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		
tamsulosin hcl	1	QPD 2.0 per day
ANALGESICS AND ANTIPYRETICS ANALGESICS AND ANTIPYRETICS, MISC.		
butalb-acetamin-caff 50-300-40	1	QPD 6 per day
OPIATE AGONISTS		
acetaminophen-cod #3 tablet	1	AL At least 12 yrs old QPD 12 per day
tramadol hcl 50 mg tablet	1	AL At least 18 yrs old QPD 8 per day
OPIATE PARTIAL AGONISTS		
buprenorphine-nalox 8-2mg film	1	PA QPD 3 per day
ANOREXIGENIC AGENTS ANOREXIGENIC AGENTS, MISCELLANEOUS		
CONTRAVE	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		
dextroamphetamine-amphetamine (10 mg tab, 15 mg tab, 20 mg tab)	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		
dexmethylphenidate er 20 mg cp	1	QPD 2 per day
dexmethylphenidate hcl er (er 10 mg cp, er 15 mg cp)	1	QPD 1 per day
methylphenidate er (er 18 mg tab, er 27 mg tab, er 36 mg tab)	1	QPD 2 per day
methylphenidate er 54 mg tab	1	QPD 1 per day
methylphenidate 10 mg tablet	1	QPD 5 per day
methylphenidate 20 mg tablet	1	QPD 3 per day
ANTI-INFECTIVE AGENTS URINARY ANTI-INFECTIVES		
nitrofurantoin mono-macro	1	
ANTI-INFECTIVES (EENT) ANTIBACTERIALS (EENT)		
erythromycin 0.5% eye ointment	1	
moxifloxacin 0.5% eye drops	1	QPD 0.434 per day
polymyxin b sul-trimethoprim	1	
EENT ANTI-INFECTIVES, MISCELLANEOUS		
chlorhexidine 0.12% rinse	1	
ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE) ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE)		
clindamycin phosp 1% lotion	1	
clindamycin-benzoyl perox 1-5%	1	
metronidazole vaginal 0.75% gl	1	

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIDEPRESSANTS ANTIDEPRESSANTS, MISCELLANEOUS		
bupropion hcl 75 mg tablet	1	
bupropion hcl sr (sr 100 mg tablet, sr 150 mg tablet)	1	
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR		
desvenlafaxine succinate er (er 50 mg, er 100mg)	1	
venlafaxine hcl er (er 37.5 mg cap, er 75 mg cap, er 150 mg cap)	1	
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS		
fluoxetine hcl 40 mg capsule	1	
fluoxetine hcl 10 mg tablet	1	
fluoxetine hcl 20 mg tablet	1	
paroxetine hcl (10 mg tablet, 20 mg tablet)	1	
SEROTONIN MODULATORS		
trazodone 150 mg tablet	1	
TRINTELLIX (10 MG TABLET, 20 MG TABLET)	3	ST QPD 1 per day
TRICYCLICS, OTHER NOREPI-RU INHIBITORS		
amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab)	1	
nortriptyline hcl 10 mg cap	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		
ondansetron odt	1	QL 24 / 30 days C Max allowable-3/day with max of 24 / 30 days
ANTIEMETICS, MISCELLANEOUS		
scopolamine	1	
ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE) AZOLES (SKIN AND MUCOUS MEMBRANE)		
ketoconazole 2% cream	1	
ANTILIPEMIC AGENTS CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe	1	
FIBRIC ACID DERIVATIVES		
fenofibrate 160 mg tablet	1	
HMG-COA REDUCTASE INHIBITORS		
atorvastatin calcium (10 mg tablet, 20 mg tablet)	1	C HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only. HCR HCRPREVA | HCR Standard Rx & OTC
atorvastatin calcium (40 mg tablet, 80 mg tablet)	1	

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

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

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

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

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

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
glucocom lancets	2	
healthy accents autolet	2	
healthy accents unilet lancet	2	
home nebulizer plus sidestream	3	
hypolance	2	
in-check dial	3	
in-check nasal with mask	3	
in-check oral	3	
incontrol lancing device	2	
incontrol super thin lancets	2	
incontrol ultra thin lancets	2	
innospire deluxe	3	
innospire elegance	3	
innospire essence	3	
innospire go nebulizer	3	
innospire mini	3	
invacare lancets	2	
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)	2	
lancets thin	2	
lancets ultra thin	2	
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)	2	
lancing system	2	
lanzo	2	
lc plus	3	
lc plus nebulizer-ped mask	3	
lc sprint nebulizer	3	

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

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

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

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

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ESTROGENS		
estradiol 0.01% cream	1	GL Female
estradiol (0.5 mg tablet, 1 mg tablet)	1	GL Female
estradiol (twice weekly) (0.05 mg patch (2/wk), 0.1 mg patch (2/wk))	1	GL Female
PREMARIN VAGINAL CREAM-APPL	2	GL Female QPD 2 per day
EYE, EAR, NOSE AND THROAT (EENT) PREPS. ANTIALLERGIC AGENTS		
azelastine 0.1% (137 mcg) spry	1	
EENT DRUGS, MISCELLANEOUS		
ipratropium 0.06% spray	1	QPD 2 per day
LOCAL ANESTHETICS (EENT)		
lidocaine hcl viscous	1	
FIRST GENERATION ANTIHISTAMINES PHENOTHIAZINE DERIVATIVES		
promethazine 12.5 mg tablet	1	AL At least 2 yrs old
promethazine 25 mg tablet	1	AL At least 2 yrs old
GASTROINTESTINAL DRUGS ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
mesalamine dr 1.2 gm tablet	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		
dexamethasone 4 mg tablet	1	
prednisolone 15 mg/5 ml soln	1	
prednisone (5 mg tab dose pack, 5 mg tablet, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)	1	
ANDROGENS		
testosterone 1.62% gel pump	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
drospirenone-ethinyl estradiol	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
etonogestrel-ethinyl estradiol	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
norethind-eth estrad 1-0.02 mg	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
norethindrone	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
norgestimate-ethinyl estradiol (norg-ee 0.18-0.215-0.25/0.035, norg-ethin estra 0.25-0.035 mg)	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		
losartan-hctz 50-12.5 mg tab	1	QPD 2.0 per day
losartan-hydrochlorothiazide (100-12.5 mg tab, 100-25 mg tab)	1	QPD 1.0 per day
RESPIRATORY TRACT AGENTS ANTITUSSIVES		
benzonatate 100 mg capsule	1	AL At least 10 yrs old
benzonatate 200 mg capsule	1	AL At least 10 yrs old
hydrocodone-chlorpheniramne er	1	AL At least 6 yrs old QPD 10 per day
hydrocodone-homatrop 5 ml cup	1	AL At least 2 yrs old QPD 30 per day
HYDROMET	1	AL At least 18 yrs old QPD 30 per day
promethazine-dm	1	AL At least 2 yrs old
SKELETAL MUSCLE RELAXANTS CENTRALLY ACTING SKELETAL MUSCLE RELAXNT		
cyclobenzaprine 5 mg tablet	1	
metaxalone 800 mg tablet	1	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT		
baclofen 10 mg tablet	1	
SKIN AND MUCOUS MEMBRANE AGENTS ANTIPRURITICS AND LOCAL ANESTHETICS		
phenazopyridine 200 mg tab	1	
CELL STIMULANTS AND PROLIFERANTS		
tretinoin (0.025% cream, 0.05% cream)	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		
cyanocobalamin 1,000 mcg/ml vl	1	
VITAMIN D		
vitamin d2 1.25mg(50,000 unit)	1	

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