



Network Health Plan Abridged Formulary

This document contains information about the medications covered by UNC Health's Network Health Plan. This document represents an abridged list of the most commonly prescribed medications on the full formulary. Please visit MagellanRx.com/UNC or contact Magellan Rx at 1-800-424-5892 for additional information about your pharmacy benefit.

How to Use This Document

What is the UNC Health Network Health Plan (NHP) formulary?

The UNC Health NHP formulary is a list of prescription medications that are covered as part of your pharmacy benefit. This document is a list of the most commonly used prescription drugs included on your formulary. For the complete listing, visit MagellanRx.com/UNC or contact Magellan Rx at 1-800-424-5892.

The full UNC Health NHP formulary is developed in consultation with a team of health care providers and represents prescription therapies that are a necessary part of a quality treatment program. The plan's Pharmacy & Therapeutics Committee is composed of practicing prescribers and pharmacists who review medications at least quarterly.

What are tiers?

Within the formulary, each medication has been assigned a drug tier, or a level of coverage. There may be differences in out of pocket cost depending on the tier level. Please refer to your benefits guide for detailed information on the out-of-pocket costs associated with each tier.

Tier 1: This tier mostly consists of low cost, commonly used generic prescription medications.

Tier 2: This tier mostly consists of moderate cost prescription medications. This tier may include higher cost generic medications and some preferred brand-name prescription medications.

Tier 3: This tier mostly consists of higher cost prescription medications including non-preferred brand-name prescription medications. Usually, there is a tier one or two alternative available for medication in this tier.

Tier 4: This tier is reserved for the highest cost specialty prescription medications used to treat complex or rare conditions. Specialty medications can only be filled at UNC Health in house pharmacies including the UNC Shared Services Center Specialty Pharmacy.

What if my medication is not listed on this document?

This document is an abridged list of covered medications. For the complete listing, visit MagellanRx.com/UNC or contact Magellan Rx at 1-800-424-5892. Some medications are not covered under your pharmacy benefit and are listed in the web look up tool as Not Covered. You or your doctor can ask for coverage by calling 1-800-424-5892 and speaking with a Magellan Rx representative.

LEGEND		
TYPE	DESCRIPTION	
 QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
 ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before you move up a “step” to other drug options.
 GL	Gender Limit	This prescription drug is restricted for a single gender.
 AL	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
 C	Custom	This drug has unique restrictions.
 S	Specialty Drug	Specialty drugs are high-cost drugs used to treat complex or rare conditions. Some examples of the diseases include; multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.
 HCR	Health Care Reform Products	The Affordable Care Act (ACA) requires certain preventive generic products to be covered at zero dollar copay. This does not include plans that are grandfathered.
 PS	Preferred Specialty	Preferred Specialty.
 PA	PA Applies	Your provider is required to get prior authorization before you fill your prescription, which ensures appropriate use of the selected drug. Without prior approval, we may not cover this drug.
 QPD	Quantity Per Day	Quantity Per Day.
 SDS	Extended Specialty Day Supply	Extended Specialty Day Supply

LIST OF COVERED PRESCRIPTION MEDICATIONS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALPHA-ADRENERGIC BLOCKING AGENT(SYMPATH)		
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT		
<i>tamsulosin hcl</i>	1	QPD 2.0 per day
ANALGESICS AND ANTIPYRETICS		
ANALGESICS AND ANTIPYRETICS, MISC.		
<i>butalb-acetamin-caff 50-300-40</i>	1	QPD 6 per day
OPIATE AGONISTS		
<i>acetaminophen-cod #3 tablet</i>	1	AL At least 12 yrs old QPD 12 per day
<i>tramadol hcl 50 mg tablet</i>	1	AL At least 18 yrs old QPD 8 per day
OPIATE PARTIAL AGONISTS		
<i>buprenorphine-nalox 8-2mg film</i>	1	PA QPD 3 per day
ANOREXIGENIC AGENTS		
ANOREXIGENIC AGENTS, MISCELLANEOUS		
CONTRACE	3	AL At least 18 yrs old PA QPD 4 per day
QSYMIA 7.5 MG-46 MG CAPSULE	3	AL At least 12 yrs old PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANOREXIGENICS;RESPIRATORY,CNS STIMULANTS		
AMPHETAMINES		
<i>dextroamphetamine-amphetamine (10 mg tab, 15 mg tab, 20 mg tab)</i>	1	QPD 3 per day
VYVANSE (20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	3	PA QPD 1 per day
RESPIRATORY AND CNS STIMULANTS		
<i>dexmethylphenidate er 20 mg cp</i>	1	QPD 2 per day
<i>dexmethylphenidate hcl er (er 10 mg cp, er 15 mg cp)</i>	1	QPD 1 per day
<i>methylphenidate er (er 18 mg tab, er 27 mg tab, er 36 mg tab)</i>	1	QPD 2 per day
<i>methylphenidate er 54 mg tab</i>	1	QPD 1 per day
<i>methylphenidate 10 mg tablet</i>	1	QPD 5 per day
<i>methylphenidate 20 mg tablet</i>	1	QPD 3 per day
ANTI-INFECTIVE AGENTS		
URINARY ANTI-INFECTIVES		
<i>nitrofurantoin mono-macro</i>	1	
ANTI-INFECTIVES (EENT)		
ANTIBACTERIALS (EENT)		
<i>erythromycin 0.5% eye ointment</i>	1	
<i>moxifloxacin 0.5% eye drops</i>	1	QPD 0.434 per day
<i>polymyxin b sul-trimethoprim</i>	1	
EENT ANTI-INFECTIVES, MISCELLANEOUS		
<i>chlorhexidine 0.12% rinse</i>	1	
ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)		
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE)		
<i>clindamycin phosp 1% lotion</i>	1	
<i>clindamycin-benzoyl perox 1-5%</i>	1	
<i>metronidazole vaginal 0.75% gl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mupirocin 2% ointment</i>	1	
ANTI-INFLAMMATORY AGENTS (EENT)		
EENT ANTI-INFLAMMATORY AGENTS, MISC.		
RESTASIS	2	PA QPD 2 per day
ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)		
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)		
<i>clobetasol propionate (cream, ointment, solution)</i>	1	
<i>hydrocortisone (cream, ointment)</i>	1	
<i>triamcinolone acetonide (cream, ointment)</i>	1	
ANTIBACTERIALS		
SULFONAMIDE ANTIBIOTICS (SYSTEMIC)		
<i>sulfamethoxazole-tmp ds tablet</i>	1	
TETRACYCLINE ANTIBIOTICS		
<i>doxycycline hyclate 100 mg tab</i>	1	
ANTICHOLINERGIC AGENTS		
ANTIMUSCARINICS/ANTISPASMODICS		
<i>dicyclomine hcl (10 mg capsule, 20 mg tablet)</i>	1	
ANTICOAGULANTS		
DIRECT FACTOR XA INHIBITORS		
XARELTO 20 MG TABLET	2	QPD 1 per day
ANTICONSULSANTS		
ANTICONSULSANTS, MISCELLANEOUS		
<i>gabapentin 100 mg capsule</i>	1	
<i>topiramate (25 mg tablet, 100 mg tablet)</i>	1	
BENZODIAZEPINES (ANTICONSULSANTS)		
<i>clonazepam 0.5 mg tablet</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, MISCELLANEOUS		
<i>bupropion hcl 75 mg tablet</i>	1	
<i>bupropion hcl sr (sr 100 mg tablet, sr 150 mg tablet)</i>	1	
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR		
<i>desvenlafaxine succinate er (er 50 mg, er 100mg)</i>	1	
<i>venlafaxine hcl er (er 37.5 mg cap, er 75 mg cap, er 150 mg cap)</i>	1	
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS		
<i>fluoxetine hcl 40 mg capsule</i>	1	
<i>fluoxetine hcl 10 mg tablet</i>	1	
<i>fluoxetine hcl 20 mg tablet</i>	1	
<i>paroxetine hcl (10 mg tablet, 20 mg tablet)</i>	1	
SEROTONIN MODULATORS		
<i>trazodone 150 mg tablet</i>	1	
TRINTELLIX (10 MG TABLET, 20 MG TABLET)	3	ST QPD 1 per day
TRICYCLICS, OTHER NOREPI-RU INHIBITORS		
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<i>nortriptyline hcl 10 mg cap</i>	1	
ANTIDIABETIC AGENTS		
INCRETIN MIMETICS		
OZEMPIC 0.25-0.5 MG/DOSE PEN	2	PA QPD 0.067 per day
OZEMPIC 1 MG/DOSE (2 MG/1.5ML)	2	PA QPD 0.108 per day
TRULICITY (0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN)	2	PA QPD 0.08 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VICTOZA 3-PAK	2	PA QPD 0.3 per day
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB		
JARDIANCE	2	QPD 1 per day
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>ondansetron odt</i>	1	QL 24 / 30 days C Max allowable-3/day with max of 24 / 30 days
ANTIEMETICS, MISCELLANEOUS		
<i>scopolamine</i>	1	
ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)		
AZOLES (SKIN AND MUCOUS MEMBRANE)		
<i>ketoconazole 2% cream</i>	1	
ANTILIPEMIC AGENTS		
CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	1	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate 160 mg tablet</i>	1	
HMG-COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet)</i>	1	C HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only. HCRPREVA HCR Standard Rx & OTC
<i>atorvastatin calcium (40 mg tablet, 80 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	C HCR HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only. HCRPREVA HCR Standard Rx & OTC
ANTIMIGRAINE AGENTS		
CALCITONIN GENE-RELATED PEPTIDE ANTAG.		
AIMOVIG 140 MG/ML AUTOINJECTOR	2	AL PA QPD At least 18 yrs old 0.04 per day
AIMOVIG 70 MG/ML AUTOINJECTOR	2	QL AL PA 2 / 30 days At least 18 yrs old
SELECTIVE SEROTONIN AGONISTS		
<i>rizatriptan 10 mg tablet</i>	1	QPD 0.6 per day
<i>sumatriptan succinate (50 mg tablet, 100 mg tablet)</i>	1	QPD 0.3 per day
ANTINEOPLASTIC AGENTS		
<i>anastrozole</i>	1	C HCR HCR: Age edits (35 and older) and Gender edits (Females) apply. HCRBCRX HCR Breast Cancer Preventive
<i>letrozole</i>	1	C HCR HCR: Age edits (35 and older) and Gender edits (Females) apply. HCRBCRX HCR Breast Cancer Preventive
<i>methotrexate 2.5 mg tablet</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIPROTOZOALS		
ANTIMALARIALS		
<i>hydroxychloroquine 200 mg tab</i>	1	
ANTITHROMBOTIC AGENTS		
PLATELET-AGGREGATION INHIBITORS		
<i>aspirin 81 mg</i>	1	
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES		
VACCINES		
		AL At least 18 yrs old
SHINGRIX	2	C HCR: Age edits apply.
		HCR AAVAC3 HCR Vaccines
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
HISTAMINE H2-ANTAGONISTS		
<i>famotidine 40 mg tablet</i>	1	
PROTECTANTS		
<i>sucralfate 1 gm tablet</i>	1	
ANTIVIRALS (SYSTEMIC)		
ANTIVIRALS, MISCELLANEOUS		
XOFLUZA 20 MG TAB (40 MG DOSE)	3	QL 2 / fill
NEURAMINIDASE INHIBITOR ANTIVIRALS		
<i>oseltamivir phos 75 mg capsule</i>	1	QL 20 / 365 days
<i>oseltamivir 6 mg/ml suspension</i>	1	QL 180 / 30 days
ANXIOLYTICS, SEDATIVES AND HYPNOTICS		
ANXIOLYTICS,SEDATIVES,AND HYPNOTICS,MISC		
<i>bupirone hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet)</i>	1	
<i>hydroxyzine hcl 25 mg tablet</i>	1	AL At least 2 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zolpidem tartrate 10 mg tablet</i>	1	QPD 1 per day
BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)		
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	1	QPD 4 per day
<i>diazepam (5 mg tablet, 10 mg tablet)</i>	1	
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	1	QPD 1 per day
BETA-3-ADRENERGIC AGONISTS		
SELECTIVE BETA-3-ADRENERGIC AGONISTS		
MYRBETRIQ ER 50 MG TABLET	2	QPD 1 per day
BETA-ADRENERGIC AGONISTS		
SELECTIVE BETA-2-ADRENERGIC AGONISTS		
<i>albuterol sul 2.5 mg/3 ml soln</i>	1	
CALCIUM-CHANNEL BLOCKING AGENTS		
CALCIUM-CHANNEL BLOCKING AGENTS, MISC.		
<i>diltiazem 24h er(cd) 120 mg cp</i>	1	
CARDIOVASCULAR DRUGS		
BETA-ADRENERGIC BLOCKING AGENTS		
<i>atenolol 25 mg tablet</i>	1	
<i>atenolol 50 mg tablet</i>	1	
<i>carvedilol</i>	1	
<i>metoprolol succinate (er 25 mg tab, er 50 mg tab, er 100 mg tab)</i>	1	
<i>metoprolol tartrate (25 mg tab, 50 mg tab)</i>	1	
<i>propranolol hcl (10 mg tablet, 20 mg tablet)</i>	1	
<i>propranolol hcl er (er 60 mg capsule, er 80 mg capsule)</i>	1	
CENTRAL NERVOUS SYSTEM AGENTS		
OPIATE ANTAGONISTS		
<i>naltrexone hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CEPHALOSPORIN ANTIBIOTICS		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cephalexin 500 mg capsule</i>	1	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	1	
CORTICOSTEROIDS (RESPIRATORY TRACT)		
ORALLY INHALED PREPARATIONS (STEROIDS)		
<i>fluticasone-salmeterol 250-50</i>	1	QPD 2 per day
WIXELA 250-50 INHUB	1	QPD 2 per day
DEVICES		
<i>1st tier unilet comfortouch</i>	2	
<i>accu-chek multiclix lancet kit</i>	2	
<i>accu-chek fastclix lancet drum</i>	2	
<i>accu-chek fastclix lancing dev</i>	2	
<i>accu-chek safe-t-pro</i>	2	
<i>accu-chek safe-t-pro plus</i>	2	
<i>accu-chek softclix (lancet kit, lancets)</i>	2	
<i>ace aerosol cloud enhancer</i>	3	
<i>acti-lance</i>	2	
<i>adjustable lancing device</i>	2	
<i>advanced lancing device</i>	2	
<i>advanced travel lancets</i>	2	
<i>aerochamber mini</i>	2	
<i>aerochamber mv</i>	2	
<i>aerochamber plus flow-vu (, large, med, small)</i>	2	
<i>aerochamber z-stat plus (plus large, plus w-flow, plus-med, plus-small)</i>	2	
<i>aeroeclipse ii</i>	3	
<i>aerogear asthma action kit</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aeroneb go nebulizer</i>	3	
<i>aerotrach plus</i>	3	
<i>aerovent plus</i>	3	
<i>airs disposable nebulizer</i>	3	
<i>altera nebulizer</i>	3	
<i>alternate site lancets</i>	2	
<i>assure haemolance plus (18g, 21g, 25g, 28g, blade)</i>	2	
<i>assure lance (25g ts, 28g ts)</i>	2	
<i>assure lance plus</i>	2	
<i>asthma check</i>	3	
<i>asthmapack children's</i>	3	
<i>auto-lancet mini</i>	2	
<i>autolet impression</i>	2	
<i>autolet lancing device (, shopko)</i>	2	
<i>autolet plus</i>	2	
<i>bd microtainer lancets</i>	2	
<i>breatherite</i>	3	
<i>breatherite spacer-adult mask</i>	3	
<i>breatherite spacer-infant mask</i>	3	
<i>breatherite spacer-lg chld msk</i>	3	
<i>breatherite spacer-neonate msk</i>	3	
<i>breatherite spacer-sm chld msk</i>	3	
<i>breathrite</i>	3	
<i>carelance ult lancing device</i>	2	
<i>careone (lancing device, thin lancet, ultra thin lancet)</i>	2	
<i>caresens ultra thin 30g lancet</i>	2	
<i>caresens prem lancing device</i>	2	
<i>caretouch lancing device</i>	2	
<i>caretouch twist lancet</i>	2	
<i>clever choice nebulizer</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clever choice whisper aire ped</i>	3	
<i>coaguchek lancets</i>	2	
<i>color lancets</i>	2	
<i>comfort lancets</i>	2	
<i>comp-air nebulizer compressor</i>	3	
<i>compact compressor nebulizer</i>	3	
<i>compact space chamber (chamber, chamber-lrg mask, chamber-med mask, chamber-sm mask)</i>	3	
<i>compact ultrasonic nebulizer</i>	3	
<i>contour solution</i>	2	
<i>contour (, system)</i>	2	
<i>contour next</i>	2	
<i>contour next control solution (1 sol, 2 sol)</i>	2	
<i>contour next ez meter</i>	2	
<i>contour next ez meter system</i>	3	
<i>contour next glucose meter</i>	2	
<i>contour next link</i>	2	
<i>contour next link 2.4</i>	3	
<i>contour next one</i>	2	
<i>devilbiss pulmoneb lt comp-neb</i>	3	
<i>devilbiss traveler</i>	3	
<i>dexcom g4 receiver</i>	2	AL At least 2 yrs old
<i>dexcom g4 transmitter</i>	2	AL At least 2 yrs old
<i>dexcom g5 receiver</i>	2	AL At least 2 yrs old
<i>dexcom g5 transmitter</i>	2	AL At least 2 yrs old
<i>dexcom g5-g4 sensor</i>	2	AL At least 2 yrs old
<i>dexcom g6 receiver</i>	2	AL At least 2 yrs old
<i>dexcom g6 sensor</i>	2	AL At least 2 yrs old
<i>dexcom g6 transmitter</i>	2	AL At least 2 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexcom receiver</i>	2	AL At least 2 yrs old
<i>droplet lancets</i>	2	
<i>droplet lancing device</i>	2	
<i>e-z ject lancets</i>	2	
<i>e-zject lancets</i>	2	
<i>easivent (mask-large, mask-medium, mask-small)</i>	3	
<i>easivent holding chamber</i>	3	
<i>easy touch (pull-top 26g lancet, pull-top 28g lancet, pull-top 30g lancet, pull-top 32g lancet, safety 21g lancets, safety 23g lancets, safety 26g lancets, safety 28g lancets, safety 30g lancets, safety 32g lancets, twist 26g lancets, twist 28g lancets, twist 30g lancets, twist 32g lancets, twist 33g lancets)</i>	2	
<i>easy touch lancing device</i>	2	
<i>ebase controller</i>	3	
<i>embrace 30g lancets</i>	2	
<i>ez smart lancets</i>	2	
<i>fifty50 safety seal lancets</i>	2	
<i>fine 30 universal lancets</i>	2	
<i>fingerstix</i>	2	
<i>flexichamber</i>	3	
<i>flexichamber mask</i>	3	
<i>flyp nebulizer</i>	3	
<i>fora lancets</i>	2	
<i>fora lancing device</i>	2	
<i>foracare lancets</i>	2	
<i>freestyle lancets</i>	2	
<i>freestyle libre 14 day reader</i>	2	AL At least 18 yrs old
<i>freestyle libre 14 day sensor</i>	2	AL At least 18 yrs old
<i>freestyle unistik 2</i>	2	
<i>glucocom</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>glucocom lancets</i>	2	
<i>healthy accents autolet</i>	2	
<i>healthy accents unilet lancet</i>	2	
<i>home nebulizer plus sidestream</i>	3	
<i>hypolance</i>	2	
<i>in-check dial</i>	3	
<i>in-check nasal with mask</i>	3	
<i>in-check oral</i>	3	
<i>incontrol lancing device</i>	2	
<i>incontrol super thin lancets</i>	2	
<i>incontrol ultra thin lancets</i>	2	
<i>innospire deluxe</i>	3	
<i>innospire elegance</i>	3	
<i>innospire essence</i>	3	
<i>innospire go nebulizer</i>	3	
<i>innospire mini</i>	3	
<i>invacare lancets</i>	2	
<i>lancets (26g, 26g x 1.8mm, cvs thin 26g, 28g, 28g x 1.8mm, assure comfort 28g, 30g, assure comfort 30g, dario 100 sterile, e-zject thin, kroger, meijer, preferred plus, preferred plus thin, pub 28g, relion thin 26g, sm 21g, ultra fine 28g)</i>	2	
<i>lancets thin</i>	2	
<i>lancets ultra thin</i>	2	
<i>lancing device (autolet impression dev, cvs device, device, fifty50 device, ge device, gs device and lancets, invacare device, kro device, kroger device, live better advanced, meijer device, qc autolet device, ra health care device, relion device, value plus device)</i>	2	
<i>lancing system</i>	2	
<i>lanzo</i>	2	
<i>lc plus</i>	3	
<i>lc plus nebulizer-ped mask</i>	3	
<i>lc sprint nebulizer</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lite touch (28g lancets, 30g lancets, 33g lancets, lancing pen)</i>	2	
<i>liteaire</i>	3	
<i>litetouch</i>	3	
<i>medisense thin lancets</i>	2	
<i>medlance plus</i>	2	
<i>medlance plus special blade</i>	2	
<i>micro thin lancets</i>	2	
<i>microair mesh nebulizer</i>	3	
<i>microchamber</i>	3	
<i>microlet</i>	2	
<i>microlet 2</i>	2	
<i>microlet next lancing device</i>	2	
<i>microspacer</i>	3	
<i>microtainer lancets</i>	2	
<i>mini lancing device</i>	2	
<i>mini plus nebulizer</i>	3	
<i>mini-wright peak flow meter</i>	3	
<i>monolet lancets</i>	2	
<i>monolet thin lancets</i>	2	
<i>multi-lancet</i>	2	
<i>myglucohealth lancets</i>	2	
<i>needles/needleless devices</i>	2	
<i>nova safety lancets</i>	2	
<i>nova sureflex</i>	2	
<i>ombra compressor system</i>	3	
<i>omnipod dash pods (gen 4)</i>	2	QPD 1.0 per day
<i>on call lancet</i>	2	
<i>on call lancing device</i>	2	
<i>on call plus lancet</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>on call plus lancing device</i>	2	
<i>on-the-go</i>	2	
<i>onetouch lancets</i>	2	
<i>onetouch suresoft</i>	2	
<i>optichamber</i>	1	
<i>optichamber diamond (vhc, w-lrg mask, w-med mask, w-sml mask)</i>	3	
<i>pari lc sprint sinus</i>	3	
<i>pari sinus aerosol system</i>	3	
<i>pediatric dinosaur nebulizer</i>	3	
<i>pediatric dog nebulizer</i>	3	
<i>pediatric frog nebulizer</i>	3	
<i>pflex trainer</i>	3	
<i>pocket chamber</i>	3	
<i>portable nebulizer system</i>	3	
<i>pressure activated lancets</i>	2	
<i>primeaire</i>	3	
<i>pro comfort spacer with mask (spacer-adult, spacer-child)</i>	3	
<i>procare compressor nebulizer</i>	3	
<i>prochamber</i>	3	
<i>prodigy lancets</i>	2	
<i>prodigy lancing device</i>	2	
<i>prodigy mini-mist</i>	3	
<i>prodigy twist top lancet</i>	2	
<i>provent</i>	3	
<i>pulmo-aide compressor-nebuliz</i>	3	
<i>pulmoneb lt compressor nebul</i>	3	
<i>push button safety lancets</i>	2	
<i>quake</i>	3	
<i>readylance safety lancets</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>reliamed</i>	2	
<i>reliamed mini lancing device</i>	2	
<i>reliamed safety seal lancets</i>	2	
<i>rightest gd500</i>	2	
<i>rightest gl300 lancets</i>	2	
<i>riteflo</i>	3	
<i>safety lancets (21g, 28g)</i>	2	
<i>sami the seal</i>	3	
<i>sidestream</i>	3	
<i>sidestream nebulizer</i>	3	
<i>sidestream pediatric</i>	3	
<i>sidestream plus</i>	3	
<i>silicone mask (mask-infant, mask-pediatric)</i>	1	
<i>single-let</i>	2	
<i>sinustar</i>	3	
<i>smart sense</i>	2	
<i>smart sense lancets</i>	2	
<i>smartdiabetes vantage</i>	2	
<i>smartest lancet</i>	2	
<i>soft touch</i>	2	
<i>solus v2 28g lancets</i>	2	
<i>solus v2 lancets</i>	2	
<i>solus v2 lancing device</i>	2	
<i>sootheneb compressor nebulizer</i>	3	
<i>sootheneb mesh nebulizer</i>	3	
<i>sterilance tl</i>	2	
<i>sunrise compressor-nebulizer</i>	1	
<i>super thin lancets</i>	2	
<i>sure comfort lancets</i>	2	
<i>sure comfort lancing pen</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sure-lance</i>	2	
<i>sure-pen</i>	2	
<i>sure-touch</i>	2	
<i>sureflex</i>	2	
<i>techlite lancets (25g, 28g, 30g)</i>	2	
<i>telcare ultra thin 30g lancets</i>	2	
<i>thin lancets (26g, longs 26g, sm 26g, 28g, longs 30g, walgreens)</i>	2	
<i>threshold imt</i>	3	
<i>threshold pep</i>	3	
<i>topcare universal1 lancet</i>	2	
<i>topcare universal1 thin lancet</i>	2	
<i>trek s combo pack</i>	3	
<i>trek s compact compressor</i>	3	
<i>truedraw</i>	2	
<i>trueplus lancet</i>	2	
<i>trueplus lancets</i>	2	
<i>truneb nebulizer</i>	3	
<i>truzone peak flow meter</i>	3	
<i>twist lancets</i>	2	
<i>ulti-lance (auto-ad, automatic)</i>	2	
<i>ultilet basic</i>	2	
<i>ultilet classic</i>	2	
<i>ultilet lancets</i>	2	
<i>ultilet safety</i>	2	
<i>ultra fine lancets</i>	2	
<i>ultra thin lancet</i>	2	
<i>ultra thin lancets (28g lancets, 30g lancets, cvs 30g lancets, 33g lancets, live better lancet, relion 30g lancets, walgreens lancets)</i>	2	
<i>ultra thin plus lancets</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ultra-care lancets</i>	2	
<i>ultra-thin ii (28g, 30g)</i>	2	
<i>ultralance</i>	2	
<i>ultratlc lancets</i>	2	
<i>unilet comfortouch</i>	2	
<i>unilet excelite</i>	2	
<i>unilet excelite ii</i>	2	
<i>unilet gp lancet</i>	2	
<i>unilet lancet</i>	2	
<i>unilet lancets (fifty50 33g lancets, micro thin 33g lancets, pv super thin 30g lancet, qc super thin 30g lancet, qc ultra thin 28g lancet, shopko super thin 30g, shopko ultra thin 28g, super thin 30g lancets, ultra thin 28g lancets)</i>	2	
<i>unistik 2</i>	2	
<i>unistik 2 comfort</i>	2	
<i>unistik 2 extra</i>	2	
<i>unistik 2 normal</i>	2	
<i>unistik 3</i>	2	
<i>unistik 3 comfort</i>	2	
<i>unistik 3 dual</i>	2	
<i>unistik 3 extra</i>	2	
<i>unistik 3 normal</i>	2	
<i>unistik comfort</i>	2	
<i>unistik czt</i>	2	
<i>unistik extra</i>	2	
<i>unistik normal</i>	2	
<i>unistik pro</i>	2	
<i>unistik safety</i>	2	
<i>unistik touch</i>	2	
<i>universal 1</i>	2	
<i>vios aerosol delivery system</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>vixone nebulizer</i>	3	
<i>vortex holding chamber</i>	3	
<i>vortex vhc frog mask</i>	3	
<i>vortex vhc ladybug mask</i>	3	
<i>willis the whale compressr neb</i>	3	
<i>windmill trainer</i>	3	
DIAGNOSTIC AGENTS		
DIABETES MELLITUS		
<i>contour next test strip</i>	2	QPD 10 per day
<i>contour test strip</i>	2	QPD 10 per day
DIURETICS		
LOOP DIURETICS		
<i>furosemide (20 mg tablet, 40 mg tablet)</i>	1	
POTASSIUM-SPARING DIURETICS		
<i>triamterene-hydrochlorothiazid (mg cp, mg tb)</i>	1	
THIAZIDE DIURETICS		
<i>hydrochlorothiazide (12.5 mg cp, 12.5 mg tb)</i>	1	
<i>hydrochlorothiazide 25 mg tab</i>	1	
THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone 25 mg tablet</i>	1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
REPLACEMENT PREPARATIONS		
<i>potassium chloride (er 10 capsule, er 10 tablet)</i>	1	
ESTROGENS AND ANTIESTROGENS		
ESTROGEN AGONIST-ANTAGONISTS		
<i>tamoxifen 20 mg tablet</i>	1	C HCR HCR: Age edits (35 and older) and Gender edits (Females) apply. HCRBCRX HCR Breast Cancer Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ESTROGENS		
<i>estradiol 0.01% cream</i>	1	GL Female
<i>estradiol (0.5 mg tablet, 1 mg tablet)</i>	1	GL Female
<i>estradiol (twice weekly) (0.05 mg patch (2/wk), 0.1 mg patch (2/wk))</i>	1	GL Female
PREMARIN VAGINAL CREAM-APPL	2	GL Female QPD 2 per day
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ANTIALLERGIC AGENTS		
<i>azelastine 0.1% (137 mcg) spray</i>	1	
EENT DRUGS, MISCELLANEOUS		
<i>ipratropium 0.06% spray</i>	1	QPD 2 per day
LOCAL ANESTHETICS (EENT)		
<i>lidocaine hcl viscous</i>	1	
FIRST GENERATION ANTIHISTAMINES		
PHENOTHIAZINE DERIVATIVES		
<i>promethazine 12.5 mg tablet</i>	1	AL At least 2 yrs old
<i>promethazine 25 mg tablet</i>	1	AL At least 2 yrs old
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
<i>mesalamine dr 1.2 gm tablet</i>	1	
CATHARTICS AND LAXATIVES		
SUPREP	3	QL 354 / fill
GI DRUGS, MISCELLANEOUS		
LINZESS (145 MCG CAPSULE, 290 MCG CAPSULE)	2	ST AL At least 18 yrs old QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
<i>dexamethasone 4 mg tablet</i>	1	
<i>prednisolone 15 mg/5 ml soln</i>	1	
<i>prednisone (5 mg tab dose pack, 5 mg tablet, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	
ANDROGENS		
<i>testosterone 1.62% gel pump</i>	1	GL Male QPD 5 per day
CONTRACEPTIVES		
ALYACEN 1-35 28 TABLET	1	GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR HCROCRX HCR Rx Contraceptives
APRI	1	GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR HCROCRX HCR Rx Contraceptives
AVIANE	1	GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR HCROCRX HCR Rx Contraceptives

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>drospirenone-ethinyl estradiol</i>	1	GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR HCROCRX HCR Rx Contraceptives
ELURYNG	1	GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR HCROCRX HCR Rx Contraceptives
<i>etonogestrel-ethinyl estradiol</i>	1	GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR HCROCRX HCR Rx Contraceptives
HEATHER	1	GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR HCROCRX HCR Rx Contraceptives

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JUNEL	1	GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR HCROCRX HCR Rx Contraceptives
JUNEL FE	1	GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR HCROCRX HCR Rx Contraceptives
JUNEL FE 24	1	GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR HCROCRX HCR Rx Contraceptives
LOW-OGESTREL	1	GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR HCROCRX HCR Rx Contraceptives

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MICROGESTIN 21 1-20 TABLET	1	GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR HCROCRX HCR Rx Contraceptives
MICROGESTIN FE 1-20 TABLET	1	GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR HCROCRX HCR Rx Contraceptives
<i>norethind-eth estrad 1-0.02 mg</i>	1	GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR HCROCRX HCR Rx Contraceptives
<i>norethindrone</i>	1	GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR HCROCRX HCR Rx Contraceptives

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norgestimate-ethinyl estradiol (norg-ee 0.18-0.215-0.25/0.035, norg-ethin estra 0.25-0.035 mg)</i>	1	GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR HCROCRX HCR Rx Contraceptives
NORTREL 1-35 28 TABLET	1	GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR HCROCRX HCR Rx Contraceptives
PREVIFEM	1	GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR HCROCRX HCR Rx Contraceptives
SPRINTEC	1	GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR HCROCRX HCR Rx Contraceptives

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SRONYX	1	GL Female
		C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
		HCR HCROCRX HCR Rx Contraceptives
TRI-LO-SPRINTEC	1	GL Female
		C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
		HCR HCROCRX HCR Rx Contraceptives
TRI-PREVIFEM	1	GL Female
		C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
		HCR HCROCRX HCR Rx Contraceptives
TRI-SPRINTEC	1	GL Female
		C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
		HCR HCROCRX HCR Rx Contraceptives

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
XULANE	3	GL	Female
		C	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
		HCR	HCROCRX HCR Rx Contraceptives
		QPD	0.12 per day
PROGESTINS			
medroxyprogesterone 10 mg tab	1	GL	Female
medroxyprogesterone 150 mg/ml	1	GL	Female
		C	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
		HCR	HCROCRX HCR Rx Contraceptives
		QPD	0.04 per day
		SDS	Y
norethindrone acetate	1	GL	Female
HYPOTENSIVE AGENTS			
CENTRAL ALPHA-AGONISTS			
clonidine hcl (0.1 mg tablet, 0.2 mg tablet)	1		
guanfacine 1 mg tablet	1		
DIRECT VASODILATORS			
hydralazine 25 mg tablet	1		

PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS	
INSULINS				
INTERMEDIATE-ACTING INSULINS				
HUMULIN 70-30	2	QL	90 days	
		SDS	Extended Specialty Day Supply	
HUMULIN 70/30 KWIKPEN	2	QL	90 days	
		SDS	Extended Specialty Day Supply	
HUMULIN N	2	QL	90 days	
		SDS	Extended Specialty Day Supply	
HUMULIN N KWIKPEN	2	QL	90 days	
		SDS	Extended Specialty Day Supply	
LONG-ACTING INSULINS				
LANTUS	2	QL	90 days	
		SDS	Extended Specialty Day Supply	
LANTUS SOLOSTAR	2	QL	90 days	
		SDS	Extended Specialty Day Supply	
TOUJEO MAX SOLOSTAR	2	QL	90 days	
		SDS	Extended Specialty Day Supply	
TOUJEO SOLOSTAR	2	QL	90 days	
		SDS	Extended Specialty Day Supply	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
RAPID-ACTING INSULINS			
AFREZZA (4 UNIT CARTRIDGE, 4 UNIT/8 UNIT/12 UNIT, 8 UNIT CARTRIDGE, 12 UNIT CARTRIDGE, 90-4 UNIT / 90-8 UNIT)	3	QL	90 days
		PA	
		SDS	Extended Specialty Day Supply
HUMALOG 100 UNIT/ML CARTRIDGE	2	QL	90 days
		SDS	Extended Specialty Day Supply
HUMALOG 100 UNIT/ML VIAL	2	QL	90 days
		SDS	Extended Specialty Day Supply
HUMALOG JUNIOR KWIKPEN	2	QL	90 days
		SDS	Extended Specialty Day Supply
HUMALOG KWIKPEN U-100	2	QL	90 days
		SDS	Extended Specialty Day Supply
HUMALOG KWIKPEN U-200	2	QL	90 days
		SDS	Extended Specialty Day Supply
HUMALOG MIX 50-50	2	QL	90 days
		SDS	Extended Specialty Day Supply
HUMALOG MIX 50-50 KWIKPEN	2	QL	90 days
		SDS	Extended Specialty Day Supply
HUMALOG MIX 75-25	2	QL	90 days
		SDS	Extended Specialty Day Supply
HUMALOG MIX 75-25 KWIKPEN	2	QL	90 days
		SDS	Extended Specialty Day Supply

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
SHORT-ACTING INSULINS			
HUMULIN R	2	QL	90 days
		SDS	Extended Specialty Day Supply
HUMULIN R U-500	2	QL	90 days
		SDS	Extended Specialty Day Supply
HUMULIN R U-500 KWIKPEN	2	QL	90 days
		SDS	Extended Specialty Day Supply
MACROLIDE ANTIBIOTICS			
OTHER MACROLIDE ANTIBIOTICS			
azithromycin 200 mg/5 ml susp	1		
MISCELLANEOUS THERAPEUTIC AGENTS			
5-ALPHA-REDUCTASE INHIBITORS			
finasteride 5 mg tablet	1	GL	Male
		QPD	1 per day
ANTIGOUT AGENTS			
allopurinol (100 mg tablet, 300 mg tablet)	1		
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS			
HUMIRA PEN	4	S	Specialty Drug
		PS	Preferred Specialty
		PA	
		QPD	0.22 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
HUMIRA(CF) PEN 40 MG/0.4 ML	4	S	Specialty Drug
		PS	Preferred Specialty
		PA	
		QPD	0.22 per day
OTEZLA 30 MG TABLET	4	S	Specialty Drug
		PS	Preferred Specialty
		PA	
		QPD	2 per day
IMMUNOSUPPRESSIVE AGENTS			
azathioprine 50 mg tablet	1		
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS			
CYCLOOXYGENASE-2 (COX-2) INHIBITORS			
celecoxib 200 mg capsule	1	QPD	2 per day
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS			
diclofenac sod ec 75 mg tab	1		
ibuprofen (600 mg tablet, 800 mg tablet)	1		
meloxicam (7.5 mg tablet, 15 mg tablet)	1	QPD	1 per day
naproxen 500 mg tablet	1		
PENICILLIN ANTIBIOTICS			
AMINOPENICILLIN ANTIBIOTICS			
amoxicillin (400 mg/5 ml susp, 875 mg tablet)	1		
amoxicillin (250 mg/5 ml susp, 500 mg capsule, 500 mg tablet)	1		
amoxicillin-clavulanate potass (500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)	1		
NATURAL PENICILLIN ANTIBIOTICS			
penicillin vk 500 mg tablet	1		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>losartan-hctz 50-12.5 mg tab</i>	1	QPD 2.0 per day
<i>losartan-hydrochlorothiazide (100-12.5 mg tab, 100-25 mg tab)</i>	1	QPD 1.0 per day
RESPIRATORY TRACT AGENTS ANTITUSSIVES		
<i>benzonatate 100 mg capsule</i>	1	AL At least 10 yrs old
<i>benzonatate 200 mg capsule</i>	1	AL At least 10 yrs old
<i>hydrocodone-chlorpheniramine er</i>	1	AL At least 6 yrs old QPD 10 per day
<i>hydrocodone-homatrop 5 ml cup</i>	1	AL At least 2 yrs old QPD 30 per day
HYDROMET	1	AL At least 18 yrs old QPD 30 per day
<i>promethazine-dm</i>	1	AL At least 2 yrs old
SKELETAL MUSCLE RELAXANTS CENTRALLY ACTING SKELETAL MUSCLE RELAXANT		
<i>cyclobenzaprine 5 mg tablet</i>	1	
<i>metaxalone 800 mg tablet</i>	1	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT		
<i>baclofen 10 mg tablet</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS ANTIPRURITICS AND LOCAL ANESTHETICS		
<i>phenazopyridine 200 mg tab</i>	1	
CELL STIMULANTS AND PROLIFERANTS		
<i>tretinoin (0.025% cream, 0.05% cream)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.			
DUPIXENT 300 MG/2 ML SYRINGE	4	S	Specialty Drug
		PS	Preferred Specialty
		PA	
		QPD	0.15 per day
SYMPATHOMIMETIC (ADRENERGIC) AGENTS			
ALPHA- AND BETA-ADRENERGIC AGONISTS			
epinephrine 0.3 mg auto-inject	1	QL	4 / fill
THYROID AND ANTITHYROID AGENTS			
THYROID AGENTS			
levothyroxine sodium (25 mcg tablet, 75 mcg tablet, 88 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet)	1		
levothyroxine sodium (50 mcg tablet, 100 mcg tablet)	1		
NP THYROID 60 MG TABLET	1		
VASODILATING AGENTS			
NITRATES AND NITRITES			
nitroglycerin 0.4 mg tablet sl	1		
PHOSPHODIESTERASE TYPE 5 INHIBITORS			
sildenafil 100 mg tablet	1	QL	6 / 30 Days
		GL	Male
		AL	At least 18 yrs old
tadalafil 5 mg tablet	1	QL	6 / 30 Days
		GL	Male
TADALAFIL 20 MG TABLET (ED/BPH)	1	QL	6 / 30 Days
		GL	Male

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VITAMINS		
VITAMIN B COMPLEX		
<i>cyanocobalamin 1,000 mcg/ml vl</i>	1	
VITAMIN D		
<i>vitamin d2 1.25mg(50,000 unit)</i>	1	

Index of covered drugs

1

1st tier unilet comfortouch 12

A

accu-chek 12
 accu-chek fastclix lancet drum 12
 accu-chek fastclix lancing dev 12
 accu-chek safe-t-pro 12
 accu-chek safe-t-pro plus 12
 accu-chek softclix 12
 ace aerosol cloud enhancer 12
 acetaminophen-codeine 4
 acti-lance 12
 adjustable lancing device 12
 advanced lancing device 12
 advanced travel lancets 12
 aerochamber mini 12
 aerochamber mv 12
 aerochamber plus flow-vu 12
 aerochamber z-stat plus 12
 aereclipse ii 12
 aerogear asthma action kit 12
 aeroneb go nebulizer 13
 aerotrach plus 13
 aerovent plus 13
 AFREZZA 32
 AIMOVIG AUTOINJECTOR 9
 airs disposable nebulizer 13
 albuterol sulfate 11
 allopurinol 33
 alprazolam 11
 altera nebulizer 13
 alternate site lancets 13
 ALYACEN 24
 amitriptyline hcl 7
 amoxicillin 34
 amoxicillin-clavulanate potass 34
 anastrozole 9
 APRI 24
 aspirin 81 mg 10

assure haemolance plus 13
 assure lance 13
 assure lance plus 13
 asthma check 13
 asthmapack children's 13
 atenolol 11
 atorvastatin calcium 8
 auto-lancet mini 13
 autolet impression 13
 autolet lancing device 13
 autolet plus 13
 AVIANE 24
 azathioprine 34
 azelastine hcl 23
 azithromycin 33

B

baclofen 35
 bd microtainer lancets 13
 benzonatate 35
 breatherite 13
 breatherite spacer-adult mask 13
 breatherite spacer-infant mask 13
 breatherite spacer-lg chld msk 13
 breatherite spacer-neonate msk 13
 breatherite spacer-sm chld msk 13
 breathrite 13
 buprenorphine-naloxone 4
 bupropion hcl 7
 bupropion hcl sr 7
 buspirone hcl 10
 butalbital-acetaminophen-caffe 4

C

carelance ult lancing device 13
 careone 13
 caresens 13
 caresens prem lancing device 13
 caretouch lancing device 13
 caretouch twist lancet 13
 carvedilol 11

cefdinir	12
celecoxib	34
cephalexin	12
chlorhexidine gluconate	5
chlorthalidone	22
clever choice nebulizer	13
clever choice whisper aire ped	14
clindamycin phosphate	5
clindamycin-benzoyl peroxide	5
clobetasol propionate	6
clonazepam	6
clonidine hcl	30
coaguchek	14
color lancets	14
comfort lancets	14
comp-air nebulizer compressor	14
compact compressor nebulizer	14
compact space chamber	14
compact ultrasonic nebulizer	14
contour	14
contour next	14
contour next control solution	14
contour next ez	14
contour next glucose meter	14
contour next link	14
contour next link 2.4	14
contour next one	14
contour next test strip	22
contour test strip	22
CONTRACE	4
cyanocobalamin injection	37
cyclobenzaprine hcl	35

D

desvenlafaxine succinate er	7
devilbiss pulmoneb lt comp-neb	14
devilbiss traveler	14
dexamethasone	24
dexcom g4 receiver	14
dexcom g4 transmitter	14
dexcom g5 receiver	14

dexcom g5 transmitter	14
dexcom g5-g4 sensor	14
dexcom g6 receiver	14
dexcom g6 sensor	14
dexcom g6 transmitter	14
dexcom receiver	15
dexmethylphenidate hcl er	5
dextroamphetamine-amphetamine	5
diazepam	11
diclofenac sodium	34
dicyclomine hcl	6
diltiazem 24hr er (cd)	11
doxycycline hyclate	6
droplet lancets	15
droplet lancing device	15
drosiprenone-ethinyl estradiol	25
DUPIXENT SYRINGE	36

E

e-z ject lancets	15
e-zject lancets	15
easivent	15
easy touch	15
easy touch lancing device	15
ebase controller	15
ELURYNG	25
embrace	15
epinephrine	36
erythromycin	5
estradiol	23
estradiol (twice weekly)	23
etonogestrel-ethinyl estradiol	25
ez smart lancets	15
ezetimibe	8

F

famotidine	10
fenofibrate	8
fifty50 safety seal lancets	15
finasteride	33
fine 30 universal lancets	15

fingerstix	15
flexichamber	15
flexichamber mask	15
fluoxetine hcl	7
fluticasone-salmeterol	12
flyp nebulizer	15
fora lancets	15
fora lancing device	15
foracare lancets	15
freestyle lancets	15
freestyle libre 14 day reader	15
freestyle libre 14 day sensor	15
freestyle unistik 2	15
furosemide	22

G

gabapentin	6
glucocom	15
glucocom lancets	16
guanfacine hcl	30

H

healthy accents autolet	16
healthy accents unilet lancet	16
HEATHER	25
home nebulizer plus sidestream	16
HUMALOG	32
HUMALOG JUNIOR KWIKPEN	32
HUMALOG KWIKPEN U-100	32
HUMALOG KWIKPEN U-200	32
HUMALOG MIX 50-50	32
HUMALOG MIX 50-50 KWIKPEN	32
HUMALOG MIX 75-25	32
HUMALOG MIX 75-25 KWIKPEN	32
HUMIRA PEN	33
HUMIRA(CF) PEN	34
HUMULIN 70-30	31
HUMULIN 70/30 KWIKPEN	31
HUMULIN N	31
HUMULIN N KWIKPEN	31
HUMULIN R	33

HUMULIN R U-500	33
HUMULIN R U-500 KWIKPEN	33
hydralazine hcl	30
hydrochlorothiazide	22
hydrocodone-chlorpheniramine er	35
hydrocodone-homatropine mbr	35
hydrocortisone	6
HYDROMET	35
hydroxychloroquine sulfate	10
hydroxyzine hcl	10
hypolance	16

I

ibuprofen	34
in-check dial	16
in-check nasal with mask	16
in-check oral	16
incontrol lancing device	16
incontrol super thin lancets	16
incontrol ultra thin lancets	16
innospire deluxe	16
innospire elegance	16
innospire essence	16
innospire go nebulizer	16
innospire mini	16
invacare lancets	16
ipratropium bromide	23

J

JARDIANCE	8
JUNEL	26
JUNEL FE	26
JUNEL FE 24	26

K

ketoconazole	8
------------------------	---

L

lancets	16
lancets thin	16
lancets ultra thin	16

lancing device	16
lancing system	16
LANTUS	31
LANTUS SOLOSTAR	31
lanzo	16
lc plus	16
lc plus nebulizer-ped mask	16
lc sprint nebulizer	16
letrozole	9
levothyroxine sodium	36
lidocaine hcl viscous	23
LINZESS	23
lite touch	17
liteaire	17
litetouch	17
losartan-hydrochlorothiazide	35
LOW-OGESTREL	26

M

medisense thin lancets	17
medlance plus	17
medlance plus special blade	17
medroxyprogesterone acetate	30
meloxicam	34
mesalamine	23
metaxalone	35
methotrexate	9
methylphenidate er	5
methylphenidate hcl	5
metoprolol succinate	11
metoprolol tartrate	11
metronidazole	5
micro thin lancets	17
microair mesh nebulizer	17
microchamber	17
MICROGESTIN	27
MICROGESTIN FE	27
microlet	17
microlet 2	17
microlet next lancing device	17
microspacer	17

microtainer lancets	17
mini lancing device	17
mini plus nebulizer	17
mini-wright peak flow meter	17
monolet lancets	17
monolet thin lancets	17
moxifloxacin	5
multi-lancet	17
mupirocin	6
myglucohealth lancets	17
MYRBETRIQ	11

N

naltrexone hcl	11
naproxen	34
needles/needleless devices	17
nitrofurantoin mono-macro	5
nitroglycerin	36
norethindron-ethinyl estradiol	27
norethindrone	27
norethindrone acetate	30
norgestimate-ethinyl estradiol	28
NORTREL	28
nortriptyline hcl	7
nova safety lancets	17
nova sureflex	17
NP THYROID	36

O

ombra compressor system	17
omnipod dash pods (gen 4)	17
on call lancet	17
on call lancing device	17
on call plus lancet	17
on call plus lancing device	18
on-the-go	18
ondansetron odt	8
onetouch lancets	18
onetouch suresoft	18
optichamber	18
optichamber diamond	18

oseltamivir phosphate	10
OTEZLA	34
OZEMPIC	7

P

pari lc sprint sinus	18
pari sinus aerosol system	18
paroxetine hcl	7
pediatric dinosaur nebulizer	18
pediatric dog nebulizer	18
pediatric frog nebulizer	18
penicillin v potassium	34
pflex trainer	18
phenazopyridine hcl	35
pocket chamber	18
polymyxin b sul-trimethoprim	5
portable nebulizer system	18
potassium chloride	22
pravastatin sodium	9
prednisolone sodium phosphate	24
prednisone	24
PREMARIN	23
pressure activated lancets	18
PREVIFEM	28
primeaire	18
pro comfort spacer with mask	18
procare compressor nebulizer	18
prochamber	18
prodigy lancets	18
prodigy lancing device	18
prodigy mini-mist	18
prodigy twist top lancet	18
promethazine hcl	23
promethazine-dm	35
propranolol hcl	11
propranolol hcl er	11
provent	18
pulmo-aide	18
pulmoneb lt compressor nebul	18
push button safety lancets	18

Q

QSYMIA	4
quake	18

R

readylance safety lancets	18
reliamed	19
reliamed mini lancing device	19
reliamed safety seal lancets	19
RESTASIS	6
rightest gd500	19
rightest gl300 lancets	19
riteflo	19
rizatriptan	9

S

safety lancets	19
sami the seal	19
scopolamine	8
SHINGRIX	10
sidestream	19
sidestream nebulizer	19
sidestream pediatric	19
sidestream plus	19
sildenafil citrate	36
silicone mask	19
single-let	19
sinustar	19
smart sense	19
smart sense lancets	19
smartdiabetes vantage	19
smartest lancet	19
soft touch	19
solus v2	19
solus v2 lancets	19
solus v2 lancing device	19
sootheneb compressor nebulizer	19
sootheneb mesh nebulizer	19
SPRINTEC	28
SRONYX	29

sterilance tl	19
sucralfate	10
sulfamethoxazole-trimethoprim	6
sumatriptan succinate	9
sunrise compressor-nebulizer	19
super thin lancets	19
SUPREP	23
sure comfort lancets	19
sure comfort lancing pen	19
sure-lance	20
sure-pen	20
sure-touch	20
sureflex	20

T

tadalafil	36
tadalafil 20 mg tablet (ED/BPH)	36
tamoxifen citrate	22
tamsulosin hcl	4
techlite lancets	20
telcare	20
temazepam	11
testosterone	24
thin lancets	20
threshold imt	20
threshold pep	20
topcare universal1 lancet	20
topcare universal1 thin lancet	20
topiramate	6
TOUJEO MAX SOLOSTAR	31
TOUJEO SOLOSTAR	31
tramadol hcl	4
trazodone hcl	7
trek s combo pack	20
trek s compact compressor	20
tretinoin	35
TRI-LO-SPRINTEC	29
TRI-PREVIFEM	29
TRI-SPRINTEC	29
triamcinolone acetonide	6
triamterene-hydrochlorothiazid	22

TRINTELLIX	7
truedraw	20
trueplus lancet	20
trueplus lancets	20
TRULICITY	7
truneb nebulizer	20
truzone peak flow meter	20
twist lancets	20

U

ulti-lance	20
ultilet basic	20
ultilet classic	20
ultilet lancets	20
ultilet safety	20
ultra fine lancets	20
ultra thin lancet	20
ultra thin lancets	20
ultra thin plus lancets	20
ultra-care lancets	21
ultra-thin ii	21
ultralance	21
ultratlanc lancets	21
unilet comfortouch	21
unilet excelite	21
unilet excelite ii	21
unilet gp lancet	21
unilet lancet	21
unilet lancets	21
unistik 2	21
unistik 2 comfort	21
unistik 2 extra	21
unistik 2 normal	21
unistik 3	21
unistik 3 comfort	21
unistik 3 dual	21
unistik 3 extra	21
unistik 3 normal	21
unistik comfort	21
unistik czt	21
unistik extra	21

unistik normal	21
unistik pro	21
unistik safety	21
unistik touch	21
universal 1	21

V

venlafaxine hcl er	7
VICTOZA 3-PAK	8
vios aerosol delivery system	21
vitamin d2	37
vixone nebulizer	22
vortex	22
vortex vhc frog mask	22
vortex vhc ladybug mask	22
VYVANSE	5

W

willis the whale compressr neb	22
windmill trainer	22
WIXELA INHUB	12

X

XARELTO	6
XOFLUZA	10
XULANE	30

Z

zolpidem tartrate	11
-----------------------------	----