

A woman with blonde hair, wearing a white lab coat over a red turtleneck, is looking down at a computer monitor in a pharmacy. The background shows shelves stocked with various medications.

2016 Member Formulary

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

2016 Formulario de Miembros

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

formulary

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Your Pharmacy Benefit Plan

Here's everything you should know about your benefits

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, 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 substantial 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

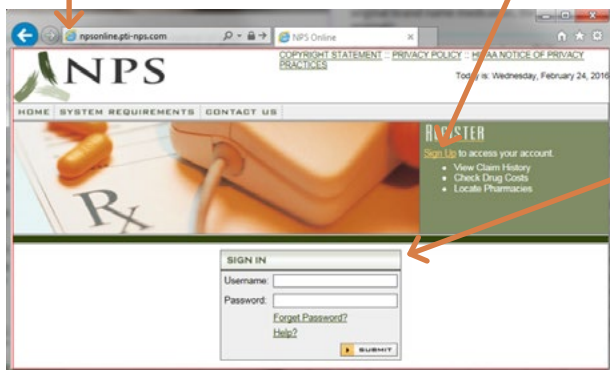
NPS Online is a powerful tool that will help you take more control of your medications. Here's what you can do with NPS Online:

- 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, some of which can be found 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.

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 do generic versions of 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 17 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 lower 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 firms 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 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 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. **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.**

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 on-going and dynamic process.

The Formulary is a continually revised compilation of pharmaceuticals which reflects the current clinical judgment of the Pharmacy and Therapeutics 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. It is the ultimate goal of the P&T Committee to make the Formulary comprehensive, pro-active, and easy to use.

The Formulary system also serves other purposes. By minimizing duplication, it lowers the costs to clients of PTI of providing the prescription drug card benefit to its members. All of these factors result in lower drug costs for the drug benefit plan. Some drugs that are 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. As you use the Formulary, 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, PTI 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) on-line 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 four tiers and is color coded to easily identify the status of a particular agent in a therapeutic category on the Formulary. The 1st and 2nd tiers 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 3rd 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 4th 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 4th 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 3rd 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 4th 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 PTI/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. On-line 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 PTI 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 PTI 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. PTI 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.

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.

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 copay 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 medica-

tions, 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 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 copy 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.

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 Food and Drug Administration 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 our 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. Once 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.

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.**

Dispensing Limitation List

PRESCRIPTION DRUG	LIMIT	PRESCRIPTION DRUG	LIMIT	PRESCRIPTION DRUG	LIMIT
Abilify	30 tabs/30 days	Axert 12.5 mg tabs	12 tabs (2 boxes)/30 days	Depo-Provera	1 injection/90 days
Acanya	1 jar/30 days	Axert 6.25 mg tabs	18 tab (3 boxes)/30 days	desloratadine	30 tabs/30 days
Accolate	60 tabs/30 days	Axiron	180 ml/30 days	Detrol	60 tabs/30 days
Accuneb 0.63 mg/3 ml	120 vials/30 days	azelastine 0.15	1 bottle/30 days	Detrol LA	30 caps/30 days
Accuneb 1.25 mg/3 ml	60 vials/30 days	azelastine	24 tabs/30 days	Dexedrine CR 5 mg	360 caps/30 days
Aciphex 5 mg	10 mg 30 caps/30 days	Belsomra	30 tabs/30 days	Dexedrine CR 10 mg	180 caps/30 days
Aciphex 20 mg	30 tabs/30 days	Benzaclin	30 tabs/30 days	Dexedrine CR 15 mg	120 caps/30 days
Aciphex Sprinkle	30 caps/30 days	Bifenox	30 tabs/30 days	Dexlansop	30 caps/30 days
Actifoom	120 sponges/30 days	Benicar HCT	30 tabs/30 days	Diabetic Test Strips, Lancets, Strips	800 units/3 mo. period
Actiq	120 lozenges/30 days	Bepreve	10 ml/30 days	Diclegyl	120 tabs/30 days
Actoplus Met	90 tabs/30 days	Betaseron	15 vials/30 days	Diclofenac 3% gel	100gm/30 days
Actoplus Met XR	60 tabs/30 days	Bexsero	1 syringe/prec. dispensed	Diovan	30 tabs/30 days
Acuvail	30 pouches/60 days	Beyaz	28 tabs/28 days	Docefrez	1 box or 5 bottles/30 days
Actos	30 tabs/30 days	bicalutamide	30 tabs/30 days	Dolacet	240 caps/30 days
acyclovir 5% ointment	30 gm/30 days	binimetoprost	5 ml/30 days	Dolacet Forte	240 caps/30 days
Adcirca	60 tabs/30 days	Binoso	4 tabs/28 days	donepezil	30 tabs/30 days
Addyi	30 tabs/30 days	Boniva 150 mg	1 tab/28 days	Diovan HCT	30 tabs/30 days
Adempas	90 tabs/30 days	Breo Ellipta	1 inhaler/30 days	Duavee	30 tabs/30 days
Advair Diskus	1 inhaler (60 blisters)/20 days	Briselle	30 tabs/30 days	Duetact	30 tabs/20 days
Adrenaclick	2 pens/30 days	Brintellix	60 tabs/30 days	Duexis	90 tabs/30 days
Advicor	60 tabs/30 days	buprenex XL 150 mg	90 tabs/30 days	Dulera	1 inhaler/30 days
Aerochamber	1/calendar yr	buprenex XL 300 mg	60 tabs/30 days	duloxetine 20 mg	90 caps/30 days
Aerospas	2 inhalers/30 days	budesonide respules	60 ampules/30 days	duloxetine 30 mg	30 caps/30 days
Afinitor	30 tabs/30 days	Bunavail 2.1/0.3 mg	30 films/30 days	duloxetine 60 mg	60 caps/30 days
Alfuria	1 injection/prec. dispensed	Bunavail 4.2/0.7 mg	30 films/30 days	Duragesic	10 patches/30 days
alfuzosin	30 tabs/30 days	Bunavail 6.3/1 mg	60 films/30 days	Durezol	5 ml/30 days
Alkylon	1 cap/prec. dispensed	buprenorphine 2 mg	360 tabs/30 days	Durlaza	30 caps/30 days
albuterol 0.63 mg/3 ml	120 vials/30 days	buprenorphine 8 mg	90 tabs/30 days	dutasteride	30 caps/30 days
albuterol 1.25 mg/3 ml	360 vials/30 days	buprenorphine/naloxone 8/0.5 mg	360 tabs/30 days	dutasteride/tamsulosin	30 caps/30 days
Aleensa	240 caps/30 days	buprenorphine/naloxone 8/0.5 mg	90 tabs/30 days	Dutoprol	120 caps/30 days
aller-ease 30 tabs	30 tabs/30 days	bupral/APAP/caffi/codeine	180 caps/30 days	Dymista	1 bottle/30 days
Allegra 60 mg	60 tabs/30 days	bupral/APAP/caffi/codeine	180 tabs/30 days	Ecoza	Limited to 12 yrs and older
Allegra 180 mg	30 tabs/30 days	butorphanol NS	2 bottles (2.5 ml ea.)/30 days	Edarbi	30 tabs/30 days
allergy relief	30 tabs/30 days	Butrans	4 patches/28 days	Edarbyclor	30 tabs/30 days
almitriptan 12.5 mg tabs	12 tabs(2 boxes)/30 days	Bydureon	1 box of 4 trays/28 days	Edex	6 injections/30 days
almitriptan 6.5 mg tabs	18 tabs(3 boxes)/30 days	Byetta	2.4 ml/30 days	Eduar	30 tabs/30 days
Alora	8 patches/30 days	Bystolic	30 tabs/30 days	Eduard	30 tabs/30 days
alosetron	60 tabs/30 days	Caduet	30 tabs/30 days	Effxor XR 37.5 mg	30 tabs/30 days
Altopen	30 tabs/30 days	Caldolor	240 vials/30 days	Effxor XR 75 mg	90 tabs/30 days
Alsuma	6 inj/30 days	Cambia	9 packets/30 days	Effxor XR 150 mg	30 tabs/30 days
Alvesco	1 inhaler/30 days	camresse, camresse lo	91 tabs/91 days	Effient	30 tabs/30 days
Ambien CR	30 tabs/30 days	candesartan	30 tabs/30 days	Effient XR	30 tabs/30 days
Ambien	30 tabs/30 days	candesartan/HCTZ	30 tabs/30 days	Eldel Cream	30 gms/prec. dispensed
Amerge 1 mg tabs	18 tabs (2 boxes)/30 days	Caprelsa 300 mg	30 tabs/30 days	Elloquin	60 tabs/30 days
Amerge 2.5 mg tabs	9 tabs (1 box)/30 days	Caprelsa 100 mg	60 tabs/30 days	Embeda	30 tabs/30 days
amethia, amethia lo	91 tabs/91 days	carisoprodol	120 tabs/30 days	Emend	5 tabs/prec. dispensed
Amittiza	60 caps/30 days	carisoprodol/ASA	150 tabs/30 days	Emsam	30 patches/30 days
amiodipine	30 tabs/30 days	carisoprodol/ASA/codeine	120 tabs/30 days	Enablex	30 tabs/30 days
amlodipine/atorvastatin	30 tabs/30 days	Casodex	30 tabs/30 days	Enbrel 25 mg	16 injections/30 days
amlodipine/benzepiril	30 tabs/30 days	Castorject	6 injections/30 days	Enbrel 50 mg	8 injections/30 days
amlodipine/telmisartan	30 tabs/30 days	Causton	84 vials/56 days	Endo Avitene	120 sheets/30 days
amnestee	30 days/prec. dispensed	Celebrex	60 caps/30 days	Endocet 7.5/500	240 tabs/30 days
amphetamine salts ER 5 mg	180 caps/30 days	Celecoxib	60 caps/30 days	Endocet 5/325	360 tabs/30 days
amphetamine salts ER 10 mg	90 caps/30 days	Cerdelga	60 caps/30 days	Endocet 10/650	180 tabs/30 days
amphetamine salts ER 15 mg	60 caps/30 days	Chantix	14 vials/prec. dispensed	Endocet 10/325	360 tabs/30 days
amphetamine salts ER 20 mg	30 caps/30 days	Chantix	60 tabs/30 days	enoxaparin	60 syringes/30 days
amphetamine salt ER 25 mg	30 caps/30 days	Cialis	6 tabs/30 days	Entostat Foam	120 gm/30 days
amphetamine salts ER 30 mg	30 caps/30 days	Cialis 2.5 mg and 5 mg	30 tabs/30 days	Entresto	60 tabs/30 days
Ampyra ER	30 tabs/30 days	Cialis Starter Kit	1 kit per 365 days	Epiduo	90 gms/30 days
Amrix	30 caps/30 days	Cimzia	2-200 mg inj or 400 mg/28 days	Epiduo Forte	90 gms/30 days
anastrozole	30 tabs/30 days	claravis	30 days/prec. dispensed	Epinephrine auto-injector	2 pens/30 days
AndroGel 1%-25 mg	75 gm/30 days	Clarinox, Clarinex D	30 tabs/30 days	Epipen, Epipen Jr	2 pens/30 days
AndroGel 1%-50 mg & Pump	300 gm/30 days	Climara, Climara Pro	4 patches/30 days	Epivir HBV	30 tabs/30 days
AndroGel 1.62%	150 gm/30 days	clonidine ER	60 tabs/30 days	epilesterone	60 tabs/30 days
anxiety	360 tabs/30 days	clonidine	30 tabs/30 days	EQ allergy relief	30 tabs/30 days
Anoro Ellipta	1 inhaler/30 days	clopidogrel	30 tabs/30 days	EQI aller-ease	30 tabs/30 days
Antara 130 mg	30 tabs/30 days	clozapine	120 tabs/30 days	erectile Dysfunction Drugs/Limited to use in males only	30 tabs/30 days
Antara 43 mg	60 tabs/30 days	Coartem	24 tabs/30 days	erectile Dysfunction Drugs/Limited to use in males only	30 tabs/30 days
Anzemet tabs	10 tabs/prec. dispensed	colchicine	120 tabs/30 days	erectile Dysfunction Drugs/Limited to use in males only	30 tabs/30 days
Apenzin	30 tabs/30 days	Colcrys	120 tabs/30 days	Erivedge	30 caps/30 days
Apriso	120 caps/30 days	Combivent Respimat	1 inhaler/30 days	Esbriet	270 caps/30 days
Aprtenio XR	30 caps/30 days	Cometriq	1 kit/28 days	escitalopram	30 tabs/30 days
Aptiom 200 mg, 400 mg, 600 mg	30 tabs/30 days	Complera	30 tabs/30 days	escitalopram soln	620 ml/30 days
Aptiom 800 mg	60 tabs/30 days	Concerta 18 mg, 27 mg, & 54 mg	30 tabs/30 days	esomeprazole 20 mg	30 caps/30 days
Arcalyst	4 vials/30 days	Concerta 36 mg	60 tabs/30 days	esomeprazole 40 mg	60 caps/30 days
Arcaapta	30 caps/30 days	Contrave	120 tabs/30 days	Estring	1 ring/90 days
Aricept	30 tabs/30 days	Copaxone 20 mg	30 syringes/30 days	Eszopiclone	30 tabs/30 days
Arimidex	30 tabs/30 days	Copaxone 40 mg	12 syringes/30 days	Evamist	60 tabs/30 days
aripiprazole	30 tabs/30 days	Corran Patch	24/30 days	Evista	30 tabs/30 days
Aristada	1 injection/28 days	Corrdan Tape	2 rolls/30 days	Evozax	30 tabs/30 days
Arnuity Ellipta	1 inhaler/30 days	Coreg CR	30 tabs/30 days	Exalgo	30 tabs/30 days
Asmanex	60 tabs/30 days	Corlanor	60 tabs/30 days	Exelon	60 tabs/30 days
Asmanex HFA	1 inhaler/30 days	Cosentyx	2 pens or syringes/28 days	Exelon Patch	30 patches/30 days
Astepro	1 bottle/30 days	Cotellic	63 tabs/28 days	Exforge	30 tabs/30 days
Asthmapack	1/calendar yr	Cozaar	30 tabs/30 days	Exforge HCT	30 tabs/30 days
Atacand HCT	30 tabs/30 days	Cresemba	68 caps/30 days	Extavia	15 vials/30 days
Atacand	30 tabs/30 days	Crestor	30 tabs/30 days	Eylea	0.05 ml/28 days
Atelvia	4 tabs/28 days	Cuvposa	1419 ml/30 days	Factive	7 tabs/30 days
atorvastatin	30 tabs/30 days	CVS allergy relief 60 mg	60 tabs/30 days	Fanapt	60 tabs/30 days
Aurixa	30 tabs/30 days	CVS allergy relief 180 mg	30 tabs/30 days	Farydak	6 caps/21 days
Availide	30 tabs/30 days	Cyclozenparine ER	30 caps/30 days	fenofibrate micro	6 caps/30 days
Avandamet	60 tabs/30 days	Cymbalta 20 mg	90 caps/30 days	fenofibrate	30 tabs/30 days
Avandaryl	60 tabs/30 days	Cymbalta 30 mg	90 caps/30 days	fenofibric acid	30 caps/30 days
Avandia	60 tabs/30 days	Cymbalta 60 mg	30 caps/30 days	fantanyl	120 lollipop/30 days
Avapro	30 tabs/30 days	Daklinza	28 tabs/28 days	Fentora	120 tabs/30 days
Avexol	14 tabs/prec. dispensed	Daliresp	30 tabs/30 days	Fetzima	30 tabs/30 days
Avitene	120 syringes/30 days	Daytrana	30 patches/30 days	fofenadine 30 mg & 60 mg	60 tabs/30 days
Avodart	30 caps/30 days	Denavir	5 gms/30 days	fofenadine 180 mg	30 tabs/30 days
Avonex	4 vials/30 days			Fibricor	30 tabs/30 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
finasteride	30 tabs/30 days	Jolessa	91 tabs/91 days	Multaq	60 tabs/30 days
finasteride	Limited to use in males only	Jentadueto	60 tabs/30 days	Muse	6 inserts/30 days
Floricef/codeine	180 caps/30 days	Jublia	4 ml/30 days	Namenda	30 tabs/30 days
Flector	60 patches/30 days	Juxtapid	90 caps/30 days	Namenda XR	30 tabs/30 days
Flomax	60 caps/30 days	Kadian	18 tabs/30 days	Naratriptan 1 mg	60 caps/30 days
Fluvastatin	60 caps/30 days	Kalydeco oral granules	60 packets/30 days	Naratriptan 2.5 mg	9 tabs/30 days
Fluvastatin extended-release	30 caps/30 days	Kayvado tabs	60 tabs/30 days	Natizia	28 tabs/28 days
Fluralaner	1 inj/30 days	Kayvado	60 tabs/30 days	natigeline	28 tabs/30 days
Flurist	1 inj/calendar year	Kazano	60 tabs/30 days	Natesto	21.96 gm/30 days
Flumin	1 treatment/presc. dispensed	Keppra XR 500mg	180 tabs/30 days	Natpara	2 cartridges/28 days
fluvomaxine ER	30 caps/30 days	Keppra XR 750mg	120 tabs/30 days	Nebupent	1 inhaler/30 days
Fluzone intradermal	1 inj/ presc. dispensed	Kerydin	10 ml/ presc. dispensed	Nesina	1 bottle/presc dispensed
Focalin 2.5 mg	240 tabs/30 days	Ketek	20 tabs/presc. dispensed	Neulasta	2 syringes/30 days
Focalin 5 mg	120 tabs/30 days	ketorolac tabs	20 tabs/calendar yr	Neumega	20 tabs/30 days
Focalin 10 mg	60 tabs/30 days	Keveyis	120 tabs/30 days	nevirapine XR	30 tabs/30 days
Focalin XR 5 mg	240 caps/30 days	KLS aller-flex	30 tabs/30 days	Nexium 20 mg	30 caps/30 days
Focalin XR 10 mg	120 caps/30 days	Kineret	30 syringes/30 days	Nexium 40 mg	60 caps/30 days
Focalin XR 15 mg	60 caps/30 days	Kombiglyze XR	60 tabs/30 days	Niacin ER	60 tabs/30 days
Focalin XR 20 mg	60 caps/30 days	KP fexofenadine 60 mg	60 caps/30 days	Ninlitan	60 tabs/30 days
Focalin XR 25 mg	30 caps/30 days	KP fexofenadine 180 mg	3 tabs/28 days	Ninlito	3 caps/28 days
Focalin XR 30 mg	30 caps/30 days	Kynamro	4 inj/28 days	Norco	360 tabs/30 days
Focalin XR 40 mg	30 caps/30 days	Lamictal XR	30 tabs/30 days	Northera	14 day supply/presc. dispensed
Foradil	1 inhaler (60 capsules)/30 days	Lamisil tabs	90 days supply/calendar yr	Norvasc	91 tabs/91 days
Forfivo XL	30 tabs/30 days	lansoprazole 15 mg	30 caps or ODT/30 days	Qualaquin	42 caps/365 days
Fortesta	120 gm/30 days	lansoprazole 30 mg	90 caps/30 days	quasense	91 tabs/91 days
Frascin 5000 U	12 syringes/30 days	latanoprost	5 ml/30 days	quetiapine	60 tabs/30 days
Fragmin 2500 U	18 syringes/30 days	Latisse	3 ml/30 days	Quillichew ER 20 mg, 30 mg	60 tabs/30 days
Fragmin 10,000 & 25,000 U	60 syringes/30 days	Latuda	30 tabs/30 days	Quillichew ER 40 mg	30 tabs/30 days
Frova 2.5 mg tabs	18 tabs (2 boxes)/30 days	Lenvima 24 mg	90 caps/30 days	Quillivant XR	360 ml/30 days
Fulyzaq	60 tabs/30 days	Lenvima 20 mg	60 caps/30 days	Qutenza	4 patches/34 days
Fycymfa	30 tabs/30 days	Lenvima 14 mg	60 caps/30 days	Rx allergy relief	30 tabs/30 days
galantamine ER	30 caps/30 days	Lenvima 10 mg	30 caps/30 days	rabprazole 5 mg, 10 mg	30 caps/30 days
Gardasil	13-26 yrs of age	Lescol XL	30 caps/30 days	rabprazole 20 mg	90 tabs/30 days
gatifloxacin	1 bottle/30 days	levetiracetam ER 500 mg	180 tabs/30 days	Ragwitek	30 tabs/30 days
Gelnique	30 gm/30 days	levetiracetam ER 750 mg	120 tabs/30 days	Ranexa	120 tabs/30 days
Gelnique 3%	92 gm/30 days	levofloxacin	14 tabs/presc. dispensed	Rapaflow	60 tabs/30 days
Genovya	30 tabs/30 days	Letairis	30 tabs/30 days	Razadyne ER	30 caps/30 days
Geodon	60 caps/30 days	Levaquin	14 tabs/presc.	Refib	30 tabs/30 days
Giaz	180 tabs/30 days	Levitra	6 tabs/30 days	Reglax	12 injections/30 days
Giaz	Limited to use in males only	levonorgestrel	1 treatment/calendar yr	Regranex	1 treatment every 180 days
Gilenva	30 caps/30 days	Lexapro	30 tabs/30 days	omega-3 acid	120 caps/30 days
Gilotrif	30 tabs/30 days	Lexapro soln	620 ml/30 days	omeprazole 10 mg, 40 mg	60 caps/30 days
Glipiza	30 syringes/30 days	Lexipron	120 tabs/30 days	omeprazole 20 mg	90 caps/30 days
Glyxambi	30 tabs/30 days	Lidoderm patch	90 patches/30 days	omeprazole/OTD bicarb	30 tabs/30 days
GNP allergy relief	30 tabs/30 days	linezolid tablet	56 tabs/28 days	Omnigrip	2 injections/30 days
GNP lansoprazole	30 tabs/30 days	Linzess	30 tabs/30 days	ondansetron/ODT tabs	90 tabs/30 days
Gralise 300mg	180 tabs/30 days	Lipitor	30 tabs/30 days	ondansetron soln	100 ml/presc. dispensed
Gralise 600mg	90 tabs/30 days	Liptruzet	30 tabs/30 days	Onexton gel	50 gm/pres. dispensed
granisetron	10 tabs/presc. dispensed	Livalo	30 tabs/30 days	Onglyza	90 tabs/30 days
Grastek	30 tabs/30 days	Lofibra	30 caps/30 days	Opana ER	60 tabs/30 days
guanfacine ER	30 tabs/30 days	Lo Loestrin Fe	28 tabs/30 days	Opsumit	30 tabs/30 days
Harvoni	28 tabs/28 days	Lonsurf	80 tabs/28 days	Oral Contraceptives	Limited to use in females only
Helostat	120 sponges/30 days	losartan	30 tabs/30 days	Oralair	30 tabs/30 days
Hepsera	30 tabs/30 days	losartan/HCTZ	30 tabs/30 days	Oravig	14 tabs/presc. dispensed
HM fexofenadine 60 mg	30 tabs/30 days	Osasonique	91 tabs/30 days	Orencia	60 tabs/30 days
HM fexofenadine 180 mg	30 tabs/30 days	Osetron	30 tabs/30 days	Orkambi	112 tabs/28 days
Horizant	30 tabs/30 days	Lotronex	60 tabs/30 days	Oseni	30 tabs/30 days
Humira 20 mg	8 injections/30 days	Lotronex	Limited to use in females only	Osphena	30 tabs/30 days
Humira 40 mg	4 injections/30 days	Lovaza	120 caps/30 days	Otezla	60 caps/30 days
hydrocodone/APAP	not to exceed 4000 mg	Lovenox	60 syringes/30 days	Oxaydo	120 tabs/30 days
hydrocodone/APAP soln	3600 ml/30 days	Lumigan	5 ml/30 days	Oxtellar XR	120 tabs/30 days
hydromorphone ER	30 tabs/30 days	Lunesta	30 tabs/30 days	oxycodone/APAP not to exceed 4000 mg	60 tabs/30 days
Hysingla ER	30 caps/30 days	Luzu	60 gm/presc. dispensed	oxycodone ER	120 tabs/30 days
Hyzaar	30 tabs/30 days	Luvox CR	30 caps/30 days	Oxycotin	30 tabs/30 days
Ibrance	21 caps/28 days	Lynparza	480 caps/30 days	oxymorphone ER	60 tabs/30 days
Iclusig	30 tabs/30 days	Lyrca soln	120 caps/30 days	Oxytrol	8 patches/30 days
Ilaris	1 vial/60 days	Lyrca soln	900 ml/30 days	paleipridone 3 mg, 9 mg	30 tabs/30 days
ilevo	1.7 ml/14 days	Lysteda	30 tabs/30 days	paleipridone 6 mg	60 tabs/30 days
Imbruvica	120 caps/30 days	Margisc	240 caps/30 days	pantoprazole 20 mg	30 tabs/30 days
Imitrex 25 mg tabs	18 tabs (2 boxes)/30 days	Maxalt, Maxalt MLT 5 mg tabs	24 tabs (4 boxes)/30 days	pantoprazole 40 mg	60 tabs/30 days
Imitrex 50 mg tabs	18 tabs (2 boxes)/30 days	Maxalt, Maxalt MLT 10 mg tabs	12 tabs (2 boxes)/30 days	paroxetine CR	60 tabs/30 days
Imitrex 100 mg tabs	9 tabs (1 box)/30 days	medroxyprogesterone	1 injection/90 days	Patanase	1 bottle/30 days
Imitrex Injection	3 kits (6 injections)/30 days	Mekinist	30 tabs/30 days	Paxil CR	60 tabs/30 days
Imitrex Nasal Spray	12 sprays (2 boxes)/30 days	mementine	60 tabs/30 days	Pegasy	8 injections/30 days
Increase Ellipta	1 inhaler/30 days	methandione 10 mg	180 tabs/30 days	Peg-Intron	4 syringes/vials/30 days
inlyta	120 tabs/30 days	methadone 5 mg	360 tabs/30 days	Pentasa 500 mg	120 caps/30 days
inspra	60 tabs/30 days	methadone 10 mg	180 tabs/30 days	Pentasa 200 mg	240 caps/30 days
intelle	120 tabs/30 days	methadone 30 mg	180 tabs/30 days	Pexeva 10 mg, 20 mg, 30 mg, 40 mg	30 tabs/30 days
Intrexzo 3.5 mg	Limited to use in males only	methylphenidate 10 mg	90 tabs/30 days	Phoslyra	180 ml/30 days
introlate	91 tabs/91 days	methylphenidate 18 mg	30 tabs/30 days	Picato	3 tubes of 0.15%/presc. dispensed
Intuniv	30 tabs/30 days	methylphenidate ER 18, 27, 54 mg	30 tabs/30 days	Picato	2 tubes of 0.05%/presc. dispensed
Invega 3 mg & 9 mg	30 tabs/30 days	metoclopramide disolvable tabs	120 tabs/30 days	pioglitazone	30 tabs/30 days
Invega 6 mg	60 tabs/30 days	Metozolv	120 tabs/30 days	pioglitazone/glimepiride	30 tabs/30 days
Invega Trinz	1 injection/90 days	Micardis	30 tabs/30 days	pioglitazone/metformin	60 tabs/30 days
Invokamet	60 tabs/30 days	Micardis HCT	30 tabs/30 days	Plavix	30 tabs/30 days
Invokana	30 tabs/30 days	Migranal Nasal Spray	16 sprays (2 boxes)/30 days	Plegriid	2 syringes or pens/ 28 days
I-port	1 box/30 days	Miranapex	90 tabs/30 days	Potigomax	1 injection/ presc. dispensed
irbesartan	30 tabs/30 days	Miranapex ER	30 tabs/30 days	Potiga	1200 mg/30 days
irbesartan/HCTZ	30 tabs/30 days	Mirtazapine	30 tabs/30 days	Pradaxa	60 caps/30 days
Iressa	30 tabs/30 days	modafinil 100 mg	120 tabs/30 days	Praluent	2 injections/28 days
isiprasone	30 tabs/30 days	modafinil 200 mg	60 tabs/30 days	prampixole	90 tabs/30 days
isentress 25 mg chew	120 tabs/30 days	montelukast	30 tabs/30 days	prampixole ER	30 tabs/30 days
isentress 100 mg chew	180 tabs/30 days	morphine sulfate ER caps	60 caps/30 days	Prandimet	60 tabs/30 days
itraconazole	90 days supply/calendar yr	morphine sulfate ER tabs	90 tabs/30 days	Prandin	240 tabs/30 days
jalyn	30 caps/30 days	Movantik	30 tabs/30 days	Pravachol	30 tabs/30 days
jakafi	60 tabs/30 days	Moxxe	3 ml/30 days	pravastatin	30 tabs/30 days
Janumet	60 tabs/30 days	moxifloxacin	14 tabs/presc. dispensed	Pregnyl	3 vials/30 days
Januvia	30 tabs/30 days	MS Contin	90 tabs/30 days	Prestalia	30 tabs/30 days
Jardiance	30 tabs/30 days				

Dispensing Limitation List (Continued)

PRESCRIPTION DRUG	LIMIT	PRESCRIPTION DRUG	LIMIT	PRESCRIPTION DRUG	LIMIT
Prevacid 15 mg	30 caps/30 days	Sklice	120 ml/7 days	Ulesfia	1362 ml/30 days
Prevacid 30 mg	90 caps/30 days	SM fexofenadine 60 mg	60 tabs/30 days	Uloric	30 tabs/30 days
Prezcobix	30 tabs/30 days	SM fexofenadine 180 mg	30 tabs/30 days	Ultram ER	30 tabs/30 days
Prifin	24 tabs/28 days	Solaraze	100 gm/30 days	Ultram/Ultracet	240 tabs/30 days
Prilosec 10 mg, 40 mg	60 caps/30 days	Soma	120 tabs/30 days	Uroxtal	30 tabs/30 days
Prilosec 20 mg	90 caps/30 days	Sonata tabs	30 tabs/30 days	valsartan	30 tabs/30 days
Prilosec 40 mg	30 tabs/30 days	Sorlix	120 gms/30 days	valsartan/amlodipine	30 tabs/30 days
ProAir HFA	2 inhalers/30 days	Stozilize	1,920 ml/30 days	valsartan/amlodipine/HCTZ	30 tabs/30 days
ProAir RespiClick	2 inhalers/30 days	sofret	30 days/presc. dispensed	valsartan/HCTZ	30 tabs/30 days
Procr 2000, 3000, 4000 unit only	12/30 days	Sovaldi	28 tabs/28 days	Valtarin	30 tabs/30 days
Profasi	3 vials/30 days	Spiriva	1 inhaler (30 caps)/30 days	vandetanib 100 mg	60 tabs/30 days
Prolensa	1 bottle/presc dispensed	Spiriva Respimat	1 inhaler/30 days	vandetanib 300 mg	30 tabs/30 days
Promacta	90 tabs/30 days	Sporanox	90 day supply/calendar year	Varubi	2 tabs/presc. dispensed
Proscar	5 bottles/30 days	Sprink	5 bottles/30 days	Vascepa	120 caps/30 days
Protinox 20 mg	30 tabs/30 days	Stadol NS	2 bottles (2.5 ml each)/30 days	Veltassa	30 packets/30 days
Protinon 40 mg	60 tabs/30 days	Starlix	90 tabs/30 days	Veltin	30 gams/30 days
Provontil HFA	2 inhalers/30 days	Staxyn	6 tabs/30 days	venlafaxine ER 37.5 mg	30 caps/30 days
Niacin ER	120 tabs/30 days	Stendra	6 tabs/30 days	venlafaxine ER 75 mg	90 caps/30 days
Nivolumab	60 tabs/30 days	Stiolglucopimat	1 inhaler/30 days	venlafaxine ER 150 mg	60 caps/30 days
Ninlitan	3 caps/28 days	Stivarga	84 tabs/28 days	Ventolin HFA	2 inhalers/30 days
Ninlito	3 caps/28 days	Strattera	60 caps/30 days	Venlora	30 tabs/30 days
Norco	360 tabs/30 days	Striverdi	1 inhaler/30 days	Viagra	6 tabs/30 days
Northera	14 day supply/presc. dispensed	Suboxone 2/0.5 mg	360 tabs/30 days	Viberzi	30 tabs/30 days
Norvasc	91 tabs/91 days	Suboxone 8/0.5 mg	90 tabs/30 days	Victoza	3 pens/30 days
Noxafil	Limited to 13 yrs and older	Subutex 2 mg	360 tabs/30 days	Viekira Pak	128 tabs/28 days
Nucala	1 vial/28 days	Subutex 8 mg	90 tabs/30 days	Vibryd	30 tabs/30 days
Nucynta	180 tabs/30 days	sumatriptan	3 kits (6 inj)/30 days	Vimovo	60 tabs/30 days
Nucynta ER	60 tabs/30 days	sumatriptan 100 mg	9 tabs/30 days	Viramune XR	30 tabs/30 days
Nuvaring	1 ring/30 days	sumatriptan 25 and 50 mg	18 tabs/30 days	Vitreks	30 tabs/30 days
Nuvessa	5 gm/presc. dispensed	Sumavel DosePac NS	12 sprays (2 boxes)/30 days	Viviodex	30 caps/30 days
Nuvigil	30 tabs/30 days	Sumavel Solutra P	6 injections/30 days	Voltaren Gel	90 gm/30 days
Nymalize	2520 ml/21 days	Supren	30 tabs/30 days	Votorin	30 tabs/30 days
Odomez	30 caps/30 days	Sylatron	4 syringes/30 days	wal-fex allergy 60 mg	60 tabs/30 days
Ofev	60 caps/30 days	Symbicort	1 inhaler/30 days	wal-fex allergy 180 mg	30 tabs/30 days
olanzapine	30 tabs/30 days	Symbax	30 caps/30 days	Wellbutrin XL 150 mg	90 tabs/30 days
olanzapine/fluoxetine	30 caps/30 days	Synjardy	60 tabs/30 days	Wellbutrin XL 300 mg	60 tabs/30 days
Oleptro	30 caps/30 days	Tafimar	120 caps/30 days	Xalatan	5 ml/30 days
olopatadine nasal spray	1 bottle/30 days	Tagnisso	30 tabs/30 days	Xalkori	60 caps/30 days
Olysio	28 tabs/28 days	Tamiflu	1 treatment every 180 days	Xarelto	30 tabs/30 days
Omeclomox	1 box/year	Tamiflu Susp	75 ml/180 days	Xartemis XR	120 tabs/30 days
omega-3 acid	120 caps/30 days	tamsulosin	60 caps/30 days	Xeljanz	60 tabs/30 days
omeprazole 10 mg, 40 mg	60 caps/30 days	Tarka	30 tabs/30 days	Xerese	6 gm/30 days
omeprazole 20 mg	90 caps/30 days	Relistor	4 kits or 30 vials/30 days	Xifaxan 550 mg	42 tabs/14 days
omeprazole/sodium bicarb	30 tabs/30 days	Relpar 20 mg	12 tabs/30 days	Xigduo XR	30 tabs/30 days
Omnigrip	2 injections/30 days	Reltek 40 mg	90 tabs/30 days	Xulane	3 patches/28 days
ondansetron/OTD tabs	90 tabs/30 days	Repligen	240 tabs/30 days	zafirlukast	60 tabs/30 days
ondansetron soln	100 ml/presc. dispensed	reaginlide/metformin	60 tabs/30 days	zaleplon	30 tabs/30 days
Onexton gel	50 gm/pres. dispensed	Repatha	3 injections/28 days	Zazole	1 tube/30 days
Onglyza	90 tabs/30 days	Requiq XL	30 tabs/30 days	Zecuity	4 patches/30 days
Opana ER	60 tabs/30 days	Restasis	60 vials/30 days	Zegerid capsules/powder	30/30 days
Opsumit	30 tabs/30 days	Revatio	90 tabs/30 days	Zetia	30 tabs/30 days
Oral Contraceptives	Limited to use in females only	Rexulti	30 tabs/30 days	Zelboraf	240 tabs/30 days
Oralair	30 tabs/30 days	risedronate 35 mg delayed-release	4 tabs/28 days	Zeritona	1 bottle/30 days
Oravig	14 tabs/presc. dispensed	Risperdal 4mg	120 tabs/30 days	Ziana	30 gm/30 days
Orencia	60 tabs/30 days	Risperdal all strengths except 4 mg	60 tabs/30 days	Zigranon	60 caps/30 days
Orkambi	112 tabs/28 days	risperidone 4 mg	120 tabs/3		

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.

En Español

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 beneficia 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.

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.

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.

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.

Lista de Limitación Para Dispensar

Vea la lista en la pagina 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.**

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 INCLUIEN, 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.

List of Covered Drugs

Therapeutic Class	First Tier Generics	Second Tier Preferred Brands	Third Tier Non-Preferred Brands
ACNE PRODUCTS (Coverage Depends on Benefit Design)			
Non-Maintenance	Adapalene Amnesteem Benzoyl Peroxide Benzoyl Peroxide/ Clindamycin Benzoyl Peroxide/ Erythromycin BPO Claravis Clindamycin	Erythromycin Metronidazole Minocycline ER Salicylic Acid Soln Sodium Sulfacetamide Sulfur Sulfacetamide Sodium Sulfur Tretinoin Zenatane	Absorica Acanya Acutane Atralin Avita Azelex Benzac AC Benzac Benzac AC Epiduo Epiduo Forte Finacea Inova Klaron Metrocream
ALZHEIMER'S MEDICATIONS			
Non-Maintenance	Donepezil Galantamine Galantamine ER	Memantine Rivastigmine	Namenda XR Namzaric Aricept Exelon Namenda Razadyne Razadyne ER
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 Flecainide Mexiletine Procainamide	Pacerone Propafenone Quinidine Sotalol Sotalol AF	Tikosyn Betapace Betapace AF Cardarone Multaq Norpace Norpace CR Rythmol Rythmol SR Sotylize
ANTIBIOTICS			
Non-Maintenance	Amoxicillin Amoxicillin/ Clavulanate Amoxicillin/ Clavulanate ER Ampicillin Azithromycin Cefadroxil Cefdinir Cefixime Cefpodoxime Cefprozil Cefuroxime Cephalexin Ciprofloxacin Clindamycin Clarithromycin Dicloxacillin Doxycycline Doxycycline ER EES Ery-tab	Erythromycin Gentamicin Levofloxacin Linezolid Inj Linezolid Tablet Methenamine Metronidazole Minocycline Moxifloxacin Neomycin Sulfate Nitrofurantoin Nystatin Ofloxacin Penicillin Primsol Rifampin SMX/TMP Sulfadiazine Tetracycline Tindazole Tobramycin Trimethoprim Vancomycin	Ketek Zmax Amoxil Augmentin XR Avelox Ayczac Bactrim Bactrim DS Biaxin Biaxin XL Cedax Cefditoren Ceftin Cefzil Cipro Cipro XR Clacin Dedomycin Difidic Doryx Elmiron Flagyl Flagyl ER Floxin Furadantin Hiprex Keflex Levaquin Lincomin Macrochantin Minocin Monodox Monuril Moxatag Noroxin Omnicef Orbactiv Spectracef Suprax Teflaro Tindamax Vancocin Vantin Xifaxan Z-Pak Zerbox Zithromax Zyvox
ANTIBIOTICS-TOPICAL			
Non-Maintenance	Bacitracin Gentamicin Ketoconazole Foam	Mupirocin Polymyxin B	Cortisporin Altabax Bactroban Extina
ANTICONVULSANTS			
Maintenance (all suspension forms are non-maintenance)	Carbamazepine Carbamazepine ER Clonazepam Diazepam Divalproex Divalproex ER Ethosuximide Felbamate Susp. Gabapentin Lamotrigine Lamotrigine ODT Levetiracetam	Oxcarbazepine Phenelzine Phenobarbital Phenytek Phenytoin Primidone Tiagabine Topiramate Valproate Sodium Valproic Acid Zonisamide	Dilantin Felbatol Gabitril 12 mg Gabitril 16 mg Lyrica Tegretol XR Tegretol XR Aptiom Banzel Carbatrol Depakene Depakote Depakote ER Equetro Fycompa Gabitril 2 mg Gabitril 4 mg Keppra Keppra XR Klonopin Lamictal Lamictal ODT Lamictal XR Mysoline Neurontin Onfi Oxtellar XR Phenytek Potiga
Non-Maintenance	Ethosuximide Suspension Phenytoin Suspension Valproic Acid Suspension	Diastat	
ANTIDEPRESSANTS			
Maintenance	Amitriptyline Amoxapine Bupropion SR, XL Citalopram Clomipramine Chlordiazepoxide/ Amitriptyline Desipramine Doxepin Duloxetine Escitalopram Fluoxetine Fluvoxamine Fluvoxamine ER	Imipramine Mirtazapine Nefazodone Nortriptyline Paroxetine Paroxetine ER Perphenazine/ Amitriptyline Sertraline Tranylcypromine Trazodone Venlafaxine Venlafaxine ER	Pristiq Anafranil Aplenzin Brintellix Celexa Cymbalta Desvenlafaxine ER Effexor Effexor XR Emsam Fetzima Fortivo XL Khedezla Lexapro Luvox CR Marplan Nardil Norpramin Oleptro Pamelor Parnate Paxil Paxil CR Prozac Prozac Wkly Remeron Remeron Sol Tab Surmontil Tofranil Tofranil PM Viibryd Vivacil Wellbutrin Wellbutrin SR Wellbutrin XL Zoloft
ANTIDIARRHEALS			
Non-Maintenance	Diphenoxylate/ Atropine	Lonox Loperamide	Alinia Imodium Lomotil Motofen

List of Covered Drugs (Continued)

Therapeutic Class	First Tier Generics	Second Tier Preferred Brands	Third Tier Non-Preferred Brands
ANTIEMETICS (For Nausea and/or Vomiting)			
Non-Maintenance	Granisetron Metoclopramide Ondansetron Phenergan Prochlorperazine	Promethazine Trimethobenzamide	Akynzeo Antivert Anzemet Diclegis Emed
ANTIFUNGALS			
Non-Maintenance	Amphotericin B Fluconazole Griseofulvin Itraconazole Ketoconazole Nystatin	Terbinafine Voriconazole	Ancobon Bio-Station Cresemba Diflucan Grifulvin
ANTIFUNGALS - TOPICAL			
Non-Maintenance	Ciclopirox Clotrimazole/ Betamethasone Econazole Fungoid Ketoconazole	Miconazole Nafafine 2% Nystatin Triamcinolone Terbinafine	Ecoza Exelderm Jublia Kerydin Lamisil Lotrimox Lotrimin
ANTIPSYCHOTICS			
Maintenance	Aripiprazole Chlorpromazine Clozapine Clozapine ODT Fluphenazine Haloperidol Lithium Loxapine Molindone Olanzapine Olanzapine/ Fluoxetine Paliperidone	Perphenazine Perphenazine/ Amitriptyline Pimozide Quetiapine Fumarate Risperidone Risperidone ODT Thioridazine Thiothixene Trifluoperazine Trimipramine Ziprasidone	Abilify Aristada Zarafen Rexulti Risperdal M Risperdal Consta Saphris Seroquel Seroquel XR Symbyax Zyprexa Zyprexa Zydis
ANTIVIRALS			
Maintenance	Abacavir Abacavir/Lamivudine/Zidovudine Acylovir Acyclovir 5% Ointment Amantadine Didanosine Entecavir Famciclovir Ganciclovir Lamivudine Lamivudine/ Zidovudine	Nevirapine XR Nintedanib Stavudine Valganciclovir Valganciclovir Zidovudine	Aptivus Atripla Complera Crixivan Edurant Emtriva Epzicom Evotaz Fuzon Genvoya Intencele Invirase Isentress Kaletra Lexva Norvir Prezcobix
ASTHMA/COPD INHALERS AND NEBULIZER SOLUTIONS			
Non-Maintenance	Albuterol Metaproterenol	Levalbuterol Ventolin HFA	Proair HFA Proair Respi-Click Proventil HFA Xopenex Xopenex HFA
Maintenance	Budesonide Capsule Budesonide Suspension Cromolyn Sodium Ipratropium Bromide Ipratropium/Albuterol	Advair Anoro Ellipta Arcapta Arnuity Ellipta Atrovent HFA Breo Ellipta Flovent Incruse Ellipta	Pulmicort Inhaler Qvar Serevent Spiriva Respimat Spiriva Stiolto Respimat Striverdi Symbycott
ASTHMA/COPD - ORAL MEDICATIONS			
Maintenance	Albuterol Aminophylline Dyphylline Metaproterenol	Montelukast Terbutaline Theophylline Zafirlukast	Accolate Daliresp Lufyllin Singulair
BLOOD MODIFIERS			
Non-Maintenance	Enoxaparin Heparin		Arixtra Fragmin
Maintenance	Anagrelide Cilostazol Clopidogrel Dipyridamol	Pentoxifylline Warfarin	Aggrenox Brintil Coumadin Effient
CARDIOVASCULAR AGENTS - MISCELLANEOUS			
Maintenance	Clonidine Clonidine/ Chlorthalidone Digoxin Doxazosin Guafacine Methyldopa/HCTZ	Minoxidil Nadolol/Bendro Phenoxybenzamine Prazosin Reserpine Sildenafil Injection Terazosin	Entresto Lanoxin Tekturna Tekturna HCT
CHOLESTEROL LOWERING AGENTS - STATINS			
Maintenance	Amlodipine/ Atorvastatin Atorvastatin Fluvastatin	Fluvastatin XR Lovastatin Pravastatin Simvastatin	Crestor Livalo Advicor Aldiprev Lescol Lescol XL

The formulary is subject to change. Network pharmacies have the most up-to-date formulary information as 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.

Therapeutic Class	List of Covered Drugs (Continued)						
	First Tier Generics	Second Tier Preferred Brands	Third Tier Non-Preferred Brands				

CHOLESTEROL LOWERING AGENTS - OTHER

Maintenance	Colestipol Cholestyramine Fenofibric Acid Fenofibrate	Gemfibrozil Niasin ER Omega-3 Acid Prevalite	Simcor			Antara Celestid Fibricor Lipofen Lofibra Lopid	Lovaza Niaspan Pralutem Repatha Tricor Triglide	Trilipix Vascepa Welchol Zetia
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CONTRACEPTIVES (BIRTH CONTROL) (Coverage Depends on Benefit Design)

Maintenance	Amethia Lo Amethyst Arianelle Aviane Aubra Azurette Balziva Briellyn Camila Camrese Lo Chateal Cryselle Cyclofem Emaquette Myzila Enpresse Enskyce Errin Falmina Gianvi Introvale Jencycla Jolessa	Junel Kariva Kelnor Larin Lessina Levonest Levora Lomedia 24 Fe Loryna Lowe Ogestrel Lutera Ogestrel Tri-Legest FE Tri-Linyah Tri-Lo- Sprintec Noreth- indrone/ Ethinyl Estradiol Chewable Norgestimate Ethinyl Estradiol Norlyroc Norel Ocella	Ogestrel Pirmella Portia Previfem Quasense Nexplanon Femcon (LD) Nor-QD Nordette Norriny Loestrin (LD) Lolivet Leena Liletta Lo-Seasonique Loestrin Lo Loestrin Fe Minastrin	Bevaz Brevicon Cesia Cyclessa Desogestrel Nexplanon (LD) Femcon FE Nor-Be Nordette Norriny Loestrin (LD) Lolivet Leena Liletta Lo-Seasonique Loestrin Lo Loestrin Fe Minastrin	Mirena (LD) Modicon Mononessa Natazia Necon Estrostep FE Falesta Femcon FE Ginestrone Implanon (LD) Lolivet Nuva Ring Ortho-Cyclen Ortho-Novum Ortho-Novum 7/7/7	OrthoTriCyclen Ortho TriCy- clen Lo Ovcon 35 Paragard Quarlette Safaryl Seasonique Skylla (LD) 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		Aclovate Cloderm Cordran Cordran Tape Cuvitate Derma- Smoothe/FS Dermatop	Desonate Desowen Diprolene Elocon Halog Kenalog Spray Locoid Luxiq	Olux-E Temovate Texacort Topicort Ultravate Vanos Westcort
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CORTICOSTEROIDS - TOPICAL (For Rash, Inflammation)

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

Non-Maintenance	Generic Cough/Cold/Allergy Combination Products Palgic				Tussionex Tussi-Organidin Tuzistra XR		
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DIABETIC AGENTS

Maintenance	Acarbose Chlorpropamide Glimperide Glipizide Glipizide/ Metformin Glyburide/ Metformin Glyburide/ Metformin Micronized Metformin Metformin ER	Nateglinide Pioglitazone/ Pioglitazone/ Glimperide Januvia XR Januvia Tanzeum Trulicity Xigduo XR	Farxiga Glyset Janumet Januvia Tanzeum Trulicity Xigduo XR		Actoplus-Met XR Amaryl Avandamet Avandaryl Avandia Byetta Bydureon DiaBeta Duetac Fortamet Glucophage	Glucophage XR Glucotrol Glucotrol XL Glucovance Glynase Glyxambi Invokamet Invokana Jardiance Jentadueto Kazano	Metaglip Nesina Onglyza Oseni Prandin Prandimet Precose Starlix Symlin Synjardy Tardjeta Victoza
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DIABETIC SUPPLIES (Meters, Test Strips)

Non-Maintenance			FreeStyle Lite FreeStyle Freedom Lite	FreeStyle InsulinX Precision Xtra			
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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 Chlorthalidone Chlorthalidone/ HCTZ Chlorthalidone Furosemide Hydrochloro-	thiazide Indapamide Metolazone Methyclothiazide Spiroonolactone Spiroonolactone/ HCTZ Torsemide Triamterene Triamterene/HCTZ			Alclometasone Aminonide Betamethasone Clobetasol Desonide Desoximetasone Diflorasone Diacetate Fluocinonide	Maxzide Zaroxolyn	
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ECZEMA/PSORIASIS MEDICATIONS

	Acitretin Anthralin Calcipotriene Calcipotriene/ Betamethasone	Selenium Sulfide Tazarotene	Dovonex Ointment		Altanax Dovonex Cream	Drithrocreme HP Enstilar Foam Fabior Talonex	Tazorac Soriatane Sorilux Vectical
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Therapeutic Class	List of Covered Drugs (Continued)						
	First Tier Generics	Second Tier Preferred Brands	Third Tier Non-Preferred Brands				

ERECTILE DYSFUNCTION (Impotency) (Coverage Depends on Benefit Design)

Non-Maintenance	Alprostadil Yohimbine		Viagra Cialis			Caverject Edex	Levitra Muse	Staxyn Stendra
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FEMALE SEXUAL DYSFUNCTION (Coverage Depends on Benefit Design)

Maintenance						Addyi		
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GASTROINTESTINAL (HEARTBURN, ULCERS) (Coverage Depends on Benefit Design)

Maintenance	Cimetidine Esomeprazole Esomeprazole/ Bicarb Famotidine Lansoprazole Misoprostol Nizatidine	Omeprazole Omeprazole/ Bicarb OTC Prilosec Pantoprazole Rabeprazole Ranitidine Sucralfate				Aciphex Axiid Bentyl Carafate Cytotec Dexilant	Nexium Omeclamox Peppid Prevacid Prevacid Prepac Prilosec	Protonix Tagamet Zantac Zegerid
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GASTROINTESTINAL MISC. PRODUCTS

Non-Maintenance	Dicyclomine Glycopyrrolate Hyocyanamine Metoclopramide	Propantheline Bromide Scopolamine	Pylera			Amitiza Bentyl Cantil Cholbam Difidac	Donnatal Fulyzaq Humira Levsin Linzess	Metozolv Movantik Reglan Robinul
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GOUT MEDICATIONS

Maintenance	Allopurinol Colchicine/ Probenecid	Probenecid				Krystexxa Uloric Zylprim		
Non-Maintenance						Colcris		

HIGH BLOOD PRESSURE: ACE INHIBITORS

Maintenance	Benazepril Captopril Enalapril Fosinopril Lisinopril Trandolapril	Moexipril Perindopril Quinapril Ramipril Trandolapril				Accupril Aceaon Altace	Epaned Lotensin Mavik	Prinivil Vasotec Zestril
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HIGH BLOOD PRESSURE: ACE INHIBITORS + DIURETIC

Maintenance	Benazepril/HCTZ Captopril/HCTZ Enalapril/HCTZ Fosinopril/HCTZ	Moexipril/HCTZ Moexipril/HCTZ Quinapril/HCTZ				Accuretic Lotensin HCT Vaseretic		
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HIGH BLOOD PRESSURE: ANGIOTENSIN II RECEPTOR ANTAGONIST (ARB)

Maintenance	Candesartan Eprosartan Irbesartan Losartan	Telmisartan Valsartan				Atacand Avapro Benicar	Cozaar Diovan Edarbi	Micardis
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HIGH BLOOD PRESSURE: ANGIOTENSIN II RECEPTOR ANTAGONIST (ARB) + CALCIUM CHANNEL BLOCKER

Maintenance	Amlodipine/ Telmisartan Amlodipine/Valsartan	Telmisartan/HCTZ Valsartan/HCTZ				Azor	Twynsta	Exforge
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HIGH BLOOD PRESSURE: ARB + DIURETIC

Maintenance	Candesartan/ HCTZ Irbesartan/HCTZ	Losartan/HCTZ Telmisartan/HCTZ Valsartan/HCTZ				Atacand HCT Avalide Benicar HCT	Diovan HCT Edarbi HCT Hyzaar	Micardis HCT
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HIGH BLOOD PRESSURE: CALCIUM CHANNEL BLOCKERS

Maintenance	Amlodipine Amlodipine/ Atorvastatin Cartia XT Diltiazem Felodipine Isradipine Nifedipine Nifedipine ER Nisoldipine Nisoldipine ER Verapamil Verapamil ER					Adalat Caduet Calan Cardene SR	Cardizem Cardizem CD Cardizem LA Isoptin	Norvasc Nymalize Procordia XL Verelan PM
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HIGH BLOOD PRESSURE: ACE-INHIBITOR + CALCIUM CHANNEL BLOCKER

Maintenance	Amlodipine/Benazepril Trandolapril/Verapamil					Lotrel	Prestalia	Tarka
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HIGH BLOOD PRESSURE: BETA-BLOCKERS

Maintenance	Acebutolol Atenolol Betaxolol Bisoprolol Carvedilol Labetalol Metoprolol	Metoprolol XL Nadolol Pindolol Propranolol Propranolol XL Sotalol Timolol	Coreg CR			Betapace Bystolic Coreg Coregard Inderal LA Inopran XL	Kerlone Lopressor Sectral Tenormin Trandate Toprol XL	Zebeta
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HIGH BLOOD PRESSURE: BETA-BLOCKERS + DIURETIC

Maintenance	Atenolol/ Chlorthalidone Bisoprolol/HCTZ	Metoprolol/HCTZ Propranolol/HCTZ	Dutoprol			Lopressor HCT Tenoretic Ziac		
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HORMONES

Maintenance	Estradiol Estradiol Patch Estradiol/Norethindrone Estrone Ethinyl Estradiol Ethinyl Estradiol/ Norethindrone Ethinyl Estradiol/ Norethindrone Mestranolone Norethindrone Progesterone	Alora Cenestin Combipatch Prefest Premarin Premphase Prempro				Activella Angelique Climara Climara Pro Divigel Elestrin Enjuvia	Estrace Ethinyl Femhrt Femtrace	Makena (LD) Menostar Osphena Provera Vivelle-Dot
Non-Maintenance						Aggestin Prometrium		

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.

List of Covered Drugs (Continued)			
Therapeutic Class	First Tier Generics	Second Tier Preferred Brands	Third Tier Non-Preferred Brands
INFLAMMATORY BOWEL AGENTS			
Maintenance	Alosetron Sulfasalazine	Asacol HD Delzicol	Viberzi Amitiza Aproso Azulfidine
Non-Maintenance	Budesonide Mesalamine	Canasa	Colazal Gazo
INSULINS			
Maintenance		Apidra Humalog Humulin 70/30 Humulin N	Humulin R Lantus Levemir Toujeo
			Afrezza Novolog Novolin 70/30
			Novolin N Novolin R
			Tresiba
MIGRAINE MEDICATIONS (Quantity Limitations May Apply)			
Non-Maintenance	Almotriptan Butorphanol NS Cafergot Dihydroergotamine Epidrin Ergomar Ergotamine Ergotamine/ Caffeine	Isomethetene/ Dichlorophen- zone/APAP Naratriptan Propranolol Rizatriptan Rizatriptan ODT Sumatriptan Topiramate Zolmitriptan Zolmitriptan ODT	Relpax Treximet
			Alsuma Axeren Botox Cambia Depakote ER D.H.E. 45 Frova Imitrex
			Inderal LA Maxcan Maxalt-MLT Migranal Nasal Spray
			Sumavel Dosepro Topamax Zecuity (LD) Zomig Zomig ZMT
MUSCLE RELAXANTS			
Non-Maintenance	Carisoprodol Carisoprodol/ ASA Chlorzoxazone Cyclobenzaprine	Dantrolene Metaxalone Methocarbamol Orphenadrine Citrate	Amrix Dantrium Flexeril
Maintenance	Baclofen	Tizanidine	Zanaflex
NARCOTIC ANALGESICS (PAIN RELIEVERS-SEDATING)			
Non-Maintenance	Acetaminophen/ Codeine Acetaminophen/ Hydrocodone Acetaminophen/ Oxycodone Aspirin/Oxycodone Codeine Fentanyl Hydromorphone Hydromorphone ER	Ibuprofen/Hydro- codone Lortab Meperidine Methadone Morphine Morphine ER Oxycodone Oxymorphone Oxymorphone ER Tramadol Tramadol/APAP Tramadol ER	Butrans Hysingla ER Oxycotin
			Abstral Actiq Capita And Codeine Demerol Dilaudid Duragesic Embeda Exalgo Fentanyl Fioricet Fioricet/ Codeine
			Fiorinal Fiorinal/ Codeine Kadian Lazanda MS Contin Norco Nucynta Nucynta ER Percocet Percodan
			Opana Opana ER Oxaydo Roxicodone Subsys Synalgos Tylenol With Codeine Ultracet Ultram Vicoprofen Zohydro ER
NASAL PRODUCTS			
Non-Maintenance	Azelastine Budesonide Flunisolide Ipratropium	Fluticasone Olopatadine Triamcinolone	Veramyst
			Astelin Asteron Atrovent NS Beconase AQ Dymista
			Flonase Acetasol AQ Nasonex Omnaris Patanase
			Onas Rhincort Aqua Zetonna
NITRATES (For Heart/Angina)			
Maintenance (except for sublingual and inhaled dosage forms)	Dipyridamol Isosorbide Nitrate	Isosorbide Mononitrate Nitroglycerin	Ranexa Nitrostat
			Imdur Isordil
			Nitro-Dur Nitroglingual
			Onas
NON-NARCOTIC ANALGESICS (Pain)			
Non-Maintenance	Choline Magnesium Difenhydramine	Salsalate	Equagesic
NON-SEDATING ANTIHISTAMINES (Coverage Depends on Benefit Design)			
Non-Maintenance	Cetirizine Cetirizine D Desloratadine Fexofenadine OTC Fexofenadine/ PSE	Loratadine Loratadine D OTC Generic Claritin OTC Generic Zyrtec	Allegra Allegra D Clarinx Clarinx D
			Xyzal Zyrtec Zyrtec D
NON-STEROIDAL ANTIINFLAMMATORY AGENTS (NSAIDs) and Anti-Rheumatic Agents			
Non-Maintenance	Diclofenac Topical Suspension Ibuprofen Suspension Indomethacin Suspension Ketorolac Methotrexate		Motrin Susp. Naprosyn Susp. Otrexup
			Pennsaid Rasuvo Sprix Tivofolex Toradol
Maintenance	Celecoxib Diclofenac Diclofenac/ Misoprostol Etoadlac Fenoprofen Flurbiprofen Ibuprofen Indomethacin Ketoprofen Leflunomide	Meclofenamate Meloxicam Mefenamic Acid Nabumetone Naproxen Naproxen ER 325 mg Piroxicam Oxaprozin Sulindac Tolmetin	Anaprox DS Arava Arthrotec Celebrex Daypro Duexin Feldene Flector Indocin
			Mobic Motrin Nalfon Naprelan Naprosyn Naprosyn EC Ridaura Vimovo Violdex Voltaren Voltaren XR
			Zipsor Zovolex

List of Covered Drugs (Continued)			
Therapeutic Class	First Tier Generics	Second Tier Preferred Brands	Third Tier Non-Preferred Brands
OPHTHALMIC PRODUCTS - GLAUCOMA			
Non-Maintenance	Apraclonidine Betaxolol Bimatoprost Brimonidine Carteolol Dipivefrin Dorzolamide/ Timolol	Latanoprost Levobunolol Metipranolol Pilocarpine Timolol Travaprost	Azopt Betoptic S
			Betagan Betimol Betoptic Combigan Cosopt Ipididine Isopto Carbachol
			Isopto Carpine Istalol Lumigan Simbrinza Timoptic Travatan Z Trusopt
			Xalatan Zioptan
OPHTHALMIC PRODUCTS - PAIN/INFLAMMATION			
Non-Maintenance	Bromfenac Dexamethasone Diclofenac Fluorometholone Flurbiprofen Ketorolac	Levofloxacin Prednisolone Tetracaine Tobramycin/Dexa- methasone	Alex Flarex FML Forte Lotemax Tobradex Oint
			Acular Acuvail Alcaine Alex Blephamide Durezol Flarex FML Liquifilm FML SOP
			Ilevro Lotemax Maxidex Maxitrol Nevanac Ocufen Poly-Pred Pred Forte Pred Mild Prolensa
			Tobradex Susp. Tobradex ST Vexol
OPHTHALMIC PRODUCTS - ANTI-INFECTIVES			
Non-Maintenance	Bacitracin Ciprofloxacin Erythromycin Gatifloxacin Gentamicin Gramicidin Neomycin Ofloxacin Polymyxin B	Sulfacetamide Sod Tobramycin/ Dexamethasone Trifluridine Trimethoprim	Tobradex Oint- ment
			AzaSite Besivance Betadine Bleph-10 Ciloxan Moxeza Natacyn Ocuflox
			Polysporin Polytrim Tobradex ST Tobradex Suspension Tobrex Vigamox Viroptic
			Zirgan Susp. Zymar Zymaxid
OPHTHALMIC PRODUCTS - ANTI-ALLERGIC (Coverage Depends On Benefit Design)			
Non-Maintenance	Azelastine Cromolyn	Epinastine Ketotifen Olopatadine	Alocril Alomide
			Bepreve Elestat
			Emadine Pataday
			Patanol Pazeo
OPHTHALMIC PRODUCTS - MISCELLANEOUS			
Non-Maintenance	Atropine Cyclopentolate Homatropine	Naphazoline Phenylephrine Tropicamide	Cyclogyl Cyclomydril Homatropine
			Isopto Atro- pine Isopto Hyo- scine
			Mydracyl Restasis
OSTEOPOROSIS DRUGS			
Maintenance	Alendronate Calcitonin Etidronate Ibandronate	Risedronate Risedronate Delayed-Release	Duavee
			Actonel Atelvia Binosto Boniva Tablet
			Didronel Evista Forteo Fortical
			Fosamax Fosamax+D Miacalcin Spray
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 Cortisporin
PARKINSON'S DRUGS			
Maintenance	Benzotropine Cabergoline Carbidopa/ Levodopa Entacapone Prampipexole	Pramipexole ER Rivastigmine Ropinirole Tolcapone Trihexyphenidyl	Stalevo
			Azilect Comtan Exelon Mirapex Mirapex ER
			Neupro Parcopa Requip Requip XL Rytary
			Sinemet Tasmar
Non-Maintenance	Amantadine Bromocriptine	Carbidopa Selegiline	Cogentin Eldepryl
			Lodosyn Parlodel
			Zelapar
PROSTATE MEDICATIONS			
Maintenance	Alfuzosin Doxazosin Dutasteride Dutasteride/ Tamsulosin Finasteride	Prazosin Tamsulosin Terazosin	Avodart Cardura Flomax
			Jalyn Minipress Proscar Rapaflo
			Proscar Rapaflo Uroxatral
SEDATIVE/HYPNOTICS AND ANTIANXIETY DRUGS			
Maintenance	Clonazepam		
Non-Maintenance	Alprazolam Alprazolam ODT Alprazolam XR Buspirone Chloral Hydrate Chlordiazepoxide/ Amisulpride Clorazepate Diazepam Droperidol Estazolam	Eszopiclone Flurazepam Hydroxyzine Lorazepam Meprobamate Oxazepam Phenobarbital Temazepam Triazolam Zaleplon Zolpidem Zolpidem ER	Ambien Ambien CR Ativan Belsomra Buspar Butisol Sodium Doral Eduar Halcion Intermezzo
			Librax Lunesta Nembutal Niravam Restoril Rozerem Secondal Silenor Sonata Tranxene Valium
			Vistaril Xanax Xanax XR Zolpimist
SMOKING DETERRENTS (Coverage Depends On Benefit Design)			
Non-Maintenance	Bupropion		Chantix Nicotrol
			Nicotrol Inhaler
			Nicotrol NS Zyban

List of Covered Drugs (Continued)

Therapeutic Class	First Tier Generics	Second Tier Preferred Brands	Third Tier Non-Preferred Brands
STIMULANTS (Amphetamines)	Amphetamine ER Amphetamine Salt Combo Clonidine ER Dexmethylphenidate ER Dexmethylphenidate XR	Dextroamphetamine Guanfacine ER Methylphenidate ER Methylphenidate XR Modafinil	Strattera Adderall Adderall XR Aptensio XR Concerta Daytrana Desoxy Nuvigil Provigil

TESTOSTERONE REPLACEMENT MEDICATIONS

Android Danazol Testosterone 1% Gel	Testosterone Cyp Inj Testosterone Enan Inj Testred	Androgel 1.62% Axiron	Androderm Androgel 1% Androsta Aveed (LD) Depo-Testosterone Fortesta Natesto Striant Testim Vogelxo
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THYROID MEDICATIONS

Levothyroxine Liothyronine Methimazole	Propylthiouracil Unithroid	Levoxyl Synthroid	Armour Thyroid Cytomet Tapazole Thyrolar Tirosint
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TOPICAL AGENTS - OTHER

Diclofenac	Fluorouracil	Fluoroplex 1% Tolac Cream	Carac Efudex Levulan Kerastick Picato Solaraze
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URINARY INCONTINENCE

Maintenance	Flavoxate Oxybutynin Oxybutynin XL Tolterodine	Tolterodine ER Trospium Trospium ER	Enablex Toviaz Vesicare	Detrol Detrol LA	Ditropan XL Gelique	Myrbetriq Oxytrol
Non-Maintenance	Bethanechol	Hyoscyamine		Urecholine		

VAGINAL PRODUCTS

Non-Maintenance	Gynazole-1 Metronidazole Miconazole Nitrate Nystatin Terconazole Urea (Carbamide) Vagistat Combo Pack	Cleocin Vaginal Suppository Crinone Estring Premarin	AVC Cleocin Vaginal Cream Estring Estrace Vaginal	Femring Metrogel Vaginal Nuvoessa Terazol 3	Terazol 7 Vagifem
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WEIGHT LOSS PRODUCTS (Coverage Depends On Benefit Design)

Non-Maintenance	Benzphetamine Diethylpropion Phendimetrazine Phentermine		Adipex-P Belviq Bongril	Contrave Didrex Qsymia	Saxenda Suprenza Xenical
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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 dispensed. Medications marked with an (LD) are medications with a limited distribution program and distribution of these medications is usually from select specialty pharmacies directly to the patient, caregiver or institution. Underlined medications are considered preferred.

Non-Restricted Specialty: Specialty copay and plan benefit provisions apply, however product is not limited to Specialty Pharmacies.

ANTICOAGULANTS

ARIXTRA	ENOXAPARIN	FONDAPARINUX	FRAGMIN	LOVENOX
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Specialty Medications: Plan benefit parameters may limit to Specialty Pharmacies only.

AMINOGLYCOSIDES

BETHKIS (LD)	TOBI (LD)	TOBRAMYCIN
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ANTIDOTES

DEFEROXAMINE DEXRAZOXANE	EXJADE (LD) FERRIPROX (LD)	JADENU (LD) MESNEX	Praxbind TOTECT	VORAXAZE
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ANTINEOPLASTICS

8-MOP ABRAXANE ACTIMMUNE (LD) ADCETRIS (LD) ADRIAMYCIN ADRUCIL AFINITOR ALECENSA ALFERON N ALIMITA ALKERAN AMIFOSTINE ARIMIDEX AROMASIN ARRANON ARZERRA (LD) AVASTIN (LD) AZACITADINE BELEODAP BEXAROTENE CAP BICNU BLEOMYCIN SULFATE BLINCYTO (LD) BOSULIF (LD) BUSULFEX CALCIUM FOLINATE CAMPATH CAMPTOSAR CAPECITABINE CAPRELSA (LD) CARBOPLATIN CASODEX CEENU CISPLATIN CLADRIBINE CLOLAR	COMETRIQ (LD) COSMEGEN COTELLIC (LD) CYCLOPHOSPHAMIDE CYRAMZA (LD) CYTARABINE DACARBAZINE DACOGEN (LD) DARZALEX (LD) DAUNORUBICIN DAUNOXOME DECITABINE DEPOCYT DOCFREZ DOCETAXEL DOXIL DOXORUBICIN ELIGARD ELLENCE ELOXATIN EMCYT EMPLICITI EPIDORIC HCL ERBITUX ERIVEDGE (LD) ERWINAZE (LD) ETHYOL ETOPHOS ETOPOSIDE FARESTON FARYDAK (LD) FASLODEX FIRMAGON FLOXURIDINE FLUDARA FLUDARABINE SULFATE	FLUOROURACIL FOLOTYN FUSILEV GAZYVA (LD) GEMCITABINE GENZAR GILOTIRF (LD) GLEEVEC HALAVEN HERCEPTIN (LD) HEXALEN HYCAMTIN HYDREA IBRANCE (LD) ILCUSIG (LD) IDAMYCIN PFS IDARUBICIN HCL IFEX IFEX/MESNEX IFOFSAMINE IFOFSAMIDE/MESNA IMATINIB IMBRUVICA (LD) INLYTA (LD) INTRON-A (LD) IRESSE (LD) IRINOTECAN ISTODAX IXEMPR JAKAFI (LD) JEVTANA KADCYLA (LD) KEPIVANCE KEYTRUDA KYPROLIS (LD) LENVIMA (LD)	LETROZOLE LEUCOVORIN LEUKERAN LEUKINE LEUPROLIDE ACETATE LEVOLEUCOVORIN LIPODOX LIPODOX 50 LONSURF (LD) LUPANETA LUPRON DEPOT LYNPARZA (LD) LYSDREN MAROIBO MATULANE (LD) MEKINIST MELPHALAN HCL MESNA METHOXYSALEN MITOMYCIN MITOXANTRONE HCL MUSTLANE MYLERAN NAVELBINE NEXAVAR (LD) NILANDRON NILARO (LD) NIPENT NOVANTRONE ODOMZO ONCASPAR ONIVDE OPDIVO OXALIPLATIN OXSORALEN ULTRA PACLITAXEL	PANRETIN PERJETA (LD) PHOTOFIN LEUKINE LEUPROLIDE ACETATE PROLEUKIN PROVENGE (LD) PURINETHOL PURIXAN QUADRAMET RITUXAN (LD) SPRYCEL STIVARGA (LD) SUTENT (LD) SYLVANT SYNRIBO TABLOID TAFINLAR TAGRISSO (LD) TARCEVA (LD) TAGRETIN TARGEN TAXOTERE TEMODAR THERACYS (LD) THIOTEPA THYROGEN TICE BCG TOPOSAR TOPOTECAN TORISEL TREANDA TRELSTAR DEPOT TRELSTAR LA TRETINOIN TREXALL	TRISENOX TYKERB UNITUXIN UVADEX VALCHLOR VALSTAR VANTAS VECTIBIX VELCADE VIDAZA VINBLASTINE SULFATE VINCASAR PFS VINCRISTINE SULFATE VINORELBINE TAR- TRATE VOTRIENT XALKOR (LD) XELODA XTANDI (LD) YERVOY (LD) YONDELIS (LD) ZALTRAP ZANOSAR ZELBORAF (LD) ZEVALIN (LD) ZINCARD ZOLEDEX ZOLINZA ZORTRESS ZYDELIG (LD) ZYKADIA (LD)
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ANTIPARKINSON AGENTS

APOKYN (LD)	DUOPA
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ANTIPSYCHOTIC AGENTS

GEODON	RISPERDAL CONSTA	ZYPREXA INJ	ZYPREXA RELPREVV
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ANTIVIRALS

ABACA/LAMIV/ZID- OVUD ABACAVIR ADEFOVIR APTIVUS ATRIPLA BARACLUDE COMBIVIR COMPLERA COPEGUS CRIVIVAN CYTOVENE DAKLINZA DIDANOSINE	EDURAB S-D EMTRIVA EPIVIR EPIVIR HBV EPZICOM EVOTAZ FOSCAVIR FUZONEM GANCICLOVIR GENVOYA HARVONI HEPAGAM HEPSERA HYPERHEP B S-D	HYPERRAB S-D INFERGEN INVRASE ISENTRESS INTELENCE KALETRA LAMIVUDINE LAMIVUDINE/ZIDOVU- DINE LEXIVA NABI-HB NEVIRAPINE NORVIR OLYSIO	PEGASYS PEG-INTRON PREZCOBIX PREZISTA RAPIVAB REBETOL RESCRIPTOR RETROVIR IV REVATAZ RIBAPAK RIBASPHERE RIBATAB RIBAVIRIN SELZENTRY	SIMULECT SOVALDI STAVUDINE STRIBILD SUSTIVA TECHNIMIE TIVICAY TRUUMEQ TRIZIVIR TRUVADA TYZKA VALCYTE VALGANCICLOVIR VIDEX
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ASSORTED CLASSES

ACTHREL ALOXI AMBISOME ANZEMET ARCALYST (LD) ARGATROBAN ASTAGRAF XL ATGAM AVYCAZ BENLYSTA (LD) BICILIN CAVERJECT CELLCEPT	CUVPOSA CYCLOSPORINE DALVANCE DESFERAL ELAPRASE ENVARUS XR GENGRAF HECORA HETLIOZ (LD) HYLÉNEX ILARIS (LD) IMITREX INJ IMOGAM RABIES-HT	IMURAN JUXTAPID (LD) KEVEYIS (LD) KORLYM (LD) KRYSTEXA (LD) KYNAMRO (LD) LEVAQUIN LINEZOLID LUMIZYME (LD) MAKENA (LD) MYCOPIHENOLATE MYFORTIC MYOZYME	NEORAL NEXAVIR NULOJIX OHRMEV ORBITACTIV PARCALCITOL PRALUENT PRIALT (LD) PROGRAF PROLIA RAPAMUNE REPATHA REVLIMID (LD)	RHEUMATREX SANDIMMUNE SABRIL (LD) SIROLIMUS SIRTURO SIVEXTRO SODIUM CHLORIDE SOLESTA (LD) SUCRAID (LD) SOLIRIS (LD) STRANSIQ (LD) SYLATRON (LD) TACROLIMUS	THALOMID (LD) VANCOMYCIN VIVITROL XIAFLEX (LD) XGEVA XEQULTY (LD) ZEMPLAR ZENAPAX ZERBAXA ZYVOX
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BIOLOGICS

ACTEMRA (LD)	HUMIRA	KINERET (LD)	SIMPONI 100 MG/	STELARA
ENBREL	HUMIRA PEDIATRIC	ORENCIA	ML (LD)	XELJANZ
COSENTYX (LD)	CROHNS (LD)	SIMPONI	SIMPONI ARIA	

CARDIOVASCULAR AGENTS - MISC.

ADCIRCA	FIRAZZR	NORTHERA (LD)	REVATIO	TRACLEER (LD)
ADEMPAS (LD)	FLOLAN (LD)	OPSUMIT (LD)	SILDENAFIL TAB	TYVASO (LD)
DOBUTAMINE	LETAIRIS (LD)	ORENITRAM (LD)	SILDENAFIL INJ	VELETRI (LD)
EPOPROSTENOL (LD)	NATRECOR	REMODULIN (LD)	TIKOSYN	VENTAVIS (LD)

CYSTIC FIBROSIS AGENTS

CAVSTON (LD)	KALYDECO (LD)	ORKAMBI (LD)		
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ANTIPARKINSON AGENTS

APOKYN (LD)	DUOPA			
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DERMATOLOGICALS

ACITRETIN	OTEZLA (LD)	QUTENZA (LD)	SORIATANE	
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ENDOCRINE AND METABOLIC AGENTS - MISC.

ADAGEN (LD)	DELAESTRYL	GANITE	NAGLAZYME (LD)	REFLUDAN	SUPPRELIN LA (LD)
ALDURAZYME	DEPOESTRADIOL	GENOTROPIN	NATPARA (LD)	RIMSO-50	SYNAREL
AMMONIUL	DEPO PROVERA	GEL-ONE (LD)	NORDITROPIN	SAIZEN	SYNVISC
BONIVA	DEPOTESTOSTERONE	HECTOROL	NPLATE	SAMSCA	VAPRISOL
CALCIJEX	DESMOPRESSIN	HUMATROPE	NUTROPIN	SANDOSTATIN	VIMIZIM (LD)
CALCITONIN	ACETATE	HYALGAN	NUTROPIN AQ (LD)	SANDOSTATIN	VPRIV (LD)
CALCITRIOL	DOXERCALCIFEROL	IBANDRONATE	OCTREOTIDE ACETATE	LAR DEPOT	ZAVESCA (LD)
CARBAGLU (LD)	EGRIFTA (LD)	INCIREX (LD)	OMNITROPE	ZOLEDRONIC ACID	
CARNITOR	ELELYSO (LD)	KALBITOR (LD)	ORFADIN (LD)	SEROSTIM	ZOMETA
CERDELGA (LD)	ELITEK	KANUMA	ORTHOLVA	SIGNIFOR (LD)	ZORBITE
CEREZYME	EUFLEXXA	KUVAN (LD)	PROCYSKI (LD)	SIGNIFOR LAR (LD)	ZYTIGA (LD)
CYSTADANE	FABRAZYME	LUVERIS	PROMACTA	SOMATULINE	
CYSTAGON (LD)	FIRMAGON	MICALCALIN	RAVICTI (LD)	SOMAVERT (LD)	
DDAVP	FORTEO	MYALEPT (LD)	RECLAST	SUPARTZ	

GASTROINTESTINAL AGENTS - MISC.

AKYNZEO	CHOLBAM	DIFICID	ENTYVIO	RELISTOR	VARUBI
CHEMODAL (LD)	CIMZIA	EMEND	GATTEK (LD)	REMICADE	

HEMATOLOGICAL AGENTS - MISC.

ADVATE	ARALAST NP (LD)	FEIBA	MICRHOGAM	PLASBUMIN	RIXUBIS
ADYNOVATE	BEBUGLIN VH	FLEXBUMIN	MONOCLATE-P	PLASMANATE	RUCONEST (LD)
ALBUMIN HUMAN	BENEFIX	GLASSIA (LD)	MONONINE	PROFILNINE SD	STIMATE
ALBUMINAR	BERINERT (LD)	HELIXATE FS	NOVOEIGHT	PROLASTIN-C (LD)	THROMBATE III
ALBUMIN-ZLB	BUMINATE	HEMOFIL M	NOVOSEVEN	RECOMBINATE	WINRHO
ALBUTERIN	CEPROTIN	HYPERRHO S-D	NOVOSEVEN RT	RHO GAM	XYNTHA
ALPHANATE	CINRYZE (LD)	IPRIVASK	NUWIQ (LD)	RHO GAM PLUS	WILATE
ALPHANINE SD	CORIFACT	KOATE-DVI	OBIZUR	RHO PHYLAC	ZEMAIRA (LD)
ALPROLIX	ELOCTATE	KOGENATE FS	PANHEMATIN	RIASTAP (LD)	

HEMATOPOIETIC AGENTS

ARANESP	GRANIX	NEULASTA	OMONTYS	ZARXIO	
EPOGEN	INJECTAFER	NEUMEGA	PROCRIT		
FERAHEME	MOZOBIL	NEUPOGEN	VENOFER		

HEMOSTATICS

AMICAR	AMINOCAPROIC ACID				
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INFERTILITY AGENTS

BRAVELLE	CLOMID	FOLLISTIM AQ	NOVAREL	REPRONEX	
CETROTIDE	CLOMIPHENE	GANIRELIX	OVIDREL	SEROPHENE	
CHORIONIC	ESTRADIOL	GONAL-F	PREGNYL		
GONADOTROPIN	DELESTROGEN	MONOPUR	PROGESTERONE IN OIL		

INTRAOCULAR

AMVISC	CYSTARAN (LD)	HEALON	MACUGEN (LD)	SHELLGEL	
AMVISC PLUS	DISCOVISC	ILUVIEN (LD)	OZURDEX	VISCOAT	
BSS PLUS	DUOVISC	JETREA (LD)	PROVISC	VISUDYNE	
CELLUGEL	EYLEA (LD)	LUCENTIS (LD)	RETISERT	(LD)	

IVIG

BIVIGAM	FLEBOGAMMA	GAMMAKED	HIZENTRA (LD)	THYMOGLOBULIN	
CARIMUNE	GAMASTAN	GAMMAPLEX	HYQVIA (LD)	VARIZIG	
CYTOGAM	GAMMAGARD S/D	GAMMUNEX	PRIVIGEN		

PASSIVE IMMUNIZING AGENTS

SYNAGIS (LD)					
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NEUROLOGICAL AGENTS - MISC.

AMPYRA (LD)	BOTOX	GILENYA	MYOBLOC	RILUZOLE	XENAZINE (LD)
AUBAGIO (LD)	COPAXONE	GLATOPA	PLEGRIDY (LD)	TECFIDERA (LD)	XEOMIN
AVONEX	DYSPOIT	H.P. ACTHAR (LD)	REBIF	TETRABENAZINE	XYREM (LD)
BETASERON	EXTAVIA	LEMTRADA (LD)	RILUTEK	TYSABRI (LD)	

RESPIRATORY AGENTS - MISC.

ESBRIET (LD)	NUCALA (LD)	OFEV (LD)	PULMOZYME	XOLAIR (LD)	
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Non-Preferred Formulary Medications and Preferred Alternatives

Non-Preferred Formulary Medications

Preferred Formulary Medications

Accu-Check	Freestyle Lite, FreeStyle; Freedom Lite, Precision Xtra; FreeStyle InsulinX
Advicor	lovastatin, simvastatin, pravastatin, Crestor
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
Dulera	Advair, Anoro Ellipta, Breo Ellipta, Symbicort
Enbrel	Humira
Foradil	Serevent
Frova	sumatriptan, naratriptan, Relpax
Harvoni, Sovaldi	Viekira Pak
Invokana	Farxiga
Jardiance	Farxiga
Lescol, Lescol XL	lovastatin, simvastatin, pravastatin, Crestor
Lexapro	citalopram, paroxetine, fluoxetine, sertraline
Lialda	Asacol HD
Maxalt	sumatriptan, naratriptan, Relpax
Nasonex	flunisolide, fluticasone, Veramyst
One Touch Ultra	Freestyle Lite, FreeStyle; Freedom Lite, Precision Xtra; FreeStyle InsulinX
Onglyza	Januvia
ProAir HFA	Spiriva, Incruse Ellipta
Qnasl	Tanzeum, Trulicity
Tradjenta	Januvia
Tudorza	Spiriva, Incruse Ellipta
Victoza	Tanzeum, Trulicity
Viiibryd	citalopram, paroxetine, fluoxetine, sertraline
Vytorin	lovastatin, simvastatin, pravastatin, Crestor
Zetonna	flunisolide, fluticasone, Veramyst

Preferred Brand Name Medications

Advair Diskus	Coumadin	Gabitril 16 mg	Pradaxa	Tegretol
Advair HFA	Creon	Genotropin	Precision Xtra	Tegretol XR
Aggrenox	Crestor	Genvoya	Prefest	Tekturna
Alocril	Cresylate	Glyset	Premarin	Tekturna HCT
Alomide	Crinone	Humalog	Premphase	Tikosyn
Alora	Crixivan	Humatrope	Prempro	Tivicay
Alex	Delzicol	Humulin 70/30	Prezcofix	Tobradex Oint.
Androgl 1.62%	Diastat	Humulin N	Prezista	Tolak Cream
Anoro Ellipta	Dilantin	Humulin R	Pristiq	Toujeo
Apidra	Dovonex Ointment	Hysingla ER	Pulmicort Inhaler	Toviaz
Aptivus	Duavee	Intelligence	Pylora	Treximet
Arcapta	Dutoprol	Incruse Ellipta	Qvar	Triumeq
Arnuity Ellipta	Edurant	Invirase	Ranexa	Trulicity
Asacol HD	Effient	Isentress	Relpax	Truvada
Atripla	Eliquis	Janumet	Renvela	Tybost
Atrovent HFA	Emtriva	Janumet XR	Rescriptor	Ventolin HFA
Axiron	Enablex	Januvia	Reyataz	Veramyst
Azopt	Entresto	Kaletra	Selzentry	Vesicare
Betoptic S	Epzicom	Kenalog Spray	Serevent	Viagra
Breo Ellipta	Estring	Ketek	Simcor	Viberzi
Brilinta	Evotaz	Lanoxin	Spiriva HandiHaler	Viekira Pak
Butrans	Farxiga	Lantus	Spiriva Respimat	Viracept
Canasa	Felbatol	Levemir	Stalevo	Viramune Susp
Cenestin	Floax	Lexoxyl	Stiolto Respimat	Viread
Cialis	Flovent	Lexiva	Strattera	Vitekta
Cipro HC	Fluoroplex 1%	Livalo	Stribild	Xarelto
Ciprodex	FML Forte	Lotemax	Striverdi	Xigduo XR
Cleocin Vaginal Sup.	Freestyle Light	Lyrica	Sustiva	Ziagen Solution
Combipatch	Freestyle Freedom	Namenda XR	Symbicort	Zmax
Complera	Light	Namzaric	Synthroid	Zovirax Cream
Coreg CR	Freestyle InsulinX	Nitrostat	Tanzeum	
Cortisporin	Fuzeon	Norvir	Technivie	
Cortisporin TC	Gabitril 12 mg	Oxycontin		

2016 Member Formulary

2016 Formulario de Miembros



Last Revised: March 2016

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