



## **Commonwealth of Virginia Medicaid Program Medicaid and FAMIS Preferred Drug List (2024)**

*Last Update: 06/04/24*

This is a list of preferred drugs for Medicaid and FAMIS members under Sentara Health in collaboration with Kaiser Permanente. Through this relationship, members receive quality health care services at Kaiser Permanente medical centers. This list is approved by the Kaiser Permanente Mid-Atlantic States Pharmacy and Therapeutics Committee. The preferred drug list has closed classes for which only the drugs listed within the classes are covered. Generally, we will only approve a request for a non-preferred drug if your prescribing doctor considers the drug to be medically necessary. If a non-preferred drug is not medically necessary, but you want the non-preferred drug, you will be responsible for paying the full cost of the drug.

The preferred drug list is only for outpatient and self-administered drugs. It is not for those used in hospitals (inpatient settings), doctor's offices, or infusion centers.

The preferred drug list does not provide detailed information on your Medicaid coverage. For additional information regarding your pharmacy benefits, please call Member Services at 855-249-5025 from 7:30 a.m. to 5:30 p.m., Monday through Friday.

### **Generic, brand name, and non-preferred medications**

We have brand and generic drugs on the preferred drug list. A generic drug is approved by the Food and Drug Administration (FDA) because it has the same active ingredient as the brand-name drug. In most cases, your doctor will prescribe a generic drug if one is available.

Brand-name drugs are made and sold by the pharmaceutical company that originally researched and developed the drug. When the patent on a brand name drug expires, other pharmaceutical companies may then make and sell the FDA-approved generic version of the drug.

### **Drug Efficacy Study Implementation (DESI) Drugs**

DESI drugs were first marketed between 1938 and 1962 were approved as safe but required no showing of effectiveness for FDA approval. Beginning in 1962, all new drugs were required to be both safe and effective before being marketed. We do not pay for DESI classified drugs or drugs identical, similar, or related to DESI products.

## How to use the preferred drug list document

Drugs available in generic form are listed by their generic name. Unless the drug has multiple brand names, drugs available only in brand name are in **BOLD** and in all CAPITAL letters.

You can search the preferred drug list by using the “FIND” function in Adobe Reader (CTRL + F), or by the therapeutic drug category.

All dosages and strengths for a drug may not be in the preferred drug list. Some drugs are available in more than one dosage form (for example, tablet and injectable)

Please remember that this list will be updated on a monthly basis without prior notification. Any drug not found on this list or in later updates is a non-preferred drug.

### Restrictions on medication coverage:

Some covered drugs may have additional requirements or limits on coverage. Requirements and limits may include:

- **Limited Distribution:** Some drugs may be subject to limited distribution or restricted access. A drug that is a limited distribution drug may only be available at one or a limited number of pharmacies
- **Prior Authorization:** For some drugs, we will cover the medication if certain criteria are met. To obtain additional information regarding drugs that require Prior Authorization and the Prior Authorization Process, please contact Member Services at 855-249-5025.
- **Quantity Limit:** For certain drugs, we limit the amount of medication dispensed to a certain quantity per copay.
- **Step Therapy:** For certain drugs, a trial of a less-expensive drug is required before the drug originally ordered is covered. To obtain additional information regarding drugs that require Step Therapy and the Step Therapy Process, please contact Member Services at 855-249-5025.

**Key:**        **AR**= A drug that may be subject to age restriction.

**LD**= A drug that may be subject to limited distribution

**PA** = A drug that needs prior authorization.

**QL** = A drug that has a quantity limit or is limited to a specific day supply.

**ST** = A drug that step therapy rules apply.

For more information about our preferred drug list, please contact Member Services at **855-249-5025**, **866-513-0008 TTY** from 7:30 a.m. to 5:30 p.m., Monday through Friday.

Name of drug	Drug Tier	Restrictions/Limits
<b>ANTI-INFECTIVE AGENTS</b>		
<b>ANTHELMINTICS</b>		
ALBENZA	2	
IVERMECTIN	1	QL
<b>ANTIBACTERIALS</b>		
AMOXICILLIN	1	
AMOXICILLIN & POT CLAVULANATE	1	
AMPICILLIN	1	
AZITHROMYCIN	1, 2	
BACITRACIN	1	
CEFACLOR	1	
CEFADROXIL	1	
CEFDINIR	1	
CEFPODOXIME PROXETIL	1	
CEFPROZIL	1	
CEFTRIAXONE SODIUM	1	
CEFTRIAXONE SODIUM IN DEXTROSE	1	
CEFTRIAXONE SODIUM-DEXTROSE	2	
CEFUROXIME AXETIL	1	
CEPHALEXIN	1	
CIPROFLOXACIN	1	
CIPROFLOXACIN HCL	1	
CLARITHROMYCIN	1	
CLINDAMYCIN HCL	1	
CLINDAMYCIN PALMITATE HYDROCHLORIDE	1	
DEMECLOCYCLINE HCL	1	
DICLOXACILLIN SODIUM	1	
DOXYCYCLINE (MONOHYDRATE)	1	
DOXYCYCLINE HYCLATE	1	
ERYTHROCIN STEARATE	1	
ERYTHROMYCIN BASE	1	
ERYTHROMYCIN ETHYLSUCCINATE	1, 2	
ERYTHROMYCIN LACTOBIONATE	2	
LEVOFLOXACIN	1	
LINEZOLID	1	
MINOCYCLINE HCL	1	
MOXIFLOXACIN HCL	1	
NEOMYCIN SULFATE	1	
OFLOXACIN	1	
PENICILLIN G POTASSIUM	1	
PENICILLIN V POTASSIUM	1	
SULFADIAZINE	1	
SULFAMETHOXAZOLE-TRIMETHOPRIM	1	
SULFASALAZINE	1	
TETRACYCLINE HCL	1	
TOBRAMYCIN	1, 2	QL, ST, AR
VANCOMYCIN HCL	1, 2	
VANCOMYCIN HCL IN DEXTROSE	2	
VANCOMYCIN HCL IN NACL	2	
VIBRAMYCIN	2	
<b>ANTIFUNGALS</b>		

LEGEND  
AR = AGE RESTRICTION  
LD = LIMITED DISTRIBUTION

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Name of drug	Drug Tier	Restrictions/Limits
CLOTRIMAZOLE	1	
FLUCONAZOLE	1	
GRISEOFULVIN MICROSIZE	1	
ITRACONAZOLE	1, 2	
KETOCONAZOLE	1	
NYSTATIN	1	
NYSTATIN (MOUTH-THROAT)	1	
TERBINAFINE HCL	1	
<b>ANTIMYCOBACTERIALS</b>		
DAPSONE	1	
ETHAMBUTOL HCL	1	
ISONIAZID	1	
PRETOMANID	2	
PRIFTIN	2	
PYRAZINAMIDE	1	
RIFABUTIN	1	
RIFAMPIN	1	
<b>ANTIPROTOZOALS</b>		
ATOVAQUONE	1	
ATOVAQUONE-PROGUANIL HCL	1	
CHLOROQUINE PHOSPHATE	1	
COARTEM	2	
DARAPRIM	2	
HYDROXYCHLOROQUINE SULFATE	1	
MEFLOQUINE HCL	1	
METRONIDAZOLE	1, 2	
NEBUPENT	2	
PAROMOMYCIN SULFATE	1	
QUININE SULFATE	1	
<b>ANTIVIRALS</b>		
ABACAVIR SULFATE	1, 2	QL
ABACAVIR SULFATE-LAMIVUDINE	1	QL
ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE	1	QL
ACYCLOVIR	1	
ADEFOVIR DIPIVOXIL	1	
APRETUDE	2	
APTIVUS	2	
ATAZANAVIR SULFATE	1, 2	QL
BEYFORTUS	2	
BIKTARVY	2	QL
CABENUVA	2	
CIMDUO	2	QL
COMPLERA	2	QL
CRIXIVAN	2	
DELSTRIGO	2	QL
DESCOVY	2	QL
DOVATO	2	QL
EDURANT	2	QL
EFAVIRENZ	1	QL
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	1	QL
EMTRICITABINE	1, 2	QL

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Name of drug	Drug Tier	Restrictions/Limits
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	1, 2	QL
ENTECAVIR	1, 2	
ETRAVIRINE	1, 2	QL
EVOTAZ	2	QL
FAMCICLOVIR	1	
FOSAMPRENAVIR CALCIUM	1, 2	QL
FUZEON	2	QL
GENVOYA	2	QL
INVIRASE	2	QL
ISENTRESS	2	QL
JULUCA	2	QL
LAMIVUDINE	1, 2	QL
LAMIVUDINE (HBV)	1, 2	
LAMIVUDINE-ZIDOVUDINE	1	QL
LIVTENCITY	2	QL
LOPINAVID-RITONAVIR	1	QL
MARAVIROC	1, 2	QL
MAVYRET	2	
NEVIRAPINE	1, 2	QL
ODEFSEY	2	QL
OSELTAMIVIR PHOSPHATE	1	QL
PAXLOVID (150/100)	2	
PEG-INTRON REDIPEN	2	QL
PIFELTRO	2	QL
PREZCOBIX	2	QL
PREZISTA	2	QL
RELENZA DISKHALER	2	QL
RIMANTADINE HCL	1	
RITONAVIR	1, 2	QL
RUKOBIA	2	QL
SOFOSBUVIR-VELPATASVIR	1	
STRIBILD	2	QL
SUNLENCA	2	
SYMFI	2	QL
SYMTUZA	2	QL
SYNAGIS	2	
TENOFOVIR DISOPROXIL FUMARATE	1, 2	QL
TIVICAY	2	QL
TRIUMEQ	2	QL
TYBOST	2	QL
VALACYCLOVIR HCL	1	
VALGANCICLOVIR HCL	1	
VEKLURY	2	
VIDEX PEDIATRIC	2	
VOCABRIA	2	
ZIDOVUDINE	1, 2	QL
<b>URINARY ANTI-INFECTIVES</b>		
FOSFOMYCIN TROMETHAMINE	1	
METHENAMINE HIPPURATE	1	
METHENAMINE MANDELATE	1	
METHENAMINE-HYOSC-METHYLENE BLUE-SOD PHOS-PHENYL SAL	1	

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Name of drug	Drug Tier	Restrictions/Limits
NITROFURANTOIN	1	
NITROFURANTOIN MACROCRYSTAL	1	
NITROFURANTOIN MONOHYD MACRO	1	
TRIMETHOPRIM	1	
<b>ANTIHISTAMINE DRUGS</b>		
<b>ANTIHISTAMINE DRUGS</b>		
ACTICON	1	
ADVIL ALLERGY & CONGESTION	2	
ADVIL ALLERGY SINUS	2	
AHIST	2	
ALA-HIST IR	1, 2	
ALA-HIST PE	2	
BROMPHENIRAMINE & PSEUDOEPH	1, 2	
CETIRIZINE HCL	1	
CETIRIZINE-PSEUDOEPHEDRINE	1	
CHLORPHENIRAMINE & PHENYLEPHRINE	1, 2	
CHLORPHENIRAMINE & PSEUDOEPH	1	
CHLORPHENIRAMINE MALEATE	1	
CHLORPHENIRAMINE-PHENYLEPHRINE-ACETAMINOPHEN	1, 2	
CLEMASTINE FUMARATE	1	
CORICIDIN HBP COLD/FLU	1	
CYPROHEPTADINE HCL	1	
DELUSS DP	1, 2	
DIPHENHYDRAMINE HCL	1, 2	
DIPHENHYDRAMINE HCL (SLEEP)	1	
DIPHENHYDRAMINE-ACETAMINOPHEN	1	
DOLOGEN	2	
FEXOFENADINE HCL	1, 2	
FEXOFENADINE-PSEUDOEPHEDRINE	1	
GLEN PE	1, 2	
GLENMAX PEB	1	
HISTAFLEX	2	
HISTEX-PE	1	
LEVOCETIRIZINE DIHYDROCHLORIDE	1	
LORATADINE	1, 2	
LORATADINE & PSEUDOEPHEDRINE	1, 2	
LORTUSS LQ	2	
NASOPEN PE	2	
PHENYLEPHRINE-IBUPROFEN	1	
POLY HIST FORTE	2	
POLY-HIST PD	2	
PROMETHAZINE HCL	1	
RELAGESIC	2	
RYMED	2	
STAHIST AD	2	
THERAFLU SEVERE COLD/CGH NIGHT	2	
TRIAMINIC NIGHT TIME COLD/CGH	2	
TRIPROLIDINE HCL	1, 2	
VICKS SINEX DAYQUIL/NYQUIL	2	
WAL-FLU COLD & SORE THROAT	1	
<b>ANTINEOPLASTIC AGENTS</b>		

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Name of drug	Drug Tier	Restrictions/Limits
<b>ANTINEOPLASTIC AGENTS</b>		
ABIRATERONE ACETATE	1	
ALECENSA	2	
ALFERON N	2	
ARRANON	2	
ARZERRA	2	
ASPARLAS	2	
AZACITIDINE	1	
BEXAROTENE	1	
BICALUTAMIDE	1	
BICNU	2	
BLEOMYCIN SULFATE	1	
BORTEZOMIB	1	
BRUKINSA	2	
BUSULFAN	1, 2	
CALQUENCE	2	
CAPECITABINE	1	
CISPLATIN	1	
CLADRIBINE	1	
CLOFARABINE	1	
COMETRIQ (100 MG DAILY DOSE)	2	LD
COTELLIC	2	
CYCLOPHOSPHAMIDE	1, 2	
CYTARABINE	1	
DACARBAZINE	1	
DAUNORUBICIN HCL	1	
DECITABINE	1	
DOCETAXEL	1, 2	
DOXORUBICIN HCL	1	
EMCYT	2	
EPIRUBICIN HCL	1	
ERBITUX	2	
ETOPOPHOS	2	
ETOPOSIDE	1	
EVEROLIMUS	1	
FASLODEX	2	
FLOXURIDINE	1	
FLUDARABINE PHOSPHATE	1	
FLUOROURACIL	1	
FLUTAMIDE	1	
FOLOTYN	2	
GEFITINIB	1	
GEMCITABINE HCL	1	
HYDROXYUREA	1	
IBRANCE	2	
IDARUBICIN HCL	1	
IFOSFAMIDE	1, 2	
IMATINIB MESYLATE	1	
IRINOTECAN HCL	1, 2	
IXEMPRA KIT	2	
KISQALI (200 MG DOSE)	2	

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Name of drug	Drug Tier	Restrictions/Limits
LAPATINIB DITOSYLATE	1	
LENALIDOMIDE	1	LD
LENVIMA (4 MG DAILY DOSE)	2	
LEUKERAN	2	
LONSURF	2	
LYNPARZA	2	
LYSODREN	2	LD
MATULANE	2	
MELPHALAN	1	
MELPHALAN HCL	1	
MERCAPTOPYRINE	1	
METHOTREXATE SODIUM	1	
MITOMYCIN	1	
MITOXANTRONE HCL	1	
MUSTARGEN	2	
NILUTAMIDE	1	
NIPENT	2	
ONCASPAR	2	
OXALIPLATIN	1	
PACLITAXEL	1	
PACLITAXEL PROTEIN-BOUND PART	1	
PAZOPANIB HCL	1	
PEMETREXED DISODIUM	2	
PHOTOFRIN	2	
POMALYST	2	LD
RIABNI	2	
SARCLISA	2	
SORAFENIB TOSYLATE	1	
SUNITINIB MALATE	1	
SYLATRON	2	QL
TABLOID	2	
TEMOZOLOMIDE	1	
THIOTEPA	1	
TOPOTECAN HCL	1, 2	
TORISEL	2	
TREANDA	2	
TRETINOIN (CHEMOTHERAPY)	1	
VALSTAR	2	
VECTIBIX	2	
VERZENIO	2	
VINBLASTINE SULFATE	1	
VINCRISTINE SULFATE	1	
VINORELBINE TARTRATE	1	
XTANDI	2	
ZANOSAR	2	
ZEJULA	2	
ZELBORAF	2	
ZEVALIN Y-90	2	
ZOLINZA	2	
<b>AUTONOMIC DRUGS</b>		
<b>ANTICHOLINERGIC AGENTS</b>		

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Name of drug	Drug Tier	Restrictions/Limits
ANORO ELLIPTA	2	
ATROVENT HFA	2	
BELLADONNA ALKALOIDS-OPIUM	2	
CHLORDIAZEPOXIDE HCL-CLIDINIUM BROMIDE	1	
DICYCLOMINE HCL	1	
GLYCOPYRROLATE	1	
IPRATROPIUM BROMIDE	1	
IPRATROPIUM BROMIDE (NASAL)	1	
SPIRIVA HANDIHALER	2	
STIOLTO RESPIMAT	2	
<b>AUTONOMIC DRUGS, MISCELLANEOUS</b>		
NICOTINE	1, 2	
NICOTINE POLACRILEX	1, 2	
VARENICLINE TARTRATE	1, 2	
<b>PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS</b>		
BETHANECHOL CHLORIDE	1	
DONEPEZIL HYDROCHLORIDE	1	
GALANTAMINE HYDROBROMIDE	1	
GUANIDINE HCL	2	
PILOCARPINE HCL (ORAL)	1	
PYRIDOSTIGMINE BROMIDE	1, 2	
RIVASTIGMINE	1	
RIVASTIGMINE TARTRATE	1	
<b>SKELETAL MUSCLE RELAXANTS</b>		
BACLOFEN	1, 2	
CHLORZOXAZONE	1	
CYCLOBENZAPRINE HCL	1	
DANTROLENE SODIUM	1	
METHOCARBAMOL	1	
ORPHENADRINE CITRATE	1	
TIZANIDINE HCL	1	
<b>SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS</b>		
ALFUZOSIN HCL	1	
ERGOLOID MESYLATES	1	
PHENOXYBENZAMINE HCL	1	
RAPAFLO	2	
TAMSULOSIN HCL	1	
<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</b>		
ADVAIR DISKUS	2	
ALBUTEROL SULFATE	1, 2	
ARCAPTA NEOHALER	2	
ARFORMOTEROL TARTRATE	1	
EPINEPHRINE	1, 2	
EPINEPHRINE (ANAPHYLAXIS)	1, 2	QL
EPINEPHRINE HCL	1	
IPRATROPIUM-ALBUTEROL	1, 2	
LEVALBUTEROL TARTRATE	1	
METAPROTERENOL SULFATE	1	
MIDODRINE HCL	1	
NEXAFED SINUS PRESSURE + PAIN	2	
PERFORMIST	2	

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PHENYLEPHRINE W/ ACETAMINOPHEN	1	
PSEUDOEPHEDRINE HCL	1, 2	
PSEUDOEPHEDRINE-IBUPROFEN	1, 2	
SEREVENT DISKUS	2	
TERBUTALINE SULFATE	1	
<b>BLOOD DERIVATIVES</b>		
<b>BLOOD DERIVATIVES</b>		
ALBUKED 25	2	
<b>BLOOD FORMATION, COAGULATION, AND THROMBOSIS</b>		
<b>COAGULANTS AND ANTICOAGULANTS</b>		
ADVATE	2	
ADYNOVATE	2	
AFSTYLA	2	
ALPHANATE	2	
ALPHANINE SD	2	
ALPROLIX	2	
ALTUVIIIIO	2	
AMICAR	2	
ASPIRIN-DIPYRIDAMOLE	1	
BEBULIN	2	
BENEFIX	2	
BRILINTA	2	
CILOSTAZOL	1	
CLOPIDOGREL BISULFATE	1	
COAGADEX	2	
CORIFACT	2	LD
ELIQUIS	2	
ELOCTATE	2	
ENOXAPARIN SODIUM	1	QL
ESPEROCT	2	
FEIBA	2	
HEMLIBRA	2	
HEMOFIL M	2	
HEPARIN (PORCINE) IN SODIUM CHLORIDE	1, 2	
HEPARIN SODIUM (PORCINE)	1	QL
IDELVION	2	
JIVI	2	
KOGENATE FS	2	
NOVOEIGHT	2	
NOVOSEVEN RT	2	
NUWIQ	2	
OBIZUR	2	
PENTOXIFYLLINE	1	
PRADAXA	2	
PRASUGREL HCL	1	
REBINYN	2	
RIASTAP	2	
SEVENFACT	2	
TRANEXAMIC ACID	1	
TRETTEN	2	
VONVENDI	2	

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Name of drug	Drug Tier	Restrictions/Limits
WARFARIN SODIUM	1	
XARELTO	2	
XYNTHA	2	
<b>HEMATOPOIETIC AGENTS</b>		
ALVAIZ	2	
ARANESP (ALBUMIN FREE)	2	QL
ARANESP ALBUMIN FREE	2	QL
EPOGEN	2	QL
MIRCERA	2	QL
MOZOBIL	2	
NIVESTYM	2	QL
PROMACTA	2	
RETACRIT	2	QL
<b>CARDIOVASCULAR DRUGS</b>		
<b>A-ADRENERGIC BLOCKING AGENTS</b>		
DOXAZOSIN MESYLATE	1	
PRAZOSIN HCL	1	
TERAZOSIN HCL	1	
<b>ANTILIPEMIC AGENTS</b>		
ATORVASTATIN CALCIUM	1	
CHOLESTYRAMINE	1	
CHOLESTYRAMINE LIGHT	1	
CHOLINE FENOFIBRATE	1	
COLESTIPOL HCL	1	
EZETIMIBE	1	
FENOFIBRATE	1	
FENOFIBRATE MICRONIZED	1, 2	
FENOFIBRIC ACID	1, 2	
GEMFIBROZIL	1	
LOVASTATIN	1	
NIACIN (ANTIHYPERLIPIDEMIC)	1	
OMEGA-3-ACID ETHYL ESTERS	1	
PRALUENT	2	PA, QL
PRAVASTATIN SODIUM	1	
REPATHA	2	PA, QL
ROSUVASTATIN CALCIUM	1	
SIMVASTATIN	1	
VASCEPA	2	
<b>CALCIUM-CHANNEL BLOCKING AGENTS</b>		
AMLODIPINE BESYLATE	1	
AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM	1	
AMLODIPINE BESYLATE-BENAZEPRIL HCL	1	
AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL	1	
AMLODIPINE BESYLATE-VALSARTAN	1	
DILTIAZEM HCL	1	
DILTIAZEM HCL COATED BEADS	1	
DILTIAZEM HCL EXTENDED RELEASE BEADS	1	
FELODIPINE	1	
ISRADIPINE	1	
NICARDIPINE HCL	1	
NIFEDIPINE	1	

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NIMODIPINE	1, 2	
NISOLDIPINE	1	
VERAPAMIL HCL	1	
<b>CARDIAC DRUGS</b>		
AMIODARONE HCL	1	
DIGOXIN	1, 2	
DOFETILIDE	1	
FLECAINIDE ACETATE	1	
MEXILETINE HCL	1	
PROPAFENONE HCL	1	
QUINIDINE GLUCONATE	1	
QUINIDINE SULFATE	1	
<b>HYPOTENSIVE AGENTS</b>		
CLONIDINE	1, 2	
CLONIDINE HCL	1	
GUANFACINE HCL	1	
HYDRALAZINE HCL	1	
METHYLDOPA	1	
MINOXIDIL	1	
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS</b>		
BENAZEPRIL & HYDROCHLOROTHIAZIDE	1	
BENAZEPRIL HCL	1	
CANDESARTAN CILEXETIL	1	
CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE	1	
CAPTOPRIL	1	
ENALAPRIL MALEATE	1	
ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE	1	
ENTRESTO	2	QL
EPLERENONE	1	
FOSINOPRIL SODIUM	1	
FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE	1	
IRBESARTAN	1	
IRBESARTAN-HYDROCHLOROTHIAZIDE	1	
LISINOPRIL	1	
LISINOPRIL & HYDROCHLOROTHIAZIDE	1	
LOSARTAN POTASSIUM	1	
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE	1	
MOEXIPRIL HCL	1	
MOEXIPRIL-HYDROCHLOROTHIAZIDE	1	
OLMESARTAN MEDOXOMIL	1	
OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE	1	
PERINDOPRIL ERBUMINE	1	
QUINAPRIL HCL	1	
QUINAPRIL-HYDROCHLOROTHIAZIDE	1	
RAMIPRIL	1	
SPIRONOLACTONE	1	
SPIRONOLACTONE & HYDROCHLOROTHIAZIDE	1	
TELMISARTAN	1	
TELMISARTAN-HYDROCHLOROTHIAZIDE	1	
TRANDOLAPRIL	1	
VALSARTAN	1	

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Name of drug	Drug Tier	Restrictions/Limits
VALSARTAN-HYDROCHLOROTHIAZIDE	1	
<b>VASODILATING AGENTS</b>		
DIPYRIDAMOLE	1	
INOSITOL NIACINATE	1, 2	
ISOSORBIDE DINITRATE	1	
ISOSORBIDE MONONITRATE	1	
NITROGLYCERIN	1, 2	
SILDENAFIL CITRATE (PULMONARY HYPERTENSION)	1	PA, AR
TADALAFIL (PULMONARY HYPERTENSION)	1	PA, LD, AR
<b>α<sub>1</sub>-ADRENERGIC BLOCKING AGENTS</b>		
METOPROLOL & HYDROCHLOROTHIAZIDE	1	
METOPROLOL TARTRATE	1	
PROPRANOLOL HCL	1	
PROPRANOLOL-HCTZ	1	
TIMOLOL MALEATE	1	
<b>α<sub>2</sub>-ADRENERGIC BLOCKING AGENTS</b>		
METOPROLOL TARTRATE	1	
SOTALOL HCL	1	
<b>β-ADRENERGIC BLOCKING AGENTS</b>		
ACEBUTOLOL HCL	1	
ATENOLOL	1	
ATENOLOL & CHLORTHALIDONE	1	
BETAXOLOL HCL	1	
BISOPROLOL & HYDROCHLOROTHIAZIDE	1	
BISOPROLOL FUMARATE	1	
BREVIBLOC IN NACL	2	
CARVEDILOL	1	
ESMOLOL HCL	1	
LABETALOL HCL	1	
METOPROLOL & HYDROCHLOROTHIAZIDE	1	
METOPROLOL SUCCINATE	1	
METOPROLOL TARTRATE	1	
NADOLOL	1	
NADOLOL & BENDROFLUMETHIAZIDE	1	
PINDOLOL	1	
PROPRANOLOL HCL	1	
SOTALOL HCL	1	
TIMOLOL MALEATE	1	
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>ANALGESICS AND ANTIPYRETICS</b>		
ACETAMINOPHEN	1, 2	
ACETAMINOPHEN W/ CODEINE	1	PA, QL
ACETAMINOPHEN-CAFFEINE-PYRILAMINE	1	
ACETAMINOPHEN-PAMABROM-PYRILAMINE	1	
ALKA-SELTZER	1	
ASPIRIN	1	
ASPIRIN BUFFERED (CAL CARB-MAG CARB-MAG OXIDE)	1	
ASPIRIN-ACETAMINOPHEN-CAFFEINE	1	
ASPIRIN-CAFFEINE	1	
BACK PAIN-OFF	1	
BAYER WOMENS	2	

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BUPRENORPHINE HCL	1	
BUTALBITAL-ACETAMINOPHEN	1	
BUTALBITAL-ACETAMINOPHEN-CAFFEINE	1	
BUTALBITAL-ACETAMINOPHEN-CAFFEINE W/ CODEINE	1	PA, QL
BUTALBITAL-ASPIRIN-CAFFEINE	1	
BUTALBITAL-ASPIRIN-CAFFEINE W/COD	1	PA, QL
BUTORPHANOL TARTRATE	1	PA, QL
BUTRANS	2	PA, QL
CODEINE SULFATE	1	PA, QL
CRAMP TABS	1	
DICLOFENAC POTASSIUM	1	
DICLOFENAC SODIUM	1	
DIFLUNISAL	1	
ETODOLAC	1	
FENOPROFEN CALCIUM	2	
FENTANYL	1, 2	PA, QL
FENTANYL CITRATE	1, 2	PA, QL
FLURBIPROFEN	1	
HYDROCODONE-ACETAMINOPHEN	1	PA, QL
HYDROCODONE-IBUPROFEN	1	PA, QL
HYDROMORPHONE HCL	1, 2	PA, QL
IBUPROFEN	1, 2	
INDOMETHACIN	1	
INFUMORPH 200	2	
IONSYS	2	
KETOPROFEN	2	
KETOROLAC TROMETHAMINE	1	
MAGNESIUM SALICYLATE	1	
MEFENAMIC ACID	1	
MELOXICAM	1	
MEPERIDINE HCL	1, 2	
METHADONE HCL	1, 2	PA, QL
MORPHINE SULFATE	1, 2	PA, QL
MORPHINE SULFATE ER BEADS	1	PA, QL
NABUMETONE	1	
NALBUPHINE HCL	1	
NAPROXEN	1	
NAPROXEN SODIUM	1, 2	
OXAPROZIN	1	
OXYCODONE HCL	1, 2	PA, QL
OXYCODONE W/ ACETAMINOPHEN	1	PA, QL
OXYCODONE-IBUPROFEN	1	PA, QL
OXYMORPHONE HCL	1	PA, QL
PAIN RELIEF	1	
PHENAZOPYRIDINE HCL	1	
PIROXICAM	1	
SULINDAC	1	
TOLMETIN SODIUM	1	
TRAMADOL HCL	1	PA, QL
TRAMADOL-ACETAMINOPHEN	1	PA, QL
<b>ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS</b>		

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AMPHETAMINE-DEXTROAMPHETAMINE	1, 2	AR
DAYTRANA	2	AR
DEXMETHYLPHENIDATE HCL	1	AR
DEXTROAMPHETAMINE SULFATE	1	AR
METHYLPHENIDATE HCL	1, 2	AR
VYVANSE	2	AR
<b>ANTICONVULSANTS</b>		
CARBAMAZEPINE	1, 2	
CLOBAZAM	1	
CLONAZEPAM	1	QL
DIASTAT ACUDIAL	2	QL, LD
DIVALPROEX SODIUM	1	
EPIDIOLEX	2	PA, LD, AR
ETHOSUXIMIDE	1	
FOSPHENYTOIN SODIUM	1	
GABAPENTIN	1	
LACOSAMIDE	1	
LAMOTRIGINE	1, 2	
LEVETIRACETAM	1	
NAYZILAM	2	
OXCARBAZEPINE	1, 2	
PHENYTOIN	1	
PHENYTOIN SODIUM	1	
PHENYTOIN SODIUM EXTENDED	1, 2	
PREGABALIN	1	
PRIMIDONE	1	
TIAGABINE HCL	1, 2	
TOPIRAMATE	1	
VALPROATE SODIUM	1, 2	
VALPROIC ACID	1	
ZONISAMIDE	1	
<b>ANTIMIGRAINE AGENTS</b>		
AIMOVIG	2	PA, QL
AJOVY	2	PA, QL
EMGALITY	2	PA, QL
MIGERGOT	2	
NARATRIPTAN HCL	1	QL
NURTEC	2	PA, QL
RIZATRIPTAN BENZOATE	1	QL
SUMATRIPTAN	1, 2	
SUMATRIPTAN SUCCINATE	1	QL
UBRELVY	2	PA, QL
<b>ANTIPARKINSONIAN AGENTS</b>		
AMANTADINE HCL	1	
BENZTROPINE MESYLATE	1	
BROMOCRIPTINE MESYLATE	1	
CABERGOLINE	1	
CARBIDOPA-LEVODOPA	1	
CARBIDOPA-LEVODOPA-ENTACAPONE	1, 2	
KYNMOBI	2	
PRAMIPEXOLE DIHYDROCHLORIDE	1	

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ROPINIROLE HYDROCHLORIDE	1	
SELEGILINE HCL	1	
TRIHEXYPHENIDYL HCL	1	
<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS</b>		
ALPRAZOLAM	1, 2	QL
BUSPIRONE HCL	1	
CHLORDIAZEPOXIDE HCL	1	QL
DIAZEPAM	1	QL
DIPHENHYDRAMINE HCL (SLEEP)	1, 2	
DIPHENHYDRAMINE-ACETAMINOPHEN (SLEEP)	1	
DOXYLAMINE SUCCINATE (SLEEP)	1	
ESTAZOLAM	1	QL
ESZOPICLONE	1	QL
FLURAZEPAM HCL	1	QL
HYDROXYZINE HCL	1	
HYDROXYZINE PAMOATE	1	
IBUPROFEN-DIPHENHYDRAMINE CITRATE	1	
IBUPROFEN-DIPHENHYDRAMINE HCL	1	
KETAMINE HCL	1	
LORAZEPAM	1	QL
MIDAZOLAM HCL	1	QL
OXAZEPAM	1	QL
PHENOBARBITAL	1	
SECONAL	2	
TEMAZEPAM	1	QL
TRIAZOLAM	1	QL
ZALEPLON	1	QL
ZOLPIDEM TARTRATE	1	QL
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS</b>		
ABILIFY ASIMTUFII	2	AR
ACAMPROSATE CALCIUM	1	
ATOMOXETINE HCL	1	
AUSTEDO	2	PA
CLONIDINE HCL (ADHD)	1	
GUANFACINE HCL (ADHD)	1	
INGREZZA	2	PA
MEMANTINE HCL	1, 2	
NAMZARIC	2	
RILUZOLE	1	
TETRABENAZINE	1, 2	PA
<b>OPIATE ANTAGONISTS</b>		
BUPRENORPHINE HCL	1	QL
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE	1, 2	QL
NALOXONE HCL	1, 2	
NALTREXONE HCL	1	
OPVEE	2	
SUBLOCADE	2	LD
VIVITROL	2	
<b>PSYCHOTHERAPEUTIC AGENTS</b>		
AMITRIPTYLINE HCL	1	
ARIPIPRAZOLE	1	AR

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ARISTADA	2	AR
BUPROPION HCL	1	PA
BUPROPION HCL (SMOKING DETERRENT)	1	
CHLORPROMAZINE HCL	1, 2	AR
CITALOPRAM HYDROBROMIDE	1	
CLOMIPRAMINE HCL	1	
CLOZAPINE	1	QL, AR
DESIPRAMINE HCL	1	
DESVENLAFAXINE SUCCINATE	1	
DOXEPIN HCL	1	
DULOXETINE HCL	1	
ESCITALOPRAM OXALATE	1	
FLUOXETINE HCL	1	
FLUOXETINE HCL (PMDD)	1	
FLUPHENAZINE DECANOATE	1	AR
FLUPHENAZINE HCL	1	AR
FLUVOXAMINE MALEATE	1	
HALOPERIDOL	1	AR
HALOPERIDOL DECANOATE	1	AR
HALOPERIDOL LACTATE	1	AR
IMIPRAMINE HCL	1	
IMIPRAMINE PAMOATE	1	
INVEGA SUSTENNA	2	AR
LITHIUM CARBONATE	1, 2	
LITHIUM CITRATE	2	
LOXAPINE SUCCINATE	1	AR
LURASIDONE HCL	1	AR
MIRTAZAPINE	1	
NORTRIPTYLINE HCL	1	
OLANZAPINE	1	AR
PAROXETINE HCL	1	
PERPHENAZINE	1	AR
PERPHENAZINE-AMITRIPTYLINE	1	AR
PHENELZINE SULFATE	1	
PROCHLORPERAZINE	1	
PROCHLORPERAZINE MALEATE	1	
PROTRIPTYLINE HCL	1	
QUETIAPINE FUMARATE	1	AR
RISPERDAL CONSTA	2	AR
RISPERIDONE	1, 2	AR
SERTRALINE HCL	1	
THIORIDAZINE HCL	1	AR
THIOTHIXENE	1	AR
TRANLYCYPROMINE SULFATE	1	
TRAZODONE HCL	1	
TRIFLUOPERAZINE HCL	1	AR
TRIMIPRAMINE MALEATE	1	
VENLAFAXINE HCL	1	
VILAZODONE HCL	1	
VRAYLAR	2	AR
ZIPRASIDONE HCL	1	AR

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<b>CONTRACEPTIVE DEVICES</b>		
<b>CONTRACEPTIVE DEVICES</b>		
AIMSCO LUBRICATED	2	
FC2 FEMALE CONDOM	2	
OPTIONS CONCEPTROL	1, 2	
PARAGARD INTRAUTERINE COPPER	2	
TRUSTEX NON-LUBRICATED	2	
WIDE-SEAL DIAPHRAGM 60	2	
<b>DEVICES</b>		
<b>DEVICES</b>		
ADULT AEROSOL MASK	2	
AEROCHAMBER MINI CHAMBER	2	
AEROGEAR ACTION ASTHMA KIT	2	
AIRZONE PEAK FLOW METER	2	
CLEVER CHOICE WHISPER AIRE NEB	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
NASONEB NEBULIZER STARTER	2	
<b>DIABETIC SUPPLIES</b>		
<b>DIABETIC SUPPLIES</b>		
1ST TIER UNIFINE PENTIPS	2	
ACCU-CHEK FASTCLIX LANCET	2	
ACTI-LANCE SPECIAL LANCETS 17G	2	
ADJUSTABLE LANCING DEVICE	2	
ALCOHOL SWABS	2	
ASSURE ID INSULIN SAFETY SYR	2	
AUTOJECT 2	2	
BAQSIMI ONE PACK	2	
BD INSULIN SYRINGE	2	
BD INSULIN SYRINGE U-500	2	
BD SAFETYGLIDE SYRINGE/NEEDLE	2	
CHEMSTRIP UGK	2	
CONTOUR NEXT TEST	2	QL
DEXTROSE (DIABETIC USE)	1	
DIASTIX	2	
FORA D40 GLUCOSE/PRESSURE	2	
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY	1	
GLUCAGON EMERGENCY	2	
GLUCOSE CONTROL	2	
GLUTOL	2	
KETOSTIX	2	
ONETOUCH VERIO FLEX SYSTEM	2	
PRECISION XTRA KETONE	2	
RELION GLUCOSE SHOT	1	
<b>DIAGNOSTIC AGENTS</b>		
<b>DIAGNOSTIC AGENTS</b>		
FLUORESCEIN W/ BENOXINATE	1	
FLUORESCEIN W/ PROPARACAINE	1	
GLUCAGEN DIAGNOSTIC	2	
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
<b>ACIDIFYING AND ALKALINIZING AGENTS</b>		

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Name of drug	Drug Tier	Restrictions/Limits
K-PHOS NO 2	2	
POT & SOD CITRATES W/CITRIC AC	1	
POTASSIUM CITRATE (ALKALINIZER)	1	
POTASSIUM CITRATE-CITRIC ACID	1	
SODIUM BICARBONATE	1	
SODIUM CITRATE & CITRIC ACID	1	
<b>AMMONIA DETOXICANTS</b>		
BUPHENYL	2	
CARBAGLU	2	
LACTULOSE	1	
LACTULOSE (ENCEPHALOPATHY)	1	
<b>CALORIC AGENTS</b>		
GLUCOSE NURSETTE	2	
GLYCINE500	2	
<b>DIURETICS</b>		
AMILORIDE & HYDROCHLOROTHIAZIDE	1	
AMILORIDE HCL	1	
BUMETANIDE	1	
CHLOROTHIAZIDE	1	
CHLORTHALIDONE	1	
CVS DIURETIC MAXIMUM STRENGTH	1	
FUROSEMIDE	1	
HYDROCHLOROTHIAZIDE	1	
INDAPAMIDE	1	
METOLAZONE	1	
TORSEMIDE	1	
TRIAMTERENE & HYDROCHLOROTHIAZIDE	1	
<b>ION-REMOVING AGENTS</b>		
CALCIUM ACETATE	2	
MAGNEBIND 300	2	
SEVELAMER CARBONATE	1	
SODIUM POLYSTYRENE SULFONATE	1	
<b>IRRIGATING SOLUTIONS</b>		
ACETIC ACID	1	
GLYCINE (GU IRRIGANT)	1	
LACTATED RINGER'S (IRRIGATION)	2	
RENACIDIN	2	
RINGER'S IRRIGATION	1	
SODIUM CHLORIDE (GU IRRIGANT)	1	
WATER FOR IRRIGATION, STERILE	1	
<b>REPLACEMENT PREPARATIONS</b>		
CALCIUM ACETATE (PHOSPHATE BINDER)	1	
HETASTARCH (HES /0.7 OR /0.75) IN SODIUM CHLORIDE	1	
K-PHOS	2	
MEDI-LYTE	2	
POTASSIUM BICARB & CHLORIDE	1	
POTASSIUM BICARBONATE	1	
POTASSIUM CHLORIDE	1, 2	
POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTALS ER	1	
POTASSIUM GLUCONATE	1	
SODIUM CHLORIDE	1	

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<b>URICOSURIC AGENTS</b>		
COLCHICINE W/ PROBENECID	1	
PROBENECID	1	
<b>ENZYMES</b>		
<b>ENZYMES</b>		
ADAGEN	2	LD
ELELYSO	2	
ELITEK	2	
<b>EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS</b>		
<b>ANTI-INFECTIVES</b>		
BACITRACIN	1	
BACITRACIN-POLYMYXIN B (OPHTH)	1	
CETRAXAL	2	
CIPROFLOXACIN HCL (OPHTH)	1	
ERYTHROMYCIN (OPHTH)	1	
GATIFLOXACIN (OPHTH)	1	
GENTAMICIN SULFATE (OPHTH)	1	
LEVOFLOXACIN	1	
MOXIFLOXACIN HCL (OPHTH)	1	
NATACYN	2	
NEOMYCIN-BACITRACIN ZN-POLYMYXIN	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
OFLOXACIN (OPHTH)	1	
OFLOXACIN (OTIC)	1	
POLYMYXIN B-TRIMETHOPRIM	1	
SILVER NITRATE	1, 2	
SULFACETAMIDE SODIUM (OPHTH)	1	
TOBRAMYCIN (OPHTH)	1	
TRIFLURIDINE	1	
<b>ANTI-INFLAMMATORY AGENTS</b>		
BACITRACIN-POLY-NEOMYCIN-HC	1	
BUDESONIDE (NASAL)	1	
CIPROFLOXACIN-DEXAMETHASONE	1, 2	
DEXAMETHASONE SODIUM PHOSPHATE (OPHTH)	1	
DICLOFENAC SODIUM (OPHTH)	1	
DUREZOL	2	
FLONASE SENSIMIST	2	
FLUNISOLIDE (NASAL)	1	
FLUOCINOLONE ACETONIDE (OTIC)	1	
FLUROMETHOLONE (OPHTH)	1	
FLURBIPROFEN SODIUM	1	
FLUTICASONE PROPIONATE (NASAL)	1, 2	
HYDROCORTISONE W/ACETIC ACID	1	
KETOROLAC TROMETHAMINE (OPHTH)	1	
MOMETASONE FUROATE (NASAL)	1	
NEOMYCIN-POLYMY-DEXAMETH	1	
NEOMYCIN-POLYMYXIN-HC (OTIC)	1	
PRED MILD	1, 2	
PROLENSA	2	
RESTASIS	2	
SULFACETAMIDE-PREDNISOLONE	1	

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TOBRAMYCIN-DEXAMETHASONE	1, 2	
TRIAMCINOLONE ACETONIDE (NASAL)	1, 2	
XIIDRA	2	
ZYLET	2	
<b>ANTIALLERGIC AGENTS</b>		
AZELASTINE HCL	1	
CROMOLYN SODIUM (NASAL)	1	
CROMOLYN SODIUM (OPHTH)	1	
DYMISTA	2	
EPINASTINE HCL (OPHTH)	1	
KETOTIFEN FUMARATE (OPHTH)	1, 2	
OLOPATADINE HCL	1	
OLOPATADINE HCL (NASAL)	1	
<b>ANTIGLAUCOMA AGENTS</b>		
ACETAZOLAMIDE	1	
AZOPT	2	
BETAXOLOL HCL (OPHTH)	1	
BRIMONIDINE TARTRATE	1, 2	
CARTEOLOL HCL	1	
COMBIGAN	2	
DORZOLAMIDE HCL	1	
DORZOLAMIDE HCL-TIMOLOL MALEATE	1	
LATANOPROST	1	
LEVOBUNOLOL HCL	1	
METHAZOLAMIDE	1	
METIPRANOLOL	1	
PHOSPHOLINE IODIDE	2	LD
RHOPRESSA	2	
ROCKLATAN	2	
TIMOLOL MALEATE (OPHTH)	1	
TRAVATAN Z	2	
<b>EENT DRUGS, MISCELLANEOUS</b>		
ACETIC ACID (OTIC)	1	
APRACLONIDINE HCL	1	
AQUORAL	2	
AROMATIC INHALANTS	1, 2	
ARTIFICIAL TEAR SOLUTION	1	
BYOOVIZ	2	
CARBOXYMETHYLCELLULOSE SODIUM (OPHTH)	1, 2	
CARBOXYMETHYLCELLULOSE-GLYCERIN	1, 2	
CLEARCANAL EAR WAX REMOVAL	1, 2	
CVS LUBRICANT DROPS	1	
DEBACTEROL	2	
EYE STREAM	1	
GELONASAL	2	
GENTEAL MILD	1, 2	
GENTEAL TEARS PF	2	
GONIOTAIRE	1	
ISOPROPYL ALCOHOL (OTIC)	1, 2	
LEMON-GLYCERIN	1	
MACUGEN	2	

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PHENOL (ANTISEPTIC)	1	
POLYETHYLENE GLYCOL-PROPYLENE GLYCOL (OPHTH)	1, 2	
POLYVINYL ALCOHOL	1	
POLYVINYL ALCOHOL-POVIDONE (OPHTH)	1, 2	
PRETZ	2	
PROPYLENE GLYCOL (OPHTH)	1, 2	
PROPYLENE GLYCOL-GLYCERIN	1	
REFRESH OPTIVE MEGA-3	2	
RHINASE	2	
SALINE	1, 2	
SODIUM CHLORIDE HYPERTONIC	1	
SODIUM CHLORIDE-SODIUM BICARBONATE	1, 2	
WHITE PETROLATUM-MINERAL OIL	1, 2	
<b>LOCAL ANESTHETICS</b>		
CEPACOL SORE THROAT & COUGH	2	
GUMSOL	2	
LIDOCAINE HCL (MOUTH-THROAT)	1	
TETRACAINE HCL (OPHTH)	1	
<b>MYDRIATICS</b>		
CYCLOMYDRIL	2	
CYCLOPENTOLATE HCL	1	
HOMATROPAIRE	1	
<b>VASOCONSTRICTORS</b>		
BENZEDREX	2	
NAPHAZOLINE W/ PHENIRAMINE	1	
NAPHAZOLINE-GLYCERIN	1	
NAPHAZOLINE-HYPROMELLOSE	1	
NAPHAZOLINE-POLYETHYLENE GLYCOL 300	1	
OXYMETAZOLINE HCL	1	
PHENYLEPHRINE HCL	1	
<b>GASTROINTESTINAL DRUGS</b>		
<b>ANTACIDS &amp; ADSORBENTS</b>		
ALUM & MAG HYDROX-SIMETHICONE	1	
ALUMINUM HYDROXIDE GEL	1	
ALUMINUM HYDROXIDE-MAG CARB	1, 2	
CAL CARB & MAG HYDROX-SIMETH	1	
CALCIUM CARBONATE (ANTACID)	1, 2	
CALCIUM CARBONATE-MAG HYDROX	1, 2	
GAVISCON	1, 2	
MAALOX ADVANCED MAX ST	2	
MAG-AL	2	
SODIUM BICARBONATE (ANTACID)	1	
<b>ANTI-INFLAMMATORY AGENTS</b>		
BALSALAZIDE DISODIUM	1	
MESALAMINE	1, 2	
MESALAMINE W/ CLEANSER	1	
<b>ANTIDIARRHEA AGENTS</b>		
BACILLUS COAGULANS-INULIN	1	
BIOGAIA GASTRUS	2	
BISMUTH SUBSALICYLATE	1, 2	
CULTURELLE KID PROBIOTIC+FIBER	2	

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Name of drug	Drug Tier	Restrictions/Limits
DIPHENOXYLATE W/ ATROPINE	1	
LACTOBACILLUS	1	
LACTOBACILLUS ACIDOPHILUS-PECTIN	1	
LOPERAMIDE HCL	1	
OPIUM TINCTURE	1	
PROBIOTIC PRODUCT	1, 2	
SACCHAROMYCES BOULARDII	1, 2	
<b>ANTIEMETICS</b>		
APREPITANT	1	
DICLEGIS	2	
DRAMAMINE	1, 2	
DRONABINOL	1	PA
FRUCTOSE-DEXTROSE-PHOSPHORIC ACID	1	
GRANISETRON HCL	1	
MECLIZINE HCL	1	
ONDANSETRON	1	QL
ONDANSETRON HCL	1	QL
TRANSDERM-SCOP	2	
TRIMETHOBENZAMIDE HCL	1	
<b>ANTIFLATULENTS</b>		
E-Z-GAS II	1	
SIMETHICONE	1, 2	
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>		
CIMETIDINE	1	
ESOMEPRAZOLE MAGNESIUM	1, 2	
FAMOTIDINE	1	
LANSOPRAZOLE	1, 2	
MISOPROSTOL	1	
NIZATIDINE	1	
OMEPRAZOLE	1	
OMEPRAZOLE MAGNESIUM	1, 2	
OMEPRAZOLE-SODIUM BICARBONATE	1	
PANTOPRAZOLE SODIUM	1, 2	
PYLERA	2	
RABEPRAZOLE SODIUM	1	
SUCRALFATE	1, 2	
<b>CATHARTICS AND LAXATIVES</b>		
BEELITH	1	
BENEFIBER	2	
BENZOCAINE-DOCUSATE SODIUM	2	
BISACODYL	1, 2	
CALCIUM POLYCARBOPHIL	1	
CASTOR OIL	1	
CEO-TWO	2	
CITRUCCEL	2	
CORN DEXTRIN	1	
DOCUSATE SODIUM	1, 2	
FIBER	1	
GLYCERIN (LAXATIVE)	1, 2	
MAGNESIUM CITRATE	1	
MAGNESIUM HYDROXIDE	1, 2	

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MAGNESIUM SULFATE (LAXATIVE)	1	
MINERAL OIL	1	
MURI-LUBE	2	
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE	1, 2	
PEG 3350-POTASSIUM CHLORIDE-SOD BICARBONATE-SOD CHLORIDE	1	
POLYETHYLENE GLYCOL 3350	1, 2	
PSYLLIUM	1, 2	
SENNA	2	
SENNA PROMPT	2	
SENNOSIDES	1, 2	
SENNOSIDES-DOCUSATE SODIUM	1	
SODIUM PHOSPHATES	1, 2	
SORBITOL	2	
SUPREP BOWEL PREP KIT	2	
WHEAT DEXTRIN-CALCIUM	1	
<b>DIGESTANTS</b>		
EQL DIGESTIVE ENZYMES	1	
ZENPEP	2	PA
<b>GI DRUGS, MISCELLANEOUS</b>		
CREON	2	PA
LINZESS	2	PA
LUBIPROSTONE	1, 2	PA
METOCLOPRAMIDE HCL	1	
MOVANTIK	2	PA
URSODIOL	1	
<b>LIPOTROPIC AGENTS</b>		
CHOLINE SR	2	
<b>GOLD COMPOUNDS</b>		
<b>GOLD COMPOUNDS</b>		
RIDAURA	2	
<b>HEAVY METAL ANTAGONISTS</b>		
<b>HEAVY METAL ANTAGONISTS</b>		
DEFERASIROX	1	
PENICILLAMINE	1	
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
<b>ADRENALS</b>		
ARNUITY ELLIPTA	2	
ASMANEX (120 METERED DOSES)	2	
BUDESONIDE	1	
BUDESONIDE (INHALATION)	1, 2	
CORTISONE ACETATE	1	
DEXAMETHASONE	1, 2	
DEXAMETHASONE SODIUM PHOSPHATE	1	
FLOVENT DISKUS	1, 2	
FLOVENT HFA	1, 2	
FLUDROCORTISONE ACETATE	1	
HYDROCORTISONE	1	
METHYLPREDNISOLONE	1	
METHYLPREDNISOLONE ACETATE	1	
METHYLPREDNISOLONE SOD SUCC	1	
PREDNISOLONE	1	

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Name of drug	Drug Tier	Restrictions/Limits
PREDNISOLONE SODIUM PHOSPHATE	1	
PREDNISONE	1, 2	
TRELEGY ELLIPTA	2	
TRIAMCINOLONE ACETONIDE	1, 2	
<b>ANDROGENS</b>		
DANAZOL	1	
METHITEST	2	
OXANDROLONE	1	
TESTOSTERONE	1, 2	
TESTOSTERONE CYPIONATE	1, 2	QL
TESTOSTERONE ENANTHATE	1	QL
<b>CONTRACEPTIVES</b>		
DESOGESTREL & ETHINYL ESTRADIOL	1	
DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC)	1	
DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC)	1	
DROSPIRENONE-ETHINYL ESTRADIOL	1	
ELLA	2	
ETHYNODIOL DIACET & ETH ESTRAD	1	
ETONOGESTREL-ETHINYL ESTRADIOL	1	QL
KYLEENA	2	
LEVONORGESTREL & ETH ESTRADIOL	1	
LEVONORGESTREL (EMERGENCY OC)	1, 2	
LEVONORGESTREL-ETH ESTRADIOL (TRIPHASIC)	1	
LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY)	1	
LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS)	1	
LO LOESTRIN FE	2	
NECON 10/11-28	1	
NEXPLANON	2	
NORELGESTROMIN-ETHINYL ESTRADIOL	1	
NORETHIN ACET & ESTRAD-FE	1	
NORETHINDRONE & ETH ESTRADIOL	1	
NORETHINDRONE & ETHINYL ESTRADIOL-FE	1	
NORETHINDRONE (CONTRACEPTIVE)	1	
NORETHINDRONE ACET & ETH ESTRA	1	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL-FE	1	
NORETHINDRONE-ETH ESTRADIOL (TRIPHASIC)	1	
NORGESTIMATE-ETHINYL ESTRADIOL	1	
NORGESTIMATE-ETHINYL ESTRADIOL (TRIPHASIC)	1	
NORGESTREL & ETHINYL ESTRADIOL	1	
OPILL	2	
<b>DIABETIC AGENTS</b>		
ACARBOSE	1	
AFREZZA	2	
BYETTA 10 MCG PEN	2	
FARXIGA	2	AR
GLIMEPIRIDE	1	
GLIPIZIDE	1	
GLIPIZIDE-METFORMIN HCL	1	
GLYBURIDE	1	
GLYBURIDE MICRONIZED	1	
GLYBURIDE-METFORMIN	1	

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HUMALOG	1, 2	
HUMALOG MIX 50/50	2	
HUMULIN 70/30	2	
HUMULIN N	2	
INSULIN ASP PROT & ASP FLEXPEN	1	
INSULIN ASPART	1, 2	
INSULIN DEGLUDEC FLEXTOUCH	2	
INSULIN GLARGINE	2	
INSULIN GLARGINE-YFGN	2	
INVOKAMET	2	AR
INVOKANA	2	AR
JANUMET	2	
JANUVIA	2	
JARDIANCE	2	AR
JENTADUETO	2	
KOMBIGLYZE XR	2	
LEVEMIR	2	
METFORMIN HCL	1	
MIGLITOL	1	
NATEGLINIDE	1	
ONGLYZA	2	
PIOGLITAZONE HCL	1	
PIOGLITAZONE HCL-METFORMIN HCL	1	
PROGLYCEM	2	
REPAGLINIDE	1	
SYNJARDY	2	AR
TOLAZAMIDE	1	
TOLBUTAMIDE	1	
TRADJENTA	2	
TRULICITY	2	
VICTOZA	2	
XIGDUO XR	2	AR
<b>ESTROGENS AND ANTIESTROGENS</b>		
ANASTROZOLE	1	
ESTRADIOL	1, 2	
ESTRADIOL & NORETHINDRONE ACETATE	1	
ESTRADIOL VAGINAL	1, 2	
ESTRADIOL VALERATE	1	QL
ESTROPIPATE	1	
EXEMESTANE	1	
FARESTON	2	
LETROZOLE	1	
MENEST	2	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL	1	
PREMARIN	2	
PREMPHASE	2	
RALOXIFENE HCL	1	
TAMOXIFEN CITRATE	1	
<b>GONADOTROPINS</b>		
LEUPROLIDE ACETATE	1, 2	PA, QL
LUPRON DEPOT (3-MONTH)	2	

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Name of drug	Drug Tier	Restrictions/Limits
LUPRON DEPOT (4-MONTH)	2	
LUPRON DEPOT (6-MONTH)	2	
LUPRON DEPOT-PED (1-MONTH)	2	QL
LUPRON DEPOT-PED (3-MONTH)	2	
TRELSTAR MIXJECT	2	
ZOLADEX	2	
<b>PARATHYROID</b>		
CALCITONIN (SALMON)	1	QL
CINACALCET HCL	1	
<b>PITUITARY</b>		
DESMOPRESSIN ACETATE	1, 2	
DESMOPRESSIN ACETATE SPRAY	1	
DESMOPRESSIN ACETATE SPRAY REFRIGERATED	1	
<b>PROGESTINS</b>		
MEDROXYPROGESTERONE ACETATE	1	
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE)	1, 2	
MEGESTROL ACETATE	1	
NORETHINDRONE ACETATE	1	
PROGESTERONE	1	PA, QL
<b>SOMATOTROPIN AGONISTS AND ANTAGONISTS</b>		
GENOTROPIN	2	PA, QL
<b>THYROID AND ANTITHYROID AGENTS</b>		
ARMOUR THYROID	1, 2	
LEVOTHYROXINE SODIUM	1	
LIOTHYRONINE SODIUM	1	
METHIMAZOLE	1	
POTASSIUM IODIDE (ANTIDOTE)	1	
PROPYLTHIOURACIL	1	
THYROLAR-1	2	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>5-ALPHA REDUCTASE INHIBITORS</b>		
DUTASTERIDE	1	
DUTASTERIDE-TAMSULOSIN HCL	1	
FINASTERIDE	1	
<b>ALCOHOL DETERRENTS</b>		
DISULFIRAM	1	
<b>ANTIDOTES</b>		
ACETYLCYSTEINE	1	
LEUCOVORIN CALCIUM	1	
LEVOLEUCOVORIN CALCIUM	1	
<b>ANTIGOUT AGENTS</b>		
ALLOPURINOL	1	
COLCHICINE	1	
ULORIC	2	
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
ACTIMMUNE	2	QL, LD
AUBAGIO	2	
AVONEX	2	QL
BETASERON	2	QL
COPAXONE	2	QL
DALFAMPRIDINE	1	

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DIMETHYL FUMARATE	1	
FINGOLIMOD HCL	1	
KESIMPTA	2	QL, ST
THALOMID	2	LD
<b>BONE RESORPTION INHIBITORS</b>		
ALENDRONATE SODIUM	1	
ETIDRONATE DISODIUM	1	
IBANDRONATE SODIUM	1	
PAMIDRONATE DISODIUM	1	
XGEVA	2	QL
ZOLEDRONIC ACID	1, 2	
<b>DISEASE-MODIFYING ANTIRHEUMATIC AGENTS</b>		
ENBREL	2	QL
HUMIRA	2	QL
INFLIXIMAB	1	
LEFLUNOMIDE	1	
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
AZATHIOPRINE	1, 2	
CYCLOSPORINE	1	
CYCLOSPORINE MODIFIED (FOR MICROEMULSION)	1	
MYCOPHENOLATE MOFETIL	1	
MYCOPHENOLATE SODIUM	1	
SIROLIMUS	1, 2	
TACROLIMUS	1	
ZORTRESS	2	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
ALPHA-LIPOIC ACID (THIOCTIC ACID)	2	
APLIGRAF	2	
BD ALLERGY SYRINGE	2	
BD BLUNT FILL NEEDLE	2	
BD DISP NEEDLE	2	
BD DISP NEEDLE	2	
BD DISP NEEDLES	2	
BD DISP NEEDLES	2	
BD DISP NEEDLES	2	
BD DISP NEEDLES	2	
BD DISP NEEDLES	2	
BD DISP NEEDLES	2	
BD DISP NEEDLES	2	
BD ECLIPSE NEEDLE	2	
BD FILTER NEEDLE	2	
BD HYPODERMIC NEEDLE REGULAR BEVEL 26GX5/8"	2	
BD LUER-LOK SYRINGE	2	
BD LUER-LOK SYRINGE	2	
BD LUER-LOK SYRINGE	2	
BD LUER-LOK SYRINGE	2	
BERINERT	2	PA, QL, LD
BOTOX	2	
CHLOROPHYLL	2	
CLONIDINE HCL (ANALGESIA)	1	
CVS HOT STEAM	1	
CYSTAGON	2	LD

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Name of drug	Drug Tier	Restrictions/Limits
DEMSER	2	
DROXIA	2	
ENDARI	2	
FISH OIL-CHOLECALCIFEROL	1	
FLOW-EZE VENTED NEEDLE	2	
GADOTERATE MEGLUMINE	1	
HYALGAN	2	
ICATIBANT ACETATE	1	PA, QL
INSUFロン	2	
KALBITOR	2	PA, QL
LEVOCARNITINE (METABOLIC MODIFIERS)	1	
MONOJECT HYPODERMIC NEEDLE	2	
MONOJECT SYRINGE	2	
MONOJECT SYRINGE	2	
MULTI-DRAW NEEDLE	2	
MULTI-DRAW NEEDLE	2	
MULTI-DRAW NEEDLE	2	
OMEGA DHA	2	
OMEGA-3 FATTY ACIDS	1, 2	
OXBRYTA	2	
PA FISH OIL/VIT D3 TRIPLE ST	1	
PEGINTRON	2	QL
QSYMIA	2	PA, AR
READI-CAT 2	2	
REGADENOSON	1	
SAXENDA	2	PA, QL, AR
SYRINGE 10-12 ML	2	
TADALAFIL	1	PA
TB SYRINGE 1 ML	2	
WEGOVY	2	PA, AR
XENICAL	2	PA, AR
<b>PROTECTIVE AGENTS</b>		
DEXRAZOXANE HCL	1	
MESNA	1, 2	
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
METHYLERGONOVINE MALEATE	1	
<b>PHARMACEUTICAL AIDS</b>		
<b>PHARMACEUTICAL AIDS</b>		
ARZOL SILVER NIT APPLICATORS	1	
ASCORBIC ACID	2	
CAMPBOR	2	
CAMPBOR BLOCKS	2	
CAMPBOR SPIRIT	1	
CAPSULE 1 CLEAR VEGGIE	2	
CARBOPOL 940 NF	2	
CASTELLANI PAINT	2	
CHLORAMPHENICOL	2	
COAL TAR	2	
COLA SYRUP	1	
CRYOSERV	2	

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DELBASE COMPOUNDING	2	
DIETHYLSTILBESTROL	2	
DILTIAZEM HCL	2	
FATTYBLEND	2	
FLAVOR PACKETS	2	
FORMALDEHYDE	1, 2	
HYDROCORTISONE	2	
HYDROCORTISONE MICRONIZED	2	
HYDROXYUREA	2	
HYPROMELLOSE	2	
KETAMINE HCL	2	
KETOPROFEN	2	
LEUCOVORIN CALCIUM	2	
LIDOCAINE	2	
LIDOCAINE HCL	2	
MENTHOL	2	
NATAPRES	2	
NYSTATIN	2	
PCCA LIPODERM BASE	2	
PHENOL	2	
SALICYLIC ACID	2	
SODIUM SILICATE	2	
SULFAMETHOXAZOLE	2	
SULFUR PRECIPITATED	2	
SUSPENDOL-S	2	
SYRSPEND SF PH4	2	
THYMOL	2	
TRIAMCINOLONE ACETONIDE	2	
ULTRASONE	2	
<b>RESPIRATORY TRACT AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
CROMOLYN SODIUM	1	
CROMOLYN SODIUM (MASTOCYTOSIS)	1, 2	
FASENRA	2	PA
MONTELUKAST SODIUM	1	
ZAFIRLUKAST	1	
<b>ANTITUSSIVES</b>		
ALAHIST DM	1, 2	
BENZONATATE	1	
CAPCOF	2	
CAPRON DM	2	
CARBAPHEN CH	2	
CHLO HIST	2	
CHLO TUSS	2	
CHLORPHENIRAMINE-DM	1, 2	
CODITUSSIN DAC	1, 2	
COLD & COUGH DAY/NIGHT CHILD	1	
CORICIDIN HBP DAY/NIGHT COLD	2	
DELSYM COUGH CHILDRENS	2	
DEXTROMETHORPHAN HBR	1, 2	
DEXTROMETHORPHAN-DOXYLAMINE-ACETAMINOPHEN	1, 2	

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DEXTROMETHORPHAN-GUAIFENESIN	1, 2	
DEXTROMETHORPHAN-PHENYLEPHRINE-ACETAMINOPHEN	1	
DOXYLAMINE-DM	1, 2	
DURAFLU	2	
GLENTUSS	1	
GUAIFENESIN-CODEINE	1	
HISTEX-AC	2	
HISTEX-DM	2	
HYDROCOD POLI-CHLORPHE POLI ER	1	
HYDROCODONE BITARTRATE-HOMATROPINE METHYLBROMIDE	1	
M-END DMX	2	
M-END PE	2	
MAR-COF BP	1	
NINJACOF	2	
NINJACOF-A	2	
PHENYLEPHRINE W/ DM-GG	1, 2	
PHENYLEPHRINE-BROMPHENIRAMINE-DM	1, 2	
PHENYLEPHRINE-CHLORPHEN-DM	1, 2	
PHENYLEPHRINE-CHLORPHENIRAMINE W/ DM-GG & APAP	1	
PHENYLEPHRINE-CHLORPHENIRAMINE-DM W/ APAP	1	
PHENYLEPHRINE-DIPHENHYDRAMINE-DM W/ APAP	1	
PHENYLEPHRINE-DIPHENHYDRAMINE-DM-GUAIFENESIN-APAP	1, 2	
PHENYLEPHRINE-DM-GG W/ APAP	1, 2	
PHENYLEPHRINE-DOXYLAMINE-DEXTROMETHORPHAN-ACETAMINOPHE	1, 2	
PHENYLEPHRINE-DOXYLAMINE-DM-GUAIFENESIN-APAP	1, 2	
POLY-HIST DM	2	
PRO-RED AC	2	
PROMETHAZINE W/CODEINE	1	
PROMETHAZINE-DM	1	AR
PROMETHAZINE-PHENYLEPHRINE-CODEINE	1	
PSEUDOEPHED-BROMPHEN-DM	1	
PSEUDOEPHEDRINE W/ DM-GG	1, 2	
PSEUDOEPHEDRINE-DEXCHLORPHENIRAMINE-CHLOPHEDIANOL	1	
PSEUDOEPHEDRINE-DEXCHLORPHENIRAMINE-DEXTROMETHORPHAN	1	
TRIAMINIC COLD/COUGH DAY TIME	1	
VICKS NYQUIL COLD & FLU NIGHT	2	
Y-TUSS	1	
<b>RESPIRATORY AGENTS, MISCELLANEOUS</b>		
CVS SINUS RELIEF DAY/NIGHT	1, 2	
DULERA	2	
EPHEDRINE-GUAIFENESIN	1, 2	
GUAIFENESIN	1, 2	
IODINE STRONG	2	
PHENYLEPHRINE-ACETAMINOPHEN-GUAIFENESIN	1	
PHENYLEPHRINE-GUAIFENESIN	1, 2	
PSEUDOEPHEDRINE-GUAIFENESIN	1, 2	
PULMOZYME	2	
ROFLUMILAST	1	
SODIUM CHLORIDE (INHALANT)	1	
SYMBICORT	2	
<b>VASODILATING AGENTS</b>		

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AMBRISENTAN	1	LD
BOSENTAN	1, 2	LD
VENTAVIS	2	LD
<b>SERUMS, TOXOIDS, AND VACCINES</b>		
<b>SERUMS</b>		
HYPERRHO S/D	2	
<b>TOXOIDS</b>		
ADACEL	2	
DIPHThERIA-TETANUS TOXOIDS DT	2	
INFANRIX	2	
KINRIX	2	
TDVAX	2	
<b>VACCINES</b>		
ABRYVSO	2	
AREXVY	2	
COMIRNATY	2	
ENGERIX-B	2	
FLULAVAL QUADRIVALENT	2	
FLUZONE HIGH-DOSE QUADRIVALENT	2	
HAVRIX	2	
HIBERIX	2	
IMOVAX RABIES	2	
IPOL	2	
IXIARO	2	
M-M-R II	2	
MENACTRA	2	
MENVEO	2	
PEDIARIX	2	
PENTACEL	2	
PNEUMOVAX 23	2	
PREVNAR 13	2	
PREVNAR 20	2	
RABAVERT	2	
ROTARIX	2	
ROTATEQ	2	
SHINGRIX	2	
TICOVAC	2	
TWINRIX	2	
TYPHIM VI	2	
VARIVAX	2	
VIVOTIF	2	
YF-VAX	2	
ZOSTAVAX	2	
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
<b>ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)</b>		
ACYCLOVIR TOPICAL	1	
ADAPALENE-BENZOYL PEROXIDE	1, 2	AR
ALCOHOL, RUBBING	1	
ANTISEPTIC	2	
AZELAIC ACID	1	
BACITRACIN (TOPICAL)	1	

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BACITRACIN ZINC	1	
BACITRACIN-POLYMYXIN B	1, 2	
BACTROBAN NASAL	2	
BENZOYL PEROXIDE	1, 2	AR
BENZOYL PEROXIDE-ERYTHROMYCIN	1	AR
BIORX SPONIX ANTI-FUNGAL	2	
CA-REZZ NORISC	1, 2	
CICLOPIROX	1	
CICLOPIROX OLAMINE	1	
CLINDAMYCIN PHOSPHATE (TOPICAL)	1, 2	AR
CLINDAMYCIN PHOSPHATE VAGINAL	1, 2	
CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE	1, 2	AR
CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE (REFRIGERATE)	1	AR
CLINDESSE	2	
CLOTRIMAZOLE (TOPICAL)	1, 2	
CLOTRIMAZOLE VAGINAL	1	
CLOTRIMAZOLE W/ BETAMETHASONE	1	
DOCOSANOL	1	
ECONAZOLE NITRATE	1	
ERYTHROMYCIN (ACNE AID)	1	AR
ETHYL ALCOHOL (SKIN CLEANSER)	1, 2	
FEM PH	2	
FUNGI-NAIL TOE & FOOT	2	
GENTAMICIN SULFATE (TOPICAL)	1	
GENTIAN VIOLET	1	
GERMBLOC HEALTH	1	
IODINE STRONG	1	
ISOPROPYL ALCOHOL	1	
IVERMECTIN (PEDICULICIDE)	1	
KERR TRIPLE DYE SWABS	1	
KETOCONAZOLE (TOPICAL)	1	
LOTRIMIN ULTRA	2	
METRONIDAZOLE (TOPICAL)	1	
METRONIDAZOLE VAGINAL	1, 2	
MICONAZOLE NITRATE (TOPICAL)	1, 2	
MICONAZOLE NITRATE VAGINAL	1	
MUPIROCIN	1	
MUPIROCIN CALCIUM (TOPICAL)	1	
NEOMYCIN-BACITRACIN-POLYMYXIN	1	
NEOMYCIN/POLYMYXIN B GU	1	
NEOSPORIN PLUS PAIN RELIEF MS	1	
NYSTATIN (TOPICAL)	1	
OXYZAL WET DRESSING	2	
PERMETHRIN	1, 2	
POVIDONE-IODINE	1, 2	
PROCOMYCIN	2	
PYRETHRINS-PIPERONYL BUTOXIDE	1	
PYRETHRINS-PIPERONYL BUTOXIDE-PERMETHRIN-NIT REMOVER	1	
PYRITHIONE ZINC	1	
RA LICE SOLUTION	1	
SELENIUM SULFIDE	1, 2	

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Name of drug	Drug Tier	Restrictions/Limits
SILVER SULFADIAZINE	1	
SODIUM HYPOCHLORITE	1, 2	
SULFACETAMIDE SODIUM (ACNE)	1	
SULFAMYLON	2	
TERBINAFINE HCL (TOPICAL)	1, 2	
TERCONAZOLE VAGINAL	1	
TOLNAFTATE	1	
UNDELENIC	1	
<b>ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)</b>		
AMCINONIDE	1	
BETAMETHASONE DIPROPIONATE (TOPICAL)	1	
BETAMETHASONE DIPROPIONATE AUGMENTED	1	
BETAMETHASONE VALERATE	1	
CLOBETASOL PROPIONATE	1	
CLOBETASOL PROPIONATE EMOLLIENT BASE	1	
CLOBETASOL PROPIONATE EMULSION	1	
CORTIFOAM	2	
DESONIDE	1	
DESOXIMETASONE	1	
DICLOFENAC SODIUM (TOPICAL)	1	
DIFLORASONE DIACETATE	1	
EUCRISA	2	PA, QL
FLUOCINOLONE ACETONIDE	1	
FLUOCINONIDE	1	
FLUTICASONE PROPIONATE	1	
HALOBETASOL PROPIONATE	1	
HYDROCORTISONE (INTRARECTAL)	1	
HYDROCORTISONE (RECTAL)	1, 2	
HYDROCORTISONE (TOPICAL)	1	
HYDROCORTISONE ACETATE (TOPICAL)	1	
HYDROCORTISONE BUTYRATE	1	
HYDROCORTISONE VALERATE	1	
MOMETASONE FUROATE	1	
NYSTATIN-TRIAMCINOLONE	1	
PREDNICARBATE	1	
TRIAMCINOLONE ACETONIDE (MOUTH)	1	
TRIAMCINOLONE ACETONIDE (TOPICAL)	1	
<b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>		
ACTISEP	2	
ALIVIO	2	
BENZOCAINE (DENTAL)	1, 2	
BENZOCAINE (TOPICAL)	1	
BENZOCAINE-TRICLOSAN	1	
BURN RELIEF/LIDOCAINE/ALOE	1	
CAMPHOR & MENTHOL	1, 2	
COLD SORE PRODUCTS	1	
DERMAGESIC	2	
DERMOPLAST	2	
DIBUCAINE	1	
DIPHENHYDRAMINE HCL (TOPICAL)	1	
DIPHENHYDRAMINE-ZINC ACETATE	1, 2	

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Name of drug	Drug Tier	Restrictions/Limits
ETHYL CHLORIDE	1	
HYDROCORTISONE ACE-PRAMOXINE	1, 2	
ITCH-X	2	
LIDOCAINE	1	
LIDOCAINE (ANORECTAL)	1, 2	
LIDOCAINE HCL	1, 2	
LIDOCAINE-BENZALKONIUM	1, 2	
LIDOCAINE-HYDROCORTISONE ACETATE (RECTAL)	1	
LIDOCAINE-MENTHOL	1, 2	
LIDOCAINE-PRILOCAINE	1	
LIDOPRO	2	
LIDOPRO	2	
PRAMOXINE HCL (RECTAL)	1	
PRAMOXINE-CALAMINE	1	
PRAMOXINE-MENTHOL	1	
PRAMOXINE-PHENYLEPHRINE-GLYCERIN-PETROLATUM	1	
PRAMOXINE-ZINC ACETATE	1	
PRAX	2	
TECNU FIRST AID	2	
VIVA	2	
<b>CELL STIMULANTS AND PROLIFERANTS</b>		
KEPIVANCE	2	
TRETINOIN	1, 2	AR
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS</b>		
ACITRETIN	1	
ADAPALENE	1, 2	AR
ADBRY	2	PA
ALA SEB T	1	
ALOE GRANDE	2	
ALOE VESTA SKIN PROTECTANT	2	
ALUMINUM HYDROXIDE	1	
ALUMINUM SULFATE & CALCIUM ACETATE	1	
ATOPICLAIR	1, 2	
AVO CREAM	1	
BALNEOL	2	
CALAGEL MAXIMUM STRENGTH	2	
CALAMINE	1	
CALAMINE	1	
CALAMINE PHENOLATED	1	
CALCIPOTRIENE	1	
CALMOL-4	2	
CAMPBOR & PHENOL	1, 2	
CAMPBOR-MENTHOL-METHYL SALICYLATE	1, 2	
CAMPHOTREX	2	
CAPSAICIN	1, 2	
CAPSAICIN-MENTHOL-METHYL SALICYLATE	1, 2	
CASTIVA COOLING	2	
CAVILON EMOLLIENT	2	
CAVILON FOOT & DRY SKIN	2	
CAVILON ONE-STEP SKIN CARE	2	
COAL TAR EXTRACT	1, 2	

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Name of drug	Drug Tier	Restrictions/Limits
COLLOIDAL OATMEAL	1	
CUTTER BACKWOODS	1	
CVS CLEANSING SKIN	1	
CVS PROTECTIVE	1	
CVS SALINE WOUND WASH	1	
DERMACLOUD	2	
DERMAPLEX	2	
DIAPER RASH PRODUCTS	1	
DIMETHICONE (TOPICAL)	1, 2	
DIMETHICONE-ZINC OXIDE-VITAMIN A-VITAMIN D	1	
DRITHO-CREME HP	2	
DUPIXENT	2	PA, QL, AR
DY-O-DERM VITILIGO STAIN	2	
ELIDEL	2	PA, QL
EMOLLIENT	1, 2	
FLUOROURACIL (TOPICAL)	1	
GLYCERIN & ROSE WATER	1	
GLYCERIN (TOPICAL)	1	
GORDOMATIC	2	
GORDONS-VITE A	1	
HYDROPHILIC PETROLATUM	2	
HYLENEX	2	
HYPERCARE	1	
HYPOCYN	2	
IMIQUIMOD	1, 2	
ISOTRETINOIN	1	
LACTIC ACID (AMMONIUM LACTATE)	1	
LANOLIN ANHYDROUS	2	
LANOLIN-PETROLATUM	1, 2	
LINIMENTS & RUBS	1	
LIQUIMAT	1, 2	
MENTHOL (TOPICAL ANALGESIC)	1	
MENTHOL-ZINC OXIDE	1, 2	
METHYL SALICYLATE	1, 2	
MINERAL OIL LIGHT	1	
MINERAL OIL-HYDROPHIL PETROLAT	1	
NATRAPEL 12-HOUR TICK/INSECT	1, 2	
P & S	2	
PHENYLEPHRINE-COCOA BUTTER	1	
PHENYLEPHRINE-WITCH HAZEL	1	
PODOFILOX	1	
PREPARATION H	2	
RA ACNE MAXIMUM	1	
RASH RELIEF	1, 2	
REZAMID	2	
SALICYLIC ACID	1, 2	
SALICYLIC ACID & SULFUR	2	
SANTYL	2	
SCAR TREATMENT PRODUCTS	2	
SECURA TWO-STEP	2	
SENSI-CARE BODY	2	

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Name of drug	Drug Tier	Restrictions/Limits
SENSI-CARE PROTECTIVE BARRIER	2	
SKIN OILS	1	
SKIN PROTECTANTS, MISC.	1, 2	
SWEEN	1	
TACROLIMUS (TOPICAL)	1	PA
TARGRETIN	2	
TIGER BALM PAIN RELIEVING	2	
TROLAMINE SALICYLATE	1	
UREA	1, 2	
VITA-RAY	2	
VITAMIN E & C BEAUTY LOTION	1	
VITAMIN E & K BEAUTIFUL SKIN	1	
VITAMIN E (TOPICAL)	1, 2	
VITAMIN E BEAUTY	1	
VITAMINS E & A BEAUTY OIL	1	
VITAMINS E & D BEAUTY OIL	1	
WITCH HAZEL (HAMAMELIS VIRGINIANA)	1	
WOUND CLEANSERS	1, 2	
ZINC OXIDE (TOPICAL)	1, 2	
<b>SMOOTH MUSCLE RELAXANTS</b>		
<b>SMOOTH MUSCLE RELAXANTS</b>		
DARIFENACIN HYDROBROMIDE	1	
FLAVOXATE HCL	1	
MYRBETRIQ	2	
OXYBUTYNIN CHLORIDE	1	
SOLIFENACIN SUCCINATE	1	
THEOPHYLLINE	1	
TOLTERODINE TARTRATE	1	
TOVIAZ	2	
TROSPIUM CHLORIDE	1	
<b>VITAMINS</b>		
<b>VITAMINS</b>		
ABATRON	2	
APETIGEN-PLUS	1	
AQUADEKS	1, 2	
ASCORBIC ACID	1, 2	
B COMPLEX W/ C	1	
B-COMPLEX VITAMINS	1	
B-COMPLEX W/ C & CALCIUM	1	
B-COMPLEX W/ C & FOLIC ACID	1	
B-COMPLEX W/ FOLIC ACID	1	
B-COMPLEX W/ MINERALS	1, 2	
B-COMPLEX W/BIOTIN & FOLIC ACID	1	
BAL-CARE DHA	2	
BLADDER 2.2	2	
BONE DENSITY	1	
CADEAU DHA	2	
CALCET PETITES	1	
CALCITRIOL	1	
CALCIUM & PHOSPHORUS W/ VITAMIN D	1	
CALCIUM ASCORBATE	1, 2	

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Name of drug	Drug Tier	Restrictions/Limits
CALCIUM CARBONATE	1, 2	
CALCIUM CARBONATE-CHOLECALCIFEROL	1, 2	
CALCIUM CARBONATE-VITAMIN D	1	
CALCIUM CARBONATE-VITAMIN D W/ MINERALS	1, 2	
CALCIUM CITRATE	1, 2	
CALCIUM CITRATE MALATE-VIT D	1	
CALCIUM CITRATE-VITAMIN D	1	
CALCIUM GLUCONATE	1	
CALCIUM LACTATE	1, 2	
CALCIUM PANTOTHENATE	1	
CALCIUM PHOSPHATE-CHOLECALCIFEROL	1	
CALCIUM SOFT CHEWS	1	
CALCIUM W/ MAGNESIUM	1, 2	
CALCIUM-MAGNESIUM-ZINC	1	
CARBONYL IRON	1	
CENTRUM SPECIALIST PRENATAL	1, 2	
CHELATED CALCIUM	2	
CHEWABLE IRON	2	
CHOLECALCIFEROL	1, 2	
CHROMIUM	2	
CHROMIUM PICOLINATE	1	
CITRANATAL 90 DHA	2	
CITRANATAL B-CALM	2	
CITRANATAL HARMONY	2	
CITRANATAL RX	2	
CLASSIC PRENATAL	1, 2	
COD LIVER OIL	1	
COMPLETE NATAL DHA	1, 2	
CONCEPT DHA	2	
CONCEPT OB	1, 2	
CORAL CALCIUM	1	
CVS PRENATAL GUMMY	1	
CYANOCOBALAMIN	1, 2	QL
DIALYVITE 800 PLUS D	2	
DIALYVITE 800/IRON	1	
DIALYVITE/ZINC	2	
DOCOSAHEXAENOIC ACID	1	
ECEE PLUS	2	
ELITE-OB	2	
ERGOCALCIFEROL	1, 2	
ESCAVITE LQ	2	
FERRAPLUS 90	1	
FERRETTS	1	
FERRETTS IPS	2	
FERROUS FUMARATE W/ B12-VIT C-FA-IFC	1	
FERROUS FUMARATE-FA-B COMPLEX-C-ZN-MG-MN-CU	1, 2	
FERROUS GLUCONATE	1	
FERROUS SULFATE	1, 2	
FERROUS SULFATE DRIED	1	
FLORICAL	2	
FOLET DHA	2	

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Name of drug	Drug Tier	Restrictions/Limits
FOLGARD	2	
FOLGARD OS	2	
FOLIC ACID	1, 2	
FOLIC ACID-VITAMIN B6-VITAMIN B12	1, 2	
FOLITAB 500	1	
FOLIVANE-F	1	
FOLIVANE-PLUS	1	
FUSION	2	
HEMATINIC/FOLIC ACID	1	
HEMATOGEN FA	2	
HONEY BEARS	1	
INFED	2	
INTEGRA	2	
IRON 21/7	2	
IRON COMBINATIONS	1, 2	
IRON-DOCUSATE-B12-FOLIC ACID-VIT C-VIT E-COPPER-BIOTIN	2	
IRON-FOLIC ACID-VITAMIN C-VITAMIN B6-VITAMIN B12-ZINC	1	
IRON-VITAMIN C	1, 2	
IRON-VITAMIN C-VITAMIN B12-FOLIC ACID	1	
KPN PRENATAL	1, 2	
LIPOTRIAD VISIONARY	1	
MAG-TAB SR	2	
MAGNESIUM	1, 2	
MAGNESIUM CHLORIDE	1	
MAGNESIUM FIZZ-PLUS	2	
MAGNESIUM GLUCONATE	2	
MAGNESIUM OXIDE	1, 2	
MAGNESIUM OXIDE (MG SUPPLEMENT)	1	
MONOCAL	2	
MULTIGEN	2	
MULTIGEN FOLIC	2	
MULTIGEN PLUS	2	
MULTIPLE MINERALS W/ VITAMINS	1	
MULTIPLE VITAMINS W/ CALCIUM	1, 2	
MULTIPLE VITAMINS W/ IRON	1	
MULTIPLE VITAMINS W/ MINERALS	1, 2	
MYNATE 90 PLUS	1	
NIACIN	1	
NIACINAMIDE	1	
NU-MAG	1	
OBSTETRIX DHA	2	
OBSTETRIX EC (WITH DOCUSATE)	2	
ONE-A-DAY ADULT VITACRAVES+DHA	2	
PA PRENATAL FORMULA	1, 2	
PEDIATRIC MULTIPLE VITAMINS	1, 2	
PEDIATRIC MULTIPLE VITAMINS W/ IRON	1, 2	
PEDIATRIC MULTIVITAMINS W/FL	1	
PEDIATRIC VITAMINS ACD W/ FLUORIDE	1	
PERIDIN-C	1	
PHOS-NAK	2	
PHYTONADIONE	1	

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Name of drug	Drug Tier	Restrictions/Limits
PNV-DHA	1	
PNV-OMEGA	1	
PNV-SELECT	1	
POLYSACCHARIDE IRON COMPLEX	1, 2	
PRENATAL FORMULA	1, 2	
PRENATAL FORMULA A-FREE	2	
PRENATE	2	
PRENATE PIXIE	2	
PROFERRIN ES	2	
PROFERRIN-FORTE	2	
PROVIDA DHA	2	
PYRIDOXINE HCL	1	
RA CALCIUM-BORON	1	
RA OYSTER SHELL CALCIUM/D2	1	
RIBOFLAVIN	1	
SELECT-OB	2	
SELENIUM	1	
SLOW MAGNESIUM/CALCIUM	1	
SM CORAL CALCIUM	1	
SODIUM FLUORIDE	1	
TANDEM	2	
TARON FORTE	1	
TARON-PREX	1	
THERANATAL OVAVITE	2	
THIAMINE HCL	1	
THIAMINE MONONITRATE	1	
TRI-VI-SOL A/C/D	1	
ULTRA PRENATAL + DHA	2	
VITAFOL ULTRA	2	
VITAMIN A	1	
VITAMIN A-BETA CAROTENE	2	
VITAMIN E	1	
VITAMINS A & D	1	
ZINC	1	
ZINC + VITAMIN C	1	
ZINC GLUCONATE	1	
ZINC SULFATE	1, 2	

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### **Nondiscrimination Statement**

It is the policy of Sentara Health and Kaiser Foundation Health Plan of the Mid-Atlantic, Inc. (Kaiser Health Plan) not to discriminate on the basis of race, color, national origin, sex, age or disability. Sentara Health and Kaiser Health Plan have adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Kaiser Civil Rights Coordinator, 2101 East Jefferson Street, Rockville, MD 20852, telephone number: 1-800-777- 7902, who has been designated to coordinate the efforts of Sentara Health and Kaiser Health Plan to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for Sentara Health and Kaiser Health Plan to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

#### Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of Sentara Health and Kaiser Health Plan relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.



- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

Sentara Health and Kaiser Health Plan will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.



### Interpreter Services Are Available for Free

**ATTENTION:** *If you speak [language], language assistance services, free of charge, are available to you. Call 855-249-5025 (TTY: 711).*

#### English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-855-249-5025 (TTY: 711)**.

#### Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-249-5025 (TTY: 711)**.

#### Amharic

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-855-249-5025 (TTY: 711)**.

#### Arabic

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-855-249-5025 (TTY: 711)**.

#### Bassa

Dè dɛ nià kɛ dyédé gbo: ɔ jũ ké m̀ Bàsóò-wùdù-po-nyò jũ ní, nií, à wuɖu kà kò dò po-poò béin m̀ gbo kpáa. Đá **1-855-249-5025 (TTY: 711)**.

#### Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-855-249-5025 (TTY: 711)**。

#### Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-855-249-5025 (TTY: 711)** تماس بگیرید.

#### French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-855-249-5025 (TTY: 711)**.



### **Gujarati**

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-855-249-5025** (TTY: **711**).

### **French Creole / Haitian Creole**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-855-249-5025** (TTY: **711**).

### **Igbo**

NRUBAMA: O bụrụ na i na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ **1-855-249-5025** (TTY: **711**).

### **Korean**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-855-249-5025** (TTY: **711**) 번으로 전화해 주십시오.

### **Portuguese**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-855-249-5025** (TTY: **711**).

### **Russian**

ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-855-249-5025** (TTY: **711**).

### **Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-855-249-5025** (TTY: **711**).

### **Urdu**

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔  
کال کریں **1-855-249-5025** (TTY: **711**)۔

### **Vietnamese**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-855-249-5025** (TTY: **711**).

### **Yoruba**

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-855-249-5025** (TTY: **711**).