



# Your 2015 Formulary

## SignatureValue Three-Tier

effective January 1, 2015

**Please read:** This document contains information about commonly prescribed medications.

For additional information:



Call the toll-free member phone number on the back of your health plan ID card.



Visit [uhcwest.com](http://uhcwest.com) or [optumrx.com](http://optumrx.com)<sup>®</sup>

- Locate a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

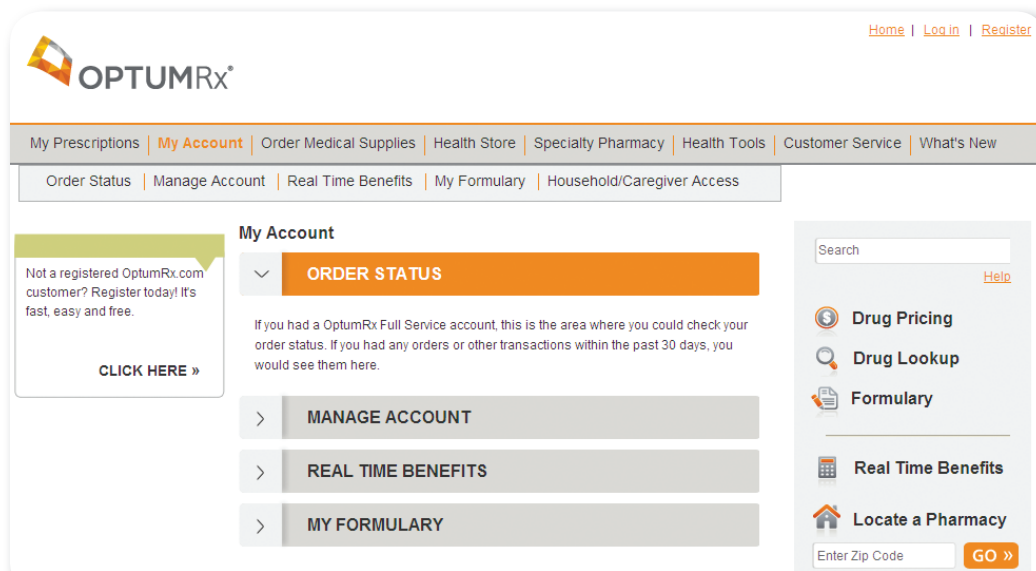


## Your Formulary

This Formulary outlines the most commonly prescribed medications for certain conditions and organizes them into coverage levels. An important part of the Formulary is giving you choices so you and your doctor can choose the best course of treatment for you.

## Go to [uhcwest.com](http://uhcwest.com) for complete drug information

Since the Formulary may change, we encourage you to visit our website, [uhcwest.com](http://uhcwest.com) or [optumrx.com](http://optumrx.com)<sup>®</sup>. This website is the best source for up-to-date information about the medications your pharmacy benefit covers, possible lower-cost options, and cost comparisons.



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## At UnitedHealthcare, we want to help you better understand your medication options.

Your pharmacy benefit offers flexibility and choice in determining the right medication for you. To help you get the most out of your pharmacy benefit, we've included some of the most commonly asked questions about the Formulary.

### What is a Formulary?

This document is a list of commonly prescribed medications. Drugs are listed by common categories or class. It includes both brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA).

**Please note:** Where differences are noted between this Formulary and your benefit plan documents, the benefit plan documents will rule. It is not a complete list of medications, and not all medications listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or health plan to see what medications are covered under your plan. You may also log on to **uhcwest.com** or **optumrx.com** or call the toll-free member phone number on the back of your health plan ID card for more information.

### How do I use my Formulary List?

When choosing a medication, you and your doctor should consult the Formulary. It will help you and your doctor choose the most cost-effective prescription drugs. This guide tells you if a medication is generic or brand, and if special programs apply. Bring this list with you when you see your doctor. It is organized by common medical conditions. Medications are then listed alphabetically.

If your medication is not listed in this document, please visit **uhcwest.com** or **optumrx.com** or call the toll-free member phone number on the back of your health plan ID card.

## What are Coverage Levels?

Coverage Levels are the different cost levels you pay for a medication. Each level is assigned a cost, which is determined by your employer or health plan. This is how much you will pay when you fill a prescription. Formulary Generic medications are your lowest-cost options. If your medication is placed in Formulary Brand or Non-Formulary levels, look to see if there is a Formulary Generic option available. Discuss these options with your doctor.

Check your benefit plan documents to find out your specific pharmacy plan costs.

| \$                                                                                | Coverage Level                            | Includes                                                        | Helpful Tips                                                                                                                                |
|-----------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
|  | <b>Formulary Generic<br/>Lowest Cost</b>  | Lower-cost drugs.<br>Some low-cost brands<br>are also included. | Use Formulary Generic drugs for<br>the lowest out-of-pocket costs.                                                                          |
|  | <b>Formulary Brand<br/>Mid-range Cost</b> | Cost effective<br>brand drugs.                                  | Use Formulary Brand drugs,<br>instead of Non-Formulary to help<br>reduce your out-of-pocket costs.                                          |
|  | <b>Non-Formulary<br/>Highest Cost</b>     | Mostly higher-cost<br>brand as well as select<br>generic drugs. | Many Non-Formulary drugs have<br>lower-cost options in Formulary<br>Generic or Brand levels. Ask your<br>doctor if they could work for you. |

**Please note:** Some plans may have two or four coverage levels, while others may not have any. If you have a high deductible plan, the coverage cost levels may apply once you hit your deductible. Refer to your enrollment and plan materials on [uhcwest.com](http://uhcwest.com) or [optumrx.com](http://optumrx.com), or call the toll-free number of the back of your health plan ID card for more information about your benefit plan.

## When does the Formulary List change?

- Medications may move to a lower level at any time.
- Medications may move to a higher level when its generic becomes available.
- Medications may move to a higher level most often on January 1 or July 1.

When a medication changes levels, you may have to pay a different amount for that medication.

For the most up-to-date list, call customer service at the number on the back of your ID card.

## Programs and Limits

Some medications are noted with letters next to them. The letters refer to our pharmacy benefit programs. Your benefit plan determines how these medications may be covered for you.

|           |                                                                                                                                                   |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>AE</b> | <b>Age Edit</b> – This medication applies to a specific age group. Members outside of this age group need to meet specific criteria for approval. |
| <b>E</b>  | <b>Excluded from coverage for California and Oklahoma markets.</b> Lower-cost options are available and covered.                                  |
| <b>FB</b> | <b>Formulary Brand</b>                                                                                                                            |
| <b>FG</b> | <b>Formulary Generic</b>                                                                                                                          |
| <b>GE</b> | <b>Gender Edit</b> – This medication is covered only for specific gender based on FDA approved indications.                                       |
| <b>M</b>  | <b>Medical</b> – The medication may be covered under medical with Prior Authorization.                                                            |
| <b>NF</b> | <b>Non-Formulary</b> – A non-formulary drug.                                                                                                      |
| <b>PA</b> | <b>Prior Authorization required</b> – Your doctor is required to provide additional information to UnitedHealthcare to determine coverage.        |
| <b>QL</b> | <b>Quantity Limit</b> – Amount of medication covered per copayment or in a specific time period.                                                  |
| <b>ST</b> | <b>Step Therapy</b> – Trial of a lower cost medication is required before a higher cost medication is covered.                                    |

To learn more about a pharmacy program or to find out if it applies to you, please visit [uhcwest.com](https://uhcwest.com) or [optumrx.com](https://optumrx.com) or call the toll-free member phone number on the back of your health plan ID card.

## Why are some medications excluded from coverage?

Medications may be excluded from coverage under your pharmacy benefit as defined by your Pharmacy Schedule of Benefits. There may be other medication options available.

## Should I talk to my doctor about over-the-counter (OTC) medications?

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your doctor about available OTC options.

## What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent of a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes, the same company that makes a brand-name medication also makes the generic version.

## Is it a generic or brand name drug?

The drug list shows **brand name** drugs in **bold** type (for example, **Crestor**) and generic drugs in plain type (for example, simvastatin).

## What if my doctor writes a brand-name prescription?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might be right for you. Generic medications are usually your lowest-cost option, but not always. Visit [uhcwest.com](http://uhcwest.com) or [optumrx.com](http://optumrx.com) to make sure.

## What is Mail Service Member Select?

Your plan may include a home delivery program called Mail Service Member Select, which encourages you to use the OptumRx® Mail Service Pharmacy for maintenance medication<sup>1</sup>, those you take on a regular basis. Choosing home delivery can help you better manage your medication, and may save you time and money.

You can either confirm enrollment in the OptumRx Mail Service Pharmacy or you can opt-out from mail service and continue to fill your maintenance medication at a retail pharmacy. You can get up to two fills at a retail pharmacy before you have to decide. However, please be aware that you must make a decision about whether or not to enroll in Mail Service Member Select.

If you do nothing and continue to fill your medication at a retail pharmacy, you will pay 100% of your drug cost until you make a decision and take action. You must confirm your decision every 365 days. To learn more, you may log on to [optumrx.com](http://optumrx.com) or call the toll-free member phone number on the back of your health plan ID card for more information.

<sup>1</sup> The following are not considered a maintenance medication and will not be subject to the Mail Service Member Select program: Specialty Medications, those drugs requiring close monitoring and frequent dose modifications, HIV drugs, oral chemotherapy drugs and controlled substances.



## How do I get updated information about my pharmacy benefit?

Since the Formulary may change during your plan year, we encourage you to visit **uhcwest.com** or **optumrx.com** or call the toll-free member phone number on the back of your health plan ID card for more current information.

### Log on to **optumrx.com** for the following pharmacy information and tools:

- Pharmacy benefit and coverage information
- Possible lower-cost medication options
- A list of medications based on a specific medical condition
- Medication interactions and side effects
- Participating retail pharmacies by zip code
- Your prescription history

### And, if Mail Service is included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Set-up e-mail reminders for refills
- Manage your account

## For more information



Call the toll-free member phone number on the back of your health plan ID card.



Or, visit **uhcwest.com** or **optumrx.com**

## Where else can I go for information?

**HealthCareLane.com** includes short videos to help you learn more about UnitedHealthcare benefits and health insurance information.

**UHCTV.com** is a fun and easy way to learn about health terms and other health-related topics.

| Drug Name                                           | Coverage Level | Requirements & Limits |
|-----------------------------------------------------|----------------|-----------------------|
| <b>Anti-Infectives: Antibiotics</b>                 |                |                       |
| Amoxicillin                                         | FG             |                       |
| Amoxicillin/Potassium Clavulanate                   | FG             |                       |
| Antipyrine/Benzocaine Otic                          | FG             |                       |
| Azithromycin                                        | FG             |                       |
| Cefaclor Suspension                                 | FB             |                       |
| Cefaclor Tablet                                     | FG             |                       |
| Cefadroxil                                          | FG             | QL                    |
| Cefdinir                                            | FG             |                       |
| Cefpodoxime                                         | FG             |                       |
| Cefprozil                                           | FG             |                       |
| Cefuroxime                                          | FG             |                       |
| Cephalexin                                          | FG             |                       |
| Chloroxylonol/<br>Hydrocortisone/<br>Pramoxine Otic | FG             |                       |
| Ciprofloxacin                                       | FG             |                       |
| Clarithromycin IR/ER                                | FG             |                       |
| <b>Cleocin Vaginal Suppository</b>                  | FB             |                       |
| Clindamycin                                         | FG             |                       |
| <b>Dapsone</b>                                      | FB             |                       |
| Demeclocycline                                      | FG             |                       |
| Dicloxacillin                                       | FG             |                       |
| Doxycycline Hyclate                                 | FG             |                       |
| Doxycycline Monohydrate Tablet                      | FG             | QL                    |
| E.E.S.                                              | FB             |                       |
| <b>Ery-Tab</b>                                      | FB             |                       |
| <b>Eryped 200 mg/5mL</b>                            | FB             |                       |
| <b>Erythrocin</b>                                   | FB             |                       |
| Erythromycin                                        | FG             |                       |
| Erythromycin/<br>Sulfisoxazole                      | FG             |                       |

| Drug Name                                                                  | Coverage Level | Requirements & Limits |
|----------------------------------------------------------------------------|----------------|-----------------------|
| Ethambutol                                                                 | FG             |                       |
| Isoniazid                                                                  | FG             |                       |
| Levofloxacin                                                               | FG             |                       |
| <b>Macrodantin 25 mg</b>                                                   | FB             |                       |
| Methenamine                                                                | FG             |                       |
| Metronidazole Tablet                                                       | FG             |                       |
| Minocycline                                                                | FG             |                       |
| <b>Mycobutin</b>                                                           | FB             |                       |
| <b>NebuPent Nebs</b>                                                       | FB             | QL                    |
| Neomycin                                                                   | FG             |                       |
| Neomycin/Polymixin/<br>Hydrocortisone Otic                                 | FG             |                       |
| Nitrofurantoin                                                             | FG             |                       |
| Nitrofurantoin Macrocrystal                                                | FG             |                       |
| Ofloxacin Otic                                                             | FG             |                       |
| <b>Oracea</b>                                                              | NF             | QL                    |
| Paromomycin                                                                | FG             |                       |
| Penicillin VK                                                              | FG             |                       |
| Pramoxine-HC Otic                                                          | FG             |                       |
| Pyrazinamide                                                               | FG             |                       |
| Rifampin                                                                   | FG             |                       |
| <b>Solodyn</b>                                                             | NF             | QL                    |
| Sulfadiazine                                                               | FG             |                       |
| Sulfamethoxazole/<br>Trimethoprim,<br>Sulfamethoxazole/<br>Trimethoprim DS | FG             |                       |
| Tetracycline                                                               | FG             |                       |
| Trimethoprim                                                               | FG             |                       |
| <b>Zmax</b>                                                                | FB             |                       |
| <b>Zyvox</b>                                                               | FB             | PA                    |

**Bold type = Brand name drug**

[Plain type = Generic drug]

**AE** = Age Edit

**E** = Excluded from coverage

**FB** = Formulary Brand

**FG** = Formulary Generic

**GE** = Gender Edit

**M** = Medical

**NF** = Non-Formulary

**PA** = Prior Authorization required

**QL** = Quantity Limit

**ST** = Step Therapy

| Drug Name                           | Coverage Level | Requirements & Limits |
|-------------------------------------|----------------|-----------------------|
| <b>Anti-Infectives: Antifungals</b> |                |                       |
| Clotrimazole Troche                 | FG             |                       |
| Fluconazole                         | FG             |                       |
| Griseofulvin                        | FG             |                       |
| Itraconazole                        | FG             | PA                    |
| Ketoconazole Cream, Shampoo         | FG             |                       |
| Metronidazole Vaginal Gel           | FG             |                       |
| Nystatin                            | FG             |                       |
| Terbinafine                         | FG             |                       |
| Terconazole                         | FG             | QL                    |
| Vandazole Gel                       | FG             |                       |
| <b>Anti-Infectives: Antivirals</b>  |                |                       |
| Acyclovir                           | FG             |                       |
| Adefovir                            | FG             |                       |
| Amantadine Capsule, Syrup           | FG             |                       |
| <b>Baraclude</b>                    | NF             | QL                    |
| <b>Epivir HBV Solution</b>          | FB             |                       |
| Famciclovir                         | FG             |                       |
| <b>Incivek</b>                      | NF             | PA, QL                |
| Lamivudine                          | FG             |                       |
| Ribavirin Tablet                    | FG             | PA                    |
| Rimantidine                         | FG             |                       |
| Valacyclovir                        | FG             | QL                    |
| <b>Valcyte Solution</b>             | FB             |                       |
| <b>Valcyte Tablet</b>               | FB             | QL                    |
| <b>Zovirax Cream</b>                | FB             | E                     |
| <b>Zovirax Ointment</b>             | NF             | E                     |
| <b>Cancer</b>                       |                |                       |
| <b>Alkeran</b>                      | FB             |                       |
| Bicalutamide                        | FG             |                       |
| Caprelsa                            | FB             | PA, QL                |
| Cyclophosphamide                    | FG             |                       |
| <b>Emcyt</b>                        | FB             |                       |
| Etoposide                           | FG             |                       |
| Exemestane                          | FG             |                       |
| <b>Fareston</b>                     | FB             |                       |
| Flutamide                           | FG             |                       |

| Drug Name                                                | Coverage Level | Requirements & Limits |
|----------------------------------------------------------|----------------|-----------------------|
| <b>Gleevec</b>                                           | FB             | PA, QL                |
| <b>Hexalen</b>                                           | FB             |                       |
| Hydroxyurea                                              | FG             |                       |
| Letrozole                                                | FG             | PA                    |
| Leucovorin Calcium                                       | FG             |                       |
| <b>Leukeran</b>                                          | FB             |                       |
| Lomustine                                                | FG             |                       |
| <b>Lysodren</b>                                          | FB             |                       |
| <b>Matulane</b>                                          | FB             |                       |
| Megesterol AC                                            | FG             |                       |
| Mercaptopurine                                           | FG             |                       |
| <b>Myleran</b>                                           | FB             |                       |
| <b>Nilandrone</b>                                        | FB             |                       |
| <b>Tabloid</b>                                           | FB             |                       |
| Tamoxifen                                                | FG             |                       |
| <b>Targretin</b>                                         | FB             |                       |
| <b>Tasigna</b>                                           | FB             | PA, QL                |
| Temozolomide                                             | FG             | PA                    |
| Tretinoin Capsule                                        | FG             |                       |
| <b>Tykerb</b>                                            | FB             | PA                    |
| <b>Xeloda</b>                                            | FB             |                       |
| <b>Cardiovascular/Heart Disease: Coagulation Therapy</b> |                |                       |
| <b>Aggrenox</b>                                          | FB             |                       |
| <b>Brilinta</b>                                          | FB             | QL                    |
| Clopidogrel                                              | FG             | QL                    |
| <b>Effient</b>                                           | FB             | QL                    |
| Jantoven                                                 | FG             |                       |
| <b>Pradaxa</b>                                           | FB             | QL                    |
| Warfarin                                                 | FG             |                       |
| <b>Xarelto</b>                                           | FB             | QL                    |
| <b>Cardiovascular/Heart Disease: High Blood Pressure</b> |                |                       |
| Acebutolol                                               | FG             |                       |
| Acetazolamide                                            | FG             |                       |
| Acetazolamide ER                                         | FG             |                       |
| Afeditab CR                                              | FG             |                       |
| <b>Aldactazide 25/25 mg</b>                              | FB             |                       |
| Amiloride                                                | FG             |                       |
| Amiloride/<br>Hydrochlorothiazide                        | FG             |                       |
| Amlodipine                                               | FG             | QL                    |
| Amlodipine/Benazepril                                    | FG             | QL                    |

| Drug Name                               | Coverage Level | Requirements & Limits |
|-----------------------------------------|----------------|-----------------------|
| Atenolol                                | FG             |                       |
| Atenolol/<br>Chlorthalidone             | FG             |                       |
| <b>Azor</b>                             | FB             | QL, ST                |
| Benazepril                              | FG             |                       |
| Benazepril/<br>Hydrochlorothiazide      | FG             |                       |
| <b>Benicar</b>                          | FB             | QL, ST                |
| <b>Benicar HCT</b>                      | FB             | QL, ST                |
| Betaxolol                               | FG             |                       |
| Bisoprolol                              | FG             |                       |
| Bisoprolol/<br>Hydrochlorothiazide      | FG             |                       |
| Bumetanide                              | FG             |                       |
| <b>Bystolic</b>                         | FB             | QL                    |
| Captopril                               | FG             |                       |
| Captopril/<br>Hydrochlorothiazide       | FG             |                       |
| Cartia XT                               | FG             |                       |
| Carvedilol                              | FG             |                       |
| Chlorothiazide                          | FG             |                       |
| Chlorthalidone                          | FG             |                       |
| Clonidine Tablet                        | FG             |                       |
| <b>Clorpres</b>                         | NF             |                       |
| <b>Dibenzyline</b>                      | FB             |                       |
| <b>Dilatrate SR</b>                     | FB             |                       |
| Diltiazem Sustained-<br>Release Capsule | FG             |                       |
| Diltiazem Tablet                        | FG             |                       |
| <b>Diovan</b>                           | FB             | E, QL, ST             |
| Doxazosin                               | FG             |                       |
| <b>Dutoprol</b>                         | FB             | QL                    |
| <b>Edarbi</b>                           | NF             | E, QL, ST             |
| <b>Edarbyclor</b>                       | NF             | QL, ST                |
| Enalapril                               | FG             |                       |
| Enalapril/<br>Hydrochlorothiazide       | FG             |                       |

| Drug Name                          | Coverage Level | Requirements & Limits |
|------------------------------------|----------------|-----------------------|
| Eprosartan                         | FG             | QL                    |
| <b>Exforge</b>                     | FB             | E, QL, ST             |
| <b>Exforge HCT</b>                 | FB             | E, QL, ST             |
| Ezide                              | FG             |                       |
| Felodipine                         | FG             | QL                    |
| Fosinopril                         | FG             |                       |
| Fosinopril/<br>Hydrochlorothiazide | FG             |                       |
| Furosemide                         | FG             |                       |
| Guanfacine                         | FG             |                       |
| Hydralazine                        | FG             |                       |
| Hydrochlorothiazide                | FG             |                       |
| Indapamide                         | FG             |                       |
| Irbesartan                         | FG             | QL                    |
| Irbesartan/<br>Hydrochlorothiazide | FG             | QL                    |
| Isradipine                         | FG             |                       |
| Labetalol                          | FG             |                       |
| Lisinopril                         | FG             |                       |
| Lisinopril/<br>Hydrochlorothiazide | FG             |                       |
| Losartan                           | FG             | QL                    |
| Losartan/<br>Hydrochlorothiazide   | FG             | QL                    |
| Methazolamide                      | FG             |                       |
| Methyclothia                       | FG             |                       |
| Methyldopa                         | FG             |                       |
| Methyldopa/<br>Hydrochlorothiazide | FG             |                       |
| Metolazone                         | FG             |                       |
| Metoprolol                         | FG             |                       |
| Succinate ER                       | FG             |                       |
| Metoprolol Tartrate                | FG             |                       |
| <b>Micardis HCT</b>                | FB             | E, QL, ST             |
| Minoxidil                          | FG             |                       |
| Moexipril                          | FG             |                       |

**Bold type = Brand name drug**

[Plain type = Generic drug]

**AE** = Age Edit

**E** = Excluded from coverage

**FB** = Formulary Brand

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**M** = Medical

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| Drug Name                               | Coverage Level | Requirements & Limits |
|-----------------------------------------|----------------|-----------------------|
| Moexipril/<br>Hydrochlorothiazide       | FG             |                       |
| Nadolol                                 | FG             |                       |
| Nicardipine                             | FG             |                       |
| Nifediac CC                             | FG             |                       |
| Nifedical XL                            | FG             |                       |
| Nifedipine IR/ER                        | FG             |                       |
| Perindopril                             | FG             |                       |
| Pindolol                                | FG             |                       |
| Prazosin                                | FG             |                       |
| Propranolol IR/ER                       | FG             |                       |
| Propranolol/<br>Hydrochlorothiazide     | FG             |                       |
| Quinapril                               | FG             |                       |
| Ramipril                                | FG             | QL                    |
| Reserpine                               | FG             |                       |
| Sotalol                                 | FG             |                       |
| Sotalol AF                              | FG             |                       |
| Spironolactone                          | FG             |                       |
| Spironolactone/<br>Hydrochlorothiazide  | FG             |                       |
| <b>Tarka</b>                            | FB             |                       |
| Taztia XT                               | FG             |                       |
| <b>Tekturna</b>                         | FB             | QL, ST                |
| <b>Tekturna HCT</b>                     | FB             | QL, ST                |
| Telmisartan                             | FB             | QL                    |
| Terazosin                               | FG             | QL                    |
| Timolol                                 | FG             |                       |
| Torsemide                               | FG             |                       |
| Triamterene/<br>Hydrochlorothiazide     | FG             |                       |
| <b>Tribenzor</b>                        | FB             | QL, ST                |
| Valsartan/<br>Hydrochlorothiazide       | FG             | QL                    |
| <b>Valturna</b>                         | FB             | QL                    |
| Verapamil Sustained-<br>Release Capsule | FG             | QL                    |
| Verapamil Sustained-<br>Release Tablet  | FG             |                       |
| Verapamil Tablet                        | FG             |                       |

| Drug Name                                             | Coverage Level | Requirements & Limits |
|-------------------------------------------------------|----------------|-----------------------|
| <b>Cardiovascular/Heart Disease: High Cholesterol</b> |                |                       |
| <b>Antara</b>                                         | NF             | QL                    |
| Atorvastatin                                          | FG             | QL                    |
| Cholestyramine                                        | FG             |                       |
| Choline Fenofibrate<br>Capsule                        | FG             | E, QL                 |
| Colestipol                                            | FG             |                       |
| <b>Crestor</b>                                        | FB             | QL                    |
| Fenofibrate<br>48, 145 mg Tablet                      | FG             | E, QL                 |
| Fenofibrate<br>54, 160 mg Tablet                      | FG             | QL                    |
| Fenofibrate Capsule                                   | FG             | QL                    |
| Fenofibrate Micronized                                | FG             | QL                    |
| Gemfibrozil                                           | FG             | QL                    |
| <b>Lipofen</b>                                        | FB             | QL                    |
| <b>Livalo</b>                                         | NF             | QL, ST                |
| Lovastatin                                            | FG             |                       |
| Lovaza                                                | FB             | E, QL                 |
| Niacin ER                                             | FG             | QL                    |
| <b>Niaspan</b>                                        | NF             | QL                    |
| Pravastatin                                           | FG             |                       |
| Prevalite                                             | FG             |                       |
| <b>Simcor</b>                                         | FB             | QL                    |
| Simvastatin 5 mg,<br>10 mg, 20 mg, 40 mg              | FG             | QL                    |
| Simvastatin 80 mg                                     | FG             | PA, QL                |
| <b>Vascepa</b>                                        | FB             | QL                    |
| <b>Vytorin</b>                                        | FB             | PA, QL                |
| <b>Welchol</b>                                        | FB             |                       |
| <b>Cardiovascular/Heart Disease: Other</b>            |                |                       |
| <b>Aggrenox</b>                                       | FB             |                       |
| Amiodarone                                            | FG             |                       |
| Anagrelide                                            | FG             |                       |
| <b>Brilinta</b>                                       | FB             | QL                    |
| Cilostazol                                            | FG             |                       |
| Clopidogrel                                           | FG             | QL                    |
| Digoxin                                               | FG             |                       |

| Drug Name                    | Coverage Level | Requirements & Limits |
|------------------------------|----------------|-----------------------|
| <b>Dilatrate SR</b>          | FB             |                       |
| Dipyridamole                 | FG             |                       |
| Disopyramide                 | FG             |                       |
| <b>Effient</b>               | FB             | QL                    |
| Flecainide                   | FG             |                       |
| Isochron                     | FG             |                       |
| Isoditrate ER                | FG             |                       |
| <b>Isordil</b>               | FB             |                       |
| Isosorbide Dinitrate IR/ER   | FG             |                       |
| Isosorbide Mononitrate IR/ER | FG             |                       |
| Isoxsuprine                  | FG             |                       |
| Mexiletine                   | FG             |                       |
| <b>NitroBid</b>              | FB             |                       |
| <b>NitroDur Patch</b>        | FB             |                       |
| Nitroglycerin ER             | FG             |                       |
| Nitrolingual Pump Spray      | FG             |                       |
| <b>Nitrostat</b>             | FB             |                       |
| NitroTime                    | FG             |                       |
| <b>Norpace CR</b>            | FB             |                       |
| <b>Pacerone</b>              | NF             |                       |
| Pentoxifylline               | FG             |                       |
| Propafenone                  | FG             |                       |
| Quinidine IR/ER              | FG             |                       |
| <b>Ranexa</b>                | FB             | QL, ST                |
| Sotalol                      | FG             |                       |
| Ticlopidine                  | FG             | QL                    |

| Drug Name                                                     | Coverage Level | Requirements & Limits |
|---------------------------------------------------------------|----------------|-----------------------|
| <b>Central Nervous System:<br/>Attention Deficit Disorder</b> |                |                       |
| <b>Adderall XR</b>                                            | FB             | AE, QL                |
| Dextroamphetamine Sulfate Extended-Release                    | FG             | AE, QL                |
| Dextroamphetamine Sulfate Tablet                              | FG             | AE, QL                |
| Dextroamphetamine/Amphetamine                                 | FG             | AE, QL                |
| Dextroamphetamine/Amphetamine Extended-Release                | NF             | AE, E, QL             |
| <b>Intuniv</b>                                                | FB             | AE, QL                |
| <b>Metadate ER</b>                                            | FG             | AE, QL                |
| Methylphenidate Controlled-Release Tablet                     | FG             | AE, QL                |
| Methylphenidate Tablet                                        | FG             | AE, QL                |
| <b>Strattera</b>                                              | FB             | AE, QL                |
| <b>Vyvanse</b>                                                | FB             | AE, QL                |

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| Drug Name                                 | Coverage Level | Requirements & Limits |
|-------------------------------------------|----------------|-----------------------|
| <b>Central Nervous System: Depression</b> |                |                       |
| Amitriptyline                             | FG             |                       |
| Amoxapine                                 | FG             |                       |
| Bupropion                                 | FG             |                       |
| Bupropion SR                              | FG             |                       |
| Bupropion XL                              | FG             | QL                    |
| Citalopram                                | FG             | QL                    |
| Clomipramine                              | FG             |                       |
| <b>Cymbalta</b>                           | NF             | E, QL                 |
| Desipramine                               | FG             |                       |
| Doxepin                                   | FG             |                       |
| Duloxetine                                | FG             | QL                    |
| Escitalopram                              | FG             | QL                    |
| Fluoxetine                                | FG             |                       |
| Fluvoxamine                               | FG             |                       |
| <b>Forfivo XL</b>                         | FB             | QL                    |
| Imipramine                                | FG             |                       |
| Maprotiline                               | FG             |                       |
| Mirtazapine, Mirtazapine ODT              | FG             |                       |
| Nefazodone                                | FG             |                       |
| Nortriptyline                             | FG             |                       |
| Paroxetine                                | FG             |                       |
| Paroxetine ER                             | FG             | QL                    |
| <b>Paxil Suspension</b>                   | FB             |                       |
| Phenelzine                                | FG             |                       |
| <b>Pristiq</b>                            | FB             | QL                    |
| Protriptyline                             | FG             |                       |
| Sertraline                                | FG             |                       |
| Tranylcypromine                           | FG             |                       |
| Trazodone                                 | FG             |                       |
| Venlafaxine                               | FG             |                       |
| Venlafaxine Extended-Release Capsule      | FG             | QL                    |
| Venlafaxine Extended-Release Tablet       | FG             | QL                    |

| Drug Name                                         | Coverage Level | Requirements & Limits |
|---------------------------------------------------|----------------|-----------------------|
| <b>Central Nervous System: Migraine</b>           |                |                       |
| Acetaminophen/Butalbital/Caffeine                 | FG             | QL                    |
| <b>Cafergot</b>                                   | FB             |                       |
| <b>Ergomar</b>                                    | FB             |                       |
| Isometheptene/Acetaminophen/Dichloralphenazone    | FG             |                       |
| Migragesic                                        | FG             |                       |
| <b>Migranal</b>                                   | NF             | QL                    |
| Nodolor                                           | FG             |                       |
| <b>Phrenilin Forte</b>                            | NF             | QL                    |
| Rizatriptan                                       | FG             | QL                    |
| Sumatriptan Nasal Spray, Tablet                   | FG             | QL                    |
| <b>Sumavel DosePro</b>                            | M              |                       |
| Zolmitriptan                                      | FG             | QL                    |
| <b>Zomig Spray</b>                                | FB             | E, QL                 |
| <b>Central Nervous System: Multiple Sclerosis</b> |                |                       |
| <b>Ampyra</b>                                     | FB             | PA, QL                |
| <b>Avonex</b>                                     | M              | QL                    |
| <b>Betaseron</b>                                  | M              | QL                    |
| <b>Copaxone</b>                                   | M              | QL                    |
| <b>Extavia</b>                                    | M              | QL                    |
| <b>Rebif, Rebif Rebidose</b>                      | M              | QL                    |
| <b>Tecfidera</b>                                  | FB             | PA, QL                |

| Drug Name                              | Coverage Level | Requirements & Limits |
|----------------------------------------|----------------|-----------------------|
| <b>Central Nervous System: Other</b>   |                |                       |
| <b>Abilify Tablet, Disc</b>            | FB             | QL                    |
| Alprazolam IR/ER                       | FG             | QL                    |
| <b>Aricept 5 mg, 10 mg Tablet, ODT</b> | NF             | QL                    |
| <b>Aricept 23 mg</b>                   | NF             | QL, ST                |
| <b>Azilect</b>                         | NF             | QL                    |
| Benzotropine                           | FG             |                       |
| Bromocriptine                          | FG             |                       |
| Buspirone                              | FG             |                       |
| Carbidopa/Levodopa IR/ER               | FG             |                       |
| Chlordiazepoxide                       | FG             | QL                    |
| Chlordiazepoxide/<br>Amitriptyline     | FG             |                       |
| Chlorpromazine                         | FG             |                       |
| Clorazepate                            | FG             | QL                    |
| Clozapine                              | FG             | QL                    |
| Compro Suppository                     | FG             |                       |
| Diazepam                               | FG             |                       |
| Donepezil,<br>Donepezil ODT            | FG             | QL                    |
| Entaone                                | FG             |                       |
| Ergoloid Mesylate                      | FG             |                       |
| Fluphenazine                           | FG             |                       |
| Galantamine IR/ER                      | FG             |                       |
| Haloperidol                            | FG             |                       |
| Hydroxyzine                            | FG             |                       |
| Lithium IR/ER                          | FG             |                       |
| Lorazepam                              | FG             | QL                    |
| Loxapine                               | FG             |                       |
| Meprobamate                            | FG             |                       |
| <b>Namenda</b>                         | NF             | QL                    |
| <b>Namenda XR</b>                      | FB             | QL                    |
| <b>Nuvigil</b>                         | NF             | PA, QL                |

| Drug Name                                              | Coverage Level | Requirements & Limits |
|--------------------------------------------------------|----------------|-----------------------|
| Olanzapine,<br>Olanzapine ODT                          | FG             | QL                    |
| Oxazepam                                               | FG             | QL                    |
| Perphenazine/<br>Amitriptyline                         | FG             |                       |
| Pramipexole                                            | FG             |                       |
| Prochlorperazine                                       | FG             |                       |
| Quetiapine                                             | FG             | QL                    |
| Risperidone,<br>Risperidone ODT                        | FG             | QL                    |
| Rivastigmine                                           | FG             | QL                    |
| Ropinirole                                             | FG             |                       |
| <b>Saphris</b>                                         | FB             | PA, QL                |
| <b>Seroquel XR</b>                                     | FB             | QL                    |
| <b>Suboxone Film</b>                                   | FB             | PA, QL                |
| <b>Suboxone Tablet</b>                                 | NF             | PA, QL                |
| Thioridazine                                           | FG             |                       |
| Thiothixene                                            | FG             |                       |
| Trifluoperazine                                        | FG             |                       |
| Trihexyphenidyl                                        | FG             |                       |
| <b>Xyrem</b>                                           | NF             | PA, QL                |
| <b>Zelapar</b>                                         | NF             | QL                    |
| Ziprasidone                                            | FG             | QL                    |
| <b>Zubsolv</b>                                         | FB             | PA, QL                |
| <b>Central Nervous System:<br/>Sedatives/Hypnotics</b> |                |                       |
| Flurazepam                                             | FG             | PA, QL                |
| <b>Lunesta</b>                                         | NF             | E, QL                 |
| <b>Silenor</b>                                         | NF             | QL                    |
| Temazepam                                              | FG             | QL                    |
| Triazolam                                              | FG             | QL                    |
| Zaleplon                                               | FG             | QL                    |
| Zolpidem                                               | FG             | QL                    |

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| Drug Name                                        | Coverage Level | Requirements & Limits |
|--------------------------------------------------|----------------|-----------------------|
| <b>Central Nervous System: Seizure Disorders</b> |                |                       |
| Carbamazepine IR/ER                              | FG             |                       |
| Clonazepam, Clonazepam ODT                       | FG             | QL                    |
| Diazepam Gel                                     | FG             | QL                    |
| Divalproex                                       | FG             |                       |
| Divalproex Extended-Release                      | FG             |                       |
| Epitol                                           | FG             |                       |
| Ethosuximide                                     | FG             |                       |
| Gabapentin                                       | FG             |                       |
| <b>Lamictal Chewable, ODT, Tablet</b>            | FB             | QL                    |
| <b>Lamictal Starter Kit</b>                      | FB             | QL                    |
| <b>Lamictal XR</b>                               | NF             | QL                    |
| Lamotrigine Chewable, Tablet                     | FG             |                       |
| Lamotrigine ER                                   | FG             | QL                    |
| Levetiracetam                                    | FG             |                       |
| <b>Lyrica Capsule</b>                            | FB             | QL                    |
| <b>Lyrica Solution</b>                           | NF             | QL                    |
| Oxcarbazepine                                    | FG             |                       |
| Phenobarbital                                    | FG             |                       |
| Phenytoin                                        | FG             |                       |
| Topiragen                                        | FG             |                       |
| Topiramate                                       | FG             |                       |
| Valproic Acid                                    | FG             |                       |
| Zonisamide                                       | FG             |                       |
| <b>Dermatology</b>                               |                |                       |
| <b>Acanya</b>                                    | NF             | QL                    |
| Acticin                                          | FG             |                       |
| Acyclovir                                        | FG             |                       |
| Adapalene                                        | FG             | QL                    |
| Ala Quin                                         | FG             |                       |
| Alclometasone                                    | FG             |                       |
| Alphatrex                                        | FG             |                       |
| Ammonium Lactate                                 | FG             |                       |
| Amnesteem                                        | FG             | PA, QL                |
| <b>Atralin</b>                                   | FB             | AE, QL                |
| Avita                                            | FG             | AE, QL                |

| Drug Name                                | Coverage Level | Requirements & Limits |
|------------------------------------------|----------------|-----------------------|
| <b>Benzaclin</b>                         | NF             | QL                    |
| <b>Benzamycin Pack</b>                   | FB             |                       |
| Betamethasone                            | FG             |                       |
| Calcipotriene                            | FG             | QL                    |
| Calcitriol                               | FG             |                       |
| <b>Carac</b>                             | FB             |                       |
| Cerovel                                  | FG             |                       |
| Ciclodan                                 | FG             |                       |
| Ciclopirox Cream, Gel, Lotion, Solution  | FG             |                       |
| Claravis                                 | FG             | E, PA                 |
| Clindamax Lotion                         | FG             |                       |
| Clindamycin Gel, Lotion, Solution, Swabs | FG             |                       |
| Clindamycin/Benzoyl Peroxide             | FG             | QL                    |
| <b>Clindareach Kit</b>                   | FG             |                       |
| Clobetasol, Clobetasol E                 | FG             |                       |
| <b>Clobex Lotion, Shampoo</b>            | NF             | E                     |
| <b>Clobex Spray</b>                      | NF             | E, QL                 |
| <b>Cloderm</b>                           | NF             |                       |
| <b>Cloderm Pump</b>                      | NF             |                       |
| Cormax                                   | FG             |                       |
| Dermazene                                | FG             |                       |
| Desonide                                 | FG             |                       |
| Desoximetasone                           | FG             |                       |
| <b>Differin Cream, Lotion</b>            | NF             | QL                    |
| <b>Differin Gel</b>                      | NF             | E, QL                 |
| <b>DrithoCreme HP</b>                    | FB             |                       |
| <b>DrithoScalp</b>                       | FB             |                       |
| Econazole                                | FG             |                       |
| <b>Elidel</b>                            | FB             | AE, QL, ST            |
| <b>Epiduo</b>                            | NF             | QL                    |
| Ery Pad                                  | FG             |                       |
| Erythromycin                             | FG             |                       |
| Erythromycin/Benzoyl Peroxide            | FG             |                       |
| Ethyl Chloride                           | FG             |                       |
| <b>Eurax</b>                             | FB             |                       |
| Exoderm                                  | FG             |                       |

| Drug Name                            | Coverage Level | Requirements & Limits |
|--------------------------------------|----------------|-----------------------|
| <b>Finacea</b>                       | FB             |                       |
| <b>Finacea Plus</b>                  | FB             |                       |
| Fluocinolone                         | FG             |                       |
| Fluocinonide,<br>Fluocinonide E      | FG             |                       |
| Fluorouracil                         | FG             |                       |
| Fluticasone                          | FG             |                       |
| Gentamicin                           | FG             |                       |
| Hydrocortisone                       | FG             |                       |
| Hypercare                            | FG             |                       |
| Imiquimod                            | FG             | QL                    |
| Lacloction                           | FG             |                       |
| Lidocaine                            | FG             |                       |
| Lidocaine/Prilocaine                 | FG             |                       |
| Lindane                              | FG             |                       |
| Lokara                               | FG             |                       |
| <b>Metrogel 1%</b>                   | NF             |                       |
| Metronidazole 0.75%<br>Cream, Lotion | FG             |                       |
| Mexar                                | FG             |                       |
| Mometasone Furoate                   | FG             |                       |
| Mupirocin Ointment                   | FG             | QL                    |
| Myorisan                             | FG             | PA                    |
| Nystatin                             | FG             |                       |
| Nystatin/Triamcinolone               | FG             |                       |
| Nystop                               | FG             |                       |
| Permethrin                           | FG             |                       |
| Podofilox                            | FG             |                       |
| Pramcort                             | FG             |                       |
| <b>Pramosone Cream,<br/>Ointment</b> | NF             |                       |
| <b>Pramosone E<br/>Cream</b>         | NF             |                       |
| <b>Pramosone Lotion</b>              | NF             |                       |
| <b>Protopic</b>                      | FB             | AE, QL, ST            |
| <b>Retin-A Micro<br/>Gel, Pump</b>   | FB             | AE, QL                |
| Rosadan Cream                        | FG             |                       |

| Drug Name                                               | Coverage Level | Requirements & Limits |
|---------------------------------------------------------|----------------|-----------------------|
| Selenium Sulfide                                        | FG             |                       |
| Silver Nitrate                                          | FG             |                       |
| Silver Sulfadiazine                                     | FG             |                       |
| Sulfacetamide Sodium                                    | FG             |                       |
| Sulfacetamide<br>Sodium-Sulfur                          | FG             |                       |
| <b>Taclonex</b>                                         | NF             | QL                    |
| <b>Taclonex Scalp</b>                                   | NF             | QL                    |
| <b>Tazorac</b>                                          | NF             | AE, QL                |
| <b>Tretin-X</b>                                         | FB             | AE, QL                |
| Tretinoin                                               | FG             | AE                    |
| Triamcinolone<br>Acetonide                              | FG             |                       |
| <b>Trianex</b>                                          | FB             |                       |
| Triderm                                                 | FG             |                       |
| Urea 40% Lotion                                         | FG             |                       |
| <b>Vectical</b>                                         | NF             |                       |
| Vitazol                                                 | FG             |                       |
| <b>Voltaren Gel</b>                                     | FB             | QL                    |
| Zenatane                                                | FG             | E, PA                 |
| <b>Zyclara Cream,<br/>Pump</b>                          | NF             | QL                    |
| <b>Diabetes/Endocrine:<br/>Blood Glucose Monitoring</b> |                |                       |
| <b>Accu-Chek Active<br/>Test Strips</b>                 | FB             | QL                    |
| <b>Accu-Chek Aviva<br/>Plus Test Strips</b>             | FB             | QL                    |
| <b>Accu-Chek Comfort<br/>Curve Test Strips</b>          | FB             | QL                    |
| <b>Accu-Chek<br/>Compact Test Strips</b>                | FB             | QL                    |
| <b>Accu-Chek Nano<br/>SmartView Test<br/>Strips</b>     | FB             | QL                    |
| <b>Bayer Breeze2<br/>Test Strips</b>                    | NF             | PA, QL                |

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|-----------------------------------------|----------------|-----------------------|
| <b>Bayer Contour Test Strips</b>        | NF             | PA, QL                |
| <b>FastClix Lancets</b>                 | FB             | QL                    |
| <b>Freestyle Test Strips</b>            | NF             | PA, QL                |
| <b>Glucocard 01 Test Strips</b>         | FG             | QL                    |
| <b>Glucocard Expression Test Strips</b> | FG             | QL                    |
| <b>Glucocard Vital Test Strips</b>      | FG             | QL                    |
| <b>Novofine Autocover Pen Needles</b>   | NF             |                       |
| <b>Novofine Pen Needles</b>             | NF             |                       |
| <b>Novotwist Pen Needles</b>            | NF             |                       |
| <b>OneTouch Test Strips</b>             | FB             | QL                    |
| <b>OneTouch Ultra Blue Test Strips</b>  | FB             | QL                    |
| <b>OneTouch Verio IQ Test Strips</b>    | FB             | QL                    |
| <b>Relion Test Strips</b>               | NF             | PA, QL                |
| <b>Soft Touch Lancets</b>               | FB             | QL                    |
| <b>SoftClix Lancets</b>                 | FB             | QL                    |
| <b>Diabetes/Endocrine: Insulin</b>      |                |                       |
| Apidra Solostar                         | NF             | ST                    |
| Apidra Vial                             | NF             | ST                    |
| <b>Humalog KwikPen</b>                  | FB             |                       |
| <b>Humalog Mix 75-25 KwikPen</b>        | FB             |                       |
| <b>Humalog Vial</b>                     | FB             |                       |
| <b>Humulin 70-30 Vial</b>               | FB             |                       |
| <b>Humulin KwikPen</b>                  | FB             |                       |
| <b>Humulin N KwikPen</b>                | FB             |                       |
| <b>Humulin N Vial</b>                   | FB             |                       |
| <b>Humulin R U-500 Vial</b>             | NF             |                       |
| <b>Lantus Solostar</b>                  | FB             |                       |

| Drug Name                              | Coverage Level | Requirements & Limits |
|----------------------------------------|----------------|-----------------------|
| <b>Lantus Vial</b>                     | FB             |                       |
| <b>Levemir Flexpen</b>                 | FB             |                       |
| <b>Levemir Vial</b>                    | FB             |                       |
| <b>Novolin N Vial</b>                  | FB             | E                     |
| <b>Novolin R Vial</b>                  | FB             | E                     |
| <b>Novolin Vial</b>                    | FB             | E                     |
| <b>Novolog Flexpen</b>                 | FB             | E                     |
| <b>Novolog Mix</b>                     | FB             | E                     |
| <b>Novolog Vial</b>                    | FB             | E                     |
| <b>Diabetes/Endocrine: Non-Insulin</b> |                |                       |
| Acarbose                               | FG             |                       |
| <b>Byetta</b>                          | FB             | QL, ST                |
| Chlorpropamide                         | FG             | AE                    |
| Glimepiride                            | FG             |                       |
| Glipizide IR/XL                        | FG             |                       |
| Glipizide/Metformin                    | FG             |                       |
| <b>Glucagen</b>                        | FB             |                       |
| <b>Glucagon</b>                        | FB             | QL                    |
| Glyburide                              | FG             |                       |
| Glyburide/Metformin                    | FG             |                       |
| <b>Janumet</b>                         | FB             | QL, ST                |
| <b>Janumet XR</b>                      | FB             | QL, ST                |
| <b>Januvia</b>                         | FB             | QL, ST                |
| <b>Jentadueto</b>                      | FB             | QL, ST                |
| <b>Juvisync</b>                        | FB             | QL, ST                |
| <b>Kombiglyze XR</b>                   | FB             | QL, ST                |
| Metformin                              | FG             |                       |
| Metformin Extended-Release             | FG             |                       |
| Nateglinide                            | FG             | QL                    |
| <b>Onglyza</b>                         | FB             | QL, ST                |
| Pioglitazone                           | FG             | QL, ST                |
| Pioglitazone/Glimepiride               | FG             | QL, ST                |
| Pioglitazone/Metformin                 | FG             | QL, ST                |
| <b>Prandimet</b>                       | NF             | QL, ST                |
| Repaglinide                            | FG             | QL, ST                |
| Tolazamide                             | FG             | ST                    |
| Tolbutamide                            | FG             | ST                    |
| <b>Tradjenta</b>                       | FB             | QL, ST                |
| <b>Victoza</b>                         | NF             | QL, ST                |

| Drug Name                                     | Coverage Level | Requirements & Limits |
|-----------------------------------------------|----------------|-----------------------|
| <b>Endocrine: Growth Hormone</b>              |                |                       |
| <b>Lupron Depot</b>                           | M              |                       |
| <b>Nutropin Aq NuSpin</b>                     | M              |                       |
| <b>Saizen</b>                                 | M              |                       |
| <b>Tev-Tropin</b>                             | M              |                       |
| <b>Endocrine: Other</b>                       |                |                       |
| <b>Asmalpred, Asmalpred Plus</b>              | FB             |                       |
| Calcitriol                                    | FG             |                       |
| Cortisone                                     | FG             |                       |
| Desmopressin                                  | FG             |                       |
| Dexamethasone                                 | FG             |                       |
| Fludrocortisone                               | FG             |                       |
| Hydrocortisone Tablet                         | FG             |                       |
| <b>Medrol 2 mg</b>                            | FB             |                       |
| Methylergonovine                              | FG             |                       |
| Methylprednisolone                            | FG             |                       |
| Millipred Tablet                              | FG             |                       |
| Paricalcitol                                  | FG             |                       |
| Prednisolone                                  | FG             |                       |
| Prednisone                                    | FG             |                       |
| <b>Zemlar</b>                                 | FB             |                       |
| <b>Endocrine: Thyroid Hormone Replacement</b> |                |                       |
| Levothyroxine Sodium                          | FG             |                       |
| Levoxyl                                       | FG             |                       |
| Liothyronine Sodium                           | FG             |                       |
| Methimazole                                   | FG             |                       |
| Propylthiouracil                              | FG             |                       |
| Unithroid                                     | FG             |                       |
| <b>Eye Conditions: Allergies</b>              |                |                       |
| Azelastine                                    | FG             |                       |
| Cromolyn                                      | FG             |                       |
| Epinastine                                    | FG             | E                     |

| Drug Name                          | Coverage Level | Requirements & Limits |
|------------------------------------|----------------|-----------------------|
| <b>Lastacraft</b>                  | NF             | QL                    |
| Naphazoline 0.1%                   | FG             |                       |
| <b>Pataday</b>                     | NF             | E                     |
| <b>Patanol</b>                     | FB             | E, QL                 |
| Phenylephrine                      | FG             |                       |
| <b>Eye Conditions: Antibiotics</b> |                |                       |
| Bacitracin                         | FG             |                       |
| Bacitracin/Polymyxin               | FG             |                       |
| Ciprofloxacin                      | FG             | QL                    |
| Erythromycin                       | FG             |                       |
| Gentamicin                         | FG             |                       |
| Ilotycin                           | FG             |                       |
| <b>Moxeza</b>                      | FB             | QL                    |
| <b>Natacyn</b>                     | FB             |                       |
| Neomycin/Bacitracin/Polymyxin      | FG             |                       |
| Neomycin/Polymyxin/Gramicidin      | FG             |                       |
| Ofloxacin                          | FG             | QL                    |
| Polymyxin B/Trimethoprim           | FG             |                       |
| Sulfacetamide Sodium               | FG             |                       |
| <b>Tobradex Ointment</b>           | NF             |                       |
| Tobramycin Ophth Solution          | FG             | E                     |
| Tobramycin/Dexamethasone           | FG             |                       |
| <b>Tobrex</b>                      | NF             | E                     |
| Trifluridine                       | FG             |                       |
| <b>Vigamox</b>                     | FB             | QL                    |
| <b>Eye Conditions: Glaucoma</b>    |                |                       |
| <b>Alphagan P</b>                  | FB             | QL                    |
| <b>Azopt</b>                       | FB             | QL                    |
| Betaxolol                          | FG             |                       |
| <b>Betimol</b>                     | NF             | QL                    |

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| Drug Name                                            | Coverage Level | Requirements & Limits |
|------------------------------------------------------|----------------|-----------------------|
| <b>Betoptic-S</b>                                    | FB             |                       |
| Carteolol                                            | FG             |                       |
| <b>Combigan</b>                                      | FB             | QL                    |
| Dorzolamide                                          | FG             | QL                    |
| Dorzolamide/Timolol                                  | FG             |                       |
| <b>Istalol</b>                                       | FB             |                       |
| Latanoprost                                          | FG             | QL                    |
| Levobunolol                                          | FG             |                       |
| <b>Lumigan</b>                                       | FB             | QL                    |
| Metipranolol                                         | FG             |                       |
| Timolol Maleate                                      | FG             |                       |
| <b>Timoptic Ocudose</b>                              | FB             |                       |
| <b>Travatan Z</b>                                    | FB             | QL                    |
| <b>Eye Conditions: Other</b>                         |                |                       |
| Atropine                                             | FG             |                       |
| <b>Blephamide SOP</b>                                | NF             |                       |
| Brimonidine                                          | FG             |                       |
| <b>Cyclogyl</b>                                      | FB             |                       |
| Cyclopentolate                                       | FG             |                       |
| Dexamethasone                                        | FG             |                       |
| Diclofenac                                           | FG             | QL                    |
| Fluorometholone                                      | FG             |                       |
| Flurbiprofen                                         | FG             |                       |
| <b>FML Forte</b>                                     | FB             |                       |
| Homatropine                                          | FG             |                       |
| <b>Iso Carbachol</b>                                 | FB             |                       |
| <b>Iso Homatropine</b>                               | FB             |                       |
| Ketorolac                                            | FG             | QL                    |
| Neomycin/Bacitracin/<br>Polymyxin/<br>Hydrocortisone | FG             |                       |
| Neomycin/Polymixin/<br>Dexamethasone                 | FG             |                       |
| <b>Phospholine</b>                                   | FB             |                       |
| <b>Pred Mild</b>                                     | FB             |                       |
| Prednisolone                                         | FG             |                       |
| Proparacaine                                         | FG             |                       |
| Sulfacetamide<br>Sodium/Prednisolone                 | FG             |                       |
| Tetracaine                                           | FG             |                       |
| Tropicamide                                          | FG             |                       |

| Drug Name                                 | Coverage Level | Requirements & Limits |
|-------------------------------------------|----------------|-----------------------|
| <b>Gastrointestinal: Acid Suppression</b> |                |                       |
| <b>Carafate</b>                           | FB             |                       |
| Cimetidine                                | FG             |                       |
| <b>Dexilant</b>                           | FB             | QL                    |
| Lansoprazole                              | FG             | QL                    |
| Misoprostol                               | FG             |                       |
| <b>Nexium</b>                             | FB             | QL                    |
| Nizatidine                                | FG             |                       |
| <b>Omeclamox-Pak</b>                      | FB             | QL                    |
| Omeprazole                                | FG             | QL                    |
| Pantoprazole                              | FG             | QL                    |
| <b>Pylera</b>                             | FB             | QL                    |
| Ranitidine                                | FG             |                       |
| Sucralfate Tablet                         | FG             |                       |
| <b>Gastrointestinal: Nausea/Vomiting</b>  |                |                       |
| <b>Antivert 50 mg</b>                     | FB             |                       |
| Dronabinol                                | FG             | PA                    |
| Ondansetron                               | FG             | QL                    |
| Ondansetron ODT                           | FG             | QL                    |
| Promethazine                              | FG             | AE                    |
| Trimethobenzamide                         | FG             |                       |
| <b>Gastrointestinal: Other</b>            |                |                       |
| <b>Amitiza</b>                            | FB             | QL, ST                |
| <b>Analpram Advanced</b>                  | NF             |                       |
| <b>Analpram-HC Cream</b>                  | NF             |                       |
| <b>Analpram-HC Lotion</b>                 | NF             |                       |
| <b>Analpram-HC Shingles</b>               | NF             |                       |
| <b>Apriso</b>                             | FB             | QL                    |
| Belladonna Alkaloids/<br>Phenobarbital    | FG             |                       |
| Budesonide                                | FG             |                       |
| Calcium Acetate                           | FG             |                       |
| <b>Canasa</b>                             | FB             | QL                    |
| Chlordiazepoxide/<br>Clidinium            | FG             |                       |
| <b>Creon</b>                              | FB             |                       |

| Drug Name                | Coverage Level | Requirements & Limits |
|--------------------------|----------------|-----------------------|
| <b>Delzicol</b>          | NF             | E, QL                 |
| Dicyclomine              | FG             |                       |
| <b>Dificid</b>           | NF             | PA                    |
| <b>Digex NF</b>          | FB             |                       |
| Diphenoxylate/Atropine   | FG             |                       |
| Gavilyte                 | FG             | QL                    |
| <b>Halflytely</b>        | NF             | QL                    |
| Hyoscyamine              | FG             |                       |
| Lactulose                | FG             |                       |
| <b>Lialda</b>            | FB             | QL                    |
| Mesalamine Enema         | FG             |                       |
| Metoclopramide           | FG             | QL                    |
| Pancrelipase             | FG             |                       |
| Paregoric Tincture       | FG             |                       |
| Polyethylene Glycol 3350 | FG             | QL                    |
| Propantheline            | FG             |                       |
| <b>Renvela</b>           | NF             |                       |
| <b>Rowasa Enema</b>      | NF             |                       |
| Sulfasalazine            | FG             |                       |
| <b>Suprep</b>            | NF             | QL                    |
| Trilyte                  | FG             | QL                    |
| Ursodiol                 | FG             |                       |
| <b>Zenpep</b>            | FB             |                       |
| <b>HIV/AIDS</b>          |                |                       |
| Abacavir                 | FG             |                       |
| Abacavir/Lamivudine      | FG             |                       |
| <b>Aptivus</b>           | FB             |                       |
| <b>Atripla</b>           | FB             |                       |
| <b>Complera</b>          | FB             |                       |
| <b>Crixivan</b>          | FB             |                       |
| Didanosine               | FG             |                       |
| <b>Edurant</b>           | FB             |                       |
| <b>Emtriva</b>           | FB             |                       |
| <b>Epivir Solution</b>   | FB             |                       |
| <b>Epzicom</b>           | FB             |                       |

| Drug Name             | Coverage Level | Requirements & Limits |
|-----------------------|----------------|-----------------------|
| <b>Fuzeon</b>         | FB             | QL                    |
| <b>Intelence</b>      | FB             |                       |
| <b>Invirase</b>       | FB             |                       |
| <b>Isentress</b>      | FB             |                       |
| <b>Kaletra</b>        | FB             |                       |
| Lamivudine            | FG             |                       |
| Lamivudine/Zidovudine | FG             |                       |
| <b>Lexiva</b>         | FB             |                       |
| Nevirapine            | FG             |                       |
| <b>Norvir</b>         | FB             |                       |
| <b>Prezista</b>       | FB             |                       |
| <b>Rescriptor</b>     | FB             |                       |
| <b>Retrovir</b>       | FB             |                       |
| <b>Reyataz</b>        | FB             |                       |
| <b>Selzentry</b>      | FB             | PA                    |
| Stavudine             | FG             |                       |
| <b>Stribild</b>       | FB             |                       |
| <b>Sustiva</b>        | FB             |                       |
| <b>Tivicay</b>        | FB             |                       |
| <b>Trizivir</b>       | NF             |                       |
| <b>Truvada</b>        | FB             | PA                    |
| <b>Videx Solution</b> | FB             |                       |
| <b>Viramune XR</b>    | FB             |                       |
| <b>Viracept</b>       | FB             |                       |
| <b>Viread</b>         | FB             |                       |
| <b>Ziagen</b>         | FB             |                       |
| Zidovudine            | FG             |                       |
| <b>Infertility*</b>   |                |                       |
| <b>Cetrotide</b>      | M              |                       |
| Clomiphene            | FG             | GE                    |
| <b>Follistim AQ</b>   | M              |                       |
| <b>Gonal-F</b>        | M              |                       |
| <b>Gonal-F Rff</b>    | M              |                       |
| <b>Ovidrel</b>        | M              |                       |

\*Coverage is determined by the consumer's prescription drug benefit plan.

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| Drug Name                                                                                            | Coverage Level | Requirements & Limits |
|------------------------------------------------------------------------------------------------------|----------------|-----------------------|
| <b>Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis</b> |                |                       |
| <b>Cimzia</b>                                                                                        | M              | QL                    |
| <b>Cuprimine</b>                                                                                     | NF             | PA                    |
| <b>Humira</b>                                                                                        | M              |                       |
| <b>Hydroxychloroquine Sulfate</b>                                                                    | FG             |                       |
| <b>Leflunomide</b>                                                                                   | FG             | QL                    |
| <b>Methotrexate</b>                                                                                  | FG             |                       |
| <b>Orencia</b>                                                                                       | M              | QL                    |
| <b>Rheumatrex</b>                                                                                    | NF             |                       |
| <b>Simponi</b>                                                                                       | M              | QL                    |
| <b>Stelara</b>                                                                                       | M              | QL                    |
| <b>Trexall</b>                                                                                       | NF             |                       |
| <b>Men's Health: Erectile Dysfunction</b>                                                            |                |                       |
| <b>Cialis 2.5 mg, 5 mg Tablet</b>                                                                    | NF             | AE, GE, PA, QL        |
| <b>Men's Health: Prostate</b>                                                                        |                |                       |
| Alfuzosin                                                                                            | FG             | QL                    |
| <b>Avodart</b>                                                                                       | FB             | QL                    |
| Doxazosin                                                                                            | FG             |                       |
| Finasteride                                                                                          | FG             |                       |
| <b>Jalyn</b>                                                                                         | FB             | QL                    |
| <b>Rapaflo</b>                                                                                       | FB             | QL                    |
| Tamsulosin                                                                                           | FG             | QL                    |
| Terazosin                                                                                            | FG             |                       |
| <b>Men's Health: Testosterone Therapy</b>                                                            |                |                       |
| <b>Androderm</b>                                                                                     | FB             | PA, QL, GE            |
| <b>Androgel</b>                                                                                      | FB             | PA, QL, GE            |
| Androxy                                                                                              | FG             | PA                    |
| <b>Fortesta</b>                                                                                      | NF             | PA, QL, GE            |
| <b>Testim</b>                                                                                        | FB             | PA, QL, GE            |
| <b>Miscellaneous</b>                                                                                 |                |                       |
| Acetic Acid Otic                                                                                     | FG             |                       |
| Acetylcysteine                                                                                       | FG             |                       |
| <b>Aerochamber</b>                                                                                   | FB             | QL                    |
| Alinia                                                                                               | FB             | QL                    |
| Anastrozole                                                                                          | FG             |                       |
| Antipyrine/Benzocaine                                                                                | FG             |                       |

| Drug Name                          | Coverage Level | Requirements & Limits |
|------------------------------------|----------------|-----------------------|
| Anucort-HC                         | FG             |                       |
| <b>Aranesp</b>                     | M              |                       |
| Benzocaine Otic                    | FG             |                       |
| Benzonatate                        | FG             |                       |
| <b>Biltricide</b>                  | FB             |                       |
| Chloroquine                        | FG             |                       |
| Citric Acid/Sodium Citrate         | FG             |                       |
| Danazol                            | FG             |                       |
| <b>Daraprim</b>                    | FB             |                       |
| <b>Deconsal-II</b>                 | FB             |                       |
| Difil-G Forte Liquid               | FG             |                       |
| Disulfiram                         | FG             |                       |
| <b>Easivent</b>                    | FB             | QL                    |
| <b>Elmiron</b>                     | FB             |                       |
| <b>Epipen 2-Pak</b>                | FB             | QL                    |
| <b>Epipen-Jr</b>                   | FB             | QL                    |
| Ergocalciferol 50,000 Unit Capsule | FG             |                       |
| Exemestane                         | FG             |                       |
| <b>EZ Spacer</b>                   | FB             | QL                    |
| Guaifenesin/Codeine                | FG             |                       |
| <b>Guanidine</b>                   | FB             |                       |
| <b>Humibid DM</b>                  | FB             |                       |
| Hydrocodone/Homatropine            | FG             |                       |
| Hydrocortisone                     | FG             |                       |
| Pramoxine                          | FG             |                       |
| Hydrocortisone Suppository         | FG             |                       |
| Hydrocortisone/Acetic Acid Otic    | FG             |                       |
| <b>Hypersal Nebs</b>               | FB             |                       |
| <b>Inspirease</b>                  | FB             |                       |
| Letrozole                          | FG             | PA                    |
| Lidocaine Patch                    | FG             | QL                    |
| Lidocaine Viscous                  | FG             |                       |
| <b>Lidoderm Patch</b>              | NF             | E, QL                 |
| Mebendazole                        | FG             |                       |
| Mefloquine                         | FG             |                       |
| <b>Mephyton</b>                    | FB             |                       |
| <b>Mestinon, Mestinon Timespan</b> | FB             |                       |
| <b>Multigen Plus</b>               | FB             |                       |

| Drug Name                              | Coverage Level | Requirements & Limits |
|----------------------------------------|----------------|-----------------------|
| <b>Multigen Folic</b>                  | FB             |                       |
| Naltrexone                             | FG             |                       |
| <b>Nessi Spacer</b>                    | FB             | QL                    |
| <b>Optihaler</b>                       | FB             | QL                    |
| <b>Pegasys</b>                         | M              |                       |
| Phenazopyridine                        | FG             |                       |
| Pilocarpine                            | FG             |                       |
| Primaquine                             | FG             |                       |
| <b>Procrit</b>                         | M              |                       |
| Proctocream HC                         | FG             |                       |
| <b>Proctofoam HC</b>                   | FB             |                       |
| Proctosol HC                           | FG             |                       |
| Proctozone HC                          | FG             |                       |
| Promethazine VC/<br>Codeine            | FG             | AE                    |
| Promethazine/Codeine                   | FG             | AE                    |
| Promethazine/<br>Dextromethorphan      | FG             | AE                    |
| Pyridostigmine                         | FG             |                       |
| <b>Rectiv</b>                          | NF             |                       |
| <b>Renvela</b>                         | NF             |                       |
| Sodium Polystyrene<br>Sulfonate Powder | FG             |                       |
| <b>Soriatane</b>                       | NF             | QL                    |
| <b>SSKI</b>                            | FB             |                       |
| <b>Synarel</b>                         | FB             |                       |
| <b>Synvisc</b>                         | M              |                       |
| <b>Synvisc One</b>                     | M              |                       |
| Tamoxifen                              | FG             |                       |
| Triamcinolone/Orabase                  | FG             |                       |
| Vitamin D 50,000 Unit                  | FG             |                       |
| <b>Vortex</b>                          | FB             | QL                    |
| <b>WatchHaler</b>                      | FB             | QL                    |
| <b>Yodoxin</b>                         | FB             |                       |
| <b>Zemplar</b>                         | FB             |                       |

| Drug Name                            | Coverage Level | Requirements & Limits |
|--------------------------------------|----------------|-----------------------|
| <b>Musculoskeletal: Osteoporosis</b> |                |                       |
| <b>Actonel</b>                       | NF             | E, QL                 |
| Alendronate Oral<br>Solution         | FG             | QL                    |
| Alendronate Tablet                   | FG             |                       |
| Calcitonin Spray                     | FG             | QL                    |
| <b>Evista</b>                        | FB             | E, QL                 |
| <b>Fortical</b>                      | NF             | QL                    |
| Ibandronate                          | FG             | QL                    |
| <b>Musculoskeletal: Other</b>        |                |                       |
| Allopurinol                          | FG             |                       |
| Baclofen                             | FG             |                       |
| Carisoprodol                         | FG             |                       |
| <b>Colcrys</b>                       | FB             | QL                    |
| Cyclobenzaprine                      | FG             |                       |
| Dantrolene                           | FG             |                       |
| Methocarbamol                        | FG             |                       |
| Orphenadrine ER                      | FG             |                       |
| Orphenadrine/Aspirin/<br>Caffeine    | FG             |                       |
| Probenecid                           | FG             |                       |
| Probenecid/Colchicine                | FG             |                       |
| Tizanidine Tablet                    | FG             |                       |
| <b>Uloric</b>                        | FB             | QL, ST                |
| <b>Musculoskeletal: Pain Relief</b>  |                |                       |
| Acetaminophen/<br>Codeine            | FG             | QL                    |
| Acetaminophen/<br>Oxycodone          | FG             | QL                    |
| Ascomp/Codeine                       | FG             | QL                    |
| <b>Avinza</b>                        | NF             | QL                    |
| <b>Bupap 50/650 mg</b>               | FB             | QL                    |

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|---------------------------------------------------|----------------|-----------------------|
| Butalbital/<br>Acetaminophen                      | FG             | QL                    |
| Butalbital/<br>Acetaminophen/<br>Caffeine         | FG             | QL                    |
| Butalbital/<br>Acetaminophen/<br>Caffeine/Codeine | FG             | QL                    |
| Butalbital/Aspirin/<br>Caffeine                   | FG             | QL                    |
| Butalbital/Aspirin/<br>Caffeine/Codeine           | FG             | QL                    |
| <b>Celebrex</b>                                   | NF             | QL                    |
| Choline Magnesium<br>Trisalicylate                | FG             | QL                    |
| Codeine                                           | FG             |                       |
| Diclofenac Sodium                                 | FG             | QL                    |
| Diflunisal                                        | FG             | QL                    |
| Duraxin                                           | FG             |                       |
| <b>Esgic Plus</b>                                 | FB             | QL                    |
| Etodolac IR/ER                                    | FG             | QL                    |
| Fenoprofen                                        | FG             | QL                    |
| Fentanyl Patches                                  | FG             | QL                    |
| Flurbiprofen                                      | FG             | QL                    |
| Fortigan                                          | FG             |                       |
| Hydrocodone/<br>Acetaminophen                     | FG             | QL                    |
| Hydrocodone/<br>Ibuprofen                         | FG             | QL                    |
| Hydromorphone                                     | FG             |                       |
| Ibuprofen                                         | FG             | QL                    |
| <b>Indocin Suppository</b>                        | FB             | QL                    |
| Indomethacin IR/ER                                | FG             | QL                    |
| Ketoprofen IR/ER                                  | FG             | QL                    |
| Ketorolac                                         | FG             | QL                    |
| <b>Lazanda</b>                                    | NF             | PA, QL                |
| Levorphanol                                       | FG             | QL                    |
| Meclofenamate                                     | FG             | QL                    |
| Meloxicam                                         | FG             | QL                    |
| Meperidine                                        | FG             |                       |
| Methadone                                         | FG             | QL                    |
| Morphine Sulfate<br>Beads<br>Sustained-Release    | FG             | QL                    |

| Drug Name                                        | Coverage Level | Requirements & Limits |
|--------------------------------------------------|----------------|-----------------------|
| Morphine Sulfate<br>Immediate-Release            | FG             |                       |
| Morphine Sulfate<br>Sustained-Release<br>Capsule | FG             | E, QL                 |
| Nabumetone                                       | FG             | QL                    |
| <b>Nalfon 200 mg<br/>Capsule</b>                 | FB             | QL                    |
| Naproxen                                         | FG             | QL                    |
| <b>Nucynta ER</b>                                | FB             | QL                    |
| <b>Orbivan</b>                                   | FB             | QL                    |
| Oxaprozin                                        | FG             |                       |
| Oxycodone                                        | FG             |                       |
| Oxycodone/<br>Acetaminophen                      | FG             | QL                    |
| <b>Oxycontin</b>                                 | FB             | QL                    |
| Oxymorphone                                      | FG             | QL                    |
| Pentazocine/<br>Acetaminophen                    | FG             | QL                    |
| Pentazocine/Naloxone                             | FG             | QL                    |
| Phenyltoloxamine/<br>Acetaminophen               | FG             |                       |
| Piroxicam                                        | FG             | QL                    |
| Salsalate                                        | FG             |                       |
| <b>Sedapap</b>                                   | FB             | QL                    |
| Sulindac                                         | FG             | QL                    |
| Tolmetin                                         | FG             | QL                    |
| Tramadol                                         | FG             |                       |
| <b>Vimovo</b>                                    | NF             | QL, ST                |
| <b>Voltaren Gel</b>                              | FB             | QL                    |
| <b>Overactive Bladder</b>                        |                |                       |
| Bethanechol                                      | FG             |                       |
| <b>Enablex</b>                                   | NF             | E, QL                 |
| <b>Gelnique</b>                                  | FB             | QL                    |
| Oxybutynin                                       | FG             |                       |
| Oxybutynin<br>Extended-Release                   | FG             | QL                    |
| <b>Oxytrol</b>                                   | NF             | E, QL                 |
| <b>Toviaz</b>                                    | NF             |                       |
| <b>Vesicare</b>                                  | NF             | E                     |

| Drug Name                       | Coverage Level | Requirements & Limits |
|---------------------------------|----------------|-----------------------|
| <b>Respiratory: Asthma/COPD</b> |                |                       |
| <b>Advair Diskus</b>            | FB             | QL                    |
| <b>Advair HFA</b>               | FB             | QL                    |
| Albuterol Sulfate               | FG             |                       |
| Aminophylline                   | FG             |                       |
| <b>Asmanex</b>                  | FB             | QL                    |
| <b>Atrovent HFA</b>             | NF             | QL                    |
| Breo Ellipta                    | FB             | QL                    |
| Budesonide Nebs                 | FG             | QL                    |
| <b>Combivent Respimat</b>       | FB             | QL                    |
| Cromolyn Nebs                   | FG             |                       |
| <b>Flovent Diskus</b>           | FB             | QL                    |
| <b>Flovent HFA</b>              | FB             | QL                    |
| <b>Foradil</b>                  | FB             | QL, ST                |
| Ipratropium                     | FG             |                       |
| Levalbuterol Nebs               | FG             |                       |
| Montelukast                     | FG             | QL                    |
| <b>Proair HFA</b>               | FB             | QL                    |
| <b>Pulmicort Flexhaler</b>      | FB             | QL                    |
| <b>Pulmicort Respules</b>       | NF             | QL                    |
| <b>QVAR</b>                     | FB             | QL                    |
| <b>Serevent</b>                 | FB             | QL, ST                |
| <b>Spiriva</b>                  | FB             | QL                    |
| <b>Symbicort</b>                | FB             | QL                    |
| Terbutaline                     | FG             |                       |
| Theophylline SR                 | FG             |                       |
| <b>Tudorza</b>                  | FB             | QL                    |
| <b>Ventolin HFA</b>             | FB             | QL                    |

| Drug Name                                           | Coverage Level | Requirements & Limits |
|-----------------------------------------------------|----------------|-----------------------|
| <b>Respiratory: Nasal Allergies</b>                 |                |                       |
| <b>Astepro</b>                                      | FB             | QL                    |
| Azelastine                                          | FG             | QL                    |
| Flunisolide                                         | FG             | QL                    |
| Fluticasone Propionate                              | FG             | QL                    |
| Ipratropium                                         | FG             |                       |
| <b>Nasonex</b>                                      | FB             | E, QL                 |
| <b>Omnamis</b>                                      | NF             | E, QL                 |
| <b>Veramyst</b>                                     | FB             | E, QL                 |
| <b>Zetonna</b>                                      | NF             | E, QL                 |
| <b>Respiratory: Oral Allergies</b>                  |                |                       |
| Carbinoxamine                                       | FG             |                       |
| Clemastine                                          | FG             |                       |
| Cyproheptadine                                      | FG             |                       |
| Dexchlorpheniramine                                 | FG             |                       |
| Hydroxyzine                                         | FG             |                       |
| Promethazine                                        | FG             | AE                    |
| <b>Respiratory: Pulmonary Arterial Hypertension</b> |                |                       |
| <b>Adcirca</b>                                      | NF             | PA, QL                |
| <b>Letairis</b>                                     | FB             | PA, QL                |
| <b>Tracleer</b>                                     | FB             | PA, QL                |
| <b>Transplant</b>                                   |                |                       |
| Azathioprine                                        | FG             |                       |
| Cyclosporine, Cyclosporine Modified                 | FG             |                       |
| Gengraf                                             | FG             |                       |
| Mycophenolate                                       | FG             |                       |

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**GE** = Gender Edit

**M** = Medical

**NF** = Non-Formulary

**PA** = Prior Authorization required

**QL** = Quantity Limit

**ST** = Step Therapy

| Drug Name                             | Coverage Level | Requirements & Limits |
|---------------------------------------|----------------|-----------------------|
| <b>Vitamins/Electrolytes</b>          |                |                       |
| Fluoride Chewable Tablet, Drops       | FG             |                       |
| Folic Acid 1 mg                       | FG             |                       |
| Klor-Con 10                           | FG             |                       |
| Klor-Con M10                          | FG             |                       |
| Klor-Con M20                          | FG             |                       |
| Potassium Chloride                    | FG             |                       |
| Potassium Citrate                     | FG             |                       |
| <b>Women's Health: Contraceptives</b> |                |                       |
| Altavera                              | FG             | GE                    |
| Alyacen                               | FG             | GE                    |
| Apri                                  | FG             | GE                    |
| Aranelle                              | FG             | GE                    |
| Aviane                                | FG             | GE                    |
| Azurette                              | FG             | GE                    |
| Balziva                               | FG             | GE                    |
| <b>Beyaz</b>                          | FB             | GE                    |
| Briellyn                              | FG             | GE                    |
| Camila                                | FG             | GE                    |
| Caziant                               | FG             | GE                    |
| Cesia                                 | FG             | GE                    |
| Chateal                               | FG             | GE                    |
| Cryselle                              | FG             | GE                    |
| Cyclafem                              | FG             | GE                    |
| Dasetta                               | FG             | GE                    |
| Drospirenone/Ethinyl Estradiol        | FG             | GE                    |
| Elinest                               | FG             | GE                    |
| Ella                                  | FG             | GE, QL                |
| Emoquette                             | FG             | GE                    |
| Enpresse                              | FG             | GE                    |
| Errin                                 | FG             | GE                    |
| Estartylla                            | FG             | GE                    |
| Falmina                               | FG             | GE                    |
| Gianvi                                | FG             | GE                    |
| Gildagia                              | FG             | GE                    |
| Gildess, Gildess Fe                   | FG             | GE                    |
| Heather                               | FG             | GE                    |
| Implanon                              | FG             | GE                    |
| Jolivette                             | FG             | GE                    |

| Drug Name                             | Coverage Level | Requirements & Limits |
|---------------------------------------|----------------|-----------------------|
| Junel                                 | FG             | GE                    |
| Junel Fe                              | FG             | GE                    |
| Kariva                                | FG             | GE                    |
| Kelnor                                | FG             | GE                    |
| Kurvelo                               | FG             | GE                    |
| Leena                                 | FG             | GE                    |
| Lessina                               | FG             | GE                    |
| Levonorgestrel/Ethinyl Estradiol      | FG             | GE                    |
| Levonorgestrel                        | FG             | AE, QL, GE            |
| Levora-28                             | FG             | GE                    |
| <b>Loestrin</b>                       | FB             | GE                    |
| Loryna                                | FG             | GE                    |
| Low-Ogestrel                          | FG             | GE                    |
| Lutera                                | FG             | GE                    |
| Marlissa                              | FG             | GE                    |
| Medroxyprogesterone Acetate Injection | FG             | GE, PA                |
| Microgestin                           | FG             | GE                    |
| Microgestin FE                        | FG             | GE                    |
| Mono-Linyah                           | FG             | GE                    |
| Mononessa                             | FG             | GE                    |
| <b>Natazia</b>                        | FG             | GE                    |
| Necon 0.5/35, 1/35, 1/50, 10/11       | FG             | GE                    |
| Nikki                                 | FG             | GE                    |
| Nora-BE                               | FG             | GE                    |
| Norethindrone                         | FG             | GE                    |
| Norgestimate-Ethinyl Estradiol        | FG             | GE                    |
| Norgestrel/Ethinyl Estradiol          | FG             | GE                    |
| Nortrel                               | FG             | GE                    |
| <b>Nuvaring</b>                       | FB             | GE                    |
| Ocella                                | FG             | GE                    |
| Ogestrel                              | FG             | GE                    |
| Orsythia                              | FG             | GE                    |
| <b>Ortho Coil</b>                     | FG             | GE                    |
| <b>Ortho Flat</b>                     | FG             | GE                    |
| <b>Ortho Flex</b>                     | FG             | GE                    |
| Philith                               | FG             | GE                    |
| Portia                                | FG             | GE                    |
| Previfem                              | FG             | GE                    |

| Drug Name                                                              | Coverage Level | Requirements & Limits |
|------------------------------------------------------------------------|----------------|-----------------------|
| Reclipsen                                                              | FG             | GE                    |
| <b>Safyral</b>                                                         | FB             | GE                    |
| Solia                                                                  | FG             | GE                    |
| Sprintec                                                               | FG             | GE                    |
| Sronyx                                                                 | FG             | GE                    |
| Syeda                                                                  | FG             | GE                    |
| Tri-Estaryll                                                           | FG             | GE                    |
| Tri-Linyah                                                             | FG             | GE                    |
| Tri-Previfem                                                           | FG             | GE                    |
| Tri-Sprintec                                                           | FG             | GE                    |
| Trinessa                                                               | FG             | GE                    |
| Trivora-28                                                             | FG             | GE                    |
| Vestura                                                                | FG             | GE                    |
| Viorele                                                                | FG             | GE                    |
| Wera                                                                   | FG             | GE                    |
| <b>Wide-Seal</b>                                                       | FG             | GE                    |
| <b>Yasmin 28</b>                                                       | NF             | GE                    |
| <b>Yaz</b>                                                             | NF             | E, GE                 |
| Zarah                                                                  | FE             | GE                    |
| Zenchant                                                               | FG             | E, GE                 |
| Zovia 1-35E                                                            | FG             | GE                    |
| <b>Women's Health: Hormone Replacement</b>                             |                |                       |
| <b>Alora</b>                                                           | FB             | GE, QL                |
| <b>Cenestin</b>                                                        | NF             | GE, QL                |
| <b>Climara Pro</b>                                                     | FB             | GE, QL                |
| Covaryx, Covaryx HS                                                    | FG             | GE, PA, QL            |
| <b>Divigel</b>                                                         | FB             | GE                    |
| <b>Elestrin</b>                                                        | FB             | GE                    |
| <b>Enjuvia</b>                                                         | FB             | GE, QL                |
| Estradiol Patch, Tablet                                                | FG             | GE, QL                |
| Estrogen/<br>Methyltestosterone,<br>Estrogen/<br>Methyltestosterone HS | FG             | GE, PA, QL            |

| Drug Name                                      | Coverage Level | Requirements & Limits |
|------------------------------------------------|----------------|-----------------------|
| Estropipate                                    | FG             | GE, QL                |
| Evamist                                        | NF             | GE, QL                |
| <b>Makena</b>                                  | M              |                       |
| Medroxyprogesterone                            | FG             | GE                    |
| <b>Menest</b>                                  | FG             | GE, QL                |
| Mimvey                                         | FG             | GE, QL                |
| Norethindrone                                  | FG             | GE                    |
| Norethindrone/Ethinyl<br>Estradiol             | FG             | GE, QL                |
| OrthoEst                                       | FG             | GE, QL                |
| <b>Premarin</b>                                | FB             | GE, QL                |
| <b>Premarin Vaginal Cream</b>                  | FB             |                       |
| <b>Premphase</b>                               | FB             | GE, QL                |
| <b>Prempro</b>                                 | FB             | GE, QL                |
| <b>Vagifem</b>                                 | FB             | GE                    |
| <b>Vivelle-Dot</b>                             | FB             | GE, QL                |
| <b>Women's Health: Prenatal Vitamins</b>       |                |                       |
| <b>Brand Prenatal Vitamins/Folic Acid 1 mg</b> | FB             |                       |
| Generic Prenatal Vitamins/Folic Acid 1 mg      | FG             |                       |

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## “My Medications” worksheet

Take this worksheet with you each time you visit a doctor. Each of your doctors should be aware of every drug you take and you should have a list as well.

| Name of Medicine and Strength | Coverage Level       | I Take This Medicine For | Directions       | Doctor      |
|-------------------------------|----------------------|--------------------------|------------------|-------------|
| Example: Lisinopril, 20mg     | Formulary<br>Generic | High blood pressure      | One tablet daily | Dr. Johnson |
|                               |                      |                          |                  |             |
|                               |                      |                          |                  |             |
|                               |                      |                          |                  |             |
|                               |                      |                          |                  |             |
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|                               |                      |                          |                  |             |
|                               |                      |                          |                  |             |
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|                               |                      |                          |                  |             |

## For more information



Call the toll-free member phone number on the back of your health plan ID card.

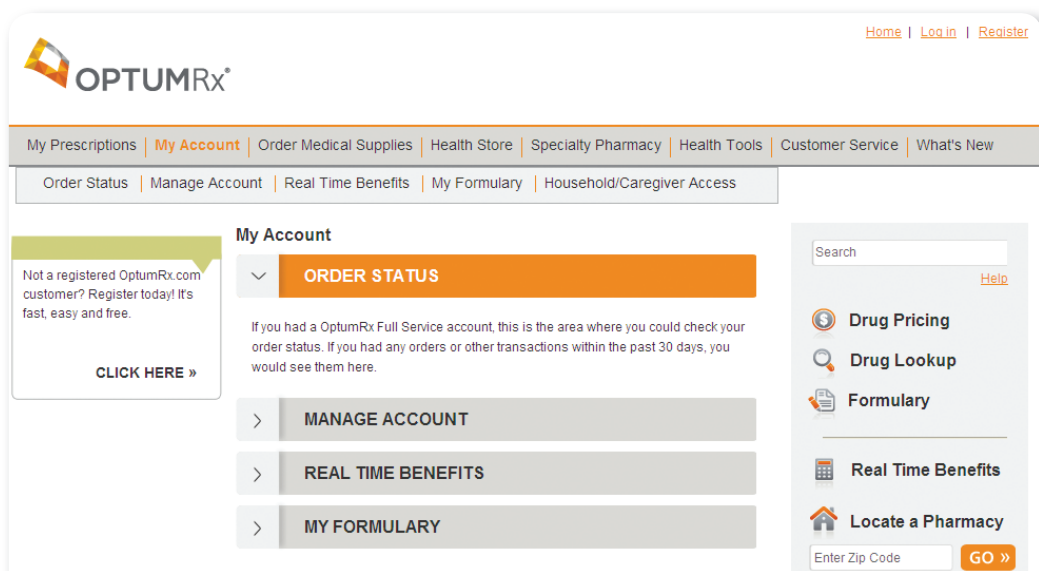


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