



2017 Member Formulary

*Preferred Drug List
Generic Medication Policy
Dispensing Limitations
Prescribing Guidelines*

2017 Formulario de Miembros

*Lista de Medicamentos Preferidos
Reglas de Medicamentos Genéricos
Dispensando Limitaciones
Directriz de Recetas*

FORMULARY

Contents

Your Pharmacy Benefit Plan	1
NPS Online	2
Generic Medications	2
Notice: Members With Diabetes	4
The Drug Formulary	6
Development of the Drug Formulary	7
Mental Health Parity Act	7
Pharmacy and Therapeutics (P&T) Committee	7
Product Selection Criteria	7
Formulary Control Measures	8
Formulary Modifications/Questions	8
Tiered Formulary Copayment Structure	8
Formulary Alternatives	8
Therapeutic Interchange Policy	8
Generic Drug Policy	8
Over-the-Counter (OTC) Medications	9
Off-Label Use of Medications	9
Experimental Medications	9
Tablet Splitting	9
Maintenance and Non-Maintenance Medications	9
New Drugs Introduced Into the Consumer Market	10
Prior Authorization (and List of Drugs Subject to Prior Authorization)	10
Step Therapy (and List of Drugs Subject to Step Therapy)	12
Dispensing Limitation List	14
Preventive Medications	18
Member Bill of Rights	18
En Español	19
Introducción	19
Desarrollo del Formulario de Drogas	19
Ley De Paridad De Salud Mental	19
Comité de Farmacia y Terapéuticos (P&T)	19
Criterios de Selección de Productos	19
Formulario Medidas Para Controlar	20
Modificación / Preguntas del Formulario	20
Estructura de Formulario de Tres Niveles de Co-Pago	20
Alternativas del Formulario	20
Política del Intercambio Terapéutico (TI)	20
Política de Drogas Genéricas	21
Medicamentos Sin Receta (OTC)	21
Fuera de la Etiqueta del Uso de Medicamentos	21
Medicamentos Eperimentados	21
Pastilla Para Cortar	22
Mantenimiento y Medicamentos Sin Mantenimiento	22
Nuevos Medicamentos Introducidos Al Mercado de Consumo	22
Autorización Previa	22
Terapia de Paso	22
Lista de Limitación Para Dispensar	23
Medicamentos Preventivos	23
Miembros de Proyecto de Ley de Derechos	23
Formulary Drug List	24
Specialty Pharmacy Products	31
Non-Preferred Formulary Medications and Preferred Alternatives	33
Preferred Brand Name Medications	33
Nondiscrimination Statement	36

Your Pharmacy Benefit Plan

Here's everything you should know about your benefits

Name: _____

Address: _____



Your health plan administrator has partnered with National Pharmaceutical Services (NPS) to manage your prescription drug benefit program. Together, we'll ensure you have access to safe, effective, and affordable medications.

Plan Formulary

This booklet contains the list of medications covered by your plan, along with cost information (your plan coverage may vary, and may include a deductible as well as copay/coinsurance).

This formulary reflects the current judgment of a Pharmacy and Therapeutics (P&T) Committee, which consists of independent doctors, pharmacists, and medical experts. To view the most current version of this formulary, visit www.pti-nps.com.

Pharmacy Network

More than 66,300 pharmacies — including almost all chain and independent pharmacies — are a part of the NPS Pharmacy Network. Visit www.pti-nps.com to view the most up-to-date list of pharmacy providers or to search for a pharmacy near you. If you have questions, or want to know if a pharmacy is part of your plan's preferred network, call us at 1 (800) 546-5677 — we're here 24/7.

Plan ID Card

To get the most from your plan, just show your plan ID card when picking up your prescription. It's that simple. In a split second, your ID card will communicate with the NPS database to review for life-threatening drug interactions, potential allergies, improper doses, and more, all while ensuring you get the best price possible.

Generic Utilization

Your plan is structured to utilize generics to save you money. Of course, if you or your physician prefer a brand name drug, you simply pay the copay plus the difference between the brand and generic prices.

Prior Authorization

For your safety, high-risk or high-cost drugs may require prior authorization to be eligible for coverage, in which case your doctor can call NPS at (800) 546-5677.



Have a question?

If you ever have a question about your medications, billing, or your plan, NPS support specialists are available 24/7.

Call 1 (800) 546-5677

NPS Online

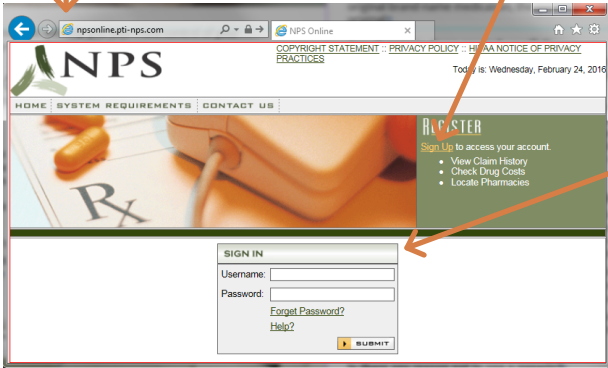
Up-to-date information about your prescription drug benefits

NPS Online is a powerful tool that will help you take more control of your medications. Here's what you can do with NPS Online:

- View claim history.
- Review drug pricing.
- Print your prescription history.
- Access information about medications you or your family members receive.
- Check if your medication is a preferred drug.
- See if a lower cost generic formulation of a drug is available.
- Find directions to local pharmacies in your network.
- Much, much more — new tools and resources are constantly being added to NPS Online.

Access NPS Online

- 1 Visit nponline.pti-nps.com
- 2 Click "Sign Up"
- 3 You'll be asked to provide your information exactly as it appears on your plan ID card.
- 4 You'll receive an email verifying your account. Visit nponline.pti-nps.com, use your email address as your username and the password provided in the verification email to sign in.

A screenshot of the NPS Online website. The browser address bar shows 'nponline.pti-nps.com'. The page features the NPS logo, navigation links (HOME, SYSTEM REQUIREMENTS, CONTACT US), and a 'REGISTER' section with a 'Sign Up' button. Below the register section is a 'SIGN IN' form with fields for Username and Password, and links for 'Forgot Password?' and 'Help?'. A 'SUBMIT' button is at the bottom of the form. Orange arrows and numbers 1-4 point to the URL, the Sign Up button, the Register section, and the Sign In form respectively.

Generic Medications

High quality does not have to come at a high price

The term generic is usually used to describe a less-expensive product that is an imitation of a brand-name product. When you buy a generic version of a household product in a store, you may pay less for a lower quality product, sacrificing quality to save money. The same is not true for generic medications.

A generic drug is identical, or bioequivalent, to a brand-name drug. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the brand-name drug.

In 2010, the average price of a generic prescription was 80 to 85% less than the average price of a brand-name drug. According to the IMS Institute, the average copay for about 75% of all prescriptions covered by commercial insurance plans was \$10 or less, but \$40 on average for branded drugs.

When does a generic version of a drug become available?

In the U.S., a company that develops a new drug can be granted a patent for the drug itself, the way it's made, and/or how it will be used. Patents generally grant the company exclusive rights to a drug for 20 years. After a patent expires, other companies may sell a generic version of the drug. Because generic manufacturers do not have to pay as much for research and development, sales, or marketing as the original brand-name medication, the generic price is typically much less than the original.

Are all generic drugs created equally?

The Food and Drug Administration (FDA) works with pharmaceutical companies to ensure drugs (both brand and generic) meet specific requirements for quality, strength, purity, and potency.

To gain FDA approval, a generic drug must 1) contain the same active ingredients, 2) be identical in strength, dosage form, and route of administration, 3) have the same use indications, 4) be bioequivalent to the brand-name drug, and 5) meet the same requirements for identity, strength, purity, and quality as the brand-name drug. Finally, generic drugs must be manufactured under the strict standards of the FDA's good manufacturing practice regulations.

Who makes generic drugs? Are generics different?

Some generics are made by the same pharmaceutical companies that make the brand-name drugs. Others are made by pharmaceutical companies that specialize in manufacturing generics. In all cases, all prescription medications (whether brand or generic) must meet the same rigid federal standards for quality, strength, and purity.

While generics have the same active ingredient as the brand-name medication, the inactive ingredients may be different. Inactive ingredients are fillers that are added to the medication to give it a certain color or to make a tablet a certain size. For legal reasons, a generic drug differs from its trade-name counterpart in size, color, and shape. The generic medication can sometimes look very different from the original brand-name medication.

Is there any reason not to use a generic?

Sometimes generics are available but can't be freely substituted for the original drug because no standards for comparison have been established by the FDA. These products may be sold but are not considered equivalent and may be substituted only under the supervision of your physician.

Each year, the FDA publishes *Approved Drug Products With Therapeutic Equivalence Evaluations* (also known as 'the orange book' because it has a bright orange cover). The book is available to anyone. Doctors and pharmacists use it as a guide for which generic drugs can and cannot be considered identical to their brand-name counterparts.

If you ever have a question, your doctor or pharmacist can explain which generic drugs are acceptable substitutes.

Choosing a generic is a simple way to save. Big time.

You will save significant money each time you choose a generic medication over a brand-name medication and you will not be compromising quality. As a member of your plan, you also receive the advantages of NPS network pricing with automatic price checking so you get the lowest price available when your prescription is filled.

Notice: Members With Diabetes




Get a new blood glucose meter



NPS offers a valuable program for members with diabetes. If you have diabetes and use a blood glucose meter with testing strips to measure and monitor your blood sugar levels, you have the opportunity to receive a new Abbott blood glucose meter at the plan copay or no cost. The Abbott Diabetes Care meters and test strips (FreeStyle Lite[®], FreeStyle Freedom Lite[®], FreeStyle InsuLinx[®], and the Precision Xtra[®]) are the only formulary choices for blood glucose meters. Other brands of meters and test strips are non-formulary and will be subject to prior authorization.

The FreeStyle glucose meter is specially designed for painless, alternate-site testing. The meter eliminates virtually all the pain and thereby encourages good diabetes testing habits. The FreeStyle meter utilizes samples from multiple test sites — not just fingertips, but also less sensitive sites like thighs, calves, forearms, and upper arms. Below is a comparison chart of important features of the blood glucose meters and corresponding test strips. You can take advantage of this preferred meter today with one of the options listed below — and reduce your out-of-pocket costs.

Blood Glucose Meter Choices

			
System Brand	FREESTYLE LITE™	FREESTYLE FREEDOM LITE®	PRECISION XTRA®
Sample Size	0.3µL	0.3µL	0.6µL
Test Time	~5 sec	~5 sec	5 sec
Accuracy: Minimizes Effects of Common Interfering Substances ¹	Yes	Yes	Yes
Ability to Reapply Second Blood Drop	Yes, 60 sec	Yes, 60 sec	Yes, 5 sec
Backlight	Yes	No	Yes
Test Strip Port Light	Yes	No	No
Approved Test Sites	Fingertips, hands, forearm, upper arm, thigh, calf	Fingertips, hands, forearm, upper arm, thigh, calf	Fingertips, palm, forearm, upper arm
Sample Fill Technique	Side	Side	End or Top
Calibration Type	No Coding	No Coding	SmartChip Strip
Ketone Testing	No	No	Yes
Hematocrit Range	15-65%	15-65%	30-60%
Height of Read-out (mm)	10	20	19

To get your new blood glucose meter, do one of the following:

- 1. Visit www.meters.abbottdiabetescare.com** to select a new meter, which will be shipped to you directly from Abbott. When asked for which Health Insurance Company please select “NPS (National Pharmaceutical Services).”
- 2. Visit your local pharmacy.** Your pharmacy can process a meter for you. You may be responsible for a copayment, depending upon your plan’s benefits.

You will need to obtain a new prescription from your healthcare provider for the test strips for the FreeStyle Lite®, FreeStyle Freedom Lite®, or the Precision Xtra® meters. Your old test strips will not work in the new the meter, nor will these prescription claims for your old test strips process under the NPS pharmacy benefit.* Blood glucose test strips are over-the-counter items and prescriptions are only required for claims processing to access your benefits. In many cases, you may ask your pharmacist to call your healthcare provider for you to get a prescription for the new test strips.

Have questions?

Just call the NPS Help Desk at 1 (800) 546-5677.

**If you choose to use a test strip that is not FreeStyle®, FreeStyle Lite®, or Precision Xtra® your doctor can submit a request for prior authorization. If approved according to our criteria, your prescription will be covered at the non-formulary/non-preferred cost-sharing level. If denied, the test strips will not be covered and you would need to pay the full cost in order to continue using them.*

The Drug Formulary

For the most up-to-date information about the NPS national formulary, please visit our website at www.pti-nps.com. This Formulary includes most, but not all, therapeutic classes of prescription drugs and is subject to change at any time upon review by NPS. The NPS national formulary is reviewed each quarter by a Pharmacy and Therapeutics (P&T) Committee.

The inclusion of a drug on this list does not imply coverage under all plans. Coverage of listed products will be subject to limitations of the prescription drug benefit plan design. Members should consult their prescription drug benefit manual or contact a customer service representative to determine specific coverage.

The Formulary applies only to outpatient prescription medications dispensed by participating pharmacies. It does not apply to inpatient medications or the medications obtained from and/or administered by a physician. All information in the Formulary is provided as a reference for drug therapy selection. Physicians and pharmacists are encouraged to review the Formulary and utilize it when prescribing for our members. This is extremely important since a member's prescription benefit is based on medications being prescribed from the Formulary. The Formulary is not intended to interfere with independent medical judgment that is based upon the patient-physician relationship. The final choice of specific drug selection for an individual patient rests solely with the prescriber. Products on the Formulary may not include all strengths or dosage forms associated with the brand name product. All drugs included on the Formulary are not necessarily covered by each member's prescription drug benefit plan.

Development of the Drug Formulary

The multitude of drugs available in the consumer market makes it mandatory that plans introduce a sound program of drug usage. This tool is developed to ensure members receive the best care and protection possible in a cost-effective manner. Such a program should involve the thorough evaluation, selection, and use of medicinal agents. This is the basis for rational drug therapy. The concept of a Formulary provides a method for achieving rational drug therapy in a cost-effective manner, while providing optimal therapeutic outcomes for the member. The Formulary is the cornerstone of drug therapy quality assurance and cost containment efforts. A Formulary supports and maximizes the effectiveness of prescribing guidelines and protocols for therapy. As such, the development and maintenance of the Formulary is necessarily an ongoing and dynamic process.

The Formulary is a continually revised compilation of pharmaceuticals which reflects the current clinical judgment of the Pharmacy and Therapeutics (P&T) Committee as they evaluate, appraise, and select from available medicinal agents and dosage forms that are considered most useful in patient care. The P&T Committee considers published scientific and clinical data, treatment guidelines, FDA approved indications, plan utilization, and cost in the selection process. The P&T Committee endeavors to make the Formulary comprehensive, proactive, and easy to use.

The Formulary system also serves other purposes. By minimizing duplication, it lowers the costs to clients of NPS of providing the prescription drug card benefit to members. All of these factors result in reduced drug costs for the drug benefit plan. Some drugs included in the Formulary may be excluded from coverage under certain benefit plans. The Formulary is designed around the drug product's ability to restore the member's health and sustain or improve their quality of life. We invite your suggestions to improve the format or content. On behalf of our self-insured employer groups, plan members, and all at-risk plans, we want to thank you for your cooperation in using our global Formulary.

Mental Health Parity Act

The Mental Health Parity and Addiction Equity Act referred to as (MHPEA) of 2008 and its accompanying interim final rules require that management for mental health and substance use disorder medications follow the same development approach and rules as medications for other conditions.

The NPS formulary has subdivided the prescription drug classification into tiers and applies the general parity requirement separately to each tier of prescription drug benefits. For plans that impose different levels of financial requirements on different tiers (i.e. a tiered benefit plan) of prescription drugs, these factors are based on reasonable factors (such as cost, efficacy, generic versus brand name, and mail order versus pharmacy pick-up), and determined in accordance with the requirements for non-quantitative treatment limitations, and without regard to whether a drug is generally prescribed with respect to medical/surgical benefits or mental health or substance use disorder benefits. Since the NPS formulary and tiering structure is developed the same with the same principles applied to all categories of medication, with no specific criterion differentiating mental health drugs, and does not require more restrictive requirements for drugs prescribed for mental health conditions and substance use disorders than any other general medical/surgical use drug. The NPS formulary is in compliance with this regulation.

Pharmacy and Therapeutics (P&T) Committee

The P&T Committee includes physicians and pharmacists. They must adhere to the standards of the ethics policy set forth by the P&T Committee. They review the medications in each therapeutic class for efficacy, adverse events, and cost of treatment, and then select agents in each category for inclusion/exclusion in the Formulary. The maintenance of the Formulary is a dynamic process, and new medications and information concerning existing medications are continually reviewed by the P&T Committee.

Product Selection Criteria

When a new drug is considered for Formulary inclusion, an attempt will be made to examine the drug relative to similar drugs currently on Formulary. In addition, entire therapeutic classes are periodically reviewed. The class review process may result in deletion or non-formulary (NF) status of drug(s) in a particular therapeutic class, in an effort to continually promote the most clinically useful and cost-effective agents. A central factor in successful management of the Formulary is the review and evaluation of the drug products available in the consumer market and a means to make changes to the Formulary in response to changing therapies and economic factors. The P&T Committee utilizes the following criterion in the evaluation of product selection for the Formulary:

1. The drug product must demonstrate unequivocal safety for medical use.
2. The drug product must be efficacious and be medically necessary for the treatment, maintenance, or prophylaxis of a medical condition.
3. The drug product does not have alternative/similar agents on the Formulary that could be substituted.
4. The drug product must demonstrate a therapeutic outcome.
5. The medical community must accept the drug product for use.
6. The drug product must have an equitable cost ratio for the treatment of the medical condition.

Formulary Control Measures

To promote the most appropriate utilization of selected high risk or higher cost medications, NPS will use one of or a combination of the following to enforce Formulary compliance. (1) NDC lock and block at the point of sale, (2) Formulary filling fee incentives for pharmacists, (3) copay differentials for members, (4) online Formulary messaging, (5) prior authorization, (6) dollar limits per claim before prior authorization and (7) quantity limitations. The P&T Committee has established Formulary criteria with input from participating physicians and consideration of current medical literature.

Formulary Modifications/Questions

If a physician requests that a new or existing medication be considered for addition to the Formulary, a letter indicating the significant advantages of the drug product over current Formulary medications in this class should be mailed to the following address: Chairman, Pharmacy and Therapeutics Committee • Pharmaceutical Technologies, Inc. • P.O. Box 407 • Boys Town, NE 68010. Or email formulary@pti-nps.com.

Tiered Formulary Copayment Structure

This Formulary is divided into three tiers and is color coded to easily identify the status of a particular agent in a therapeutic category on the Formulary. The first tier contains generic drugs. All generic medications are included in the formulary as long as they are not excluded by plan benefit parameters. Generic drugs offer an excellent value to the consumer because they are chemically identical to brand drugs but are priced at a fraction of the cost of the corresponding brand drug. The U.S. Food and Drug Administration (FDA) requires that generic drugs provide the same effectiveness and safety as their brand name counterparts. The FDA requires drug manufacturers to show that the generic version enters the bloodstream the same way, contains the same amount of active ingredient, comes in the same dosage form and is taken the same way as the brand name drug. Members will pay the lowest copayment for generic medications. These agents can be easily identified in the Formulary as the agents in one of the green shaded columns. The second tier contains Preferred Brand Name Medications. These are medications that are still patent protected and may not have generic alternatives available. The P&T Committee has reviewed these medications and found them to either be therapeutically superior, offer a better outcome for the member, or provide the same therapeutic effect, but save the plan sponsor money compared to an agent in the third tier. Members will pay the middle copayment for Preferred Brand Name Medications. These agents can be easily identified in the Formulary as the agents in the yellow shaded column. The third tier lists the Non-Preferred Brand Name Medications. These are brand-name drugs that either have equally effective and less costly generic equivalents or may have one or more alternative Preferred Brand Name Medications available in the second tier that provide the same therapeutic effect. You or your doctor may decide that a medication in this category is best for you. If you choose a third tier drug, you may be covered at the highest copayment level, which still represents a significant savings to you compared to the medication's full retail cost. These agents can be easily identified in the Formulary as the agents in the red shaded column. Refer to your benefit materials, or call the NPS Help Desk telephone number on your ID card, to determine what level of coverage you have for your prescription drugs.

Formulary Alternatives

Suggested therapeutic alternatives are selected drug products that represent options to non-Formulary medications. Online Formulary messaging gives pharmacists suggested alternatives for non-preferred agents. Formulary alternatives represent opportunities to help the pharmacy benefit plan sponsor keep the benefit affordable and sustainable. In a tiered Formulary, preferred alternatives result in lower copayments for patients and save plan sponsors benefit dollars. Formulary alternatives require the prescriber's authorization and are recommended only after considering patient-specific disease states, contraindications, therapeutic history, present medications, and other relevant circumstances.

Therapeutic Interchange Policy

The use of therapeutic interchange programs as part of a comprehensive approach to quality, cost-effective patient care is recommended. Therapeutic interchange is the practice of replacing, with the prescribing physician's approval, a prescription drug originally prescribed for a patient with a prescription drug that is its therapeutic equivalent. Drugs are considered therapeutically equivalent if they can be expected to produce identical levels of clinical effectiveness and sound medical outcomes in patients. The term therapeutic interchange must be distinguished from the term therapeutic substitution. Therapeutic substitution has been defined as a practice in which the pharmacist can substitute any drug believed by the pharmacist to have a similar therapeutic effect as the drug prescribed, without the approval of the prescriber. Therapeutic interchange involves the collaboration of pharmacists and prescribers in reviewing available drug products with equivalent therapeutic effects in order to provide patients with the safest, most rational, and most cost-effective drug therapy. Therapeutic interchange ensures that prescribers are informed regarding drug therapy options. The prescriber retains the authority to decide upon the patient's ultimate therapy. Therapeutic interchange programs are guided by clinically-based prescribing guidelines that are reviewed by the P&T Committee. However, therapeutic interchange is not always about lower drug costs. Therapeutic interchange often occurs when overall healthcare savings can be achieved. Replacing a drug with a more expensive one may result in fewer treatment failures, better patient adherence to the treatment plan, and fewer side effects. Such efficient use of medical resources helps keep medical costs down, improves the patient's access to more affordable healthcare, and enhances the patient's quality of life. Therapeutic interchange requires the authorization of the prescriber. Therapeutic interchange requires the evaluation of each patient before changing the medication order. When possible, therapeutic interchange is prospective. When therapeutic interchange is implemented, it is preferable to provide the therapeutic equivalent medication before the first dose of prescribed medication. Conducting the therapeutic interchange before administration of the first dose to the patient enhances the efficiency of the program and improves patient acceptance.

Generic Drug Policy

It is the policy of NPS to utilize high quality generic medications when available. A generic drug is identical, or bioequivalent, to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics, and intended use. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the brand name price. It is the policy of NPS to encourage

pharmacies to utilize the same generic product that was distributed by the same company that was dispensed on the original prescription on all subsequent refills for the drug product selection. In general, the average price of a generic prescription is anywhere from 30-80% less than the average price of a brand-name drug. Pharmacists may drug product select for a pharmaceutically equivalent (as defined by the FDA Orange Book) when state regulations allow. Otherwise, the pharmacist must get approval from the prescribing physician to use the generic equivalent product. NPS does not recommend that generic substitution be exercised with multi-source products that cannot be considered therapeutically equivalent to others in the same category. It is also recommended that generic substitution not be undertaken for any unratred products that might be considered narrow therapeutic index (NTI) drugs or which are known not to be bioequivalent. Finally, it is important to note that state laws and regulations govern the practice of generic substitution for certain drug products. Requests for exception to the generic policy must clearly document specific reasons for medical necessity and appropriateness. Medications that have generic equivalents available are covered at a generic reimbursement level and should be prescribed and dispensed in the generic form. Maximum Allowable Cost (MAC) limits have been established for specific dosage forms of these drugs. The MAC list sets a ceiling price for the reimbursement of certain multi-source prescription drugs. This price will typically cover the acquisition of most generics but not branded versions of the same drug. The products selected for inclusion on the MAC list are commonly prescribed and dispensed and have gone through the FDA's review and approval process.

Providers are reminded of the following:

1. When generic substitution conflicts with state regulations or restrictions, the pharmacist must get approval from the prescriber to use the generic equivalent.
2. Pharmacists are reminded that a drug preceded by an asterisk indicates one or more (but not necessarily all) forms of the drug are subject to a Maximum Allowable Cost (MAC), and the MAC list should be consulted.
3. If a member insists on the brand name product for a prescription of a medication included in the MAC list after their physician has approved the generic version, the patient will have to pay the cost difference between the brand name drug and the MAC amount (ancillary charge). The appropriate dispense as written (DAW) code of 2 should be utilized when submitting the prescription claim for reimbursement.

Over-the-Counter (OTC) Medications

Over-the-counter (OTC) products may be covered and some are listed for informational purposes (when available, non-prescription products may cost the plan less than a covered product). If a prescription product is available in the identical strength, dosage form, and active ingredient(s) as an OTC product, the prescription product will not be covered. In these instances, physicians and pharmacists should refer participants to the OTC equivalent product. If the member or physician insists on the prescription equivalent product, the member must pay the entire cost of the prescription.

Off-Label Use of Medications

The Food and Drug Administration (FDA) has required that drugs used in the United States be both safe and effective. The label information or the package insert of a medication indicates drug use only in certain "approved" doses and routes of administration for a particular condition or disease state. The use of a drug for a disease state or condition not listed on the label, or in a dose or by a route not listed on the label, is considered to be a "non-approved" or "un-labeled" or "off-label" use of the drug. A prior authorization is required when a medication is used outside of its FDA approved route of administration, dosage, or indication. Coverage will be determined in the same manner and subject to the same conditions and limitations as any other prescription drug. Prior authorizations for unlabeled uses of medications may be granted provided that: a) the medication is approved by the FDA; and b) two or more peer-reviewed professional medical journals have recognized, based on scientific medical criteria, the safety and effectiveness of the medication or combination of medications, for treatment of the indication for which the medication has been prescribed unless two articles from major peer-reviewed professional medical journals have concluded, based on scientific or medical criteria, that the drug or combination of drugs is unsafe or ineffective or the safety and effectiveness of the drug or combination of drugs cannot be determined for the treatment of the indication for which the drug or combination of drugs has been prescribed.

Experimental Medications

Any medication or drug that has not been approved by the FDA to be both safe and effective for use in the United States will not be covered. This includes both FDA approved and non-approved medications that are in experimental or investigational trials to determine new indications, new routes of administration, or new dosage forms.

Tablet Splitting

In some instances, cutting higher dosage tablets in half can save as much as 50 percent of the prescription drug cost. Your doctor or pharmacist can tell you if tablet splitting will work for you and if there is a cost savings for the specific medications that you are taking.

Maintenance and Non-Maintenance Medications

Prescription drug card benefit plans often differ in their plan design. In some plans, the benefits may vary depending upon whether the medication is considered to be an acute or a maintenance medication. Your medication copy and the quantity of medication you can receive in a prescription can vary depending upon the status of your medication.

Non-Maintenance (Acute) Medications: Acute medications are medications that are to be used for a short period of time. This can include medications that are given as a starter dose. A starter dose of medication is a medication that may become a maintenance medication based on its generic name and strength and has not been obtained within the previous six-month period. Medications such as antibiotics or other agents that are given to cure or treat a condition from which recovery is predicted are considered curative treatments and are classified as non-maintenance medications, or a short-term medication. **Maintenance Medications:** Maintenance medications can also be referred to as long-term medications. The following is the criteria that is used to determine if a medication is a maintenance medication: a) The drug has a low probability for dosage or therapy changes due to side effects, serum drug concentration monitoring, or therapeutic response over a course of prolonged therapy; b) The drug's most common use is to treat a chronic disease state when a therapeutic endpoint cannot be determined. (A drug may have an indication for maintenance therapy but lacks the maintenance drug code if that indication is not the most common use of the drug); c) Therapy with the drug is not considered curative or promoting of recovery; and d) The drug is administered continuously rather than intermittently. The criteria listed above are limited to the typical outpatient use of a drug. Dosage forms that are not practical for large dispensing quantities (such as liquids) or have limited

The formulary is subject to change. Network pharmacies have the most up-to-date formulary information at the time your prescription claim is presented.

As generic products become available, their brand name medication will be moved to the third tier or non-preferred status. The inclusion of a drug on this list does not imply coverage under all plans.

expiration dating are excluded. Drugs known for life-threatening toxicity when taken in overdose may be excluded. Non-drug products and non-prescription drug products, with the exception of insulin (if covered by the plan), are excluded.

New Drugs Introduced Into the Consumer Market

As the U.S. Food and Drug Administration (FDA) approves new drugs and therapies available to the consumer market after the Plan Summary Documents have been distributed, the Drug Benefit Plan reserves the right to extend or deny coverage to these medications after the printing of this document. The Drug Benefit Plan also reserves the right to assign a unique copay or coinsurance to these medications and/or limit the quantities of these medications. Members will receive notices regarding any Drug Benefit Plan modifications concerning drugs or therapies at such time that they present a prescription that is impacted by modifications to the Formulary. Network pharmacies are charged to communicate these updates or changes to the program which may impact a member. The P&T Committee will review new drugs approved by the FDA on a monthly basis. New products with an FDA designation of 1P (FDA priority review – therapeutic advance over currently-marketed drugs) will be considered for addition to the Formulary, even if not requested by a plan. New products with an FDA designation of 1S (FDA standard review – no therapeutic gain over currently marketed drugs) will not generally be considered for addition to the Formulary, unless requested by a plan, or the drug class is currently under review by the P&T Committee. Members wanting to have newly approved therapies considered by the plan may write and/or call the company servicing the plan or may contact the plan administrator.

Prior Authorization (and List of Drugs Subject to Prior Authorization)

To promote appropriate utilization, selected high-risk or high-cost medications may require prior authorization to be eligible for coverage under the member's prescription drug benefit. The P&T Committee has established prior authorization criteria. In order for a member to receive coverage for a medication requiring prior authorization, the member's physician should contact the customer service center at **1 (800) 546-5677** to obtain a prior authorization request form. Your physician may then be required to document the reason why a Formulary medication is not acceptable for treatment of your disease state or medical condition. Your physician will want to include in his/her letter your diagnosis and previous therapies that have failed.

Drugs Subject to Prior Authorization

8-MOP	Arzerra	Cholbam	Dolophine	Flector patch	Hemofil M	Kitabis
Abelcet	Astagraf XL	Chorionic Go-	Doxercalciferol	Flolan	Hepsera	Koate-DVI
Absorica	Atovaquone	nadotropin	Dronabinol	Floxuridine	Herciptin	Kogenate
Abstral	Aubagio	Cidofovir	Duopa	Fluarix	Hetlioz	Korlym
Acitretin	Avastin	Cimzia	Duragesic	Flucelvax	Hexalen	Kovaltory
Actemra	Aveed	Cinqair	Dysport	Fludara	Hiberix	Krystexxa
ActHIB	Avonex	Cinryze	Egrifta	Fludarabine	Hizentra	Kuvan
Actimmune	Avycaz	Cisplatin	Elaprase	Flulaval	Humate-P	Kynamro
Actiq	Axiron	Cladribine	Elelyso	Flumist	Humatrope	Kyprolis
Adacel	Azacididine	Claravis	Eligard	Fluvirin	Humira	Lariam
Adagen	Baraclude	Clolar	Elitek	Fluzone	Hycamtin	Lartruvo
Adasuve	Beleodaq	Clomiphene	Eloctate	Follistim	Hymovis	Lazanda
Adcetris	Belviq	Coagadex	Emcyt	Folotylin	Hyperrho	Lemtrada
Adcirca	Belviq XR	Cometriq	Emend	Forteo	HyQvia	Lenvima
Addyi	Bendeka	Contrave	Empliciti	Fortesta	Ibrance	Letairis
Adefovir	Benifex	Copaxone	Emsam	Foscavir	Inclusin	Leucovorin
Adempas	Benlysta	Copegus	Enbrel	Fosphenytoin	Idelvion	Leukan
Adipex-P	Berinert	Cosentyx	Endometrin	Inj	Ilex	Leuprolide
Advate	Betaseron	Cosmegen	Engerix B	Fusilev	Ifofamide	Levulan Kera-
Adynovate	Bethkis	Cotellic	Enlon	Gablofen	Illaris	stick
Afinitor	Bexarotene	Cresemba	Entecavir	Ganciclovir	Iluvien	Lidocaine patch
Afluria	Bicnu	Cubicin	Entyvio	Ganirelix	Imatinib	Lidoderm
Afrezza	Bleo 15K	Cuprimine	Epcclusa	Gardasil	Imbruvica	Linezolid
Afstyln	Bleomycin	Cuvitru	Epogen	Gattex	Imovax	Lioresal
Akynzeo	Blinicyto	Cyclophospha-	Epoprostenol	Gazyva	Impavido	Lonsurf
Alidurazyme	Bloxivierz	mide	Eraxis	Gelsyn-3	Increlex	Lotronex
Alecensa	Boostrix	Cycloset	Erbibutx	Gemcitabine	Infanrix	Lucentis
Alferon	Bosulif	Cyclosporine	Erivedge	Gemzar	Infectra	Lumizyme
Alimta	Botox	Cyclosporine	Erwinaze	Gengraf	Injectafer	Lupron Depot
Alinia	Bravelle	modified	Esbriet	Genotropin	Inlyta	Lynparza
Alkeran	Brovana	Cyklokapron	Ethylol	Genvisc	Intron-A	Lysteda
Alosetron	Busulfex	Cyramza	Etidronate	Gilenya	Intuniv	Macugen
Aloxi	Cabometyx	Cystaran	Etoposide	Gilotrif	Iressa	Makena
Alphanate	Calcitonin nasal	Cytarabine	Evomela	Glaxia	Irinotecan	Marinol
Alphanine SD	spray	Cytovene	Evizio	Glatopa	Istodax	Marqibo
Alprolix	Campral	Dacarbazine	Exjade	Gleevec	Ivermectin	Mefloquine
Ameluz	Camptosar	Daklinza	Exondys 51	Gleostine	Ixiaro	Megace ES
Amicar	Canasa	Dalvance	Exparel	Gliadel	Jadenu	Megestrol
Amifostine	Capecitabine	Daptacel	Extavia	Gonal-F	Jakafi	suspension
Amitiza	Caprelsa	Daptomycin	Eylea	Ganintrisetron	Jetrea	Mekinist
Amphotericin B	Captomycin	Injection	Fabrazyme	Granix	Jevtana	Melphalan
Ampyra	Carbaglu	Darzalex	Farydak	Grastek	Juxtapid	Menactran
Androderm	Carboplatin	Daunorubicin	Faslodex	Guanfacine ER	Kadcyla	Menomune
Androgel	Cayston	Defitelio	Feiba	H.P. Acthar Gel	Kalbitor	Menopur
Apokyn	Cellcept	Depen	Fentanyl citrate	Halaven	Kalydeco	Mepron
Aprepitant	Cerdelga	Dexrazoxane	Fentanyl trans-	Harvoni	Kanuma	Meriba
Aranesp	Cerebyx	Diethylpropion	dermal	Havron	Kengreal	Mesna
Arcalyst	Cerezyme	Dificid	Fentora	Hectorol	Ketorolac inj	Mesnex
Aristada	Cervarix	Docefrez	Ferriprox	Helixate	Keveyis	Methodone
Armodafinil	Cetrotide	Docetaxel	Firazyr	Hemangeol	Keytruda	Miacalcin
Arranon	Chemet	Dofetilide	Firmagon	Hemofil	Kineret	Micrhogam

Drugs Subject to Prior Authorization (Continued)

Mircera	Nuedexta	Praxbind	Rilutek	Sylvant	Tranex acid	Xalkori
Mitomycin	Nulojix	Pregnyl	Riluzole	Synagis	Treanda	Xeljanz
Mitosol	Nuplazid	Prevnar	Risperdal	Synarel	Tretinoin	Xeljanz XR
Mitoxantrone	Nutropin AQ	Prialt	Consta	Synribo	Trexall	Xeloda
MMR II	Nuvigil	Probuphine	Rituxan	Synvisc	Trisenox	Xenazine
modafinil	Nymalize	Procrit	Rophylac	Synvisc One	Twinrix	Xenical
Monoclate	Nymalize	Procytsbi	RotaTeq	Tabloid	Tyqacil	Xeomin
Monoclate-P	Obizur	Progesterone in oil	Rubraca	Tafinlar	Tykerb	Xgeva
Monomine	Ocaliva	Proglycem	Ruconest	Tagrisso	Typhim	Xiaflex
Monurol	Octreotide	Proleukin	Saizen	Taltz	Venclexta	Xifaxan
Morphine	Odomez	Prolia	Samsca	Tarceva	Tyvaso	Xolair
sulfate er	Ofev	ProQuad	Sancuso patch	Targretin cap	Unituxin	Xtandi
Mozobil	Olysio	Promacta	Sandimmune	Targetin gel	Upravi	Xuriden
Multaq	Omnitrope	Provenge	Sandostatin	Tasigna	Valchlor	Xyrem
Mustargen	Oncaspar	Provigil	Sandostatin LAR	Taxotere	Valcyte	Yervoy
Myalept	Ondansetron	Pulmozyme	Santyl	Tecentriq	Valganciclovir	YF-Vax
Mycophenolate	Onfi	Qsymia	Saxenda	Tecfidera	Vancocin	Yondelis
Mycophenolic acid	Opdivo	Qutenza	Sensipar	Technivie	Vancomycin	Zaltrap
Myfortic	Opsumit	Rabavert	Serostim	Temodar	Vantas	Zanosar
Myleran	Oralair	Ragwitek	Short Ragweed	Temozolomide	Vaqa	Zarxio
Myobloc	Orbactiv	Rapamune	Signifor	Tenivac	Varivax	Zelboraf
Myorisan	Orencia	Rapivab	Signifor LAR	Testim	Varubi	Zemaira
Mytesti	Orenitram	Ravicti	Sildenafil 20 mg tab	Testopel	Vectibix	Zemplar
Nalbuphine	Orfadin	Rayaldee	Sildenafil inj	Testosterone gel	Velcade	Zenatane
Naloxone	Orkambi	Rebetol	Simponi	Testosterone IM	Velphoro	Zepatier
Narcan Spray	Otezla	Rebif	Simponi Aria	Testosterone IM	Venclexta	Zeraxa
Natesto	Ovidrel	Reclast	Sirolimus	Testosterone Implant Pellet	Vfend	Zevalin
Natpara	Oxsoralen	Recombinate	Sirturo	Tetanus/Diph- theria Vaccine	Vibativ	Zinbryta
Navelbine	Paclitaxel	Recombiva	Sivextro	tetrabenazine	Vidaza	Zinecard
Nebupent	Paliperidone	Regranex	Soliris	Thalomid	Viekira Pak	Zinplava
Neoral	Pamidronate	Relistor	Somatuline depot	Theracys	Viekira XR	Zipsor
Neostigmine methylsulfate	Panretin	Remicade	Remodulin	Tice BCG	Vimizim	Zofran
Neulasta	Pediarix	Renagel	Renavel	Tikosyn	Vinblastine	Zoladex
Neupogen	Pedvax	Renvela	Repatha	Timothy Grass	Vincasar	Zoledronic inj
Nexavar	Pegasys	Revatio	Revlimid	Tobi	Vincristine	Zomacton
Ninlaro	Peg-Intron	Rheumatrex	RhoGam Plus	Tobi Podhaler	Vinorelbine	Zometa
Nipent	Pentamidine	RiaStap	Ribapak	Tobramycin	Vistide	Zorbitive
Norditropin	Perjeta	Ribasphere	Ribatab	Topotecan	Vivistore	Zortress
Northera	Phentermine	Ribavirin	Ridaura	Torisel	Vivitrol	Zostavax
Novarel	Photofrin			Tracleer	Vivotif	Zosyn
Novoeight	Plegridy				Vonvendi	Zuplenz
Novoseven	Pneumovax				Voraxaze	Zydelig
Noxafil	Pomalyst				Voriconazole	Zykadia
Nplate	Portrazza				Votrient	Zytiga
Nucala	Praluent				Vpriv	Zyvox
					Wilate	
					Winrho SDF	

Step Therapy (and List of Drugs Subject to Step Therapy)

Step Therapy is a program especially designed for people who take prescription drugs regularly to treat an ongoing medical condition. The program helps you get the prescription drugs you need, with safety, cost and—most importantly—your health in mind. In Step Therapy, the covered drugs you take are organized in a series of “steps,” with your doctor approving and writing your prescriptions. The program usually starts with generic drugs in the “first step.” These generics—rigorously tested and approved by the U.S. Food & Drug Administration (FDA)—allow you to begin or continue treatment with safe, effective drugs that are also affordable: Your copayment is usually the lowest with a first-step drug. More expensive brand-name drugs are usually covered in the “second step,” even though the generics covered have been proven to be effective in treating medical conditions. Your doctor is consulted for approval and writes your prescriptions based on the list of Step Therapy drugs covered by the formulary. Step Therapy is developed under the guidance and direction of independent, licensed doctors, pharmacists and other medical experts. They review the most current research on thousands of drugs tested and approved by the FDA for safety and effectiveness. Then they recommend appropriate prescription drugs for the Step Therapy program. The first time you submit a prescription that isn't for a first-step drug, your pharmacist will tell you there's a note on the computer system indicating that your plan uses Step Therapy. This simply means that if you'd rather not pay full price for your prescription drug, your doctor needs to write you a new prescription for a first-step drug. With Step Therapy, more expensive brand-name drugs are usually covered in a later step in the program if you've already tried the “first-step,” generic drugs covered in the program, you can't take the “first-step” drug (because of an allergy, for instance), or your doctor decides you need a brand-name drug, for medical reasons. If any one of these applies to you, your doctor can ask for a “prior authorization” for you to take a second-step prescription drug. When the prior authorization is approved, you pay the appropriate copayment for this formulary-approved drug. If the prior authorization is not approved, you will need to pay the full price for the drug.

Drugs Subject to Step Therapy

Abilify	Benzamycin	Elidel	Invokamet	Mittigare	Retin-A	er 225 mg
Abilify Main- tena	Bepreve	Emadine	Invokamet XR	Mobic	Retin-A Micro	Venlafaxine tab er 37.5 mg
Acanya	Binosto	Embeda	Invokana	Movantik	Rexulti	
Aciphex	Boniva inj	Enablex	Jardiance	MS Contin CR	Rhinocort Aqua	Versacloz
Actonel	Boniva tab	Enstilar	Jentaduetto	Myrbetriq	Risperdal	Vesicare
Aczone	Brevibloc	Epiduo	Jublia	Naftifine	Risperdal M	Victoza
Adderall	Bydureon	Epiduo Forte	Kadian	Naftin	Ritalin	Viibryd
Adderall XR	Byetta	Equetro	Kapvay	Nasacort	Ritalin LA	Vimovo
Adlyxin	Bystolic	Ertaczo	Kazano	Nasonex	Rosula	Vivlodex
Adzenys XR ODT	Byvalson	Erygel	Kerlone	Nesina	Rozerm	Vraylar
Aldara	Carac	Esmolol	Kerydin	Nizoral	Sanctura	Vusion
Allegra	Cardura XL	Evoclin	Khedeza	Noritate	Sanctura XR	Wellbutrin SR
Allegra-D	Celaxa	Exalgo	Kombiglyze	Nucynta ER	Saphris	Wellbutrin XL
Alocril	Clarinox	Exelderm	Kytril	Nuplazid	Sectral	Xalatan
Alogliptin	Clarinox Red- itab	Extina	Lamisil	Omnaris	Servino	Xartemis XR
Alogliptin/met- formin	Clarinox-D	Fanapt	Lastacaft	Onxeton	Seroquel	Xigduo XR
Alogliptin/pio- glitazone	Cleocin-T	Fanapt Pak	Latuda	Onglyza	Silenor	Xolegel
Alomide	Cleocin-T	Farxiga	Lescol XL	Onzetra Xsail	Sitavig	Xtampza ER
Aloprim	Clindagel	Fazaclo	Lexapro	Opana ER	Solaraze	Xyzal
Altoprev	Clozaril	Fazacla ODT	Lipitor	Oseni	Soliqua	Zebeta
Ambien	Colchicine	Fenofibrate	Lipofen	Ovace	Sonata	Zegerid
Ambien CR	Colocryc	Fenoglide	Livalo	Oxistat	Soolantra	Zembrace
Amerge	Concerta	Fetzima	Lofibra	Oxycodone ER	Sorilux	Zetonna
Antara	Corlanor	Finacea	Lopid	Oxytrol	Starlix	Ziana
Anzemet	Cozaar	First-omepra- zole	Lopressor	Patanase	Sumadan	Zioptan
Aplenzin	Daytrana	Flomax	Loprox	Patanol	Sumadan XLT	Zocor
Aprisolin XR	Desvenlafaxine ER	Flonase	Lotrisone	Paxil	Sumavel	Zofran
Aristada	Detrol	Fluoroplex	Lunesta	Paxil CR	Sumaxin	Zofran ODT
Arthrotec	Dexilant	Fluoxetine 60 mg tab	Luvox CR	Penlac	Sustol	Zohydro ER
Astepro	Diclofenac gel	Focalin	Luzu	Pexeva	Synjardy	Zolof
Atacand	Differin	Focalin XR	Maxalt	Picato	Taclonex	Zolpimist
Atacand HCT	Diovan	Forfivo XL	Maxalt MLT	Plexion	Tanzeum	Zomig
Atelvia	Diovan HCT	Fosamax	Mentax	Ponstel	Tazarac	Zomig ZMT
Avalede	Ditropan XL	Frova	Metadate CD	Prandin	Tenormin	Zorvolex
Avapro	Dovonex	Gelnique	Metformin	Pravachol	Tivorbex	Zuplenz
Axert	Duac	Geodon	1000 mg ER	Prevacid	Tolac	Zurampic
Azelex	Duexis	Glumetza	Metformin 500 mg er	Prevacid	Toprol XL	Zyclara
Azenase Pak	Dymista	Glyset	Methylin	PriLOSEC	Tradjenta	Zyloprim
Beconase AQ	Dyanavel XR	Glyxambi	Methylpheni- date tab ER	Pristiq	Treximet	Zyprexa
Belbuca	Ecoza	Hyzaar	Metrocream	Propel	Tricor	Zyprexa Zydys
Belsomra	Edarbi	Imitrex	Metrogel	Proscar	Triglide	Zyprexa
Benicar	Edarbyclor	Intermezzo	Metrogel	Protonix	Trintellix	Relprev
Benicar HCT	Eddlur	Invega	Metroloin	Protopix	Trulicity	Zyrtec
Benzacilin	Effexor	Invega Sus- tenna	Mevacor	Prozac	Uloric	Zyrtec-D
	Effudex	Invega Trinza	Micardis	Prozac Weekly	Ultravate	Relistor tablet
	Elestat		Micardis HCT	Quillichew	Uroxatral	Zurampic
			Mirvaso	Quilivant	Veltin	
				Rapaflo	Venlafaxine tab	

Step Therapy Program

Online authorization is given if the prescription claim history includes a trial of the following within the previous 180 days within an NPS plan.

Brand Angiotensin II Receptor Antagonists (ARB)	Generic ARB or ACE inhibitor medication
Brand Antiallergy Ophthalmic Agents	Generic ophthalmic allergy medication
Brand Actinic Keratosis Agents	Generic fluorouracil or imiquimod
Brand ADHD/Stimulant Medications	A generic methylphenidate or amphetamine medication
Brand Antidepressants — Other	Generic bupropion
Brand Antidepressants — SNRIs	Generic SSRI or SNRI medication
Brand Antidepressants — SSRIs	Generic SSRI medication
Brand Antiemetic Agents	Generic ondansetron or granisetron
Brand Antigout / Hyperuricemia Agents	Generic allopurinol or probenecid
Brand Antiinflammatory Agents	Two generic NSAID medications
Brand Antipsychotic Agents	Generic antipsychotic medication
Brand Beta Blocker Medications	Generic beta blocker medication
Brand Benign Prostatic Hyperplasia Agents (BPH)	Generic finasteride, tamsulosin, or alfuzosin
Brand Cholesterol Statin Agents	Generic statin cholesterol agent
Brand Diabetes Agents	Generic metformin or metformin combination agent
Brand Diabetes Agents — DPP4 Agents	Generic metformin or metformin combination agent
Brand Diabetes Agents — GLP-1 Agonist Agents	Generic metformin or metformin combination agent
Brand Diabetes Agents — SGLT2 Agents	Generic metformin or metformin combination agent
Brand Fibric Acid Agents	Generic gemfibrozil or fenofibrate
Brand Long Acting Opioid Pain Medications	Generic morphine sulfate ER, oxycodone ER, or methadone
Brand Nasal Spray Medications	Generic nasal spray medication
Brand Non—Sedating Antihistamines	Generic (or OTC) loratadine or ceterizine agents
Brand Overactive Bladder/Incontinence Medications	Generic oxybutynin or tolterodine
Brand Osteoporosis Agents	Generic alendronate or ibandronate
Brand Prostaglandin Glaucoma Agents	Generic latanoprost or travoprost
Brand Proton Pump Inhibitors (PPI)	Generic PPI medication
Brand Sedative/Hypnotic Agents	Generic zolpidem or zaleplon
Brand Topical Acne Medications	Two different generic topical acne agents
Brand Topical Antifungal Agent	Two different generic topical antifungals
Brand Topical Immunomodulators	Generic topical corticosteroid or calcipotriene
Brand Triptan Migraine Agents	Generic triptan medication
Brand Rosacea Agents — Mirvaso & Soolantra	Generic topical metronidazole
Peripheral Opioid Antagonist — Movantik	Previous opioid medication
Brand Topical Plaque Psoriasis Agent — Sernivo	Three different generic topical steroid medications
Brand Oral Antiviral — Sitavig	Generic acyclovir or valacyclovir
Brand Long Acting Hydrocodone — Xartemis XR	Generic opioid medication

Dispensing Limitation List

The following list represents the P&T Committee recommendations for dispensing or quantity limitations per a specific amount of time. Quantity limit programming has become an acceptable pharmacy plan practice that may be appropriate to place on some medications. The intentions are to safeguard members' health and save plan benefit dollars. This program ensures members do not receive a prescription for a quantity that exceeds recommended plan limits. Limits are set because some medications have the potential to be abused, misused, shared, or have a manufacturer's limit on the maximum dose. These limits have been reviewed by our clinical and medical staff, and the Pharmacy and Therapeutics Committee. The quantity limits are based on FDA approved dosing schedules, current medical practices, evidence based clinical guidelines, and peer-reviewed medical literature related to that particular drug. The inclusion of a medication on this list does not imply coverage under all plans, nor does the inclusion of a dispensing limitation imply that your specific benefit plan also has the same limitation. **Plans may elect their own limitations. Members should consult their prescription drug benefit manual or contact a customer service representative to determine specific coverage and/or inclusion of a medication in the dispensing limitations list, as the list is subject change.**

PRESCRIPTION DRUG	LIMIT	PRESCRIPTION DRUG	LIMIT	PRESCRIPTION DRUG	LIMIT
Abilify	30 tabs/30 days	anexia	360 tabs/30 days	buprenorphine 2 mg	360 tabs/30 days
Acanya	1 jar/30 days	Anoro Ellipta	1 inhaler/30 days	buprenorphine 8 mg	90 tabs/30 days
Accolate	60 tabs/30 days	Antara 130 mg	30 tabs/30 days	buprenorphine/naloxone 2/0.5 mg	360 tabs/30 days
Aciphex 20 mg	90 tabs/30 days	Antara 43 mg	60 tabs/30 days	buprenorphine/naloxone 8/0.5 mg	90 tabs/30 days
Aciphex 5 mg, 10 mg	30 caps/30 days	Anzemet tabs	10 tabs/presc. dispensed	butal/APAP/caff/codeine	180 caps/30 days
Aciphex Sprinkle	30 caps/30 days	Aplenzin	30 tabs/30 days	butal/APAP/caff/codeine	180 tabs/30 days
Actifoam	120 sponges/30 days	aprepitant	5 caps/presc. dispensed	butorphanol NS2 bottles (2.5 ml ea.)	30 days
Actiq	120 lozenges/30 days	Apriso	120 caps/30 days	Butrans	4 patches/28 days
Actoplus Met	90 tabs/30 days	Atensio XR	30 caps/30 days	Bydureon	1 box or 4 trays/28 days
Actoplus Met XR	60 tabs/30 days	Aptiom 200 mg, 400 mg, 600 mg	30 tabs/30 days	Byetta	2.4 ml/30 days
Actos	30 tabs/30 days	Aptiom 800 mg	60 tabs/30 days	Bystolic	60 tabs/30 days
Acuvail	30 pouches/60 days	Arcalyst	4 vials/30 days	Byvalson	30 tabs/30 days
acyclovir 5% ointment	30 grams/30 days	Arcapta	30 caps/30 days	Cabometyx	30 tabs/30 days
Adcirca	60 tabs/30 days	Aricept	30 tabs/30 days	Caduet	30 tabs/30 days
Adderall XR 10 mg	90 caps/30 days	Arimidex	30 tabs/30 days	Caldolor	240 vials/30 days
Adderall XR 15 mg	60 caps/30 days	aripiprazole	30 tabs/30 days	Cambia	9 packets/30 days
Adderall XR 20 mg	30 caps/30 days	Aristada	1 injection/28 days	camrese, camrese lo.	91 tabs/91 days
Adderall XR 25 mg	30 caps/30 days	armodafinil	30 tabs/30 days	candesartan	30 tabs/30 days
Adderall XR 30 mg	30 caps/30 days	Arnuity Ellipta	1 inhaler/30 days	candesartan/HCTZ	30 tabs/30 days
Adderall XR 5 mg	180 caps/30 days	Asmanex	1 inhaler/30 days	Caprelsa 100 mg	60 tabs/30 days
Adyi	30 tabs/30 days	Asmanex HFA	1 inhaler/30 days	Caprelsa 300 mg	30 tabs/30 days
Adempas	90 tabs/30 days	Astero	1 bottle/30 days	carisoprodo	120 tabs/30 days
Adlyxin	2 pens/28 days	Asthmapack	1/calendar yr	carisoprodo/ASA	150 tabs/30 days
Adrenaclick	2 pens/30 days	Atacand	30 tabs/30 days	carisoprodo/ASA/codeine	120 tabs/30 days
Advair Diskus, 1 inhaler (60 blisters)	30 days	Atacand HCT	30 tabs/30 days	Casodex	30 tabs/30 days
Adzenys XR-ODT	30 tablets/30 days	Atelvia	4 tabs/28 days	Caverject	6 injections/30 days
Aerochamber	1/calendar yr	atrovastatin	30 tabs/30 days	Cayston	84 vials/56 days
Aerospan	2 inhalers/30 days	Auryxia	360 tabs/30 days	Celebrex	60 caps/30 days
Afinitor	30 tabs/30 days	Avamide	30 tabs/30 days	celecoxib	60 caps/30 days
Afluria	1 injection/presc. dispensed	Avandamet	60 tabs/30 days	Cerdelga	60 caps/30 days
Alkynzo	1 cap/presc. dispensed	Avandaryl	60 tabs/30 days	Cetralax	14 vials/presc. dispensed
albuterol 0.63 mg/3 ml	120 vials/30 days	Avandia	60 tabs/30 days	Chantix	60 tabs/30 days
albuterol 1.25 mg/3 ml	360 vials/30 days	Avapro	30 tabs/30 days	Cialis	6 tabs/30 days
Alcensa	240 caps/30 days	Avelox	14 tabs/presc. dispensed	Cialis 2.5 mg and 5 mg	30 tabs/30 days
alfuzosin	30 tabs/30 days	Avitene	120 syringes/30 days	Cimzia	2-200 mg inj or 400 mg/28 days
Allegra 180 mg	30 tabs/30 days	Avodart	30 caps/30 days	Cimzia Starter Kit	1 kit per 365 days
Allegra 60 mg	60 tabs/30 days	Avonex	4 vials/30 days	claravis	30 days/presc. dispensed
aller-ease	30 tabs/30 days	Axert 12.5 mg tabs	12 tabs (2 boxes)/30 days	Clarimax, Clarimax D	30 tabs/30 days
allergy relief	30 tabs/30 days	Axert 6.25 mg tabs	18 tabs (3 boxes)/30 days	Climara, Climara Pro	4 patches/30 days
almotriptan 12.5 mg tabs	12 tabs(2 boxes)/30 days	Axiron	180 ml/30 days	clindamycin/tretinoin gel	30 gm/30 days
almotriptan 6.5 mg tabs	18 tabs(3 boxes)/30 days	azelastine 0.15	1 bottle/30 days	clonidine ER	60 tabs/30 days
Alora	8 patches/30 days	Banzel	240 tabs/30 days	clopidogrel	30 tabs/30 days
alosetron	60 tabs/30 days	Belbuca	60 films/30 days	clozapine	120 tabs/30 days
Alsuma	6 inj/30 days	Belsomra	30 tabs/30 days	Clozaril	120 tabs/30 days
Altprev	30 tabs/30 days	Belviq XR	30 tabs/30 days	Coartem	24 tabs/30 days
Alvesco	1 inhaler/30 days	Benicar	30 tabs/30 days	colchicine	120 tabs/30 days
Ambien	30 tabs/30 days	Benicar HCT	30 tabs/30 days	Colcrys	120 tabs/30 days
Ambien CR	30 tabs/30 days	Benzaclin	1 unit/30 days	Combivent Respirat	1 inhaler/30 days
Amerge 1 mg tabs	18 tabs (2 boxes)/30 days	Betaseron	10 ml/30 days	Cometriq	1 kit/28 days
Amerge 2.5 mg tabs	9 tabs (1 box)/30 days	Betaseron	15 vials/30 days	Complera	30 tabs/30 days
amethia, amethia lo	91 tabs/91 days	Bexsero Aerosphere	1 inhaler/30 days	Concerta 18 mg, 27 mg, & 54 mg	30 tabs/30 days
Amitiza	60 caps/30 days	Bexsero	1 syringe/presc. dispensed	Concerta 36 mg	60 tabs/30 days
amiodipine	30 tabs/30 days	Bexsero	10 to 25 years of age	Contrave	120 tabs/30 days
amiodipine/atrovastatin	30 tabs/30 days	Bezlay	28 tabs/28 days	Copaxone 20 mg	30 syringes/30 days
amiodipine/benzazepril	30 tabs/30 days	bicalutamide	30 tabs/30 days	Copaxone 40 mg	12 syringes/30 days
amiodipine/telmisartan	30 tabs/30 days	bimatoprost	5 ml/30 days	Cordran Tape	2 rolls/30 days
amiodipine/valsartan	30 tabs/30 days	Binostat	4 tabs/28 days	Coreg CR	30 tabs/30 days
amphetamine salt ER 25 mg	30 caps/30 days	Boniva 150 mg	1 tab/28 days	Corlanor	60 tabs/30 days
amphetamine salts ER 10 mg	90 caps/30 days	Breo Ellipta	1 inhaler/30 days	Cosentyx	4 pens or syringes/28 days
amphetamine salts ER 15 mg	90 caps/30 days	Brintilla	60 tabs/30 days	Cotellix	63 tabs/28 days
amphetamine salts ER 20 mg	90 caps/30 days	Brisdelle	30 tabs/30 days	Cozart	30 tabs/30 days
amphetamine salts ER 30 mg	90 caps/30 days	Briivat solution	600 ml/30 days	Cresemba	68 caps/30 days
amphetamine salts ER 5 mg	180 caps/30 days	Briivat tablet	60 tabs/30 days	Crestor	30 tabs/30 days
Ampyra ER	60 tabs/30 days	Briivat vial	16 vials/4 days	Cvuposa	1419 ml/30 days
Amrix	30 caps/30 days	budesonide XL 150 mg	90 tabs/30 days	CVS allergy relief 180 mg	30 tabs/30 days
anastrozole	30 tabs/30 days	budesonide XL 300 mg	60 tabs/30 days	CVS allergy relief 60 mg	60 tabs/30 days
AndroGel 1%-25 mg	75 grams/30 days	budesonide respules	60 ampules/30 days	CVS lansoprazole	30 tabs/30 days
AndroGel 1%-50 mg & pump	300 grams/30 days	Bunavail	16 years of age or older	cyclobenzaprine ER	30 caps/30 days
AndroGel 1.62%	150 grams/30 days	Bunavail 2.1/0.3 mg	30 films/30 days	Cymbalta 20 mg	90 caps/30 days
		Bunavail 4.2/0.7 mg	30 films/30 days		
		Bunavail 6.3/1 mg	60 films/30 days		

Dispensing Limitation List (Continued)

PRESCRIPTION DRUG	LIMIT	PRESCRIPTION DRUG	LIMIT	PRESCRIPTION DRUG	LIMIT
Cymbalta 30 mg	30 caps/30 days	Evista	30 tabs/30 days	Imitrex 100 mg tabs...9 tabs (1 box)/30 days	
Cymbalta 60 mg	60 caps/30 days	Evotaz	30 tabs/30 days	Imitrex 25 mg tabs 18 tabs (2 boxes)/30 days	
Daklinza	28 tabs/28 days	Exelon	30 tabs/30 days	Imitrex 50 mg tabs 18 tabs (2 boxes)/30 days	
Daliresp	30 tabs/30 days	Exelon	60 tabs/30 days	Imitrex Injection .3 kits (6 injections)/30 days	
darifenacin	30 tabs/30 days	Exelon Patch	30 patches/30 days	Imitrex Nasal Spray...12 sprays (2 boxes)/30 days	
Daytrana	30 patches/30 days	Exforge	30 tabs/30 days	Impavidio	84 caps/28 days
Denavir	5 grams/30 days	Exforge HCT	30 tabs/30 days	Increase Ellipta	1 inhaler/30 days
Depo-Provera	1 injection/90 days	Extavia	15 vials/30 days	Inlyta	120 tabs/30 days
Descovy	30 tabs/30 days	Eylea	0.05 ml/28 days	Inspira	60 tabs/30 days
desloratadine	30 tabs/30 days	ezetimibe	30 tabs/30 days	Intelel	120 tabs/30 days
Detrol	60 tabs/30 days	Factive	7 tabs/30 days	introvale	91 tabs/91 days
Detrol LA	30 caps/30 days	Fanapt	60 tabs/30 days	Intuniv	30 tabs/30 days
Dexedrine CR 10 mg	180 caps/30 days	Farydak	6 caps/21 days	Invega 3 mg & 9 mg	30 tabs/30 days
Dexedrine CR 15 mg	120 caps/30 days	fenofibrate	30 tabs/30 days	Invega 6 mg	60 tabs/30 days
Dexedrine CR 5 mg	360 caps/30 days	fenofibric acid	30 caps/30 days	Invega Trinz	1 injection/90 days
Dexilant	30 caps/30 days	fentanyl	120 lollipops/30 days	Invokamet	60 tabs/30 days
dexamethphenidate ER cap 30 caps/30 days		Fentora	120 tabs/30 days	Invokamet XR	60 tabs/30 days
Diabetic Test Strips, Lancets, Syringes ... 800 units/3 mo. period		Fetzima	30 tabs/30 days	Invokana	30 tabs/30 days
Dicloegis	120 tabs/30 days	fenofenadine 180 mg	30 tabs/30 days	I-port	1 box/30 days
diclofenac 1% gel	960 grams/30 days	fenofenadine 30 mg & 60 mg	60 tabs/30 days	irbesartan	30 tabs/30 days
diclofenac 3% gel	100 grams/30 days	Fibricor	30 tabs/30 days	irbesartan/HCTZ	30 tabs/30 days
Diovan	30 tabs/30 days	finasteride	30 tabs/30 days	Iressa	30 tabs/30 days
Diovan HCT	30 tabs/30 days	Florice/codine	180 caps/30 days	Isentress	60 tabs/30 days
Docofrez	1 box or 5 bottles/30 days	Floricor	60 patches/30 days	Isentress 100 mg chew	180 tabs/30 days
Dolacel Forte	240 caps/30 days	Floxam	60 caps/30 days	Isentress 25 mg chew	120 tabs/30 days
donepezil	30 tabs/30 days	Fluval	1 inj/prec. dispensed	itraconazole	90 days supply/calendar yr
Duavee	30 tabs/30 days	fluvastatin	60 caps/30 days	Jakafi	60 tabs/30 days
Duavee	75 years of age or younger	fluvastatin extended-release	30 caps/30 days	Jalyn	30 caps/30 days
Duetact	30 tabs/30 days	Fluvirin	1 inj/prec. dispensed	Janumet	60 tabs/30 days
Duexis	90 tabs/30 days	flouxamine ER	30 caps/30 days	Janumet XR	30 tabs/30 days
Dulera	1 inhaler/30 days	Flozine intradermal	1 inj/prec. dispensed	Januvia	30 tabs/30 days
duloxetine 20 mg	90 caps/30 days	Focalin 10 mg	60 tabs/30 days	Jardiance	30 tabs/30 days
duloxetine 30 mg	30 caps/30 days	Focalin 2.5 mg	240 tabs/30 days	Jentadueto	60 tabs/30 days
duloxetine 60 mg	60 caps/30 days	Focalin 5 mg	120 tabs/30 days	Jentadueto XR	30 tabs/30 days
Duragesic	10 patches/30 days	Focalin XR 10 mg	120 caps/30 days	Jolesa	91 tabs/91 days
Durezol	5 ml/30 days	Focalin XR 15 mg	60 caps/30 days	Jublia	4 ml/30 days
Durlaza	30 caps/30 days	Focalin XR 20 mg	60 caps/30 days	Juxtapid	90 caps/30 days
dutasteride	30 caps/30 days	Focalin XR 25 mg	30 caps/30 days	Juxtapid	18 years of age or older
dutasteride/tamsulosin	30 caps/30 days	Focalin XR 30 mg	30 caps/30 days	Kadian	60 caps/30 days
Dutoprol	120 tabs/30 days	Focalin XR 40 mg	30 caps/30 days	Kalydeco oral granules...	60 packets/30 days
Dyanavel XR	240 ml/30 days	Focalin XR 5 mg	240 caps/30 days	Kalydeco tabs	60 tabs/30 days
Dymista	1 bottle/30 days	Fortivo XL	30 tabs/30 days	Kapvay	60 tabs/30 days
Ecoza	Limited to 12 yrs and older	Fortesta	120 grams/30 days	Kazano	60 tabs/30 days
Edarbi	30 tabs/30 days	Fragmin 10,000 & 25,000 U	60 syringes/30 days	Keppra XR 500mg	180 tabs/30 days
Edarbyclor	30 tabs/30 days	Fragmin 2500 U	12 syringes/30 days	Keppra XR 750mg	120 tabs/30 days
Edex	6 injections/30 days	Fragmin 5000 U	18 syringes/30 days	Kerydin	10 ml/prec. dispensed
Edluar	30 tabs/30 days	Frova 2.5 mg tabs. 18 tabs (2 boxes)/30 days		Ketek	20 tabs/prec. dispensed
Eduant	30 tabs/30 days	frovatriptan	18 tabs (2 boxes)/30 days	ketorolac tabs	20 tabs/calendar yr
Effxor XR 150 mg	60 tabs/30 days	Fycompa	30 tabs/30 days	Keveisy	120 tabs/30 days
Effxor XR 37.5 mg	30 tabs/30 days	Fycompa	12 years of age or older	Kineret	30 syringes/30 days
Effxor XR 75 mg	90 tabs/30 days	gantamine ER	30 caps/30 days	Kombiglyze XR	60 tabs/30 days
Effient	30 tabs/30 days	Gardasil	9 to 26 years of age	KP fexofenadine 180 mg	30 tabs/30 days
Elidel Cream	30 grams/prec. dispensed	gatifloxacin	1 bottle/30 days	KP fexofenadine 60 mg	60 tabs/30 days
Eliquis	60 tabs/30 days	Gelnicue	30 gm/30 days	Kynamro	4 inj/28 days
Embeda	60 caps/30 days	Gelnique 3%	92 grams/30 days	Lamictal XR	30 tabs/30 days
Emend	5 tabs/prec. dispensed	Genvoya	30 tabs/30 days	Lamisil tabs	90 days supply/calendar yr
Emsam	30 patches/30 days	Geodon	60 caps/30 days	lanoprazole 15 mg 30 caps or ODT/30 days	
Enbalex	30 tabs/30 days	Giazio	180 tabs/30 days	lanoprazole 30 mg	90 caps/30 days
Enbrel 25 mg	16 injections/30 days	Gilenya	30 caps/30 days	latanoprost	5 ml/30 days
Enbrel 50 mg	8 injections/30 days	Glitrofin	30 tabs/30 days	Latisse	3 ml/30 days
Endo Avitene	120 sheets/30 days	Glaptopa	30 syringes/30 days	Latuda	30 tabs/30 days
Endocet 10/325	360 tabs/30 days	Glyxambi	30 tabs/30 days	Lenvima 10 mg	30 caps/30 days
Endocet 10/650	180 tabs/30 days	GNP allergy relief	30 tabs/30 days	Lenvima 14 mg	60 caps/30 days
Endocet 5/325	360 tabs/30 days	GNP lansoprazole	30 tabs/30 days	Lenvima 20 mg	60 caps/30 days
Endocet 7.5/325	360 tabs/30 days	Gralise 300mg	180 tabs/30 days	Lenvima 24 mg	90 caps/30 days
Endocet 7.5/500	240 tabs/30 days	gralise 600mg	90 tabs/30 days	Lescol XL	30 caps/30 days
enoxaparin	60 syringes/30 days	Grauneron	10 tabs/prec. dispensed	Letairis	30 tabs/30 days
Enstilar Foam	120 gm/30 days	Grastek	30 tabs/30 days	Levaquin	14 tabs/prec. dispensed
Entresto	60 tabs/30 days	guanfacine ER	30 tabs/30 days	levetiracetam ER 500 mg	180 tabs/30 days
Epclusa	28 tabs/28 days	Harvoni	28 tabs/28 days	levetiracetam ER 750 mg	120 tabs/30 days
Epiduo	90 grams/30 days	Helistat	120 sponges/30 days	Levitra	6 tabs/30 days
Epiduo Forte	90 grams/30 days	Hepsera	30 tabs/30 days	levofloxacin	14 tabs/prec. dispensed
Epinephrine auto-injector	2 pens/30 days	Horizant	30 tabs/30 days	Lexapro	30 tabs/30 days
Epipen	2 pens/30 days	Humira 20 mg	8 injections/30 days	Lexapro soln	620 ml/30 days
Epivir HBV	30 tabs/30 days	Humira 40 mg	4 injections/30 days	Lialda	30 tabs/30 days
epplerenone	60 tabs/30 days	hydrocodone/APAP...not to exceed 4000 mg hydrocodone/APAP soln	3600 ml/30 days	Lidoderm patch	90 patches/30 days
Erectile Dysfunction Drugs Combined limit of 6 tabs/30 days		hydromorphone ER	30 tabs/30 days	linezolid tablet	56 tabs/28 days
Erivedge	30 caps/30 days	Hysingla ER	30 caps/30 days	Linzess	30 tabs/30 days
Esbriet	270 caps/30 days	Hyzaar	30 tabs/30 days	Linzess	18 years of age or older
escalopram	30 tabs/30 days	Ibrance	21 caps/28 days	Lipitor	30 tabs/30 days
escalopram soln	620 ml/30 days	lclisig	30 tabs/30 days	Livalo	30 tabs/30 days
esomeprazole 20 mg	30 caps/30 days	lclisig	18 years of age or older	Lo Loestrin Fe	28 tabs/28 days
esomeprazole 40 mg	60 caps/30 days	llaris	2 vials/28 days	Lofibra	30 caps/30 days
Estring	1 ring/90 days	llevro	1.7 ml/14 days	Lonsurf	80 tabs/28 days
Eszopiclone	30 tabs/30 days	lmbuvica	120 caps/30 days	losartan	30 tabs/30 days
Evamist	1 box/30 days			losartan/HCTZ	30 tabs/30 days
				LoSeasonique	91 tabs/90 days

The formulary is subject to change. Network pharmacies have the most up-to-date formulary information at the time your prescription claim is presented. As generic products become available, their brand name medication will be moved to the third tier or non-preferred status. The inclusion of a drug on this list does not imply coverage under all plans.

Dispensing Limitation List (Continued)

PRESCRIPTION DRUG	LIMIT	PRESCRIPTION DRUG	LIMIT	PRESCRIPTION DRUG	LIMIT
Lotrel.....	30 tabs/30 days	olopatadine nasal spray.....	1 bottle/30 days	Provigil 200 mg.....	60 tabs/30 days
Lotronex.....	60 tabs/30 days	Olvio.....	28 tabs/28 days	Pulmicort Respules.....	60 ampules/30 days
Loxaza.....	120 caps/30 days	Omeclamox.....	1 box/year	Pulmozyme.....	30 ampules/30 days
Lovenox.....	60 syringes/30 days	omega-3 acid.....	120 caps/30 days	Qnasl.....	1 bottle/30 days
Lumigan.....	5 ml/30 days	omeprazole 10 mg, 40 mg.....	60 caps/30 days	Qualaquin.....	42 caps/365 days
Lunesta.....	30 tabs/30 days	omeprazole 20 mg.....	90 caps/30 days	Quartette.....	91 tabs/91 days
Luvox CR.....	30 caps/30 days	omeprazole/sod bicarb capsule...30 caps/30 days	30 caps/30 days	quasense.....	91 tabs/91 days
Luzu.....	60 grams/presc. dispensed	omeprazole/sod bicarb packet/30 packets/30 days	30 packets/30 days	quetiapine.....	60 tabs/30 days
Lynparza.....	480 caps/30 days	Omnaris.....	2 inhalers/30 days	quetiapine extended-release60 tabs/30 days	60 tabs/30 days
Lyrica.....	120 caps/30 days	ondansetron ODT tabs.....	90 tabs/30 days	Quillichew ER 20 mg, 30 mg	60 tabs/30 days
Lyrica soln.....	900 ml/30 days	ondansetron soln.....	100 ml/presc. dispensed	Quillichew ER 40 mg.....	30 tabs/30 days
Lysteda.....	30 tabs/30 days	ondansetron tabs.....	90 tabs/30 days	Quillivant XR.....	360 ml/30 days
Margiesic.....	240 caps/30 days	Onexon gel.....	50 grams/presc. dispensed	Qutenza.....	4 patches/84 days
Maxalt, Maxalt MLT 10 mg.....	12 tabs (2 boxes)/30 days	Onglyza.....	30 tabs/30 days	RA allergy relief.....	30 tabs/30 days
Maxalt, Maxalt MLT 5 mg24 tabs (4 boxes)/30 days		Onztra Xsail.....	1 box (16 pcs)/30 days	rabeprazole 20 mg.....	90 tabs/30 days
medroxyprogesterone.....	1 injection/90 days	Opana ER.....	60 tabs/30 days	rabeprazole 5 mg, 10 mg.....	30 caps/30 days
Mekinst.....	30 tabs/30 days	Opsumit.....	30 tabs/30 days	Ragwitek.....	30 tabs/30 days
mementine.....	60 tabs/30 days	Oralair.....	30 tabs/30 days	Ranexa.....	120 tabs/30 days
methadone 10 mg.....	180 tabs/30 days	Oravig.....	14 tabs/presc. dispensed	Ranjani.....	28 tabs/28 days
methadone 5 mg.....	360 tabs/30 days	Orenitram.....	90 tabs/30 days	Rapaflo.....	30 caps/30 days
methylphenidate 10 mg.....	180 tabs/30 days	oseltamivir.....	1 treatment every 180 days	Razadyne ER.....	30 caps/30 days
methylphenidate 20 mg.....	90 tabs/30 days	Orkambi.....	112 tabs/28 days	Rebif.....	12 injections/30 days
methylphenidate ER.....	60 caps/30 days	Oseni.....	30 tabs/30 days	Regranex.....	15 grams/presc. dispensed
methylphenidate ER 18, 27, 54 mg30 tabs/30 days		Ospheha.....	30 tabs/30 days	Relenza.....	1 treatment every 180 days
methylphenidate ER 36 mg.....	60 tabs/30 days	Otezla.....	60 caps/30 days	Relistor.....	4 kits or 30 vials/30 days
metoclopramide disolvable tabs	120 tabs/30 days	Oxaydo.....	120 tabs/30 days	Relistor Tablet.....	90 tabs/30 days
Metozolv.....	120 tabs/30 days	Oxtellar XR.....	120 tabs/30 days	Relpax 20 mg.....	12 tabs/30 days
Micardis.....	30 tabs/30 days	oxycodone ER.....	120 tabs/30 days	Relpax 40 mg.....	6 tabs/30 days
Micardis HCT.....	30 tabs/30 days	oxycodone/APAP.....	not to exceed 4000 mg of APAP/day	repaglinide.....	240 tabs/30 days
Migranal Nasal Spray. 16 sprays (2 boxes)/30 days		Oxycontin.....	120 tabs/30 days	repaglinide/metformin.....	60 tabs/30 days
Mirapex.....	90 tabs/30 days	oxymorphone ER.....	60 tabs/30 days	Repatha.....	3 injections/28 days
Mirapex ER.....	30 tabs/30 days	Oxytrol.....	8 patches/30 days	Requip XL.....	30 tabs/30 days
mirtazapine.....	30 tabs/30 days	paliperidone 3 mg, 9 mg.....	30 tabs/30 days	Restasis.....	60 vials/30 days
Mirvaso.....	18 years of age or older	palliperidone 6 mg.....	60 tabs/30 days	Revatio.....	90 tabs/30 days
modafinil 100 mg.....	120 tabs/30 days	pantoprazole 20 mg.....	30 tabs/30 days	Rexulti.....	30 tabs/30 days
modafinil 200 mg.....	60 tabs/30 days	pantoprazole 40 mg.....	60 tabs/30 days	risedronate 35 mg delayed-release	4 tabs/28 days
montelukast.....	30 tabs/30 days	paroxetine CR.....	60 tabs/30 days	Risperdal 4mg.....	120 tabs/30 days
morphine sulfate ER caps.....	60 caps/30 days	Patanase.....	1 bottle/30 days	Risperdal all strengths except 4 mg.....	60 tabs/30 days
morphine sulfate ER tabs.....	90 tabs/30 days	Paxil CR.....	60 tabs/30 days	risperidone 4 mg.....	120 tabs/30 days
Movantik.....	30 tabs/30 days	Pegasy.....	8 injections/30 days	Ritalin 10 mg.....	180 tabs/30 days
Moxeza.....	3 ml/30 days	Peg-Intron.....	4 syringes/vials/30 days	Ritalin 20 mg.....	90 tabs/30 days
moxifloxacin.....	14 tabs/presc. dispensed	Pennisaid.....	150 ml/30 days	Ritalin 5 mg.....	360 tabs/30 days
MS Contin.....	90 tabs/30 days	Pentasa 250 mg.....	120 caps/30 days	Ritalin LA.....	60 caps/30 days
Multaq.....	60 tabs/30 days	Pentasa 500 mg.....	240 caps/30 days	rivastigmine capsule.....	60 caps/30 days
Muse.....	6 inserts/30 days	Percoct 2.5, 5, 10/325 mg	360 tabs/30 days	rivastigmine patch.....	30 patches/30 days
Mysteti.....	60 tabs/30 days	Pexeva 10 mg, 20 mg, 30 mg, 40 mg.....	30 tabs/30 days	rizatriptan, rizatriptan ODT	10 mg12 tabs/30 days
Namenda.....	60 tabs/30 days	Phoslyra.....	1800 ml/30 days	rizatriptan, rizatriptan ODT 5 mg.	24 tabs/30 days
Namenda XR.....	30 tabs/30 days	Picato.....	3 tubes of 0.015%/presc. dispensed	ropinirole ER.....	30 tabs/30 days
naratriptan 1 mg.....	18 tabs/30 days	Picato.....	2 tubes of 0.05%/presc. dispensed	rosuvastatin.....	30 tabs/30 days
naratriptan 2.5 mg.....	9 tabs/30 days	pioglitazone.....	30 tabs/30 days	Roxicet 5/325.....	360 tabs/30 days
Natazia.....	28 tabs/28 days	pioglitazone/glimepiride.....	30 tabs/30 days	Rozemem.....	30 tabs/30 days
nateglinide.....	90 tabs/30 days	pioglitazone/metformin.....	60 tabs/30 days	Rubraca.....	120 tabs/30 days
Natesto.....	21.96 gm/30 days	Plavix.....	30 tabs/30 days	Sabril.....	180 tabs/30 days
Natpara.....	2 cartridges/28 days	Plegridy.....	2 syringes or pens/28 days	Safyral.....	28 tabs/28 days
Nebupent.....	1 inhaler/30 days	Ponemoxav.....	1 injection/ presc. dispensed	Samsca.....	60 tabs/30 days
Nesina.....	30 tabs/30 days	Pradaxa.....	60 caps/30 days	Sanctura.....	60 tabs/30 days
Neulasta.....	2 syringes/30 days	Praluent.....	2 injections/28 days	Sanctura XR.....	30 caps/30 days
nevirapine XR.....	30 tabs/30 days	pramipexole ER.....	90 tabs/30 days	Sancuso.....	4 patches/30 days
Nexium 20 mg.....	30 caps/30 days	pramipexole ER.....	30 tabs/30 days	Santyl.....	30 grams/presc. dispensed
Nexium 40 mg.....	60 caps/30 days	Prandimet.....	60 tabs/30 days	Saphris.....	60 sublingual tabs/30 days
Niacin ER.....	60 tabs/30 days	Prandin.....	240 tabs/30 days	Savaysa.....	30 tabs/30 days
Niaspan.....	60 tabs/30 days	Pravachol.....	30 tabs/30 days	Savella.....	60 tabs/30 days
Ninlaro.....	3 caps/28 days	pravastatin.....	30 tabs/30 days	Saxenda.....	5 pens/30 days
Norco.....	360 tabs/30 days	Pregnyl.....	3 vials/30 days	Seasonique.....	91 tabs/91 days
Northera.....	14 day supply/presc. dispensed	Prestalia.....	30 tabs/30 days	Serevent Diskus1 inhaler (60 blisters)/30 days	60 tabs/30 days
Norvasc.....	30 tabs/30 days	Prevacid 15 mg.....	30 caps/30 days	Serrivro Spray.....	120 ml/90 days
Nucala.....	1 vial/28 days	Prevacid 30 mg.....	90 caps/30 days	Seroquel.....	60 tabs/30 days
Nucynta.....	180 tabs/30 days	Prezcobix.....	30 tabs/30 days	Seroquel XR.....	60 tabs/30 days
Nucynta.....	18 years of age or older	Pfizer.....	24 tabs/28 days	sildenafil 20 mg.....	90 tabs/30 days
Nucynta ER.....	60 tabs/30 days	Pfizer.....	24 tabs/28 days	Silenor.....	30 tabs/30 days
Nuplazid.....	60 tabs/30 days	Pfizer.....	24 tabs/28 days	Simbrinza.....	1 bottle/30 days
Nuvaring.....	1 ring/30 days	Pfizer.....	24 tabs/28 days	simvastatin.....	30 tabs/30 days
Nuvsua.....	5 grams/presc. dispensed	Pfizer.....	24 tabs/28 days	Singular.....	30 tabs/packets/30 days
Nuvigil.....	30 tabs/30 days	ProAir HFA.....	2 inhalers/30 days	Singular Chewables.....	limited to 15 yrs and under
Nymalize.....	2520 mL/21 days	ProAir Respiclick.....	2 inhalers/30 days	Sivextro.....	6 tabs/presc. dispensed
Ocaliva.....	30 tabs/30 days	Prophine.....	1 kit/180 days	Sklice.....	120 ml/7 days
Odefsey.....	30 tabs/30 days	Procrit 2000, 3000, 4000 unit	only 12/30 days	Solaraze.....	100 grams/30 days
Odomzo.....	30 caps/30 days	Profasi.....	3 vials/30 days	Soliqua.....	6 pens/30 days
Ofev.....	60 caps/30 days	Prolensa.....	1 bottle/presc dispensed	Soma.....	120 tabs/30 days
olanzapine.....	30 tabs/30 days	Protracta.....	90 tabs/30 days	Sonata tabs.....	30 tabs/30 days
olanzapine/fluoxetine.....	30 caps/30 days	Proscar.....	30 tabs/30 days	Sorilux.....	120 grams/30 days
olmesartan.....	30 tabs/30 days	Protonix 20 mg.....	30 tabs/30 days	sotret.....	30 days/presc. dispensed
olmesartan/amlodipine/HCTZ	30 tabs/30 days	Protonix 40 mg.....	60 tabs/30 days	Sotylize.....	1,920 ml/30 days
olmesartan/HCTZ.....	30 tabs/30 days	Proventil HFA.....	2 inhalers/30 days	Sovaldi.....	28 tabs/28 days
		Provigil 100 mg.....	120 tabs/30 days		

Dispensing Limitation List (Continued)

PRESCRIPTION DRUG	LIMIT	PRESCRIPTION DRUG	LIMIT	PRESCRIPTION DRUG	LIMIT
Spiriva.....	1 inhaler (30 caps)/30 days	Tudorza.....	1 inhaler/30 days	Zipsor.....	120 caps/30 days
Spiriva Respimat.....	1 inhaler/30 days	Tuzista XR.....	18 years of age or older	Zocor.....	30 tabs/30 days
Sporanox.....	90 day supply/calendar year	Twynsta.....	30 tabs/30 days	Zofran ODT tabs.....	30 tabs/30 days
Spiritam.....	60 tabs/30 days	Tybot.....	30 tabs/30 days	Zofran soln.....	100 ml/presc. dispensed
Spryc.....	5 bottles/30 days	Uceris.....	30 tabs/30 days	Zofran tabs.....	90 tabs/30 days
Stadol NS.....	2 bottles (2.5 ml each)/30 days	Ulesfia.....	1362 ml/30 days	Zohydro ER.....	60 tabs/30 days
Starlix.....	90 tabs/30 days	Uloric.....	30 tabs/30 days	zolmitriptan.....	12 tabs/30 days
Staxyn.....	6 tabs/30 days	Ultram.....	30 tabs/30 days	zolmitriptan 5 mg.....	6 tabs/30 days
Stendra.....	6 tabs/30 days	Ultram/ Ultracet.....	240 tabs/30 days	zolpidem.....	30 tabs/30 days
Stiolto Respimat.....	1 inhaler/30 days	Ultravate lotion.....	60 ml/90 days	Zolpimist.....	1 canister/30 days
Stivarga.....	84 tabs/28 days	Upravi.....	60 tabs/30 days	Zomig Nasal Spray sprays(2 boxes)/30 days	30 tabs/30 days
Strattera.....	60 caps/30 days	Upravi Titration Pack.....	140 tabs/60 days	Zomig, Zomig ZMT 2.5 mg 2 tabs (2 boxes)/30 days	30 tabs/30 days
Striverdi.....	1 inhaler/30 days	Uroxatral.....	30 tabs/30 days	Zomig, Zomig ZMT 5 mg .6 tabs (2 boxes)/30 days	30 tabs/30 days
Suboxone 2/0.5 mg.....	360 tabs/30 days	valsartan.....	30 tabs/30 days	Zontivity.....	30 tabs/30 days
Suboxone 8/0.5 mg.....	90 tabs/30 days	valsartan/amlodipine.....	30 tabs/30 days	Zortress.....	120 tabs/30 days
Subutex 2 mg.....	360 tabs/30 days	valsartan/amlodipine/HCTZ.....	30 tabs/30 days	Zorvolex.....	90 caps/30 days
Subutex 8 mg.....	90 tabs/30 days	valsartan/HCTZ.....	30 tabs/30 days	Zostavax.....	1 per lifetime
sumatriptan.....	3 kits (6 inj)/30 days	Valturna.....	30 tabs/30 days	Zostavax.....	50 years of age or older
sumatriptan 100 mg.....	9 tabs/30 days	vanetanib 100 mg.....	60 tabs/30 days	Zovirax ointment.....	30 grams/30 days
sumatriptan 25 and 50 mg.....	18 tabs/30 days	valsartan 300 mg.....	30 tabs/30 days	Zubsolv.....	16 years of age or older
sumatriptan NS.12 sprays(2 boxes)/30 days		Varubi.....	2 tabs/presc. dispensed	Zurampic.....	30 tabs/30 days
Sumavel DosePro.....	6 injections/30 days	Vascepa.....	120 caps/30 days	Zydelig.....	60 tabs/30 days
Sustol.....	1 syringe/7 days	Vaxchora.....	100 ml/90 days	Zyflo CR.....	120 tabs/30 days
Sylatron.....	4 syringes/30 days	Vaxchora.....	18 to 64 years of age	Zykadia.....	150 caps/30 days
Symbicort.....	1 inhaler/30 days	Veltassa.....	30 packets/30 days	Zymaxid.....	1 bottle/30 days
Symbyax.....	30 caps/30 days	Veltin.....	30 grams/30 days	Zyprexa.....	30 tabs/30 days
Synjardy.....	60 tabs/30 days	Venclexta 10 mg.....	60 tabs/30 days	Zyprexa Relprev 210, 300 mg.....	1 inj/14 days
Tafinlar.....	120 caps/30 days	Venclexta 100 mg.....	120 tabs/30 days	Zyprexa Relprev 405 mg.....	1 inj/28 days
Tagrisso.....	30 tabs/30 days	Venclexta 50 mg.....	30 tabs/30 days	Zytiga.....	120 tabs/30 days
Tamiflu.....	1 treatment every 180 days	venlafaxine ER 150 mg.....	60 caps/30 days	Zyvox.....	56 tabs/28 days
Tamiflu Susp.....	75 ml/180 days	venlafaxine ER 37.5 mg.....	30 caps/30 days		
tamsulosin.....	60 caps/30 days	venlafaxine ER 75 mg.....	90 caps/30 days		
Tarka.....	30 tabs/30 days	Ventolin HFA.....	2 inhalers/30 days		
Tasmar.....	90 tabs/30 days	Vesicare.....	30 tabs/30 days		
Tecfidera.....	60 caps/30 days	Viagra.....	6 tabs/30 days		
Technivie.....	56 tabs/28 days	Viberzi.....	60 tabs/30 days		
Teflaro.....	30 vials/30 days	Victoza.....	3 pens/30 days		
Tektura.....	30 tabs/30 days	Viekira Pak.....	112 tabs/28 days		
Tektura HCT.....	30 tabs/30 days	Viekira XR.....	84 tabs/28 days		
telmisartan.....	30 tabs/30 days	Viiyrd.....	30 tabs/30 days		
telmisartan HCT.....	30 tabs/30 days	Vimovo.....	60 tabs/30 days		
Terazol 3.....	1 tube/30 days	Vimpat.....	60 tabs/30 days		
Terazol 7.....	1 tube/30 days	Viramune XR.....	30 tabs/30 days		
terbinafine tabs.....	90 days supply/calendar yr	Vitekta.....	30 tabs/30 days		
terconazole 3.....	1 tube/30 days	Vivlodex.....	30 caps/30 days		
terconazole 7.....	1 tube/30 days	Voltaren 1% Gel.....	960 grams/30 days		
testosterone 1% gel 25 mg/75 grams/30 days		Voltaren 3% Gel.....	100 grams/30 days		
testosterone 1% gel 50 mg, pump300 gm/30 days		Vraylar.....	30 caps/30 days		
TGT allergy relief.....	30 tabs/30 days	Vytorin.....	30 tabs/30 days		
Tivicay.....	30 tabs/30 days	wal-fex allergy 180 mg.....	30 tabs/30 days		
Tivorbex.....	90 tabs/30 days	wal-fex allergy 60 mg.....	60 tabs/30 days		
TOBI.....	56 ampules/28 days	Wellbutrin XL 150 mg.....	90 tabs/30 days		
Tobradex ST.....	.5 ml/30 days	Wellbutrin XL 300 mg.....	60 tabs/30 days		
tobramycin ampules.....	56 ampules/28 days	Xalatan.....	.5 ml/30 days		
tolcapone.....	90 tabs/30 days	Xalkori.....	60 caps/30 days		
tolterodine.....	60 tabs/30 days	Xarelto.....	30 tabs/30 days		
tolterodine ER.....	30 caps/30 days	Xartemis XR.....	120 tabs/30 days		
Toradol.....	20 tabs/calendar yr	Xeljanz.....	60 tabs/30 days		
Toviaz.....	30 tabs/30 days	Xeljanz XR.....	30 capsules/30 days		
Tradjenta.....	30 tabs/30 days	Xerese.....	5 grams/30 days		
tramadol.....	240 tabs/30 days	Xifaxan 550 mg.....	42 tabs/14 days		
tramadol ER.....	30 tabs/30 days	Xigduo XR.....	30 tabs/30 days		
tramadol/APAP.....	240 tabs/30 days	Xidra.....	60 containers/30 days		
trandolopril/verapamil.....	30 tabs/30 days	Xtampza ER.....	60 tabs/30 days		
tranexamic acid.....	30 tabs/30 days	Xulane.....	3 patches/28 days		
Transderm SCOP.....	10 patches/30 days	Xuriden.....	120 packets/30 days		
Travatan Z.....	.5 ml/30 days	zafirlukast.....	60 tabs/30 days		
Treximet.....	9 tabs/30 days	zaleplon.....	30 tabs/30 days		
Tribenzor.....	30 tabs/30 days	Zazole.....	1 tube/30 days		
Tricor.....	30 tabs/30 days	Zegerid capsules.....	30 caps/30 days		
Triglide.....	30 tabs/30 days	Zegerid powder packet ..	30 packets/30 days		
Trilipix.....	30 caps/30 days	Zelboraf.....	240 tabs/30 days		
Trintellix.....	30 tabs/30 days	Zembrace Symtouch.....	12 injections/30 days		
Triumeq.....	30 tabs/30 days	Zepatier.....	28 tabs/28 days		
tropium.....	60 tabs/30 days	Zetia.....	30 tabs/30 days		
tropium er.....	30 caps/30 days	Zetonna.....	1 bottle/30 days		
Trulicity.....	4 pens/28 days	Zetonna.....	12 years of age or older		
Trumeba.....	0.5 ml/presc. dispensed	Ziana.....	30 grams/30 days		
Trumenba.....	10 to 25 years of age	Zinbryta.....	1 syringe/28 days		
		ziprasidone.....	60 caps/30 days		

Any member with a request exceeding the current quantity limits should have a letter from their healthcare provider. The letter should include diagnosis, reason for exceeding the quantity limit per month, and what the therapy plan will be for the member (i.e. tapering schedule). In most cases, the quantity limits we have selected are set to maximum dosages and should not be exceeded according to the current manufacturer's recommendations. Prior authorizations for quantity limits exceeding the guidelines will be issued for 6-month intervals and will require a new letter from the member's healthcare provider at the end of the 6-month period.

Cualquier miembro con una petición superior a los límites de volumen actual debe tener una carta de su proveedor de atención médica. La carta debe incluir el diagnóstico, razón por exceder el límite de cantidad al mes, y lo que el plan de tratamiento será por el miembro (es decir, disminuyendo el horario). En la mayoría de los casos, los límites de volumen que se establecieron en dosis máxima y no debe ser superado de acuerdo a las recomendaciones del fabricante actual. Antes de las autorizaciones de los límites de cantidad superior a las directrices se publicarán en intervalos de 6 meses y requerirá una nueva carta del proveedor de atención médica del afiliado al final del periodo de 6 meses.

The formulary is subject to change. Network pharmacies have the most up-to-date formulary information at the time your prescription claim is presented.

As generic products become available, their brand name medication will be moved to the third tier or non-preferred status. The inclusion of a drug on this list does not imply coverage under all plans.

Preventive Medications

The Affordable Care Act (ACA) makes certain preventive medications available to you at no cost. Listed below are examples of the preventive medications covered at 100% if obtained by a prescription. These products may be subject to coverage criteria, age limits, quantity limits, or generic requirements. This list is subject to change as ACA guidelines are updated.

Aspirin Products

aspirin 81 mg tablet
aspirin 81 mg chewable tablet

Fluoride Products (5 years of age or younger)

fluoride chewable tablet
fluoride tablet

Folic Acid Supplements

folic acid 400 mcg tablet
folic acid 800 mcg tablet

Breast Cancer Prevention Medications

tamoxifen
raloxifene

Vitamin D Supplements (65 years of age or older)

vitamin D 1000 unit tablet
vitamin D 400 unit chewable tablet

Bowel Preparation Medications (50 to 75 years of age)

bisacodyl
magnesium citrate

Tobacco Cessation Medications (limit of 180-day supply per calendar year)

Chantix
nicotine gum

Immunizations (age limits may apply)

Immunizations identified by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention

Contraceptive Methods

Contraceptive methods approved by the U.S. Food and Drug Administration

Member Bill of Rights

In an effort to recognize the member's rights with respect to healthcare providers, products and pharmacy service, National Pharmaceutical Services (NPS) has adopted the following Member Bill of Rights.

A MEMBER'S RIGHTS INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

- To exercise the foregoing rights without regard to age, sex, marital status, sexual orientation, race, color, religion, ethnicity, ancestry, national origin, mental or physical disability, genetic information, health status, source of payment, or utilization of services.
- To be treated with respect and recognition of their dignity and need for privacy.
- To have their prescriptions dispensed and pharmacy services provided from their choice of pharmacy providers in the NPS network. Subject to plan network limitations and restrictions.
- To know the terms and conditions of their prescription drug benefit plan, the content of preferred drug lists, and the procedures for obtaining exemptions or prior authorizations.
- To receive any legally prescribed product, realizing this may require them to bear the expense of such a choice.
- To ask for and receive any supplier's product that will legally fulfill a generically written prescription.
- To obtain relevant, current, and understandable information concerning their medication therapy and its relevance in the treatment plan from their healthcare provider.
- To discuss and request information related to their specific prescribed medication, the possible adverse side effects, and drug interactions.
- To expect that all records and discussions pertaining to their drug therapy will be treated as confidential.
- To expect that their specific information regarding pharmaceutical medications will not be extracted, provided, or sold to outside parties without their informed and expressed written consent.
- To have the opportunity to voice complaints or appeals about NPS, or the care provided at NPS Network Pharmacy Providers, and to an appeals process to ensure fair resolution of a complaint or grievance.

A MEMBER'S RESPONSIBILITIES INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

- Knowing, understanding and abiding by the terms, conditions and provisions of the NPS-administered prescription drug benefit plan. This information is made available through the Plan Summary Document.
- Paying copayments, coinsurance, or deductibles as stated in the Plan Summary Document at the time service is provided and accepting financial obligations for services rendered.
- Being knowledgeable about their prescription drug therapy, including risks and limitations.
- Complying with their prescribed drug therapy regimen and maintaining a healthy lifestyle.
- Disclosing relevant information that is necessary for appropriate selection of drug therapy including health status, lifestyle, food and drug allergies, and medication history.
- To participate effectively in decision making, members must take responsibility for requesting information or clarification about the drugs they are taking when they do not fully understand information and instructions.
- To accept personal responsibility if they refuse treatments, medications, or services.
- Carrying their NPS Network plan identification card and identifying themselves as an NPS plan ID cardholder before receiving pharmaceutical products and/or services.

Introducción

Para la información más reciente de National Pharmaceutical Services® / Pharmaceutical Technologies, Inc.® (PTI®) formulario (el formulario), por favor consulte la información de formulario en nuestra página web www.pti-nps.com. Este formulario incluye la mayoría, pero no todas, las clases terapéuticas de los medicamentos recetados y está sujeta a cambios en cualquier momento mediante la revisión por PTI. Nuestro Formulario Nacional se revisa cada trimestre por un comité de Farmacia y Terapéuticos (P&T). El formulario sólo se aplica a los medicamentos recetados para pacientes ambulatorios dispensados por las farmacias participantes. No se aplica a los medicamentos de hospitalización o medicamentos obtenidos a partir de y / o administrados por un médico. Toda la información en el formulario se proporciona como una referencia para la selección de la terapia de drogas. Los médicos y los farmacéuticos se les anima a revisar el formulario y utilizarlo cuando se prescriba para nuestros miembros. Esto es extremadamente importante, ya que benefician a un miembro de la receta se basa en medicamentos que se prescriben en el formulario. El formulario no pretende interferir con el juicio médico independiente que se basa en la relación médico-paciente. La elección final de selección de medicamentos específicos para un paciente individual depende únicamente del prescriptor. Productos en el formulario no incluye todas las concentraciones o formas de administración asociados con el producto de marca. Todos los medicamentos incluidos en el formulario no están necesariamente cubiertos por el plan de medicamentos recetados a cada miembro de beneficios sociales. **La inclusión de un medicamento en esta lista no implica la cobertura de todos los planes. La cobertura de los productos señalados estarán sujetos a las limitaciones del diseño del plan de beneficios de farmacia. Los miembros deben consultar a su manual de beneficios de medicamentos recetados o comuníquese con un representante de servicio al cliente para determinar la cobertura específica.**

Desarrollo del Formulario de Drogas

La gran cantidad de medicamentos disponibles en el mercado de consumo hace que sea obligatorio que los planes de introducir un programa racional de uso de drogas. Esta herramienta se ha desarrollado para asegurar que los miembros reciban la mejor atención y protección posible de una manera costo-efectivo. Dicho programa debe incluir la evaluación a fondo, la selección y el uso de agentes medicinales. Esta es la base para la terapia racional de los medicamentos. El concepto de un formulario proporciona un método para alcanzar la terapia racional de los medicamentos de una manera costo-efectiva, mientras que proporciona óptimos resultados terapéuticos para el miembro. El formulario es la piedra angular de la garantía de calidad de los medicamentos de terapia y los esfuerzos de contención de costos. Un formulario apoya y maximiza la eficacia de la prescripción de pautas y protocolos para la terapia. Como tal, el desarrollo y mantenimiento del Formulario es necesariamente una en curso y el proceso dinámico.

El formulario es una recopilación de los medicamentos revisados continuamente, lo que refleja el juicio clínico actual de la Comisión de Farmacia y Terapéutica, ya que evaluar, y seleccionar entre los numerosos agentes disponibles medicamentos y formas farmacéuticas que se consideran más útiles en la atención al paciente. El comité de P&T considera los datos científicos publicados y clínicos, guías de tratamiento, aprobado por la FDA las indicaciones, la utilización del plan y el costo en el proceso de selección. Es el objetivo final del Comité de P & T para que el formulario completo, proactivo, y fácil de usar.

Ley De Paridad De Salud Mental

La Ley Paridad de Salud Mental y Contra la Adicción de Igualdad referida como (MHPEA) de 2008 y sus reglas finales provisional que corresponden requiere que la administración de la salud mental y los medicamentos de abuso de sustancias sigan el mismo enfoque de desarrollo y las normas como los medicamentos para tratar otros síntomas.

El formulario (NPS) ha subdividido la clasificación de medicamentos recetados en niveles, y se aplica el requisito de la paridad en general por separado para cada nivel de beneficios de medicamentos recetados. Para los planes que imponen los diferentes niveles de las necesidades financieras de los distintos niveles (es decir, un plan de beneficios en niveles) de los medicamentos recetados, estos factores se basan en factores razonables (tales como el costo, la eficacia, nombre genérico de la marca contra, y frente a la farmacia de pedidos por correo de recogida), y se determina de acuerdo con los requisitos para las limitaciones del tratamiento no cuantitativa, y sin tener en cuenta si un medicamento se prescribe generalmente con respecto a médico / quirúrgico o beneficios de salud mental o beneficios de abuso de sustancias. Como la estructura y niveles de el formulario (NPS) se desarrolla lo mismo con los mismos principios aplicados a todas las categorías de la medicación, sin criterio preciso diferenciar los medicamentos de salud mental, y no requiere unos requisitos más restrictivos para los medicamentos prescritos para las condiciones de salud mental y abuso de sustancias que cualquier otro de medicina general / de consumo de drogas quirúrgica, el (NPS) en el formulario es el cumplimiento del presente Reglamento.

Comité de Farmacia y Terapéuticos (P&T)

El Comité de P & T incluye médicos y farmacéuticos. Ellos deben cumplir con las normas de la política de ética establecidos por el Comité P & T. A la revisión de los medicamentos en cada clase terapéutica de eficacia, reacciones adversas, y el costo del tratamiento, a continuación, seleccione los agentes en cada categoría para la inclusión / exclusión en el formulario. El mantenimiento del Formulario es un proceso dinámico, y nuevos medicamentos y la información relativa a los medicamentos existentes son continuamente revisados por el Comité P & T.

Criterios de Selección de Productos

Cuando un nuevo medicamento es considerado para su inclusión formulario, se intentará examinar las drogas en relación con las drogas similares actualmente en el formulario. Además, toda clases terapéuticas son revisados periódicamente. El proceso de revisión de clase puede dar lugar a la supresión o no-Formulario (NF) el estado de la droga (s) en una clase terapéutica particular, en un esfuerzo por promover continuamente la mayoría de los agentes clínicamente útil y costo efectivo.

Un factor central en la gestión exitosa del formulario es la revisión y evaluación de los productos farmacéuticos disponibles en el mercado de consumo y un medio para realizar cambios en el formulario en respuesta a las terapias

de cambio y los factores económicos. El Comité P & T utiliza el siguiente criterio en la evaluación de selección de productos para el formulario:

1. El medicamento debe demostrar la seguridad inequívoca para uso médico.
2. El medicamento debe ser eficaz y ser médicamente necesarios para el tratamiento, el mantenimiento o la profilaxis de una enfermedad médica.
3. El medicamento no tiene agentes alternativos / similar en el formulario que puede ser sustituido.
4. El medicamento debe demostrar un resultado terapéutico.
5. La comunidad médica debe aceptar el medicamento para su uso.
6. El producto farmacéutico debe tener una relación equitativa de los costos para el tratamiento de la enfermedad médica.

Formulario Medidas Para Controlar

Para promover la utilización más adecuada de riesgo seleccionados de alto costo o más medicamentos, PTI utiliza uno de o una combinación de estos procedimientos para hacer cumplir formulario. (1) de bloqueo del NDC y el bloque en el punto de venta, (2) Formulario de llenado incentivos tarifa para los farmacéuticos, (3) co-pago diferenciales para los miembros, (4) de mensajería en línea formulario, (5) la autorización previa, (6) límites en dólares por siniestro antes de la autorización previa y (7) las limitaciones cuantitativas. El Comité de P & T ha establecido criterios de formulario con el aporte de los médicos participantes y el examen de la literatura médica actual.

Modificación / Preguntas del Formulario

Si un médico solicita que un medicamento nuevo o existente considerarse para su inclusión en el Formulario, una carta indicando las ventajas significativas del medicamento más actuales medicamentos del formulario en esta clase deben ser enviados por correo a la siguiente dirección: Presidente, Comité de Farmacia y Terapéutica • Pharmaceutical Technologies, Inc. • PO Box 407 • Boys Town, NE 68010. O por email formulary@pti-nps.com.

Estructura de Formulario de Tres Niveles de Co-Pago

Este formulario está dividido en tres niveles y está codificado por colores para identificar fácilmente el estado de un agente en particular en una categoría terapéutica en el formulario. La primera capa contiene los medicamentos genéricos. Todos los medicamentos genéricos están incluidos en el primer nivel y son considerados los agentes preferidos. Los medicamentos genéricos ofrecen un excelente valor para el consumidor, ya que son químicamente idénticos a los medicamentos de marca, pero cuestan una fracción del costo del medicamento de marca correspondiente. La administración de Alimentos y Medicamentos de EE.UU. (FDA) exige que los medicamentos genéricos ofrecen la misma eficacia y la seguridad de que sus homólogos de marca. La FDA requiere fabricantes de medicamentos para demostrar que la versión genérica entra en el torrente sanguíneo de la misma manera, contiene la misma cantidad de ingrediente activo, viene en la misma forma de dosificación y se toma la misma forma que el medicamento de marca. Los asegurados pagarán el más bajo co-pago por medicamentos genéricos. Estos agentes pueden ser fácilmente identificados en el formulario como los agentes de la columna sombreada en verde. El segundo nivel contiene medicamentos de marca preferidos. Estos son medicamentos que todavía están protegidos por patentes y no puede haber alternativas genéricas disponibles. El Comité de P & T ha publicado opiniones de estos medicamentos y que se encuentran a ser terapéuticamente superior, ofrecen un mejor resultado para el miembro, o proporcionar el mismo efecto terapéutico, pero guardar el dinero de los patrocinadores del plan en comparación con un agente en el 3er nivel. Los miembros pagan el co-pago por medio preferido Marca de Medicamentos. Estos agentes pueden ser fácilmente identificados en el formulario como los agentes de la columna sombreada amarilla. La tercera lista de nivel de los medicamentos no recomendados de marca. Estos son los medicamentos de marca que, o bien tienen igual de eficaces y menos costosos equivalentes genéricos o pueden tener una o más alternativas preferidas medicamentos de marca disponible en el segundo nivel que proporcionan el mismo efecto terapéutico. Usted o su médico puede decidir que un medicamento en esta categoría es el mejor para usted. Si elige un tercio de drogas de nivel, puede ser objeto del más alto nivel de copago, que todavía representa un ahorro significativo para usted en comparación con el costo total al por menor de la medicación. Estos agentes pueden ser fácilmente identificados en el formulario como los agentes de la columna sombreada de color rojo. Consulte a los materiales su beneficio, o llame a la PTI / NPS Ayuda número de teléfono en el escritorio de su tarjeta de identificación, para determinar qué nivel de cobertura que usted tiene para sus medicamentos recetados.

Alternativas del Formulario

Sugirió alternativas terapéuticas se seleccionan los medicamentos que representan opciones a los medicamentos fuera del formulario. El formulario en línea le da a los farmacéuticos alternativas para los agentes no preferidos. Alternativas formularias representan oportunidades para ayudar a los beneficios de farmacia patrocinador del plan mantener el beneficio económico y sostenible. En un formulario de tres niveles, las alternativas preferidas resultado en una menor co-pagos para los pacientes y salvar a los patrocinadores de planes de dólares de beneficios. alternativas Formulario requieran la autorización del médico y se recomienda sólo después de considerar los estados de enfermedad específica del paciente, las contraindicaciones, la historia terapéutica, los medicamentos actuales y otras circunstancias del caso.

Política del Intercambio Terapéutico (TI)

El uso de los programas de intercambio terapéutico como parte de un enfoque global de la calidad, la atención al paciente sea costo efectivo es recomendado. Intercambio terapéutico es la práctica de la sustitución, con la aprobación del médico que prescribe, un medicamento recetado originalmente previsto para un paciente con un medicamento recetado que es su equivalente terapéutico. Dos o más medicamentos se consideran terapéuticamente equivalentes si se puede esperar que producen niveles iguales de efectividad clínica y el sonido los resultados médicos de los pacientes. El intercambio terapéutico término debe distinguirse de la sustitución terapéutica plaza. sustitución terapéutica se ha definido como una práctica en la que el farmacéutico puede sustituir un medicamento por el farmacéutico cree tener un efecto similar terapéutica que el medicamento prescrito, sin la aprobación de su médico. Intercambio terapéutico implica la colaboración de los farmacéuticos y los prescriptores en el examen de los productos disponibles de drogas con efectos equivalentes terapéuticos con el fin de proporcionar a los pacientes con la más segura, más racional, y la mayoría de la terapia con medicamentos rentable. Intercambio terapéutico asegura que los prescriptores están informados sobre las opciones de tratamiento farmacológico.

El médico tiene la autoridad para decidir sobre el tratamiento final del paciente. programas de intercambio terapéu-

tico se rigen por las normas de prescripción clínica basada en que son revisados por el Comité P & T. Sin embargo, de intercambio terapéutico no siempre se trata de costos de los medicamentos más bajos. Intercambio terapéutico a menudo ocurre cuando un ahorro global de salud se puede lograr. Sustitución de un fármaco por otro más caro puede ocasionar fallas en el tratamiento menos, una mejor adherencia del paciente al plan de tratamiento y menos efectos secundarios. Tal uso eficiente de los recursos médicos ayuda a mantener los costos médicos hacia abajo, mejora el acceso del paciente a más cuidados de salud asequibles, y mejora la calidad del paciente de la vida. Intercambio terapéutico requiere la autorización del médico. Intercambio terapéutico requiere la evaluación de cada paciente antes de cambiar el orden de los medicamentos. Cuando sea posible, de intercambio terapéutico es prospectiva. Cuando intercambio terapéutico se lleva a cabo, es preferible dar el medicamento equivalente terapéutico antes de la primera dosis de la medicación prescrita. Realizar el intercambio terapéutico antes de la administración de la primera dosis al paciente mejora la eficiencia del programa y mejora la aceptación del paciente.

Política de Drogas Genéricas

Es la política del PTI de utilizar medicamentos genéricos de alta calidad que esté disponible. Un medicamento genérico es idéntico, o bioequivalente, a un medicamento de marca en forma de dosificación, seguridad, potencia, vía de administración, calidad, características de rendimiento y uso previsto. Aunque los medicamentos genéricos son químicamente idénticos a sus equivalentes de marca, por lo general son vendidos a importantes descuentos sobre el precio de marca. Es la política del PTI para alentar a las farmacias a utilizar el mismo producto genérico que fue distribuido por la misma empresa que se imparte en la receta original en todas las recargas posteriores para la selección de productos de drogas. Generalmente, los precios promedios de medicamentos genéricos son 30 a 80% menos que los precios promedios de los medicamentos de marca. Los farmacéuticos pueden medicamento seleccionar para una farmacéuticamente equivalente (según se define en el Libro Naranja FDA) cuando las regulaciones estatales permiten. De lo contrario, el farmacéutico debe obtener la aprobación del médico que prescribe el uso del producto equivalente genérico. PTI no recomienda que la sustitución por genéricos ejercerse con productos de múltiples fuentes que no pueden considerarse terapéuticamente equivalentes a otros en la misma categoría. También se recomienda que no se llevará a cabo la sustitución genérica para cualquier producto sin calificación que se podrían considerar estrecho índice terapéutico de drogas (NTI) o que se sabe que no son bioequivalentes. Por último, es importante señalar que las leyes estatales y reglamentos que rigen la práctica de la sustitución por genéricos de los medicamentos determinados. Las solicitudes de excepción a la política de genéricos deberán documentar claramente las razones específicas de necesidad médica y adecuación.

Los medicamentos que tienen equivalentes genéricos disponibles están cubiertos en un nivel de reembolso de genéricos y deben ser prescritos y dispensados en forma genérica. Costo Máximo Permitido (MAC) se han establecido límites para las formas farmacéuticas específicas de estos medicamentos. La lista MAC establece un precio máximo para el reembolso de ciertos medicamentos recetados de múltiples fuentes. Este precio normalmente cubrir la adquisición de la mayoría de los genéricos, pero no las versiones de marca de la misma droga. Los productos seleccionados para su inclusión en la lista de MAC son comúnmente prescritos y dispensados y han pasado por la revisión de la FDA y el proceso de aprobación.

Se recuerda a los proveedores de los siguientes:

1. Cuando los conflictos genéricos de sustitución con los reglamentos estatales o restricciones, el farmacéutico debe obtener la aprobación de las recetas para utilizar el equivalente genérico.
2. Los farmacéuticos se les recuerda que una droga precedidos de un asterisco indica que uno o más (pero no necesariamente todas) las formas de la droga están sujetos a un coste máximo admisible (MAC), y la lista de MAC debe ser consultado.
3. Si un miembro insiste en el producto de marca para una prescripción de un medicamento incluido en la lista de MAC después a su médico ha aprobado la versión genérica, el paciente tendrá que pagar la diferencia de costo entre el medicamento de marca y la cantidad MAC (con cargo auxiliares). El caso prescindir como está escrito (DAW) de código de 2 debe ser utilizado al presentar la solicitud de prescripción para el reembolso.

Medicamentos Sin Receta (OTC)

Over the counter (OTC) pueden ser cubiertos y algunos se muestran con fines informativos (cuando los productos disponibles sin receta puede ser menos costoso que el plan de un producto regulado). Si un producto de prescripción está disponible en la fuerza idéntica, la forma farmacéutica, y el ingrediente activo (s) como un producto de venta libre, el producto de prescripción no serán cubiertos. En estos casos, los médicos y los farmacéuticos deben consultar a los participantes a su equivalente de venta libre. Si el miembro o el médico insiste en que su equivalente de la prescripción, el miembro debe pagar el costo total de la receta.

Fuera de la Etiqueta del Uso de Medicamentos

La Administración de Alimentos y Medicamentos (FDA) ha requerido que los medicamentos utilizados en los Estados Unidos sea seguro y efectivo. La información de la etiqueta o el prospecto de un medicamento indica que el consumo de drogas sólo en ciertos "aprobado" dosis y vías de administración para una determinada condición o estado de la enfermedad. El uso de un medicamento para un estado de enfermedad o condición no aparece en la etiqueta, o en una dosis o por una ruta que no figuran en la etiqueta, es considerado como un "no aprobado" o "sin etiqueta" o fuera " la etiqueta "el uso de la droga. La autorización previa es necesaria cuando un medicamento se usa fuera de su FDA aprobó la vía de administración, dosis, o una indicación. La cobertura se determinará de la misma manera y con sujeción a las mismas condiciones y limitaciones como cualquier otra medicina. Las autorizaciones previas para los usos de los medicamentos sin etiqueta se podrá conceder siempre que: a) el medicamento está aprobado por la FDA, y b) dos o más revisados por profesionales de las revistas médicas han reconocido, en base a criterios científicos médicos, la seguridad y la eficacia de la medicamento o combinación de medicamentos para el tratamiento de la indicación de que ha sido la medicación prescrita a menos que dos de los principales artículos revisados por colegas profesionales revistas médicas han concluido, en base a criterios científicos o médicos, que la droga o la combinación de drogas no es seguro o ineficaz o la seguridad y la eficacia de la droga o la combinación de drogas no se puede determinar para el tratamiento de la indicación para la que ha sido la droga o la combinación de medicamentos prescritos.

Medicamentos Eperimentados

Cualquier medicamento o droga que no ha sido aprobado por la FDA para ser seguro y efectivo para su uso en los Estados Unidos no serán cubiertos. Esto incluye tanto los aprobados por la FDA y los medicamentos no autorizados que se encuentran en pruebas experimentales o de investigación para determinar las nuevas indicaciones, nuevas vías de administración, o nuevas formas de dosificación.

Pastilla Para Cortar

En algunos casos, de corte más alta dosis de tabletas por la mitad puede ahorrar hasta un 50 por ciento del costo de medicamentos recetados. Su médico o farmacéutico le puede decir si la división tableta trabajará para usted y si hay un ahorro de costos para los medicamentos específicos que usted está tomando.

Mantenimiento y Medicamentos Sin Mantenimiento

Beneficio de medicamentos recetados tarjeta de planes a menudo difieren en su diseño del plan. En algunos planes, los beneficios pueden variar dependiendo de si el medicamento es considerado como una enfermedad aguda o una medicación de mantenimiento. Su medicamento co-pago y la cantidad de medicamento que usted puede recibir en una receta puede variar dependiendo de la situación de los medicamentos. No Mantenimiento (aguda) Medicamentos: medicamentos aguda son medicamentos que se van a utilizar durante un corto período de tiempo. Esto puede incluir medicamentos que son administrados en una dosis de arranque. Una dosis inicial del medicamento es un medicamento que puede convertirse en un medicamento de mantenimiento en función de su nombre genérico y la fuerza y no se ha obtenido en el período anterior de seis meses. Los medicamentos tales como antibióticos u otros agentes que se dan para curar o tratar una condición de la que se prevé la recuperación se consideran tratamientos curativos y se clasifican como medicamentos sin mantenimiento, o un medicamento a corto plazo. Mantenimiento de medicamentos: medicamentos de mantenimiento también se puede denominar como los medicamentos a largo plazo. El siguiente es el criterio que se utiliza para determinar si un medicamento es un medicamento de mantenimiento: a) La droga tiene una baja probabilidad de cambio de dosis o la terapia debido a efectos secundarios, el seguimiento de suero de concentración del fármaco, o la respuesta terapéutica a lo largo de un curso de tratamiento prolongado b) la utilización más frecuente de la droga es para tratar un estado de enfermedad crónica en un extremo de terapéutica no puede ser determinada. (Un medicamento puede tener una indicación para la terapia de mantenimiento, pero carece del código de mantenimiento con droga, si esa indicación no es el uso más común de la droga), c) El tratamiento con la droga no es considerada curativa o la promoción de la recuperación, y d) El medicamento se administra de forma continua y no intermitente. Los criterios antes mencionados se limitan al uso ambulatorio típico de una droga. Las formas de dosificación que no son prácticas para las grandes cantidades de dosificación (tales como líquidos) o de caducidad limitada citas son excluidos. Fármacos que se sabe de la toxicidad en peligro la vida cuando se toma en una dosis excesiva pueden ser excluidos. Los productos no-drogas y los medicamentos sin receta, con la excepción de la insulina (si está cubierto por el plan), son excluidos.

Nuevos Medicamentos Introducidos Al Mercado de Consumo

Mientras los EE.UU. Food and Drug Administration (FDA) aprueba los nuevos medicamentos y terapias disponibles para el mercado de consumo después de los Resúmenes de Documentos del Plan se han distribuido, el Plan de Beneficios de Drogas se reserva el derecho de extender o negar la cobertura a estos medicamentos después de la impresión de este documento. El Plan de Beneficios de Medicamentos también se reserva el derecho de asignar un co-pago o coseguro único a estos medicamentos y / o limitar las cantidades de estos medicamentos.

Los miembros recibirán notificaciones con respecto a cualquier modificación del Plan de Beneficios de Medicamentos sobre las drogas o terapias en el momento en que se presente una receta que se ve afectar por modificaciones en el formulario. Farmacias de la red se cargan a comunicar estas actualizaciones o cambios en el programa que pueden afectar a un miembro. El P & T Comité revisará los nuevos medicamentos aprobados por la FDA en forma mensual. Los nuevos productos con una denominación de la FDA de 1P (revisión de la FDA prioridad - los avances en terapéutica sobre los fármacos actualmente comercializados) automáticamente se considerará para su inclusión en el formulario, incluso si no se solicita por un plan. Los nuevos productos con una denominación de la FDA de 1S (revisión de la FDA estándar - no podrán obtener beneficios terapéuticos sobre los fármacos actualmente comercializados) en general no serán considerados para la inclusión en el formulario, salvo que lo solicite un plan, o la clase de drogas es actualmente objeto de examen por el Comité P & T. Los miembros que desean tener nuevas terapias aprobadas considerados por el plan puede escribir y / o llame a la compañía SmartCardsm servicio del plan o puede comunicarse con el administrador del plan.

Autorización Previa

Para promover la utilización adecuada, seleccionados de alto riesgo o medicamentos de alto costo pueden requerir autorización previa para ser elegible para la cobertura de beneficios del miembro de medicamentos recetados. El Comité de P & T ha establecido criterios de autorización previa. Para que un miembro para recibir la cobertura para un medicamento que requiere autorización previa, el médico del miembro debe contactar al centro de servicio al cliente al 1-800-546-5677 para obtener un formulario de solicitud de autorización previa. Su médico entonces puede ser necesario para documentar la razón por la cual un medicamento formulario no es aceptable para el tratamiento de su estado de enfermedad o condición médica. Su médico querrá incluir en su carta su diagnóstico y las terapias anteriores que han fracasado. **Consulte la página 10 para obtener una lista de medicamentos.**

Terapia de Paso

Terapia de paso es un programa especialmente diseñado para las personas que toman medicamentos recetados regularmente para tratar una condición médica continua. El programa le ayuda a obtener los medicamentos recetados que necesita, con seguridad, costo y más importante-su salud en mente. En el paso terapia, los medicamentos cubiertos que usted tome se organizan en una serie de "pasos", con la aprobación de su médico y escribir sus recetas. El programa comienza generalmente con medicamentos genéricos en el Estos medicamentos genéricos-rigurosamente probado y aprobado por los EE.UU. Food and Drug Administration (FDA) le permiten iniciar o continuar el tratamiento con medicamentos seguros y eficaces que también son accesible "primer paso": Su copago es generalmente el más bajo con un fármaco de primera etapa. Más caros los medicamentos de marca suelen ser tratadas en el "segundo paso", a pesar de que los genéricos cubiertos han demostrado ser eficaces en el tratamiento de condiciones médicas. Su médico es consultado para su aprobación y escribe sus recetas sobre la base de la lista de medicamentos Terapia escalonada cubierto por el formulario. Terapia de Paso se desarrolla bajo la dirección y la dirección de médicos independientes, con licencia, farmacéuticos y otros expertos médicos. A la revisión de las investigaciones más recientes en miles de fármacos probados y aprobados por la Administración de Alimentos y Medicamentos para la seguridad y eficacia. Luego se recomienda los medicamentos apropiados de prescripción para el programa de terapia escalonada. La primera vez que presenta una receta que no es un fármaco de primera mano, su farmacéutico le indicará que hay una nota sobre el sistema informático que indica que nuestro plan de usos Terapia escalonada. Esto simplemente significa que si usted prefiere pagar el precio completo de su medicamento, su médico debe escribir una nueva receta

para un medicamento de primer paso. Con la terapia escalonada, los medicamentos de marca más caros suelen ser cubiertos en un paso posterior en el programa si: usted ya ha probado el "primer paso", los medicamentos genéricos incluidos en el programa, usted no puede tomar el "primer paso" de drogas (debido a una alergia, por ejemplo), o su médico decide que necesita un medicamento de marca, por razones médicas. Si alguno de estos se aplica a usted, su médico puede solicitar una "autorización previa" para que usted tome un medicamento recetado segundo paso. Una vez que la autorización previa es aprobada, usted paga el copago de medicamentos apropiados para este formulario aprobado. Si la autorización previa no es aprobada, usted tendrá que pagar el precio completo de la droga. **Consulte la página 12 para obtener una lista de medicamentos.**

Lista de Limitación Para Dispensar

Vea la lista en la página 4. La lista representa las P & T recomendaciones del Comité de las limitaciones de dispensación o la cantidad por una cantidad específica de tiempo. Límite de Cantidad de programación se ha convertido en una práctica del plan de farmacia aceptable que puede ser apropiado para colocar en algunos medicamentos. Las intenciones son de proteger la salud de los miembros y ahorrar el dinero del plan de beneficios. Este programa se asegura que miembros no reciben una receta para una cantidad que excede los límites del plan recomendado. Los límites son establecidos debido a que algunos medicamentos tienen el potencial de abuso, mal uso, residencia, o límite de un fabricante de la dosis máxima. Estos límites han sido revisados por nuestro personal médico y clínico, y el Comité de Farmacia y Terapéutica. Los límites se basan en la cantidad aprobada por la FDA esquemas de dosificación, las prácticas médicas actuales, basadas en la evidencia práctica y guías de la clínica, y revisada por expertos en la literatura médica relacionada con la droga en particular. La inclusión de un medicamento en esta lista no implica la cobertura de todos los planes, ni la inclusión de una limitación de distribución implica que su plan de beneficios específicos que también tiene la misma limitación. **Los planes pueden elegir a sus propias limitaciones. Los miembros deben consultar a su manual de beneficios de medicamentos recetados o comuníquese con un representante de servicio al cliente para determinar la cobertura específica y / o la inclusión de un medicamento en la lista de limitaciones distribuidas, ya que la lista está sujeta a cambios. Consulte la página 14 para obtener una lista de medicamentos.**

Medicamentos Preventivos

Ciertos medicamentos preventivos están disponibles para usted a no costo bajo el Affordable Care Act (ACA). La lista adelante ofrece ejemplos de los medicamentos preventivos cubiertos 100% si se obtienen con una prescripción. Estos productos pueden estar sujetos a criterios de cobertura, límite de edad, limitación en cantidad, o requerimiento de genéricos. Esta lista está sujeta a cambios si las guías de ACA se actualizan. **Consulte la página 18 para obtener una lista de medicamentos.**

Miembros de Proyecto de Ley de Derechos

En un esfuerzo por reconocer los derechos de los miembros con respecto a los proveedores de asistencia sanitaria, productos y servicios de farmacia, National Pharmaceutical Services (NPS) ha adoptado la siguiente proposición de ley de Derechos.

DERECHOS DE UN MIEMBRO INCLUEN, PERO NO SE LIMITAN A LO SIGUIENTE:

- Para ejercitar los anteriores derechos sin tener en cuenta edad, sexo, estado civil, orientación sexual, raza, color, religión, etnicidad, ascendencia, origen nacional, discapacidad mental o física, la información genética, estado de salud, fuente de pago, o la utilización de los servicios.
- Ser tratado con respeto y reconocimiento de su dignidad y su necesidad de privacidad.
- Para que sus recetas dispensadas y servicios de farmacia siempre desde la elección de los proveedores de farmacia en la red de NPS. Sin perjuicio de plan de limitaciones de la red y las restricciones.
- Para conocer los términos y condiciones de su plan de beneficios de medicamentos recetados, el contenido de las listas de medicamentos preferidos, y los procedimientos para la obtención de exenciones o autorizaciones previas.
- Para recibir cualquier producto legalmente establecido, dándose cuenta de esto puede exigirles que absorban los gastos de una elección.
- Para solicitar y recibir cualquier producto del proveedor que legalmente cumplirá una receta genérica por escrito.
- Para obtener información relevante, actualizada y comprensible sobre su terapia de la medicación y su relevancia en el plan de tratamiento de su proveedor de atención médica.
- Discutir y solicitar información relacionada con sus medicamentos específicos recetados, los posibles efectos secundarios adversos, y las interacciones medicamentosas.
- Esperar que todos los registros y los debates relativos a la terapia de drogas serán tratados como confidenciales. Para esperar que su información específica respecto a los medicamentos farmacéuticos no se extraerá, a condición, o vendidos al exterior partes sin su consentimiento informado por escrito y expresado.
- Tener la oportunidad de exponer las quejas o apelaciones sobre NPS, o la atención recibida al NPS Proveedores de la Red de Farmacia, y un proceso de apelación para garantizar la resolución justa de una reclamación o queja.

RESPONSABILIDADES DE UN MIEMBRO DE INCLUIR, PERO NO SE LIMITAN A LO SIGUIENTE:

- Conocer, comprender y acatar los términos, condiciones y disposiciones del plan de beneficio NPS de medicamentos administrados con receta. Esta información está disponible a través del Documento Resumen del Plan.
- Pagar los copagos, co-seguros o deducibles como se indica en el documento de resumen del plan en el tiempo de servicio es proporcionado aceptar las obligaciones financieras por los servicios prestados.
- El estar bien informado acerca de su terapia con medicamentos con receta, incluyendo los riesgos y limitaciones.
- Cumpliendo con su régimen de tratamiento farmacológico prescrito y mantener un estilo de vida saludable.
- Divulgar la información pertinente que sea necesaria para la selección adecuada de la terapia de drogas, incluyendo el estado de salud, estilo de vida, la alimentación y alergia a medicamentos, y la historia del medicamento.
- Para participar efectivamente en la toma de decisiones, los miembros deben asumir la responsabilidad de solicitar información o aclaraciones sobre los medicamentos que está tomando, cuando no entienden completamente la información e instrucciones.
- Para aceptar la responsabilidad personal si se niegan los tratamientos, medicamentos o servicios.
- Continuando con sus red de NPS SmartCard™ tarjeta de identificación y que se identificaron como titular de tarjeta inteligente antes de recibir productos farmacéuticos y / o servicios.

Formulary Drug List

The inclusion of a drug on this list does not imply coverage under all plans.

Therapeutic Class	First Tier Generics	Second Tier Preferred Brands	Third Tier Non-Preferred Brands	
ACNE PRODUCTS (Coverage Depends on Benefit Design)				
Non-Maintenance	Adapalene Benzoyl Peroxide Benzoyl Peroxide/Clindamycin Erythromycin BPO Claravis PA QL Clindamycin	Clindamycin/Tretinoin Gel QL Erythromycin Metronidazole Minocycline ER Salicylic Acid Soln Sodium Sulfacetamide Sulfur Sulfacetamide Sodium Sulfur Tretinoin Zenatane PA	Acanya QL ST Absorica PA Atralin Avita Azelex ST Duac Gel ST Benzac AC Benzacnin QL ST Benzamycin ST Benziq Cleocin Cleocin T ST Clindagel ST Differin ST Duac Gel ST Epiduo QL ST Epiduo Forte QL ST Finacea ST Inova Klaron Metrocream ST Metrogel ST Metro lotion ST Noritate ST Nuox Onexton QL ST Plexion ST Retin-A ST Solodyn Veltin QL ST Ziana QL ST	
ALZHEIMER'S MEDICATIONS				
Non-Maintenance	Donepezil QL Galantamine ER QL	Memantine QL Rivastigmine	Namenda XR QL Namzaric Aricept QL Exelon QL Namenda QL Razadyne ER QL	
ANAL/RECTAL PRODUCTS				
Non-Maintenance	Hydrocortisone Pramoxine Hydrochloride		Analpram HC Anusol HC Cortenema Cortifoam Proctofoam Rectiv Uceris	
ANTI-ARRHYTHMIC (To Regulate Heart Rhythm)				
Maintenance	Amiodarone Disopyramide Dofetilide PA Flecainide Mexiletine Procainamide	Pacerone Propafenone Quinidine Sotalol Sotalol AF	Multaq PA QL Betapace Betapace AF Cordarone Norpace Norpace CR Rythmol Rythmol SR Sotylize QL Tikosyn PA	
ANTIBIOTICS				
Non-Maintenance	Amoxicillin Amoxicillin/Clavulanate Amoxicillin/Clavulanate ER Ampicillin Azithromycin Cefaclor Cefadroxil Cefdinir Cefixime Cefpodoxime Cefprozil Cefuroxime Cephalexin Ciprofloxacin Clindamycin Clarithromycin Dicloxacillin Doxycycline Doxycycline ER EES Ery-tab	Erythromycin Gentamicin Levofloxacin QL Linezolid Inj. PA Linezolid Tab PA QL Methenamine Metronidazole Minocycline Moxifloxacin QL Neomycin Sulfate Nitrofurantoin Nitystatin Ofloxacin Penicillin Primsol Rifampin SMX/TMP Sulfadiazine Tetracycline Tinidazole Tobramycin Trimethoprim Vancomycin PA	Ketek QL Zmax	Amoxil Augmentin Augmentin XR Avelox QL Avycaz PA Bactrim Bactrim DS Biaxin Biaxin XL Cedax Cefditoren Cefin Monodox Monurol PA Moxatag Omnicef Doryx Emiron Flagyl Flagyl ER Furadantin Hiprex Keflex Levaquin QL Lincocin Macrodent Minocin Monodox Monurol PA Moxatag Omnicef Orbactiv PA Sivextro PA QL Spectracef Suprax Teflaro PA QL Tindamax Vancocin PA Xifaxan PA Z-Pak Zerbaxa PA Zithromax Zyvox PA QL
ANTIBIOTICS - TOPICAL				
Non-Maintenance	Bacitracin Gentamicin Ketoconazole Foam	Mupirocin Polymyxin B	Cortisporin Altabax Bactroban Extina ST	
ANTICONVULSANTS				
Maintenance (all suspension forms are non-maintenance)	Carbamazepine Carbamazepine ER Clonazepam Diazepam Divalproex Divalproex ER Ethosuximide Felbamate Susp. Gabapentin Lamotrigine Lamotrigine ODT Levetiracetam	Levetiracetam Oxcarbazepine Phenylnine Phenobarbital Phenytek Phenytoin Trimetidine Tiagabine Topiramate Valproate Sodium Valproic Acid Zonisamide	Dilantin XR QL Gabitril 12 mg Gabitril 16 mg Lyrica QL Tegretol XR Aptiom QL Banzel QL Briqacti QL Carbatrol Depakene Depakote Mysoline Neurontin Onfi PA Oxtellar XR QL Phenytek Potiga QL Keppra XR QL Klonopin Lamictal Lamictal ODT Lamictal XR QL Mysoline Neurontin Onfi PA Oxtellar XR QL Phenytek Potiga QL Sabril QL Spritam QL Topamax Tripleta Trokendi XR Vimpat QL Zorontin Zonegran	
Non-Maintenance	Ethosuximide Suspension Phenytoin Suspension Valproic Acid Suspension	Diastat		
ANTIDEPRESSANTS				
Maintenance	Amitriptyline Amoxapine Bupropion SR, XL Citalopram Clomipramine Chlordiazepoxide/ Amitriptyline Desipramine Doxepin Duloxetine QL Escitalopram QL Fluoxetine Fluvoxamine QL Fluvoxamine ER	Imipramine Maprotiline Mirtazapine QL Nefazodone Nortriptyline Paroxetine Paroxetine CR QL Perphenazine/ Amitriptyline Sertraline Tranylcypromine Trazodone Venlafaxine Venlafaxine ER QL	Pristiq QL ST Fetzima QL ST Viibryd QL ST Anafranil Aplenzin QL ST Celexa ST Cymbalta QL Desvenlafaxine ER ST Effexor ST Effexor XR QL ST EMSAM QL PA Forfivo XL QL ST Khedezla ST Lexapro QL ST Luvox CR QL ST Marplan Nardil Norpramin Pamol Pamate Paxil ST Paxil CR QL ST Pexeva ST Prozac ST Prozac Wkly ST Remeron Sol Tab Surmontil Tofranil Trintellix QL ST Vivactl Wellbutrin Wellbutrin SR ST Wellbutrin XL QL ST Zoloft ST Remeron	
ANTIARRHEALS				
Non-Maintenance	Diphenoxylate/ Atropine	Lonox Loperamide	Alinia PA Imodium Lomotil Motofen	

Formulary Drug List (Continued)

Therapeutic Class	First Tier Generics	Second Tier Preferred Brands	Third Tier Non-Preferred Brands
ANTIEMETICS (For Nausea and/or Vomiting)			
Non-Maintenance	Aprepitant PA QL Granisetron PA QL Meclizine Ondansetron PA QL	Phenergan Prochlorperazine Promethazine Trimethobenzamide	Akynzeo PA QL Antivert Anzemet QL ST Diclegis QL Emerid PA QL Marinol PA Sancuso PA QL Sustol QL ST Tigan Transderm Scop QL Varubi PA QL Zofran QL ST Zofran ODT QL ST Zuplenz ST
ANTIFUNGALS			
Non-Maintenance	Amphotericin B PA Fluconazole Griseofulvin Itraconazole QL Ketoconazole Nystatin	Terbinafine QL Voriconazole PA	Ancobon Bio-Statin Cresemba PA QL Diflucan Grifulvin Gris-Peg Lamisil QL ST Nizoral ST Noxafil PA Sporanox QL Sporanox Pulise Pak Vfend PA
ANTIFUNGALS - TOPICAL			
Non-Maintenance	Ciclopirox Clotrimazole Clotrimazole/Beta-methasone Econazole Fungoid Ketoconazole	Miconazole Naftifine 2% Nystatin Nystatin/Triamcinolone Oxiconazole Terbinafine	Jublia QL ST Ecoza QL ST Exelderm ST Kerydin QL ST Lamisil ST Loprox ST Lotrimin Lo-trisone ST Luzu ST Mentax ST Naftifine 1% ST Naftin ST Nizoral Oxistat ST Penlat ST
ANTIPSYCHOTICS			
Maintenance	Aripiprazole QL Chlorpromazine Clozapine QL Clozapine ODT Fluphenazine Haloperidol Lithium Loxapine Molindone Olanzapine QL Olanzapine/Fluoxetine QL Paliperidone PA QL	Perphenazine Perphenazine/Amriptyline Pimozide Quetiapine QL Quetiapine XR QL Risperidone QL Risperidone ODT Thioridazine Thiothixene Trifluoperazine Trimipramine Ziprasidone QL	Abilify QL ST Aristada QL ST Clozaril QL ST Fanapt QL ST Fazaclo ST Fazaclo ODT ST Geodon QL ST Invega QL ST Invega Sustenna ST Invega Trinza QL ST Latuda QL ST Lithobid Orap Rexulti QL ST Risperdal QL ST Risperdal M ST Risperdal Consta PA Saphris QL ST Seroquel QL ST Seroquel XR QL Symbyax QL Vraylar QL ST Zyprexa QL ST Zyprexa Relprev QL ST Zyprexa Zydis ST
ANTIVIRALS			
Maintenance	Abacavir Abacavir/Lamivudine Abacavir/Lamivudine/Zidovudine Acyclovir Acyclovir Oint. QL Amantadine Didanosine Famciclovir Ganciclovir PA Lamivudine Lamivudine/Zidovudine Lopinavir/Ritonavir	Nevirapine Nevirapine XR QL Rimantadine Stavudine Valacyclovir Valganciclovir PA Zidovudine	Aptivus Atripla Complera QL Crixivan Descovy QL Edurant QL Emtriva Epizcom Evotaz QL Fuzeon Genvoya QL Intelence QL Invirase Isentress QL Kaletra Lexiva Norvir Odefsey QL Prezcobix QL Prezista Rescriptor Reyataz Selzentry Stribild Sustiva Tamiflu QL Twicay QL Triumeq QL Truvada Tybost QL Vemlidy Videx Solution Viramune Viread Vitekta QL Zovirax Cream Combivir Denavir QL Epiriv Famvir Relenza QL Ritrovir Sitavig ST Trizivir Valcyte PA Valtrex Videx EC Capsule Viramune XR QL Xerese QL Zerit Zigen Zovirax Capsules Zovirax Oint. QL Zovirax Tablets
ASTHMA/COPD INHALERS AND NEBULIZER SOLUTIONS			
Non-Maintenance	Albuterol QL Metaproterenol	Levalbuterol	Proair HFA QL Proair RespiClick QL Ventolin HFA QL Proventil HFA QL Xopenex Xopenex HFA
Maintenance	Budesonide Capsule Budesonide Suspension QL Cromolyn Sodium Ipratropium Bromide Ipratropium/Albuterol	Advair QL Anoro Ellipta QL Arcapta QL Arnuity Ellipta QL Atrovent HFA Bevespi Aero-sphere QL Dulera QL Flovent Incruse Ellipta QL	Pulmicort QL Qvar Serevent QL Spiriva Handihaler QL Spiriva Respimat QL Stiolto Respimat QL Striverdi QL Symbicort QL Aerospan QL Alvesco QL Asmanex QL Asmanex HFA QL Breo Ellipta QL Brovana PA Combivent Respimat QL Perforomist Pulmicort Suspension Tudorza QL
ASTHMA/COPD - ORAL MEDICATIONS			
Maintenance	Albuterol Aminophylline Metaproterenol	Montelukast QL Terbutaline Theophylline Zafirlukast QL	Accolate QL Dairesp QL Singulari QL Theo-24 Zyflo CR QL
BLOOD MODIFIERS			
Non-Maintenance	Heparin		
Maintenance	Anagrelide Aspirin/Dipyridamole Clostazol	Clopidogrel QL Dipyridamole Pentoxifylline Warfarin	Brilinta QL Coumadin Effient QL Eliquis QL Pradaxa QL Xarelto QL Zontivity QL Aggrenox Argylin Amicar PA Durlaza QL Plavix QL Savaysa QL Trental
CARDIOVASCULAR AGENTS - MISCELLANEOUS			
Maintenance	Amlodipine/Valsartan/HCTZ QL Amlodipine/Olmesartan/HCTZ QL Clonidine Clonidine ER QL Clonidine/Chlorthalidone Digoxin Doxazosin Eplerenone QL	Guanfacine Guanfacine ER PA QL Isoxsuprine Methyldopa/HCTZ Minoxidil Nadolol/Bendrophenoxymethazine Prazosin Reserpine Terazosin	Entresto QL Lanoxin Tekturna QL Tekturna HCT QL Bidil Cardura Cardura XL ST Catapres Catapres-TTS Corlanor QL ST Corzide Exforge HCT QL Inspira QL Minipress Tenex Tribenzor QL

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Formulary Drug List (Continued)

Therapeutic Class	First Tier Generics	Second Tier Preferred Brands	Third Tier Non-Preferred Brands
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CHOLESTEROL LOWERING AGENTS - STATINS

Maintenance	Amlodipine/ Atorvastatin Atorvastatin QL Fluvastatin QL	Fluvastatin XR QL Lovastatin Pravastatin QL Rosuvastatin QL Simvastatin QL	Livalo ST Vytorin QL	Altprevi QL ST Crestor QL Lescol XL QL ST	Lipitor QL ST Mevacor ST Pravachol QL ST	Zocor QL ST
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CHOLESTEROL LOWERING AGENTS - OTHER

Maintenance	Colestipol Cholestyramine Ezetimibe QL Fenofibrate QL Fenofibric Acid QL	Gemfibrozil Niacin ER QL Omega-3 Acid QL Prevalite			Antara QL ST Colestid Fenofibrate ST Fibricor QL Tricor QL ST Lofibra QL ST	Lopid ST Lovaza QL Niaspan QL Tricor QL ST Triglide QL ST	Trilipix QL Lovacea QL Welchol Zetia QL
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CONTRACEPTIVES (Birth Control) (Coverage Depends on Benefit Design)

Maintenance	Amethia Lo QL Amethyst Apri Aranella Aviane Aubra Azurette Balziva Briellyn Camila Camrese Lo Chateal Cryselle Cycfalem Emoquette Enpresse Enskyce Errin Falmina Gianvi Introvale Jencycla	Jolissa QL Junel Kariva Keinor Larin Lessina Levonest Leyra Lomedina 24 Fe Loryna Low-Ogestrel Lutera Microgestin Myzila Norethindrone/ Ethinyl Estradiol Chewable Norgestimate Ethinyl Estradiol Norlyroc Nortrel Ocella	Ogestrel Pirmella Portia Previfem Quasense Rajani QL Reclipsen Sharobel Sprintec Sryeda Tilia FE Tri-Estarylla Tri-Legest FE Tri-Linyah Tri-Lo-Sprintec Tri-Sprintec Trivora Velivet Xulane QL Zenchent FE Zovia	NuvaRing QL	Beyaz QL Brevicon Cesia Cyclessa Desogen Estrodette Falessa Femcon FE Generess FE Jolivette Leena Lo-Seasonique 1/35 Loestrin Lo Fe QL Minastrin	Modicon Mononessa Natazia QL Necon Nora-Be Nordette Norinyl Nor-QD Ortho-Cyclen Ortho- Micronor Ortho-Novum 1/35 Ortho-Novum 7/7/77	OrthoTriCyclen Ortho TriCy- clen Lo Ovcon 35 Quartette QL Safaryl QL Seasonique QL Solia Trinessa Tri-Norinyl Yasmin Yaz
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CORTICOSTEROIDS - ORAL

Non-Maintenance	Cortisone Acetate Dexamethasone Hydrocortisone Methylpredniso- lone	Pediapred Prednisolone Prednisolone ODT Prednisone Triamcinolone	Kenalog Spray		Cortef	Medrol Orapred ODT	Rayos
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CORTICOSTEROIDS - TOPICAL (For Rash, Inflammation)

Non-Maintenance	Alclometasone Aminonide Betamethasone Clobetasol Desonide Desoximetasone Diflorasone Diacetate Fluocinonide	Flurandrenolide Fluticasone Halobetasol Hydrocortisone Mometasone Pramoxine Prednicarbate Triamcinolone	Kenalog Spray		Aclovate Cloderm Cordran Cordran Tape QL Cutive Derma- Smooth/FS Dermatop	Desonate Desowen Diprolene Elocon Halog Kenalog Spray Locoid Luxiq	Olux-E Sernivo Spray QL ST Temovate Texacort Topicort Ultravate QL ST Vanos Westcort
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COUGH/COLD/ALLERGY PRODUCTS

Non-Maintenance	Generic Cough/Cold/Allergy Combina- tion Products				Tussionex Tussi-Organidin	Tuzistra XR Age
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DIABETIC AGENTS

Maintenance	Acarbose Chlorpropamide Glimepiride Glipizide Glipizide/ Metformin Glyburide Glyburide/ Metformin Glyburide, Micronized Metformin Metformin ER ST	Miglitol Nateglinide QL Pioglitazone QL Pioglitazone/ Glimepiride QL Pioglitazone/ Metformin QL Repaglinide QL Repaglinide/ Metformin QL Tolazamide Tolbutamide	Farxiga ST Janumet QL Janumet XR QL Januvia QL Tanzeum ST Trulicity QL ST Xigduo XR QL ST		Actoplus-Met QL Actos QL Aldixin ST QL Amaryl Avandamet QL Avandaryl QL Avandia QL Bydureon QL ST Byetta QL ST Duetact QL Farxamet Glucophage Glucophage XR QL ST Glucotrol Glucotrol XL	Glucovance Glumetza ST Glynase Glyset ST Glyxambi QL ST Invokamet QL ST Invokamet XR QL ST Invokana QL ST Jardiance QL ST Jentadueto QL ST Jentadueto XR QL ST Kazano QL ST	Kombiglyze XR QL ST Metaglip Nesina QL ST Onglyza QL ST Oseni QL ST Prandin QL ST Prandimet QL Precose ST Soliqua ST QL Starlix QL ST Symlin Syrjardy QL ST Trazdenta QL ST Victoza QL ST
Non-Maintenance					Proglycem PA		

DIABETIC SUPPLIES (Meters, Test Strips)

Non-Maintenance		FreeStyle Lite QL FreeStyle Freedom Lite QL	FreeStyle InsulinX QL Precision Xtra QL			
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DIGESTANTS

Maintenance			Creon		Pancreaze Pertzye	Viokace	Zenpep
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DIURETICS (Water Pills)

Maintenance	Acetazolamide Acetazolamide ER Amiloride Amiloride/HCTZ Bumetanide Chlorothiazide Chlorothiazide/ HCTZ Chlorthalidone Ethacrynic Acid Furosemide Hydrochloro-	thiazide Indapamide Metolazone Methyclothiazide Spironolactone Spironolactone/ HCTZ Torsemide Triamterene Triamterene/HCTZ			Alidactazide Aldactone Diamox Sequel Cap Diuril Suspension Dyazide Dyrenium Edecrin Lasix	Maxzide Zaroxolyn	
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Formulary Drug List (Continued)

Therapeutic Class	First Tier Generics	Second Tier Preferred Brands	Third Tier Non-Preferred Brands
ECZEMA/PSORIASIS MEDICATIONS			
	Acitretin PA Anthrinal Calcipotriene Calcipotriene/ Betamethasone	Selenium Sulfide Tazarotene	Dovonex Oint- ment ST
			Altanax Dovonex Cream ST
			Drithrocreme HP Enstilar Foam QL ST Fabior Taclonex ST
			Tazorac ST Soriatane PA Sorilux QL ST Vectical
ERECTILE DYSFUNCTION (Impotency) (Coverage Depends on Benefit Design)			
Non-Maintenance	Alprostadil Yohimbine	Cialis QL Viagra QL	Caverject QL Edex QL
			Levitra QL Muse QL
			Staxyn QL Stendra QL
FEMALE SEXUAL DYSFUNCTION (Coverage Depends on Benefit Design)			
Maintenance			Addyi PA QL
GASTROINTESTINAL (Heartburn, Ulcers) (Coverage Depends on Benefit Design)			
Maintenance	Cimetidine Dicyclomine Esomeprazole QL Famotidine Lansoprazole QL Misoprostol Nizatidine	Omeprazole QL Omeprazole/ Sodium Bicarb QL Pantoprazole QL Rabeprazole QL Ranitidine Sucralfate	Aciphep QL ST Bentyl Carafate Cytotec Dexilant QL ST First-Omepra- zole Susp ST
			Nexium QL Omeclamox QL Pepcid Prevacid QL ST Prevacid Prilosec QL ST
			Protonix QL ST Tagamet Zantac Zegerid QL ST
GASTROINTESTINAL MISC. PRODUCTS			
Non-Maintenance	Dicyclomine Glycopyrrolate Hyoscyamine Metoclopramide QL	Propantheline Bromide Scopolamine	Linzess QL Age Pylera
			Amitiza PA QL Bentyl Donnatal Levsin Relistor QL
			Movantik QL ST Mytesti PA QL Reglan Relistor Inj PA QL
			Relistor Tab QL ST Robinul
GOUT MEDICATIONS			
Maintenance	Allopurinol Colchicine/ Probenecid	Probenecid	Colchicine ST Uloric QL ST
			Zurampic QL ST
			Zyloprim ST
Non-Maintenance			Colcrys QL ST
HIGH BLOOD PRESSURE: ACE INHIBITORS			
Maintenance	Benazepril Captopril Enalapril Fosinopril Lisinopril	Moexipril Perindopril Quinapril Ramipril Trandolapril	Accupril Aceon Altace
			Epaned Lotensin Mavik
			Prinivil Qbrelis Vasotec Zestril
HIGH BLOOD PRESSURE: ACE INHIBITOR + CALCIUM CHANNEL BLOCKER			
Maintenance	Amlodipine/Benazepril QL Trandolapril/Verapamil QL		Lotrel QL
			Prestalia QL
			Tarka QL
HIGH BLOOD PRESSURE: ACE INHIBITOR + DIURETIC			
Maintenance	Benazepril/HCTZ Captopril/HCTZ Enalapril/HCTZ Fosinopril/HCTZ	Lisinopril/HCTZ Moexipril/HCTZ Quinapril/HCTZ	Accuretic Lotensin HCT Vaseretic
HIGH BLOOD PRESSURE: ANGIOTENSIN II RECEPTOR ANTAGONIST (ARB)			
Maintenance	Candesartan QL Eprosartan Irbesartan QL Losartan QL	Olmesartan QL Telmisartan QL Valsartan QL	Atacand QL ST Avapro QL ST Benicar QL ST
			Cozaar QL ST Diavon QL ST Edarbi QL ST
			Micardis QL ST
HIGH BLOOD PRESSURE: ANGIOTENSIN II RECEPTOR ANTAGONIST (ARB) + BETA BLOCKER			
Maintenance			Byvalson QL ST
HIGH BLOOD PRESSURE: ANGIOTENSIN II RECEPTOR ANTAGONIST (ARB) + CALCIUM CHANNEL BLOCKERS			
Maintenance	Amlodipine/ Olmesartan Amlodipine/ Telmisartan QL	Amlodipine/Val- sartan QL	Azor
			Twynsta QL
			Exforge QL
HIGH BLOOD PRESSURE: ANGIOTENSIN II RECEPTOR ANTAGONIST (ARB) + DIURETIC			
Maintenance	Candesartan/ HCTZ QL Irbesartan/HCTZ QL	Losartan/HCTZ QL Olmesartan/ HCTZ QL Telmisartan/ HCTZ QL Valsartan/HCTZ QL	Atacand HCT QL ST Avalide QL ST Benicar HCT QL ST
			Diovan HCT QL ST Edarbyclor QL ST Hyzaar QL ST
			Micardis HCT ST
HIGH BLOOD PRESSURE: BETA-BLOCKERS			
Maintenance	Acebutolol Atenolol Betaxolol Bisoprolol Carvedilol Labetalol Metoprolol	Metoprolol XL Nadolol Pindolol Propranolol Propranolol XL Sotalol Timolol	Coreg CR QL
			Betapace Bystolic QL ST Coreg Corgard Inderal LA Innofran XL
			Kerlone ST Lopressor ST Sectral ST Tenormin ST Trandate Toprol XL ST
			Zebeta ST
HIGH BLOOD PRESSURE: BETA-BLOCKER + DIURETIC			
Maintenance	Atenolol/ Chlorthalidone Bisoprolol/HCTZ	Metoprolol/HCTZ Propranolol/HCTZ	Dutoprol QL
			Lopressor HCT Tenoretic Ziac
HIGH BLOOD PRESSURE: CALCIUM CHANNEL BLOCKERS			
Maintenance	Amlodipine QL Amlodipine/ Atorvastatin QL Cartia XT Diltiazem Felodipine Isradipine Nicardipine	Nifedipine Nifedipine ER Nimodipine Nisoldipine Nisoldipine ER Verapamil Verapamil ER	Adalat Caduet QL Calan Cardene SR
			Cardizem Cardizem CD Cardizem LA Isopstin
			Norvasc QL Nymalize PA QL Procardia XL Verelan PM

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Formulary Drug List (Continued)

Therapeutic Class	First Tier Generics	Second Tier Preferred Brands	Third Tier Non-Preferred Brands
HORMONES			
Maintenance	Estradiol Estradiol Patch Estradiol/Norethindrone Etopropiate Jintell Medroxyprogesterone QL Methyltestosterone	Alora QL Cenestin Combipatch Prefest Premarin Premphase Prempo	Activella Angeiq Climara QL Climara Pro QL Divigel Elestrin
Non-Maintenance	Norethindrone Progesterone		Aygestin Prometrium
INFLAMMATORY BOWEL AGENTS			
Maintenance	Alosetron PA QL Sulfasalazine	Asacol HD Delzicol	Viberzi QL
Non-Maintenance	Budesonide Mesalamine	Canasa PA	Colazal Giazo QL
INSULINS			
Maintenance		Apidra Basaglar Humalog Humulin 70/30 Humulin N	Humulin R Lantus Levemir Toujeo
			Afrezza PA Novolog Novolin 70/30
			Novolin N Novolin R
			Tresiba
MIGRAINE MEDICATIONS (Quantity Limitations May Apply)			
Non-Maintenance	Almotriptan QL Butorphanol NS QL Cafergot Dihydroergotamine Epidrin Ergomar Ergotamine Ergotamine/ Caffeine Frovatriptan QL	Isometheptene/ Dichlorophenazone/APAP Naratriptan QL Propranolol Rizatriptan QL Rizatriptan ODT QL Sumatriptan QL Tolipramate Zolmitriptan QL Zolmitriptan ODT QL	Relpax QL
			Alsuma QL Amerge QL ST Axert QL ST Cambia QL Dipakote ER D.H.E. 45 Frova QL ST Imitrex QL ST
			Inderal LA Maxalt QL ST Maxalt-MLT QL ST Migranal Nasal Spray QL Onzetra Xsail QL ST Sumavel Dosepro QL ST
			Topamax Treximet QL ST Zembrace Symtouch QL ST Zomig QL ST Zomig ZMT QL ST
MUSCLE RELAXANTS			
Non-Maintenance	Carisoprodol QL Carisoprodol/ ASA QL Chlorzoxazone Cyclobenzaprine QL	Dantrolene Metaxalone Methocarbamol Orphenadrine Citrate	Amrix QL Dantrium Flexeril
Maintenance	Baclofen	Tizanidine	Zanaflex
NARCOTIC ANALGESICS (PAIN RELIEVERS-SEDATING)			
Non-Maintenance	Acetaminophen/ Codeine Acetaminophen/ Hydrocodone QL Acetaminophen/ Oxycodone QL Aspirin/Oxycodone Codeine Fentanyl PA QL Hydromorphone Hydromorphone ER QL	Ibuprofen/Hydrocodone Lortab Meperidine PA QL Methadone QL Morphine ER PA QL Oxycodone Oxymorphone Oxymorphone ER QL Pentazocine/Naloxone Tramadol QL Tramadol/APAP QL Tramadol ER QL Vicodin	Butrans QL Hysingia ER QL Oxycontin QL
			Abstral PA Actiq PA QL Belbuca QL Capla QL AND Codeine Demerol Dilaudid Duragesic PA QL Embeda QL ST Exalgo QL ST Fentora PA QL Fioricet Fioricet/ Codeine QL
			Fiorinal Fiorinal/ Codeine Kadian QL ST Lazanda PA MS Contin QL ST Norco QL QL Nucynta QL Age ST Nucynta ER QL Oxycodone ER QL ST Percocet QL Percodan Opana
			Opana ER QL ST Oxaydol QL Roxicodone Subsys PA Synalgesic Tylenol With Codeine Ultracet QL Ultram QL Ultram ER QL Xartemis XR QL ST Xtampza ER QL ST Zohydro ER QL ST
NASAL PRODUCTS			
Non-Maintenance	Azelastine QL Budesonide Flunisolide Fluticasone Ipratropium	Mometasone Olopatadine QL Triamcinolone	Qnasl QL
			Astelin Astepro QL ST Atrivent NS Beconase AQ ST Dymista QL ST
			Flonase ST Nasacort PA Nasacort AQ ST Nasonex ST Omnaris QL ST Patanase QL ST
			Rhinocort Aqua ST Zetona QL Zetona QL, Age ST
NITRATES (For Heart/Angina)			
Maintenance (except for sublingual and inhaled dosage forms)	Dipyridamol Isosorbide Dinitrate	Isosorbide Mononitrate Nitroglycerin	Ranexa QL
			GoNitro Isdur Isordil
			Nitro-Dur Nitrolingual Nitrostat
NON-NARCOTIC ANALGESICS (Pain)			
Non-Maintenance	Choline Magnesium Diflunisal	Salsalate	
			Equagesic
NON-SEDATING ANTIHISTAMINES (Coverage Depends on Benefit Design)			
Non-Maintenance	Cetirizine Cetirizine D Desloratadine QL Fexofenadine OTC QL Fexofenadine/ PSE	Loratadine Loratadine D OTC Generic Claritin OTC Generic Zyrtec	
			Allegra QL ST Allegra D QL ST Clarinet QL ST Clarinet D QL ST
			Xyzal ST Zyrtec ST Zyrtec D ST

Formulary Drug List (Continued)

Therapeutic Class	First Tier Generics	Second Tier Preferred Brands	Third Tier Non-Preferred Brands
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NON-STEROIDAL ANTIINFLAMMATORY AGENTS (NSAIDs) AND ANTI-RHEUMATIC AGENTS

Non-Maintenance	Diclofenac Gel QL ST Diclofenac Topical Susp. Ibuprofen Susp. Indomethacin Susp. Ketorolac QL Ketorolac Inj PA Methotrexate		Mostrin Susp. Naprosyn Susp. Pennsaid QL Rasuvo Sprix QL Tivorbex QL ST Toradol QL Voltaren Gel QL
Maintenance	Celecoxib QL Diclofenac Diclofenac/ Misoprostol Etodolac Fenoprofen Flurbiprofen Ibuprofen Indomethacin Ketoprofen Leflunomide	Meclofenamate Meloxicam Mefenamic Acid Nabumetone Naproxen Naproxen ER 325 mg Piroxicam Oxaprozin Sulindac Tolmetin	Anaprox DS Arava Arthrotec ST Celebrex QL Daypro Duetix QL ST Feldene QL Flector PA QL Indocin Mobic ST Motrin Nalfon Naprelan Naprosyn Naprosyn EC Ridaura PA Vimovo QL ST Vivlodex QL ST Voltaren Voltaren XR

OPHTHALMIC PRODUCTS - GLAUCOMA

Non-Maintenance	Apraclonidine Betaxolol Bimatoprost QL Brimonidine Carteolol Dipivefrin Dorzolamide Dorzolamide/ Timolol	Latanoaprost QL Levobunolol Metipranolol Pilocarpine Timolol Travaprost	Alphagan P Azopt Betoptic S Combigan Lumigan QL Simbrinza QL Travatan Z QL Betagan Betimol Betoptic Cosopt Iopidine Isopto Carbachol Isopto Carpine Isotalol Timoptic Trusopt Xalatan QL ST Zioptan ST
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OPHTHALMIC PRODUCTS - PAIN/INFLAMMATION

Non-Maintenance	Bromfenac Dexamethasone Diclofenac Fluorometholone Flurbiprofen Ketorolac	Levofloxacin Prednisolone Tetracaine Tobramycin/Dexa- methasone	Alex Durezol QL Flarex FML Forte Lotemax Tobradex Oint QL Tobradex ST Acular Acuvail QL Alcaine Airex Blephamide BromSite QL Flarex FML Liquifilm FML SOP Ilevro QL Lotemax Maxidex Moxitrol Ocufen Poly-Pred Pred Forte Pred Mild Pred Lensa QL Tobradex Susp. Vexol
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OPHTHALMIC PRODUCTS - ANTI-INFECTIVES

Non-Maintenance	Bacitracin Ciprofloxacin Erythromycin Gatifloxacin QL Gentamicin Gramicidin Neomycin Ofloxacin Polymyxin B	Sulfacetamide Sod Tobramycin Tobramycin/ Dexamethasone Trifluiridine Trimethoprim	Moxeza QL Tobradex Oint QL Tobradex ST Vigamox AzaSite Besivance Betadine Bleph-10 Ciloxan Natacyn Ocuflox Polysporin Polytrim Tobradex Suspension Tobrex Viroptic Zigan Zylet Zymarid QL
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OPHTHALMIC PRODUCTS - ANTI-ALLERGIC (Coverage Depends on Benefit Design)

Non-Maintenance	Azelastine Cromolyn	Epinastine Ketotifen Olopatadine	Alocril ST Alomide ST Pataday Pazeo Bepreve QL ST Elestat ST Emadine ST Patanol ST
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OPHTHALMIC PRODUCTS - MISCELLANEOUS

Non-Maintenance	Atropine Cyclopentolate Homatropine	Naphazoline Phenylephrine Tropicamide	Restasis QL Cyclogyl Cyclomydril Isopto Atropine Isopto Hyoscine Lacrisert Mydracyl Xidra QL
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OSTEOPOROSIS DRUGS

Maintenance	Alendronate Calcitonin PA Etidronate PA ibandronate Tablet	Risedronate Risedronate Delayed-Release QL	Duavee QL Actonel ST Atelvia QL ST Binosto QL ST Boniva Tablet QL ST Didronel ST Evista QL Fortical Fosamax ST Fosamax+D Miacalcin Spray PA
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OTIC PRODUCTS (For the Ear)

Non-Maintenance	Acetic Acid Acetasol HC Hydrocortisone Neomycin Sulfate Neo/Poly/HC	Ofloxacin Polymyxin B Sulfate Pramoxine Hydro- chloride	Ciprodex Cipro HC Cortisporin TC Cresylate Cetraxal QL Cortisporin Otovel
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PARKINSON'S DRUGS

Maintenance	Benzotropine Cabergoline Carbidopa Levodopa Entacapone Pramipexole QL	Pramipexole ER QL Rasagiline Rivastigmine QL Ropinirel Ropinirel ER QL Tolcapone QL Trihexyphenidyl	Stalevo Azilect Comtan Exelon QL Mirapex QL Mirapex ER QL Neupro Parcopa Requip Requip XL QL Rytary Sinemet Tasmar QL
Non-Maintenance	Amantadine Bromocriptine	Carbidopa Selegiline	Cogentin Eidepryl Lodosyn Parlodel Zelapar

PROSTATE MEDICATIONS

Maintenance	Alfuzosin QL Doxazosin Dutasteride QL Dutasteride/ Tamsulosin QL Finasteride QL	Prazosin Tamsulosin QL Terazosin	Avodart QL Cardura Cardura XL ST Flomax QL ST Jalyn QL MiniPress Proscar Rapaflo QL ST Uroxatral QL ST
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Specialty Pharmacy Products

Coverage Depends on Benefit Design. Your pharmacy benefit program may include coverage for certain products that are referred to as Specialty Medication. Most Specialty Medications are injectables, however some may be oral or transdermal. Specialty Medications may be medications that you administer to yourself or have a healthcare provider administer for you. The following is a list of medications that are considered Specialty Medications. As new medications that have similar indications enter the market these products may be added to the program without notice. (This list is subject to change – please consult Customer Service for an updated list.) In many cases, these medications require prior authorization before being dispensed. Medications marked with LD are medications with a limited distribution program available from select specialty pharmacies directly to the patient, caregiver or institution, and these medications may not be available from the preferred specialty pharmacy. Underlined medications are considered preferred. Benefit parameters may limit coverage of specialty medications to your plan's preferred specialty pharmacy partner.

Your pharmacy benefit program may also include a preferred specialty tier and a non-preferred specialty tier. The underlined medications may be on the preferred specialty tier. Additionally, generic specialty medications may be on the preferred specialty tier. PA = Prior Authorization. QL = Quantity Limit. LD = Limited Distribution.

ANTIDOTES

DEFEROXAMINE DESFERAL	EXJADE PA FERRIPROX PA LD	JADENU PA PRAXBIND PA	VISTOGARD PA LD VORAXAZE PA
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ANTINEOPLASTICS

ABRAXANE	MIDE PA	FUSILEV PA	LEVOLEUCOVORIN	PROVENGE PA LD	VALCHLOR PA
ACTIMMUNE PA	CYRAMZA PA LD	GAZYVA PA	LIPODOX	PURIXAN	VALSTAR
ADCTERIS PA	CYTARABINE PA	GEMCITABINE PA	LIPODOX 50	REVLIMID PA	VANTAS PA
ADRUICIL	DACARBAZINE PA	GEMZAR PA	LONSURF PA QL	RITUXAN PA	VECTIBIX PA
AFINITOR PA QL	DACOGEN	GILOTRIF PA QL	LUPANETA	RUBRACA PA QL	VELCADE PA
ALECENSA PA QL	DARZALEX PA	GLEEVEC PA	LUPRON DEPOT PA	SPRYCEL PA	VENCLEXTA PA QL LD
ALFERON N PA	DAUNORUBICIN PA	GLEOSTINE PA	LYNPARZA PA QL	STIVARGA PA QL	VIDAZA PA
ALIMTA PA	DECITABINE	GLIADOL PA	LYSDORE	SUTENT PA	VINBLASTINE SULFATE PA
ALKERAN PA	DEPOCYT	HALAVEN PA	MAROJIBO PA	SYLATRON PA QL	
AMIFOSTINE PA	DEXRAXOXANE PA	HERCEPTIN PA	MATULANE	SYLVANT PA	VINCASAR PFS PA
ARRANON PA	DOCEFREZ PA QL	HYCMTIN PA	MEKINIST PA QL	SYNRIBO PA	VINCRISTINE SULFATE PA
ARZERRA PA	DOCETAXEL PA	HYCMTIN IV PA	MELPHALAN HCL PA	TAFINLAR PA QL	
AVASTIN PA	DOXIL	IBRANCE PA QL	MESNA PA	TAGRISSO PA QL	VINORELBINE TAR- TRATE PA
AZACITADINE PA	DOXORUBICIN	ICLUSIG PA QL Age, LD	MESNEX PA	TARGEVA PA	VOTRIENT PA
BELEODAQ PA	ELIGARD PA	INLYTA PA QL	MITOMYCIN PA	TARGETIN PA	XALKORI PA QL
BENDEKA PA	ELITEK PA	IDARUBICIN HCL	MITOXANTRONE	TASIGNA PA	XELODA PA
BEXAROTENE CAP PA	ELLENCE	IFEX PA	HCL PA	TAXOTERE PA	XTANDI PA
BICNU PA	EMPLICITI	IFOSFAMIDE PA	MUSTARGEN PA	TECENTRIO PA	YERVOY PA
BLEOMYCIN SULFATE PA	EPIRUBICIN HCL	IMATINIB PA	NAVELBINE PA	TEMOZOLAMIDE PA	YONDELIS PA
BLEO 15K PA	ERBITUX PA	IMBRUVICA PA QL LD	NEXAVAR PA	TEMODAR PA	ZALTRAP PA
BLINCYTO PA	ERIVEDGE PA QL	INLYTA PA QL	NILANDRON	TEMODAR IV PA	ZENOSAR PA
BOSULIF PA	ERWINAZE PA LD	INTRON-A PA	NILUTAMIDE	TENIPOSIDE	ZELBORAF PA QL
BUSULFEX PA	ETHYOL PA	IRESSA PA QL	NINLARO PA QL	THERACYS PA	ZEVALIN PA LD
BUSOMETEX PA QL	ETOPHOS	IRINOTECAN PA	NIPENT PA	THIOTEPA	ZINCARD PA
CAMPTOSAR PA	ETOPOSIDE PA	ISTODAP PA	ODOMZO PA QL	THYROGEN	ZOLINZA
CAPECITABINE PA	EVOMELA PA	IXEMPR	ONCASPAR PA	TICE BCG PA	ZOLADEX PA
CAPRELSA PA QL LD	FARESTON	JAKAFI PA QL	ONIVYDE PA	TOPOSAR PA	ZOLINZA
CARBOPLATIN PA	FARYDAK PA QL	JEVANTA PA	OPDIVO PA	TOPOTECAN PA	ZORTRESS PA QL
CISPLATIN PA	FASLODEX PA	KADCYLA PA	OXALIPLATIN	TORISEL PA	ZYDELIG PA QL LD
CLADRBINE PA	FIRMAGON PA	KEPVANCE	PACLITAXEL PA	TREANDA PA	ZYKADIA PA QL
CLOLAR PA	FLOXURIDINE PA	KEYTRUDA PA	PANRETIN PA	TRELSTAR	ZYTIGA PA QL
COMETRIQ PA QL LD	FLUDARA PA	KYPROLIS PA	PERJETA PA	TRETINOIN PA	
COSMEGEN PA	FLUDARABINE SULFATE PA	LARTRUVO PA	PHOTOFIN PA	TRISENOX PA	
COTELLIC PA QL	FLUOROURACIL	LENVIMA PA QL LD	POMALYST PA	TYKERB PA	
CYCLOPHOSPHA-	FOLOTYN PA	LEUPROLIDE ACETATE PA	PORTRAZZA PA	UNITUXIN PA	
			PROLEUKIN PA	UVADEX	

ANTIPARKINSON AGENTS

APOKYN PA	DUOPA PA
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ANTIVIRALS

ADEFOVR PA	EPIVIR HBV QL	MODERIBA PAK	RIBAPAK PA	SOVALDI PA QL
BARACLUDE PA	HARVONI PA QL	NABI-HB	RIBASPHERE PA	<u>TECHNIVIE PA QL</u>
COPEGUS PA	HEPAGAM	OLYSIO PA QL	RIBASPHERE 400-	<u>VIEKIRA PAK PA QL</u>
DAKLINZA PA QL	HEPSERA PA QL	PEGASYS PA QL	600 PA	<u>VIEKIRA XR PA QL</u>
ENTECAVIR PA	HYPERHEP B S-D	PEG-INTRON PA QL	RIBATAB PA	VIRAZOLE
EPCUSA PA QL	MODERIBA	REBETOL PA	RIBAVIRIN PA	ZEPATIER PA QL

ASSORTED CLASSES

ARCALYST PA QL LD	GENGRAF PA	KYNAMRO PA QL	NULOJIX PA	RASUVO	<u>SYNVISC ONE PA</u>
ASTAGRAF-XL PA	GENVISC PA	LILETTA	NUPLAZID PA QL	REPATHA PA QL	SYNPRE
AZASAN	HETLIOZ PA	LIORRESAL PA	ORTHOVISC	SANDIMMUNE PA	TACROLIMUS
BENLYSTA PA	HYALGAN	MAKENA PA	OTREXUP	SIMULECT	THALOMID PA
BUPHENYL	HYMOVIS PA	MIRENA	PARAGARD	SIRLOLIMUS PA	VELTASSA QL
CELLCEPT PA	ILARIS PA QL LD	MONOVISC	PHENYLBUTYRATE	SKYLA	VIVITROL PA
CYCLOSPORINE PA	IMPAVIDO PA QL	MYCOPHENOLATE PA	SODIUM	SOLESTA	XIAFLAX PA
ENVARUS XR	IMURAN	MYCOPHENOLIC	PBALLUENT PA QL	SOLIRIS PA	XGEVA PA
EUFLEXA	JUXTAPID PA QL Age LD	ACID PA	PRILTI PA	STRENSIQ PA LD	
GABLOFEN PA	KEYEVIS PA QL LD	MYFORTIC PA	PROGRAF	SUPARTZ	
GEL-ONE	KORLYM PA LD	NEORAL PA	PROLIA PA	SYNAGIS PA	
GELSYN-3 PA	KYLEENA	NEXPLANON LD	RAPAMUNE PA	<u>SYNVISC PA</u>	

BIOLOGICS

ACTEMRA PA	HUMIRA PA QL	ORENCIA PA	REMICADE PA	STELARA PA	XELJANZ XR PA QL
ENBREL PA QL	INFLECTRA PA	ORENCIA SC PA	SIMPONI PA	TALTZ PA	
COSENTYX PA QL	KINERET PA QL LD	OTEZLA PA	SIMPONI ARIA PA	XELJANZ PA QL	

CARDIOVASCULAR AGENTS - MISC.

ADCIRCA PA QL	FLOLAN PA LD	OPSUMIT PA QL	REVATIO PA QL	TYVASO PA LD	VENTAVIS LD
ADEMPAS PA QL LD	LETAIRIS PA QL	ORENITRAM PA QL LD	SILDENAFIL PA QL	UPTRAVI PA QL LD	
EPOPROSTENOL PA	NORTHERA PA QL	REMODULIN PA LD	TRACLEER PA	VELETRI LD	

The formulary is subject to change. Network pharmacies have the most up-to-date formulary information at the time your prescription claim is presented. As generic products become available, their brand name medication will be moved to the third tier or non-preferred status. The inclusion of a drug on this list does not imply coverage under all plans.

CYSTIC FIBROSIS AGENTS

BETHKIS PA CAYSTON PA QL	KALYDECO PA QL KITABIS PAK PA	ORKAMBI PA QL PULMOZYME PA QL	TOBI PA QL TOBI PODHALER PA	TOBRAMYCIN NEB PA QL
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ENDOCRINE AND METABOLIC AGENTS - MISC.

ADAGEN PA ALDURAZYME PA AVEED PA BONIVA INJ ST CARBAGLU PA LD CERDELGA PA QL CEREZYME PA CYSTAGON LD DDAVP DESMOPRESSIN ACETATE	ELAPRASE PA ELELYSO PA FABRAZYME PA FORTEO PA <u>GENOTROPIN PA</u> <u>HUMATROPE PA</u> IBANDRONATE INJ INCRELEX PA KANUMA PA KYRSTEXXA PA KUVAN PA	LUMIZYME PA MYALEPT PA LD NAGLAZYME NATPARA PA QL NORDITROPIN PA NUTROPIN AQ PA OCTREOTIDE ACETATE PA OMNITROPE PA ORFADIN PA LD PAMIDRONATE INJ PA	PROCYSBI PA RAVICTI PA RECLAST PA SAIZEN PA SAMSCA PA QL SANDOSTATIN PA SANDOSTATIN LAR DEPOT PA SENSIPAR PA SEROSTIM PA SIGNIFOR PA LD	SIGNIFOR LAR PA LD SOMATULINE DEPOT PA SOMAVERT STIMATE SUPPRELIN LA PA SYNAREL PA TESTOPEL PA TESTOSTERONE IM- PLANT PELLET PA VIMIZIM PA	VPRIV PA XURIDEN PA QL ZAVESCA PA LD ZOLEDRONIC ACID PA ZOMACTON PA ZOMETETA PA ZORBTIVE PA
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GASTROINTESTINAL AGENTS - MISC

CHENODAL LD CHOLBAM PA	CIMZIA PA QL DIFICID PA	ENTYVIO PA GATTEX PA	OCALIVA PA QL ZINPLAVA PA
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HEMATOLOGICAL AGENTS - MISC.

ADVATE PA ADYNOVATE PA AFSTYLA PA ALBUKED ALBUMIN HUMAN ALBUMINAR ALBUMIN-ZLB ALBURYX ALBUTEIN ALPHANATE PA	ALPHANINE SD PA ALPROLIX PA BEBULIN BENEFIX PA BERINERT PA BUMINATE CEPROTIN CINRYZE PA LD COAGADEX PA CORIFACT	DEFITELIO PA ELOCTATE PA FEIBA PA FEIBA NF PA FEIBA VH PA FIRAZYR PA FLEXBUMIN H.P. ACTHAR PA HELIXATE FS PA HEMOFIL M PA	HUMATE-P PA IDELVION PA IXINITY KALBITOR PA KEDBUMIN KOATE-DVI PA KOENATE FS PA KOVALTRY PA MONOCLATE-P PA MONONINE PA	NOVOEIGHT PA NOVOSEVEN PA NOVOSEVEN RT PA NUWIQ PA OBIZUR PA PANHEMATIN PLASBUMIN PLASMANATE PROFILININE SD RECOMBINATE PA	RIASTAP PA RIXUBIS RUONEST PA THROMBATE III TRETLEN VONVENDI PA WILATE PA XYNTHA
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HEMATOPOIETIC AGENTS

ARANESP PA EPOGEN PA	GRANIX PA LEUKINE	MIRCERA PA MOZOBIL PA	NEULASTA PA QL NEUPOGEN PA	NPLATE PA PROMACTA PA QL	PROCRIT PA QL ZARXIO PA
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INFERTILITY AGENTS

BRAVELLE PA CETROTIDE PA CHORIONIC -	GONADOTROPIN PA FOLLISTIM AQ PA GANIRELIX PA	GONAL-F PA MENOPUR PA NOVAREL PA	OVIDREL PA PREGNYL PA QL REPRONEX
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INTRAOCULAR

EYLEA PA QL ILUVIEN PA	JETREA PA LUCENTIS PA	MACUGEN PA OZURDEX	RETISERT VISUDYNE
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IMMUNODEFICIENCY AGENTS

ATGAM BIVIGAM CARIMUNE CUVITRU PA	FLEBOGAMMA FLEBOGAMMA DIF GAMASTAN <u>GAMMAGARD LIQUID</u>	GAMMAGARD S/D GAMMAKED GAMMAPLEX GAMUNEX	HIZENTRA PA HYPERRHO S-D PA HYQVIA PA MICRHOGAM PA	OCTAGAM PRIVIGEN RHOGAM PA RHOGAM PLUS PA	RHOPHYLAC THYMOGLOBULIN VARIZIG WINRHO PA
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NEUROLOGICAL AGENTS - MISC.

AMPYRA PA QL AUBAGIO PA <u>AVONEX PA QL</u> BETASERON PA QL	BOTOX PA <u>COPAXONE PA QL</u> DYSPORT PA EXONDYS 51 PA	EXTAVIA PA QL GILENYA PA QL GLATOPA PA QL LEMTRADA PA	MYOBLOC PA <u>PLEGRIDY PA QL</u> REBIF PA QL <u>TECEDEBA PA QL</u>	TETRABENAZINE PA TYSABRI PA XENAZINE PA XEOMIN PA	XYREM PA LD ZINBRYTA PA QL
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RESPIRATORY AGENTS - MISC.

ARALAST NP CINQAIR PA	ESBRIET PA QL GLASSIA PA	NUCALA PA QL OFEV PA QL	PROLASTIN C LD XOLAIR PA	ZEMAIRA PA LD
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Non-Preferred Formulary Medications and Preferred Alternatives

Non-Preferred Brand Medications	Generic Medications and Preferred Brand Medications
Accu-Check	Freestyle Lite, FreeStyle; Freedom Lite, Precision Xtra; FreeStyle InsulinX
Apriso	Asacol HD
Bayer Breeze	Freestyle Lite, FreeStyle; Freedom Lite, Precision Xtra; FreeStyle InsulinX
Bayer Contour	Freestyle Lite, FreeStyle; Freedom Lite, Precision Xtra; FreeStyle InsulinX
Bydureon	Tanzeum, Trulicity
Byetta	Tanzeum, Trulicity
Breo Ellipta	Advair, Anoro Ellipta, Dulera, Symbicort
Frova	frovatriptan, sumatriptan, naratriptan, Relpax
Invokana	Farxiga
Jardiance	Farxiga
Lescol, Lescol XL	lovastatin, simvastatin, pravastatin, rosuvastatin
Lexapro	citalopram, paroxetine, fluoxetine, sertraline
Lialda	Asacol HD, Delzicol
Maxalt	frovatriptan, sumatriptan, naratriptan, Relpax
Nasonex	flunisolide, fluticasone, mometasone, Qnasl
One Touch Ultra	Freestyle Lite, FreeStyle; Freedom Lite, Precision Xtra; FreeStyle InsulinX
Onglyza	Januvia
Tradjenta	Januvia
Tudorza	Spiriva, Incruse Ellipta
Victoza	Tanzeum, Trulicity
Zetonna	flunisolide, fluticasone, mometasone, Qnasl

Preferred Brand Name Medications

Acanya	Creon	Humatrope	Pataday	Synthroid
Advair Diskus	Cresylate	Humulin 70/30	Pazeo	Tanzeum
Advair HFA	Crinone	Humulin N	Pradaxa	Tegretol
Alocril	Crixivan	Humulin R	Precision Xtra	Tegretol XR
Alomide	Delzicol	Hysingla ER	Prefest	Tekturna
Alora	Descovy	Ilevro	Premarin	Tekturna HCT
Alrex	Diastat	Incruse Ellipta	Premphase	Tivicay
AndroGel 1.62%	Dilantin	Intelence	Prempro	Tobradex Oint.
Anoro Ellipta	Dovonex Ointment	Invirase	Prezcobix	Tobradex ST
Apidra	Duavee	Isentress	Prezista	Tolak Cream
Aptivus	Dulera	Janumet	Pristiq	Toujeo
Arcapta	Durezol	Janumet XR	Proair HFA	Toviaz
Arnuity Ellipta	Dutoprol	Januvia	Proair RespiClick	Travatan Z
Asacol HD	Edurant	Jublia	Pulmicort Inhaler	Treximet
Atripla	Effient	Kaletra	Pylera	Triumeq
Atrovent HFA	Eliquis	Kenalog Spray	Qnasl	Trulicity
Axiron	Emtriva	Ketek	QuilliChew ER	Truvada
Azopt	Entresto	Kyleena	Quilivant XR	Tybost
Basaglar	Estring	Lanoxin	Qvar	Vemlidy
Belsomra	Evotaz	Lantus	Ranexa	Ventolin HFA
Betoptic S	Farxiga	Levemir	Relpax	Vesicare
Bevespi Aerosphere	Felbatol	Levoxyl	Renvela	Viagra
Brilinta	Fetzima	Lexiva	Rescriptor	Viberzi
Butrans	Flarex	Linzess	Restasis	Videx Solution
Canasa	Flovent	Livalo	Reyataz	Vigamox
Cenestin	Fluoroplex 1%	Lotemax	Selzentry	Viibryd
Cialis	FML Forte	Lumigan	Serevent	Viramune
Ciprodex	Freestyle Freedom	Lyricea	Simbrinza	Viread
Cipro HC	Light	Moxeza	Spiriva HandiHaler	Vitekta
Cleocin Vaginal Sup.	Freestyle InsulinX	Multiq	Spiriva Respimat	Vytorin
Combigan	Freestyle Light	Namenda XR	Stalevo	Xarelto
Combipatch	Fuzeon	Namzaric	Stiolto Respimat	Xigduo XR
Complera	Gabitril 12 mg	Nevanac	Strattera	Zmax
Coreg CR	Gabitril 16 mg	Norvir	Stribild	Zontivity
Cortisporin	Genotropin	NuvaRing	Striverdi	Zovirax Cream
Cortisporin TC	Genvoya	Odefsey	Sustiva	
Coumadin	Humalog	Oxycontin	Symbicort	

Nondiscrimination Statement

Nondiscrimination Statement: Discrimination Is Against the Law

National Pharmaceutical Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. National Pharmaceutical Services does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

National Pharmaceutical Services:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: 1) Qualified sign language interpreters and 2) Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as: 1) Qualified interpreters and 2) Information written in other languages.

If you need these services, you can call our contact center at 1-800-546-5677 (TTY: 1-866-706-4757) 24 hours a day. If you believe that National Pharmaceutical Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the NPS Compliance Officer; PO Box 407, Boys Town, NE 68010; 1-800-546-5677 (TTY: 1-866-706-4757); fax 1-888-303-0047; email compliance@pti-nps.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you speak one of the following languages, or need assistance in another language, free assistance services are available — call 1-800-546-5677 (TTY: 1-866-706-4757).

SPANISH: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-546-5677 (TTY: 1-866-706-4757).

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 1-800-546-5677 (TTY: 1-800-546-5677)。

FRENCH: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-546-5677 (ATS : 1-866-706-4757).

FRENCH CREOLE (HAITIAN CREOLE): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-546-5677 (TTY: 1-866-706-4757).

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-546-5677 (TTY: 1-866-706-4757)번으로 전화해 주십시오.

VIETNAMESE: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-546-5677 (TTY: 1-866-706-4757).

ARABIC: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 5677-546-800-1 (رقم هاتف الصم والبكم: 1-4757-706-866-1).

RUSSIAN: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-546-5677 (телетайп: 1-866-706-4757).

TAGALOG: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-546-5677 (TTY: 1-866-706-4757).

GERMAN: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-706-4757 (TTY: 1-866-706-4757).

JAPANESE: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-546-5677 (TTY: 1-800-546-5677) まで、お電話にてご連絡ください。

SERBO-CROATIAN*: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-546-5677 (TTY - Telefon za osobe sa oštećenim govorom ili sluhom: 1-866-706-4757).

ITALIAN: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-546-5677 (TTY: 1-866-706-4757).

ALBANIA: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-546-5677 (TTY 1-866-706-4757).

PERSIAN (FARSI): توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. تماس بگیرید. 1-800-546-5677 (TTY: 1-866-706-4757).

PORTUGUESE: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-546-5677 (TTY: 1-866-706-4757).

GUJARATI: સુચન: જો તમે ગુજરાતી બોલતા છો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-546-5677 (TTY: 1-866-706-4757).

LAOTIAN: ໂປດລາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ຄວມມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-546-5677 (TTY: 1-866-706-4757).

THAI: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-546-5677 (TTY: 1-866-706-4757).

POLISH: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-546-5677 (TTY: 1-866-706-4757).

CUSHITE: XIYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-546-5677 (TTY: 1-866-706-4757).

MON-KHMER, CAMBODIAN: ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, អាចទទួលបានការស្តាប់ឯកភាសា ដោយឥតគិតថ្លៃ គឺអាចមានសំឡេងបំផុត។ ចូរ ទូរស័ព្ទ 1-800-546-5677 (TTY: 1-866-706-4757)។

HINDI: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-546-5677 (TTY: 1-866-706-4757) पर कॉल करें।

NEPALI: ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-800-546-5677 (टिप्टाइप: 1-866-706-4757)।

URDU: خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی 1-800-546-5677 (TTY: 1-866-706-4757) مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں

HMONG: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-546-5677 (TTY: 1-866-706-4757).

GREEK: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-546-5677 (TTY 1-866-706-4757).

2017 Member Formulary

2017 Formulario de Miembros



Updated March 2017

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