUTEK 2TEK TEST STRIPS	3	NC
NOVA MAX GLUCOSE TEST	3	NC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ON CALL EXPRESS TEST STRIP	3	NC
ON CALL PLUS TEST STRIP	3	NC
ON CALL VIVID TEST STRIP	3	NC
ONETOUCH ULTRA BLUE TEST STRIP	2	LM
ONETOUCH VERIO TEST STRIPS	2	LM
OPTIUM EZ	3	LM; NC
OPTIUM TEST	3	LM; NC
OPTUMRX STRIP	3	NC
PHARMACIST CHOICE	3	NC
PRECISION PCX PLUS TEST	3	LM; NC
PRECISION PCX TEST	3	LM; NC
PRECISION POINT OF CARE TEST	3	LM; NC
PRECISION Q-I-D TEST	3	LM; NC
PRECISION XTRA TEST	2	LM
PREMIER TEST STRIP	3	LM; NC
PREMIUM V10 STRIP	3	NC
PRO VOICE V8-V9 TEST STRIP	3	LM; NC
PRODIGY NO CODING	3	NC
QUINTET AC STRIP	3	NC
REFUAH PLUS	3	NC
RELION CONFIRM-MICRO	3	NC
RELION PRIME TEST STRIPS	3	NC
REVEAL TEST STRIP	3	NC
RIGHTTEST GS550 TEST STRIPS	3	NC
SMART SENSE TEST STRIPS	3	NC
SMARTTEST TEST	3	NC
SOLUS V2 TEST STRIPS	3	NC
SURE-TEST EASYPLUS MINI STRIP	3	NC
TELCARE TEST STRIPS	3	NC
TEST N'GO TEST	3	NC
TRUE METRIX GLUCOSE TEST STRIP	3	NC
TRUETEST TEST STRIPS	3	NC
TRUETRACK TEST	3	NC
ULTIMA TEST STRIPS	3	NC
ULTRATRAK	3	NC



Drug Name	Drug Tier	Requirements / Limits
ULTRATRAK ULTIMATE STRIP	3	NC
UNISTRIPI TEST STRIP	3	LM; NC
VERASENS TEST STRIP	3	LM; NC
VIVAGUARD INO TEST STRIP	3	LM; NC
WAVESENSE JAZZ	3	NC
WAVESENSE PRESTO STRIP	3	NC
<b>DIABETES, SUPPLIES, &amp; DURABLE MEDICAL EQUIPMENT</b>		
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
BREATHERITE MDI SPACER	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
INSPIRACHAMBER	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	LM
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
TRIJARDY XR	2	ST; LM
VORTEX HOLDING CHAMBER	2	
<b>GLUCOSE ELEVATING AGENTS</b>		
BAQSIMI	2	LM; QCD
<i>diazoxide</i>	1	LM
GLUCAGEN HYPOKIT	2	QCD

Drug Name	Drug Tier	Requirements / Limits
GLUCAGON (HCL) EMERGENCY KIT	2	QCD
GLUCAGON EMERGENCY KIT (HUMAN)	2	QCD
GVOKE HYPOPEN 2-PACK	2	LM; QCD
GVOKE PFS 2-PACK SYRINGE	2	LM; QCD
PROGLYCEM	3	LM
<b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b>		
2TEK GLUCOSE/BLOOD PRESSURE	3	NC
ACCU-CHEK AVIVA PLUS METER	3	NC
ACCU-CHEK GUIDE GLUCOSE METER	3	NC
ACCU-CHEK GUIDE L1-L2 CTRL SOL	3	
ACCU-CHEK GUIDE ME GLUCOSE MTR	3	NC
ACCU-CHEK SMARTVIEW CONTRL SOL	3	
ACCUTREND GLUCOSE CONTROL	3	
ADVANCED GLUCOSE METER	3	NC
ADVOCATE BLOOD GLUCOSE MONITOR	3	NC
ADVOCATE DUO	3	NC
ADVOCATE LOW CONTROL	3	
ADVOCATE REDI-CODE DUO METER	3	NC
ADVOCATE REDI-CODE GLU MONITOR	3	NC
ADVOCATE REDI-CODE+ CTRL LOW	3	
AGAMATRIX AMP GLUC MONITOR SYS	3	NC
AGAMATRIX CONTROL HIGH	3	
ASSURE 4 CONTROL SOLUTION	3	
ASSURE DOSE NORMAL CONTROL	3	
ASSURE PLATINUM GLUCOSE METER	3	NC
ASSURE PRISM CONTROL 1-2 SOLN	3	
ASSURE PRISM MULTI METER	3	NC
AT HOME A1C	3	
AUTOJECT 2 INJECTION DEVICE	2	
AUTOPEN 1 TO 21 UNITS	2	
AUTOSOFT 30	2	
AUTOSOFT 90	2	
AUTOSOFT XC INFUSION SET 23"	2	
BD INTEGRA NEEDLE	2	LM
BD MICROTAINER LANCET 30 GAUGE	2	

Drug Name	Drug Tier	Requirements / Limits
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	LM
BD ULTRA FINE LANCETS	2	
BD ULTRA-FINE NANO PEN NEEDLE	2	LM
BIONIME RIGHTEST GM300 SYSTEM	3	NC
BLOOD GLUCOSE CONTROL, NORMAL	3	
BLOOD-GLUCOSE METER	3	NC
BREEZE 2 CONTROL SOLUTION,HIGH	3	
CARESENS CONTROL A NORMAL	3	
CARESENS N	3	NC
CARESENS N VOICE	3	NC
CARETOUCH GLUCOSE MONITORING	3	NC
CEQUR SIMPLICITY	3	
CLEO 90 INFUSION SET 24"	2	
CLEVER CHEK BLOOD GLUCOSE	3	NC
CLEVER CHOICE GLUCOSE MONITOR	3	NC
CLEVER CHOICE LEVEL 2 CONTROL	3	
CLEVER CHOICE MICRO	3	NC
CLEVER CHOICE PRO	3	NC
CLEVER CHOICE TALK GLUCOSE SYS	3	NC
COMFORT INFUSION SET 43"	2	
COMFORT SHORT INSULIN PUMP 23"	2	
CONTACT DETACH INFUS SET 32"	2	
CONTOUR CONTROL SOLUTION, NML	3	
CONTOUR NEXT EZ METER	3	NC
CONTOUR NEXT LEV 2 CONTROL SOL	3	
CONTOUR NEXT LINK	3	NC
CONTOUR NEXT LINK 2.4	3	NC
CONTOUR NEXT METER	3	NC
CONTOUR NEXT ONE METER	3	NC
COOL BLOOD GLUCOSE METER	3	NC
COOL CONTROL A SOLUTION	3	
DEXCOM G4 RECEIVER	2	
DEXCOM G5 RECEIVER	2	
DEXCOM G6 RECEIVER	2	

Drug Name	Drug Tier	Requirements / Limits
DEXCOM RECEIVER	2	
DIATRUE CONTROL SOLN NORMAL	3	
DIATRUE PLUS BLOOD GLUCOSE MET	3	NC
EASY PLUS II HIGH CONTROL	3	
EASY STEP BLOOD GLUCOSE METER	3	NC
EASY STEP HIGH CONTROL SOLN	3	
EASY TALK HIGH CONTROL	3	
EASY TOUCH GLUCOSE MONITOR	3	NC
EASY TRAK II CTRL SOLN-NORMAL	3	
EASY TRAK LOW CONTROL	3	
EASYGLUCO MONITORING SYSTEM	3	NC
EASYGLUCO PLUS NORMAL CONTROL	3	
EASYMAX L BLOOD GLUCOSE METER	3	NC
EASYMAX LOW CONTROL	3	
EASYMAX NG KIT	3	NC
EASYMAX NORMAL CONTROL	3	
EASYMAX V SPEAKING GLUCOSE SYS	3	NC
EASYMAX V2 BLOOD GLUCOSE METER	3	NC
ECLIPSE NEEDLE NEEDLE 27 GAUGE X 1/2"	3	LM
ELEMENT COMPACT GLUCOSE METER	3	NC
ELEMENT COMPACT NORMAL CONTROL	3	
ELEMENT COMPACT V GLUCOSE MTR	3	NC
ELEMENT NORMAL CONTROL	3	
ELEMENT PLUS BLOOD GLUCOSE KIT	3	NC
EMBRACE BLOOD GLUCOSE SYSTEM	3	NC
EMBRACE EVO LEVEL 1	3	
EMBRACE GLUCOSE CONTROL LOW	3	
EMBRACE PRO GLUCOSE METER	3	NC
EMBRACE TALK BLOOD GLUCOSE SYS	3	NC
EMBRACE TALK CONTROL-LOW (L1)	3	
ENLITE SYSTEM	3	
EVENCARE G2	3	NC
EVENCARE G3 GLUCOSE METER	3	NC
EVENCARE MINI MONITOR SYSTEM	3	NC
EVERSENSE SENSOR-HOLDER	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
EVOLUTION BLOOD GLUCOSE METER	3	NC
EVOLUTION NORMAL CONTROL	3	
EZ SMART PLUS SYSTEM	3	NC
EZ SMART SYSTEM	3	NC
FORA D10	3	NC
FORA D15 GLUCOSE-BP MONITOR	3	NC
FORA D20 KIT	3	NC
FORA D40D GLUCOSE-BP MONITOR	3	NC
FORA G20 KIT	3	NC
FORA G30A	3	NC
FORA GD50 BLOOD GLUCOSE SYSTEM	3	NC
FORA GTEL MULTI-FUNCTN MONITOR	3	
FORA NORMAL CONTROL	3	
FORA PREMIUM V10 GLUCOSE METER	3	NC
FORA TEST N'GO VOICE METER	3	NC
FORA TN'G VOICE METER	3	NC
FORA V10 KIT	3	NC
FORA V12 BLOOD GLUCOSE SYSTEM	3	NC
FORA V20 KIT	3	NC
FORA V30A KIT	3	NC
FORACARE GD20 GLUCOSE METER	3	NC
FORACARE GD40A GLUCOSE METER	3	NC
FORACARE GD40B GLUCOSE METER	3	NC
FORACARE GDH LOW CONTROL	3	
FORTISCARE BLOOD GLUCOSE SYST	3	NC
FORTISCARE NORMAL	3	
FREESTYLE CONTROL	2	
FREESTYLE FLASH SYSTEM	3	NC
FREESTYLE FREEDOM	2	
FREESTYLE FREEDOM LITE	2	
FREESTYLE INSULINX	2	
FREESTYLE LIBRE 14 DAY READER	2	
FREESTYLE LIBRE 14 DAY SENSOR	2	QCD
FREESTYLE LITE METER	2	
FREESTYLE PRECISION NEO METER	3	NC

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE SIDEKICK II	3	NC
FREESTYLE SYSTEM KIT	3	NC
GE100 BLOOD GLUCOSE SYSTEM KIT	3	NC
GE100 CONTROL SOLUTION NORMAL	3	
GENTEEL VACUUM LANCING DEVICE	3	
GLUCO NAVII GLUCOSE MONITOR	3	NC
GLUCOCARD 01 METER	3	NC
GLUCOCARD 01 NORMAL CONTROL	3	
GLUCOCARD EXPRESSION	3	NC
GLUCOCARD SHINE CONNEX METER	3	NC
GLUCOCARD SHINE EXPRESS METER	3	NC
GLUCOCARD SHINE METER	3	NC
GLUCOCARD SHINE XL METER	3	NC
GLUCOCARD VITAL	3	NC
GLUCOCOM BLOOD GLUCOSE	3	NC
GLUCOCOM CONTROL NORMAL	3	
GLUCOSE CONTROL	3	
GM100 KIT	3	NC
GOJJI GLUCOSE CNTRL SOL-NORMAL	3	
GOJJI KETONE CONTROL SOLN-L1	3	
GOJJI MULTI-FUNCTIONAL METER KIT	3	
GUARDIAN REAL-TIME GLU MONITOR	3	
HEALTHPRO GLUCOSE MONITOR	3	NC
HEALTHPRO HIGH-LOW CONTROL	3	
IGLUCOSE BLOOD GLUCOSE MONITOR	3	NC
INFINITY CONTROL SOLUTION NORM	3	
INFINITY STARTER KIT	3	NC
INFINITY VOICE CTRL SOLN-LVL 2	3	
INFINITY VOICE GLUCOSE MONITOR	3	NC
INPEN (FOR HUMALOG)	3	
INPEN (FOR NOVOLOG OR FIASP)	3	
JAZZ WIRELESS 2 METER KIT	3	NC
LANCETS 33 GAUGE	2	
LANCING DEVICE	2	
MEDISENSE	2	

Drug Name	Drug Tier	Requirements / Limits
MEDISENSE GLUCOSE KETONE	2	
MICRODOT BLOOD GLUCOSE SYSTEM	3	NC
MINIMED INFUSION SET-MMT 390	2	
MINIMED MIO 32"	2	
MINIMED MIO ADVANCE INF SET23"	2	
MINIMED QUICK SET 43"	2	
MINIMED SILHOUETTE 23"	2	
MINIMED SURE T 32"	2	
MIO INFUSION SET	2	
MYGLUCOHEALTH CONTROL SOLUTION	3	
MYGLUCOHEALTH KIT	3	NC
NOVA MAX BLOOD GLUCOSE METER	3	NC
NOVA MAX GLUCOSE CONTROL	3	
NOVAMAX PLUS GLU-KET	3	
NOVOPEN ECHO	3	
OMNIPOD DASH 5 PACK POD	2	
ON CALL EXPRESS CONTROL	3	
ON CALL EXPRESS METER KIT	3	NC
ON CALL PLUS CONTROL	3	
ON CALL PLUS METER KIT	3	NC
ON CALL VIVID CONTROL	3	
ON CALL VIVID METER KIT	3	NC
ON CALL VIVID PAL METER KIT	3	NC
ONETOUCH ULTRA CONTROL	2	
ONETOUCH ULTRA2 METER	2	
ONETOUCH ULTRAMINI	2	
ONETOUCH VERIO FLEX METER	2	
ONETOUCH VERIO IQ METER	2	
ONETOUCH VERIO METER	2	
ONETOUCH VERIO REFLECT METER	2	
OPTUMRX KIT	3	NC
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	3	LM
PHARMACIST CHOICE GLUCOSE SYS	3	NC
PRECISION XTRA KETONE-GLUCOSE	2	

Drug Name	Drug Tier	Requirements / Limits
PRECISION XTRA MONITOR	2	
PREMIER BLU GLUCOSE METER	3	NC
PREMIER COMPACT GLUCOSE METER	3	NC
PREMIER VOICE GLUCOSE METER	3	NC
PREMIUM BLOOD GLUCOSE MONITOR	3	NC
PREMIUM V10	3	NC
PRESTO PRO BLOOD GLUCOSE METER	3	NC
PRO VOICE V8 GLUCOSE MONITOR	3	NC
PRO VOICE V9 GLUCOSE MONITOR	3	NC
PRODIGY AUTOCODE METER	3	NC
PRODIGY AUTOCODE MONITOR SYST	3	NC
PRODIGY CONTROL SOLUTION, LOW	3	
PRODIGY CONTROL SOLUTION,HIGH	3	
PRODIGY POCKET METER	3	NC
PRODIGY VOICE GLUCOSE METER	3	NC
QUICK-SET PARADIGM	2	
QUINTET BLOOD GLUCOSE METER	3	NC
REFUAH PLUS GLUCOSE CONTROL	3	
REFUAH PLUS GLUCOSE MONITOR	3	NC
RELION ALL-IN-ONE METER	3	NC
RELION CONFIRM	3	NC
RELION MICRO GLUCOSE MONITOR KIT	3	NC
RELION PRIME METER	3	NC
REVEAL BLOOD GLUCOSE METER	3	NC
RIGHTEST CONTROL SOLUTION HIGH	3	
RIGHTEST GM550 SYSTEM	3	NC
SAFE-CLIP BY MAIL	2	
SILHOUETTE INFUSION SET	2	
SMART SENSE MONITORING SYSTEM	3	NC
SMARTEST CONTROL	3	
SMARTEST EJECT	3	NC
SMARTEST PERSONA STARTER	3	NC
SMARTEST PRONTO STARTER	3	NC
SMARTEST PROTEGE	3	NC
SOLUS V2 AUDIBLE METER	3	NC



Drug Name	Drug Tier	Requirements / Limits
SOLUS V2 CONTROL SOLUTION,HIGH	3	
SURE-T PARADIGM	2	
SURE-TEST EASYPLUS MINI METER	3	NC
T:30 INFUSION SET	2	
T:90 INFUSION SET 23"	2	
T:SLIM	2	
T:SLIM G4	2	
TELCARE BGM	3	NC
TELCARE BLOOD GLUCOSE KIT	3	NC
TELCARE CONTROL	3	
TEST N'GO BLOOD GLUCOSE SYSTEM	3	NC
TRUE METRIX AIR GLUCOSE METER	3	NC
TRUE METRIX GLUCOSE METER	3	NC
TRUE METRIX GO GLUCOSE METER	3	NC
TRUE METRIX LEVEL 1	3	
TRUECONTROL LEVEL 0	3	
TRUERESULT BLOOD GLUCOSE SYSTM KIT	3	NC
TRUETRACK BLOOD GLUCOSE SYSTEM	3	NC
TRUETRACK SMART SYSTEM KIT	3	NC
TRUSTEEL INFUSION SET 32"	2	
ULTIMA MONITOR	3	NC
ULTRATRAK GLUCOSE METER	3	NC
ULTRATRAK ULTIMATE	3	NC
UNISTRIIP LOW CONTROL	3	
VARISOFT INFUSION SET 43"	2	
VERASENS BLOOD GLUCOSE METER	3	NC
VERASENS CONTROL SOLN-LEVEL 1	3	
VERASENS METER STARTER KIT	3	NC
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VIVAGUARD INO CTRL SOLN-L1,2,3	3	
VIVAGUARD INO GLUCOSE METER	3	NC
WAVESENSE AMP	3	NC
WAVESENSE CONTROL SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
WAVESENSE PRESTO	3	NC
<b>INSULIN THERAPY</b>		
ADMELOG SOLOSTAR U-100 INSULIN	3	LM; NC
ADMELOG U-100 INSULIN LISPRO	3	LM; NC
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	LM
APIDRA SOLOSTAR U-100 INSULIN	3	LM; NC
APIDRA U-100 INSULIN	3	LM; NC
BASAGLAR KWIKPEN U-100 INSULIN	3	LM
FIASP FLEXTOUCH U-100 INSULIN	3	LM; NC
FIASP PENFILL U-100 INSULIN	3	LM; NC
FIASP U-100 INSULIN	3	LM; NC
HUMALOG JUNIOR KWIKPEN U-100	2	LM
HUMALOG KWIKPEN INSULIN	2	LM
HUMALOG MIX 50-50 INSULN U-100	2	LM
HUMALOG MIX 50-50 KWIKPEN	2	LM
HUMALOG MIX 75-25 KWIKPEN	2	LM
HUMALOG MIX 75-25(U-100)INSULN	2	LM
HUMALOG U-100 INSULIN	2	LM
HUMULIN 70/30 U-100 INSULIN	2	LM
HUMULIN 70/30 U-100 KWIKPEN	2	LM
HUMULIN N NPH INSULIN KWIKPEN	2	LM
HUMULIN N NPH U-100 INSULIN	2	LM
HUMULIN R REGULAR U-100 INSULN	2	LM
HUMULIN R U-500 (CONC) INSULIN	2	LM
HUMULIN R U-500 (CONC) KWIKPEN	2	LM
INSULIN ASP PRT-INSULIN ASPART	3	LM; NC
INSULIN ASPART U-100	3	LM; NC
INSULIN LISPRO	3	LM; NC
INSULIN LISPRO PROTAMIN-LISPRO	3	LM; NC
LANTUS SOLOSTAR U-100 INSULIN	2	LM
LANTUS U-100 INSULIN	2	LM
LEVEMIR FLEXTOUCH U-100 INSULN	2	LM
LEVEMIR U-100 INSULIN	2	LM

Drug Name	Drug Tier	Requirements / Limits
LYUMJEV KWIKPEN U-100 INSULIN	2	LM
LYUMJEV KWIKPEN U-200 INSULIN	2	LM
LYUMJEV U-100 INSULIN	2	LM
NOVOLIN 70-30 FLEXPEN U-100	3	LM; NC
NOVOLIN N FLEXPEN	3	LM; NC
NOVOLIN R FLEXPEN	3	LM; NC
NOVOLOG FLEXPEN U-100 INSULIN	3	LM; NC
NOVOLOG MIX 70-30 U-100 INSULN	3	LM; NC
NOVOLOG MIX 70-30FLEXPEN U-100	3	LM; NC
NOVOLOG PENFILL U-100 INSULIN	3	LM; NC
NOVOLOG U-100 INSULIN ASPART	3	LM; NC
RELION NOVOLIN 70/30	3	LM; NC
RELION NOVOLIN N	3	LM; NC
RELION NOVOLIN R	3	LM; NC
SEMGLEE PEN U-100 INSULIN	3	LM; NC
SEMGLEE U-100 INSULIN	3	LM; NC
SOLIQUA 100/33	2	LM; QCD
TOUJEO MAX U-300 SOLOSTAR	2	LM
TOUJEO SOLOSTAR U-300 INSULIN	2	LM
TRESIBA FLEXTOUCH U-100	2	LM
TRESIBA FLEXTOUCH U-200	2	LM
TRESIBA U-100 INSULIN	2	LM
XULTOPHY 100/3.6	2	LM; QCD
<b>MISCELLANEOUS HORMONES</b>		
ANADROL-50	3	
ANDRODERM	2	PA; QCD
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; NC; QCD
ANDROGEL TRANSDERMAL GEL IN PACKET	3	PA; NC; QCD
ANDROID	3	PA
AVEED	3	PA; SP; NC
<i>cabergoline</i>	1	LM; QCD
<i>calcitonin (salmon)</i>	1	LM
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>calcitriol oral</i>	1	LM
CERDELGA	2	PA; SP
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	PA
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	2	SP
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 12,000 UNIT, 6,000 UNIT	3	ST; SP; NC
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	3	ST; SP; NC; QCD
<i>cinacalcet</i>	1	
<i>clomiphene citrate</i>	1	SP
CRYSVITA	2	PA; SP; QCD
<i>danazol</i>	1	
DDAVP NASAL SOLUTION	2	LM
DDAVP ORAL	3	LM
DEPO-TESTOSTERONE	3	PA
<i>desmopressin nasal spray,non-aerosol</i>	1	LM
<i>desmopressin oral</i>	1	LM
<i>doxercalciferol oral</i>	1	LM
FOLLISTIM AQ SUBCUTANEOUS	3	ST; SP; NC
FORTESTA	3	PA; QCD
GALAFOLD	3	PA; SP; QCD
<i>ganirelix</i>	1	SP
GONAL-F	2	ST; SP
GONAL-F RFF	2	ST; SP
GONAL-F RFF REDI-JECT	2	ST; SP
ISTURISA	3	PA; NC; QCD
JATENZO	3	QCD
JYNARQUE	3	PA; QCD
KANUMA	2	
KORLYM	3	PA; NC
KUVAN	3	PA; SP
MENOPUR	2	SP
MEPSEVII	2	SP
METHITEST	2	

Drug Name	Drug Tier	Requirements / Limits
<i>methyltestosterone oral capsule</i>	1	
MIACALCIN INJECTION	2	
<i>miglustat</i>	1	PA; SP
MYALEPT	2	PA
NATESTO	2	PA; QCD
NATPARA	2	PA; SP; HDE
NOC DURNA (MEN)	3	PA; LM; QCD
NOC DURNA (WOMEN)	3	PA; LM; QCD
NOCTIVA	3	PA; LM; NC; QCD
NOVAREL	2	SP; QCD
ORILISSA	2	PA; QCD
OVIDREL	2	SP
<i>oxandrolone</i>	1	
PALYNZIQ	2	PA; SP; QCD
<i>pamidronate</i>	1	SP
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	1	LM
PREGNYL	3	ST; SP; NC; QCD
RAYALDEE	3	LM
ROCALTROL	3	LM
SAMSCA ORAL TABLET 15 MG	2	PA; SP; QCD
SAMSCA ORAL TABLET 30 MG	3	PA; SP; QCD
<i>sapropterin</i>	1	PA; SP
SENSIPAR	3	NC
SOMAVERT	2	SP
STRENSIQ	2	PA
SYNAREL	2	
TEPEZZA	3	PA; SP
TESTIM	3	PA; NC; QCD
TESTONE CIK	3	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate</i>	1	PA
<i>testosterone transdermal</i>	1	PA; QCD
TESTRED	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>tolvaptan oral tablet 30 mg</i>	1	PA; SP; QCD
VIMIZIM	2	SP
VOGELXO	3	PA; QCD
VPRIV	3	PA
XYOSTED	3	PA
ZAVESCA	3	PA; SP; NC
ZEMPLAR INTRAVENOUS	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	LM
<b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>		
<i>acarbose</i>	1	LM
ACTOPLUS MET	3	ST; LM; QCD
ACTOS	3	ST; LM; QCD
ADLYXIN	3	PA; LM; NC; QCD
ALOGLIPTIN	3	LM; NC; QCD
ALOGLIPTIN-METFORMIN	3	LM; NC; QCD
ALOGLIPTIN-PIOGLITAZONE	3	LM; NC; QCD
AMARYL	3	LM
AVANDIA ORAL TABLET 2 MG, 4 MG	3	ST; LM; QCD
BYDUREON BCISE	2	PA; LM; QCD
BYDUREON SUBCUTANEOUS PEN INJECTOR	2	PA; LM; QCD
BYETTA	2	ST; LM; QCD
CYCLOSET	3	LM
DM2	3	LM
DUETACT	3	ST; LM; QCD
FARXIGA	2	ST; LM; QCD
FORTAMET	3	PA; LM; QCD
<i>glimepiride</i>	1	LM
<i>glipizide</i>	1	LM
<i>glipizide-metformin</i>	1	LM
GLUCOPHAGE ORAL TABLET 1,000 MG	3	ST; LM; NC
GLUCOPHAGE XR	3	PA; LM; NC; QCD
GLUCOTROL ORAL TABLET 10 MG	3	LM
GLUCOTROL XL	3	LM
GLUMETZA	3	PA; LM; NC; QCD

Drug Name	Drug Tier	Requirements / Limits
<i>glyburide</i>	1	LM
<i>glyburide micronized</i>	1	LM
<i>glyburide-metformin</i>	1	LM
GLYNASE	3	LM
GLYXAMBI	2	ST; LM; QCD
INVOKAMET	2	ST; LM; QCD
INVOKAMET XR	2	ST; LM; QCD
INVOKANA	2	ST; LM; QCD
JANUMET	2	LM; QCD
JANUMET XR	2	LM; QCD
JANUVIA	2	LM; QCD
JARDIANCE	2	ST; LM; QCD
JENTADUETO	3	LM; NC; QCD
JENTADUETO XR	3	LM; NC; QCD
KAZANO	3	LM; NC; QCD
KOMBIGLYZE XR	3	LM; NC; QCD
<i>metformin oral solution</i>	1	ST; LM
<i>metformin oral tablet</i>	1	LM
<i>metformin oral tablet extended release 24 hr</i>	1	LM; QCD
<i>metformin oral tablet extended release 24hr</i>	1	PA; LM; QCD
<i>metformin oral tablet,er gast.retention 24 hr</i>	1	PA; LM; QCD
<i>miglitol</i>	1	LM
<i>nateglinide</i>	1	LM
NESINA	3	LM; NC; QCD
ONGLYZA	3	LM; NC; QCD
OSENI	3	LM; QCD
OZEMPIC	2	ST; LM; QCD
<i>pioglitazone</i>	1	LM; QCD
<i>pioglitazone-glimepiride</i>	1	LM; QCD
<i>pioglitazone-metformin</i>	1	LM; QCD
PRANDIN ORAL TABLET 1 MG, 2 MG	3	LM
PRECOSE	3	LM
QTERN	3	ST; LM; NC
<i>repaglinide</i>	1	LM
<i>repaglinide-metformin</i>	1	LM; QCD

Drug Name	Drug Tier	Requirements / Limits
RIOMET	3	ST; LM
RIOMET ER	3	ST; LM
RYBELSUS	2	ST; LM; QCD
SEGLUROMET	2	ST; LM; QCD
STARLIX	3	LM
STEGLATRO	2	ST; LM; QCD
STEGLUJAN	2	ST; LM; QCD
SYMLINPEN 120	2	ST; LM; QCD
SYMLINPEN 60	2	ST; LM; QCD
SYNJARDY	2	ST; LM; QCD
SYNJARDY XR	2	ST; LM; QCD
TRADJENTA	3	LM; NC; QCD
TRULICITY	2	ST; LM; QCD
VICTOZA 2-PAK	3	ST; LM; NC; QCD
VICTOZA 3-PAK	3	ST; LM; NC; QCD
XIGDUO XR	2	ST; LM; QCD
<b>THYROID HORMONES</b>		
ARMOUR THYROID	2	LM
CYTOMEL	3	LM; NC
<i>euthyrox</i>	1	LM
<i>levo-t</i>	1	LM
LEVOTHYROXINE ORAL CAPSULE	3	LM
<i>levothyroxine oral tablet</i>	1	LM
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	LM
<i>liothyronine oral</i>	1	LM
<i>np thyroid</i>	1	LM
SYNTHROID	3	LM
THYQUIDITY	3	LM
THYROLAR-1	3	LM
THYROLAR-1/2	3	LM
THYROLAR-1/4	3	LM
THYROLAR-2	3	LM
THYROLAR-3	3	LM



Drug Name	Drug Tier	Requirements / Limits
TIROSINT	3	LM
TIROSINT-SOL	3	LM
<i>unithroid</i>	1	LM
<i>westhroid oral tablet 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg</i>	1	LM
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS &amp; ANTISPASMODICS</b>		
<i>anaspaz</i>	1	
<i>belladonna alkaloids-opium</i>	1	
<i>chlordiazepoxide-clidinium</i>	1	
CUVPOSA	3	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET	3	
<i>ed-spaz</i>	1	
GLYCATE	3	
<i>glycopyrrolate oral</i>	1	
<i>hyoscyamine sulfate oral</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne</i>	1	
LEVBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LIBRAX (WITH CLIDINIUM)	3	NC
LOMOTIL	3	
<i>methscopolamine</i>	1	
MOTOFEN	3	
MYTESI	3	NC
NULEV	3	
<i>opium tincture</i>	1	
<i>oscimin oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>oscimin sl</i>	1	
<i>oscimin sr</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet</i>	1	
<i>propantheline</i>	1	
SYMAX DUOTAB	3	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
AKYNZEO (NETUPITANT)	3	NC; QCD
<i>alophen (bisacodyl)</i>	\$0	ACA
<i>alosetron</i>	1	
<i>alvimopan</i>	1	
AMITIZA	3	NC; QCD
ANA-LEX KIT	3	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	3	
<i>anucort-hc</i>	1	
ANUSOL-HC RECTAL SUPPOSITORY	3	ST; NC
ANUSOL-HC TOPICAL	3	ST; NC
<i>aprepitant</i>	1	QCD
APRISO	3	LM
ASACOL HD	3	LM; NC
AURYXIA	3	
AVSOLA	3	PA; SP
AZULFIDINE	3	LM
AZULFIDINE EN-TABS	3	LM
<i>balsalazide</i>	1	
<i>bisacodyl oral</i>	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>bisa-lax (bisacodyl)</i>	\$0	ACA
BONJESTA	3	QCD
<i>budesonide oral</i>	1	
<i>calcium acetate(phosphat bind)</i>	1	
CANASA	3	
CHENODAL	2	PA
CHOLBAM ORAL CAPSULE 250 MG	2	PA
CHOLBAM ORAL CAPSULE 50 MG	2	PA; QCD
CIMZIA	2	PA; SP; NC; QCD
CIMZIA POWDER FOR RECONST	2	PA; SP; NC; QCD
<i>citrate of magnesia</i>	\$0	ACA
<i>citroma</i>	\$0	ACA
<i>clearlax</i>	\$0	ACA
CLENPIQ	\$0	ACA
COLAZAL	3	
COMPAZINE	3	
<i>compro</i>	1	
<i>constulose</i>	1	
CORTENEMA	3	
CORTIFOAM	3	NC
CREON	2	
<i>cromolyn oral</i>	1	
CYSTADANE	2	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	LM; NC
DICLEGIS	3	QCD
DIPENTUM	3	LM; NC
<i>doxylamine-pyridoxine (vit b6)</i>	1	QCD
<i>dronabinol</i>	1	PA
<i>dulcolax (magnesium hydroxide)</i>	\$0	ACA
EMEND ORAL CAPSULE 80 MG	3	NC; QCD
EMEND ORAL CAPSULE,DOSE PACK	3	NC; QCD
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	NC; QCD
ENTEREG	3	

Drug Name	Drug Tier	Requirements / Limits
ENTOCORT EC	3	
ENTYVIO	2	PA; SP
<i>enulose</i>	1	
FOSRENOL	3	NC
GASTROCROM	3	
GATTEX 30-VIAL	3	SP
<i>gavilax oral powder</i>	\$0	ACA
<i>gavilyte-c</i>	\$0	ACA
<i>gavilyte-g</i>	\$0	ACA
<i>gavilyte-n</i>	\$0	ACA
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl) oral</i>	\$0	ACA
<i>gentlelax</i>	\$0	ACA
GIMOTI	3	NC
<i>glycolax oral powder</i>	\$0	ACA
GOLYTELY ORAL POWDER IN PACKET	\$0	ACA
GOLYTELY ORAL RECON SOLN	3	
<i>granisetron hcl oral</i>	1	QCD
<i>healthylax</i>	\$0	ACA
<i>hemmorex-hc rectal suppository 25 mg</i>	1	
<i>hydrocortisone acetate rectal</i>	1	
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal</i>	1	
INFLECTRA	3	PA; SP
<i>kionex (with sorbitol)</i>	1	
KRISTALOSE	3	LM
<i>lactulose oral packet</i>	1	LM
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>lanthanum</i>	1	
<i>laxaclear</i>	\$0	ACA
<i>laxative (bisacodyl) oral</i>	\$0	ACA
<i>laxative peg 3350 oral powder</i>	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
LIALDA	3	LM; NC
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal gel</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	1	
LINZESS	2	QCD
LOKELMA	2	QCD
LOTRONEX	3	NC
LUBIPROSTONE	3	QCD
<i>magnesium citrate oral solution</i>	\$0	ACA
MARINOL	3	PA
<i>mesalamine oral</i>	1	LM
<i>mesalamine rectal</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl oral</i>	1	
<i>milk of magnesia</i>	\$0	ACA
<i>milk of magnesia concentrated</i>	\$0	ACA
<i>miralax oral powder in packet</i>	\$0	ACA
MOTEGRITY	3	QCD
MOVANTIK	2	HDE; QCD
MOVIPREP	3	NC
<i>natura-lax</i>	\$0	ACA
NOVACORT	3	PA
NULYTELY LEMON-LIME	\$0	ACA
NULYTELY WITH FLAVOR PACKS	3	
OICALIVA	2	PA; SP; QCD
<i>ondansetron hcl injection</i>	1	NC
<i>ondansetron hcl oral solution</i>	1	QCD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QCD
<i>oral saline laxative oral liquid</i>	\$0	ACA
ORTIKOS	3	
OSMOPREP	\$0	NC; ACA

Drug Name	Drug Tier	Requirements / Limits
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200- 14,200- 24,600 UNIT	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74- 6.74 -5.86 gram</i>	\$0	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	\$0	ACA
<i>peg-electrolyte soln</i>	\$0	ACA
<i>peg-prep</i>	\$0	ACA
PENTASA	2	LM
PERTZYE	3	NC
PHOSLYRA	2	
<i>phosphate laxative oral liquid</i>	\$0	ACA
PLENVU	\$0	ACA
<i>polyethylene glycol 3350</i>	\$0	ACA
<i>powderlax</i>	\$0	ACA
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCORT	3	
PROCTOCORT RECTAL	3	ST
PROCTOFOAM HC	3	ST; NC
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
<i>purelax</i>	\$0	ACA
RECTIV	2	
REGLAN ORAL	3	
RELISTOR ORAL	2	ST
RELISTOR SUBCUTANEOUS SOLUTION	2	ST
RELISTOR SUBCUTANEOUS SYRINGE	2	ST
REMICADE	2	PA; SP
RENAGEL ORAL TABLET 800 MG	3	NC
RENFLEXIS	3	PA; SP
REVELA	3	

Drug Name	Drug Tier	Requirements / Limits
ROWASA RECTAL ENEMA KIT	3	
SANCUSO	3	QCD
<i>scopolamine base</i>	1	
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	
SFROWASA	3	
<i>smoothlax</i>	\$0	ACA
<i>sodium polystyrene (sorb free)</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
SOLESTA	3	
<i>sps (with sorbitol)</i>	1	
SUCRAID	2	
<i>sulfasalazine</i>	1	LM
SUPREP BOWEL PREP KIT	\$0	ACA
SYMPROIC	2	
SYNDROS	3	PA
TIGAN ORAL CAPSULE 300 MG	3	
TRANSDERM-SCOP	3	NC
<i>trilyte with flavor packets</i>	\$0	ACA
<i>trimethobenzamide oral</i>	1	
TRULANCE	2	
UCERIS ORAL	3	
UCERIS RECTAL	2	
URSO 250	3	LM
URSO FORTE	3	LM
<i>ursodiol</i>	1	LM
VARUBI ORAL	2	QCD
VELPHORO	2	
VELTASSA	3	ST; SP; NC; QCD
VIBERZI	2	
VIOKACE	2	
<i>women's gentle laxative(bisac)</i>	\$0	ACA
<i>women's laxative (bisacodyl)</i>	\$0	ACA
ZELNORM	3	

Drug Name	Drug Tier	Requirements / Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	
ZOFRAN ORAL TABLET	3	QCD
ZUPLENZ	3	QCD
<b>ULCER THERAPY</b>		
ACIPHEX	3	ST; NC
ACIPHEX SPRINKLE	3	ST; NC; QCD
<i>amoxicil-clarithromy-lansopraz</i>	1	QCD
CARAFATE	3	LM
<i>cimetidine hcl oral</i>	1	LM
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	LM
CYTOTEC	3	LM
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG	3	ST; QCD
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG	3	ST
ESOMEPRAZOLE	3	ST
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	QCD
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; LM; QCD
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST; LM
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 49.3 MG	3	ST; NC
<i>famotidine oral suspension</i>	1	LM
<i>famotidine oral tablet 40 mg</i>	1	LM
HELIDAC	3	NC
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	1	QCD



Drug Name	Drug Tier	Requirements / Limits
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	1	
<i>misoprostol</i>	1	LM
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	ST; NC; QCD
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	3	ST; NC
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG	3	ST; LM; NC; QCD
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	3	ST; NC; QCD
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	ST; LM; NC
<i>nizatidine</i>	1	LM
OMECLAMOX-PAK	3	QCD
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg</i>	1	QCD
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	PA
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	PA; QCD
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	PA
<i>pantoprazole oral granules dr for susp in packet</i>	1	ST; LM
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	QCD
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	
PEPCID ORAL TABLET 40 MG	3	LM
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	ST; NC
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG	3	ST; NC; QCD
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG	3	ST; NC
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON	3	ST; NC; QCD

Drug Name	Drug Tier	Requirements / Limits
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	ST; LM; NC
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	3	ST; NC; QCD
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG	3	ST; NC
PYLERA	3	NC
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	3	ST; NC; QCD
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	
<i>ranitidine hcl oral syrup</i>	1	LM
<i>ranitidine hcl oral tablet 300 mg</i>	1	LM
<i>sucralfate</i>	1	LM
TALICIA	2	QCD
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	3	PA; NC
ZEGERID ORAL PACKET 20-1,680 MG	3	PA; NC; QCD
ZEGERID ORAL PACKET 40-1,680 MG	3	PA; NC

## IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

### BIOTECHNOLOGY DRUGS

ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA; SP; NC
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	3	PA; SP; NC
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; SP; NC
FULPHILA	2	PA; SP; QCD
GRANIX	3	PA; SP; NC
LEUKINE INJECTION RECON SOLN	2	SP
MIRCERA	3	PA; NC
MOZOBIL	2	SP
NEULASTA	3	PA; SP; NC; QCD
NEULASTA ONPRO	3	PA; NC; QCD
NEUPOGEN	3	PA; SP; NC
NIVESTYM	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
NYVEPRIA	3	PA; SP
PROCRIT	2	PA; SP
REBLOZYL	3	PA
RETACRIT	2	PA; SP
UDENYCA	3	PA; SP; NC; QCD
ZARXIO	2	PA; SP
ZIEXTENZO	2	PA; SP
<b>GROWTH HORMONES</b>		
EGRIFTA SV	2	PA; SP
GENOTROPIN	2	PA; SP
GENOTROPIN MINIQUICK	2	PA; SP
HUMATROPE	3	PA; SP; NC
NORDITROPIN FLEXPOR	2	PA; SP
NUTROPIN AQ NUSPIN	3	PA; SP; NC
OMNITROPE	3	PA; SP; NC
SAIZEN	3	PA; SP; NC
SAIZEN SAIZENPREP	3	PA; NC
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA; SP
ZOMACTON	3	PA; SP; NC
ZORBTIVE	3	PA; SP
<b>INTERFERONS</b>		
AUBAGIO	3	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; SP; QCD
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; SP; QCD
BAFIERTAM	2	PA; SP
BETASERON SUBCUTANEOUS KIT	2	PA; SP; QCD
COPAXONE SUBCUTANEOUS SYRINGE	3	PA; SP; QCD
<i>dimethyl fumarate</i>	1	PA; SP
EXTAVIA SUBCUTANEOUS KIT	3	PA; SP; NC; QCD
EXTAVIA SUBCUTANEOUS RECON SOLN	3	PA; NC; QCD
GILENYA ORAL CAPSULE 0.5 MG	2	PA; SP
<i>glatiramer</i>	1	PA; SP; QCD
<i>glatopa</i>	1	PA; SP; QCD

Drug Name	Drug Tier	Requirements / Limits
KESIMPTA PEN	2	PA; SP
LEMTRADA	3	PA
MAVENCLAD (10 TABLET PACK)	3	PA; SP; QCD
MAVENCLAD (4 TABLET PACK)	3	PA; SP; QCD
MAVENCLAD (5 TABLET PACK)	3	PA; SP; QCD
MAVENCLAD (6 TABLET PACK)	3	PA; SP; QCD
MAVENCLAD (7 TABLET PACK)	3	PA; SP; QCD
MAVENCLAD (8 TABLET PACK)	3	PA; SP; QCD
MAVENCLAD (9 TABLET PACK)	3	PA; SP; QCD
MAYZENT	2	PA; SP; QCD
OCREVUS	2	PA; SP
PEGASYS	2	PA; SP; QCD
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	3	PA; SP; QCD
PLEGRIDY	2	PA; SP; QCD
POMALYST	\$0	PA; SP; OC
REBIF (WITH ALBUMIN)	2	PA; SP; QCD
REBIF REBIDOSE	2	PA; SP; QCD
REBIF TITRATION PACK	2	PA; SP; QCD
REVLIMID	\$0	PA; SP; OC
<i>ribavirin oral capsule</i>	1	SP
<i>ribavirin oral tablet 200 mg</i>	1	SP
TECFIDERA	3	PA; SP
VUMERITY	2	PA; SP
ZEPOSIA	2	PA; SP
ZEPOSIA STARTER KIT	2	PA; SP
ZEPOSIA STARTER PACK	2	PA; SP
<b>INTERLEUKINS</b>		
ACTIMMUNE	2	SP
ALDARA	3	
ALFERON N	2	SP
ARCALYST	3	PA; SP
ILARIS (PF) SUBCUTANEOUS SOLUTION	2	PA
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	3	NC

Drug Name	Drug Tier	Requirements / Limits
<i>imiquimod topical cream in packet 5 %</i>	1	
IMIQUIMOD-LEVOCETIRIZIN-NIACIN	3	
IMIQUIMOD-TRETINOIN-LEVOCETIR	3	
INTRON A INJECTION	2	SP
KINERET	3	PA; NC; QCD
PROLEUKIN	2	PA; SP
ZYCLARA	3	NC
<b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b>		
ACTHIB (PF)	\$0	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	\$0	ACA
AFLURIA QD 2020-21(3YR UP)(PF)	\$0	ACA
AFLURIA QD 2020-21(6-35MO)(PF)	\$0	ACA
AFLURIA QUAD 2020-2021(6MO UP)	\$0	ACA
ASCENIV	3	SP
BCG VACCINE, LIVE (PF)	\$0	ACA
BEXSERO	\$0	ACA
BIOTHRAX	\$0	ACA
BIVIGAM	3	SP
BOOSTRIX TDAP	\$0	ACA
BOTOX	2	PA; SP
CUTAQUIG	3	NC
CUVITRU	3	SP
DAPTACEL (DTAP PEDIATRIC) (PF)	\$0	ACA
DYSPORT	3	PA; SP
ENGRIX-B (PF)	\$0	ACA
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	\$0	ACA
FLEBOGAMMA DIF	3	SP
FLUAD 2020-2021 (65 YR UP)(PF)	\$0	ACA
FLUAD QUAD 2020-21(65Y UP)(PF)	\$0	ACA
FLUARIX QUAD 2020-2021 (PF)	\$0	ACA
FLUBLOK QUAD 2020-2021 (PF)	\$0	ACA
FLUCELVAX QUAD 2020-2021	\$0	ACA
FLUCELVAX QUAD 2020-2021 (PF)	\$0	ACA
FLULAVAL QUAD 2020-2021 (PF)	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
FLUMIST QUAD 2020-2021	\$0	ACA
FLUZONE HIGHDOSE QUAD 20-21 PF	\$0	ACA
FLUZONE QUAD 2020-2021	\$0	ACA
FLUZONE QUAD 2020-2021 (PF)	\$0	ACA
GAMASTAN	2	SP
GAMASTAN S/D	2	SP
GAMMAGARD LIQUID	2	SP
GAMMAGARD S-D (IGA < 1 MCG/ML)	2	SP
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	3	SP; NC
GAMMAPLEX	3	SP
GAMMAPLEX (WITH SORBITOL)	3	SP
GAMUNEX-C	2	SP
GARDASIL 9 (PF)	\$0	ACA
GRASTEK	2	PA; HDE
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	\$0	ACA
HAVRIX (PF) INTRAMUSCULAR SYRINGE	\$0	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	\$0	ACA
HIBERIX (PF)	\$0	ACA
HIZENTRA	3	SP; NC
HYQVIA	3	SP
IMOVAX RABIES VACCINE (PF)	\$0	ACA
INFANRIX (DTAP) (PF)	\$0	ACA
IPOL	\$0	ACA
IXIARO (PF)	\$0	ACA
KEDRAB (PF)	\$0	
KINRIX (PF)	\$0	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION	\$0	ACA
MENQUADFI (PF)	\$0	ACA
MENVEO A-C-Y-W-135-DIP (PF)	\$0	ACA
M-M-R II (PF)	\$0	ACA
MODERNA COVID-19 VACCINE (EUA)	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
MYOBLOC	2	PA; SP
NABI-HB	3	
OCTAGAM	3	SP
ODACTRA	2	PA; HDE
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	2	PA; HDE
PALFORZIA (LEVEL 1)	3	PA; SP; NC; QCD
PALFORZIA (LEVEL 2)	3	PA; SP; NC; QCD
PALFORZIA (LEVEL 3)	3	PA; SP; NC; QCD
PALFORZIA (LEVEL 4)	3	PA; SP; NC; QCD
PALFORZIA (LEVEL 5)	3	PA; SP; NC; QCD
PALFORZIA (LEVEL 6)	3	PA; SP; NC; QCD
PALFORZIA (LEVEL 7)	3	PA; SP; NC; QCD
PALFORZIA (LEVEL 8)	3	PA; SP; NC; QCD
PALFORZIA (LEVEL 9)	3	PA; SP; NC; QCD
PALFORZIA (LEVEL 10)	3	PA; SP; NC; QCD
PALFORZIA INITIAL DOSE	3	PA; SP; NC; QCD
PALFORZIA LEVEL 11 MAINTENANCE	3	PA; SP; NC; QCD
PANZYGA	3	SP
PEDIARIX (PF)	\$0	ACA
PEDVAX HIB (PF)	\$0	ACA
PENTACEL (PF)	\$0	ACA
PENTACEL ACTHIB COMPONENT (PF)	\$0	ACA
PFIZER COVID-19 VACCINE (EUA)	\$0	ACA
PNEUMOVAX-23	\$0	ACA
PREVNAR 13 (PF)	\$0	ACA
PRIVIGEN	3	SP
PROQUAD (PF)	\$0	ACA
QUADRACEL (PF)	\$0	ACA
RABAVERT (PF)	\$0	ACA
RAGWITEK	2	PA; HDE
RECOMBIVAX HB (PF)	\$0	ACA
ROTARIX	\$0	ACA
ROTATEQ VACCINE	\$0	ACA
SHINGRIX (PF)	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
STAMARIL (PF)	\$0	ACA
TDVAX	\$0	ACA
TENIVAC (PF)	\$0	ACA
TETANUS,DIPHThERIA TOX PED(PF)	\$0	ACA
TRUMENBA	\$0	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE	\$0	ACA
TYPHIM VI	\$0	ACA
VAQTA (PF)	\$0	ACA
VARIVAX (PF)	\$0	ACA
VARIZIG INTRAMUSCULAR SOLUTION	\$0	ACA
VAXCHORA VACCINE	\$0	ACA
VAXELIS (PF)	3	
VIVOTIF	\$0	ACA
XEMBIFY	2	SP
XEOMIN	3	PA; SP
YF-VAX (PF)	\$0	ACA
ZOSTAVAX (PF)	\$0	ACA

## MUSCULOSKELETAL & RHEUMATOLOGY

### GOUT THERAPY

<i>allopurinol</i>	1	LM
COLCHICINE ORAL CAPSULE	3	ST; NC
<i>colchicine oral tablet</i>	1	
COLCRYS	3	ST
<i>febuxostat</i>	1	ST; LM
GLOPERBA	3	
MITIGARE	2	
<i>probenecid</i>	1	LM
<i>probenecid-colchicine</i>	1	LM
ULORIC	3	ST; LM; NC
ZYLOPRIM	3	LM

### OSTEOPOROSIS THERAPY

ACTONEL ORAL TABLET 150 MG, 35 MG	3	ST; LM; QCD
<i>alendronate oral solution</i>	1	LM; QCD
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	LM; QCD
ADELVIA	3	ST; LM; QCD



Drug Name	Drug Tier	Requirements / Limits
BINOSTO	3	ST; LM; QCD
BONIVA INTRAVENOUS	3	SP
BONIVA ORAL	3	ST; LM; QCD
EVENITY	3	PA; SP; NC; QCD
EVISTA	3	
FORTEO	2	PA; SP; QCD
FOSAMAX ORAL TABLET 70 MG	3	ST; LM; QCD
FOSAMAX PLUS D	3	ST; LM; QCD
<i>ibandronate intravenous solution</i>	1	
<i>ibandronate intravenous syringe</i>	1	SP
<i>ibandronate oral</i>	1	LM; QCD
PROLIA	3	SP; HDE; NC
<i>raloxifene</i>	\$0	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	LM; QCD
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	LM; QCD
TERIPARATIDE	3	PA; SP; QCD
TYMLOS	2	PA; SP; QCD
<b>OTHER RHEUMATOLOGICALS</b>		
ACTEMRA ACTPEN	2	PA; SP; QCD
ACTEMRA INTRAVENOUS	2	PA; SP
ACTEMRA SUBCUTANEOUS	2	PA; SP; QCD
ARAVA	3	QCD
BENLYSTA INTRAVENOUS	2	PA
BENLYSTA SUBCUTANEOUS	2	PA; QCD
CUPRIMINE	3	PA; LM; NC
DEPEN TITRATABS	3	PA; LM
ENBREL	2	PA; SP; QCD
ENBREL MINI	2	PA; SP; QCD
ENBREL SURECLICK	2	PA; SP; QCD
HUMIRA PEN	2	PA; SP; QCD
HUMIRA PEN CROHNS-UC-HS START	2	PA; SP; QCD
HUMIRA PEN PSOR-UEVITS-ADOL HS	2	PA; SP; QCD
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; SP; QCD
HUMIRA(CF)	2	PA; SP; QCD

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEDI CROHNS STARTER	2	PA; SP; QCD
HUMIRA(CF) PEN CROHNS-UC-HS	2	PA; SP; QCD
HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	PA; SP; QCD
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; SP; QCD
KEVZARA	3	PA; SP; NC; QCD
<i>leflunomide</i>	1	QCD
OLUMIANT	3	PA; SP; NC; QCD
ORENCIA	3	PA; SP; NC; QCD
ORENCIA (WITH MALTOSE)	3	PA; SP; NC
ORENCIA CLICKJECT	3	PA; SP; NC; QCD
OTEZLA	2	PA; SP; QCD
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; SP; QCD
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	3	ST; SP; NC
<i>penicillamine</i>	1	PA; LM
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	ST
REDITREX (PF)	3	ST; SP
RIDAURA	2	LM
RINVOQ	2	PA; SP; QCD
SAVELLA ORAL TABLET	2	ST; LM; QCD
SAVELLA ORAL TABLETS,DOSE PACK	2	ST; QCD
SIMPONI ARIA	3	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	2	PA; SP; QCD
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	3	PA; SP; NC; QCD
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; QCD
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	3	PA; SP; NC; QCD
XELJANZ	2	PA; SP; QCD

Drug Name	Drug Tier	Requirements / Limits
XELJANZ XR	2	PA; SP; QCD
<b>OBSTETRICS &amp; GYNECOLOGY</b>		
<b>DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES</b>		
CAYA CONTOURED	\$0	ACA
FC2 FEMALE CONDOM	\$0	ACA
FEMCAP VAGINAL DEVICE 22 MM	\$0	ACA
WIDE-SEAL DIAPHRAGM	\$0	ACA
<b>ESTROGENS &amp; PROGESTINS</b>		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	LM
ALORA	3	LM; QCD
<i>amabelz</i>	1	LM
ANGELIQ	3	LM
AYGESTIN	3	LM
BIJUVA	3	
<i>camila</i>	\$0	ACA
CLIMARA	3	LM; QCD
CLIMARA PRO	3	LM; NC; QCD
COMBIPATCH	2	LM
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
CRINONE	3	SP; NC
<i>deblitane</i>	\$0	ACA
DELESTROGEN	3	
DEPO-ESTRADIOL	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	\$0	ACA; QCD
DEPO-PROVERA INTRAMUSCULAR SYRINGE	\$0	ACA; QCD
DEPO-SUBQ PROVERA 104	\$0	ACA; QCD
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %)	2	LM; QCD
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	2	LM
<i>dotti</i>	1	LM; QCD

Drug Name	Drug Tier	Requirements / Limits
DUAVEE	2	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
ELESTRIN	3	LM; NC; QCD
ENDOMETRIN	2	SP
<i>errin</i>	\$0	ACA
ESTRACE ORAL	3	LM
ESTRACE VAGINAL	3	LM; NC
<i>estradiol oral</i>	1	LM
<i>estradiol transdermal</i>	1	LM; QCD
<i>estradiol vaginal</i>	1	LM
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet</i>	1	LM
ESTRING	2	LM
ESTROGEL	3	LM; NC; QCD
<i>estrogens-methyltestosterone</i>	1	
EVAMIST	3	QCD
FEMHRT LOW DOSE	3	LM
FEMRING	3	LM; NC
<i>fyavolv</i>	1	LM
<i>heather</i>	\$0	ACA
<i>hydroxyprogest(pf)(preg presv)</i>	1	PA; SP
<i>hydroxyprogesterone cap(ppres)</i>	1	PA; SP
<i>hydroxyprogesterone caproate</i>	1	SP
IMVEXXY MAINTENANCE PACK	3	QCD
IMVEXXY STARTER PACK	3	QCD
<i>incassia</i>	\$0	ACA
<i>jencycla</i>	\$0	ACA
<i>jinteli</i>	1	LM
<i>lyleq</i>	\$0	ACA
<i>lyllana</i>	1	LM; QCD
<i>lyza</i>	\$0	ACA
MAKENA (PF)	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	3	PA; SP
<i>medroxyprogesterone intramuscular</i>	\$0	ACA; QCD
<i>medroxyprogesterone oral</i>	1	LM
MENEST	3	LM
MENOSTAR	3	LM; QCD
<i>mimvey</i>	1	LM
MINIVELLE	3	LM; NC; QCD
<i>nora-be</i>	\$0	ACA
<i>norethindrone (contraceptive)</i>	\$0	ACA
<i>norethindrone acetate</i>	1	LM
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	LM
<i>norlyda</i>	\$0	ACA
PREFEST	3	LM
PREMARIN ORAL	2	LM
PREMARIN VAGINAL	2	LM
PREMPHASE	2	LM
PREMPRO	2	LM
<i>progesterone</i>	1	
<i>progesterone micronized</i>	1	LM
PROMETRIUM	3	LM
PROVERA	3	LM
<i>sharobel</i>	\$0	ACA
<i>tulana</i>	\$0	ACA
VAGIFEM	3	LM; NC
VIVELLE-DOT	3	LM; NC; QCD
<i>yuvaferm</i>	1	LM
<b>MISCELLANEOUS OB/GYN</b>		
ANNOVERA	\$0	LM; ACA; QCD
CERVIDIL	3	
CLEOCIN VAGINAL	3	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	
<i>eluryng</i>	\$0	LM; ACA

Drug Name	Drug Tier	Requirements / Limits
<i>etonogestrel-ethinyl estradiol</i>	\$0	LM; ACA
<i>fem ph</i>	1	
GYNAZOLE-1	3	
<i>gynol ii</i>	\$0	ACA
INTRAROSA	3	NC
<i>isoxsuprine</i>	1	LM
LUPANETA PACK (1 MONTH)	2	SP
LUPANETA PACK (3 MONTH)	2	SP
LYSTEDA	3	
METROGEL VAGINAL	3	
<i>metronidazole vaginal</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
NUVARING	\$0	LM; ACA
NUVESSA	3	
ORIAHNN	2	PA
OSPHENA	3	
PHEXXI	\$0	NC; ACA
PREPIDIL	3	
PROSTIN E2	3	
RELAGARD	3	
<i>terconazole</i>	1	
TODAY CONTRACEPTIVE SPONGE	\$0	ACA
<i>tranexamic acid oral</i>	1	
TRIMO-SAN JELLY	2	
TWIRLA	\$0	LM; NC; ACA
<i>vaginal contraceptive foam</i>	\$0	ACA
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	\$0	ACA
VCF CONTRACEPTIVE GEL	\$0	ACA
<i>xulane</i>	\$0	ACA
<b>ORAL CONTRACEPTIVES &amp; RELATED AGENTS</b>		
<i>afirmelle</i>	\$0	ACA
AFTERA	\$0	ACA; QCD
<i>altavera (28)</i>	\$0	ACA
<i>alyacen 1/35 (28)</i>	\$0	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>alyacen 7/7/7 (28)</i>	\$0	ACA
<i>amethia</i>	\$0	ACA
<i>amethia lo</i>	\$0	ACA
<i>amethyst (28)</i>	\$0	ACA
<i>apri</i>	\$0	ACA
<i>aranelle (28)</i>	\$0	ACA
<i>ashlyna</i>	\$0	ACA
<i>aubra</i>	\$0	ACA
<i>aubra eq</i>	\$0	ACA
<i>aurovela 1.5/30 (21)</i>	\$0	ACA
<i>aurovela 1/20 (21)</i>	\$0	ACA
<i>aurovela 24 fe</i>	\$0	ACA
<i>aurovela fe 1.5/30 (28)</i>	\$0	ACA
<i>aurovela fe 1-20 (28)</i>	\$0	ACA
<i>aviane</i>	\$0	ACA
<i>ayuna</i>	\$0	ACA
<i>azurette (28)</i>	\$0	ACA
BALCOLTRA	\$0	LM; ACA
<i>balziva (28)</i>	\$0	ACA
<i>bekyree (28)</i>	\$0	ACA
BEYAZ	\$0	LM; ACA
<i>blisovi 24 fe</i>	\$0	ACA
<i>blisovi fe 1.5/30 (28)</i>	\$0	ACA
<i>blisovi fe 1/20 (28)</i>	\$0	ACA
<i>briellyn</i>	\$0	ACA
<i>camrese</i>	\$0	ACA
<i>camrese lo</i>	\$0	ACA
<i>caziant (28)</i>	\$0	ACA
<i>charlotte 24 fe</i>	\$0	LM; ACA
<i>chateal (28)</i>	\$0	ACA
<i>chateal eq (28)</i>	\$0	ACA
<i>cryselle (28)</i>	\$0	ACA
<i>cyclafem 1/35 (28)</i>	\$0	ACA
<i>cyclafem 7/7/7 (28)</i>	\$0	ACA
<i>cyred</i>	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>cyred eq</i>	\$0	ACA
<i>dasetta 1/35 (28)</i>	\$0	ACA
<i>dasetta 7/7/7 (28)</i>	\$0	ACA
<i>daysee</i>	\$0	ACA
<i>desog-e.estradiol/e.estradiol</i>	\$0	ACA
<i>desogestrel-ethinyl estradiol</i>	\$0	ACA
<i>drospirenone-e.estradiol-lm.fa</i>	\$0	LM; ACA
<i>drospirenone-ethinyl estradiol</i>	\$0	ACA
<i>econtra ez</i>	\$0	ACA; QCD
<i>econtra one-step</i>	\$0	ACA; QCD
<i>elinest</i>	\$0	ACA
ELLA	\$0	ACA; QCD
<i>emoquette</i>	\$0	ACA
<i>enpresse</i>	\$0	ACA
<i>enskyce</i>	\$0	ACA
<i>estarylla</i>	\$0	ACA
ESTROSTEP FE-28	\$0	LM; NC; ACA
<i>ethynodiol diac-eth estradiol</i>	\$0	ACA
<i>falmina (28)</i>	\$0	ACA
<i>fayosim</i>	\$0	LM; ACA
<i>femynor</i>	\$0	ACA
<i>gemmily</i>	\$0	LM; ACA
GENERESS FE	\$0	NC; ACA
<i>gianvi (28)</i>	\$0	ACA
<i>hailey</i>	\$0	ACA
<i>hailey 24 fe</i>	\$0	ACA
<i>hailey fe 1.5/30 (28)</i>	\$0	ACA
<i>hailey fe 1/20 (28)</i>	\$0	ACA
<i>iclevia</i>	\$0	ACA
<i>introvale</i>	\$0	ACA
<i>isibloom</i>	\$0	ACA
<i>jaimiess</i>	\$0	ACA
<i>jasmiel (28)</i>	\$0	ACA
<i>jolessa</i>	\$0	ACA
<i>juleber</i>	\$0	ACA



Drug Name	Drug Tier	Requirements / Limits
<i>junel 1.5/30 (21)</i>	\$0	ACA
<i>junel 1/20 (21)</i>	\$0	ACA
<i>junel fe 1.5/30 (28)</i>	\$0	ACA
<i>junel fe 1/20 (28)</i>	\$0	ACA
<i>junel fe 24</i>	\$0	ACA
<i>kaitlib fe</i>	\$0	ACA
<i>kalliga</i>	\$0	ACA
<i>kariva (28)</i>	\$0	ACA
<i>kelnor 1/35 (28)</i>	\$0	ACA
<i>kelnor 1-50 (28)</i>	\$0	ACA
<i>kurvelo (28)</i>	\$0	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	\$0	LM; ACA
<i>larin 1.5/30 (21)</i>	\$0	ACA
<i>larin 1/20 (21)</i>	\$0	ACA
<i>larin 24 fe</i>	\$0	ACA
<i>larin fe 1.5/30 (28)</i>	\$0	ACA
<i>larin fe 1/20 (28)</i>	\$0	ACA
<i>larissia</i>	\$0	ACA
<i>layolis fe</i>	\$0	ACA
<i>leena 28</i>	\$0	ACA
<i>lessina</i>	\$0	ACA
<i>levonest (28)</i>	\$0	ACA
<i>levonorgestrel oral tablet 1.5 mg</i>	\$0	ACA; QCD
<i>levonorgestrel-ethinyl estrad</i>	\$0	ACA
<i>levonorg-eth estrad triphasic</i>	\$0	ACA
<i>levora-28</i>	\$0	ACA
<i>lillow (28)</i>	\$0	ACA
LO LOESTRIN FE	\$0	LM; ACA
LOESTRIN 1.5/30 (21)	\$0	LM; NC; ACA
LOESTRIN 1/20 (21)	\$0	LM; NC; ACA
LOESTRIN FE 1.5/30 (28-DAY)	\$0	LM; NC; ACA
LOESTRIN FE 1/20 (28-DAY)	\$0	LM; NC; ACA

Drug Name	Drug Tier	Requirements / Limits
<i>lojaimiess</i>	\$0	ACA
<i>loryna</i> (28)	\$0	ACA
LOSEASONIQUE	\$0	LM; NC; ACA
<i>low-ogestrel</i> (28)	\$0	ACA
<i>lo-zumandimine</i> (28)	\$0	ACA
<i>lutra</i> (28)	\$0	ACA
<i>marlissa</i> (28)	\$0	ACA
<i>melodetta 24 fe</i>	\$0	LM; ACA
<i>merzee</i>	\$0	LM; ACA
<i>mibelas 24 fe</i>	\$0	LM; ACA
<i>microgestin 1.5/30</i> (21)	\$0	ACA
<i>microgestin 1/20</i> (21)	\$0	ACA
MICROGESTIN 24 FE	\$0	LM; ACA
<i>microgestin fe 1.5/30</i> (28)	\$0	ACA
<i>microgestin fe 1/20</i> (28)	\$0	ACA
<i>mili</i>	\$0	ACA
MINASTRIN 24 FE	\$0	LM; NC; ACA
MIRCETTE (28)	\$0	LM; NC; ACA
<i>mono-linyah</i>	\$0	ACA
<i>my choice</i>	\$0	ACA; QCD
<i>my way</i>	\$0	ACA; QCD
NATAZIA	\$0	LM; ACA
<i>necon 0.5/35</i> (28)	\$0	ACA
<i>new day</i>	\$0	ACA; QCD
<i>nikki</i> (28)	\$0	ACA
<i>noreth-ethinyl estradiol-iron</i>	\$0	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0	ACA
<i>norethindrone-e.estradiol-iron oral capsule</i>	\$0	LM; ACA
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	\$0	LM; ACA
<i>norgestimate-ethinyl estradiol</i>	\$0	ACA
<i>nortrel 0.5/35</i> (28)	\$0	ACA
<i>nortrel 1/35</i> (21)	\$0	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>nortrel 1/35 (28)</i>	\$0	ACA
<i>nortrel 7/7/7 (28)</i>	\$0	ACA
<i>nylia 7/7/7 (28)</i>	\$0	ACA
<i>nymyo</i>	\$0	ACA
<i>ocella</i>	\$0	ACA
<i>opcicon one-step</i>	\$0	ACA; QCD
<i>option-2</i>	\$0	ACA; QCD
<i>orsythia</i>	\$0	ACA
<i>philith</i>	\$0	ACA
<i>pimtrea (28)</i>	\$0	ACA
<i>pirmella</i>	\$0	ACA
PLAN B ONE-STEP	\$0	ACA; QCD
<i>portia 28</i>	\$0	ACA
<i>previfem</i>	\$0	ACA
QUARTETTE	\$0	LM; NC; ACA
<i>reclipsen (28)</i>	\$0	ACA
<i>rivelsa</i>	\$0	LM; ACA
SAFYRAL	\$0	LM; NC; ACA
SEASONIQUE	\$0	LM; NC; ACA
<i>setlakin</i>	\$0	ACA
<i>simliya (28)</i>	\$0	ACA
<i>simpesse</i>	\$0	ACA
SLYND	\$0	LM; ACA
<i>sprintec (28)</i>	\$0	ACA
<i>sronyx</i>	\$0	ACA
<i>syeda</i>	\$0	ACA
TAKE ACTION	\$0	ACA; QCD
<i>tarina 24 fe</i>	\$0	ACA
<i>tarina fe 1/20 (28)</i>	\$0	ACA
TAYTULLA	\$0	LM; ACA
<i>tilia fe</i>	\$0	ACA
<i>tri femynor</i>	\$0	ACA
<i>tri-estarylla</i>	\$0	ACA
<i>tri-legest fe</i>	\$0	ACA
<i>tri-linyah</i>	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>tri-lo-estarylla</i>	\$0	ACA
<i>tri-lo-marzia</i>	\$0	ACA
<i>tri-lo-mili</i>	\$0	ACA
<i>tri-lo-sprintec</i>	\$0	ACA
<i>tri-mili</i>	\$0	ACA
<i>tri-nymyo</i>	\$0	ACA
<i>tri-previfem (28)</i>	\$0	ACA
<i>tri-sprintec (28)</i>	\$0	ACA
<i>trivora (28)</i>	\$0	ACA
<i>tri-vylibra</i>	\$0	ACA
<i>tri-vylibra lo</i>	\$0	ACA
TYBLUME	\$0	LM; ACA
<i>tydemy</i>	\$0	LM; ACA
<i>velivet triphasic regimen (28)</i>	\$0	ACA
<i>vienva</i>	\$0	ACA
<i>viorele (28)</i>	\$0	ACA
<i>volnea (28)</i>	\$0	ACA
<i>vyfemla (28)</i>	\$0	ACA
<i>vylibra</i>	\$0	ACA
<i>wera (28)</i>	\$0	ACA
<i>wymzya fe</i>	\$0	ACA
YASMIN (28)	\$0	LM; NC; ACA
YAZ (28)	\$0	LM; ACA
<i>zarah</i>	\$0	ACA
<i>zovia 1/35e (28)</i>	\$0	ACA
<i>zumandimine (28)</i>	\$0	ACA
<b>OXYTOCICS</b>		
<i>methergine</i>	1	ST; QCD
<i>methylergonovine oral</i>	1	ST; QCD
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<i>ak-poly-bac</i>	1	
AZASITE	2	
<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
CILOXAN OPHTHALMIC (EYE) DROPS	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	NC
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak ophthalmic (eye) ointment</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye)</i>	1	
MOXEZA	3	
MOXIFLOXACIN (PF)-BSS INTRAVITREAL SOLUTION	3	
<i>moxifloxacin ophthalmic (eye)</i>	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF)	3	
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	LM
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	LM
OCUFLOX	3	
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
POLYTRIM	3	
<i>tobramycin ophthalmic (eye)</i>	1	
TOBREX	3	
VIGAMOX	3	
ZYMAXID	3	
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	1	
ZIRGAN	3	
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye)</i>	1	LM
BETIMOL	3	LM
BETOPTIC S	3	LM

Drug Name	Drug Tier	Requirements / Limits
<i>carteolol</i>	1	LM
ISTALOL	3	LM; NC
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	LM
<i>timolol maleate (pf)</i>	1	LM
<i>timolol maleate ophthalmic (eye)</i>	1	LM
TIMOPTIC	3	LM
TIMOPTIC OCUDOSE (PF)	3	LM; NC
TIMOPTIC-XE	3	LM
<b>CHOLINESTERASE INHIBITOR MIOTICS</b>		
PHOSPHOLINE IODIDE	2	LM
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>atropine ophthalmic (eye) drops</i>	1	LM
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION	3	LM
<i>atropine ophthalmic (eye) ointment</i>	1	LM
CYCLOGYL	3	LM
<i>cyclopentolate</i>	1	LM
CYCLOPEN-TROPIC-PHENYLEPH-WATR	3	LM
CYCLOPENT-TROPIC-PHEN-KETR-WAT	3	LM
CYCLOP-TROP-PROPA-PHEN-KET-WAT	3	LM
<i>homatropaire</i>	1	LM
ISOPTO ATROPINE	3	LM
MYDRIACYL	3	LM
PAREMYD	3	
PHENYLEPH-TROPICAMIDE IN WATER	3	LM
<i>tropicamide</i>	1	LM
<b>DIRECT ACTING MIOTICS</b>		
ISOPTO CARPINE	3	LM
MIOCHOL-E	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	LM
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<i>acucyn</i>	1	
AKTEN (PF)	3	
ALCAINE	3	

Drug Name	Drug Tier	Requirements / Limits
ALOCRIL	3	ST; NC
ALOMIDE	3	ST; NC
<i>altacaine</i>	1	
ALTAFLUOR BENOX	3	
AVENOVA	3	
<i>azelastine ophthalmic (eye)</i>	1	
BEOVU	3	PA
BEPREVE	3	ST
BEVACIZUMAB INTRAVITREAL SYRINGE 2.5 MG/0.1 ML, 3.25 MG/0.13 ML	3	
CEQUA	3	PA; LM
<i>cromolyn ophthalmic (eye)</i>	1	
CYCLOSPORINE IN KLARITY	3	LM
CYSTADROPS	3	NC
CYSTARAN	2	
DEXAMET-MOXIFL-KETORO-NACL(PF)	3	
<i>epinastine</i>	1	
EYLEA	2	PA
<i>fluorescein-proparacaine</i>	1	
<i>hypocyn</i>	1	
KLARITY-A (AZITHRO-CHONDR)(PF)	3	
KLARITY-B (BETAMETH-CHOND)(PF)	3	
KLARITY-L (LOTEPRED-CHOND)(PF)	3	
LACRISERT	3	
LASTACAFT	3	ST; NC
LIDOCAINE-PHENYLEPHRIN-BSS(PF)	3	LM
<i>lidocaine-phenylephrn in water</i>	1	LM
LUCENTIS	3	PA
LUXTURNA	2	PA
MYDRIATIC4(TROP-PROP-PE-KTRLC)	3	
OMIDRIA	3	
OXERVATE	2	PA; SP
PHOTREXA CROSS-LINKING KIT	3	
PHOTREXA VISCOUS	3	
PREDNISOL ACE-GATIFLOX-BROMFEN	3	

Drug Name	Drug Tier	Requirements / Limits
PREDNISOLN SP-GATIFLOX-BROMFEN	3	
PREDNISOLN SP-MOXIFLOX-BROMFEN	3	
PREDNISOLONE ACETATE-BROMFENAC	3	
PREDNISOLONE ACETATE-NEPAFENAC	3	
PREDNISOLONE-MOXIFLO-NEPAFENAC	3	
PREDNISOLONE-MOXIFLOX-BROMFEN	3	
<i>proparacaine</i>	1	
RACEPINEPH-LIDOCAINE-BSS 7(PF)	3	LM
RESTASIS	2	PA; LM; QCD
RESTASIS MULTIDOSE	2	PA; LM; QCD
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	3	
XIIDRA	2	PA; LM; QCD
ZERVIAE	2	ST
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ACULAR	3	ST
ACULAR LS	3	ST
ACUVAIL (PF)	3	ST; NC
<i>bromfenac</i>	1	
BROMSITE	3	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	ST
<i>ketorolac ophthalmic (eye)</i>	1	
NEVANAC	3	ST; NC
PROLENSA	3	ST
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	1	LM
<i>methazolamide</i>	1	LM
<b>OTHER GLAUCOMA DRUGS</b>		
AZOPT	2	LM
<i>bimatoprost ophthalmic (eye)</i>	1	ST; LM
BRIMONIDINE-DORZOLAMIDE (PF)	3	LM
COMBIGAN	2	LM
COSOPT	3	LM; NC



Drug Name	Drug Tier	Requirements / Limits
COSOPT (PF)	3	LM
<i>dorzolamide</i>	1	LM
DORZOLAMIDE (PF)	3	LM
<i>dorzolamide-timolol</i>	1	LM
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	LM
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	3	LM
DURYSTA	3	ST; NC
<i>latanoprost</i>	1	ST; LM
LATANOPROST (PF)	3	LM
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	ST; LM
<i>miostat</i>	1	
MITOSOL	3	
RHOPRESSA	2	LM
ROCKLATAN	3	ST; LM
SIMBRINZA	3	LM
TIMOL-BRIMON-DORZO-LATANOP(PF)	3	LM
TIMOLOL-BRIMONIDI-DORZOLAM(PF)	3	LM
TIMOLOL-DORZOLAMID-LATANOP(PF)	3	LM
TIMOLOL-LATANOPROST(PF)	3	LM
TRAVATAN Z	3	ST; LM; NC
<i>travoprost</i>	1	ST; LM
TRUSOPT	3	LM
VYZULTA	3	ST; LM
XALATAN	3	ST; LM; NC
XELPROS	3	ST; LM; NC
ZIOPTAN (PF)	2	ST; LM
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO	3	
MAXITROL	3	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
<i>neo-polycin hc</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PRED-G	3	
PRED-G S.O.P.	3	
PREDNISOLONE ACET-GATIFLOXACIN	3	
PREDNISOLONE SOD PH-MOXIFLOX	3	
PREDNISOLONE-MOXIFLOXACIN HCL	3	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i>	1	
TRIAMCINOLON-MOXIFLOX-WATR(PF)	3	
ZYLET	2	
<b>STEROIDS</b>		
ALREX	3	ST
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
DEXTENZA	3	
DEXYCU (PF)	3	
DUREZOL	3	
EYSUVIS	3	
FLAREX	3	
<i>fluorometholone</i>	1	
FML FORTE	3	NC
FML LIQUIFILM	3	
FML S.O.P.	3	NC
ILUVIEN	3	
INVELTYS	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	2	
LOTEMAX SM	2	
<i>loteprednol etabonate</i>	1	
MAXIDEX	3	NC
OZURDEX	2	

Drug Name	Drug Tier	Requirements / Limits
PRED FORTE	3	
PRED MILD	3	NC
<i>prednisolone acetate</i>	1	
PREDNISOLONE ACETATE (PF)	3	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
RETISERT	3	
YUTIQ	3	
<b>STEROID-SULFONAMIDE COMBINATIONS</b>		
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>sulfacetamide-prednisolone</i>	1	
<b>SULFONAMIDES</b>		
BLEPH-10	3	
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	LM
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	LM
<i>apraclonidine</i>	1	LM
<i>brimonidine</i>	1	LM
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	LM
<b>VASOCONSTRICTOR DECONGESTANTS</b>		
CYCLOMYDRIL	3	LM
<i>phenylephrine hcl ophthalmic (eye)</i>	1	
UPNEEQ (PF)	3	PA; NC
<b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>		
<b>ANTI HISTAMINE &amp; ANTIALLERGENIC AGENTS</b>		
ADYPHREN	3	
ADYPHREN AMP	3	
ADYPHREN AMP II	3	
ADYPHREN II	3	
AUVI-Q	3	NC; QCD
<i>carbinoxamine maleate oral liquid</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
CLARINEX ORAL TABLET	3	QCD
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cypheptadine</i>	1	
<i>desloratadine</i>	1	QCD
<i>dexchlorpheniramine maleate oral solution</i>	1	
EPINEPHINE PROFESSIONAL EMS	3	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	3	NC; QCD
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QCD
EPINEPHRINE PROFESSIONAL	3	
EPINEPHRINESNAP-EMS	3	
EPINEPHRINESNAP-V	3	
EPIPEN 2-PAK	2	QCD
EPIPEN JR 2-PAK	2	QCD
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
KARBINAL ER	3	ST
<i>phenadoz rectal suppository 25 mg</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethgan</i>	1	
RYCLORA	3	
RYVENT	3	ST
SYMJEPI	2	QCD
VISTARIL	3	
<b>COUGH &amp; COLD THERAPY</b>		
<i>benzonatate</i>	1	
BROMFED DM	3	
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	
CAPCOF	3	
CLARINEX-D 12 HOUR	3	QCD

Drug Name	Drug Tier	Requirements / Limits
<i>codeine-guaifenesin</i>	1	
CODITUSSIN AC	3	
CODITUSSIN DAC	3	
<i>g tussin ac</i>	1	
<i>guaiaitussin ac</i>	1	
HISTEX-AC	3	
HYCODAN (WITH HOMATROPINE)	3	
<i>hydrocodone-chlorpheniramine</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet</i>	1	
MAR-COF CG	3	
<i>maxi-tuss ac</i>	1	
MAXI-TUSS CD	3	
<i>m-clear wc</i>	1	
M-END PE	3	
NINJACOF-XG	3	
OBREDON	3	PA
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenyleph-codeine</i>	1	
<i>promethazine-phenylephrine</i>	1	
RESPA-AR	3	
TESSALON PERLES	3	
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG	3	PA
TUXARIN ER	3	
TUZISTRA XR	3	PA
<i>virtussin ac</i>	1	
<i>virtussin dac</i>	1	
Z-TUSS AC	3	
<b>PULMONARY AGENTS</b>		
ACCOLATE	3	LM

Drug Name	Drug Tier	Requirements / Limits
<i>acetylcysteine</i>	1	
ADCIRCA	3	PA; SP; NC; QCD
ADEMPAS	2	PA; SP
ADRENALIN NASAL	3	
ADVAIR DISKUS	3	PA; LM; QCD
ADVAIR HFA	2	ST; LM; QCD
AIRDUO DIGIHALER	3	ST; LM; NC; QCD
AIRDUO RESPICLICK	3	ST; LM; NC; QCD
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QCD
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral</i>	1	LM
ALVESCO	3	LM; QCD
<i>alyq</i>	1	PA; SP; QCD
<i>ambrisentan</i>	1	PA; LM; SP
ANORO ELLIPTA	2	LM; QCD
ARCAPTA NEOHALER	3	LM; QCD
ARMONAIR DIGIHALER	3	LM; NC; QCD
ARNUITY ELLIPTA	2	LM; QCD
ASMANEX HFA	2	LM; QCD
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	LM; QCD
ATROVENT HFA	3	LM; QCD
<i>azelastine-fluticasone</i>	1	QCD
BECONASE AQ	3	NC; QCD
BERINERT INTRAVENOUS KIT	3	PA; SP; NC
BEVESPI AEROSPHERE	2	LM; QCD
<i>bosentan</i>	1	PA; LM; SP
BREO ELLIPTA	2	ST; LM; QCD
BREZTRI AEROSPHERE	2	LM; QCD
BROVANA	3	LM; QCD
<i>budesonide inhalation</i>	1	LM; QCD
BUDESONIDE-FORMOTEROL	3	ST; LM; NC; QCD

Drug Name	Drug Tier	Requirements / Limits
CINQAIR	3	PA; SP; NC
CINRYZE	2	PA; SP
COMBIVENT RESPIMAT	2	QCD
<i>cromolyn inhalation</i>	1	LM
CUROSURF	3	
DALIRESP ORAL TABLET 250 MCG	2	PA; QCD
DALIRESP ORAL TABLET 500 MCG	2	PA
DUAKLIR PRESSAIR	3	LM; NC; QCD
DULERA	2	ST; LM; QCD
DYMISTA	3	QCD
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	LM
<i>epinephrine hcl</i>	1	
ESBRIET ORAL CAPSULE	2	PA; SP; QCD
ESBRIET ORAL TABLET 267 MG	2	PA; SP; QCD
ESBRIET ORAL TABLET 801 MG	2	PA; SP
FASENRA	2	PA; SP
FASENRA PEN	2	PA; SP
FIRAZYR	3	PA; SP; NC
FLOVENT DISKUS	2	LM; QCD
FLOVENT HFA	2	LM; QCD
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QCD
<i>fluticasone propionate nasal</i>	1	QCD
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	ST; LM; NC; QCD
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	PA; LM; QCD
HAEGARDA	3	PA; SP
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	3	
<i>icatibant</i>	1	PA; SP
INCRUSE ELLIPTA	2	LM; QCD
<i>ipratropium bromide inhalation</i>	1	LM
<i>ipratropium-albuterol</i>	1	QCD
KALBITOR	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
KALYDECO ORAL GRANULES IN PACKET 25 MG	2	PA; SP
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	2	PA; SP; QCD
KALYDECO ORAL TABLET	2	PA; SP; QCD
LETAIRIS	3	PA; SP; NC
<i>levalbuterol hcl</i>	1	
LEVALBUTEROL TARTRATE	3	NC; QCD
LONHALA MAGNAIR REFILL	3	LM; QCD
LONHALA MAGNAIR STARTER	3	LM; QCD
<i>metaproterenol oral syrup</i>	1	LM
<i>mometasone nasal</i>	1	QCD
<i>montelukast</i>	1	LM
NASONEX	3	NC; QCD
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA	2	PA; SP; QCD
OFEV	2	PA; QCD
OMNARIS	3	NC; QCD
OPSUMIT	2	PA; SP
ORKAMBI	2	PA; SP; QCD
ORLADEYO	3	PA
PERFOROMIST	2	LM; QCD
PROAIR DIGIHALER	3	NC; QCD
PROAIR HFA	3	NC; QCD
PROAIR RESPICLICK	3	NC; QCD
PROVENTIL HFA	3	NC; QCD
PULMICORT	3	LM; NC; QCD
PULMICORT FLEXHALER	2	LM; QCD
<i>pulmosal</i>	1	
PULMOZYME	2	SP
QNASL	2	QCD
QVAR REDIHALER	2	LM; QCD
REVATIO INTRAVENOUS	3	PA; SP
REVATIO ORAL	3	PA; SP; QCD



Drug Name	Drug Tier	Requirements / Limits
RUCONEST	2	PA; SP
SEEBRI NEOHALER	3	LM; QCD
SEREVENT DISKUS	2	LM; QCD
<i>sildenafil (pulm.hypertension) intravenous</i>	1	PA; SP
<i>sildenafil (pulm.hypertension) oral</i>	1	PA; SP; QCD
SINGULAIR	3	LM; NC
SINUVA	3	
<i>sodium chloride inhalation</i>	1	
SPIRIVA RESPIMAT	2	LM; QCD
SPIRIVA WITH HANDIHALER	2	LM; QCD
STIOLTO RESPIMAT	2	LM; QCD
STRIVERDI RESPIMAT	3	LM; NC; QCD
SYMBICORT	2	ST; LM; QCD
SYMDEKO	2	PA; SP; QCD
<i>tadalafil (pulm. hypertension)</i>	1	PA; SP; QCD
TAKHZYRO	2	PA; SP
<i>terbutaline oral</i>	1	LM
THEO-24	3	LM
<i>theophylline oral elixir</i>	1	LM
<i>theophylline oral solution</i>	1	LM
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	LM
<i>theophylline oral tablet extended release 24 hr</i>	1	LM
TICALAST	3	
TICANASE	3	
TICASPRAY	3	
TRACLEER ORAL TABLET	3	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION	2	PA; SP
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	LM; QCD
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	2	LM
TRIKAFTA	2	PA; SP
TUDORZA PRESSAIR	3	LM; NC; QCD
TYVASO	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
TYVASO REFILL KIT	2	PA; SP
TYVASO STARTER KIT	2	PA; SP
UTIBRON NEOHALER	3	LM; QCD
VENTAVIS	3	PA
VENTOLIN HFA	3	NC; QCD
<i>wixela inhub</i>	1	PA; LM; QCD
XHANCE	3	QCD
XOLAIR SUBCUTANEOUS RECON SOLN	2	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE	2	PA; SP; QCD
XOPENEX	3	
XOPENEX CONCENTRATE	3	
XOPENEX HFA	3	NC; QCD
YUPELRI	2	LM; QCD
<i>zafirlukast</i>	1	LM
ZETONNA	3	NC; QCD
<i>zileuton</i>	1	PA; LM
ZYFLO	3	PA; LM

## UROLOGICALS

### ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	1	LM
DETROL	3	ST; LM; NC
DETROL LA	3	ST; LM; NC
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	ST; LM
<i>flavoxate</i>	1	LM
GELNIQUE TRANSDERMAL GEL IN PACKET	2	LM; QCD
GEMTESA	3	
MYRBETRIQ	2	LM
<i>oxybutynin chloride</i>	1	LM
OXYTROL	3	ST; LM; QCD
<i>solifenacin</i>	1	LM
<i>tolterodine</i>	1	LM
TOVIAZ	2	LM
<i>trospium</i>	1	LM
VESICARE	3	ST; LM; NC

Drug Name	Drug Tier	Requirements / Limits
<b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>		
<i>alfuzosin</i>	1	LM
AVODART	3	ST; LM; NC
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; NC; QCD
<i>dutasteride</i>	1	ST; LM
<i>dutasteride-tamsulosin</i>	1	ST; LM
<i>finasteride oral tablet 5 mg</i>	1	LM
FLOMAX	3	LM
JALYN	3	ST; LM
PROSCAR	3	ST; LM
RAPAFLO	3	LM; NC
<i>silodosin</i>	1	LM
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QCD
<i>tamsulosin</i>	1	LM
UROXATRAL	3	LM; NC
<b>CHOLINERGIC STIMULANTS</b>		
<i>bethanechol chloride</i>	1	
<b>MISCELLANEOUS UROLOGICALS</b>		
CAVERJECT	2	PA; QCD
CAVERJECT IMPULSE	2	PA; QCD
CIALIS ORAL TABLET 10 MG, 20 MG	3	PA; NC; QCD
CYSTAGON	2	
EDEX	3	PA; QCD
ELMIRON	2	
<i>hyophen</i>	1	
IFE-BIMIX 30/1	3	
IFE-PG20	3	
K-PHOS NO 2	3	
K-PHOS ORIGINAL	2	
LEVITRA ORAL TABLET 10 MG, 20 MG	3	PA; QCD
<i>methen-sod phos-meth blue-hyos</i>	1	
MUSE	2	PA; QCD
ORACIT	3	
OXLUMO	3	PA
<i>phosphasal</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>potassium citrate</i>	1	LM
PROCYSBI	3	PA; SP; NC
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	2	
SHOHL'S MODIFIED	3	
<i>sildenafil</i>	1	PA; QCD
STAXYN	3	PA; QCD
STENDRA	3	PA; LM; QCD
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	PA; QCD
TRI-MIX (PAPAVRN-PHNTLMN-PGE1)	3	
URELLE	3	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
URIBEL	3	
<i>urimar-t</i>	1	
<i>urin ds</i>	1	
<i>uro-458</i>	1	
UROCIT-K 10	3	LM
UROCIT-K 15	3	LM
UROCIT-K 5	3	LM
<i>urogesic-blue</i>	1	
<i>uro-mp</i>	1	
UROQID-ACID NO.2	3	
<i>uryl</i>	1	
<i>ustell</i>	1	
<i>utira-c</i>	1	
<i>vardenafil</i>	1	PA; QCD
VIAGRA	3	PA; NC; QCD
<b>URINARY ANESTHETICS</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM	3	
<b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	LM
<i>effe-k oral tablet, effervescent 25 meq</i>	1	LM

Drug Name	Drug Tier	Requirements / Limits
GALZIN	3	
<i>klor-con</i>	1	LM
<i>klor-con 10</i>	1	LM
<i>klor-con 8</i>	1	LM
<i>klor-con m10</i>	1	LM
<i>klor-con m15</i>	1	LM
<i>klor-con m20</i>	1	LM
<i>klor-con/ef</i>	1	LM
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	LM
<i>k-tab oral tablet extended release 8 meq</i>	1	LM
<i>lugols oral</i>	1	
POTABA ORAL CAPSULE	3	LM
<i>potassium chloride oral</i>	1	LM
<i>strong iodine oral</i>	1	
<b>MISCELLANEOUS VITAMINS, HEMATINICS, &amp; ELECTROLYTES</b>		
DOJOLVI	3	PA; SP
<b>VITAMINS &amp; HEMATINICS</b>		
AZESCHEW	3	
AZESCO	3	
<i>b complex 1 (with folic acid)</i>	\$0	ACA
<i>b complex-vitamin b12</i>	\$0	ACA
<i>b complex-vitamin c-folic acid oral tablet</i>	\$0	ACA
B-12 COMPLIANCE	3	
<i>balanced b-100 complex oral tablet extended release 100 mg</i>	\$0	ACA
<i>balanced b-100 oral tablet 0.4 mg</i>	\$0	ACA
<i>balanced b-50 oral tablet</i>	\$0	ACA
<i>bal-care dha</i>	1	
BAL-CARE DHA ESSENTIAL	3	
<i>b-complex with vitamin c oral tablet</i>	\$0	ACA
CITRANATAL (DUAL-IRON)	3	
CITRANATAL 90 DHA (ALGAL OIL)	3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	3	
CITRANATAL B-CALM (FE GLUC)	3	

Drug Name	Drug Tier	Requirements / Limits
CITRANATAL BLOOM	3	
CITRANATAL DHA (ALGAL OIL)	3	
CITRANATAL HARMONY (IRON FUM)	3	
<i>classic prenatal</i>	\$0	ACA
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<i>complex b-100 oral tablet extended release</i>	\$0	ACA
CONCEPT DHA	3	LM
CONCEPT OB	3	LM
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>dialyvite 800 oral tablet</i>	\$0	ACA
DRISDOL ORAL CAPSULE	3	
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG -267 MG-233 MG	3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG	3	
<i>elite-ob</i>	1	LM
ENBRACE HR	3	LM
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FERAHEME	2	PA
FLORIVA (FLUORIDE-VITAMIN D3)	3	LM
<i>fluoride (sodium) oral drops</i>	\$0	LM; ACA
<i>fluoride (sodium) oral tablet, chewable</i>	\$0	LM; ACA
FOLET ONE	3	LM
<i>folic acid injection</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	ACA
<i>folivane-ob</i>	1	LM
<i>foltabs 800</i>	\$0	ACA
<i>full spectrum b-vitamin c</i>	\$0	ACA
<i>hydroxocobalamin</i>	1	
INFED	2	PA
INJECTAFER	3	PA
<i>kobee</i>	\$0	ACA
KOSHER PRENATAL PLUS IRON	3	

Drug Name	Drug Tier	Requirements / Limits
<i>kpn oral tablet</i>	\$0	ACA
<i>ludent fluoride</i>	\$0	LM; ACA
MARNATAL-F	3	
MECOBALAMIN (VITAMIN B12) INJECTION	3	
<i>m-natal plus</i>	1	
MONOFERRIC	3	PA; NC
<i>multi-vitamin with fluoride</i>	\$0	ACA
<i>multivitamins with fluoride</i>	\$0	ACA
<i>mvc-fluoride</i>	\$0	ACA
<i>mynatal</i>	1	
<i>mynatal advance</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
<i>mynate 90 plus</i>	1	
NASCOBAL	2	LM
NATACHEW (FE BIS-GLYCINATE)	3	
<i>natural b-100 complex</i>	\$0	ACA
NEEVODHA (WITH ALGAL OIL)	3	LM
NESTABS	3	
NESTABS ABC	3	
NESTABS DHA	3	
NESTABS ONE	3	LM
<i>newgen</i>	1	
OB COMPLETE ONE	3	
OB COMPLETE ORAL TABLET	3	LM
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE WITH DHA	3	
<i>obstetrix dha</i>	1	
OBSTETRIX EC	3	
OBSTETRIX ONE	3	LM
OBTREX DHA	3	
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	\$0	ACA
<i>perry prenatal</i>	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
PHYSICIANS EZ USE B-12	3	
<i>pnv 29-1</i>	1	
<i>pnv-dha</i>	1	LM
<i>pnv-dha + docusate</i>	1	
<i>pnv-omega</i>	1	LM
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
PREGENNA	3	NC
<i>prenal chew</i>	1	
<i>prenal pearl</i>	1	
<i>prenal true</i>	1	
<i>prenaissance</i>	1	
<i>prenaissance plus</i>	1	
PRENATA	3	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal complete</i>	\$0	ACA
<i>prenatal formula oral tablet 28 mg iron- 800 mcg</i>	\$0	ACA
<i>prenatal multi-dha (algal oil)</i>	\$0	ACA
<i>prenatal one daily</i>	\$0	ACA
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	\$0	ACA
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK	3	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	\$0	ACA
<i>prenatal vitamin plus low iron</i>	1	
<i>prenatal vitamin with minerals</i>	\$0	ACA
<i>prenatal vits96-iron fum-folic</i>	\$0	ACA
<i>prenatal-u</i>	1	LM
PRENATE AM	3	LM
PRENATE CHEWABLE	3	LM
PRENATE DHA (FERR ASP GLYCIN)	3	



Drug Name	Drug Tier	Requirements / Limits
PRENATE ELITE (IRON ASP GLYC)	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL(IRON-ASP-GL)	3	LM
PRENATE MINI (FERR ASP GLYCIN)	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATE STAR	3	
<i>preplus</i>	1	
<i>pretab</i>	1	
PRIMACARE	3	
PROVIDA OB	3	
PUREFE OB PLUS	3	LM
<i>rena-vite</i>	\$0	ACA
R-NATAL OB	3	
SELECT-OB	3	
SELECT-OB (FOLIC ACID)	3	
SELECT-OB + DHA	3	
<i>se-natal 19 chewable</i>	1	
<i>se-natal-19</i>	1	
<i>stress formula</i>	\$0	ACA
<i>stress formula with iron</i>	\$0	ACA
<i>stress formula with iron(sulf)</i>	\$0	ACA
<i>super b complex-vitamin c</i>	\$0	ACA
<i>super b maxi complex</i>	\$0	ACA
<i>super quint</i>	\$0	ACA
<i>super quint b-50</i>	\$0	ACA
<i>taron-c dha</i>	1	LM
<i>taron-prex prenatal-dha</i>	1	LM
THRIVITE RX	3	
TRICARE	3	
TRIFERIC	3	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
TRINAZ	3	NC
TRISTART DHA	3	

Drug Name	Drug Tier	Requirements / Limits
<i>triveen-duo dha</i>	1	
<i>tri-vitamin with fluoride</i>	\$0	ACA
VENOFER	2	PA
VINATE DHA RF	3	LM
<i>virt-c dha</i>	1	LM
<i>virt-nate dha</i>	1	
<i>virt-pn dha</i>	1	LM
<i>virt-pn plus</i>	1	LM
VITAFOL FE PLUS	3	
VITAFOL FE+ (WITH DOCUSATE)	3	
VITAFOL GUMMIES	3	
VITAFOL NANO	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
VITAMED MD ONE RX	3	
VITAMEDMD REDICHEW RX	3	
<i>vitamin b complex oral tablet</i>	\$0	ACA
<i>vitamin b complex-folic acid oral tablet</i>	\$0	ACA
<i>vitamins a,c,d and fluoride</i>	\$0	ACA
VITAPEARL	3	
VITATRUE	3	
<i>vp-ch-pnv</i>	1	
VP-PNV-DHA	3	
<i>westab plus</i>	1	
<i>westgel dha</i>	1	
ZALVIT	3	
<i>zatean-pn dha</i>	1	LM
<i>zatean-pn plus</i>	1	LM
<i>zingiber</i>	1	LM

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# Blue Cross Blue Shield of Massachusetts Formulary: Specialty Pharmacy Medications

Last Updated: January 1, 2021

The following list includes specialty medications that are covered by plans with the Blue Cross Blue Shield of Massachusetts formulary. These medications are usually used to treat complex health conditions.

This isn't a complete list of covered medications, and inclusion on the list doesn't guarantee coverage.<sup>1</sup> You must have a valid prescription from a licensed health provider to receive coverage for these medications. Some medications may also be subject to pharmacy management programs, such as Step Therapy, Prior Authorization, or Quality Care Dosing, or have other coverage requirements.

## Specialty Pharmacy Medications Included in the National Preferred Formulary (NPF)

The specialty medications listed in this document are also included in the National Preferred Formulary (NPF), which is available through Express Scripts®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts. Pharmacy management program requirements apply to specialty medications included in the NPF.

## Where to Fill Specialty Pharmacy Medications

Plans with the Blue Cross Blue Shield of Massachusetts formulary or NPF require members to fill medications on this list at one of the available in-network specialty pharmacies on the following pages. However, if a highly specialized medication isn't available at one of our specialty pharmacies, we'll cover the cost of the medication when it's filled at another in-network pharmacy.

**NOTE:** Some specialty medications on this list may be considered non-covered, including new medications under review. Your doctor may request an exception for a non-covered medication when medically necessary.<sup>2</sup>

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## Learn More About Your Coverage

For more information about your pharmacy benefits, including the NPF and the medications listed in this document, sign in to your MyBlue account at [bluecrossma.org](https://bluecrossma.org).

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1. Not all medications listed are covered by all prescription plans. Check your benefit materials for details.

2. If approved, you'd pay the highest tier cost.

## Fertility Medications

Medication Name	Specialty Pharmacy Availability		
	Freedom Fertility Pharmacy	Metro Drugs	Village Fertility Pharmacy
BRAVELLE	✓	✓	✓
CETROTIDE	✓	✓	✓
CLOMID	✓	✓	✓
CLOMIPHENE	✓	✓	✓
CRINONE	✓	✓	✓
ENDOMETRIN	✓	✓	✓
FOLLISTIM AQ	✓	✓	✓
GANIRELIX	✓	✓	✓
GONAL-F/GONAL-F RFF	✓	✓	✓
GONAL F RFF REDI-JECT	✓	✓	✓
HUMAN CHORIONIC GONADOTROPIN [hCG]	✓	✓	✓
LEUPROLIDE ACETATE	✓	✓	✓
LUPRON DEPOT	✓	✓	✓
LUPRON DEPOT PED	✓	✓	✓
LUVERIS	✓	✓	✓
MAKENA	✓	✓	✓
MENOPUR	✓	✓	✓
NOVAREL	✓	✓	✓
OVIDREL	✓	✓	✓
PREGNYL	✓	✓	✓
SEROPHENE	✓	✓	✓

## Injectable Medications

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo®	CVS Specialty™	Can Be Filled at Other In-Network Pharmacies
ABRAXANE	✓	✓	✓	
ACETADOTE				✓

## Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
ACTEMRA	✓	✓	✓	
ACTHAR		✓	✓	
ACTIMMUNE		✓	✓	
ADAKVEO	✓			
ADRIAMYCIN	✓			
ADRUCIL	✓		✓	
ALFERON N			✓	
ALKERAN	✓		✓	
APOKYN		✓	✓	
ARANESP	✓	✓	✓	
ARCALYST		✓	✓	
ARIKAYCE				✓
ARZERRA	✓	✓	✓	
ASCENIV		✓	✓	
AVEED			✓	
AVONEX	✓	✓	✓	
AVSOLA			✓	
BAVENCIO				✓
BELEODAQ			✓	
BENLYSTA AUTOINJECT/SYRINGE				✓
BERINERT		✓	✓	
BESPONSA	✓	✓	✓	
BETASERON	✓	✓	✓	
BICILLIN				✓
BICNU	✓		✓	
BIVIGAM			✓	
BLEO 15K				✓
BLEOMYCIN SULFATE			✓	

## Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
BLINCYTO			✓	
BONIVA	✓	✓	✓	
BORTEZOMIB	✓	✓	✓	
BOTOX	✓	✓	✓	
BUSULFEX			✓	
BYNFEZIA	✓		✓	
CABLIVI				✓
CALCIUM FOLINATE			✓	
CAMPTOSAR	✓		✓	
CARBOPLATIN	✓		✓	
CARIMUNE NF	✓		✓	
CARMUSTINE			✓	
CEFTAZIDIME				✓
CEREZYME	✓	✓	✓	
CIMZIA	✓	✓	✓	
CINQAIR	✓		✓	
CINRYZE		✓	✓	
CISPLATIN	✓		✓	
CLADRIBINE	✓		✓	
COPAXONE	✓	✓	✓	
COSENTYX	✓	✓	✓	
COSMEGEN	✓		✓	
CRYSVITA		✓	✓	
CUTAQUIG				✓
CUVITRU		✓	✓	
CUVPOSA				✓
CYCLOPHOSPHAMIDE		✓	✓	
CYRAMZA		✓	✓	

## Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
CYTARABINE	✓		✓	
CYTOGAM	✓	✓	✓	
DACARBAZINE	✓		✓	
DACTINOMYCIN	✓		✓	
DAUNORUBICIN HCL			✓	
DDAVP	✓	✓	✓	
DELESTROGEN				✓
DEPOCYT	✓		✓	
DEPO-ESTRADIOL				✓
DESFERAL				✓
DESFERRIOXAMINE				✓
DESMOPRESSIN ACETATE		✓	✓	
DEXRAZOXANE		✓	✓	
DOCEFREZ			✓	
DOCETAXEL	✓		✓	
DOXIL	✓		✓	
DOXORUBICIN HCL			✓	
DUPIXENT	✓	✓	✓	
DYSPORT	✓	✓	✓	
EGRIFTA		✓	✓	
ELIGARD	✓	✓	✓	
ELLENCÉ	✓		✓	
EMPLICITI	✓	✓	✓	
ENBREL	✓	✓	✓	
ENSPRYNG	✓	✓	✓	
ENTYVIO	✓	✓	✓	
EPIRUBICIN			✓	
EPOGEN	✓	✓	✓	



## Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
ETHYOL			✓	
ETOPOPHOS	✓		✓	
ETOPOSIDE	✓		✓	
EVENITY	✓	✓	✓	
EVOMELA				✓
EXONDYS				✓
EXTAVIA	✓	✓	✓	
FASENRA	✓	✓	✓	
FASLODEX	✓		✓	
FENSOLVI				✓
FINTEPLA		✓		
FIRAZYR	✓	✓	✓	
FIRMAGON	✓	✓	✓	
FLEBOGAMMA	✓		✓	
FLOXURIDINE			✓	
FLUDARA			✓	
FLUDARABINE PHOSPHATE			✓	
FLUOROURACIL	✓		✓	
FORTAZ				✓
FORTEO	✓	✓	✓	
FULPHILA	✓	✓	✓	
FULVESTRANT			✓	
FUSILEV	✓		✓	
FUZEON	✓	✓	✓	
GAMASTAN	✓	✓	✓	
GAMIFANT				✓
GAMMAGARD	✓	✓	✓	
GAMMAGARD LIQUID	✓	✓	✓	

## Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
GAMMAKED	✓	✓	✓	
GAMMAPLEX	✓	✓	✓	
GAMUNEX	✓	✓	✓	
GATTEX		✓	✓	
GAZYVA	✓	✓	✓	
GEMCITABINE	✓		✓	
GEMZAR	✓		✓	
GENOTROPIN	✓	✓	✓	
GIVLAARI		✓	✓	
GLATIRAMER		✓	✓	
GLATOPA	✓	✓	✓	
GRANIX	✓	✓	✓	
HAEGARDA		✓	✓	
HERCEPTIN	✓	✓	✓	
HERCEPTIN HYLECTA	✓	✓	✓	
HERZUMA	✓	✓	✓	
HIZENTRA	✓	✓	✓	
HUMATROPE	✓	✓	✓	
HUMIRA	✓	✓	✓	
HYCAMTIN	✓	✓	✓	
HYDROXYPROGESTERONE		✓	✓	
HYQVIA	✓	✓	✓	
IBANDRONATE	✓		✓	
ICATIBANT	✓	✓	✓	
IDAMYCIN PFS			✓	
IDARUBICIN			✓	
IFEX	✓		✓	
IFOSFAMIDE	✓		✓	

## Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
IFOSFAMIDE/MESNA			✓	
ILARIS	✓	✓	✓	
ILUMYA	✓	✓	✓	
IMFINZI		✓	✓	
INCRELEX		✓	✓	
INFLECTRA	✓	✓	✓	
INTRON A	✓	✓	✓	
IRINOTECAN	✓		✓	
ISTODAX	✓	✓	✓	
KALBITOR		✓	✓	
KANJINTI	✓	✓	✓	
KANUMA				✓
KENALOG			✓	
KESIMPTA	✓	✓	✓	
KEVZARA	✓	✓	✓	
KEYTRUDA	✓		✓	
KHAPZORY				✓
KINERET				✓
KYNAMRO		✓	✓	
LARTRUVO		✓		
LEMTRADA		✓	✓	
LEUCOVORIN CALCIUM			✓	
LEUKINE	✓	✓	✓	
LEUPROLIDE ACETATE	✓	✓	✓	
LEVOLEUCOVORIN			✓	
LIBTAYO				✓
LIPODOX			✓	
LIPODOX 50			✓	

## Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
LUMOXITI			✓	
LUPANETA PACK		✓	✓	
LUPRON DEPOT	✓	✓	✓	
LUPRON DEPOT-PED	✓	✓	✓	
MAKENA	✓	✓	✓	
MARQIBO				✓
MEPSEVII		✓		
MESNA	✓		✓	
MESNEX	✓		✓	
METHOTREXATE	✓		✓	
MITOMYCIN	✓		✓	
MITOXANTRONE		✓	✓	
MOZOBIL	✓	✓	✓	
MUSTARGEN	✓		✓	
MYLOTARG		✓		
MYOBLOC	✓	✓	✓	
NABI-HB				✓
NATPARA		✓	✓	
NAVELBINE	✓		✓	
NEULASTA	✓	✓	✓	
NEULASTA ONPRO				✓
NEUPOGEN	✓	✓	✓	
NIPENT	✓		✓	
NIVESTYM	✓	✓	✓	
NORDITROPIN		✓	✓	
NORDITROPIN FLEXPRO		✓	✓	
NORDITROPIN NORDIFLEX		✓	✓	
NPLATE	✓	✓	✓	

## Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
NUCALA	✓	✓	✓	
NUTROPIN AQ NUSPIN	✓	✓	✓	
OCREVUS	✓	✓	✓	
OCTAGAM	✓		✓	
OCTREOTIDE		✓	✓	
OGIVRI	✓	✓	✓	
OMNITROPE	✓	✓	✓	
ONCASPAR	✓		✓	
ONIVYDE		✓		
ONPATTRO				✓
ONTRUZANT	✓		✓	
OPDIVO	✓	✓	✓	
ORENCIA	✓	✓	✓	
OTREXUP	✓		✓	
OXALIPLATIN	✓		✓	
PACLITAXEL	✓		✓	
PALYNZIQ		✓	✓	
PAMIDRONATE			✓	
PAMIDRONATE DISODIUM			✓	
PANZYGA	✓	✓	✓	
PEGASYS	✓	✓	✓	
PEGASYS PROCLICK	✓	✓	✓	
PEG-INTRON	✓	✓	✓	
PHOTOFRIN			✓	
PLEGRIDY	✓	✓	✓	
PORTRAZZA				✓
POTELIGEO			✓	
PRIVIGEN	✓	✓	✓	

## Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
PROCRIT	✓	✓	✓	
PROLEUKIN	✓	✓	✓	
PROLIA	✓	✓	✓	
RADICAVA			✓	
REBIF REBIDOSE	✓	✓	✓	
REMICADE	✓	✓	✓	
RENFLEXIS	✓	✓	✓	
RETACRIT	✓		✓	
REVATIO	✓	✓	✓	
REVCovi				✓
RIMSO-50				✓
RITUXAN	✓	✓	✓	
ROCEPHIN				✓
ROFERON-A			✓	
ROMIDEPSIN				✓
RUCONEST		✓	✓	
RUXIENCE	✓	✓	✓	
SAIZEN	✓	✓	✓	
SAIZENPREP	✓	✓	✓	
SANDIMMUNE				✓
SANDOSTATIN	✓	✓	✓	
SANDOSTATIN LAR	✓	✓	✓	
SEROSTIM	✓	✓	✓	
SIGNIFOR		✓		
SIGNIFOR LAR		✓		
SILDENAFIL ANTIHYPERTENSIVE				✓
SILIQ	✓	✓	✓	
SIMPONI	✓	✓	✓	

## Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
SIMPONI ARIA	✓	✓	✓	
SKYRIZI	✓	✓	✓	
SOMATULINE		✓	✓	
SOMAVERT		✓	✓	
SPINRAZA		✓		
STELARA	✓	✓	✓	
STRENSIQ				✓
SUBLOCADE		✓		
SYLATRON 4-PACK	✓	✓	✓	
SYLVANT		✓	✓	
SYNAGIS	✓	✓	✓	
SYNRIBO				✓
TAKHZYRO		✓	✓	
TALTZ	✓	✓	✓	
TAXOTERE	✓		✓	
TAZICEF				✓
TECENTRIQ	✓	✓	✓	
TEGSEDI		✓		
TEMODAR	✓	✓	✓	
TENIPOSIDE	✓		✓	
TEPADINA			✓	
TEPEZZA		✓		
TERIPARATIDE		✓	✓	
TESTOSTERONE ENANTHATE				✓
TEV-TROPIN			✓	
THERACYS			✓	
THIOTEPA	✓		✓	
THYROGEN	✓	✓	✓	

## Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
TOPOSAR	✓		✓	
TOTECT			✓	
TRAZIMERA	✓		✓	
TRELSTAR			✓	
TRELSTAR DEPOT			✓	
TRELSTAR LA			✓	
TREMFYA	✓	✓	✓	
TRIPTODUR				✓
TRUXIMA		✓		
TYMLOS	✓	✓	✓	
UDENYCA	✓	✓	✓	
UNITUXIN				✓
VALRUBICIN		✓	✓	
VALSTAR	✓	✓	✓	
VELCADE	✓	✓	✓	
VILTEPSO				✓
VIMIZIM		✓	✓	
VINBLASTINE			✓	
VINCRIStINE			✓	
VINOReLBINE			✓	
VIVITROL	✓	✓	✓	
VYEPTI				✓
VYLEESI				✓
VYONDYS-53				✓
VYXEOS				✓
XEMBIFY		✓	✓	
XEOMIN	✓	✓	✓	
XGEVA	✓	✓	✓	



## Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
XIAFLEX				✓
XOLAIR	✓	✓	✓	
YONDELIS				✓
ZALTRAP		✓	✓	
ZANOSAR	✓		✓	
ZARXIO	✓	✓	✓	
ZIEXTENZO	✓	✓	✓	
ZILRETTA	✓			
ZINECARD	✓		✓	
ZOLADEX	✓	✓	✓	
ZOMACTON	✓	✓	✓	
ZORBTIVE	✓	✓	✓	

## Oral Medications

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
8-MOP				✓
ABIRATERONE	✓	✓	✓	
ADCIRCA	✓	✓	✓	
ADEMPAS		✓	✓	
AFINITOR	✓	✓	✓	
AFINITOR DISPERZ	✓	✓	✓	
ALECENSA	✓	✓	✓	
ALKERAN	✓		✓	
ALUNBRIG		✓	✓	
ALYQ			✓	

Oral Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
AMBRISENTAN	✓	✓	✓	
AMPYRA		✓	✓	
AUBAGIO	✓	✓	✓	
AUSTEDO				✓
AYVAKIT				✓
BAFIERTAM	✓	✓	✓	
BALVERSA				✓
BETHKIS	✓	✓	✓	
BONIVA 150MG				✓
BOSENTAN		✓	✓	
BOSULIF	✓	✓	✓	
CABOMETYX		✓	✓	
CALQUENCE				✓
CAPECITABINE	✓	✓	✓	
CARBAGLU		✓		
CAYSTON	✓	✓	✓	
CERDELGA	✓	✓	✓	
CHENODAL				✓
CHOLBAM				✓
COMETRIQ				✓
COPEGUS	✓		✓	
COPIKTRA				✓
COTELLIC	✓	✓	✓	
CYCLOPHOSPHAMIDE		✓	✓	
CYSTAGON			✓	
DAKLINZA	✓		✓	
DALFAMPRIDINE		✓	✓	
DARAPRIM				✓

Oral Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
DAURISMO	✓	✓	✓	
DDAVP				✓
DEFERASIROX	✓	✓	✓	
DIACOMIT				✓
DIMETHYL FUMARATE	✓	✓	✓	
DOJOLVI		✓	✓	
DOPTELET		✓	✓	
DUOPA		✓		
EMFLAZA				✓
EPCLUSA	✓	✓	✓	
ERIVEDGE	✓	✓	✓	
ERLEADA	✓	✓	✓	
ERLOTINIB		✓	✓	
ESBRIET		✓	✓	
ETOPOSIDE	✓		✓	
EVEROLIMUS	✓	✓	✓	
EVRYSDI		✓		
EXJADE	✓	✓	✓	
FARYDAK	✓	✓	✓	
FIRDAPSE				✓
GALAFOLD		✓		
GAVRETO				✓
GILENYA	✓	✓	✓	
GILOTRIF		✓		
GLEEVEC	✓	✓	✓	
GOCOVRI ER				✓
HARVONI	✓	✓	✓	
HETLIOZ		✓		

Oral Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
HYCANTIN	✓	✓	✓	
IBRANCE	✓	✓	✓	
ICLUSIG	✓			
IDHIFA		✓	✓	
IMATINIB		✓	✓	
IMBRUVICA				✓
INBRIJA		✓	✓	
INGREZZA				✓
INLYTA	✓	✓	✓	
INQOVI		✓	✓	
INREBIC		✓	✓	
IRESSA		✓	✓	
ISTURISA				✓
JADENU	✓	✓	✓	
JAKAFI		✓	✓	
JUXTAPID		✓		
JYNARQUE				✓
KALYDECO	✓	✓		
KEVEYIS				✓
KISQALI	✓	✓	✓	
KISQALI FEMARA	✓	✓	✓	
KITABIS PAK NEBULES	✓	✓	✓	
KORLYM				✓
KOSELUGO				✓
KUVAN		✓	✓	
LEDIPASVIR/SOFOSBUVIR		✓	✓	
LENVIMA		✓	✓	
LETAIRIS		✓	✓	

Oral Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
LOBRENA	✓	✓	✓	
LONSURF		✓	✓	
MAVENCLAD		✓	✓	
MAVYRET	✓	✓	✓	
MAYZENT		✓	✓	
MEKINIST	✓	✓	✓	
MESNEX	✓		✓	
MIGLUSTAT	✓	✓	✓	
MODERIBA	✓	✓	✓	
MULPLETA	✓	✓	✓	
MYCAPSSA DR	✓		✓	
NERLYNX	✓	✓	✓	
NEXAVAR	✓	✓	✓	
NINLARO		✓	✓	
NITYR				✓
NORTHERA		✓	✓	
NUBEQA	✓	✓	✓	
NUPLAZID		✓	✓	
OCALIVA		✓	✓	
ODOMZO	✓	✓	✓	
OFEV		✓	✓	
OLUMIANT	✓	✓	✓	
OLYSIO	✓		✓	
ONUREG		✓		
OPSUMIT		✓	✓	
ORENITRAM		✓	✓	
ORFADIN				✓
ORKAMBI	✓	✓		

Oral Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
OTEZLA	✓	✓	✓	
OTEZLA STARTER PACK	✓	✓	✓	
OXBRYTA		✓	✓	
PALFORZIA			✓	
PEMAZYRE				✓
PIQRAY		✓	✓	
POMALYST		✓	✓	
PROCYSBI		✓		
PROMACTA	✓	✓	✓	
PULMOZYME	✓	✓	✓	
PYRIMETHAMINE			✓	
QINLOCK				✓
RAVICTI		✓	✓	
REBETOL	✓	✓	✓	
RETEVMO		✓	✓	
REVATIO	✓	✓	✓	
REVLIMID		✓	✓	
RIBASPHERE	✓	✓	✓	
RIBASPHERE RIBAPAK	✓	✓	✓	
RIBATAB			✓	
RIBAVIRIN	✓	✓	✓	
RILUTEK			✓	
RILUZOLE	✓		✓	
RINVOQ ER		✓	✓	
ROZLYTREK	✓	✓		
RUBRACA		✓	✓	
RUZURGI				✓
RYDAPT	✓	✓	✓	

Oral Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
SABRIL		✓	✓	
SAMSCA		✓	✓	
SAPROPTERIN		✓		
SILDENAFIL ANTIHYPERTENSIVE	✓	✓	✓	
SOFOSBUVIR/VELPATASVIR		✓	✓	
SOVALDI	✓	✓	✓	
SPRYCEL	✓	✓	✓	
STIVARGA	✓	✓	✓	
SUCRAID			✓	
SUTENT	✓	✓	✓	
SYMDEKO	✓	✓		
TABRECTA	✓	✓	✓	
TADALAFIL ANTIHYPERTENSIVE		✓	✓	
TAFINLAR	✓	✓	✓	
TAGRISSO		✓	✓	
TALZENNA	✓	✓	✓	
TARCEVA	✓	✓	✓	
TASIGNA	✓	✓	✓	
TAVALISSE				✓
TECFIDERA	✓	✓	✓	
TECHNIVIE	✓		✓	
TEMODAR	✓	✓	✓	
TEMOZOLOMIDE	✓	✓	✓	
TETRABENAZINE		✓	✓	
THALOMID		✓	✓	
THIOLA				✓
TIGLUTIK				✓
TOBI AMPULES	✓	✓	✓	

Oral Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
TOBI PODHALER	✓	✓	✓	
TOBRAMYCIN NEBULES		✓	✓	
TOLVAPTAN		✓	✓	
TRACLEER		✓	✓	
TRIKAFTA	✓	✓		
TUKYSA				✓
TURALIO				✓
TYKERB	✓	✓	✓	
TYVASO		✓	✓	
UPTRAVI		✓	✓	
VELTASSA	✓		✓	
VENCLEXTA				✓
VERZENIO		✓	✓	
VIEKIRA PAK	✓	✓	✓	
VIEKIRA XR	✓	✓	✓	
VIGABATRIN		✓	✓	
VIGADRONE				✓
VISTOGARD				✓
VITRAKVI		✓	✓	
VIZIMPRO	✓	✓	✓	
VOSEVI	✓	✓	✓	
VOTRIENT	✓	✓	✓	
VUMERITY DR	✓	✓	✓	
VYNDAMAX		✓	✓	
VYNDAQEL		✓	✓	
WAKIX		✓	✓	
XALKORI	✓	✓	✓	
XELJANZ	✓	✓	✓	



## Oral Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
XELJANZ XR	✓	✓	✓	
XELODA	✓	✓	✓	
XENAZINE		✓	✓	
XERMELO				✓
XOSPATA				✓
XPOVIO				✓
XTANDI	✓	✓	✓	
XURIDEN				✓
XYREM		✓		
YONSA				✓
ZAVESCA		✓		
ZEJULA				✓
ZELBORAF	✓	✓	✓	
ZEPATIER	✓	✓	✓	
ZEPOSIA	✓	✓	✓	
ZOLINZA	✓	✓	✓	
ZYDELIG				✓
ZYKADIA	✓	✓	✓	
ZYTIGA	✓	✓	✓	

## Topical Medications

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
CYSTADROPS				✓
CYSTARAN				✓
MUGARD			✓	

Topical Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
OXERVATE		✓		
PANRETIN	✓		✓	
QUTENZA				✓
SYNAREL				✓
VALCHLOR		✓		
ZECUITY			✓	

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ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).



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55-0815 (12/20)

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# EVERYTHING YOU NEED TO LIVE A HEALTHIER LIFE

**ahealthyme**  
Everything to live a healthier life



If you want to know more about your health and how to make it better, ahealthyme<sup>®</sup> is a great place to start. With just a few clicks, we'll show you just what you need to live a healthier life. From a health assessment to wellness workshops and interactive tools, ahealthyme is your personal online resource.

## WITH AHEALTHYME, MANAGING YOUR HEALTH CAN BE AS EASY AS 1, 2, 3:

### 1 Start with your health assessment

Taking your health assessment is easy and rewarding. Simply answer questions about eight areas of your health. When done, we'll give you a detailed look at your health today and recommend tools and programs that will help improve it, based on your answers.

### 2 Take a wellness workshop

Our self-paced wellness workshops are a fun way to be smart about your health. You'll gain insight on health topics that relate to you and get closer to your wellness goal.

**Learn about:**

- Healthy eating
- Physical fitness
- Quitting smoking
- Much more
- Stress management

### 3 Stay motivated and stick to your goals

Maintaining good eating and exercise habits can help keep you on track. With ahealthyme, you can record and track your activities on any computer or smartphone and see how you're doing in real time.

## Get Started Now

Go to [ahealthyme.com/login](https://ahealthyme.com/login) and sign up to begin your journey to healthier living.



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# NURSES RIGHT NOW. NO IFS, ANDS, OR BUTS.

Call our 24/7 Nurse Line 1-888-247-BLUE (2583).

Speak to a registered nurse, when you need to, day or night. Because guidance and advice should happen round the clock.



## YES, YOUR PLAN COVERS IT!

Nurses are ready around the clock to answer your questions. Call our Nurse Line 24/7 to determine if you need immediate care.



### GET CONNECTED DIRECTLY TO A NURSE

Immediate advice, no waiting for a callback.



### 365 DAYS A YEAR

Including holidays. For access that's ready when you are.



### THERE'S NO ADDITIONAL COST

Because your health comes first.



### EMAIL\* A NURSE 24/7, TOO

Create an account to email a nurse for general questions or advice, day or night.

\*We partner with Carenet Health™, an independent health care engagement company, to administer this service. You'll need to create a Carenet Health account or sign in to their secure website. When creating your account, you'll need to enter your nine-digit Blue Cross member ID number. Please don't include the letter prefix.

## Questions?

Visit [myblue.bluecrossma.com](https://myblue.bluecrossma.com) and select **Find a Doctor & Estimate Costs** to find a provider near you. Download the MyBlue App from the App Store® or Google Play™.





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ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

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MASSACHUSETTS

# WELLNESS WORKSHOPS

Looking for Support  
to Reach Your  
Wellness Goals?

**ahealthyme**  
Everything to live a healthier life



Our interactive, self-paced wellness workshops are designed to help you understand and make healthy choices. These workshops are easy to use and they're available on our secure ahealthyme website. We hope you'll take advantage of them!

## HOW DO I SIGN UP FOR A WELLNESS WORKSHOP?

- 1 Sign in to [ahealthyme.com/login](https://ahealthyme.com/login), then go to **Wellness Workshops** in the top navigation bar and select **Sign Up for a Workshop** from the drop-down list.
- 2 Select the wellness workshop title you'd like to enroll in under **Add**, and then click **Sign Up**.\*
- 3 To begin, click the workshop title when it appears active.

\*If **Sign Up** is grayed out, that means you're active in another workshop, and you should click **Add to Queue**. The queued workshop will become active after you complete the active workshop.

### Get Started Now

Go to [ahealthyme.com/login](https://ahealthyme.com/login) and sign up to follow the path to healthier living.

## WHAT YOU'LL LEARN

Our wellness workshops encourage, inspire, and teach you how to better manage your health. Topics include:

- Breathe Easy—Tobacco Cessation Wellness Workshop
- Fight the Flu—Wellness Workshop
- Finding the Right Balance—Weight Management Wellness Workshop
- Fit for Life—Physical Activity Wellness Workshop
- Smart Choices—Healthy Eating Wellness Workshop
- Take a Break—Stress Management Wellness Workshop
- Mindful Living—Mind and Body Connection Workshop
- Rest and Recharge—Sleep Wellness Workshop
- Smart Spending and Saving—Financial Wellness Workshop
- Healthy Mouth, Happy Smile—Dental Wellness Workshop
- Prediabetes Prevention—Wellness Workshop
- Advance Care Planning—Wellness Workshop

## HOW IT WORKS

Every week, you'll be assigned articles, videos, trackers, and other tools to help you create and follow a plan to get healthier. You can complete all the tasks at once, or over the course of several days—whichever works best with your schedule. Reminder emails will help to keep you on track toward meeting your goals.

## TRACKING PROGRESS

You can view your workshop To-Do list on the home page of the secure [ahealthyme](https://ahealthyme.com/login) website (**ahealthyme.com/login**). Once a task you complete a task, it appears under **Completed** at the bottom of your To-Do list.



## TAKE A STEP TOWARD BETTER HEALTH

Sign up for a wellness workshop!

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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55-1229 (5/20)

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# FITNESS REIMBURSEMENT

**Your reward for healthy behavior:**  
Save up to \$150 annually for participating in a qualified fitness program.<sup>1</sup>



## Qualified for Fitness Reimbursement:

### Membership or fitness class fees at:

- A full service health club with cardiovascular and strength-training equipment like treadmills, bikes, weight machines, and free weights
- A fitness studio with instructor-led group classes such as yoga, Pilates, Zumba®, kickboxing, indoor cycling/spinning, and other exercise programs



## Not Qualified for Fitness Reimbursement:

- One-time initiation or termination fees
- Fees paid for gymnastics, tennis, pool-only facilities, martial arts schools, instructional dance studios, country clubs or social clubs, sports teams or leagues
- Personal trainer sessions
- Fitness equipment or clothing

## GET REIMBURSED IN THREE EASY STEPS

1

### Choose

Start by picking a qualified fitness program.

2

### Complete

Once you pay for the program, fill out the attached form.

3

### Mail

Send the completed form to the address listed.

**Be sure to check with your doctor before starting any exercise program.**

1. To verify this reimbursement is offered for your plan, or for more information, sign in to MyBlue at [bluecrossma.com/myblue](https://bluecrossma.com/myblue) or call the Member Service number on your ID card. Most plans offer the reimbursement shown, but refer to your plan information for specific details.

## Questions?

Call Member Service at **1-855-279-4176**, Monday, Tuesday, Wednesday, and Friday from 8:00 a.m. to 8:00 p.m. ET, and Thursday from 9:00 a.m. to 5:00 p.m. ET.

# FITNESS REIMBURSEMENT REQUEST

**Please Print All Information Clearly:** To verify this reimbursement is offered within your plan, or for more information, please sign in to MyBlue at [bluecrossma.com/myblue](https://bluecrossma.com/myblue) or call the Member Service number on your ID card. All fitness reimbursement requests must be submitted by March 31 of the following year.

**Complete this form and mail it to:** Blue Cross Blue Shield of Massachusetts, Local Claims Department, PO Box 986030, Boston, MA 02298

## Subscriber Information (Policyholder)

Identification Number on Subscriber ID Card (including first 3 characters)	Subscriber's Last Name	First Name	Middle Initial
Address – Number and Street	City	State	Zip Code
Employer's Name			

## Claim Information

Member Last Name	First Name	Middle Initial	Gender (color in the entire box) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____
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**Claim is for (choose one and color in the entire box):**

- ☐ Subscriber (policyholder)
- ☐ Spouse (of policyholder)
- ☐ Ex-Spouse
- ☐ Dependent (up to age 26)
- ☐ Other (specify):

**Name, Address, and Phone Number of Qualified Fitness Program**

**Total dollars requested: \$ \_\_\_\_\_ for (choose one and color in the entire box):**

- ☐ **Membership fees. Monthly membership fee: \$ \_\_\_\_\_**
- ☐ **Fitness class fees. Fee per class: \$ \_\_\_\_\_**
- Year Fees Paid: \_\_\_\_\_**

Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within 30 calendar days of receiving a completed request form. Reimbursement is sent to the member's address on file with Blue Cross. Reimbursement may be considered taxable income, so consult your tax advisor.

**Certification and Authorization** (This form must be signed and dated below.)

I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services. I enrolled in the qualified program with the full intention of using such program. I understand that Blue Cross Blue Shield of Massachusetts may require proof of payment for a reimbursement decision. I authorize the release of any information about my qualified fitness program to Blue Cross Blue Shield of Massachusetts.

**Subscriber's or Member's Signature:**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### Important Information:

- Fitness reimbursement can be granted for any single member or combination of members enrolled under the same Blue Cross health plan. Blue Cross will make a reimbursement decision within 30 days of receiving a complete request.
- Reimbursement requests must be submitted by March 31 of the following year.
- Keep copies of proof of payment in case we request it from you. Proof of payment includes:
  - Receipts (cash/check/credit/electronic) for membership or class fees clearly documenting your name, the fitness program name, and individual amounts charged with date paid.
  - Your fitness program membership or participation agreement clearly documenting your name and date signed.
- Reimbursement may be considered taxable income, so consult a tax advisor.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

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ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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MASSACHUSETTS

# WEIGHT-LOSS REIMBURSEMENT

## Your reward for healthy behavior:

Receive up to \$150 annually when you participate in a qualified weight-loss program.<sup>1</sup>



### Qualified for Weight-Loss Reimbursement

#### Participation fees for:

- Hospital-based programs and Weight Watchers<sup>®</sup> in-person
- Weight Watchers online and other non-hospital programs (in-person or online) that combine healthy eating, exercise, and coaching sessions with certified health professionals such as nutritionists, registered dietitians, or exercise physiologists.



### Not Qualified for Weight-Loss Reimbursement

- One-time initiation or termination fees
- Food, supplements, books, scales, or exercise equipment
- Individual nutrition counseling sessions, doctor/nurse visits, lab tests, or other services that are covered benefits under your medical plan

## GET REIMBURSED IN THREE EASY STEPS

1

#### Choose

Start by picking a qualified weight-loss program.

2

#### Complete

Once you pay for the program, fill out the attached form, or sign in to MyBlue to submit online at [member.bluecrossma.com/login](https://member.bluecrossma.com/login).

3

#### Mail

Send the completed form to the address listed.

**Be sure to check with your doctor before starting any weight-loss program.**

1. To verify this reimbursement is offered for your plan, or for more information, sign in to MyBlue at [bluecrossma.com/myblue](https://member.bluecrossma.com/myblue) or call the Member Service number on your ID card. Most plans offer the reimbursement shown, but refer to your plan information for specific details.

## Questions?

Contact Member Service by calling the phone number on your member ID card.

# WEIGHT-LOSS REIMBURSEMENT REQUEST

**Please Print All Information Clearly:** To verify this reimbursement is offered within your plan, or for more information, please sign in to MyBlue at [bluecrossma.com/myblue](https://bluecrossma.com/myblue) or call the Member Service number on your ID card. All weight-loss reimbursement requests must be submitted by March 31 of the following year.

**Complete this form and mail it to:** Blue Cross Blue Shield of Massachusetts, Local Claims Department , PO Box 986030, Boston, MA 02298

## Subscriber Information (Policyholder)

Identification Number on Subscriber ID Card (including first 3 characters)	Subscriber's Last Name	First Name	Middle Initial
Address – Number and Street	City	State	Zip Code
Employer's Name			

## Claim Information

Member Last Name	First Name	Middle Initial	Gender (color in the entire box) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____
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**Claim is for (choose one and color in the entire box):**

- ☐ Subscriber (policyholder)
- ☐ Spouse (of policyholder)
- ☐ Ex-Spouse
- ☐ Dependent (up to age 26)
- ☐ Other (specify):

**Name, Address, and Phone Number of Qualified Weight-Loss Program**

**Total dollars requested: \$** \_\_\_\_\_

**Monthly program participation fee: \$** \_\_\_\_\_

**Calendar Year: \_\_\_\_/\_\_\_\_/\_\_\_\_**

Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within 30 calendar days of receiving a completed request form. Reimbursement is sent to the member's address on file with Blue Cross. Reimbursement may be considered taxable income, so consult your tax advisor.

**Certification and Authorization** (This form must be signed and dated below.)

I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services. I understand that Blue Cross Blue Shield of Massachusetts may require proof of payment for a reimbursement decision. I authorize the release of any information about my qualified weight-loss program to Blue Cross Blue Shield of Massachusetts.

**Subscriber's or Member's Signature:**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### Important Information:

- Weight-loss reimbursement can be granted for any single member or combination of members enrolled under the same Blue Cross Blue Shield of Massachusetts health plan. Blue Cross will make a reimbursement decision within 30 days of receiving a completed request.
- Reimbursement requests must be submitted by March 31 of the following year.
- Keep copies of proof of payment in case we request it from you. Proof of payment includes:
  - Receipts (cash/check/credit/electronic) for participation fees clearly documenting your name, the weight-loss program name, and individual amounts charged with date paid.
  - Your weight-loss program membership or participation agreement clearly documenting your name and date of enrollment/participation.
- Your reimbursement may be considered taxable income, so consult a tax advisor.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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MASSACHUSETTS

# HAPPIER BEGINNINGS START HERE

Welcoming your newest family member is an adventure. We're here to provide support for every step of your pregnancy—and beyond.



Track your nine-month journey with the **Ovia™ Pregnancy app**.

Download the app, and select **Blue Cross** as your health plan.



From preconception to delivery, **Living Healthy Babies®** gives you the information you need.

Get the facts at [livinghealthybabies.com](http://livinghealthybabies.com).



Expectant mothers can get a breast pump delivered directly to their door, at no additional cost.

Learn more at [bluecrossma.com/maternity](http://bluecrossma.com/maternity).



Get specialized pregnancy and postpartum support to help you avoid health complications.

Call us at 1-800-392-0098.



Get help if you're struggling with depression during or after pregnancy.

Call us at 1-800-524-4010, ext. 62398.



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# HINGE HEALTH FOR CHRONIC BACK AND JOINT PAIN

## What Is Hinge Health?

Hinge Health, an independent company, provides a preventive pain management program that helps adults proactively manage chronic back and joint pain through a 12-month, coach-led, digital experience. The program was developed using proven, non-surgical care guidelines, and includes detailed walk-throughs of exercise therapy\*, educational articles, and behavioral support and coaching.

## HOW DOES IT WORK?

Hinge Health is an easy-to-use, high-impact program that gives members the tools to manage chronic pain effectively, without leaving their home or relying on medications and surgery. With this program, they'll gain access to:



### Supporting Technology

Getting started with Hinge Health is simple—employees take a quick online clinical screening, and then receive the program kit by mail. Each kit will include Bluetooth®-enabled exercise bands with motion-sensing technology, and a tablet pre-loaded with the Hinge Health app, all ready to use right out of the box.



### Weekly Personalized Educational Resources

Your employees receive new articles that explain their specific condition, discuss potential treatment possibilities with an emphasis on non-surgical options, and dispel common misconceptions.



### Guided Exercise Therapy

Participants will receive a tailored program of simple stretching and strengthening exercises. As participants perform the exercises, a health coach monitors them to ensure safe form and movement, and offers real-time feedback and support.

## IMPACT OF HINGE HEALTH

### Hinge Health participants:

- experience 70% less pain
- avoid two out of three MSK-related surgeries
- avoid the need for opioid-based pain medications

## EVERYTHING THEY NEED IN ONE KIT

### Hinge Health participants receive:

- Bluetooth-enabled exercise bands
- A pre-loaded Hinge Health tablet and app
- An assigned health coach
- Educational webinars

### The Cost of Musculoskeletal (MSK) Complications:

# 1 OUT OF 6

HEALTH CARE DOLLARS IS SPENT ON MSK<sup>1</sup>

# 50%

OF YOUR WORKFORCE  
SUFFERS FROM  
MSK PAIN<sup>2</sup>

# 77%

OF MSK'S COSTS ARE FOR  
SURGERIES AND OPIOID  
MEDICATIONS<sup>3</sup>

## Questions?

If you have questions or concerns regarding Hinge Health, contact your Blue Cross account executive.

\*Not provided by a Therapist.

## EASE OF IMPLEMENTATION

Getting started with Hinge Health is simple—all your employees need to do when they're ready to get started is:

- Register online through the Hinge Health portal, set up specifically for your employees
- Take their online clinical screening
- Participate in a program kick-off phone call with their assigned health coach
- Engage in the 12-month program

## THE BLUE CROSS AND HINGE HEALTH PARTNERSHIP GIVES YOU:

- Simple use-based pricing
- Fewer claim outcomes involving pain, surgery, and depression, backed by two randomized, controlled trials
- Proven implementation with major self-insured employers
- A turnkey deployment playbook led by Hinge Health's Client Success team

## ELIGIBILITY REQUIREMENTS

Adult members (18+ years) actively enrolled within the Blue Cross Blue Shield of Massachusetts medical account (Active and COBRA) are eligible for Hinge Health with the exception of Medex<sup>®</sup>, Medicare Advantage, or any account-specific group exclusions



## HINGE HEALTH ENGAGES PEOPLE:

- 30+ exercise therapy sessions completed in as few as 12 weeks
- 3+ weekly health coach interactions
- 70+ pages of patient education read over program duration

Data represented is based on vendor calculations and actual results may vary.

## PEOPLE LOVE THIS PROGRAM

- 9.2/10 participant satisfaction score
- 70 Net Promoter Score<sup>®</sup>

1. Source: Business Group On Health, Large Employers' Health Care Strategy and Plan Design Survey 2020.
2. Source: The United States Bone and Joint Initiative, "The Burden of Musculoskeletal Diseases in the United States," 2016: "On an age-adjusted basis, musculoskeletal conditions are reported by 54 persons per every 100 in the population."
3. Based on Hinge Health book of business.

## THREE STEPS TO BEHAVIORAL SUPPORT & COACHING

# 1

Each participant is screened for a variety of psychosocial risks to identify mental barriers to pain management. Each risk is targeted with cognitive-behavior therapy exercises, to set participants up for success.

# 2

All program communications can be customized to their preference—they can choose to receive information through text, email, phone, or in-app.

# 3

An assigned health coach keeps participants on track toward their pain management goal, providing support from start to finish.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

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# LIVONGO FOR DIABETES MANAGEMENT

## What Is Livongo?

Livongo, an independent company, provides a diabetes management program that helps adults take greater control of their condition and treatment by introducing a connected blood glucose meter, personalized analytics, and access to coaching.

## HOW DOES IT WORK?

Livongo for Diabetes is a simple approach to diabetes management that will provide your employees with:



### Data Driven Insights

In response to blood glucose levels, Livongo's reinforcement learning algorithms deliver actionable, customized insights for behavior change to members directly through their blood glucose meter, mobile app, and personal online account.



### Live Support for Members

Coaches, including Certified Diabetes Educators, help members make better diabetes management decisions, and deliver real-time outreach in response to at-risk glucose readings.



### Connected Care Community

Livongo creates a better experience for members, their families, and their clinicians by enabling members to seamlessly share data on glucose trends and provide real-time notifications to their identified support network, as well as creating a private online community for peer support.



### Unlimited Strips, On Demand

Livongo provides members with test strips as requested, delivered right to their door.

### Average Medical Expenditures for People with Diabetes:

\$13,700<sup>1</sup>

### CHANGE IN AVERAGE HbA1c<sup>2</sup>:

7.7%	7.1%	6.9%
AT REGISTRATION	AT 1 YEAR	AT 2 YEARS

REDUCING HbA1c TO TARGET 7%<sup>2</sup> HELPS PREVENT LONG-TERM COMPLICATIONS OF DIABETES AND PRODUCE COST SAVINGS<sup>3</sup>

### LIVONGO REPORTS HIGH MEMBER SATISFACTION:

88%

OF ENROLLED RESPONDENTS REPORT A POSITIVE EXPERIENCE

1. American Diabetes Assoc. Economic Costs of Diabetes in the U.S. 2012.

2. Livongo Book of Business HbA1c Report, August 30, 2017. Average HbA1c is self-reported at enrollment. Year 1 and year 2 average HbA1c were calculated from blood glucose data.

3. American Diabetes Association - Checking Your Blood Glucose. <http://www.diabetes.org/living-with-diabetes/treatment-and-care/blood-glucose-control/checking-your-blood-glucose.html>.

4. Gilmer TP, O'Connor PJ, Manning WG, Rush WA. The cost to health plans of poor glycemic control. Diabetes Care. 1997;20(12):1847-1853.

## Questions?

If you have questions or concerns regarding Livongo, contact your Blue Cross account executive.



## NEW MEMBER WELCOME KIT:

- Livongo's connected blood glucose meter
- Lancing device, test strips, and lancets
- Carrying case

### Livongo's connected meter drives behavior change with:

- Personalized insights
- Real-time interventions
- Immediate data sharing
- Automatic log books

### Access member resources, such as:

- Home delivery of test strips and lancets, when requested
- Coaching with Certified Diabetes Educators
- Access to blood glucose insights, patterns, and data visualization on the meter, app, and online

## The Blue Cross and Livongo Partnership Gives You:

### Simple Contracting

Livongo will be incorporated into your existing Blue Cross Master Service Agreement.

### Easy Billing and Administration

Single point of contact: Billing for Livongo will be part of your Blue Cross billing statement and your Blue Cross account representative oversees your Livongo program.

### Care Coordination

Blue Cross has insight into members' glucose readings and may notify doctors that a member is participating in the Livongo program, helping to further provide a unified and supportive experience for our members.

### Eligibility Requirements

Adult members (18+ years) actively enrolled within the Blue Cross Blue Shield of Massachusetts medical account (Active and COBRA) who are diagnosed with type 1 or type 2 diabetes are eligible for Livongo with the exception of Medex<sup>®</sup>, Medicare Advantage, or any account-specific group exclusions. Please note that Livongo doesn't support gestational diabetes.

## EASE OF IMPLEMENTATION

Blue Cross makes program implementation easy with integrations that identify eligible members with type 1 or type 2 diabetes from your claims data. Livongo will manage member outreach with simple turnkey communications.



Comprehensive communications campaign for plan members with diabetes.



Members register online or by phone.



Enrolled employees receive a welcome kit with blood glucose meter, supplies, and access to the program's full suite of resources.

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ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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# Worldwide Coverage

For Foreign and Domestic Travelers



**Get quality health care no matter where you are in the world.**

Whether you're traveling within the United States or abroad, BlueCard® and Blue Cross Blue Shield Global® Core make sure you have access to top doctors and hospitals and concierge-level service.



**Take this reference card with you when you travel.**

When you need care, you'll be prepared.

TEAR HERE

## Urgent Care

1. Call **1-800-810-BLUE (2583)**, or visit **bcbs.com** to find nearby doctors and hospitals anywhere in the world that participate in the Blue Cross Blue Shield network.
2. Show your member ID card when you get care.
3. If you're admitted, or if you have questions about your coverage, call Member Service at the number on the front of your ID card.

## Your Passport to Good Health

Always carry your Blue Cross Blue Shield of Massachusetts ID card.

FOLD HERE

## Emergency Care

For emergency services, call the local emergency number or go to the nearest hospital immediately.


Call **1-800-810-BLUE (2583)** for a list of participating doctors and hospitals, or to obtain an international claim form.

## Getting Care in the United States

More than 85 percent of all doctors and hospitals in the United States participate in the BlueCard program. If you need care outside your plan's service area, call **1-800-810-BLUE (2583)**, or visit **bcbs.com** to find a doctor near you. Be sure to show your ID card before you receive service.

### When you get service:

- There's no paperwork
- Participating doctors and hospitals submit claims for you
- All you pay is the copayment, co-insurance, or deductible
- If you receive care from a non-participating doctor or hospital, you may need to pay for the services up front and submit a claim for reimbursement

**BlueCard PPO Members Only:** If you see this symbol, , on your ID card, you're a BlueCard PPO member. To save the most money when getting service, use a participating BlueCard PPO doctor or hospital.

## In Case of Emergency

For emergency services, call the local emergency number or go to the nearest hospital immediately.

## Getting Care Outside the United States

The Blue Cross Blue Shield Global® Core network gives you access to doctors and hospitals around the world. If you need care, call the Service Center at **1-800-810-BLUE (2583)**, or call collect at **1-804-673-1177**, 24 hours a day, 7 days a week. An assistance coordinator, along with a medical professional, will arrange a doctor's appointment or hospitalization if necessary. You can also visit **bcbsglobalcore.com**.

TEAR HERE



An Association of Independent Blue Cross and Blue Shield Plans

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Primary Care Provider's Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Doctor's Hospital Affiliation: \_\_\_\_\_

Your Blue Cross Blue Shield Member ID: \_\_\_\_\_

Member Service Phone Number (from your ID card): \_\_\_\_\_

### For Inpatient Services:

- Call the Service Center at **1-800-810-BLUE (2583)**, or Member Service at the number on your ID card, for precertification or preauthorization
- In most cases, all you pay is the copayment, co-insurance, or deductible
- The hospital should submit the claim on your behalf

### For Outpatient Services:

- Show your ID card
- Pay the doctor or hospital
- Fill out a Blue Cross Blue Shield Global® Core International Claim form for reimbursement (Call **1-800-810-BLUE (2583)** or visit **bcbsglobalcore.com** for the form)
- You're only responsible for copayments, co-insurance, or deductible when seeing in-network doctors and hospitals
- You'll pay more when seeing out-of-network doctors and hospitals

## Doctors and Hospitals

In most cases, participating doctors and hospitals will file the claim for you. If they need information about eligibility or your coverage, have them call **1-800-676-BLUE (2583)**.

## Your Member Responsibilities

As a Blue Cross Blue Shield of Massachusetts member, you're still responsible for any copayments, co-insurance, deductible, or non-covered services. For out-of-country services, Blue Cross Blue Shield of Massachusetts payments will be based on the provider's charge.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

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# OUR COMMITMENT TO CONFIDENTIALITY (NOTICE OF PRIVACY PRACTICES) AND WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL AND DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### Our Commitment

We respect your right to privacy. We will not disclose personally identifiable information about you without your permission, unless the disclosure is necessary to provide our services to you or is otherwise in accordance with the law.

### Collection of Information

We collect only the information about you that we need to operate our business. We collect information from other parties, such as your health care providers and employers. Examples of the information we collect are (i) medical and dental information from providers when they submit claims for services and (ii) personal information such as name, address, and date of birth, which is most often supplied by you or your employer when you enroll in a plan.

### Use and Disclosure of Information

We are required by law to protect the confidentiality of information about you and to notify you in case of a breach affecting

your information. We may use and disclose information about you without your written authorization for the following purposes, to the extent otherwise permitted or required by law:

- **You or Your Representatives**—to you or your “personal representative” upon request or to help you (or your personal representative) understand treatment options, benefits, or the rights available to you. Your “personal representative” is a person who has **legal authority** to make health-related decisions on your behalf, such as a person with a health-care power of attorney. Your request must be in writing. Please complete the **Documentation of Legal Representative Status for Members** form available on our website. You also may designate a family member or friend to receive information and interact with us on your behalf. Your designation and any subsequent revocation must be in writing. Please complete the **Member's Designation of an Authorized Representative** form on our website. You may also call Member Service for a copy of these forms.

- **Treatment**—to help health care providers manage or coordinate your health care and related services. For example, we may use and disclose information about you to inform providers of medications you take or to remind you of appointments.
- **Payment**—to obtain payment for your coverage, pay claims for your health benefits, or help another health plan or health care provider in its payment activities. For example, we may use or disclose information about you to make coverage determinations, administer claims, or coordinate benefits with other coverage you may have.
- **Health Care Operations**—to perform other activities necessary for the operation of our business, including customer service, disease management, and determining how to improve the quality of care. For example, we may use or disclose information about you to respond to your call to customer service, arrange for medical review of your claims, or conduct quality assessment and improvement activities.
- **Legal Compliance**—to comply with applicable law. For example, we may be required to use or disclose information about you to respond to regulatory authorities responsible for oversight of government benefit programs or our business operations; to parties or courts in the course of judicial or administrative proceedings; or pursuant to workers' compensation laws.
- **Government Agencies**—under limited circumstances established by law, to public health authorities, coroners or medical examiners, law enforcement, or other government officials
- **Research**—for health-related research studies that meet legal standards for protection of the individuals involved in the studies and their personal information. We may also create a database of our members' information that does not include individual identifiers and use the database for research or other purposes, provided that the information cannot be traced back to specific members.
- **To Your Employer (or other plan sponsor), if applicable**, for administration of its health plan. This applies only if you receive coverage through an employer-sponsored plan (or plan sponsored by your union or other entity). For example, we may disclose information about you to your employer (or other plan sponsor) to confirm enrollment in the plan or (if the employer or other plan sponsor is self-insured) for claim review and audits. We will disclose your information only to designated individuals. That, along with legal prohibitions on use of your personal information for discriminatory purposes, helps protect your information from unauthorized use.

To carry out these purposes, we share information with entities that perform functions for us subject to contracts that limit use and disclosure for intended purposes. We use physical, electronic, and procedural safeguards to protect your privacy. Even when allowed, we limit uses and disclosures of your information to the minimum amount reasonably necessary for the intended task.

The Health Insurance Portability and Accountability Act (HIPAA) generally does not override other laws that give people greater privacy protections. As a result, we



must comply with any state or federal privacy laws that require us to provide you with more privacy protections. For example, federal law provides special protections for substance use disorder information; Massachusetts state law restricts the disclosure of HIV and AIDS related information. In addition, we will not use (and are prohibited from using) your genetic information for underwriting purposes.

### Other Disclosures Require Your Written Authorization

Except as provided in this notice, we will not use or disclose information about you without your written authorization. For example, we must have your written authorization to use or disclose your information for marketing purposes or (in most cases) to use or disclose psychotherapy notes. Although we would need written authorization to sell information about you, we do not sell members' information.

You may revoke your authorization at any time. Your authorization must be in writing. Your revocation will not affect any action that we have already taken in reliance on your authorization. If you would like us to disclose information about you to a third party, please complete the Permission for One-Time Disclosure of Information form available on our website or call Member Service for a copy of the form.

### Your Privacy Rights

You have the following rights with respect to information about you. You may exercise any of these rights by calling the Member Service number listed on your member ID card or contacting us at the address listed at the end of this notice. The forms listed below are also available on our website.

- **You have the right to receive information about privacy protections.** Your member-education materials include a notice of your rights, and you may request a paper copy of this notice at any time.
- **You have the right to inspect and get copies of information that we use to make decisions about you.** This is your designated record set. Your request must be in writing. We may charge a reasonable fee for copying and mailing you this information. Please complete the Request for Access to Copies of Protected Health Information in Designated Record Set form to request copies of your information.
- **You have the right to receive an accounting of certain disclosures that we make of information about you.** Your request must be in writing. Please complete the Members Request for an Accounting of Disclosures form. Our response will exclude any disclosures made in support of treatment, payment, and health care operations or that you authorized (among others). An example of a disclosure that would be reported to you is our disclosure of your information in response to a court order.
- **You have the right to ask us to correct or amend information you believe to be incorrect.** Your request to correct or amend information must be in writing. Please complete the Members Request to Amend Protected Health Information form. If we deny your request, you may ask us to make your request part of your records.
- **You have the right to ask that we restrict or refuse the disclosure of information about you and that we direct communications to you by alternative means or to alternative locations.** While we may not always be able to agree to your request, we will make reasonable

efforts to accommodate requests. Unless you've notified us to request a different mailing address, Summary of Health Plan Payments statements for the subscriber, and all members listed on the subscriber's plan, are generally delivered to the subscriber's address. Under certain circumstances, you can request to not receive statements for a particular service, or to have statements delivered through an alternate method or to an alternate address, when required by state law. If you have concerns about protecting the privacy of your medical information in your statements, you can have these statements delivered to an address other than the plan subscriber's address, or have them delivered only via electronic means. For help understanding your delivery options, please call Member Service at the number listed on your member ID card. Your request and any subsequent revocation must be in writing.

If you believe your privacy rights have been violated, you have the right to complain to us using the grievance process outlined in your benefit materials, or to the Secretary of the U.S. Department of Health and Human Services, without fear of retaliation.

### About This Notice

The original effective date of this notice was April 14, 2003. The effective date of the most recent revision is indicated in the footer of this notice. We are required by law to provide you with this notice of our legal duties and privacy practices and to abide by the notice for as long as it is in effect. We reserve the right to change this notice. Any changes will apply to all information that we maintain, regardless of when it was created or received. If we make a material change to this notice, we will post the revised notice on our website and notify you of the change and how

to obtain the revised notice in our next regular mailing to you. If you have any questions, please call the Member Service number listed on your member ID card, or write us at:

**Blue Cross Blue Shield of Massachusetts**

**Privacy Officer**

**101 Huntington Ave.**

**Suite 1300**

**Boston, MA 02199-7611**

### WHCRA NOTICE

Did you know that your medical plan provides benefits for many mastectomy-related services? This is the case even if you were not covered by Blue Cross Blue Shield of Massachusetts at the time of the mastectomy. It's required by the Women's Health and Cancer Rights Act of 1998. If you are covered for a mastectomy and elect breast reconstruction in connection with a mastectomy, then benefits are also provided for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Coverage will be provided as determined in consultation with you and your attending doctor. The costs that you pay for these services are the same as those you pay for other services in the same category. To learn more, please call the Member Service number on your member ID card.

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Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).



MASSACHUSETTS

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# Glossary of Health Coverage and Medical Terms

- This glossary defines many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your [plan](#) or [health insurance](#) policy. Some of these terms also might not have exactly the same meaning when used in your policy or [plan](#), and in any case, the policy or [plan](#) governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or [plan](#) document.)
- [Underlined](#) text indicates a term defined in this Glossary.
- See page 6 for an example showing how [deductibles](#), [coinsurance](#) and [out-of-pocket limits](#) work together in a real life situation.

## Allowed Amount

This is the maximum payment the [plan](#) will pay for a covered health care service. May also be called "eligible expense", "payment allowance", or "negotiated rate".

## Appeal

A request that your health insurer or [plan](#) review a decision that denies a benefit or payment (either in whole or in part).

## Balance Billing

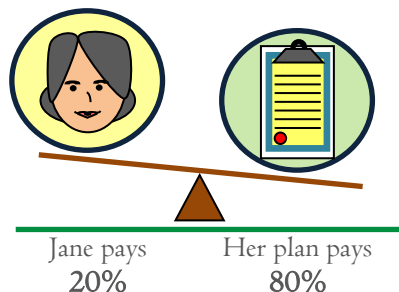
When a [provider](#) bills you for the balance remaining on the bill that your [plan](#) doesn't cover. This amount is the difference between the actual billed amount and the [allowed amount](#). For example, if the provider's charge is \$200 and the allowed amount is \$110, the provider may bill you for the remaining \$90. This happens most often when you see an [out-of-network provider](#) ([non-preferred provider](#)). A [network provider](#) ([preferred provider](#)) may not bill you for covered services.

## Claim

A request for a benefit (including reimbursement of a health care expense) made by you or your health care [provider](#) to your health insurer or [plan](#) for items or services you think are covered.

## Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the [allowed amount](#) for the service. You generally pay coinsurance *plus* (See page 6 for a detailed example.) any [deductibles](#) you owe. (For example, if the [health insurance](#) or [plan's](#) allowed amount for an office visit is \$100 and you've met your [deductible](#), your coinsurance payment of 20% would be \$20. The health insurance or [plan](#) pays the rest of the allowed amount.)



## Complications of Pregnancy

Conditions due to pregnancy, labor, and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section generally aren't complications of pregnancy.

## Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

## Cost Sharing

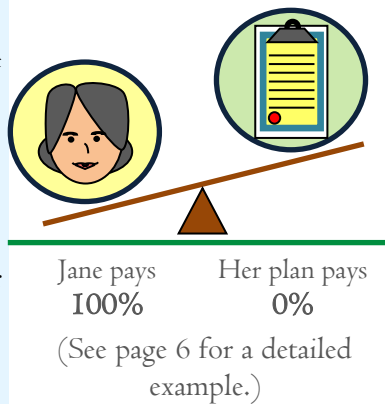
Your share of costs for services that a [plan](#) covers that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of cost sharing are [copayments](#), [deductibles](#), and [coinsurance](#). Family cost sharing is the share of cost for [deductibles](#) and [out-of-pocket](#) costs you and your spouse and/or child(ren) must pay out of your own pocket. Other costs, including your [premiums](#), penalties you may have to pay, or the cost of care a [plan](#) doesn't cover usually aren't considered cost sharing.

## Cost-sharing Reductions

Discounts that reduce the amount you pay for certain services covered by an individual [plan](#) you buy through the [Marketplace](#). You may get a discount if your income is below a certain level, and you choose a Silver level health plan or if you're a member of a federally-recognized tribe, which includes being a shareholder in an Alaska Native Claims Settlement Act corporation.

## Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your [plan](#) begins to pay. An overall deductible applies to all or almost all covered items and services. A [plan](#) with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A [plan](#) may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)



## Diagnostic Test

Tests to figure out what your health problem is. For example, an x-ray can be a diagnostic test to see if you have a broken bone.

## Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care [provider](#) for everyday or extended use. DME may include: oxygen equipment, wheelchairs, and crutches.

## Emergency Medical Condition

An illness, injury, symptom (including severe pain), or condition severe enough to risk serious danger to your health if you didn't get medical attention right away. If you didn't get immediate medical attention you could reasonably expect one of the following: 1) Your health would be put in serious danger; or 2) You would have serious problems with your bodily functions; or 3) You would have serious damage to any part or organ of your body.

## Emergency Medical Transportation

Ambulance services for an [emergency medical condition](#). Types of emergency medical transportation may include transportation by air, land, or sea. Your [plan](#) may not cover all types of emergency medical transportation, or may pay less for certain types.

## Emergency Room Care / Emergency Services

Services to check for an [emergency medical condition](#) and treat you to keep an [emergency medical condition](#) from getting worse. These services may be provided in a licensed hospital's emergency room or other place that provides care for [emergency medical conditions](#).

## Excluded Services

Health care services that your [plan](#) doesn't pay for or cover.

## Formulary

A list of drugs your [plan](#) covers. A formulary may include how much your share of the cost is for each drug. Your [plan](#) may put drugs in different [cost sharing](#) levels or tiers. For example, a formulary may include generic drug and brand name drug tiers and different [cost sharing](#) amounts will apply to each tier.

## Grievance

A complaint that you communicate to your health insurer or [plan](#).

## Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

## Health Insurance

A contract that requires a health insurer to pay some or all of your health care costs in exchange for a [premium](#). A health insurance contract may also be called a "policy" or "[plan](#)".

## Home Health Care

Health care services and supplies you get in your home under your doctor's orders. Services may be provided by nurses, therapists, social workers, or other licensed health care [providers](#). Home health care usually doesn't include help with non-medical tasks, such as cooking, cleaning, or driving.

## Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

## Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. Some [plans](#) may consider an overnight stay for observation as outpatient care instead of inpatient care.

## Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.



## Individual Responsibility Requirement

Sometimes called the “individual mandate”, the duty you may have to be enrolled in health coverage that provides [minimum essential coverage](#). If you don’t have [minimum essential coverage](#), you may have to pay a penalty when you file your federal income tax return unless you qualify for a health coverage exemption.

## In-network Coinsurance

Your share (for example, 20%) of the [allowed amount](#) for covered healthcare services. Your share is usually lower for in-[network](#) covered services.

## In-network Copayment

A fixed amount (for example, \$15) you pay for covered health care services to [providers](#) who contract with your [health insurance](#) or [plan](#). In-network copayments usually are less than [out-of-network copayments](#).

## Marketplace

A marketplace for [health insurance](#) where individuals, families and small businesses can learn about their [plan](#) options; compare plans based on costs, benefits and other important features; apply for and receive financial help with [premiums](#) and [cost sharing](#) based on income; and choose a [plan](#) and enroll in coverage. Also known as an “Exchange”. The Marketplace is run by the state in some states and by the federal government in others. In some states, the Marketplace also helps eligible consumers enroll in other programs, including Medicaid and the Children’s Health Insurance Program (CHIP). Available online, by phone, and in-person.

## Maximum Out-of-pocket Limit

Yearly amount the federal government sets as the most each individual or family can be required to pay in [cost sharing](#) during the [plan](#) year for covered, in-[network](#) services. Applies to most types of health [plans](#) and insurance. This amount may be higher than the [out-of-pocket limits](#) stated for your [plan](#).

## Medically Necessary

Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, including habilitation, and that meet accepted standards of medicine.

## Minimum Essential Coverage

Health coverage that will meet the [individual responsibility requirement](#). Minimum essential coverage generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage.

## Minimum Value Standard

A basic standard to measure the percent of permitted costs the [plan](#) covers. If you’re offered an employer [plan](#) that pays for at least 60% of the total allowed costs of benefits, the [plan](#) offers minimum value and you may not qualify for [premium tax credits](#) and [cost sharing reductions](#) to buy a [plan](#) from the [Marketplace](#).

## Network

The facilities, [providers](#) and suppliers your health insurer or [plan](#) has contracted with to provide health care services.

## Network Provider (Preferred Provider)

A [provider](#) who has a contract with your [health insurer](#) or [plan](#) who has agreed to provide services to members of a [plan](#). You will pay less if you see a [provider](#) in the [network](#). Also called “preferred provider” or “participating provider.”

## Orthotics and Prosthetics

Leg, arm, back and neck braces, artificial legs, arms, and eyes, and external breast prostheses after a mastectomy. These services include: adjustment, repairs, and replacements required because of breakage, wear, loss, or a change in the patient’s physical condition.

## Out-of-network Coinsurance

Your share (for example, 40%) of the [allowed amount](#) for covered health care services to [providers](#) who don’t contract with your [health insurance](#) or [plan](#). Out-of-network coinsurance usually costs you more than [in-network coinsurance](#).

## Out-of-network Copayment

A fixed amount (for example, \$30) you pay for covered health care services from [providers](#) who do **not** contract with your [health insurance](#) or [plan](#). Out-of-network copayments usually are more than [in-network copayments](#).

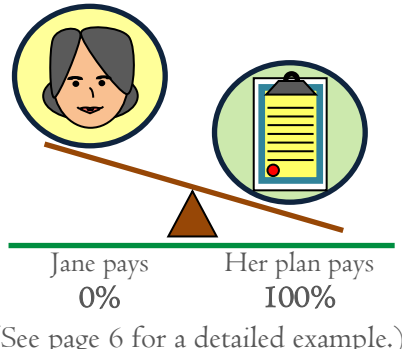
## Out-of-network Provider (Non-Preferred Provider)

A [provider](#) who doesn't have a contract with your [plan](#) to provide services. If your [plan](#) covers out-of-network services, you'll usually pay more to see an out-of-network provider than a [preferred provider](#). Your policy will explain what those costs may be. May also be called "non-preferred" or "non-participating" instead of "out-of-network provider".

## Out-of-pocket Limit

The most you *could* pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the [plan](#) will usually pay 100% of the

[allowed amount](#). This limit helps you plan for health care costs. This limit never includes your [premium](#), [balance-billed](#) charges or health care your [plan](#) doesn't cover. Some [plans](#) don't count all of your [copayments](#), [deductibles](#), [coinsurance](#) payments, out-of-network payments, or other expenses toward this limit.



## Physician Services

Health care services a licensed medical physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), provides or coordinates.

## Plan

Health coverage issued to you directly (individual plan) or through an employer, union or other group sponsor (employer group plan) that provides coverage for certain health care costs. Also called "health insurance plan", "policy", "health insurance policy" or "[health insurance](#)".

## Preauthorization

A decision by your health insurer or [plan](#) that a health care service, treatment plan, [prescription drug](#) or [durable medical equipment \(DME\)](#) is [medically necessary](#). Sometimes called prior authorization, prior approval or precertification. Your [health insurance](#) or [plan](#) may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your [health insurance](#) or [plan](#) will cover the cost.

## Premium

The amount that must be paid for your [health insurance](#) or [plan](#). You and/or your employer usually pay it monthly, quarterly, or yearly.

## Premium Tax Credits

Financial help that lowers your taxes to help you and your family pay for private [health insurance](#). You can get this help if you get [health insurance](#) through the [Marketplace](#) and your income is below a certain level. Advance payments of the tax credit can be used right away to lower your monthly [premium](#) costs.

## Prescription Drug Coverage

Coverage under a [plan](#) that helps pay for [prescription drugs](#). If the plan's [formulary](#) uses "tiers" (levels), prescription drugs are grouped together by type or cost. The amount you'll pay in [cost sharing](#) will be different for each "tier" of covered [prescription drugs](#).

## Prescription Drugs

Drugs and medications that by law require a prescription.

## Preventive Care (Preventive Service)

Routine health care, including [screenings](#), check-ups, and patient counseling, to prevent or discover illness, disease, or other health problems.

## Primary Care Physician

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), who provides or coordinates a range of health care services for you.

## Primary Care Provider

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law and the terms of the [plan](#), who provides, coordinates, or helps you access a range of health care services.

## Provider

An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The [plan](#) may require the provider to be licensed, certified, or accredited as required by state law.



## Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries, or medical conditions.

## Referral

A written order from your [primary care provider](#) for you to see a [specialist](#) or get certain health care services. In many health maintenance organizations (HMOs), you need to get a referral before you can get health care services from anyone except your [primary care provider](#). If you don't get a referral first, the [plan](#) may not pay for the services.

## Rehabilitation Services

Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

## Screening

A type of [preventive care](#) that includes tests or exams to detect the presence of something, usually performed when you have no symptoms, signs, or prevailing medical history of a disease or condition.

## Skilled Nursing Care

Services performed or supervised by licensed nurses in your home or in a nursing home. Skilled nursing care is **not** the same as “skilled care services”, which are services performed by therapists or technicians (rather than licensed nurses) in your home or in a nursing home.

## Specialist

A [provider](#) focusing on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

## Specialty Drug

A type of [prescription drug](#) that, in general, requires special handling or ongoing monitoring and assessment by a health care professional, or is relatively difficult to dispense. Generally, specialty drugs are the most expensive drugs on a [formulary](#).

## UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what [providers](#) in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the [allowed amount](#).

## Urgent Care

Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require [emergency room care](#).

# How You and Your Insurer Share Costs - Example

Jane's Plan Deductible: \$1,500

Coinsurance: 20%

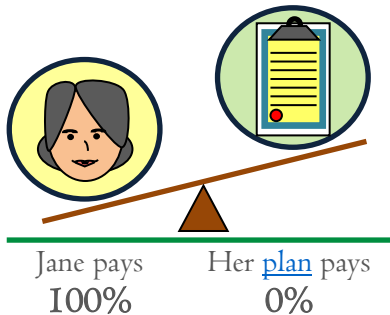
Out-of-Pocket Limit: \$5,000

January 1<sup>st</sup>

Beginning of Coverage Period

December 31<sup>st</sup>

End of Coverage Period



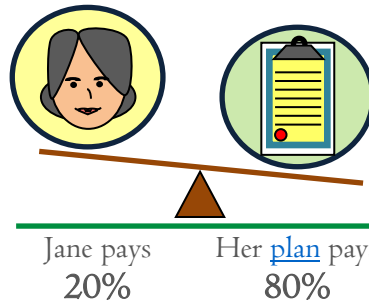
## Jane hasn't reached her \$1,500 deductible yet

Her plan doesn't pay any of the costs.

Office visit costs: \$125

Jane pays: \$125

Her plan pays: \$0



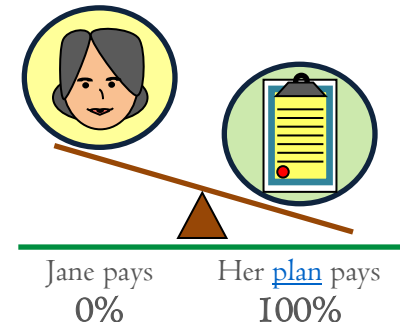
## Jane reaches her \$1,500 deductible, coinsurance begins

Jane has seen a doctor several times and paid \$1,500 in total, reaching her deductible. So her plan pays some of the costs for her next visit.

Office visit costs: \$125

Jane pays: 20% of \$125 = \$25

Her plan pays: 80% of \$125 = \$100



## Jane reaches her \$5,000 out-of-pocket limit

Jane has seen the doctor often and paid \$5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.

Office visit costs: \$125

Jane pays: \$0

Her plan pays: \$125

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# A Guide to Your Summary of Health Plan Payments<sup>1</sup>

The Summary of Health Plan Payments shows you how we process claims for medical services you've received. This statement is not a bill.

## How the Payment Process Works

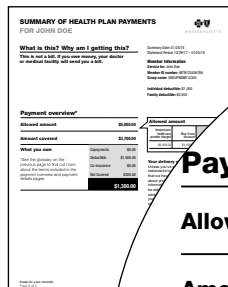
When you visit a health care provider, you pay a copayment.<sup>2</sup>



The provider submits a bill for services to Blue Cross. This is called a claim.



You'll get a Summary of Health Plan Payments if there's a balance remaining after we process the claim and pay our share of the costs. Your provider will send you a bill if you owe any money.



### Payment overview\*

Allowed amount	\$5,000.00
Amount covered	\$3,700.00
Amount covered by Blue Cross	
Copayments	\$0.00
Deductible	\$1,000.00
Co-insurance	\$0.00
Not Covered	\$300.00
<b>Amount you owe (if any)</b>	<b>\$1,300.00</b>

### Amount covered by Blue Cross

\*See the glossary on the previous page to find out more about the terms included in the payment overview and payment details pages.

### Amount you owe (if any)

**This is not a bill.**

### Copayments

Your copayments (also known as a copay) are the fixed dollar amount you pay each time you see a provider<sup>2</sup> or fill a prescription. Look for your copay amount on your member ID card.

### Deductible

If your plan has a deductible, this is the amount of money you pay out-of-pocket for health care services, such as blood tests and x-rays, before Blue Cross starts to pay for them.

### Co-insurance

If your plan has co-insurance, you're responsible for paying a predetermined percentage of your medical expenses once your deductible has been met.

**Tip:** See the glossary on page 2 of your statement for the meaning of any unfamiliar terms.

The provider sends you a bill.  
(if you owe money)



You pay your provider.



## Financial accounts can help cover costs.

If your plan has a Health Reimbursement Arrangement, Health Savings Account, or Flexible Spending Account, you can use it to pay medical expenses, such as your deductible and copayments. You can also use these accounts to pay for eyeglasses and dental services.

1. Medex members receive statements called Explanation of Benefits.

2. Except for certain plans, preventive services are fully covered. Some plans may require co-insurance.



## Payment Overview Page

- A** The payment overview shows the amount charged to Blue Cross, the amount we covered, and what you owe (if anything).
- B** Up here, you'll find your account information, including your plan's deductible. A deductible is the amount you pay for medical services before your insurance begins to pay.
- C** This section shows how the allowed amount was calculated.
- D** Your delivery options describes how these statements are delivered and how you can update your preferences.

# Your Summary of Health Plan Payments

## Payment Details Page

<

- E

Your recent claims, including dates of service, names of providers, the amounts charged, and payment details.
- F

The amount you owe for each service.
- G

How we determined what you owe, including copayments, deductible, and co-insurance.
- H

Additional information on how we processed your claims.
- I

The final amount you'll owe your provider for services after we cover our share of the cost. If you have additional insurance, this doesn't apply to you.
- J

A detailed breakdown of your deductible and out-of-pocket maximum, including the amounts you've previously applied towards these.

View your plan information and recent claims at [bluecrossma.com/myblue](http://bluecrossma.com/myblue).

### Questions?

Call us at the number on your ID card or log in to your account at [bluecrossma.com/myblue](http://bluecrossma.com/myblue), click **Contact Us**, then enter your question using the secure inquiry form in the Member Service section.

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# GETTING MORE. NOW THERE'S A PLAN.

Your plan has more benefits than you probably realize. Tap into all of them, all in one place.

MyBlue is your key to more features and savings. Plus, up-to-date status for claims, your deductible, account balances, and more. It's like a free upgrade for the plan you already have.



## UNLOCK THE POWER OF YOUR PLAN

MyBlue gives you an instant snapshot of your plan, including:



COVERAGE  
AND BENEFITS



CLAIMS AND  
BALANCES



FITNESS AND WEIGHT-LOSS  
REIMBURSEMENT



MEDICATION  
LOOKUP

### Sign In

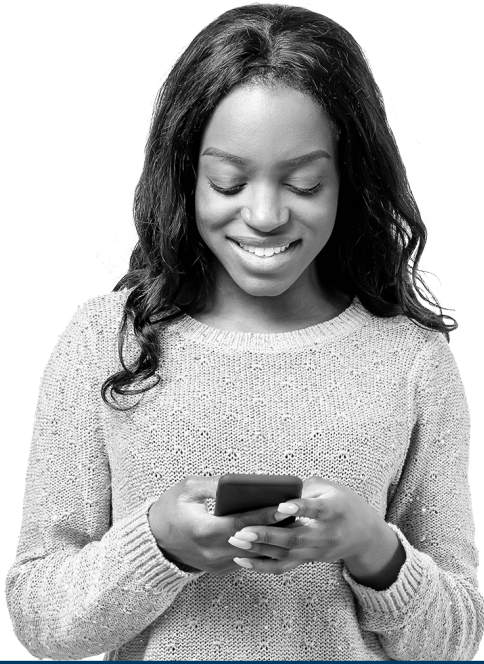
Download the app, or create an account at [bluecrossma.com](https://bluecrossma.com).



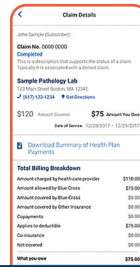
# STAY ON TOP OF YOUR COVERAGE

It's never been easier, faster, or more convenient.

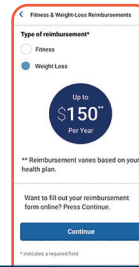
## YOUR PLAN IN YOUR HAND



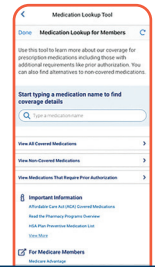
Once you sign in or create a MyBlue App account, you can see all of your benefits, all in one place. Track your claims, medications, account balances, and more from your device. And, you can easily keep track of reimbursements and savings.



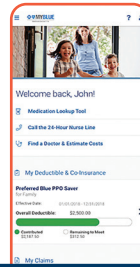
**Track claims and benefits**  
Keep up to date on benefits and coverage.



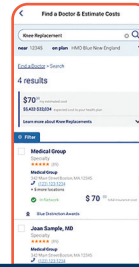
**Fitness and weight-loss reimbursement**  
The online forms are here, along with other savings and offers.



**Your medications at a glance**  
Their names, costs, and prescriptions at your fingertips.



**Check deductible balances**  
End the guesswork and know for sure every time.



**Find a Doctor**  
Or a specialist, dentist, or facility. On your phone and on the fly.



**Need your cards**  
Access your ID cards without opening your wallet.



## GET THE MYBLUE APP

You can download the MyBlue App from the App Store® or Google Play™.



Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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The identity protection of our members' private information is our top priority. To provide you with optimal protection, we offer you identity protection services through Experian®, an industry leader in providing credit monitoring and identity theft protection services. This service is being provided to you, free of charge, for as long as you're a Blue Cross member, but you'll need to enroll annually.

## Experian Identity Protection Services Include:

- **Credit monitoring**—an ongoing review of activity that may affect credit
- **Fraud detection**—the identification of potentially fraudulent use of your identity or credit
- **Credit and identity repair**—assistance in resolving issues of fraud that negatively impact your credit or identity

## Your Options and How to Enroll

As a Blue Cross member, you and your family can enroll in two of Experian's identity protection products:

Experian product	What does it provide?	Who is it for?	How to enroll
IdentityWorks <sup>SM</sup> Credit 1-Bureau	<ul style="list-style-type: none"><li>• Credit monitoring</li><li>• Daily credit reports</li><li>• Identity theft insurance</li><li>• Identity restoration</li></ul>	You and dependents over 18	1. Sign into <a href="https://bluecrossma.com/myblue">bluecrossma.com/myblue</a> and click on <b>My Care</b> . Then click on <b>Identity Protection</b> .
IdentityWorks <sup>SM</sup> Minor Plus	<ul style="list-style-type: none"><li>• Internet surveillance of identity</li><li>• Social security number tracking</li><li>• Identity theft insurance</li><li>• Identity restoration</li></ul>	Dependents under 18	2. Follow the instructions on the page under <b>How to Enroll</b> to access the activation code and link to the Experian IdentityWorks enrollment website.
<b>Note:</b> To complete the enrollment process, you'll need the date of birth and social security number for each individual you want to sign up.			

Members in FEP, Medicare Advantage, and BlueMedicare RX plans aren't eligible for this service.

## Questions for Experian?

If you have question about the Experian IdentityWorks products or the enrollment process, please contact Experian at 1-866-579-5479. If you'd like to enroll over the phone with Experian, please log into MyBlue or call Member Service at the number on your ID card to obtain the engagement and activation codes. You'll need to provide these codes to the Experian representative.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

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# GETTING MORE. NOW THERE'S A PLAN.

Your plan has more benefits than you probably realize. Tap into all of them, all in one place.

MyBlue is your key to more features and savings. Plus, up-to-date status for claims, your deductible, account balances, and more. It's like a free upgrade for the plan you already have.



## UNLOCK THE POWER OF YOUR PLAN

MyBlue gives you an instant snapshot of your plan, including:



COVERAGE  
AND BENEFITS



CLAIMS AND  
BALANCES



FITNESS AND WEIGHT-LOSS  
REIMBURSEMENT



MEDICATION  
LOOKUP

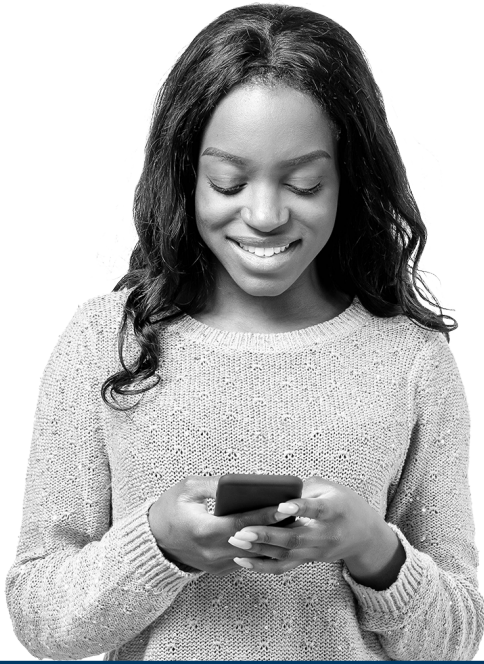
### Sign In

Download the app, or create an account at [bluecrossma.com](https://bluecrossma.com).

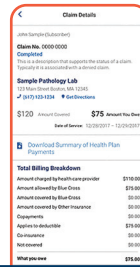
# STAY ON TOP OF YOUR COVERAGE

It's never been easier, faster, or more convenient.

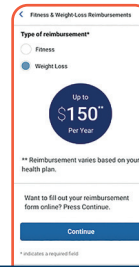
## YOUR PLAN IN YOUR HAND



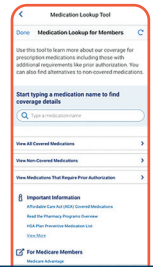
Once you sign in or create a MyBlue App account, you can see all of your benefits, all in one place. Track your claims, medications, account balances, and more from your device. And, you can easily keep track of reimbursements and savings.



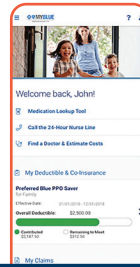
**Track claims and benefits**  
Keep up to date on benefits and coverage.



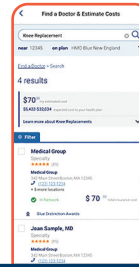
**Fitness and weight-loss reimbursement**  
The online forms are here, along with other savings and offers.



**Your medications at a glance**  
Their names, costs, and prescriptions at your fingertips.



**Check deductible balances**  
End the guesswork and know for sure every time.



**Find a Doctor**  
Or a specialist, dentist, or facility. On your phone and on the fly.



**Need your cards**  
Access your ID cards without opening your wallet.



## GET THE MYBLUE APP

You can download the MyBlue App from the App Store® or Google Play™.



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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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# What Is Coordination of Benefits?

If you have more than one medical or dental insurance plan, you are required to provide this information for your plans to work together, so your claims can be processed correctly and you can get the most out of your coverage.

### You May Need Coordination of Benefits If:

- You and your spouse each have a separate insurance plan through your employers
- Your child has an insurance plan through his or her school, and also through you or an employer
- Your child has multiple plans as the result of a divorce or custody arrangement
- You or a family member also have coverage with Medicare.

When you have more than one insurance plan, one plan is designated as your primary plan and will pay your claims first. The other plan(s) will pay toward the remaining cost, according to your benefits. Federal and state rules typically determine which plan is primary.

### If You Have More Than One Medical and Dental Plan

- Call each insurer to let them know that you have more than one plan. They can tell you which is primary and which is secondary. Be sure you have your ID cards ready.
- When you visit a doctor, dentist, or hospital, present all of your insurance cards to the office on the day of your visit. They'll need this information to determine which company to bill primary and which to bill secondary.
- If one of your insurance plans is canceled, you will need to inform the other plan(s).

### If You Have Questions

For Coordination of Benefits, please call **1-888-799-1888**.

### If You're Turning 65 Years Old and Thinking About Medicare:

- Call Medicare directly at **1-800-MEDICARE (1-800-633-4227)**.
- If you sign up, call **1-800-839-8991** to submit your Medicare information. If you don't, your claims could be delayed or processed incorrectly.

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ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

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MASSACHUSETTS

## Nondiscrimination Notice

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Blue Cross Blue Shield of Massachusetts provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at 1-800-472-2689 (TTY: 711); fax at 1-617-246-3616; or email at [civilrightscordinator@bcbsma.com](mailto:civilrightscordinator@bcbsma.com).

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, online at [ocrportal.hhs.gov](http://ocrportal.hhs.gov); by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by phone at 1-800-368-1019 or 1-800-537-7697 (TDD).

Complaint forms are available at [hhs.gov](http://hhs.gov).

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MASSACHUSETTS

## Translation Resources

### Proficiency of Language Assistance Services

**Spanish/Español:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

**Portuguese/Português:** ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

**Chinese/简体中文:** 注意: 如果您讲中文, 我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部 (TTY 号码: **711**)。

**Haitian Creole/Kreyòl Ayisyen:** ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantifikasyon w lan (Sèvis pou Malantandan TTY: **711**).

**Vietnamese/Tiếng Việt:** LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: **711**).

**Russian/Русский:** ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: **711**).

**Arabic/العربية:**

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجاناً بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النصي للصم والبكم "TTY": **711**).

**Mon-Khmer, Cambodian/ខ្មែរ:** ការជូនដំណឹង: ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខ នៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (TTY: **711**)។

**French/Français:** ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY : **711**).

**Italian/Italiano:** ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: **711**).

**Korean/한국어:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: **711**)를 사용하여 회원 서비스에 전화하십시오.

**Greek/λληνικά:** ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID Card) (TTY: **711**).

**Polish/Polski:** UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: 711).

**Hindi/हिंदी:** ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए निःशुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें (टी.टी.वाई.: 711).

**Gujarati/ગુજરાતી:** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કોલ કરો (TTY: 711).

**Tagalog/Tagalog:** PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID Card (TTY: 711).

**Japanese/日本語:** お知らせ:日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください (TTY: 711)。

**German/Deutsch:** ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: 711).

**Persian/پارسیان:**

توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شمار تلفن مندرج بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

**Lao/ພາສາລາວ:** ຂໍຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

**Navajo/Diné Bizaad:** BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yánílt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowolgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjijí' béésh bee hodíílnih (TTY: 711).