

## G. List of Covered Drugs

---

ANTIHISTAMINE DRUGS - DRUGS FOR ALLERGY .....	11
ANTI-INFECTIVE AGENTS - DRUGS FOR INFECTIONS .....	13
ANTINEOPLASTIC AGENTS - DRUGS FOR CANCER.....	19
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM.....	21
AUTONOMIC DRUGS - DRUGS FOR THE NERVOUS SYSTEM.....	27
BLOOD FORMATION, COAGULATION, THROMBOSIS - DRUGS FOR THE BLOOD .....	33
CARDIOVASCULAR DRUGS - DRUGS FOR THE HEART .....	37
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS FOR THE NERVOUS SYSTEM.....	52
DEVICES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT .....	64
DIAGNOSTIC AGENTS.....	65
ELECTROLYTIC, CALORIC, AND WATER BALANCE .....	66
EYE, EAR, NOSE AND THROAT (EENT) PREPS.....	71
GASTROINTESTINAL DRUGS .....	76
GASTROINTESTINAL DRUGS - DRUGS FOR THE STOMACH .....	76
GOLD COMPOUNDS.....	81
HEAVY METAL ANTAGONISTS - DRUGS TO REDUCE IRON .....	81
HORMONES AND SYNTHETIC SUBSTITUTES - HORMONES .....	81
MISCELLANEOUS THERAPEUTIC AGENTS.....	94
NONHORMONAL CONTRACEPTIVES - DRUGS FOR WOMEN .....	98
OXYTOCICS - DRUGS FOR WOMEN .....	99
RESPIRATORY TRACT AGENTS - DRUGS FOR THE LUNGS .....	99
SKIN AND MUCOUS MEMBRANE AGENTS - DRUGS FOR THE SKIN .....	108
SMOOTH MUSCLE RELAXANTS - DRUGS TO RELAX MUSCLES.....	117
VITAMINS .....	117



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday,  
8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

CURRENT AS OF 11/1/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTI-HISTAMINE DRUGS - DRUGS FOR ALLERGY</b>		
<b>ETHANOLAMINE DERIVATIVES - DRUGS FOR ALLERGY</b>		
BENADRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML ( <i>diphenhydramine hcl</i> )	F	QL (240 ML per 30 days)
CHILDREN'S WAL-DRYL ALLERGY ORAL PREFILLED SPOON 12.5 MG/5 ML ( <i>diphenhydramine hcl</i> )	F	QL (240 ML per 30 days)
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	F	QL (100 EA per 30 days)
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	F	QL (240 ML per 30 days)
<i>diphenhydramine hcl oral syrup 12.5 mg/5 ml</i>	F	QL (240 ML per 30 days)
<i>diphenhydramine hcl oral tablet 25 mg</i>	F	QL (100 EA per 30 days)
NIGHTTIME SLEEP AID (DIPHEN) ORAL TABLET 25 MG ( <i>diphenhydramine hcl</i> )	F	QL (100 EA per 30 days)
<b>FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - DRUGS FOR ALLERGY</b>		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	F	
<i>cyproheptadine oral tablet 4 mg</i>	F	
<b>FIRST GENERATION ANTIHISTAMINES - DRUGS FOR ALLERGY</b>		
BENADRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML ( <i>diphenhydramine hcl</i> )	F	QL (240 ML per 30 days)
CHILDREN'S WAL-DRYL ALLERGY ORAL PREFILLED SPOON 12.5 MG/5 ML ( <i>diphenhydramine hcl</i> )	F	QL (240 ML per 30 days)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	F	
<i>chlorpheniramine maleate oral tablet extended release 12 mg</i>	F	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	F	
<i>cyproheptadine oral tablet 4 mg</i>	F	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	F	QL (100 EA per 30 days)
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	F	QL (240 ML per 30 days)
<i>diphenhydramine hcl oral syrup 12.5 mg/5 ml</i>	F	QL (240 ML per 30 days)
<i>diphenhydramine hcl oral tablet 25 mg</i>	F	QL (100 EA per 30 days)
ED CHLORPED JR ORAL SYRUP 2 MG/5 ML ( <i>chlorpheniramine maleate</i> )	F	
NIGHTTIME SLEEP AID (DIPHEN) ORAL TABLET 25 MG ( <i>diphenhydramine hcl</i> )	F	QL (100 EA per 30 days)

## BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy;  
AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>PHENOTHIAZINE DERIVATIVES - DRUGS FOR ALLERGY</b>		
<i>promethazine oral syrup 6.25 mg/5 ml</i>	F	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	F	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	F	
<i>phenylephrine hcl/promethazine hcl</i> (Promethazine Vc Oral Syrup 6.25-5 Mg/5 ML)	F	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	F	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	F	QL (480 ML per 30 days); AR (Min 18 Years)
<i>promethazine hcl</i> (Promethegan Rectal Suppository 50 Mg)	F	
<b>PIPERAZINE DERIVATIVES - DRUGS FOR ALLERGY</b>		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	F	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	F	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	F	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	F	QL (60 EA per 30 days)
<i>meclizine oral tablet, chewable 25 mg</i>	F	QL (60 EA per 30 days)
<b>PROPYLAMINE DERIVATIVES - DRUGS FOR ALLERGY</b>		
<i>chlorpheniramine maleate oral tablet 4 mg</i>	F	
<i>chlorpheniramine maleate oral tablet extended release 12 mg</i>	F	
DIMETAPP COLD-ALLERGY (PE) ORAL SOLUTION 1-2.5 MG/5 ML ( <i>brompheniramine maleate/phenylephrine hcl</i> )	F	
DIMETAPP DM COLD-COUGH (PE) ORAL SOLUTION 1-2.5-5 MG/5 ML ( <i>brompheniramine maleate/phenylephrine hcl/dextromethorphan</i> )	F	
ED CHLORPED JR ORAL SYRUP 2 MG/5 ML ( <i>chlorpheniramine maleate</i> )	F	
LOHIST - D ORAL LIQUID 2-30 MG/5 ML ( <i>chlorpheniramine maleate/pseudoephedrine hcl</i> )	F	
NOHIST-DM ORAL LIQUID 4-10-15 MG/5 ML ( <i>chlorpheniramine maleate/phenylephrine hcl/dextromethorphan</i> )	F	
PEDIATRIC COUGH AND COLD ORAL LIQUID 1-15-5 MG/5 ML ( <i>chlorpheniramine maleate/pseudoephedrine/dextromethorphan</i> )	F	
RITIFED ORAL SYRUP 1.25-30 MG/5 ML ( <i>triprolidine hcl/pseudoephedrine hcl</i> )	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYNEX PSE ORAL LIQUID 1-15 MG/5 ML ( <i>brompheniramine maleate/pseudoephedrine hcl</i> )	F	QL (120 ML per 30 days)
SCOT-TUSSIN DM ORAL LIQUID 2-15 MG/5 ML ( <i>chlorpheniramine maleate/dextromethorphan hbr</i> )	F	
SINUS CONGESTION-PAIN(CHLORPH) ORAL TABLET 2-5-325 MG ( <i>phenylephrine hcl/acetaminophen/chlorpheniramine</i> )	F	QL (60 EA per 30 days)
WAL-ACT D COLD AND ALLERGY ORAL TABLET 2.5-60 MG ( <i>triprolidine hcl/pseudoephedrine hcl</i> )	F	
WAL-PHED ORAL TABLET 4-60 MG ( <i>chlorpheniramine maleate/pseudoephedrine hcl</i> )	F	QL (60 EA per 30 days)
<b>SECOND GENERATION ANTIHISTAMINES - DRUGS FOR ALLERGY</b>		
ALAVERT D-12 ALLERGY-SINUS ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG ( <i>loratadine/pseudoephedrine sulfate</i> )	F	
<i>cetirizine oral solution 1 mg/ml</i>	F	
<i>cetirizine oral tablet 10 mg, 5 mg</i>	F	
<i>cetirizine oral tablet,chewable 10 mg, 5 mg</i>	F	QL (30 EA per 30 days)
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	F	
CHILDREN'S CLARITIN ORAL TABLET,CHEWABLE 5 MG ( <i>loratadine</i> )	F	QL (30 EA per 30 days)
<i>fexofenadine oral suspension 30 mg/5 ml</i>	F	
<i>fexofenadine oral tablet 180 mg</i>	F	QL (30 EA per 30 days)
<i>fexofenadine oral tablet 60 mg</i>	F	QL (60 EA per 30 days)
<i>levocetirizine oral tablet 5 mg</i>	F	QL (30 EA per 30 days)
<i>loratadine oral solution 5 mg/5 ml</i>	F	
<i>loratadine oral tablet 10 mg</i>	F	
<i>loratadine oral tablet,disintegrating 10 mg</i>	F	QL (30 EA per 30 days)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG ( <i>loratadine/pseudoephedrine sulfate</i> )	F	
<b>ANTI-INFECTIVE AGENTS - DRUGS FOR INFECTIONS</b>		
<b>1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - ANTIBIOTICS</b>		
<i>cefazolin injection recon soln 1 gram, 10 gram</i>	C1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	F	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	F	

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - ANTIBIOTICS</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	F	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	F	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	F	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	F	
<b>3RD GENERATION CEPHALOSPORIN ANTIBIOTICS - ANTIBIOTICS</b>		
<i>cefdinir oral capsule 300 mg</i>	F	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	F	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	C1	
<i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i>	C1	
<b>ALLYLAMINE ANTIFUNGALS - DRUGS FOR FUNGUS</b>		
<i>terbinafine hcl oral tablet 250 mg</i>	F	QL (30 EA per 30 days)
<b>AMEBICIDES - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	C1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	F	
<i>paromomycin oral capsule 250 mg</i>	F	
<b>AMINOGLYCOSIDE ANTIBIOTICS - ANTIBIOTICS</b>		
<i>gentamicin injection solution 40 mg/ml</i>	C1	
<i>neomycin oral tablet 500 mg</i>	F	
<i>paromomycin oral capsule 250 mg</i>	F	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	F	QL (300 ML per 30 days)
<b>AMINOPENICILLIN ANTIBIOTICS - ANTIBIOTICS</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	F	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	F	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	F	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	F	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	F	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	F	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	F	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	F	
<i>ampicillin-sulbactam injection recon soln 3 gram</i>	C1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML ( <i>amoxicillin/potassium clavulanate</i> )	F	
<b>ANTHELMINTICS - DRUGS FOR PARASITES</b>		
<i>ivermectin oral tablet 3 mg</i>	F	QL (5 EA per 14 days)
REESE'S PINWORM MEDICINE ORAL SUSPENSION 50 MG/ML ( <i>pyrantel pamoate</i> )	F	
<b>ANTIFUNGALS, MISCELLANEOUS - DRUGS FOR FUNGUS</b>		
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	F	QL (1200 ML per 30 days)
<i>griseofulvin microsize oral tablet 500 mg</i>	F	QL (60 EA per 30 days)
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	F	QL (90 EA per 30 days)
SSKI ORAL SOLUTION 1 GRAM/ML ( <i>potassium iodide</i> )	F	
<b>ANTIMALARIALS - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>chloroquine phosphate oral tablet 250 mg</i>	F	
<i>chloroquine phosphate oral tablet 500 mg</i>	F	
<i>hydroxychloroquine oral tablet 200 mg</i>	F	PA
<i>primaquine oral tablet 26.3 mg</i>	F	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	F	
<b>ANTIMYCOBACTERIALS, MISCELLANEOUS - ANTIBIOTICS</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	F	
<b>ANTIPROTOZOALS, MISCELLANEOUS - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>atovaquone oral suspension 750 mg/5 ml</i>	F	
<i>dapsone oral tablet 100 mg, 25 mg</i>	F	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	C1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	F	
NEBUPENT INHALATION RECON SOLN 300 MG ( <i>pentamidine isethionate</i> )	F	

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTITUBERCULOSIS AGENTS - ANTIBIOTICS</b>		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	F	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	F	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	F	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	F	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	F	
<i>cycloserine oral capsule 250 mg</i>	F	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	F	
<i>isoniazid oral solution 50 mg/5 ml</i>	F	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	F	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	C1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	F	
<i>pyrazinamide oral tablet 500 mg</i>	F	
<i>rifabutin oral capsule 150 mg</i>	C1	
RIFAMATE ORAL CAPSULE 300-150 MG ( <i>rifampin/isoniazid</i> )	F	
<i>rifampin oral capsule 150 mg, 300 mg</i>	F	
<b>AZOLE ANTIFUNGALS - DRUGS FOR FUNGUS</b>		
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	F	
<i>fluconazole oral tablet 100 mg</i>	F	QL (240 EA per 30 days)
<i>fluconazole oral tablet 150 mg</i>	F	QL (150 EA per 30 days)
<i>fluconazole oral tablet 200 mg</i>	F	QL (120 EA per 30 days)
<i>fluconazole oral tablet 50 mg</i>	F	QL (480 EA per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	F	
<b>CARBAPENEM ANTIBIOTICS - ANTIBIOTICS</b>		
<i>ertapenem injection recon soln 1 gram</i>	F	
<b>CHLORAMPHENICOL ANTIBIOTICS - ANTIBIOTICS</b>		
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	F	
<b>GLYCOPEPTIDE ANTIBIOTICS - ANTIBIOTICS</b>		
<i>vancomycin intravenous recon soln 1,000 mg, 500 mg</i>	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vancomycin intravenous recon soln 750 mg</i>	F	
<i>vancomycin oral capsule 125 mg</i>	F	QL (120 EA per 30 days)
<b>HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - DRUGS FOR VIRAL INFECTIONS</b>		
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	F	QL (30 EA per 30 days)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML ( <i>zidovudine</i> )	F	
<i>zidovudine oral capsule 100 mg</i>	F	
<i>zidovudine oral syrup 10 mg/ml</i>	F	
<i>zidovudine oral tablet 300 mg</i>	F	
<b>INTERFERON ANTIVIRALS - DRUGS FOR VIRAL INFECTIONS</b>		
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG ( <i>peginterferon alfa-2b</i> )	F	PA; SPO
<b>LINCOMYCIN ANTIBIOTICS - ANTIBIOTICS</b>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	F	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	F	
<b>NATURAL PENICILLIN ANTIBIOTICS - ANTIBIOTICS</b>		
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML ( <i>penicillin g benzathine</i> )	F	QL (6 ML per 28 days)
BICILLIN L-A INTRAMUSCULAR SYRINGE 2,400,000 UNIT/4 ML ( <i>penicillin g benzathine</i> )	F	QL (12 ML per 28 days)
BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML ( <i>penicillin g benzathine</i> )	F	QL (3 ML per 28 days)
<i>penicillin g potassium injection recon soln 5 million unit</i>	C1	
<i>penicillin g sodium injection recon soln 5 million unit</i>	C1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	F	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	F	
<b>NEURAMINIDASE INHIBITOR ANTIVIRALS - DRUGS FOR VIRAL INFECTIONS</b>		
<i>oseltamivir oral capsule 30 mg</i>	F	QL (20 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	F	QL (10 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	F	QL (180 ML per 180 days)
<b>NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - DRUGS FOR VIRAL INFECTIONS</b>		
<i>acyclovir oral capsule 200 mg</i>	F	
<i>acyclovir oral suspension 200 mg/5 ml</i>	F	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	F	

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	F	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	F	QL (28 EA per 30 days)
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	F	
<b>OTHER MACROLIDE ANTIBIOTICS - ANTIBIOTICS</b>		
<i>azithromycin oral packet 1 gram</i>	F	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	F	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	F	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	F	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	F	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	F	
<b>PENICILLINASE-RESISTANT PENICILLINS - ANTIBIOTICS</b>		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	F	
<b>POLYENE ANTIFUNGALS - DRUGS FOR FUNGUS</b>		
<i>nystatin oral suspension 100,000 unit/ml</i>	F	
<i>nystatin oral tablet 500,000 unit</i>	F	
<b>PYRIMIDINE ANTIFUNGALS - DRUGS FOR FUNGUS</b>		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	F	
<b>QUINOLONE ANTIBIOTICS - ANTIBIOTICS</b>		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	F	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	F	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	C1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	F	
<b>RIFAMYCIN ANTIBIOTICS - ANTIBIOTICS</b>		
<i>rifabutin oral capsule 150 mg</i>	C1	
RIFAMATE ORAL CAPSULE 300-150 MG ( <i>rifampin/isoniazid</i> )	F	
<i>rifampin oral capsule 150 mg, 300 mg</i>	F	
<b>SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - ANTIBIOTICS</b>		
<i>sulfadiazine oral tablet 500 mg</i>	F	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	F	
<i>sulfasalazine oral tablet 500 mg</i>	F	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	F	
<b>TETRACYCLINE ANTIBIOTICS - ANTIBIOTICS</b>		
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	F	QL (60 EA per 30 days)
<i>doxycycline hyclate oral tablet 100 mg</i>	F	QL (60 EA per 30 days)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	F	QL (60 EA per 30 days)
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	F	QL (60 EA per 30 days)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	F	
<i>minocycline oral tablet 100 mg</i>	F	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	F	
<b>URINARY ANTI-INFECTIVES - DRUGS FOR THE URINARY SYSTEM</b>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	F	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	F	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	F	QL (460 ML per 30 days)
PRIMSOL ORAL SOLUTION 50 MG/5 ML ( <i>trimethoprim</i> )	F	
<i>trimethoprim oral tablet 100 mg</i>	F	
<b>ANTINEOPLASTIC AGENTS - DRUGS FOR CANCER</b>		
<b>ANTINEOPLASTIC AGENTS - DRUGS FOR CANCER</b>		
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG ( <i>everolimus</i> )	F	PA; SPO
<i>anastrozole oral tablet 1 mg</i>	F	SPO
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML ( <i>bevacizumab</i> )	F	PA
<i>bexarotene oral capsule 75 mg</i>	F	SPO
COTELLIC ORAL TABLET 20 MG ( <i>cobimetinib fumarate</i> )	F	PA; SPO
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML ( <i>ramucirumab</i> )	F	PA
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML ( <i>daratumumab</i> )	F	PA
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	F	PA
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG ( <i>leuprolide acetate</i> )	F	PA

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG ( <i>leuprolide acetate</i> )	F	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG ( <i>leuprolide acetate</i> )	F	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) ( <i>leuprolide acetate</i> )	F	PA
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG ( <i>elotuzumab</i> )	F	PA
<i>etoposide oral capsule 50 mg</i>	F	SPO
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG ( <i>panobinostat lactate</i> )	F	PA; SPO
FLUROPLEX TOPICAL CREAM 1 % ( <i>fluorouracil</i> )	F	
<i>fluorouracil topical cream 5 %</i>	F	
<i>flutamide oral capsule 125 mg</i>	F	SPO
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) ( <i>eribulin mesylate</i> )	F	PA
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML ( <i>trastuzumab-hyaluronidase-oysk</i> )	F	PA
<i>hydroxyurea oral capsule 500 mg</i>	F	SPO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	F	PA
IRESSA ORAL TABLET 250 MG ( <i>gefitinib</i> )	F	PA; SPO
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	F	PA
<i>irinotecan intravenous solution 500 mg/25 ml</i>	F	PA
KADCYLA INTRAVENOUS RECON SOLN 100 MG ( <i>ado- trastuzumab emtansine</i> )	F	PA
LEUKERAN ORAL TABLET 2 MG ( <i>chlorambucil</i> )	F	SPO
LYSODREN ORAL TABLET 500 MG ( <i>mitotane</i> )	F	SPO
MATULANE ORAL CAPSULE 50 MG ( <i>procarbazine hcl</i> )	F	SPO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	F	QL (600 ML per 30 days)
<i>megestrol oral tablet 20 mg</i>	F	QL (120 EA per 30 days)
<i>megestrol oral tablet 40 mg</i>	F	QL (240 EA per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	F	SPO
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	F	
<i>methotrexate sodium injection solution 25 mg/ml</i>	F	
<i>methotrexate sodium oral tablet 2.5 mg</i>	F	SPO



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday,  
8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYLERAN ORAL TABLET 2 MG ( <i>busulfan</i> )	F	SPO
ODOMZO ORAL CAPSULE 200 MG ( <i>sonidegib phosphate</i> )	F	PA; SPO
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML ( <i>nivolumab</i> )	F	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG ( <i>peginterferon alfa-2b</i> )	F	PA; SPO
TABLOID ORAL TABLET 40 MG ( <i>thioguanine</i> )	F	SPO
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	F	SPO
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	F	
VENCLEXTA ORAL TABLET 10 MG, 50 MG ( <i>venetoclax</i> )	F	PA
VENCLEXTA ORAL TABLET 100 MG ( <i>venetoclax</i> )	F	PA; SPO
<i>vinblastine intravenous solution 1 mg/ml</i>	F	PA
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) ( <i>ipilimumab</i> )	F	PA
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) ( <i>ziv-aflibercept</i> )	F	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG ( <i>goserelin acetate</i> )	F	PA
<b>ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES - DRUGS FOR THE IMMUNE SYSTEM</b>		
<b>ANTITOXINS AND IMMUNE GLOBULINS - ORGAN TRANSPLANT</b>		
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML) ( <i>hepatitis b immune globulin/maltose</i> )	F	AR (Min 18 Years)
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML) ( <i>hepatitis b immune globulin</i> )	F	AR (Min 18 Years)
HYPERHEP B S/D INTRAMUSCULAR SYRINGE 220 UNIT/ML ( <i>hepatitis b immune globulin</i> )	F	AR (Min 18 Years)
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML ( <i>hepatitis b immune globulin</i> )	F	AR (Min 18 Years)
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML ( <i>rabies immune globulin/pf</i> )	F	AR (Min 18 Years)
HYPERTET S/D (PF) INTRAMUSCULAR SYRINGE 250 UNIT ( <i>tetanus immune globulin/pf</i> )	F	AR (Min 18 Years)
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML ( <i>hepatitis b immune globulin</i> )	F	AR (Min 18 Years)

#### BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML ( <i>varicella-zoster immune globulin/maltose</i> )	F	AR (Min 18 Years)
<b>TOXOIDS - VACCINES</b>		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML ( <i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i> )	F	QL (0.5 ML per 365 days); AR (Min 18 Years)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML ( <i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i> )	F	QL (0.5 ML per 365 days); AR (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML ( <i>diphtheria,pertussis(acellular),tetanus vaccine</i> )	F	QL (0.5 ML per 365 days); AR (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML ( <i>diphtheria,pertussis(acellular),tetanus vaccine</i> )	F	QL (0.5 ML per 365 days); AR (Min 18 Years)
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML ( <i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf</i> )	F	AR (Min 18 Years)
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML ( <i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf</i> )	F	AR (Min 18 Years)
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML ( <i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf</i> )	F	AR (Min 18 Years)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML ( <i>hep b virus,rcmb/diph,pertus(acell),tet,polio vaccine/pf</i> )	F	AR (Min 18 Years)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML ( <i>tetanus and diphtheria toxoids, adult</i> )	F	QL (1.5 ML per 365 days); AR (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML ( <i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i> )	F	QL (1.5 ML per 365 days); AR (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML ( <i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i> )	F	QL (1.5 ML per 365 days); AR (Min 18 Years)
<i>tetanus,diphtheria tox ped(pf) intramuscular suspension 5-25 lf unit/0.5 ml</i>	F	AR (Min 18 Years)
<b>VACCINES - VACCINES</b>		



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML ( <i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i> )	F	AR (Min 18 Years)
AFLURIA QD 2020-21(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrivalent 2020-21 (36 mos up)/pf</i> )	F	QL (1 ML per 365 days); AR (Min 18 Years)
AFLURIA QUAD 2020-2021(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrivalent 2020-21 (6 mos and up)</i> )	F	QL (1 ML per 365 days); AR (Min 18 Years)
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	F	QL (1 EA per 365 days); AR (Min 18 Years)
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML ( <i>meningococcal group b vaccine, 4-component</i> )	F	QL (1 ML per 365 days); AR (Min 18 Years)
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE ( <i>anthrax vaccine</i> )	F	QL (2 ML per 365 days); AR (Min 18 Years)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML ( <i>hepatitis b virus vaccine recombinant/pf</i> )	F	QL (3 ML per 365 days); AR (Min 18 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML ( <i>hepatitis b virus vaccine recombinant/pf</i> )	F	QL (3 ML per 365 days); AR (Min 18 Years)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML ( <i>hepatitis b virus vaccine recombinant/pf</i> )	F	AR (Min 18 Years)
FLUAD 2020-2021 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML ( <i>influenza vaccine tvs 2020-21 (65 yr up)/adjuvant mf59c.1/pf</i> )	F	QL (1 ML per 365 days); AR (Min 18 Years)
FLUAD QUAD 2020-21(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza vaccine quadrivalent 2020-21 (65 yr up)/mf59c.1/pf</i> )	F	QL (1 ML per 365 days); AR (Min 18 Years)
FLUARIX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf</i> )	F	QL (1 ML per 365 days); AR (Min 18 Years)
FLUBLOK QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML ( <i>influenza virus vaccine qv 2020-21(18 yrs and older)rcmb/pf</i> )	F	QL (1 ML per 365 days); AR (Min 18 Years)
FLUCELVAX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>flu vaccine quad 2020-2021(4 years and older)cell derived/pf</i> )	F	QL (1 ML per 365 days); AR (Min 18 Years)
FLUCELVAX QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML ( <i>flu vaccine quadriv 2020-2021(4 years and older)cell derived</i> )	F	QL (1 ML per 365 days); AR (Min 18 Years)

#### BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
FLULAVAL QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf</i> )	F	QL (1 ML per 365 days); AR (Min 18 Years)
FLUMIST QUAD 2020-2021 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML ( <i>influenza vaccine quadrivalent live 2020-2021 (2 yrs-49 yrs)</i> )	F	QL (2 EA per 365 days); AR (Min 18 Years)
FLUZONE HIGHDOSE QUAD 20-21 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML ( <i>influenza virus vaccine quadrival split 2020-21(65 yr up)/pf</i> )	F	QL (1.4 ML per 365 days); AR (Min 18 Years)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf</i> )	F	QL (1 ML per 365 days); AR (Min 18 Years)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf</i> )	F	QL (1 ML per 365 days); AR (Min 18 Years)
FLUZONE QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrivalent 2020-21 (6 mos and up)</i> )	F	QL (1 ML per 365 days); AR (Min 18 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML ( <i>human papillomavirus vaccine, 9-valent/pf</i> )	F	QL (1.5 ML per 365 days); AR (Min 18 Years and Max 45 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML ( <i>human papillomavirus vaccine, 9-valent/pf</i> )	F	QL (1.5 ML per 365 days); AR (Min 18 Years and Max 45 Years)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML ( <i>hepatitis a virus vaccine/pf</i> )	F	QL (2 ML per 365 days); AR (Min 18 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML ( <i>hepatitis a virus vaccine/pf</i> )	F	QL (2 ML per 365 days); AR (Min 18 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML ( <i>hepatitis a virus vaccine/pf</i> )	F	QL (1 ML per 365 days); AR (Min 18 Years)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML ( <i>hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf</i> )	F	QL (1 ML per 365 days); AR (Min 18 Years)
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT ( <i>rabies vaccine, human diploid cell/pf</i> )	F	QL (4 EA per 365 days); AR (Min 18 Years)
IPOLE INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML ( <i>poliomyelitis vaccine, killed</i> )	F	QL (1.5 ML per 365 days); AR (Min 18 Years)
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML ( <i>japanese encephalitis vaccine/pf</i> )	F	QL (1 ML per 365 days); AR (Min 18 Years)



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML ( <i>diphtheria, pertussis(acell),tetanus,polio vaccine/pf</i> )	F	AR (Min 18 Years)
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML ( <i>diphtheria, pertussis(acell),tetanus,polio vaccine/pf</i> )	F	AR (Min 18 Years)
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML ( <i>meningococcalvaccine a,c,y,w-135,diphtheria toxoid conj/pf</i> )	F	AR (Min 18 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML ( <i>meningococcalvaccine a,c,y,w-135,diphtheria toxoid conj/pf</i> )	F	QL (1 EA per 365 days); AR (Min 18 Years)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML ( <i>measles, mumps, and rubella vaccine live/pf</i> )	F	QL (2 EA per 365 days); AR (Min 18 Years)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML ( <i>hep b virus,rcmb/diph,pertus(acell),tet,polio vaccine/pf</i> )	F	AR (Min 18 Years)
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML ( <i>haemophilus b conjugate vaccine (meningococcal prot.conj)/pf</i> )	F	AR (Min 18 Years)
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML ( <i>diphtheria,pertussis(acell),tetanus,polio/haemophilus b/pf</i> )	F	AR (Min 18 Years)
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML ( <i>haemophilus b polysacc conj-tetanus tox,component 2 of 2/pf</i> )	F	AR (Min 18 Years)
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 62 DU/0.5 ML ( <i>diphther,pertus(accel),tetanus,polio vacc,component 1 of 2/pf</i> )	F	AR (Min 18 Years)
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML ( <i>pneumococcal 23-valent polysaccharide vaccine</i> )	F	QL (0.5 ML per 365 days); AR (Min 18 Years)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML ( <i>pneumococcal 23-valent polysaccharide vaccine</i> )	F	QL (0.5 ML per 365 days); AR (Min 18 Years)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML ( <i>pneumococcal 13-valent conjugate vaccine (diphtheria crm)/pf</i> )	F	QL (0.5 ML per 365 days); AR (Min 18 Years)
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 ( <i>measles, mumps, rubella, and varicella vaccine live/pf</i> )	F	AR (Min 18 Years)

#### BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML ( <i>diphtheria, pertussis(acell),tetanus,polio vaccine/pf</i> )	F	AR (Min 18 Years)
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT ( <i>rabies vaccine, purified chicken embryo cell (pcec)/pf</i> )	F	QL (3 EA per 365 days); AR (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML ( <i>hepatitis b virus vaccine recombinant/pf</i> )	F	QL (3 ML per 365 days); AR (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML ( <i>hepatitis b virus vaccine recombinant/pf</i> )	F	AR (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML ( <i>hepatitis b virus vaccine recombinant/pf</i> )	F	QL (3 ML per 365 days); AR (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML ( <i>hepatitis b virus vaccine recombinant/pf</i> )	F	AR (Min 18 Years)
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML ( <i>rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)</i> )	F	AR (Min 18 Years)
ROTATEQ VACCINE ORAL SOLUTION 2 ML ( <i>rotavirus vaccine, live oral pentavalent</i> )	F	AR (Min 18 Years)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML ( <i>varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf</i> )	F	QL (2 EA per 365 days); AR (Min 50 Years)
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML ( <i>yellow fever vaccine live/pf</i> )	F	AR (Min 18 Years)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML ( <i>neisseria meningitidis group b, lipidated ffbp recombinant</i> )	F	QL (1.5 ML per 365 days); AR (Min 18 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML ( <i>hepatitis a virus and hepatitis b virus vaccine/pf</i> )	F	QL (4 ML per 365 days); AR (Min 18 Years)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML ( <i>typhoid vaccine vi capsular polysaccharide</i> )	F	QL (0.5 ML per 365 days); AR (Min 18 Years)
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML ( <i>typhoid vaccine vi capsular polysaccharide</i> )	F	QL (0.5 ML per 365 days); AR (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML ( <i>hepatitis a virus vaccine/pf</i> )	F	QL (1 ML per 365 days); AR (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML ( <i>hepatitis a virus vaccine/pf</i> )	F	QL (2 ML per 365 days); AR (Min 18 Years)



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML ( <i>hepatitis a virus vaccine/pf</i> )	F	QL (1 ML per 365 days); AR (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML ( <i>hepatitis a virus vaccine/pf</i> )	F	QL (2 ML per 365 days); AR (Min 18 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML ( <i>varicella virus vaccine live/pf</i> )	F	QL (2 EA per 365 days); AR (Min 18 Years)
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT ( <i>cholera vaccine, live</i> )	F	AR (Min 18 Years)
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT ( <i>typhoid vacc, live, attenuated</i> )	F	QL (4 EA per 365 days); AR (Min 18 Years)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML ( <i>yellow fever vaccine live/pf</i> )	F	QL (1 EA per 365 days); AR (Min 18 Years)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML ( <i>zoster vaccine live/pf</i> )	F	QL (1 EA per 365 days); AR (Min 60 Years)
<b>AUTONOMIC DRUGS - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>ALPHA- AND BETA-ADRENERGIC AGONISTS - DRUGS FOR HEART AND LUNGS</b>		
ADRENALIN INJECTION SOLUTION 1 MG/ML (1 ML) ( <i>epinephrine</i> )	F	
ALAVERT D-12 ALLERGY-SINUS ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG ( <i>loratadine/pseudoephedrine sulfate</i> )	F	
<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i> (Bromfed Dm Oral Syrup 2-30-10 Mg/5 ML)	F	
BROTAPP DM ORAL ELIXIR 1-15-5 MG/5 ML ( <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i> )	F	
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5- 120 mg</i>	F	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	F	QL (2 EA per 30 days)
<i>epinephrine injection solution 1 mg/ml (1 ml)</i>	F	
<i>epinephrine injection syringe 0.1 mg/ml</i>	F	

#### BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy;  
AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOHIST - D ORAL LIQUID 2-30 MG/5 ML ( <i>chlorpheniramine maleate/pseudoephedrine hcl</i> )	F	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG ( <i>loratadine/pseudoephedrine sulfate</i> )	F	
MUCINEX D MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HR 120-1,200 MG ( <i>guaifenesin/pseudoephedrine hcl</i> )	F	QL (60 EA per 30 days)
MUCINEX D ORAL TABLET EXTENDED RELEASE 12 HR 60-600 MG ( <i>guaifenesin/pseudoephedrine hcl</i> )	F	QL (60 EA per 30 days)
PEDIATRIC COUGH AND COLD ORAL LIQUID 1-15-5 MG/5 ML ( <i>chlorpheniramine maleate/pseudoephedrine/dextromethorphan</i> )	F	
<i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	F	QL (60 EA per 30 days)
<i>pseudoephedrine hcl oral tablet extended release 120 mg</i>	F	QL (60 EA per 30 days)
RITIFED ORAL SYRUP 1.25-30 MG/5 ML ( <i>triprolidine hcl/pseudoephedrine hcl</i> )	F	
RYNEX PSE ORAL LIQUID 1-15 MG/5 ML ( <i>brompheniramine maleate/pseudoephedrine hcl</i> )	F	QL (120 ML per 30 days)
SUPHEDRIN ORAL LIQUID 15 MG/5 ML ( <i>pseudoephedrine hcl</i> )	F	QL (240 ML per 30 days)
WAL-ACT D COLD AND ALLERGY ORAL TABLET 2.5-60 MG ( <i>triprolidine hcl/pseudoephedrine hcl</i> )	F	
WAL-PHED ORAL TABLET 4-60 MG ( <i>chlorpheniramine maleate/pseudoephedrine hcl</i> )	F	QL (60 EA per 30 days)
<b>ALPHA-ADRENERGIC AGONISTS - DRUGS FOR HEART AND LUNGS</b>		
ADULT ROBITUSSIN PEAK COLD M-S ORAL LIQUID 5-10-100 MG/5 ML ( <i>guaifenesin/dextromethorphan hbr/phenylephrine</i> )	F	QL (240 ML per 30 days)
CHILDREN'S STUFFY NOSE-COLD ORAL LIQUID 2.5-100 MG/5 ML ( <i>guaifenesin/phenylephrine hcl</i> )	F	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	F	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	F	QL (120 EA per 30 days)
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i>	F	QL (4 EA per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr, 0.3 mg/24 hr</i>	F	QL (8 EA per 28 days)
DIMETAPP COLD-ALLERGY (PE) ORAL SOLUTION 1-2.5 MG/5 ML ( <i>brompheniramine maleate/phenylephrine hcl</i> )	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIMETAPP DM COLD-COUGH (PE) ORAL SOLUTION 1-2.5-5 MG/5 ML ( <i>brompheniramine maleate/phenylephrine hcl/dextromethorphan</i> )	F	
<i>methyl dopa oral tablet 250 mg, 500 mg</i>	F	
<i>methyl dopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	F	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	F	
NOHIST-DM ORAL LIQUID 4-10-15 MG/5 ML ( <i>chlorpheniramine maleate/phenylephrine hcl/dextromethorphan</i> )	F	
<i>phenylephrine hcl/promethazine hcl</i> (Promethazine Vc Oral Syrup 6.25-5 Mg/5 MI)	F	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	F	QL (480 ML per 30 days); AR (Min 18 Years)
SINUS CONGESTION-PAIN(CHLORPH) ORAL TABLET 2-5-325 MG ( <i>phenylephrine hcl/acetaminophen/chlorpheniramine</i> )	F	QL (60 EA per 30 days)
SUPRESS DX ORAL DROPS 2.5-5-50 MG/ML ( <i>guaifenesin/dextromethorphan hbr/phenylephrine</i> )	F	QL (30 ML per 30 days)
<b>ANTIMUSCARINICS/ANTISPASMODICS - DRUGS FOR PARKINSON</b>		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION ( <i>umeclidinium bromide/vilanterol trifenate</i> )	F	ST; QL (60 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION ( <i>ipratropium bromide</i> )	F	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION ( <i>ipratropium bromide/albuterol sulfate</i> )	F	QL (4 GM per 20 days)
<i>dicyclomine oral capsule 10 mg</i>	F	QL (120 EA per 30 days)
<i>dicyclomine oral solution 10 mg/5 ml</i>	F	QL (600 ML per 30 days)
<i>dicyclomine oral tablet 20 mg</i>	F	QL (120 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	F	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	F	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	F	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	F	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	F	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION ( <i>umeclidinium bromide</i> )	F	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	F	

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	F	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	F	
PHENOHYTRO ORAL TABLET 16.2-0.1037 -0.0194 MG ( <i>phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb</i> )	F	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION ( <i>tiotropium bromide/olodaterol hcl</i> )	F	QL (4 GM per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION ( <i>aclidinium bromide</i> )	F	QL (1 EA per 30 days)
<b>AUTONOMIC DRUGS, MISCELLANEOUS - DRUGS FOR THE NERVOUS SYSTEM</b>		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG ( <i>varenicline tartrate</i> )	F	QL (360 EA per 365 days)
CHANTIX ORAL TABLET 0.5 MG ( <i>varenicline tartrate</i> )	F	QL (360 EA per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42) ( <i>varenicline tartrate</i> )	F	QL (106 EA per 365 days)
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	F	QL (4320 EA per 365 days)
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	F	QL (3600 EA per 365 days)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	F	QL (3600 EA per 365 days)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	F	QL (180 EA per 365 days)
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	F	QL (112 EA per 365 days)
NICOTROL INHALATION CARTRIDGE 10 MG ( <i>nicotine</i> )	F	QL (2880 EA per 365 days)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML ( <i>nicotine</i> )	F	QL (720 ML per 365 days)
<b>CENTRALLY ACTING SKELETAL MUSCLE RELAXNT - DRUGS FOR RELAXING MUSCLES</b>		
<i>cyclobenzaprine oral tablet 10 mg</i>	F	
<i>cyclobenzaprine oral tablet 5 mg</i>	F	QL (180 EA per 30 days)
<i>methocarbamol oral tablet 500 mg</i>	F	QL (240 EA per 30 days)
<i>methocarbamol oral tablet 750 mg</i>	F	QL (180 EA per 30 days)
<i>tizanidine oral tablet 2 mg</i>	F	QL (180 EA per 30 days)
<i>tizanidine oral tablet 4 mg</i>	F	QL (270 EA per 30 days)
<b>GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - DRUGS FOR RELAXING MUSCLES</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	F	QL (120 EA per 30 days)



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>baclofen oral tablet 5 mg</i>	F	QL (120 EA per 30 days)
<b>NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - DRUGS FOR THE HEART</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	F	
<i>labetalol intravenous solution 5 mg/ml</i>	F	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	F	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	F	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	F	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	F	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	F	QL (60 EA per 30 days)
<b>NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - DRUGS FOR THE HEART</b>		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	F	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	F	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	F	
<b>NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS - DRUGS FOR THE HEART</b>		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	F	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG ( <i>ergotamine tartrate/caffeine</i> )	F	QL (20 EA per 30 days)
<b>PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - DRUGS FOR BLADDER INCONTINENCE</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	F	
<i>donepezil oral tablet 10 mg</i>	F	QL (60 EA per 30 days)
<i>donepezil oral tablet 5 mg</i>	F	QL (120 EA per 30 days)
<i>donepezil oral tablet,disintegrating 10 mg</i>	F	QL (60 EA per 30 days)
<i>donepezil oral tablet,disintegrating 5 mg</i>	F	QL (120 EA per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	F	QL (60 EA per 30 days)
MESTINON ORAL SYRUP 60 MG/5 ML ( <i>pyridostigmine bromide</i> )	F	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	F	
<i>pyridostigmine bromide oral tablet 60 mg</i>	F	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	F	ST
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	F	
<b>SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - DRUGS FOR THE HEART</b>		

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	F	
<i>labetalol intravenous solution 5 mg/ml</i>	F	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	F	
<i>tamsulosin oral capsule 0.4 mg</i>	F	
<b>SELECTIVE BETA-2-ADRENERGIC AGONISTS - DRUGS FOR HEART AND LUNGS</b>		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	F	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 5 mg/ml</i>	F	
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	F	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	F	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	F	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION ( <i>umeclidinium bromide/vilanterol trifenate</i> )	F	ST; QL (60 EA per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML ( <i>arformoterol tartrate</i> )	F	ST
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation</i>	F	QL (10.2 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 80-4.5 mcg/actuation</i>	F	QL (30.6 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION ( <i>ipratropium bromide/albuterol sulfate</i> )	F	QL (4 GM per 20 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	F	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	F	ST; QL (60 EA per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	F	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	F	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	F	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE ( <i>salmeterol xinafoate</i> )	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION ( <i>tiotropium bromide/olodaterol hcl</i> )	F	QL (4 GM per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	F	
<b>SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - DRUGS FOR THE HEART</b>		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	F	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	F	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	F	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	F	
<i>metoprolol tartrate oral tablet 25 mg</i>	F	
<b>BLOOD FORMATION, COAGULATION, THROMBOSIS - DRUGS FOR THE BLOOD</b>		
<b>COUMARIN DERIVATIVES - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>warfarin sodium</i> (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	F	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	F	
<b>DIRECT FACTOR XA INHIBITORS - DRUGS TO PREVENT BLOOD CLOTS</b>		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) ( <i>apixaban</i> )	F	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG ( <i>apixaban</i> )	F	QL (60 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) ( <i>rivaroxaban</i> )	F	QL (51 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG ( <i>rivaroxaban</i> )	F	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG ( <i>rivaroxaban</i> )	F	QL (60 EA per 30 days)
<b>HEMATOPOIETIC AGENTS - DRUGS FOR ANEMIA</b>		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML ( <i>darbepoetin alfa in polysorbate 80</i> )	F	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML ( <i>darbepoetin alfa in polysorbate 80</i> )	F	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML ( <i>filgrastim-aafi</i> )	F	

#### BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML ( <i>filgrastim-sndz</i> )	F	QL (7 ML per 30 days)
ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML ( <i>filgrastim-sndz</i> )	F	QL (11.2 ML per 30 days)
<b>HEMORRHEOLOGIC AGENTS - DRUGS FOR BLOOD FLOW</b>		
<i>pentoxifylline oral tablet extended release 400 mg</i>	F	QL (90 EA per 30 days)
<b>HEMOSTATICS - DRUGS TO PREVENT BLEEDING</b>		
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	F	
<b>HEPARINS - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	F	QL (60 ML per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	F	QL (48 ML per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	F	QL (18 ML per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	F	QL (24 ML per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	F	QL (36 ML per 30 days)
<b>IRON PREPARATIONS - VITAMINS AND MINERALS</b>		
CEROVITE JR ORAL TABLET,CHEWABLE 18 MG IRON- 10 MCG ( <i>pediatric multivitamin no.158/ferrous fumarate/phytonadione</i> )	F	AR (Max 5 Years)
COMPLETE MULTIVITAMIN ORAL TABLET ( <i>multivitamin,therapeutic with iron and minerals</i> )	F	
FERRETT'S ORAL TABLET 325 MG (106 MG IRON) ( <i>ferrous fumarate</i> )	F	
FERRIMIN 150 ORAL TABLET 456 MG (150 MG IRON) ( <i>ferrous fumarate</i> )	F	
<i>ferrous fumarate oral tablet 324 mg (106 mg iron)</i>	F	
<i>ferrous fumarate oral tablet 89 mg (29 mg iron)</i>	F	
<i>ferrous gluconate oral tablet 236 mg (27 mg iron), 324 mg (36 mg iron), 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i>	F	
<i>ferrous gluconate oral tablet 240 mg (27 mg iron), 256 mg (28 mg iron)</i>	F	
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	F	QL (50 ML per 30 days)
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	F	QL (480 ML per 30 days)
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	F	QL (150 ML per 30 days)
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	F	QL (480 ML per 30 days)



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ferrous sulfate oral tablet, delayed release (dr/ec) 324 mg (65 mg iron)</i>	F	QL (90 EA per 30 days)
<i>ferrous sulfate oral tablet, delayed release (dr/ec) 325 mg (65 mg iron)</i>	F	QL (90 EA per 30 days)
FERROUSUL ORAL TABLET 325 MG (65 MG IRON) ( <i>ferrous sulfate</i> )	F	QL (90 EA per 30 days)
HONEY BEARS WITH IRON-ZINC ORAL TABLET, CHEWABLE 4.5 MG ( <i>pediatric multivitamin no.159/ferrous sulfate</i> )	F	AR (Max 5 Years)
MULTI-DAY PLUS MINERALS ORAL TABLET 18 MG IRON-400 MCG-25 MCG ( <i>multivitamin with minerals/ferrous fumarate/folic acid/vit k</i> )	F	
MULTILEX-T AND M ORAL TABLET 15 MG IRON ( <i>multivitamin with minerals/ferrous fumarate</i> )	F	
MULTIPLE VITAMIN, WOMENS ORAL TABLET ( <i>multivit with calcium, iron, and other minerals</i> )	F	
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML ( <i>pediatric multivitamin no.45/sodium fluoride/ferrous sulfate</i> )	F	AR (Max 5 Years)
<i>multivitamin with iron oral tablet</i>	F	
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG ( <i>multivitamin-minerals no.60/ferrous fumarate/folic acid</i> )	F	
O-CAL F.A. ORAL TABLET 27 MG IRON- 1 MG ( <i>multivitamin with minerals no.61/ferrous fumarate/folic acid</i> )	F	
ONE DAILY MULTI-VIT W-MINERAL ORAL TABLET 4.5 MG IRON ( <i>multivitamin with minerals/ferrous sulfate</i> )	F	
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG ( <i>prenatal vitamin with calcium no.76/iron, carbonyl/folic acid</i> )	F	AR (Max 50 Years)
<i>pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg</i>	F	AR (Max 50 Years)
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG ( <i>prenatal vits with calcium no.21/ferrous fumarate/folic acid</i> )	F	AR (Max 50 Years)
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG ( <i>prenatal vits with calcium no.74/ferrous fumarate/folic acid</i> )	F	AR (Max 50 Years)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG ( <i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i> )	F	AR (Max 50 Years)

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG ( <i>prenatal vits with calcium no.72/iron,carbonyl/folic acid</i> )	F	AR (Max 50 Years)
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG ( <i>prenatal vit with calcium no.130/ferrous fumarate/folic acid</i> )	F	AR (Max 50 Years)
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG ( <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i> )	F	AR (Max 50 Years)
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	F	AR (Max 50 Years)
PRETAB ORAL TABLET 29-1 MG ( <i>prenatal vits with calcium no.78/ferrous fumarate/folic acid</i> )	F	AR (Max 50 Years)
SUPER MULTIPLE ORAL TABLET ( <i>multivitamin with iron and other minerals</i> )	F	
THERA M PLUS (FERROUS FUMARAT) ORAL TABLET 9 MG IRON-400 MCG ( <i>multivits with calcium and minerals/iron fumarate/folic acid</i> )	F	
THERAPEUTIC-M VITAMIN/MINERALS ORAL TABLET 27-0.4 MG ( <i>multivit,therapeutic with calcium,iron,minerals/folic acid</i> )	F	
THEREMS-M ORAL TABLET 27-0.4 MG ( <i>multivitamin,therapeutic with iron and minerals</i> )	F	
VINATE M ORAL TABLET 27 MG IRON-1 MG ( <i>prenatal vits with calcium 136/ferrous fumarate/folic acid</i> )	F	AR (Max 50 Years)
WOMEN'S DAILY FORMULA ORAL TABLET 27-0.4 MG ( <i>multivit with calcium, iron, and other minerals</i> )	F	
<b>PLATELET-AGGREGATION INHIBITORS - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>aspirin oral tablet 325 mg</i>	F	QL (100 EA per 30 days)
<i>aspirin oral tablet,chewable 81 mg</i>	F	QL (100 EA per 30 days)
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	F	QL (100 EA per 30 days)
BRILINTA ORAL TABLET 60 MG ( <i>ticagrelor</i> )	F	PA; QL (60 EA per 30 days)
BRILINTA ORAL TABLET 90 MG ( <i>ticagrelor</i> )	F	QL (60 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	F	QL (60 EA per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	F	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	F	
MIGRAINE FORMULA ORAL TABLET 250-250-65 MG ( <i>aspirin/acetaminophen/caffeine</i> )	F	QL (100 EA per 30 days)
<i>prasugrel oral tablet 10 mg, 5 mg</i>	F	QL (30 EA per 30 days)



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>PLATELET-REDUCING AGENTS - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	F	
<b>THROMBOLYTIC AGENTS - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>aspirin oral tablet 325 mg</i>	F	QL (100 EA per 30 days)
<i>aspirin oral tablet, chewable 81 mg</i>	F	QL (100 EA per 30 days)
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	F	QL (100 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	F	QL (60 EA per 30 days)
MIGRAINE FORMULA ORAL TABLET 250-250-65 MG ( <i>aspirin/acetaminophen/caffeine</i> )	F	QL (100 EA per 30 days)
<b>CARDIOVASCULAR DRUGS - DRUGS FOR THE HEART</b>		
<b>ALPHA-ADRENERGIC BLOCKING AGENTS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	F	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	F	
<i>labetalol intravenous solution 5 mg/ml</i>	F	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	F	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	F	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	F	
<b>ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - DRUGS FOR HIGH BLOOD PRESSURE &amp; ANGINA</b>		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	F	
<i>labetalol intravenous solution 5 mg/ml</i>	F	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	F	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	F	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	F	
<b>ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - DRUGS FOR HIGH BLOOD PRESSURE &amp; ANGINA</b>		
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	F	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 75 mg</i>	F	QL (60 EA per 30 days)
<i>irbesartan oral tablet 300 mg</i>	F	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	F	QL (30 EA per 30 days)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	F	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	F	

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	F	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	F	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	F	QL (60 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	F	QL (30 EA per 30 days)
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS FOR THE HEART</b>		
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	F	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 75 mg</i>	F	QL (60 EA per 30 days)
<i>irbesartan oral tablet 300 mg</i>	F	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	F	QL (30 EA per 30 days)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	F	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	F	
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	F	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	F	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	F	QL (60 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	F	QL (30 EA per 30 days)
<b>ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN) - DRUGS FOR HIGH BLOOD PRESSURE &amp; ANGINA</b>		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	F	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	F	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	F	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	F	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	F	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	F	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	F	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	F	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	F	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	F	
<b>ANGIOTENSIN-CONVERTING ENZYME INHIBITORS - DRUGS FOR THE HEART</b>		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	F	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	F	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	F	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	F	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	F	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	F	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	F	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	F	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	F	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	F	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	F	
<b>ANTIARRHYTHMICS, MISCELLANEOUS - DRUGS FOR ANGINA</b>		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	F	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	F	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) ( <i>digoxin</i> )	F	
<b>ANTILIPEMIC AGENTS, MISCELLANEOUS - DRUGS FOR CHOLESTEROL</b>		
NIACIN FLUSH FREE ORAL CAPSULE 400 MG NIACIN (500 MG) ( <i>niacin (inositol niacinate)</i> )	F	
<i>niacin oral capsule, extended release 250 mg, 500 mg</i>	F	
<i>niacin oral tablet 100 mg, 50 mg, 500 mg</i>	F	
<i>niacin oral tablet 250 mg</i>	F	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	F	
<i>niacin oral tablet extended release 500 mg</i>	F	
<i>niacin</i> (Niacor Oral Tablet 500 Mg)	F	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	F	PA
<b>BETA-ADRENERGIC BLOCKING AGENTS - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	F	

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	F	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	F	
<i>labetalol intravenous solution 5 mg/ml</i>	F	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	F	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	F	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	F	
<i>metoprolol tartrate oral tablet 25 mg</i>	F	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	F	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	F	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	F	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	F	QL (60 EA per 30 days)
<b>BETA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - DRUGS FOR HIGH BLOOD PRESSURE &amp; ANGINA</b>		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	F	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	F	
<i>labetalol intravenous solution 5 mg/ml</i>	F	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	F	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	F	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	F	
<i>metoprolol tartrate oral tablet 25 mg</i>	F	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	F	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	F	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	F	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	F	QL (60 EA per 30 days)
<b>BILE ACID SEQUESTRANTS - DRUGS FOR CHOLESTEROL</b>		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	F	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	F	
<i>cholestyramine/aspartame (Cholestyramine Light Oral Powder 4 Gram)</i>	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cholestyramine/aspartame</i> (Cholestyramine Light Oral Powder In Packet 4 Gram)	F	
<b>CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - DRUGS FOR HIGH BLOOD PRESSURE &amp; ANGINA</b>		
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	F	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 300 mg, 360 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 180 mg</i>	F	QL (90 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 240 mg</i>	F	QL (60 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	F	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG ( <i>diltiazem hcl</i> )	F	QL (30 EA per 30 days)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 180 MG ( <i>diltiazem hcl</i> )	F	QL (90 EA per 30 days)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 240 MG ( <i>diltiazem hcl</i> )	F	QL (60 EA per 30 days)
<i>diltiazem hcl</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 300 Mg)	F	QL (30 EA per 30 days)
<i>diltiazem hcl</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr 180 Mg)	F	QL (90 EA per 30 days)
<i>diltiazem hcl</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr 240 Mg)	F	QL (60 EA per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	F	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	F	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	F	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	F	
<b>CALCIUM-CHANNEL BLOCKING AGENTS - DRUGS FOR HIGH BLOOD PRESSURE &amp; ANGINA</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	F	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	F	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	F	QL (30 EA per 30 days)

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	F	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 300 mg, 360 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 180 mg</i>	F	QL (90 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 240 mg</i>	F	QL (60 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	F	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG ( <i>diltiazem hcl</i> )	F	QL (30 EA per 30 days)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 180 MG ( <i>diltiazem hcl</i> )	F	QL (90 EA per 30 days)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 240 MG ( <i>diltiazem hcl</i> )	F	QL (60 EA per 30 days)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	F	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	F	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	F	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	F	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 300 Mg)	F	QL (30 EA per 30 days)
<i>diltiazem hcl</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr 180 Mg)	F	QL (90 EA per 30 days)
<i>diltiazem hcl</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr 240 Mg)	F	QL (60 EA per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	F	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	F	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	F	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	F	
<b>CALCIUM-CHANNEL BLOCKING AGENTS(HYPOTEN) - DRUGS FOR HIGH BLOOD PRESSURE &amp; ANGINA</b>		
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 300 mg, 360 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 180 mg</i>	F	QL (90 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 240 mg</i>	F	QL (60 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	F	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG ( <i>diltiazem hcl</i> )	F	QL (30 EA per 30 days)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 180 MG ( <i>diltiazem hcl</i> )	F	QL (90 EA per 30 days)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 240 MG ( <i>diltiazem hcl</i> )	F	QL (60 EA per 30 days)
<i>diltiazem hcl</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 300 Mg)	F	QL (30 EA per 30 days)
<i>diltiazem hcl</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr 180 Mg)	F	QL (90 EA per 30 days)
<i>diltiazem hcl</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr 240 Mg)	F	QL (60 EA per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	F	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	F	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	F	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	F	
<b>CALCIUM-CHANNEL BLOCKING AGENTS, MISC. - DRUGS FOR HIGH BLOOD PRESSURE &amp; ANGINA</b>		
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	F	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 300 mg, 360 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 180 mg</i>	F	QL (90 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 240 mg</i>	F	QL (60 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	F	

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG ( <i>diltiazem hcl</i> )	F	QL (30 EA per 30 days)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 180 MG ( <i>diltiazem hcl</i> )	F	QL (90 EA per 30 days)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 240 MG ( <i>diltiazem hcl</i> )	F	QL (60 EA per 30 days)
<i>diltiazem hcl</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 300 Mg)	F	QL (30 EA per 30 days)
<i>diltiazem hcl</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr 180 Mg)	F	QL (90 EA per 30 days)
<i>diltiazem hcl</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr 240 Mg)	F	QL (60 EA per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	F	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	F	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	F	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	F	
<b>CARBONIC ANHYDRASE INHIBITORS(HYPOTEN) - DRUGS FOR HIGH BLOOD PRESSURE &amp; ANGINA</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	F	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	F	
<b>CARDIAC DRUGS, MISCELLANEOUS - DRUGS FOR ANGINA</b>		
CORLANOR ORAL TABLET 5 MG, 7.5 MG ( <i>ivabradine hcl</i> )	F	PA
<b>CARDIOTONIC AGENTS - DRUGS FOR ANGINA</b>		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	F	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	F	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) ( <i>digoxin</i> )	F	
<b>CENTRAL ALPHA-AGONISTS - DRUGS FOR HIGH BLOOD PRESSURE &amp; ANGINA</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	F	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	F	QL (120 EA per 30 days)
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i>	F	QL (4 EA per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr, 0.3 mg/24 hr</i>	F	QL (8 EA per 28 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	F	QL (30 EA per 30 days)
<i>methyldopa oral tablet 250 mg, 500 mg</i>	F	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	F	
<b>CHOLESTEROL ABSORPTION INHIBITORS - DRUGS FOR CHOLESTEROL</b>		
<i>ezetimibe oral tablet 10 mg</i>	F	
<b>CLASS IA ANTIARRHYTHMICS - DRUGS FOR ANGINA</b>		
<i>quinidine gluconate oral tablet extended release 324 mg</i>	F	
<b>CLASS IB ANTIARRHYTHMICS - DRUGS FOR ANGINA</b>		
<i>phenytoin sodium extended</i> (Dilantin Extended Oral Capsule 100 Mg)	F	
<i>phenytoin</i> (Dilantin Infatabs Oral Tablet, Chewable 50 Mg)	F	
DILANTIN ORAL CAPSULE 30 MG ( <i>phenytoin sodium extended</i> )	F	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML ( <i>phenytoin</i> )	F	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	F	
<i>phenytoin oral suspension 125 mg/5 ml</i>	F	
<i>phenytoin oral tablet, chewable 50 mg</i>	F	
<i>phenytoin sodium extended oral capsule 100 mg</i>	F	
<b>CLASS IC ANTIARRHYTHMICS - DRUGS FOR ANGINA</b>		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	F	
<i>propafenone oral capsule, extended release 12 hr 225 mg</i>	F	QL (60 EA per 30 days)
<i>propafenone oral capsule, extended release 12 hr 325 mg, 425 mg</i>	F	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	F	
<b>CLASS II ANTIARRHYTHMICS - DRUGS FOR ANGINA</b>		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	F	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	F	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	F	
<i>labetalol intravenous solution 5 mg/ml</i>	F	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	F	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	F	

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	F	
<i>metoprolol tartrate oral tablet 25 mg</i>	F	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	F	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	F	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	F	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	F	QL (60 EA per 30 days)
<b>CLASS III ANTIARRHYTHMICS - DRUGS FOR ANGINA</b>		
<i>amiodarone oral tablet 200 mg</i>	F	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	F	QL (60 EA per 30 days)
<b>CLASS IV ANTIARRHYTHMICS - DRUGS FOR ANGINA</b>		
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	F	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 300 mg, 360 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 180 mg</i>	F	QL (90 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 240 mg</i>	F	QL (60 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	F	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG ( <i>diltiazem hcl</i> )	F	QL (30 EA per 30 days)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 180 MG ( <i>diltiazem hcl</i> )	F	QL (90 EA per 30 days)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 240 MG ( <i>diltiazem hcl</i> )	F	QL (60 EA per 30 days)
<i>diltiazem hcl</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 300 Mg)	F	QL (30 EA per 30 days)
<i>diltiazem hcl</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr 180 Mg)	F	QL (90 EA per 30 days)
<i>diltiazem hcl</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr 240 Mg)	F	QL (60 EA per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	F	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	F	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	F	
<b>DIHYDROPYRIDINES - DRUGS FOR HIGH BLOOD PRESSURE &amp; ANGINA</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	F	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	F	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	F	QL (30 EA per 30 days)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	F	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	F	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	F	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	F	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	F	QL (30 EA per 30 days)
<b>DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - DRUGS FOR HIGH BLOOD PRESSURE &amp; ANGINA</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	F	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	F	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	F	QL (30 EA per 30 days)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	F	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	F	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	F	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	F	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	F	QL (30 EA per 30 days)
<b>DIRECT VASODILATORS - DRUGS FOR HIGH BLOOD PRESSURE &amp; ANGINA</b>		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	F	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	F	
<b>DIURETICS, MISCELLANEOUS (HYPOTENSIVE) - DRUGS FOR HIGH BLOOD PRESSURE &amp; ANGINA</b>		
<i>theophylline oral solution 80 mg/15 ml</i>	F	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	F	QL (90 EA per 30 days)
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	F	QL (60 EA per 30 days)

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>theophylline oral tablet extended release 24 hr 400 mg</i>	F	QL (60 EA per 30 days)
<i>theophylline oral tablet extended release 24 hr 600 mg</i>	F	QL (30 EA per 30 days)
<b>FIBRIC ACID DERIVATIVES - DRUGS FOR CHOLESTEROL</b>		
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>	F	
<i>fenofibrate micronized oral capsule 200 mg</i>	F	QL (30 EA per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	F	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	F	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	F	
<i>gemfibrozil oral tablet 600 mg</i>	F	
<b>HMG-COA REDUCTASE INHIBITORS - DRUGS FOR CHOLESTEROL</b>		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	F	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	F	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	F	
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	F	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	F	
<b>HYPOTENSIVE AGENTS, MISCELLANEOUS - DRUGS FOR HIGH BLOOD PRESSURE &amp; ANGINA</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	F	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	F	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	F	QL (30 EA per 30 days)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	F	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	F	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	F	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	F	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	F	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	F	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	F	QL (30 EA per 30 days)
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	F	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	F	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	F	QL (60 EA per 30 days)
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	F	
<b>LOOP DIURETICS (HYPOTENSIVE AGENTS) - DRUGS FOR HIGH BLOOD PRESSURE &amp; ANGINA</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	F	
<i>furosemide oral solution 10 mg/ml</i>	F	
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	F	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	F	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	F	
<b>MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - DRUGS FOR THE HEART</b>		
ALDACTAZIDE ORAL TABLET 50-50 MG ( <i>spironolactone/hydrochlorothiazide</i> )	F	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	F	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	F	
<b>MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - DRUGS FOR HIGH BLOOD PRESSURE &amp; ANGINA</b>		
ALDACTAZIDE ORAL TABLET 50-50 MG ( <i>spironolactone/hydrochlorothiazide</i> )	F	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	F	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	F	
<b>NITRATES AND NITRITES - DRUGS FOR THE HEART</b>		
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG ( <i>isosorbide dinitrate</i> )	F	QL (120 EA per 30 days)
ISORDIL ORAL TABLET 40 MG ( <i>isosorbide dinitrate</i> )	F	QL (360 EA per 30 days)
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	F	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	F	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	F	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	F	
<i>nitroglycerin</i> (Nitro-Bid Transdermal Ointment 2 %)	F	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	F	
<b>PCSK9 INHIBITORS - DRUGS FOR CHOLESTEROL</b>		
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML ( <i>evolocumab</i> )	F	PA; SPO

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML ( <i>evolocumab</i> )	F	PA; SPO
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML ( <i>evolocumab</i> )	F	PA; SPO
<b>PHOSPHODIESTERASE TYPE 5 INHIBITORS - DRUGS FOR THE HEART</b>		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	F	
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	F	PA; SPO
<b>POTASSIUM-SPARING DIURETICS (HYPOTEN) - DRUGS FOR HIGH BLOOD PRESSURE &amp; ANGINA</b>		
ALDACTAZIDE ORAL TABLET 50-50 MG ( <i>spironolactone/hydrochlorothiazide</i> )	F	
<i>amiloride oral tablet 5 mg</i>	F	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	F	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	F	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	F	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	F	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	F	
<b>THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - DRUGS FOR HIGH BLOOD PRESSURE &amp; ANGINA</b>		
ALDACTAZIDE ORAL TABLET 50-50 MG ( <i>spironolactone/hydrochlorothiazide</i> )	F	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	F	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	F	
<i>chlorothiazide oral tablet 500 mg</i>	F	
DIURIL ORAL SUSPENSION 250 MG/5 ML ( <i>chlorothiazide</i> )	F	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	F	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	F	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	F	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	F	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	F	QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	F	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	F	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	F	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	F	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	F	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	F	QL (60 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	F	QL (30 EA per 30 days)
<b>THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - DRUGS FOR HIGH BLOOD PRESSURE &amp; ANGINA</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	F	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	F	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	F	
<b>VASODILATING AGENTS, MISCELLANEOUS - DRUGS FOR THE HEART</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	F	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	F	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	F	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 300 mg, 360 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 180 mg</i>	F	QL (90 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 240 mg</i>	F	QL (60 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	F	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG ( <i>diltiazem hcl</i> )	F	QL (30 EA per 30 days)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 180 MG ( <i>diltiazem hcl</i> )	F	QL (90 EA per 30 days)

#### BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 240 MG ( <i>diltiazem hcl</i> )	F	QL (60 EA per 30 days)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	F	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	F	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	F	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	F	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 300 Mg)	F	QL (30 EA per 30 days)
<i>diltiazem hcl</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr 180 Mg)	F	QL (90 EA per 30 days)
<i>diltiazem hcl</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr 240 Mg)	F	QL (60 EA per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	F	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	F	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	F	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	F	
<b>CENTRAL NERVOUS SYSTEM AGENTS - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>AMPHETAMINES - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>dextroamphetamine oral capsule, extended release 10 mg, 5 mg</i>	F	QL (60 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	F	QL (120 EA per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	F	QL (180 EA per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	F	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	F	QL (30 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 5 mg, 7.5 mg</i>	F	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 15 mg, 20 mg</i>	F	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	F	QL (30 EA per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG ( <i>lisdexamfetamine dimesylate</i> )	F	ST
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG ( <i>lisdexamfetamine dimesylate</i> )	F	ST



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANALGESICS AND ANTIPYRETICS, MISC. - DRUGS FOR PAIN</b>		
<i>acetaminophen oral elixir 160 mg/5 ml</i>	F	QL (240 ML per 30 days)
<i>acetaminophen oral liquid 160 mg/5 ml</i>	F	QL (240 ML per 30 days)
<i>acetaminophen oral solution 160 mg/5 ml (5 ml)</i>	F	QL (240 ML per 30 days)
<i>acetaminophen oral suspension 160 mg/5 ml</i>	F	QL (240 ML per 30 days)
<i>acetaminophen oral tablet 325 mg</i>	F	
<i>acetaminophen oral tablet 500 mg</i>	F	QL (100 EA per 30 days)
<i>acetaminophen rectal suppository 120 mg</i>	F	QL (50 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	F	QL (473 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	F	QL (120 EA per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	F	QL (60 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	F	QL (60 EA per 30 days)
CHILDREN'S ACETAMINOPHEN ORAL TABLET,CHEWABLE 160 MG, 80 MG ( <i>acetaminophen</i> )	F	QL (100 EA per 30 days)
FEVERALL RECTAL SUPPOSITORY 325 MG, 80 MG ( <i>acetaminophen</i> )	F	QL (50 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	F	
<i>gabapentin oral tablet 600 mg</i>	F	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	F	QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	F	QL (1800 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	F	QL (120 EA per 30 days)
INFANT'S NON-ASPIRIN ORAL DROPS 100 MG/ML ( <i>acetaminophen</i> )	F	QL (15 ML per 30 days)
INFANT'S PAIN RELIEF ORAL DROPS,SUSPENSION 80 MG/0.8 ML ( <i>acetaminophen</i> )	F	QL (15 ML per 30 days)
<i>isometh-dichloral-acetaminophn oral capsule 65-100-325 mg</i>	F	
MIGRAINE FORMULA ORAL TABLET 250-250-65 MG ( <i>aspirin/acetaminophen/caffeine</i> )	F	QL (100 EA per 30 days)
NORTEMP ORAL DROPS 80 MG/0.8 ML ( <i>acetaminophen</i> )	F	QL (15 ML per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	F	QL (120 EA per 30 days)
<i>pregabalin oral capsule 100 mg, 25 mg, 50 mg, 75 mg</i>	F	QL (120 EA per 30 days)
<i>pregabalin oral capsule 150 mg, 200 mg</i>	F	QL (90 EA per 30 days)

#### BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pregabalin oral capsule 225 mg, 300 mg</i>	F	QL (60 EA per 30 days)
SINUS CONGESTION-PAIN(CHLORPH) ORAL TABLET 2-5-325 MG ( <i>phenylephrine hcl/acetaminophen/chlorpheniramine</i> )	F	QL (60 EA per 30 days)
<b>ANTICONVULSANTS, MISCELLANEOUS - DRUGS FOR SEIZURES</b>		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	F	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	F	
<i>carbamazepine oral tablet 200 mg</i>	F	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	F	
<i>carbamazepine oral tablet, chewable 100 mg</i>	F	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG ( <i>carbamazepine</i> )	F	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG ( <i>divalproex sodium</i> )	F	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG ( <i>divalproex sodium</i> )	F	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG ( <i>divalproex sodium</i> )	F	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	F	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	F	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	F	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	F	
<i>gabapentin oral tablet 600 mg</i>	F	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	F	QL (120 EA per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	F	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	F	
<i>levetiracetam oral solution 100 mg/ml</i>	F	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	F	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	F	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	F	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	F	
<i>pregabalin oral capsule 100 mg, 25 mg, 50 mg, 75 mg</i>	F	QL (120 EA per 30 days)
<i>pregabalin oral capsule 150 mg, 200 mg</i>	F	QL (90 EA per 30 days)



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pregabalin oral capsule 225 mg, 300 mg</i>	F	QL (60 EA per 30 days)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML ( <i>carbamazepine</i> )	F	
TEGRETOL ORAL TABLET 200 MG ( <i>carbamazepine</i> )	F	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG ( <i>carbamazepine</i> )	F	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	F	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	F	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	F	
<i>valproic acid oral capsule 250 mg</i>	F	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	F	
<b>ANTIDEPRESSANTS, MISCELLANEOUS - DRUGS FOR DEPRESSION &amp; PSYCHOSIS</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	F	QL (354 EA per 365 days)
<i>bupropion hcl oral tablet 100 mg</i>	F	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	F	QL (180 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	F	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	F	QL (120 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	F	QL (60 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	F	
<i>mirtazapine oral tablet 7.5 mg</i>	F	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	F	
<b>ANTIMANIC AGENTS - DRUGS FOR PERSONALITY DISORDER</b>		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	F	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	F	
<i>carbamazepine oral tablet 200 mg</i>	F	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	F	
<i>carbamazepine oral tablet, chewable 100 mg</i>	F	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG ( <i>carbamazepine</i> )	F	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG ( <i>divalproex sodium</i> )	F	

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG ( <i>divalproex sodium</i> )	F	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG ( <i>divalproex sodium</i> )	F	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	F	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	F	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	F	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	F	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	F	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML ( <i>carbamazepine</i> )	F	
TEGRETOL ORAL TABLET 200 MG ( <i>carbamazepine</i> )	F	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG ( <i>carbamazepine</i> )	F	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	F	
<i>valproic acid oral capsule 250 mg</i>	F	
<b>ANTIMIGRAINE AGENTS, MISCELLANEOUS - MIGRAINE TREATMENT</b>		
<i>aspirin oral tablet 325 mg</i>	F	QL (100 EA per 30 days)
<i>aspirin oral tablet, chewable 81 mg</i>	F	QL (100 EA per 30 days)
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	F	QL (100 EA per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	F	QL (60 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	F	QL (60 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	F	QL (60 EA per 30 days)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG ( <i>divalproex sodium</i> )	F	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG ( <i>divalproex sodium</i> )	F	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG ( <i>divalproex sodium</i> )	F	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	F	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	F	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	F	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIGERGOT RECTAL SUPPOSITORY 2-100 MG ( <i>ergotamine tartrate/caffeine</i> )	F	QL (20 EA per 30 days)
MIGRAINE FORMULA ORAL TABLET 250-250-65 MG ( <i>aspirin/acetaminophen/caffeine</i> )	F	QL (100 EA per 30 days)
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	F	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	F	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	F	
SINUS CONGESTION-PAIN(CHLORPH) ORAL TABLET 2-5-325 MG ( <i>phenylephrine hcl/acetaminophen/chlorpheniramine</i> )	F	QL (60 EA per 30 days)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	F	
<i>valproic acid oral capsule 250 mg</i>	F	
<b>ANXIOLYTICS,SEDATIVES,AND HYPNOTICS,MISC - DRUGS FOR ANXIETY &amp; SLEEP DISORDER</b>		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	F	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	F	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	F	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	F	
NIGHTTIME SLEEP AID (DIPHEN) ORAL TABLET 25 MG ( <i>diphenhydramine hcl</i> )	F	QL (100 EA per 30 days)
<i>promethazine oral syrup 6.25 mg/5 ml</i>	F	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	F	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	F	
<i>promethazine hcl (Promethegan Rectal Suppository 50 Mg)</i>	F	
<i>zolpidem oral tablet 10 mg</i>	F	
<i>zolpidem oral tablet 5 mg</i>	F	QL (30 EA per 30 days)
<b>BARBITURATES (ANTICONVULSANTS) - DRUGS FOR SEIZURES</b>		
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	F	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	F	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	F	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	F	
PHENOHTRO ORAL TABLET 16.2-0.1037 -0.0194 MG ( <i>phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb</i> )	F	

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>primidone oral tablet 250 mg, 50 mg</i>	F	
<b>BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - DRUGS FOR ANXIETY &amp; SLEEP DISORDER</b>		
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	F	QL (60 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	F	QL (60 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	F	QL (60 EA per 30 days)
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	F	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	F	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	F	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	F	
PHENOHYTRO ORAL TABLET 16.2-0.1037 -0.0194 MG ( <i>phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb</i> )	F	
<b>BENZODIAZEPINES (ANTICONVULSANTS) - DRUGS FOR SEIZURES</b>		
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	F	QL (90 EA per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	F	QL (450 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	F	QL (90 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	F	QL (5 EA per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	F	QL (90 EA per 30 days)
<b>BENZODIAZEPINES (ANXIOLYTIC, SEDATIVE/HYP) - DRUGS FOR ANXIETY &amp; SLEEP DISORDER</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	F	QL (90 EA per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	F	QL (90 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	F	QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	F	QL (90 EA per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	F	QL (450 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	F	QL (90 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	F	QL (5 EA per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	F	QL (90 EA per 30 days)
<i>temazepam oral capsule 15 mg, 7.5 mg</i>	F	QL (30 EA per 30 days)
<i>temazepam oral capsule 22.5 mg, 30 mg</i>	F	
<i>triazolam oral tablet 0.125 mg</i>	F	QL (90 EA per 30 days)
<i>triazolam oral tablet 0.25 mg</i>	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - DRUGS FOR PARKINSON</b>		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	F	
<i>entacapone oral tablet 200 mg</i>	F	
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISC. - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	F	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	F	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	F	QL (30 EA per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	F	
<i>memantine oral tablets,dose pack 5-10 mg</i>	F	
<i>riluzole oral tablet 50 mg</i>	F	
<b>CYCLOOXYGENASE-2 (COX-2) INHIBITORS - DRUGS FOR PAIN</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	F	QL (60 EA per 30 days)
<b>DOPAMINE PRECURSORS - DRUGS FOR PARKINSON</b>		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	F	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	F	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	F	
<b>ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - DRUGS FOR PARKINSON</b>		
<i>bromocriptine oral capsule 5 mg</i>	C1	
<i>bromocriptine oral tablet 2.5 mg</i>	C1	
<i>cabergoline oral tablet 0.5 mg</i>	F	
<b>FIBROMYALGIA AGENTS - DRUGS FOR NERVE PAIN</b>		
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	F	QL (60 EA per 30 days)
<i>pregabalin oral capsule 100 mg, 25 mg, 50 mg, 75 mg</i>	F	QL (120 EA per 30 days)
<i>pregabalin oral capsule 150 mg, 200 mg</i>	F	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	F	QL (60 EA per 30 days)

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG ( <i>milnacipran hcl</i> )	F	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) ( <i>milnacipran hcl</i> )	F	
<b>HYDANTOINS - DRUGS FOR SEIZURES</b>		
<i>phenytoin sodium extended</i> (Dilantin Extended Oral Capsule 100 Mg)	F	
<i>phenytoin</i> (Dilantin Infatabs Oral Tablet,Chewable 50 Mg)	F	
DILANTIN ORAL CAPSULE 30 MG ( <i>phenytoin sodium extended</i> )	F	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML ( <i>phenytoin</i> )	F	
<i>phenytoin oral suspension 125 mg/5 ml</i>	F	
<i>phenytoin oral tablet,chewable 50 mg</i>	F	
<i>phenytoin sodium extended oral capsule 100 mg</i>	F	
<b>MONOAMINE OXIDASE B INHIBITORS - DRUGS FOR PARKINSON</b>		
<i>selegiline hcl oral capsule 5 mg</i>	F	QL (60 EA per 30 days)
<i>selegiline hcl oral tablet 5 mg</i>	F	QL (60 EA per 30 days)
<b>MONOAMINE OXIDASE INHIBITORS - DRUGS FOR DEPRESSION &amp; PSYCHOSIS</b>		
<i>selegiline hcl oral capsule 5 mg</i>	F	QL (60 EA per 30 days)
<i>selegiline hcl oral tablet 5 mg</i>	F	QL (60 EA per 30 days)
<b>NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - DRUGS FOR PARKINSON</b>		
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	F	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	F	
<b>OPIATE AGONISTS - DRUGS FOR PAIN</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	F	QL (473 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	F	QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	F	QL (10 EA per 30 days)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML ( <i>codeine phosphate/guaifenesin</i> )	F	QL (480 ML per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	F	QL (1800 ML per 30 days)



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	F	QL (120 EA per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	F	QL (120 ML per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 60 mg</i>	F	QL (30 EA per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	F	QL (900 ML per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	F	QL (450 ML per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	F	QL (180 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	F	QL (90 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	F	QL (120 EA per 30 days)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	F	QL (480 ML per 30 days); AR (Min 18 Years)
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	F	QL (480 ML per 30 days); AR (Min 18 Years)
<i>tramadol oral tablet 50 mg</i>	F	QL (240 EA per 30 days)
<b>OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS - DRUGS FOR PAIN</b>		
<i>diclofenac potassium oral tablet 50 mg</i>	F	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	F	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	F	
<i>diclofenac sodium topical gel 1 %</i>	F	QL (500 GM per 30 days)
<i>etodolac oral capsule 200 mg, 300 mg</i>	F	
<i>etodolac oral tablet 400 mg, 500 mg</i>	F	
<i>ibuprofen oral capsule 200 mg</i>	F	QL (100 EA per 30 days)
<i>ibuprofen oral suspension 100 mg/5 ml</i>	F	QL (240 ML per 30 days)
<i>ibuprofen oral tablet 200 mg</i>	F	QL (100 EA per 30 days)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	F	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	F	
<i>ketorolac oral tablet 10 mg</i>	F	QL (20 EA per 30 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	F	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	F	
<i>naproxen oral suspension 125 mg/5 ml</i>	F	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	F	
<i>naproxen sodium oral tablet 220 mg, 275 mg, 550 mg</i>	F	

**BRIEF DESCRIPTION | ABBREVIATIONS**

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>piroxicam oral capsule 10 mg, 20 mg</i>	F	
<i>sulindac oral tablet 150 mg, 200 mg</i>	F	
<b>PHENOTHIAZINES - DRUGS FOR DEPRESSION &amp; PSYCHOSIS</b>		
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	C1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	F	
<i>prochlorperazine rectal suppository 25 mg</i>	F	
<b>RESPIRATORY AND CNS STIMULANTS - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	F	QL (60 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	F	QL (60 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	F	QL (60 EA per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	F	QL (30 EA per 30 days)
<i>dexmethylphenidate oral tablet 10 mg</i>	F	QL (60 EA per 30 days)
<i>dexmethylphenidate oral tablet 2.5 mg, 5 mg</i>	F	QL (90 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	F	QL (30 EA per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	F	QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	F	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	F	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	F	QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	F	QL (60 EA per 30 days)
MIGRAINE FORMULA ORAL TABLET 250-250-65 MG ( <i>aspirin/acetaminophen/caffeine</i> )	F	QL (100 EA per 30 days)
<b>SALICYLATES - DRUGS FOR PAIN</b>		
<i>aspirin oral tablet 325 mg</i>	F	QL (100 EA per 30 days)
<i>aspirin oral tablet,chewable 81 mg</i>	F	QL (100 EA per 30 days)
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	F	QL (100 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	F	QL (60 EA per 30 days)
MIGRAINE FORMULA ORAL TABLET 250-250-65 MG ( <i>aspirin/acetaminophen/caffeine</i> )	F	QL (100 EA per 30 days)
<i>salsalate oral tablet 500 mg, 750 mg</i>	F	
<b>SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - DRUGS FOR DEPRESSION &amp; PSYCHOSIS</b>		



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	F	QL (60 EA per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG ( <i>milnacipran hcl</i> )	F	
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) ( <i>milnacipran hcl</i> )	F	
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	F	QL (30 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i>	F	QL (90 EA per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	F	
<b>SELECTIVE SEROTONIN AGONISTS - MIGRAINE TREATMENT</b>		
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	F	QL (12 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	F	QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	F	QL (9 EA per 30 days)
<b>SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - DRUGS FOR DEPRESSION &amp; PSYCHOSIS</b>		
<i>citalopram oral solution 10 mg/5 ml</i>	F	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	F	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	F	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	F	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	F	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	F	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	F	
<i>sertraline oral concentrate 20 mg/ml</i>	F	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	F	
<b>SEROTONIN MODULATORS - DRUGS FOR DEPRESSION &amp; PSYCHOSIS</b>		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	F	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	F	
<b>SUCCINIMIDES - DRUGS FOR SEIZURES</b>		
<i>ethosuximide oral capsule 250 mg</i>	F	
<i>ethosuximide oral solution 250 mg/5 ml</i>	F	
<b>TRICYCLICS, OTHER NOREPI-RU INHIBITORS - DRUGS FOR DEPRESSION &amp; PSYCHOSIS</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	F	
<i>desipramine oral tablet 10 mg, 25 mg, 50 mg, 75 mg</i>	F	QL (120 EA per 30 days)
<i>desipramine oral tablet 100 mg</i>	F	QL (90 EA per 30 days)

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desipramine oral tablet 150 mg</i>	F	QL (60 EA per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	F	QL (90 EA per 30 days)
<i>doxepin oral capsule 150 mg</i>	F	QL (60 EA per 30 days)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	F	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	F	
<i>nortriptyline oral solution 10 mg/5 ml</i>	F	
<b>DEVICES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
<b>DEVICES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
<i>adult aerosol mask</i>	F	
AEROCHAMBER PLUS FLOW-VU SPACER ( <i>inhaler, assist devices</i> )	F	QL (1 EA per 365 days)
<i>airs adult aerosol mask</i>	F	
BD SHARPS COLLECTOR ( <i>container,empty</i> )	F	QL (1 EA per 31 days)
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" ( <i>pen needle, diabetic</i> )	F	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" ( <i>pen needle, diabetic</i> )	F	
<i>blood pressure kit med and lrg kit</i>	F	
<i>blood pressure kit-extra large kit</i>	F	
<i>blood pressure test kit-large kit</i>	F	
<i>blood pressure test kit-medium kit</i>	F	
<i>blood pressure test kit-wrist kit</i>	F	
<i>bubbles the fish pedi mask</i>	F	
<i>comp-air nebulizer compressor device</i>	F	
DELUXE ARM BLOOD PRESSURE MON KIT ( <i>blood pressure test kit medium and large cuffs</i> )	F	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE ( <i>compressor, for nebulizer</i> )	F	QL (1 EA per 365 days)
DEVILBISS PULMOMATE COMPRESSOR DEVICE ( <i>compressor, for nebulizer</i> )	F	QL (1 EA per 365 days)
FORA TEST N'GO BP SYSTEM KIT ( <i>blood pressure test kit-large</i> )	F	
<i>home nebulizer plus sidestream device</i>	F	
ID NOW COVID-19 CONTRL SWAB KT KIT ( <i>covid-19 control swab kit</i> )	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ID NOW COVID-19 TEST KIT KIT ( <i>covid-19 molecular nucleic acid test assay</i> )	F	
<i>innospire elegance device</i>	F	
<i>lancets 30 gauge</i>	F	
<i>lancing device</i>	F	
<i>lancing device with lancets kit</i>	F	
ONETOUCH ULTRA CONTROL SOLUTION ( <i>blood glucose calibration control solution, normal</i> )	F	
ONETOUCH VERIO MID CONTROL SOLUTION ( <i>blood glucose calibration control solution, normal</i> )	F	SPO
PEAK AIR PEAK FLOW METER DEVICE ( <i>peak flow meter</i> )	F	QL (1 EA per 180 days)
PULMO-AIDE COMPRESSOR DEVICE ( <i>compressor, for nebulizer</i> )	F	QL (1 EA per 365 days)
<i>pulmoneb lt compressor nebul device</i>	F	
QUICK RESPONSE BP MONITOR-LARG KIT ( <i>blood pressure test kit-large</i> )	F	
RAPID RESPONSE COVID-19 TEST KIT ( <i>covid-19 igg/igm test cassette</i> )	F	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %</i>	F	
SUNRISE COMPRESSOR-NEBULIZER DEVICE ( <i>compressor, for nebulizer</i> )	F	QL (1 EA per 365 days)
SURELIFE TALKING ARM BP MONITR KIT ( <i>blood pressure test kit-large</i> )	F	
SURELIFE TALKING WRIST BP MNTR KIT ( <i>blood pressure test kit-wrist</i> )	F	
SURELIFE WRIST BP MONITOR KIT ( <i>blood pressure test kit-wrist</i> )	F	
<b>DIAGNOSTIC AGENTS</b>		
<b>DIABETES MELLITUS</b>		
ONETOUCH ULTRA BLUE TEST STRIP STRIP ( <i>blood sugar diagnostic</i> )	F	QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP ( <i>blood sugar diagnostic</i> )	F	QL (200 EA per 30 days)
<b>DIAGNOSTIC AGENTS</b>		
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML ( <i>glucagon,human recombinant</i> )	F	QL (2 EA per 30 days)

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>KETONES</b>		
KETONE URINE TEST STRIP ( <i>urine acetone test,strips</i> )	F	
<b>SUGAR</b>		
DIASTIX STRIP ( <i>urine glucose test strip</i> )	F	
<b>URINE AND FECES CONTENTS</b>		
KETO-DIASTIX STRIP ( <i>urine glucose-acet test strip</i> )	F	
MULTISTIX 10 SG STRIP ( <i>urine multiple test strips</i> )	F	
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
<b>ACIDIFYING AGENTS</b>		
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG ( <i>potassium phosphate,monobasic</i> )	F	
PHOSPHA 250 NEUTRAL ORAL TABLET 250 MG ( <i>sodium phosphate,dibasic/pot phos,monob/sod phosphate mono</i> )	F	
<b>ALKALINIZING AGENTS</b>		
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	F	
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i>	F	
<b>AMMONIA DETOXICANTS</b>		
<i>lactulose (Enulose Oral Solution 10 Gram/15 MI)</i>	F	
<i>lactulose oral solution 10 gram/15 ml</i>	F	
<b>CALORIC AGENTS - DRUGS FOR NUTRITION</b>		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 % ( <i>amino acids 5 %/dextrose 15 % in water</i> )	F	
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % ( <i>amino acids 4.25 %/dextrose 10 % in water</i> )	F	
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % ( <i>amino acids 4.25 %/calcium/electrolyte-tpn soln/dextrose 10%</i> )	F	
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % ( <i>amino acids 5 %/calcium/electrolyte-tpn soln/dextrose 20 %</i> )	F	
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % ( <i>parenteral amino acid 15% combination no.5</i> )	C1	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	F	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	F	
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % ( <i>parenteral amino acid 10 % combination no.4</i> )	F	
<i>glucose oral tablet, chewable 4 gram</i>	F	
INTRALIPID INTRAVENOUS EMULSION 30 % ( <i>fat emulsions</i> )	F	
NUTRILIPID INTRAVENOUS EMULSION 20 % ( <i>fat emulsions</i> )	C1	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 % ( <i>parenteral amino acid 15% combination no.1</i> )	C1	
SMOFLIPID INTRAVENOUS EMULSION 20 % ( <i>fat emulsions/soybean oil/med chain trigl/olive oil/fish oil</i> )	F	
<b>CARBONIC ANHYDRASE INHIBITORS - DRUGS FOR WATER BALANCE</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	F	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	F	
<b>DIURETICS, MISCELLANEOUS - DRUGS FOR WATER BALANCE</b>		
<i>theophylline oral solution 80 mg/15 ml</i>	F	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	F	QL (90 EA per 30 days)
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	F	QL (60 EA per 30 days)
<i>theophylline oral tablet extended release 24 hr 400 mg</i>	F	QL (60 EA per 30 days)
<i>theophylline oral tablet extended release 24 hr 600 mg</i>	F	QL (30 EA per 30 days)
<b>IRRIGATING SOLUTIONS</b>		
STERILE SALINE IRRIGATION SOLUTION 0.9 % ( <i>sodium chloride irrigating solution</i> )	F	
<b>LOOP DIURETICS - DRUGS FOR WATER BALANCE</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	F	
<i>furosemide oral solution 10 mg/ml</i>	F	
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	F	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	F	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	F	
<b>PHOSPHATE-REMOVING AGENTS</b>		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	F	

#### BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	F	
RENAGEL ORAL TABLET 800 MG ( <i>sevelamer hcl</i> )	F	
<i>sevelamer carbonate oral tablet 800 mg</i>	F	
<b>POTASSIUM-REMOVING AGENTS</b>		
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML ( <i>sodium polystyrene sulfonate</i> )	F	
<i>sodium polystyrene sulfonate oral powder</i>	F	
<i>sodium polystyrene sulfonate/sorbitol solution</i> (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 ML)	F	
<b>POTASSIUM-SPARING DIURETICS - DRUGS FOR WATER BALANCE</b>		
ALDACTAZIDE ORAL TABLET 50-50 MG ( <i>spironolactone/hydrochlorothiazide</i> )	F	
<i>amiloride oral tablet 5 mg</i>	F	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	F	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	F	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	F	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	F	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	F	
<b>REPLACEMENT PREPARATIONS</b>		
CALCIUM 600 ORAL TABLET 600 MG CALCIUM (1,500 MG) ( <i>calcium carbonate</i> )	F	
<i>calcium acetate oral tablet 667 mg</i>	F	
<i>calcium carbonate oral tablet 260 mg calcium (648 mg)</i>	F	
<i>calcium carbonate oral tablet 500 mg calcium (1,250 mg), 650 mg calcium (1,625 mg)</i>	F	
<i>calcium gluconate oral tablet 60 mg calcium (650 mg)</i>	F	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ, 25 MEQ ( <i>potassium bicarbonate/citric acid</i> )	F	
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	F	
<i>lactated ringers intravenous parenteral solution</i>	F	
PEDIATRIC ELECTROLYTE ORAL SOLUTION ( <i>electrolytes/dextrose</i> )	F	QL (2028 ML per 30 days)
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG ( <i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i> )	F	AR (Max 50 Years)



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	F	
<i>potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l, 40 meq/l</i>	F	
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	F	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	F	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	F	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	F	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	F	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	F	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG ( <i>prenatal vits with calcium no.21/ferrous fumarate/folic acid</i> )	F	AR (Max 50 Years)
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG ( <i>prenatal vits with calcium no.74/ferrous fumarate/folic acid</i> )	F	AR (Max 50 Years)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG ( <i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i> )	F	AR (Max 50 Years)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG ( <i>prenatal vits with calcium no.72/iron,carbonyl/folic acid</i> )	F	AR (Max 50 Years)
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG ( <i>prenatal vit with calcium no.130/ferrous fumarate/folic acid</i> )	F	AR (Max 50 Years)
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG ( <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i> )	F	AR (Max 50 Years)
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	F	AR (Max 50 Years)
PRETAB ORAL TABLET 29-1 MG ( <i>prenatal vits with calcium no.78/ferrous fumarate/folic acid</i> )	F	AR (Max 50 Years)
<i>ringer's intravenous parenteral solution</i>	F	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	F	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	F	
<i>sodium chloride 0.9 % intravenous piggyback</i>	F	
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	F	

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	F	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %</i>	F	
THERA M PLUS (FERROUS FUMARAT) ORAL TABLET 9 MG IRON-400 MCG ( <i>multivits with calcium and minerals/iron fumarate/folic acid</i> )	F	
<i>zinc gluconate oral tablet 50 mg</i>	F	
<i>zinc oral tablet 50 mg</i>	F	
<b>THIAZIDE DIURETICS - DRUGS FOR WATER BALANCE</b>		
ALDACTAZIDE ORAL TABLET 50-50 MG ( <i>spironolactone/hydrochlorothiazide</i> )	F	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	F	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	F	
<i>chlorothiazide oral tablet 500 mg</i>	F	
DIURIL ORAL SUSPENSION 250 MG/5 ML ( <i>chlorothiazide</i> )	F	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	F	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	F	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	F	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	F	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	F	QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	F	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	F	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	F	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	F	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	F	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	F	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	F	QL (60 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	F	QL (30 EA per 30 days)
<b>THIAZIDE-LIKE DIURETICS - DRUGS FOR WATER BALANCE</b>		



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	F	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	F	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	F	
<b>URICOSURIC AGENTS</b>		
<i>probenecid oral tablet 500 mg</i>	F	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	F	
<b>EYE, EAR, NOSE AND THROAT (EENT) PREPS.</b>		
<b>ALPHA-ADRENERGIC AGONISTS (EENT) - DRUGS FOR THE EYE</b>		
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	F	
<b>ANTIALLERGIC AGENTS - DRUGS FOR ALLERGY</b>		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	F	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	F	
<i>cromolyn nasal spray,non-aerosol 5.2 mg/spray (4 %)</i>	F	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	F	
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	F	ST
PAZEO OPHTHALMIC (EYE) DROPS 0.7 % ( <i>olopatadine hcl</i> )	F	ST
ZADITOR OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) ( <i>ketotifen fumarate</i> )	F	
<b>ANTIBACTERIALS (EENT) - DRUGS FOR INFECTIONS</b>		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	F	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	F	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % ( <i>ciprofloxacin hcl</i> )	F	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	F	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	F	QL (7.5 ML per 30 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	F	QL (7 GM per 30 days)
<i>gentamicin sulfate</i> (Gentak Ophthalmic (Eye) Ointment 0.3 % (3 Mg/Gram))	F	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	F	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	F	QL (5 ML per 30 days)
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	F	

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	F	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	F	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	F	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	F	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	F	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	F	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	F	
<i>ofloxacin otic (ear) drops 0.3 %</i>	F	QL (10 ML per 30 days)
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	F	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	F	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	F	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	F	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % ( <i>tobramycin/dexamethasone</i> )	F	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	F	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	F	
TOBEX OPHTHALMIC (EYE) OINTMENT 0.3 % ( <i>tobramycin</i> )	F	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 % ( <i>moxifloxacin hcl</i> )	F	
<b>ANTIFUNGALS (EENT) - DRUGS FOR INFECTIONS</b>		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % ( <i>natamycin</i> )	F	
<b>ANTIGLAUCOMA AGENTS, MISCELLANEOUS - DRUGS FOR THE EYE</b>		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % ( <i>netarsudil mesylate</i> )	F	PA
<b>ANTIVIRALS (EENT) - DRUGS FOR INFECTIONS</b>		



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>trifluridine ophthalmic (eye) drops 1 %</i>	F	
<b>BETA-ADRENERGIC BLOCKING AGENTS (EENT) - DRUGS FOR THE EYE</b>		
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	F	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	F	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	F	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	F	
<b>CARBONIC ANHYDRASE INHIBITORS (EENT) - DRUGS FOR THE EYE</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	F	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	F	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	F	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	F	
<b>CORTICOSTEROIDS (EENT) - DRUGS FOR INFLAMMATION</b>		
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 % <i>(ciprofloxacin hcl/dexamethasone)</i>	F	QL (7.5 ML per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	F	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % <i>(fluorometholone acetate)</i>	F	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	F	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	F	QL (32 GM per 30 days)
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % <i>(fluorometholone)</i>	F	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % <i>(dexamethasone)</i>	F	
NASACORT NASAL AEROSOL,SPRAY 55 MCG <i>(triamcinolone acetonide)</i>	F	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	F	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	F	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	F	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % <i>(prednisolone acetate)</i>	F	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	F	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	F	

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % ( <i>tobramycin/dexamethasone</i> )	F	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	F	
<b>EENT ANTI-INFECTIVES, MISCELLANEOUS - DRUGS FOR INFECTIONS</b>		
<i>acetic acid otic (ear) solution 2 %</i>	F	
CARBAMOXIDE EAR DROPS OTIC (EAR) DROPS 6.5 % ( <i>carbamide peroxide</i> )	F	QL (30 ML per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	F	
<b>EENT ANTI-INFLAMMATORY AGENTS, MISC. - DRUGS FOR INFLAMMATION</b>		
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % ( <i>cyclosporine</i> )	F	PA; QL (60 EA per 30 days)
<b>EENT DRUGS, MISCELLANEOUS</b>		
ARTIFICIAL TEARS (PETRO/MIN) OPHTHALMIC (EYE) OINTMENT 83-15 % ( <i>mineral oil/petrolatum,white</i> )	F	
ARTIFICIAL TEARS(DEX70-HYPRO) OPHTHALMIC (EYE) DROPS ( <i>dextran 70/hypromellose</i> )	F	
ARTIFICIAL TEARS(PVALCH-POVID) OPHTHALMIC (EYE) DROPS 0.5-0.6 % ( <i>polyvinyl alcohol/povidone</i> )	F	
AYR SALINE NASAL DROPS 0.65 % ( <i>sodium chloride</i> )	F	
FOR STY RELIEF OPHTHALMIC (EYE) OINTMENT ( <i>mineral oil/petrolatum,white</i> )	F	
GENTEAL MILD OPHTHALMIC (EYE) DROPS 0.2 % ( <i>hypromellose</i> )	F	
ISOPTO TEARS OPHTHALMIC (EYE) DROPS 0.5 % ( <i>hypromellose</i> )	F	
LUBRICANT (P-GLYCOL-GLYCERIN) OPHTHALMIC (EYE) DROPS 1-0.3 % ( <i>glycerin/propylene glycol</i> )	F	
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPS 0.5 % ( <i>carboxymethylcellulose sodium</i> )	F	
LUBRICANT EYE OPHTHALMIC (EYE) OINTMENT 57.3-42.5 % ( <i>mineral oil/petrolatum,white</i> )	F	
MURO 128 OPHTHALMIC (EYE) DROPS 2 % ( <i>sodium chloride</i> )	F	
<i>polyvinyl alcohol ophthalmic (eye) drops 1.4 %</i>	F	
PURE AND GENTLE EYE OPHTHALMIC (EYE) DROPS 0.3 % ( <i>hypromellose</i> )	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REFRESH LACRI-LUBE OPHTHALMIC (EYE) OINTMENT 56.8-42.5 % ( <i>mineral oil/petrolatum,white</i> )	F	
RETAINÉ PM OPHTHALMIC (EYE) OINTMENT 80-20 % ( <i>mineral oil/petrolatum,white</i> )	F	
SALINE NASAL NASAL AEROSOL,SPRAY 0.65 % ( <i>sodium chloride</i> )	F	
<i>sodium chloride ophthalmic (eye) drops 5 %</i>	F	
<i>sodium chloride ophthalmic (eye) ointment 5 %</i>	F	
SYSTANE NIGHTTIME OPHTHALMIC (EYE) OINTMENT 94-3 % ( <i>mineral oil/petrolatum,white</i> )	F	
TEARS NATURALE FORTE OPHTHALMIC (EYE) DROPS 0.1-0.3-0.2 % ( <i>dextran/hypromellose/glycerin</i> )	F	
<b>EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - DRUGS FOR INFLAMMATION</b>		
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	F	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	F	
<b>LOCAL ANESTHETICS (EENT) - DRUGS FOR NUMBING</b>		
<i>lidocaine hcl</i> (Lidocaine Viscous Mucous Membrane Solution 2 %)	F	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	F	
<b>MIOTICS - DRUGS FOR THE EYE</b>		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	F	
<b>MYDRIATICS - DRUGS FOR THE EYE</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	F	
<i>atropine ophthalmic (eye) ointment 1 %</i>	F	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % ( <i>homatropine hbr</i> )	F	
<b>PROSTAGLANDIN ANALOGS - DRUGS FOR THE EYE</b>		
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	F	
<b>RHO KINASE INHIBITORS - DRUGS FOR THE EYE</b>		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % ( <i>netarsudil mesylate</i> )	F	PA
<b>VASOCONSTRICTORS</b>		
ALLERGY EYE (NAPHAZOLINE-PHEN) OPHTHALMIC (EYE) DROPS 0.025-0.3 % ( <i>naphazoline hcl/pheniramine maleate</i> )	F	

#### BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EYE ALLERGY RELIEF OPHTHALMIC (EYE) DROPS 0.02675-0.315 % ( <i>naphazoline hcl/pheniramine maleate</i> )	F	
NASAL SPRAY EXTRA MOISTURIZING NASAL SPRAY, NON-AEROSOL 0.05 % ( <i>oxymetazoline hcl</i> )	F	
<i>phenylephrine hcl ophthalmic (eye) drops 2.5 %</i>	F	
<b>GASTROINTESTINAL DRUGS</b>		
<b>ANTACIDS AND ADSORBENTS</b>		
ADVANCED ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML ( <i>magnesium hydroxide/aluminum hydroxide/simethicone</i> )	F	
ANTACID MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML ( <i>magnesium hydroxide/aluminum hydroxide/simethicone</i> )	F	
<i>calcium carbonate oral tablet 260 mg calcium (648 mg)</i>	F	
FOAMING ANTACID ORAL TABLET, CHEWABLE 80-20 MG ( <i>magnesium trisilicate/aluminum hydrox/sod bicarb/alginate ac</i> )	F	
GAVISCON ORAL TABLET, CHEWABLE 80-14.2 MG ( <i>magnesium trisilicate/aluminum hydrox/sod bicarb/alginate ac</i> )	F	
<i>magnesium oxide oral tablet 200 mg magnesium, 250 mg magnesium, 400 mg magnesium</i>	F	
<i>magnesium oxide oral tablet 400 mg (241.3 mg magnesium), 420 mg, 500 mg</i>	F	
MINTOX PLUS ORAL TABLET, CHEWABLE 200-200-25 MG ( <i>magnesium hydroxide/aluminum hydroxide/simethicone</i> )	F	
PINK BISMUTH ORAL SUSPENSION 262 MG/15 ML ( <i>bismuth subsalicylate</i> )	F	
PINK BISMUTH ORAL TABLET 262 MG ( <i>bismuth subsalicylate</i> )	F	
PINK BISMUTH ORAL TABLET, CHEWABLE 262 MG ( <i>bismuth subsalicylate</i> )	F	
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	F	
STOMACH RELIEF MAX STRENGTH ORAL SUSPENSION 525 MG/15 ML ( <i>bismuth subsalicylate</i> )	F	
<b>GASTROINTESTINAL DRUGS - DRUGS FOR THE STOMACH</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS - DRUGS FOR VOMITING AND NAUSEA</b>		
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	F	QL (90 EA per 30 days)



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	F	QL (90 EA per 30 days)
<b>ANTIDIARRHEA AGENTS - DRUGS FOR DIARRHEA</b>		
ANTI-DIARRHEAL (LOPERAMIDE) ORAL LIQUID 1 MG/5 ML ( <i>loperamide hcl</i> )	F	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	F	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	F	
<i>loperamide oral capsule 2 mg</i>	F	
<i>loperamide oral tablet 2 mg</i>	F	
PINK BISMUTH ORAL SUSPENSION 262 MG/15 ML ( <i>bismuth subsalicylate</i> )	F	
PINK BISMUTH ORAL TABLET 262 MG ( <i>bismuth subsalicylate</i> )	F	
PINK BISMUTH ORAL TABLET, CHEWABLE 262 MG ( <i>bismuth subsalicylate</i> )	F	
STOMACH RELIEF MAX STRENGTH ORAL SUSPENSION 525 MG/15 ML ( <i>bismuth subsalicylate</i> )	F	
<b>ANTIEMETICS, MISCELLANEOUS - DRUGS FOR VOMITING AND NAUSEA</b>		
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	F	PA; QL (12 EA per 30 days)
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS ( <i>scopolamine</i> )	F	QL (4 EA per 30 days)
<b>ANTIFLATULENTS - DRUGS FOR GAS</b>		
ADVANCED ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML ( <i>magnesium hydroxide/aluminum hydroxide/simethicone</i> )	F	
ANTACID MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML ( <i>magnesium hydroxide/aluminum hydroxide/simethicone</i> )	F	
MINTOX PLUS ORAL TABLET, CHEWABLE 200-200-25 MG ( <i>magnesium hydroxide/aluminum hydroxide/simethicone</i> )	F	
<i>simethicone oral drops, suspension 40 mg/0.6 ml</i>	F	QL (30 ML per 30 days)
<i>simethicone oral tablet, chewable 80 mg</i>	F	QL (60 EA per 30 days)
<b>ANTIHISTAMINES (GI DRUGS) - DRUGS FOR VOMITING AND NAUSEA</b>		
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	F	PA; QL (12 EA per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	F	QL (60 EA per 30 days)

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>meclizine oral tablet,chewable 25 mg</i>	F	QL (60 EA per 30 days)
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	C1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	F	
<i>prochlorperazine rectal suppository 25 mg</i>	F	
<i>trimethobenzamide oral capsule 300 mg</i>	F	
<b>ANTI-INFLAMMATORY AGENTS (GI DRUGS) - DRUGS FOR INFLAMMATION</b>		
<i>balsalazide oral capsule 750 mg</i>	F	QL (270 EA per 30 days)
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	F	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	F	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	F	
<i>sulfasalazine oral tablet 500 mg</i>	F	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	F	
<b>CATHARTICS AND LAXATIVES - DRUGS FOR CONSTIPATION</b>		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG ( <i>lubiprostone</i> )	F	PA
<i>bisacodyl oral tablet,delayed release (dr/ec) 5 mg</i>	F	QL (60 EA per 30 days)
CITRUCEL ORAL TABLET 500 MG ( <i>methylcellulose</i> )	F	
<i>docusate sodium oral capsule 100 mg, 250 mg</i>	F	QL (100 EA per 30 days)
<i>docusate sodium oral liquid 50 mg/5 ml</i>	F	QL (480 ML per 30 days)
<i>docusate sodium oral syrup 60 mg/15 ml</i>	F	QL (480 ML per 30 days)
<i>docusate sodium oral tablet 100 mg</i>	F	QL (100 EA per 30 days)
ENEMA RECTAL ENEMA 19-7 GRAM/118 ML ( <i>sodium phosphate,monobasic/sodium phosphate,dibasic</i> )	F	
FIBER (CALCIUM POLYCARBOPHIL) ORAL TABLET 625 MG ( <i>calcium polycarbophil</i> )	F	
FIBER (PSYLLIUM HUSK/SUGAR) ORAL POWDER 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM ( <i>psyllium husk (with sugar)</i> )	F	
<i>fiber (with aspartame) oral powder 3.4 gram/5.8 gram</i>	F	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM ( <i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i> )	F	QL (4000 ML per 30 days)
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i> (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	F	QL (4000 ML per 30 days)
<i>glycerin (adult) rectal suppository</i>	F	
<i>glycerin (child) rectal suppository</i>	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KONSYL (SUGAR) ORAL POWDER IN PACKET 3.4 GRAM ( <i>psyllium husk (with sugar)</i> )	F	
LAXATIVE (BISACODYL) ORAL TABLET 5 MG ( <i>bisacodyl</i> )	F	QL (60 EA per 30 days)
<i>magnesium citrate oral solution</i>	F	
METAMUCIL ORAL CAPSULE 0.52 GRAM ( <i>psyllium husk</i> )	F	
MILK OF MAGNESIA CONCENTRATED ORAL SUSPENSION 2,400 MG/10 ML ( <i>magnesium hydroxide</i> )	F	
MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5 ML ( <i>magnesium hydroxide</i> )	F	
NATURAL FIBER LAXATIVE THERAPY ORAL POWDER ( <i>psyllium seed (with sugar)</i> )	F	
NUTRISOURCE FIBER ORAL POWDER ( <i>guar gum</i> )	F	
PEDIA-LAX STOOL SOFTENER ORAL SYRUP 50 MG/15 ML ( <i>docusate sodium</i> )	F	
PEDIATRIC ENEMA RECTAL ENEMA 9.5-3.5 GRAM/59 ML ( <i>sodium phosphate,monobasic/sodium phosphate,dibasic</i> )	F	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	F	QL (527 GM per 30 days)
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	F	QL (30 EA per 30 days)
SENNALAX ORAL TABLET 8.6 MG ( <i>sennosides</i> )	F	
SENNALAX ORAL SYRUP 8.8 MG/5 ML ( <i>sennosides</i> )	F	
SENNALAX PLUS ORAL TABLET 8.6-50 MG ( <i>sennosides/docusate sodium</i> )	F	QL (60 EA per 30 days)
STOOL SOFTENER ORAL CAPSULE 50 MG ( <i>docusate sodium</i> )	F	QL (100 EA per 30 days)
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i> (Trilyte With Flavor Packets Oral Recon Soln 420 Gram)	F	QL (4000 ML per 30 days)
<b>CHOLELITHOLYTIC AGENTS - DRUGS FOR THE STOMACH</b>		
<i>ursodiol oral capsule 300 mg</i>	F	
<i>ursodiol oral tablet 250 mg</i>	F	
<b>DIGESTANTS - DRUGS FOR THE STOMACH</b>		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT ( <i>lipase/protease/amylase</i> )	F	
<b>GI DRUGS, MISCELLANEOUS - DRUGS FOR THE STOMACH</b>		

#### BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy;  
AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	F	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML ( <i>adalimumab</i> )	F	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML ( <i>adalimumab</i> )	F	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML ( <i>adalimumab</i> )	F	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML ( <i>adalimumab</i> )	F	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML ( <i>adalimumab</i> )	F	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML ( <i>adalimumab</i> )	F	PA
MOVANTIK ORAL TABLET 12.5 MG ( <i>naloxegol oxalate</i> )	F	PA
MOVANTIK ORAL TABLET 25 MG ( <i>naloxegol oxalate</i> )	F	QL (30 EA per 30 days)
RELISTOR ORAL TABLET 150 MG ( <i>methylnaltrexone bromide</i> )	F	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML ( <i>methylnaltrexone bromide</i> )	F	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML ( <i>methylnaltrexone bromide</i> )	F	PA
<b>HISTAMINE H2-ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
ACID REDUCER (RANITIDINE) ORAL TABLET 75 MG ( <i>ranitidine hcl</i> )	F	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	F	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	F	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	F	
<i>famotidine oral tablet 10 mg, 20 mg, 40 mg</i>	F	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	F	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	F	
<b>NEUROKININ-1 RECEPTOR ANTAGONISTS - DRUGS FOR VOMITING AND NAUSEA</b>		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	F	PA
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	F	PA



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>PROKINETIC AGENTS - DRUGS FOR THE STOMACH</b>		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	F	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	F	
<b>PROSTAGLANDINS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	F	
<b>PROTECTANTS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
CARAFATE ORAL SUSPENSION 100 MG/ML ( <i>sucralfate</i> )	F	
<i>sucralfate oral tablet 1 gram</i>	F	
<b>PROTON-PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	F	QL (30 EA per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	F	QL (30 EA per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>	F	QL (30 EA per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	F	QL (60 EA per 30 days)
<i>omeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	F	QL (60 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	F	QL (30 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	F	QL (60 EA per 30 days)
PREVACID 24HR ORAL CAPSULE, DELAYED RELEASE(DR/EC) 15 MG ( <i>lansoprazole</i> )	F	QL (30 EA per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	F	QL (30 EA per 30 days)
<b>GOLD COMPOUNDS</b>		
<b>GOLD COMPOUNDS</b>		
RIDAURA ORAL CAPSULE 3 MG ( <i>auranofin</i> )	F	
<b>HEAVY METAL ANTAGONISTS - DRUGS TO REDUCE IRON</b>		
<b>HEAVY METAL ANTAGONISTS - DRUGS TO REDUCE IRON</b>		
CHEMET ORAL CAPSULE 100 MG ( <i>succimer</i> )	F	
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	F	PA
<b>HORMONES AND SYNTHETIC SUBSTITUTES - HORMONES</b>		
<b>ADRENALS - HORMONES</b>		
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) ( <i>mometasone furoate</i> )	F	QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	F	QL (120 ML per 30 days)

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed



<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	F	QL (60 ML per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation</i>	F	QL (10.2 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 80-4.5 mcg/actuation</i>	F	QL (30.6 GM per 30 days)
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML ( <i>dexamethasone</i> )	F	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	F	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	F	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	F	
<i>dexamethasone oral tablet 1 mg, 2 mg</i>	F	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION ( <i>fluticasone propionate</i> )	F	QL (60 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION ( <i>fluticasone propionate</i> )	F	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION ( <i>fluticasone propionate</i> )	F	QL (21.2 GM per 30 days)
<i>fludrocortisone oral tablet 0.1 mg</i>	F	
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	F	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	F	ST; QL (60 EA per 30 days)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	F	
<i>methylprednisolone oral tablet 4 mg</i>	F	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	F	
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS) ( <i>prednisolone</i> )	F	
MILLIPRED ORAL TABLET 5 MG ( <i>prednisolone</i> )	F	
<i>prednisolone oral solution 15 mg/5 ml</i>	F	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	F	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML ( <i>prednisone</i> )	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisone oral solution 5 mg/5 ml</i>	F	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	F	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	F	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION ( <i>budesonide</i> )	F	QL (1 EA per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION ( <i>beclomethasone dipropionate</i> )	F	QL (10.6 GM per 30 days)
<b>ALPHA-GLUCOSIDASE INHIBITORS - DRUGS FOR DIABETES</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	F	
<b>AMYLINOMIMETICS - DRUGS FOR DIABETES</b>		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML ( <i>pramlintide acetate</i> )	F	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML ( <i>pramlintide acetate</i> )	F	PA
<b>ANDROGENS - HORMONES</b>		
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	F	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	F	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	F	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	F	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1 %)</i>	F	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	F	PA
<b>ANTIESTROGENS - DRUGS FOR WOMEN</b>		
<i>anastrozole oral tablet 1 mg</i>	F	SPO
<b>ANTIPARATHYROID AGENTS - DRUGS FOR BONES</b>		
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	F	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG ( <i>cinacalcet hcl</i> )	F	
<b>ANTITHYROID AGENTS - DRUGS FOR THE THYROID</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	F	
<i>propylthiouracil oral tablet 50 mg</i>	F	
SSKI ORAL SOLUTION 1 GRAM/ML ( <i>potassium iodide</i> )	F	

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>BIGUANIDES - DRUGS FOR DIABETES</b>		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	F	ST; QL (60 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg</i>	F	QL (120 EA per 30 days)
<i>glipizide-metformin oral tablet 5-500 mg</i>	F	QL (60 EA per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	F	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	F	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	F	
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG ( <i>ertugliflozin pidolate/metformin hcl</i> )	F	ST; QL (60 EA per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG ( <i>ertugliflozin pidolate/metformin hcl</i> )	F	ST; QL (120 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG ( <i>empagliflozin/metformin hcl</i> )	F	ST; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG ( <i>empagliflozin/metformin hcl</i> )	F	ST; QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG ( <i>empagliflozin/metformin hcl</i> )	F	ST; QL (60 EA per 30 days)
<b>CONTRACEPTIVES - DRUGS FOR WOMEN</b>		
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-0.03 Mg)	F	12 MO
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	F	12 MO
<i>norethindrone-ethinyl estradiol</i> (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	F	12 MO
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	F	12 MO
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) ( <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> )	F	12 MO
<i>desogestrel-ethinyl estradiol</i> (Caziant (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	F	12 MO
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	F	12 MO
ELLA ORAL TABLET 30 MG ( <i>ulipristal acetate</i> )	F	QL (1 EA per 30 days)
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	F	12 MO
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	F	12 MO



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GIANVI (28) ORAL TABLET 3-0.02 MG ( <i>ethinyl estradiol/drospirenone</i> )	F	12 MO
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) ( <i>levonorgestrel/ethinyl estradiol</i> )	F	12 MO
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Junel Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	F	12 MO
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	F	12 MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	F	12 MO
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG ( <i>norethindrone-ethinyl estradiol</i> )	F	12 MO
<i>levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg (28)</i>	F	12 MO
<i>levonorgestrel/ethinyl estradiol</i> (Levora-28 Oral Tablet 0.15-0.03 Mg)	F	12 MO
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	F	12 MO
<i>norethindrone acetate-ethinyl estradiol</i> (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	F	12 MO
<i>norethindrone acetate-ethinyl estradiol</i> (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	F	12 MO
MY WAY ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	F	QL (1 EA per 30 days)
<i>norethindrone-ethinyl estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	F	12 MO
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	F	12 MO
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	F	12 MO
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	F	12 MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	F	12 MO
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	F	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) ( <i>norethindrone-ethinyl estradiol</i> )	F	12 MO
<i>norethindrone-ethinyl estradiol</i> (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	F	12 MO

#### BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone-ethinyl estradiol</i> (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	F	12 MO
OCELLA ORAL TABLET 3-0.03 MG ( <i>ethinyl estradiol/drospirenone</i> )	F	12 MO
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG ( <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> )	F	12 MO
<i>levonorgestrel/ethinyl estradiol</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	F	12 MO
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	F	12 MO
<i>norgestimate-ethinyl estradiol</i> (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	F	12 MO
<i>levonorgestrel/ethinyl estradiol</i> (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	F	12 MO
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR ( <i>norelgestromin/ethinyl estradiol</i> )	F	12 MO
<i>ethynodiol diacetate-ethinyl estradiol</i> (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	F	12 MO
<b>DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - DRUGS FOR DIABETES</b>		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	F	ST; QL (30 EA per 30 days)
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	F	ST; QL (60 EA per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	F	ST; QL (30 EA per 30 days)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG ( <i>ertugliflozin pidolate/sitagliptin phosphate</i> )	F	ST; QL (30 EA per 30 days)
<b>ESTROGEN AGONIST-ANTAGONISTS - DRUGS FOR WOMEN</b>		
<i>raloxifene oral tablet 60 mg</i>	F	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	F	SPO
<b>ESTROGENS - DRUGS FOR WOMEN</b>		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	F	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	F	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	F	QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	F	
<i>norethindrone acetate-ethinyl estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	F	
<i>estrogens,esterified</i> (Menest Oral Tablet 0.3 Mg, 0.625 Mg, 1.25 Mg)	F	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG ( <i>estrogens, conjugated</i> )	F	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM ( <i>estrogens, conjugated</i> )	F	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) ( <i>estrogens, conjugated/medroxyprogesterone acetate</i> )	F	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG ( <i>estrogens, conjugated/medroxyprogesterone acetate</i> )	F	QL (30 EA per 30 days)
<b>GLYCOGENOLYTIC AGENTS - HORMONES</b>		
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML ( <i>glucagon,human recombinant</i> )	F	QL (2 EA per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG ( <i>glucagon,human recombinant</i> )	F	QL (2 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG ( <i>glucagon,human recombinant</i> )	F	QL (2 EA per 30 days)
<b>GONADOTROPINS - HORMONES</b>		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG ( <i>leuprolide acetate</i> )	F	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG ( <i>leuprolide acetate</i> )	F	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG ( <i>leuprolide acetate</i> )	F	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) ( <i>leuprolide acetate</i> )	F	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG ( <i>goserelin acetate</i> )	F	PA
<b>GONADOTROPINS AND ANTIGONADOTROPINS - HORMONES</b>		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG ( <i>leuprolide acetate</i> )	F	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG ( <i>leuprolide acetate</i> )	F	PA

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG ( <i>leuprolide acetate</i> )	F	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) ( <i>leuprolide acetate</i> )	F	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG ( <i>goserelin acetate</i> )	F	PA
<b>INCRETIN MIMETICS - DRUGS FOR DIABETES</b>		
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML) ( <i>semaglutide</i> )	F	ST; QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML) ( <i>semaglutide</i> )	F	ST; QL (3 ML per 28 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) ( <i>liraglutide</i> )	F	ST
<b>INSULINS - DRUGS FOR DIABETES</b>		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML ( <i>insulin lispro</i> )	F	
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin lispro</i> )	F	
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML ( <i>insulin glulisine</i> )	F	
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin glulisine</i> )	F	
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) ( <i>insulin glargine, human recombinant analog</i> )	F	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) ( <i>insulin lispro protamine and insulin lispro</i> )	F	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) ( <i>insulin lispro protamine and insulin lispro</i> )	F	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) ( <i>insulin lispro protamine and insulin lispro</i> )	F	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) ( <i>insulin lispro protamine and insulin lispro</i> )	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML ( <i>insulin lispro</i> )	F	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) ( <i>insulin nph human isophane/insulin regular, human</i> )	F	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) ( <i>insulin nph human isophane/insulin regular, human</i> )	F	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) ( <i>insulin nph human isophane</i> )	F	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human isophane</i> )	F	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular, human</i> )	F	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML ( <i>insulin regular, human</i> )	F	
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	F	
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	F	
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	F	
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	F	
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	F	
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	F	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	F	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) ( <i>insulin nph human isophane/insulin regular, human</i> )	F	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human isophane</i> )	F	
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular, human</i> )	F	
<b>INTERMEDIATE-ACTING INSULINS - DRUGS FOR DIABETES</b>		
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) ( <i>insulin lispro protamine and insulin lispro</i> )	F	

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) ( <i>insulin lispro protamine and insulin lispro</i> )	F	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) ( <i>insulin lispro protamine and insulin lispro</i> )	F	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) ( <i>insulin lispro protamine and insulin lispro</i> )	F	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) ( <i>insulin nph human isophane/insulin regular, human</i> )	F	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) ( <i>insulin nph human isophane/insulin regular, human</i> )	F	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) ( <i>insulin nph human isophane</i> )	F	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human isophane</i> )	F	
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	F	
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	F	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) ( <i>insulin nph human isophane/insulin regular, human</i> )	F	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human isophane</i> )	F	
<b>LONG-ACTING INSULINS - DRUGS FOR DIABETES</b>		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) ( <i>insulin glargine,human recombinant analog</i> )	F	
<b>MEGLITINIDES - DRUGS FOR DIABETES</b>		
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	F	
<b>PARATHYROID AND ANTIPARATHYROID AGENTS - DRUGS FOR BONES</b>		
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	F	
<b>PITUITARY - HORMONES</b>		



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	F	
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG ( <i>somatropin</i> )	F	PA; SPO
<b>PROGESTINS - DRUGS FOR WOMEN</b>		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML ( <i>medroxyprogesterone acetate</i> )	F	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML ( <i>medroxyprogesterone acetate</i> )	F	
<i>hydroxyprogesterone (pf)(preg preserv) intramuscular oil 250 mg/ml (1 ml)</i>	F	PA; SPO
<i>norethindrone acetate-ethinyl estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	F	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	F	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	F	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	F	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	F	QL (600 ML per 30 days)
<i>megestrol oral tablet 20 mg</i>	F	QL (120 EA per 30 days)
<i>megestrol oral tablet 40 mg</i>	F	QL (240 EA per 30 days)
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	F	
<b>RAPID-ACTING INSULINS - DRUGS FOR DIABETES</b>		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML ( <i>insulin lispro</i> )	F	
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin lispro</i> )	F	
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML ( <i>insulin glulisine</i> )	F	
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin glulisine</i> )	F	
HUMALOG MIX 50-50 INSULIN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) ( <i>insulin lispro protamine and insulin lispro</i> )	F	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) ( <i>insulin lispro protamine and insulin lispro</i> )	F	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) ( <i>insulin lispro protamine and insulin lispro</i> )	F	

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) ( <i>insulin lispro protamine and insulin lispro</i> )	F	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML ( <i>insulin lispro</i> )	F	
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	F	
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	F	
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	F	
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	F	
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	F	
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	F	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	F	
<b>SHORT-ACTING INSULINS - DRUGS FOR DIABETES</b>		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) ( <i>insulin nph human isophane/insulin regular, human</i> )	F	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) ( <i>insulin nph human isophane/insulin regular, human</i> )	F	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular, human</i> )	F	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML ( <i>insulin regular, human</i> )	F	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) ( <i>insulin nph human isophane/insulin regular, human</i> )	F	
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular, human</i> )	F	
<b>SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - DRUGS FOR DIABETES</b>		
JARDIANCE ORAL TABLET 10 MG, 25 MG ( <i>empagliflozin</i> )	F	PA
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG ( <i>ertugliflozin pidolate/metformin hcl</i> )	F	ST; QL (60 EA per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG ( <i>ertugliflozin pidolate/metformin hcl</i> )	F	ST; QL (120 EA per 30 days)



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STEGLATRO ORAL TABLET 15 MG ( <i>ertugliflozin pidolate</i> )	F	ST; QL (30 EA per 30 days)
STEGLATRO ORAL TABLET 5 MG ( <i>ertugliflozin pidolate</i> )	F	ST; QL (60 EA per 30 days)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG ( <i>ertugliflozin pidolate/sitagliptin phosphate</i> )	F	ST; QL (30 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG ( <i>empagliflozin/metformin hcl</i> )	F	ST; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG ( <i>empagliflozin/metformin hcl</i> )	F	ST; QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG ( <i>empagliflozin/metformin hcl</i> )	F	ST; QL (60 EA per 30 days)
<b>SULFONYLUREAS - DRUGS FOR DIABETES</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	F	
<i>glipizide oral tablet 10 mg, 5 mg</i>	F	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	F	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg</i>	F	QL (120 EA per 30 days)
<i>glipizide-metformin oral tablet 5-500 mg</i>	F	QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	F	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	F	
<b>THIAZOLIDINEDIONES - DRUGS FOR DIABETES</b>		
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	F	ST; QL (30 EA per 30 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	F	
<b>THYROID AGENTS - DRUGS FOR THE THYROID</b>		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG ( <i>thyroid,pork</i> )	F	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG ( <i>liothyronine sodium</i> )	F	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG ( <i>levothyroxine sodium</i> )	F	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	F	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG ( <i>levothyroxine sodium</i> )	F	

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	F	
NP THYROID ORAL TABLET 15 MG, 30 MG, 60 MG, 90 MG ( <i>thyroid,pork</i> )	F	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG ( <i>levothyroxine sodium</i> )	F	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG ( <i>levothyroxine sodium</i> )	F	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>5-ALPHA-REDUCTASE INHIBITORS</b>		
<i>finasteride oral tablet 5 mg</i>	F	
<b>ANTIDOTES - DRUGS FOR OVERDOSE OR POISONING</b>		
CHEMET ORAL CAPSULE 100 MG ( <i>succimer</i> )	F	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG ( <i>glucagon,human recombinant</i> )	F	QL (2 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG ( <i>glucagon,human recombinant</i> )	F	QL (2 EA per 30 days)
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	F	
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	F	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	F	
RENAGEL ORAL TABLET 800 MG ( <i>sevelamer hcl</i> )	F	
<i>sevelamer carbonate oral tablet 800 mg</i>	F	
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML ( <i>sodium polystyrene sulfonate</i> )	F	
<i>sodium polystyrene sulfonate oral powder</i>	F	
<i>sodium polystyrene sulfonate/sorbitol solution</i> (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 ML)	F	
SSKI ORAL SOLUTION 1 GRAM/ML ( <i>potassium iodide</i> )	F	
<b>ANTIGOUT AGENTS - DRUGS FOR GOUT</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	F	
<i>colchicine oral capsule 0.6 mg</i>	F	
<i>colchicine oral tablet 0.6 mg</i>	F	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	F	
<i>naproxen oral suspension 125 mg/5 ml</i>	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	F	
<i>naproxen sodium oral tablet 220 mg, 275 mg, 550 mg</i>	F	
<i>probenecid oral tablet 500 mg</i>	F	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	F	
<b>BONE RESORPTION INHIBITORS - DRUGS FOR BONE LOSS</b>		
<i>alendronate oral tablet 10 mg, 35 mg, 70 mg</i>	F	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	F	
<i>ibandronate oral tablet 150 mg</i>	F	QL (1 EA per 30 days)
<i>raloxifene oral tablet 60 mg</i>	F	
<b>CARIOSTATIC AGENTS - VITAMINS AND FLUORIDE</b>		
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	F	
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	F	
FLUORITAB ORAL TABLET,CHEWABLE 1 MG (2.2 MG SOD. FLUORIDE) ( <i>fluoride (sodium)</i> )	F	
FLURA-DROPS ORAL DROPS 0.25 MG(0.55 MG SOD.FLUOR)/DROP ( <i>fluoride (sodium)</i> )	F	AR (Max 5 Years)
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML ( <i>pediatric multivitamin no.45/sodium fluoride/ferrous sulfate</i> )	F	AR (Max 5 Years)
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML, 0.5 MG/ML ( <i>pediatric multivitamin no.2/sodium fluoride</i> )	F	AR (Max 5 Years)
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 1 MG ( <i>pediatric multivitamins no.17 with sodium fluoride</i> )	F	AR (Max 5 Years)
MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG ( <i>pediatric multivitamins no.17 with sodium fluoride</i> )	F	AR (Max 5 Years)
MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG ( <i>pediatric multivitamin no.16/sodium fluoride</i> )	F	AR (Max 5 Years)
SF 5000 PLUS DENTAL CREAM 1.1 % ( <i>fluoride (sodium)</i> )	F	QL (51 GM per 30 days)
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML ( <i>pediatric multivit with a,c,d3 no.21/sodium fluoride</i> )	F	AR (Max 5 Years)
<b>COMPLEMENT INHIBITORS</b>		

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML ( <i>icatibant acetate</i> )	F	PA; SPO
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT ( <i>c1 esterase inhibitor</i> )	F	PA; SPO
<b>DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - DRUGS FOR ARTHRITIS</b>		
<i>azathioprine oral tablet 50 mg</i>	F	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	F	
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) ( <i>etanercept</i> )	F	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) ( <i>etanercept</i> )	F	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) ( <i>etanercept</i> )	F	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) ( <i>etanercept</i> )	F	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	F	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML ( <i>adalimumab</i> )	F	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML ( <i>adalimumab</i> )	F	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML ( <i>adalimumab</i> )	F	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML ( <i>adalimumab</i> )	F	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML ( <i>adalimumab</i> )	F	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML ( <i>adalimumab</i> )	F	PA
<i>hydroxychloroquine oral tablet 200 mg</i>	F	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	F	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	F	
<i>methotrexate sodium injection solution 25 mg/ml</i>	F	
<i>methotrexate sodium oral tablet 2.5 mg</i>	F	SPO
RIDAURA ORAL CAPSULE 3 MG ( <i>auranofin</i> )	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday,  
8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfasalazine oral tablet 500 mg</i>	F	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	F	
<b>IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM</b>		
<i>azathioprine oral tablet 50 mg</i>	F	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	F	
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) ( <i>etanercept</i> )	F	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) ( <i>etanercept</i> )	F	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) ( <i>etanercept</i> )	F	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) ( <i>etanercept</i> )	F	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	F	PA; SPO
<i>glatiramer acetate</i> (Glatopa Subcutaneous Syringe 20 Mg/ML, 40 Mg/ML)	F	PA; SPO
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	F	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML ( <i>adalimumab</i> )	F	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML ( <i>adalimumab</i> )	F	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML ( <i>adalimumab</i> )	F	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML ( <i>adalimumab</i> )	F	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML ( <i>adalimumab</i> )	F	PA
<i>hydroxychloroquine oral tablet 200 mg</i>	F	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	F	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	F	
<i>methotrexate sodium injection solution 25 mg/ml</i>	F	
<i>methotrexate sodium oral tablet 2.5 mg</i>	F	SPO
RIDAURA ORAL CAPSULE 3 MG ( <i>auranofin</i> )	F	
<i>sulfasalazine oral tablet 500 mg</i>	F	

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	F	
<b>IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR TRANSPLANT</b>		
<i>azathioprine oral tablet 50 mg</i>	F	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	F	
<i>mercaptopurine oral tablet 50 mg</i>	F	SPO
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	F	
<i>methotrexate sodium injection solution 25 mg/ml</i>	F	
<i>methotrexate sodium oral tablet 2.5 mg</i>	F	SPO
<i>mycophenolate mofetil oral capsule 250 mg</i>	F	
<i>mycophenolate mofetil oral tablet 500 mg</i>	F	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	F	
<b>OTHER MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	F	
<i>levocarnitine oral solution 100 mg/ml</i>	F	
<i>levocarnitine oral tablet 330 mg</i>	F	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG ( <i>cinacalcet hcl</i> )	F	
<b>PROTECTIVE AGENTS</b>		
ELMIRON ORAL CAPSULE 100 MG ( <i>pentosan polysulfate sodium</i> )	F	
<b>NONHORMONAL CONTRACEPTIVES - DRUGS FOR WOMEN</b>		
<b>NONHORMONAL CONTRACEPTIVES - DRUGS FOR WOMEN</b>		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM ( <i>diaphragms, contoured</i> )	F	QL (1 EA per 365 days)
CONDOMS-PREM LUBRICATED DEVICE ( <i>condoms, latex, lubricated</i> )	F	QL (24 EA per 30 days)
DUREX AVANTI BARE REAL FEEL ( <i>condoms, non-latex, lubricated</i> )	F	QL (24 EA per 30 days)
FC2 FEMALE CONDOM ( <i>condoms, female</i> )	F	QL (6 EA per 30 days)
FEMCAP VAGINAL DEVICE 26 MM ( <i>cervical cap</i> )	F	QL (1 EA per 365 days)
GYNOL II VAGINAL GEL 3 % ( <i>nonoxynol 9</i> )	F	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG ( <i>nonoxynol 9</i> )	F	QL (24 EA per 30 days)
TRUSTEX NON-LUB CONDOMS DEVICE ( <i>condoms, latex, non-lubricated</i> )	F	QL (24 EA per 30 days)



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % ( <i>nonoxynol 9</i> )	F	
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 % ( <i>nonoxynol 9</i> )	F	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % ( <i>nonoxynol 9</i> )	F	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM ( <i>diaphragms, wide seal</i> )	F	QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM ( <i>diaphragms, wide seal</i> )	F	QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM ( <i>diaphragms, wide seal</i> )	F	QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM ( <i>diaphragms, wide seal</i> )	F	QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM ( <i>diaphragms, wide seal</i> )	F	QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM ( <i>diaphragms, wide seal</i> )	F	QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM ( <i>diaphragms, wide seal</i> )	F	QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM ( <i>diaphragms, wide seal</i> )	F	QL (1 EA per 365 days)
<b>OXYTOCICS - DRUGS FOR WOMEN</b>		
<b>OXYTOCICS - DRUGS FOR WOMEN</b>		
<i>methylergonovine maleate</i> (Methergine Oral Tablet 0.2 Mg)	F	
<b>RESPIRATORY TRACT AGENTS - DRUGS FOR THE LUNGS</b>		
<b>ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - DRUGS FOR ASTHMA/COPD</b>		
ADRENALIN INJECTION SOLUTION 1 MG/ML (1 ML) ( <i>epinephrine</i> )	F	
ALAVERT D-12 ALLERGY-SINUS ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG ( <i>loratadine/pseudoephedrine sulfate</i> )	F	
<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i> (Bromfed Dm Oral Syrup 2-30-10 Mg/5 MI)	F	
BROTAPP DM ORAL ELIXIR 1-15-5 MG/5 ML ( <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i> )	F	

**BRIEF DESCRIPTION | ABBREVIATIONS**

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	F	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	F	QL (2 EA per 30 days)
<i>epinephrine injection solution 1 mg/ml (1 ml)</i>	F	
<i>epinephrine injection syringe 0.1 mg/ml</i>	F	
LOHIST - D ORAL LIQUID 2-30 MG/5 ML ( <i>chlorpheniramine maleate/pseudoephedrine hcl</i> )	F	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG ( <i>loratadine/pseudoephedrine sulfate</i> )	F	
MUCINEX D MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HR 120-1,200 MG ( <i>guaifenesin/pseudoephedrine hcl</i> )	F	QL (60 EA per 30 days)
MUCINEX D ORAL TABLET EXTENDED RELEASE 12 HR 60-600 MG ( <i>guaifenesin/pseudoephedrine hcl</i> )	F	QL (60 EA per 30 days)
PEDIATRIC COUGH AND COLD ORAL LIQUID 1-15-5 MG/5 ML ( <i>chlorpheniramine maleate/pseudoephedrine/dextromethorphan</i> )	F	
<i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	F	QL (60 EA per 30 days)
<i>pseudoephedrine hcl oral tablet extended release 120 mg</i>	F	QL (60 EA per 30 days)
RITIFED ORAL SYRUP 1.25-30 MG/5 ML ( <i>triprolidine hcl/pseudoephedrine hcl</i> )	F	
RYNEX PSE ORAL LIQUID 1-15 MG/5 ML ( <i>brompheniramine maleate/pseudoephedrine hcl</i> )	F	QL (120 ML per 30 days)
SUPHEDRIN ORAL LIQUID 15 MG/5 ML ( <i>pseudoephedrine hcl</i> )	F	QL (240 ML per 30 days)
WAL-ACT D COLD AND ALLERGY ORAL TABLET 2.5-60 MG ( <i>triprolidine hcl/pseudoephedrine hcl</i> )	F	
WAL-PHED ORAL TABLET 4-60 MG ( <i>chlorpheniramine maleate/pseudoephedrine hcl</i> )	F	QL (60 EA per 30 days)
<b>ANTICHOLINERGIC AGENTS (RESPIR. TRACT) - DRUGS FOR ASTHMA/COPD</b>		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION ( <i>umeclidinium bromide/vilanterol trifenate</i> )	F	ST; QL (60 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION ( <i>ipratropium bromide</i> )	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION ( <i>ipratropium bromide/albuterol sulfate</i> )	F	QL (4 GM per 20 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	F	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	F	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION ( <i>umeclidinium bromide</i> )	F	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	F	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	F	
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION ( <i>aclidinium bromide</i> )	F	QL (1 EA per 30 days)
<b>ANTITUSSIVES - DRUGS FOR COUGH AND COLD</b>		
ADULT ROBITUSSIN PEAK COLD M-S ORAL LIQUID 5-10-100 MG/5 ML ( <i>guaifenesin/dextromethorphan hbr/phenylephrine</i> )	F	QL (240 ML per 30 days)
<i>benzonatate oral capsule 100 mg</i>	F	QL (180 EA per 30 days)
<i>benzonatate oral capsule 200 mg</i>	F	QL (90 EA per 30 days)
<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i> (Bromfed Dm Oral Syrup 2-30-10 Mg/5 ML)	F	
BROTAPP DM ORAL ELIXIR 1-15-5 MG/5 ML ( <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i> )	F	
CHILD MUCINEX COUGH MINI-MELTS ORAL GRANULES IN PACKET 5-100 MG ( <i>guaifenesin/dextromethorphan hbr</i> )	F	
DIABETIC TUSSIN DM ORAL LIQUID 10-200 MG/5 ML ( <i>guaifenesin/dextromethorphan hbr</i> )	F	QL (240 ML per 30 days)
DIMETAPP DM COLD-COUGH (PE) ORAL SOLUTION 1-2.5-5 MG/5 ML ( <i>brompheniramine maleate/phenylephrine hcl/dextromethorphan</i> )	F	
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML ( <i>codeine phosphate/guaifenesin</i> )	F	QL (480 ML per 30 days)
MUCUS DM ORAL TABLET EXTENDED RELEASE 12 HR 30-600 MG ( <i>guaifenesin/dextromethorphan hbr</i> )	F	
MUCUS RELIEF COUGH ORAL LIQUID 5-100 MG/5 ML ( <i>guaifenesin/dextromethorphan hbr</i> )	F	QL (240 ML per 30 days)

#### BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEO-TUSS ORAL LIQUID 30-200 MG/5 ML ( <i>guaifenesin/dextromethorphan hbr</i> )	F	QL (240 ML per 30 days)
NOHIST-DM ORAL LIQUID 4-10-15 MG/5 ML ( <i>chlorpheniramine maleate/phenylephrine hcl/dextromethorphan</i> )	F	
PEDIATRIC COUGH AND COLD ORAL LIQUID 1-15-5 MG/5 ML ( <i>chlorpheniramine maleate/pseudoephedrine/dextromethorphan</i> )	F	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	F	QL (480 ML per 30 days); AR (Min 18 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	F	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	F	QL (480 ML per 30 days); AR (Min 18 Years)
SCOT-TUSSIN DM ORAL LIQUID 2-15 MG/5 ML ( <i>chlorpheniramine maleate/dextromethorphan hbr</i> )	F	
SCOT-TUSSIN SENIOR ORAL LIQUID 15-200 MG/5 ML ( <i>guaifenesin/dextromethorphan hbr</i> )	F	QL (240 ML per 30 days)
SUPRESS DX ORAL DROPS 2.5-5-50 MG/ML ( <i>guaifenesin/dextromethorphan hbr/phenylephrine</i> )	F	QL (30 ML per 30 days)
TUSSIN DM ORAL LIQUID 10-100 MG/5 ML ( <i>guaifenesin/dextromethorphan hbr</i> )	F	QL (240 ML per 30 days)
TUSSIN DM ORAL SYRUP 10-100 MG/5 ML ( <i>guaifenesin/dextromethorphan hbr</i> )	F	QL (240 ML per 30 days)
<b>EXPECTORANTS - DRUGS FOR THE LUNGS</b>		
ADULT ROBITUSSIN PEAK COLD M-S ORAL LIQUID 5-10-100 MG/5 ML ( <i>guaifenesin/dextromethorphan hbr/phenylephrine</i> )	F	QL (240 ML per 30 days)
CHILD MUCINEX COUGH MINI-MELTS ORAL GRANULES IN PACKET 5-100 MG ( <i>guaifenesin/dextromethorphan hbr</i> )	F	
CHILDREN'S STUFFY NOSE-COLD ORAL LIQUID 2.5-100 MG/5 ML ( <i>guaifenesin/phenylephrine hcl</i> )	F	
DIABETIC TUSSIN DM ORAL LIQUID 10-200 MG/5 ML ( <i>guaifenesin/dextromethorphan hbr</i> )	F	QL (240 ML per 30 days)
EXPECTORANT ORAL LIQUID 100 MG/5 ML ( <i>guaifenesin</i> )	F	QL (240 ML per 30 days)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML ( <i>codeine phosphate/guaifenesin</i> )	F	QL (480 ML per 30 days)



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MUCINEX D MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HR 120-1,200 MG ( <i>guaifenesin/pseudoephedrine hcl</i> )	F	QL (60 EA per 30 days)
MUCINEX D ORAL TABLET EXTENDED RELEASE 12 HR 60-600 MG ( <i>guaifenesin/pseudoephedrine hcl</i> )	F	QL (60 EA per 30 days)
MUCINEX ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG ( <i>guaifenesin</i> )	F	
MUCUS DM ORAL TABLET EXTENDED RELEASE 12 HR 30-600 MG ( <i>guaifenesin/dextromethorphan hbr</i> )	F	
MUCUS RELIEF COUGH ORAL LIQUID 5-100 MG/5 ML ( <i>guaifenesin/dextromethorphan hbr</i> )	F	QL (240 ML per 30 days)
MUCUS RELIEF ER ORAL TABLET EXTENDED RELEASE 12HR 600 MG ( <i>guaifenesin</i> )	F	
NEO-TUSS ORAL LIQUID 30-200 MG/5 ML ( <i>guaifenesin/dextromethorphan hbr</i> )	F	QL (240 ML per 30 days)
SCOT-TUSSIN SENIOR ORAL LIQUID 15-200 MG/5 ML ( <i>guaifenesin/dextromethorphan hbr</i> )	F	QL (240 ML per 30 days)
SSKI ORAL SOLUTION 1 GRAM/ML ( <i>potassium iodide</i> )	F	
SUPRESS DX ORAL DROPS 2.5-5-50 MG/ML ( <i>guaifenesin/dextromethorphan hbr/phenylephrine</i> )	F	QL (30 ML per 30 days)
TUSSIN DM ORAL LIQUID 10-100 MG/5 ML ( <i>guaifenesin/dextromethorphan hbr</i> )	F	QL (240 ML per 30 days)
TUSSIN DM ORAL SYRUP 10-100 MG/5 ML ( <i>guaifenesin/dextromethorphan hbr</i> )	F	QL (240 ML per 30 days)
<b>FIRST GENERATION ANTIHIST.(RESPIR TRACT) - DRUGS FOR ALLERGY</b>		
BENADRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML ( <i>diphenhydramine hcl</i> )	F	QL (240 ML per 30 days)
<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i> (Bromfed Dm Oral Syrup 2-30-10 Mg/5 MI)	F	
BROTAPP DM ORAL ELIXIR 1-15-5 MG/5 ML ( <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i> )	F	
CHILDREN'S WAL-DRYL ALLERGY ORAL PREFILLED SPOON 12.5 MG/5 ML ( <i>diphenhydramine hcl</i> )	F	QL (240 ML per 30 days)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	F	
<i>chlorpheniramine maleate oral tablet extended release 12 mg</i>	F	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	F	

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciproheptadine oral tablet 4 mg</i>	F	
DIMETAPP COLD-ALLERGY (PE) ORAL SOLUTION 1-2.5 MG/5 ML ( <i>brompheniramine maleate/phenylephrine hcl</i> )	F	
DIMETAPP DM COLD-COUGH (PE) ORAL SOLUTION 1-2.5-5 MG/5 ML ( <i>brompheniramine maleate/phenylephrine hcl/dextromethorphan</i> )	F	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	F	QL (100 EA per 30 days)
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	F	QL (240 ML per 30 days)
<i>diphenhydramine hcl oral syrup 12.5 mg/5 ml</i>	F	QL (240 ML per 30 days)
<i>diphenhydramine hcl oral tablet 25 mg</i>	F	QL (100 EA per 30 days)
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	F	PA; QL (12 EA per 30 days)
ED CHLORPED JR ORAL SYRUP 2 MG/5 ML ( <i>chlorpheniramine maleate</i> )	F	
LOHIST - D ORAL LIQUID 2-30 MG/5 ML ( <i>chlorpheniramine maleate/pseudoephedrine hcl</i> )	F	
NIGHTTIME SLEEP AID (DIPHEN) ORAL TABLET 25 MG ( <i>diphenhydramine hcl</i> )	F	QL (100 EA per 30 days)
NOHIST-DM ORAL LIQUID 4-10-15 MG/5 ML ( <i>chlorpheniramine maleate/phenylephrine hcl/dextromethorphan</i> )	F	
PEDIATRIC COUGH AND COLD ORAL LIQUID 1-15-5 MG/5 ML ( <i>chlorpheniramine maleate/pseudoephedrine/dextromethorphan</i> )	F	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	F	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	F	
<i>phenylephrine hcl/promethazine hcl</i> (Promethazine Vc Oral Syrup 6.25-5 Mg/5 ML)	F	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	F	QL (480 ML per 30 days); AR (Min 18 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	F	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	F	QL (480 ML per 30 days); AR (Min 18 Years)
RITIFED ORAL SYRUP 1.25-30 MG/5 ML ( <i>triprolidine hcl/pseudoephedrine hcl</i> )	F	
RYNEX PSE ORAL LIQUID 1-15 MG/5 ML ( <i>brompheniramine maleate/pseudoephedrine hcl</i> )	F	QL (120 ML per 30 days)



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SCOT-TUSSIN DM ORAL LIQUID 2-15 MG/5 ML ( <i>chlorpheniramine maleate/dextromethorphan hbr</i> )	F	
SINUS CONGESTION-PAIN(CHLORPH) ORAL TABLET 2-5-325 MG ( <i>phenylephrine hcl/acetaminophen/chlorpheniramine</i> )	F	QL (60 EA per 30 days)
WAL-ACT D COLD AND ALLERGY ORAL TABLET 2.5-60 MG ( <i>triprolidine hcl/pseudoephedrine hcl</i> )	F	
WAL-PHED ORAL TABLET 4-60 MG ( <i>chlorpheniramine maleate/pseudoephedrine hcl</i> )	F	QL (60 EA per 30 days)
<b>LEUKOTRIENE MODIFIERS - DRUGS FOR INFLAMMATION</b>		
<i>montelukast oral granules in packet 4 mg</i>	F	QL (30 EA per 30 days)
<i>montelukast oral tablet 10 mg</i>	F	QL (30 EA per 30 days)
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	F	QL (30 EA per 30 days)
<b>MAST-CELL STABILIZERS - DRUGS FOR INFLAMMATION</b>		
<i>cromolyn nasal spray, non-aerosol 5.2 mg/spray (4 %)</i>	F	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	F	
<b>MUCOLYTIC AGENTS - DRUGS FOR THE LUNGS</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	F	
<b>NASAL PREPARATIONS (STEROIDS) - DRUGS FOR INFLAMMATION</b>		
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	F	QL (32 GM per 30 days)
NASACORT NASAL AEROSOL, SPRAY 55 MCG ( <i>triamcinolone acetonide</i> )	F	
<b>ORALLY INHALED PREPARATIONS (STEROIDS) - DRUGS FOR INFLAMMATION</b>		
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) ( <i>mometasone furoate</i> )	F	QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	F	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	F	QL (60 ML per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation</i>	F	QL (10.2 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 80-4.5 mcg/actuation</i>	F	QL (30.6 GM per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION ( <i>fluticasone propionate</i> )	F	QL (60 EA per 30 days)

#### BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION ( <i>fluticasone propionate</i> )	F	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION ( <i>fluticasone propionate</i> )	F	QL (21.2 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	F	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	F	ST; QL (60 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION ( <i>budesonide</i> )	F	QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION ( <i>beclomethasone dipropionate</i> )	F	QL (10.6 GM per 30 days)
<b>SECOND GENERATION ANTIHIST(RESPIR TRACT) - DRUGS FOR ALLERGY</b>		
ALAVERT D-12 ALLERGY-SINUS ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG ( <i>loratadine/pseudoephedrine sulfate</i> )	F	
<i>cetirizine oral solution 1 mg/ml</i>	F	
<i>cetirizine oral tablet 10 mg, 5 mg</i>	F	
<i>cetirizine oral tablet, chewable 10 mg, 5 mg</i>	F	QL (30 EA per 30 days)
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	F	
CHILDREN'S CLARITIN ORAL TABLET, CHEWABLE 5 MG ( <i>loratadine</i> )	F	QL (30 EA per 30 days)
<i>fexofenadine oral suspension 30 mg/5 ml</i>	F	
<i>fexofenadine oral tablet 180 mg</i>	F	QL (30 EA per 30 days)
<i>fexofenadine oral tablet 60 mg</i>	F	QL (60 EA per 30 days)
<i>levocetirizine oral tablet 5 mg</i>	F	QL (30 EA per 30 days)
<i>loratadine oral solution 5 mg/5 ml</i>	F	
<i>loratadine oral tablet 10 mg</i>	F	
<i>loratadine oral tablet, disintegrating 10 mg</i>	F	QL (30 EA per 30 days)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG ( <i>loratadine/pseudoephedrine sulfate</i> )	F	
<b>SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - DRUGS FOR ASTHMA/COPD</b>		



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	F	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 5 mg/ml</i>	F	
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	F	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	F	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	F	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION ( <i>umeclidinium bromide/vilanterol trifenate</i> )	F	ST; QL (60 EA per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML ( <i>arformoterol tartrate</i> )	F	ST
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation</i>	F	QL (10.2 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 80-4.5 mcg/actuation</i>	F	QL (30.6 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION ( <i>ipratropium bromide/albuterol sulfate</i> )	F	QL (4 GM per 20 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	F	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	F	ST; QL (60 EA per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	F	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	F	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	F	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE ( <i>salmeterol xinafoate</i> )	F	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	F	
<b>VASODILATING AGENTS (RESPIRATORY TRACT) - DRUGS FOR THE LUNGS</b>		
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	F	PA; SPO
<b>XANTHINE DERIVATIVES - DRUGS FOR ASTHMA/COPD</b>		
<i>theophylline oral solution 80 mg/15 ml</i>	F	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	F	QL (90 EA per 30 days)

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	F	QL (60 EA per 30 days)
<i>theophylline oral tablet extended release 24 hr 400 mg</i>	F	QL (60 EA per 30 days)
<i>theophylline oral tablet extended release 24 hr 600 mg</i>	F	QL (30 EA per 30 days)
<b>SKIN AND MUCOUS MEMBRANE AGENTS - DRUGS FOR THE SKIN</b>		
<b>ALLYLAMINES (SKIN AND MUCOUS MEMBRANE) - DRUGS FOR THE SKIN</b>		
ATHLETE'S FOOT (TERBINAFINE) TOPICAL CREAM 1 % ( <i>terbinafine hcl</i> )	F	
<b>ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE) - DRUGS FOR THE SKIN</b>		
<i>bacitracin topical ointment 500 unit/gram</i>	F	
<i>bacitracin zinc topical ointment 500 unit/gram</i>	F	
<i>clindamycin phosphate topical gel 1 %</i>	F	
<i>clindamycin phosphate topical lotion 1 %</i>	F	
<i>clindamycin phosphate topical solution 1 %</i>	F	
<i>clindamycin phosphate vaginal cream 2 %</i>	F	
CORTISPORIN TOPICAL OINTMENT 1 % ( <i>neomycin/bacitracin/polymyxin b/hydrocortisone</i> )	F	
DOUBLE ANTIBIOTIC (B.TRACN ZN) TOPICAL OINTMENT 500-10,000 UNIT/GRAM ( <i>bacitracin zinc/polymyxin b sulfate</i> )	F	
<i>erythromycin with ethanol topical gel 2 %</i>	F	
<i>erythromycin with ethanol topical solution 2 %</i>	F	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	F	
<i>gentamicin topical cream 0.1 %</i>	F	
<i>metronidazole topical cream 0.75 %</i>	F	
<i>metronidazole topical gel 0.75 %</i>	F	
<i>metronidazole topical lotion 0.75 %</i>	F	
<i>metronidazole vaginal gel 0.75 %</i>	F	QL (70 GM per 30 days)
<i>mupirocin calcium topical cream 2 %</i>	F	
<i>mupirocin topical ointment 2 %</i>	F	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	F	
POLYSPORIN TOPICAL PACKET 500-10,000 UNIT/GRAM ( <i>bacitracin/polymyxin b sulfate</i> )	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIPLE ANTIBIOTIC TOPICAL OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM ( <i>neomycin sulfate/bacitracin zinc/polymyxin b</i> )	F	
TRIPLE ANTIBIOTIC-PAIN RELIEF TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G ( <i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i> )	F	
<b>ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS) - DRUGS FOR THE SKIN</b>		
BETA-HC TOPICAL LOTION 1 % ( <i>hydrocortisone</i> )	F	QL (120 ML per 30 days)
<i>betamethasone dipropionate topical cream 0.05 %</i>	F	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	F	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	F	
<i>betamethasone valerate topical cream 0.1 %</i>	F	
<i>betamethasone valerate topical ointment 0.1 %</i>	F	
<i>betamethasone, augmented topical cream 0.05 %</i>	F	
<i>betamethasone, augmented topical ointment 0.05 %</i>	F	
<i>clobetasol scalp solution 0.05 %</i>	F	QL (50 ML per 30 days)
<i>clobetasol topical cream 0.05 %</i>	F	
<i>clobetasol topical foam 0.05 %</i>	F	QL (100 GM per 30 days)
<i>clobetasol topical gel 0.05 %</i>	F	QL (60 GM per 30 days)
<i>clobetasol topical ointment 0.05 %</i>	F	QL (60 GM per 30 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	F	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	F	QL (90 GM per 30 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	F	QL (60 ML per 30 days)
CORTIFOAM RECTAL FOAM 10 % (80 MG) ( <i>hydrocortisone acetate</i> )	F	
CORTISPORIN TOPICAL OINTMENT 1 % ( <i>neomycin/bacitracin/polymyxin b/hydrocortisone</i> )	F	
<i>desonide topical cream 0.05 %</i>	F	QL (60 GM per 15 days)
<i>desonide topical lotion 0.05 %</i>	F	QL (120 ML per 15 days)
<i>desonide topical ointment 0.05 %</i>	F	QL (60 GM per 15 days)
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	F	
<i>fluocinolone topical ointment 0.025 %</i>	F	
<i>fluocinolone topical solution 0.01 %</i>	F	
<i>fluocinonide topical cream 0.05 %</i>	F	
<i>fluocinonide topical gel 0.05 %</i>	F	

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluocinonide topical ointment 0.05 %</i>	F	
<i>fluocinonide topical solution 0.05 %</i>	F	
<i>fluocinonide/emollient base</i> (Fluocinonide-E Topical Cream 0.05 %)	F	
<i>fluticasone propionate topical cream 0.05 %</i>	F	
<i>fluticasone propionate topical ointment 0.005 %</i>	F	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	F	
<i>hydrocortisone acetate topical cream 0.5 %, 1 %</i>	F	QL (30 GM per 30 days)
<i>hydrocortisone acetate topical ointment 1 %</i>	F	QL (30 GM per 30 days)
HYDROCORTISONE PLUS TOPICAL CREAM 1 % ( <i>hydrocortisone/aloe vera</i> )	F	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	F	
<i>hydrocortisone topical cream 0.5 %</i>	F	QL (30 GM per 30 days)
<i>hydrocortisone topical cream 1 %</i>	F	QL (60 GM per 30 days)
<i>hydrocortisone topical cream 2.5 %</i>	F	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	F	
<i>hydrocortisone topical lotion 2.5 %</i>	F	
<i>hydrocortisone topical ointment 0.5 %, 1 %</i>	F	QL (30 GM per 30 days)
<i>hydrocortisone topical ointment 2.5 %</i>	F	
<i>mometasone topical cream 0.1 %</i>	F	
<i>mometasone topical ointment 0.1 %</i>	F	
<i>mometasone topical solution 0.1 %</i>	F	
<i>triamcinolone acetonide</i> (Oralene Dental Paste 0.1 %)	F	
<i>prednicarbate topical cream 0.1 %</i>	F	
<i>prednicarbate topical ointment 0.1 %</i>	F	
<i>hydrocortisone acetate/pramoxine hcl</i> (Proctofoam Hc Rectal Foam 1-1 %)	F	
<i>hydrocortisone</i> (Procto-Pak Topical Cream With Perineal Applicator 1 %)	F	
SCALPICIN ANTI-ITCH TOPICAL SOLUTION 1 % ( <i>hydrocortisone</i> )	F	QL (74 ML per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	F	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	F	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>triamcinolone acetonide</i> (Trianex Topical Ointment 0.05 %)	F	
<b>ANTIPRURITICS AND LOCAL ANESTHETICS - DRUGS FOR THE SKIN</b>		
ASPERCREME (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 % ( <i>lidocaine</i> )	F	QL (30 EA per 30 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	F	QL (60 EA per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	F	QL (30 GM per 30 days)
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	F	QL (12 EA per 30 days)
<i>hydrocortisone acetate/pramoxine hcl</i> (Proctofoam Hc Rectal Foam 1-1 %)	F	
<b>ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - DRUGS FOR THE SKIN</b>		
ABREVA TOPICAL CREAM 10 % ( <i>docosanol</i> )	F	QL (2 GM per 15 days)
<b>ASTRINGENTS - DRUGS FOR THE SKIN</b>		
FLANDERS BUTTOCKS TOPICAL OINTMENT ( <i>balsam peru/zinc oxide</i> )	F	
<b>AZOLES (SKIN AND MUCOUS MEMBRANE) - DRUGS FOR THE SKIN</b>		
3 DAY VAGINAL VAGINAL CREAM 200 MG/5 GRAM (4 %) ( <i>miconazole nitrate</i> )	F	QL (25 GM per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	F	
<i>clotrimazole topical cream 1 %</i>	F	QL (60 GM per 30 days)
<i>clotrimazole topical solution 1 %</i>	F	QL (60 ML per 30 days)
<i>clotrimazole vaginal cream 1 %</i>	F	QL (90 GM per 30 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	F	QL (90 GM per 30 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	F	QL (60 ML per 30 days)
<i>econazole topical cream 1 %</i>	F	
<i>ketoconazole topical cream 2 %</i>	F	
<i>ketoconazole topical shampoo 2 %</i>	F	
MICONAZOLE 7 VAGINAL SUPPOSITORY 100 MG ( <i>miconazole nitrate</i> )	F	QL (7 EA per 30 days)
<i>miconazole nitrate topical cream 2 %</i>	F	QL (60 GM per 30 days)
<i>miconazole nitrate vaginal comb pack,prefill appl, cream 4 % (200 mg)- 2 % (9 gram)</i>	F	QL (24 GM per 30 days)
<i>miconazole nitrate vaginal cream 2 %</i>	F	QL (45 GM per 30 days)
MICONAZOLE-3 VAGINAL KIT 200 MG- 2 % (9 GRAM) ( <i>miconazole nitrate</i> )	F	QL (1 EA per 30 days)

#### BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG ( <i>miconazole nitrate</i> )	F	QL (3 EA per 30 days)
<i>terconazole vaginal cream 0.4 %</i>	F	QL (90 GM per 30 days)
<i>terconazole vaginal cream 0.8 %</i>	F	QL (20 GM per 30 days)
<i>terconazole vaginal suppository 80 mg</i>	F	QL (3 EA per 30 days)
<b>BASIC LOTIONS AND LINIMENTS - DRUGS FOR THE SKIN</b>		
<i>ammonium lactate topical lotion 12 %</i>	F	
<i>calamine topical lotion</i>	F	
<i>calamine-zinc oxide topical lotion 8-8 %</i>	F	
GERI-HYDROLAC TOPICAL LOTION 12 % ( <i>ammonium lactate</i> )	F	
<b>BASIC OINTMENTS AND PROTECTANTS - DRUGS FOR THE SKIN</b>		
AMLACTIN TOPICAL CREAM ( <i>sodium lactate/ammonium lactate/potassium lactate</i> )	F	
DESITIN RAPID RELIEF TOPICAL CREAM 13 % ( <i>zinc oxide</i> )	F	
TRIPLE PASTE TOPICAL OINTMENT 12.8 % ( <i>zinc oxide</i> )	F	
<i>zinc oxide topical ointment , 40 %</i>	F	
<i>zinc oxide topical ointment 20 %</i>	F	
<i>zinc oxide topical paste 25 %</i>	F	
<b>CELL STIMULANTS AND PROLIFERANTS - DRUGS FOR THE SKIN</b>		
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	F	QL (45 GM per 30 days); AR (Max 35 Years)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	F	QL (45 GM per 30 days); AR (Max 35 Years)
<b>CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - DRUGS FOR THE SKIN</b>		
BETA-HC TOPICAL LOTION 1 % ( <i>hydrocortisone</i> )	F	QL (120 ML per 30 days)
<i>betamethasone dipropionate topical cream 0.05 %</i>	F	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	F	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	F	
<i>betamethasone valerate topical cream 0.1 %</i>	F	
<i>betamethasone valerate topical ointment 0.1 %</i>	F	
<i>betamethasone, augmented topical cream 0.05 %</i>	F	
<i>betamethasone, augmented topical ointment 0.05 %</i>	F	
<i>clobetasol scalp solution 0.05 %</i>	F	QL (50 ML per 30 days)



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clobetasol topical cream 0.05 %</i>	F	
<i>clobetasol topical foam 0.05 %</i>	F	QL (100 GM per 30 days)
<i>clobetasol topical gel 0.05 %</i>	F	QL (60 GM per 30 days)
<i>clobetasol topical ointment 0.05 %</i>	F	QL (60 GM per 30 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	F	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	F	QL (90 GM per 30 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	F	QL (60 ML per 30 days)
CORTIFOAM RECTAL FOAM 10 % (80 MG) ( <i>hydrocortisone acetate</i> )	F	
CORTISPORIN TOPICAL OINTMENT 1 % ( <i>neomycin/bacitracin/polymyxin b/hydrocortisone</i> )	F	
<i>desonide topical cream 0.05 %</i>	F	QL (60 GM per 15 days)
<i>desonide topical lotion 0.05 %</i>	F	QL (120 ML per 15 days)
<i>desonide topical ointment 0.05 %</i>	F	QL (60 GM per 15 days)
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	F	
<i>fluocinolone topical ointment 0.025 %</i>	F	
<i>fluocinolone topical solution 0.01 %</i>	F	
<i>fluocinonide topical cream 0.05 %</i>	F	
<i>fluocinonide topical gel 0.05 %</i>	F	
<i>fluocinonide topical ointment 0.05 %</i>	F	
<i>fluocinonide topical solution 0.05 %</i>	F	
<i>fluocinonide/emollient base</i> (Fluocinonide-E Topical Cream 0.05 %)	F	
<i>fluticasone propionate topical cream 0.05 %</i>	F	
<i>fluticasone propionate topical ointment 0.005 %</i>	F	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	F	
<i>hydrocortisone acetate topical cream 0.5 %, 1 %</i>	F	QL (30 GM per 30 days)
<i>hydrocortisone acetate topical ointment 1 %</i>	F	QL (30 GM per 30 days)
HYDROCORTISONE PLUS TOPICAL CREAM 1 % ( <i>hydrocortisone/aloe vera</i> )	F	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	F	
<i>hydrocortisone topical cream 0.5 %</i>	F	QL (30 GM per 30 days)
<i>hydrocortisone topical cream 1 %</i>	F	QL (60 GM per 30 days)
<i>hydrocortisone topical cream 2.5 %</i>	F	

#### BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	F	
<i>hydrocortisone topical lotion 2.5 %</i>	F	
<i>hydrocortisone topical ointment 0.5 %, 1 %</i>	F	QL (30 GM per 30 days)
<i>hydrocortisone topical ointment 2.5 %</i>	F	
<i>mometasone topical cream 0.1 %</i>	F	
<i>mometasone topical ointment 0.1 %</i>	F	
<i>mometasone topical solution 0.1 %</i>	F	
<i>triamcinolone acetonide</i> (Oralene Dental Paste 0.1 %)	F	
<i>prednicarbate topical cream 0.1 %</i>	F	
<i>prednicarbate topical ointment 0.1 %</i>	F	
<i>hydrocortisone acetate/pramoxine hcl</i> (Proctofoam Hc Rectal Foam 1-1 %)	F	
<i>hydrocortisone</i> (Procto-Pak Topical Cream With Perineal Applicator 1 %)	F	
SCALPICIN ANTI-ITCH TOPICAL SOLUTION 1 % ( <i>hydrocortisone</i> )	F	QL (74 ML per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	F	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	F	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	F	
<i>triamcinolone acetonide</i> (Trianex Topical Ointment 0.05 %)	F	
<b>HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - DRUGS FOR THE SKIN</b>		
<i>ciclopirox topical solution 8 %</i>	F	QL (6.6 ML per 30 days)
<b>KERATOLYTIC AGENTS - DRUGS FOR THE SKIN</b>		
ACNE MEDICATION TOPICAL LOTION 10 %, 5 % ( <i>benzoyl peroxide</i> )	F	
AQUA CARE TOPICAL LOTION 10 % ( <i>urea</i> )	F	
<i>benzoyl peroxide topical cleanser 10 %, 5 %</i>	F	
<i>benzoyl peroxide topical gel 10 %, 2.5 %, 5 %</i>	F	
CLEARASIL DAILY CLEAR(BENZOYL) TOPICAL CREAM 10 % ( <i>benzoyl peroxide</i> )	F	
WART REMOVER TOPICAL GEL 17 % ( <i>salicylic acid</i> )	F	
WART REMOVER TOPICAL LIQUID 17 % ( <i>salicylic acid</i> )	F	
<b>KERATOPLASTIC AGENTS - DRUGS FOR THE SKIN</b>		
DRITHOCREME HP TOPICAL CREAM 1 % ( <i>anthralin</i> )	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>LOCAL ANTI-INFECTIVES, MISCELLANEOUS - DRUGS FOR THE SKIN</b>		
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED ( <i>alcohol antiseptic pads</i> )	F	
ANTI-DANDRUFF WITH MENTHOL TOPICAL SHAMPOO 1 % ( <i>selenium sulfide/menthol</i> )	F	
HIBICLENS TOPICAL LIQUID 4 % ( <i>chlorhexidine gluconate</i> )	F	
<i>povidone-iodine topical solution 10 %</i>	F	
<i>povidone-iodine topical swab 10 %</i>	F	
<i>selenium sulfide topical lotion 2.5 %</i>	F	
SELSUN BLUE TOPICAL SHAMPOO 1 % ( <i>selenium sulfide</i> )	F	
<i>silver sulfadiazine topical cream 1 %</i>	F	
<b>NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - DRUGS FOR THE SKIN</b>		
<i>diclofenac sodium topical gel 1 %</i>	F	QL (500 GM per 30 days)
<b>POLYENES (SKIN AND MUCOUS MEMBRANE) - DRUGS FOR THE SKIN</b>		
<i>nystatin topical cream 100,000 unit/gram</i>	F	
<i>nystatin topical ointment 100,000 unit/gram</i>	F	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	F	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	F	
<i>nystatin</i> (Nystop Topical Powder 100,000 Unit/Gram)	F	
<b>SCABICIDES AND PEDICULICIDES - DRUGS FOR THE SKIN</b>		
LICE KILLING TOPICAL SHAMPOO 0.33-4 % ( <i>piperonyl butoxide/pyrethrins</i> )	F	QL (472 ML per 30 days)
LICE TREATMENT (PERMETHRIN) TOPICAL LIQUID 1 % ( <i>permethrin</i> )	F	QL (236 ML per 30 days)
<i>malathion topical lotion 0.5 %</i>	F	QL (118 ML per 30 days)
<i>permethrin topical cream 5 %</i>	F	QL (60 GM per 30 days)
RID COMPLETE LICE ELIM KIT TOPICAL KIT 4-0.33-0.5 % ( <i>piperonyl butoxide/pyrethrins/permethrin</i> )	F	QL (2 EA per 30 days)
<i>spinosad topical suspension 0.9 %</i>	F	QL (240 ML per 30 days)
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - DRUGS FOR THE SKIN</b>		
<i>adapalene topical gel 0.1 %, 0.3 %</i>	F	QL (45 GM per 30 days); AR (Max 35 Years)
ARTHRITIS PAIN RELIEF(CAPSAIC) TOPICAL CREAM 0.075 % ( <i>capsaicin</i> )	F	QL (60 GM per 30 days)

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>capsaicin topical cream 0.025 %, 0.1 %</i>	F	QL (60 GM per 30 days)
CONDYLOX TOPICAL GEL 0.5 % ( <i>podofilox</i> )	F	
<i>diclofenac sodium topical gel 1 %</i>	F	QL (500 GM per 30 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) ( <i>etanercept</i> )	F	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) ( <i>etanercept</i> )	F	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML ( <i>etanercept</i> )	F	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) ( <i>etanercept</i> )	F	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) ( <i>etanercept</i> )	F	PA
FLUOROPLEX TOPICAL CREAM 1 % ( <i>fluorouracil</i> )	F	
<i>fluorouracil topical cream 5 %</i>	F	
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	F	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML ( <i>adalimumab</i> )	F	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML ( <i>adalimumab</i> )	F	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML ( <i>adalimumab</i> )	F	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML ( <i>adalimumab</i> )	F	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML ( <i>adalimumab</i> )	F	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML ( <i>adalimumab</i> )	F	PA
<i>imiquimod topical cream in packet 5 %</i>	F	QL (12 EA per 28 days)
<i>podofilox topical solution 0.5 %</i>	F	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM ( <i>collagenase clostridium histolyticum</i> )	F	QL (90 GM per 30 days)
<b>THIOCARBAMATES(SKIN AND MUCOUS MEMBRANE) - DRUGS FOR THE SKIN</b>		
ANTIFUNGAL (TOLNAFTATE) TOPICAL CREAM 1 % ( <i>tolnaftate</i> )	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BLIS-TO-SOL (TOLNAFTATE) TOPICAL SOLUTION 1 % ( <i>tolnaftate</i> )	F	
<b>SMOOTH MUSCLE RELAXANTS - DRUGS TO RELAX MUSCLES</b>		
<b>ANTIMUSCARINICS - DRUGS FOR THE URINARY SYSTEM</b>		
<i>oxybutynin chloride oral tablet 5 mg</i>	F	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i>	F	QL (60 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	F	
<i>tolterodine oral capsule,extended release 24hr 2 mg</i>	F	QL (30 EA per 30 days)
<i>tolterodine oral capsule,extended release 24hr 4 mg</i>	F	
<i>tolterodine oral tablet 1 mg</i>	F	QL (60 EA per 30 days)
<i>tolterodine oral tablet 2 mg</i>	F	
<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS - DRUGS FOR LUNGS</b>		
<i>theophylline oral solution 80 mg/15 ml</i>	F	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	F	QL (90 EA per 30 days)
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	F	QL (60 EA per 30 days)
<i>theophylline oral tablet extended release 24 hr 400 mg</i>	F	QL (60 EA per 30 days)
<i>theophylline oral tablet extended release 24 hr 600 mg</i>	F	QL (30 EA per 30 days)
<b>VITAMINS</b>		
<b>MULTIVITAMIN PREPARATIONS</b>		
CEROVITE JR ORAL TABLET,CHEWABLE 18 MG IRON- 10 MCG ( <i>pediatric multivitamin no.158/ferrous fumarate/phytonadione</i> )	F	AR (Max 5 Years)
CHILDREN'S CHEW MULTIVITAMIN ORAL TABLET,CHEWABLE ( <i>pediatric multivitamin no.17</i> )	F	AR (Max 5 Years)
CHILDREN'S CHEWABLE ORAL TABLET,CHEWABLE ( <i>multivitamin</i> )	F	AR (Max 5 Years)
CHILD'S CHEWABLE VITAMINS/IRON ORAL TABLET,CHEWABLE ( <i>multivitamin with iron</i> )	F	AR (Max 5 Years)
COMPLETE MULTIVITAMIN ORAL TABLET ( <i>multivitamin,therapeutic with iron and minerals</i> )	F	
COMPLETE SENIOR ORAL TABLET ( <i>multivitamin with iron and other minerals</i> )	F	
HONEY BEARS WITH IRON-ZINC ORAL TABLET,CHEWABLE 4.5 MG ( <i>pediatric multivitamin no.159/ferrous sulfate</i> )	F	AR (Max 5 Years)

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTI-DAY PLUS MINERALS ORAL TABLET 18 MG IRON-400 MCG-25 MCG ( <i>multivitamin with minerals/ferrous fumarate/folic acid/vit k</i> )	F	
MULTILEX-T AND M ORAL TABLET 15 MG IRON ( <i>multivitamin with minerals/ferrous fumarate</i> )	F	
MULTIPLE VITAMIN, WOMENS ORAL TABLET ( <i>multivit with calcium, iron, and other minerals</i> )	F	
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML ( <i>pediatric multivitamin no.45/sodium fluoride/ferrous sulfate</i> )	F	AR (Max 5 Years)
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML, 0.5 MG/ML ( <i>pediatric multivitamin no.2/sodium fluoride</i> )	F	AR (Max 5 Years)
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 1 MG ( <i>pediatric multivitamins no.17 with sodium fluoride</i> )	F	AR (Max 5 Years)
MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG ( <i>pediatric multivitamins no.17 with sodium fluoride</i> )	F	AR (Max 5 Years)
<i>multivitamin with iron oral tablet</i>	F	
<i>multivitamin with minerals oral tablet</i>	F	
MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG ( <i>pediatric multivitamin no.16/sodium fluoride</i> )	F	AR (Max 5 Years)
MULTI-VITAMINS WITH IRON ORAL TABLET,CHEWABLE ( <i>multivitamin with iron and other minerals</i> )	F	AR (Max 5 Years)
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG ( <i>multivitamin-minerals no.60/ferrous fumarate/folic acid</i> )	F	
O-CAL F.A. ORAL TABLET 27 MG IRON- 1 MG ( <i>multivitamin with minerals no.61/ferrous fumarate/folic acid</i> )	F	
ONE DAILY MULTI-VIT W-MINERAL ORAL TABLET 4.5 MG IRON ( <i>multivitamin with minerals/ferrous sulfate</i> )	F	
P D NATAL VITAMINS-FOLIC ACID ORAL TABLET ( <i>prenatal vitamin calcium,iron,folic acid (less than 1 mg)</i> )	F	AR (Max 50 Years)
PEDIA POLY-VITE ORAL DROPS 750 UNIT-35 MG- 400 UNIT/ML ( <i>pediatric multivitamin no.171</i> )	F	AR (Max 5 Years)



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDIA TRI-VITE ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML ( <i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i> )	F	AR (Max 5 Years)
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG ( <i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i> )	F	AR (Max 50 Years)
<i>pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg</i>	F	AR (Max 50 Years)
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG ( <i>prenatal vits with calcium no.21/ferrous fumarate/folic acid</i> )	F	AR (Max 50 Years)
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG ( <i>prenatal vits with calcium no.74/ferrous fumarate/folic acid</i> )	F	AR (Max 50 Years)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG ( <i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i> )	F	AR (Max 50 Years)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG ( <i>prenatal vits with calcium no.72/iron,carbonyl/folic acid</i> )	F	AR (Max 50 Years)
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG ( <i>prenatal vit with calcium no.130/ferrous fumarate/folic acid</i> )	F	AR (Max 50 Years)
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG ( <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i> )	F	AR (Max 50 Years)
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	F	AR (Max 50 Years)
PRETAB ORAL TABLET 29-1 MG ( <i>prenatal vits with calcium no.78/ferrous fumarate/folic acid</i> )	F	AR (Max 50 Years)
SUPER MULTIPLE ORAL TABLET ( <i>multivitamin with iron and other minerals</i> )	F	
THERA M PLUS (FERROUS FUMARAT) ORAL TABLET 9 MG IRON-400 MCG ( <i>multivits with calcium and minerals/iron fumarate/folic acid</i> )	F	
THERAPEUTIC-M VITAMIN/MINERALS ORAL TABLET 27-0.4 MG ( <i>multivit,therapeutic with calcium,iron,minerals/folic acid</i> )	F	
THERA-TABS ORAL TABLET ( <i>multivitamin,therapeutic</i> )	F	
THEREMS-M ORAL TABLET 27-0.4 MG ( <i>multivitamin,therapeutic with iron and minerals</i> )	F	
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML ( <i>pediatric multivit with a,c,d3 no.21/sodium fluoride</i> )	F	AR (Max 5 Years)

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VINATE M ORAL TABLET 27 MG IRON-1 MG ( <i>prenatal vits with calcium 136/ferrous fumarate/folic acid</i> )	F	AR (Max 50 Years)
VITAMINS AND MINERALS ORAL TABLET ( <i>multivitamin,therapeutic with minerals</i> )	F	
WOMEN'S DAILY FORMULA ORAL TABLET 27-0.4 MG ( <i>multivit with calcium, iron, and other minerals</i> )	F	
<b>VITAMIN A</b>		
PEDIA TRI-VITE ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML ( <i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i> )	F	AR (Max 5 Years)
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML ( <i>pediatric multivit with a,c,d3 no.21/sodium fluoride</i> )	F	AR (Max 5 Years)
<b>VITAMIN B COMPLEX</b>		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	F	
<i>cyanocobalamin (vitamin b-12) sublingual tablet 1,000 mcg</i>	F	
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	F	PA; QL (12 EA per 30 days)
<i>folic acid oral capsule 0.8 mg</i>	F	
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	F	
FULL SPECTRUM B-VITAMIN C ORAL TABLET 0.8 MG ( <i>folic acid/vitamin b complex and vitamin c</i> )	F	QL (30 EA per 30 days)
MULTI-DAY PLUS MINERALS ORAL TABLET 18 MG IRON-400 MCG-25 MCG ( <i>multivitamin with minerals/ferrous fumarate/folic acid/vit k</i> )	F	
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG ( <i>multivitamin-minerals no.60/ferrous fumarate/folic acid</i> )	F	
O-CAL F.A. ORAL TABLET 27 MG IRON- 1 MG ( <i>multivitamin with minerals no.61/ferrous fumarate/folic acid</i> )	F	
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG ( <i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i> )	F	AR (Max 50 Years)
<i>pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg</i>	F	AR (Max 50 Years)
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG ( <i>prenatal vits with calcium no.21/ferrous fumarate/folic acid</i> )	F	AR (Max 50 Years)



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG <i>(prenatal vits with calcium no.74/ferrous fumarate/folic acid)</i>	F	AR (Max 50 Years)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG <i>(prenatal vits with calcium no.72/ferrous fumarate/folic acid)</i>	F	AR (Max 50 Years)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG <i>(prenatal vits with calcium no.72/iron,carbonyl/folic acid)</i>	F	AR (Max 50 Years)
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG <i>(prenatal vit with calcium no.130/ferrous fumarate/folic acid)</i>	F	AR (Max 50 Years)
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG <i>(prenatal vitamins with calcium/ferrous fumarate/folic acid)</i>	F	AR (Max 50 Years)
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	F	AR (Max 50 Years)
PRETAB ORAL TABLET 29-1 MG <i>(prenatal vits with calcium no.78/ferrous fumarate/folic acid)</i>	F	AR (Max 50 Years)
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	F	
RENA-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG <i>(vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin)</i>	F	QL (30 EA per 30 days)
THERA M PLUS (FERROUS FUMARAT) ORAL TABLET 9 MG IRON-400 MCG <i>(multivits with calcium and minerals/iron fumarate/folic acid)</i>	F	
THERAPEUTIC-M VITAMIN/MINERALS ORAL TABLET 27-0.4 MG <i>(multivit,therapeutic with calcium,iron,minerals/folic acid)</i>	F	
<i>thiamine mononitrate (vit b1) oral tablet 100 mg</i>	F	
VINATE M ORAL TABLET 27 MG IRON-1 MG <i>(prenatal vits with calcium 136/ferrous fumarate/folic acid)</i>	F	AR (Max 50 Years)
VITAMIN B-1 ORAL TABLET 100 MG, 250 MG, 50 MG <i>(thiamine hcl)</i>	F	
VITAMIN B-12 ORAL TABLET 1,000 MCG <i>(cyanocobalamin (vitamin b-12))</i>	F	
VITAMIN B-6 ORAL TABLET 100 MG, 25 MG, 50 MG <i>(pyridoxine hcl (vitamin b6))</i>	F	
<b>VITAMIN C</b>		
FULL SPECTRUM B-VITAMIN C ORAL TABLET 0.8 MG <i>(folic acid/vitamin b complex and vitamin c)</i>	F	QL (30 EA per 30 days)

#### BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code1; QL=QuantityLimit; ST=Step Therapy; AR=AgeRestriction; SPO=SpecialtyPharmacy; 12MO=Up to a 12-month Supply Allowed



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDIA TRI-VITE ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML ( <i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i> )	F	AR (Max 5 Years)
RENA-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG ( <i>vitamin b complex no.3/folic acid/ascorbic acid(vite)/biotin</i> )	F	QL (30 EA per 30 days)
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML ( <i>pediatric multivit with a,c,d3 no.21/sodium fluoride</i> )	F	AR (Max 5 Years)
<b>VITAMIN D</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	F	
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 125 mcg (5,000 unit), 250 mcg (10,000 unit)</i>	F	
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)</i>	F	
<i>cholecalciferol (vitamin d3) oral tablet 50 mcg (2,000 unit)</i>	F	
<i>cholecalciferol (vitamin d3) oral tablet,chewable 10 mcg (400 unit)</i>	F	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	F	
<i>ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit)</i>	F	
PEDIA TRI-VITE ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML ( <i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i> )	F	AR (Max 5 Years)
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML ( <i>pediatric multivit with a,c,d3 no.21/sodium fluoride</i> )	F	AR (Max 5 Years)
VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 100 MCG (4,000 UNIT), 25 MCG (1,000 UNIT), 50 MCG (2,000 UNIT) ( <i>cholecalciferol (vitamin d3)</i> )	F	
VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 125 MCG (5,000 UNIT), 25 MCG (1,000 UNIT) ( <i>cholecalciferol (vitamin d3)</i> )	F	
<b>VITAMIN K ACTIVITY</b>		
CEROVITE JR ORAL TABLET,CHEWABLE 18 MG IRON- 10 MCG ( <i>pediatric multivitamin no.158/ferrous fumarate/phytonadione</i> )	F	AR (Max 5 Years)
MULTI-DAY PLUS MINERALS ORAL TABLET 18 MG IRON-400 MCG-25 MCG ( <i>multivitamin with minerals/ferrous fumarate/folic acid/vit k</i> )	F	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	F	



Call IEHP Member Services toll free at 1-800-440-IEHP (4347), Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347. Or visit us online at [www.iehp.org](http://www.iehp.org).

## H. Index of Drugs

- 3**  
 3 DAY VAGINAL ..... 111
- A**  
 ABREVA ..... 111  
 acarbose ..... 83  
 acetaminophen ..... 53  
 acetaminophen-codeine .... 53, 60  
 acetazolamide ..... 44, 67, 73  
 acetic acid ..... 74  
 acetylcysteine ..... 98, 105  
 ACID REDUCER  
   (RANITIDINE) ..... 80  
 ACNE MEDICATION ..... 114  
 ACTHIB (PF) ..... 23  
 acyclovir ..... 17  
 ADACEL(TDAP  
   ADOLESN/ADULT)(PF) .. 22  
 adapalene ..... 115  
 ADMELOG SOLOSTAR U-  
   100 INSULIN ..... 88, 91  
 ADMELOG U-100 INSULIN  
   LISPRO ..... 88, 91  
 ADRENALIN ..... 27, 99  
 adult aerosol mask ..... 64  
 ADULT ROBITUSSIN PEAK  
   COLD M-S ..... 28, 101, 102  
 ADVANCED ANTACID-  
   ANTIGAS ..... 76, 77  
 AEROCHAMBER PLUS  
   FLOW-VU ..... 64  
 AFINITOR ..... 19  
 AFLURIA QD 2020-21(3YR  
   UP)(PF) ..... 23  
 AFLURIA QUAD 2020-  
   2021(6MO UP) ..... 23  
 airs adult aerosol mask ..... 64  
 ALAVERT D-12 ALLERGY-  
   SINUS ..... 13, 27, 99, 106  
 albuterol sulfate ..... 32, 107  
 ALCOHOL PREP PADS ..... 115  
 ALDACTAZIDE .. 49, 50, 68, 70  
 alendronate ..... 95  
 ALLERGY EYE  
   (NAPHAZOLINE-PHEN) . 75  
 allopurinol ..... 94  
 alogliptin ..... 86  
 alogliptin-metformin ..... 84, 86  
 alogliptin-pioglitazone ..... 86, 93  
 alprazolam ..... 58  
 amiloride ..... 50, 68  
 amiloride-hydrochlorothiazide  
   ..... 50, 68, 70  
 amiodarone ..... 46  
 AMITIZA ..... 78  
 amitriptyline ..... 63  
 AMLACTIN ..... 112  
 amlodipine ..... 41, 47, 48, 51  
 amlodipine-benazepril ..... 38, 39,  
   41, 47, 48, 51  
 amlodipine-valsartan . 37, 38, 41,  
   47, 48, 51  
 ammonium lactate ..... 112  
 amoxicillin ..... 14  
 amoxicillin-pot clavulanate ... 14,  
   15  
 ampicillin ..... 15  
 ampicillin-sulbactam ..... 15  
 anagrelide ..... 37  
 anastrozole ..... 19, 83  
 ANORO ELLIPTA .. 29, 32, 100,  
   107  
 ANTACID MAXIMUM  
   STRENGTH ..... 76, 77  
 ANTI-DANDRUFF WITH  
   MENTHOL ..... 115  
 ANTI-DIARRHEAL  
   (LOPERAMIDE) ..... 77  
 ANTIFUNGAL  
   (TOLNAFTATE) ..... 116  
 APIDRA SOLOSTAR U-100  
   INSULIN ..... 88, 91  
 APIDRA U-100 INSULIN .... 88,  
   91  
 aprepitant ..... 80  
 Apri ..... 84  
 AQUA CARE ..... 114  
 ARANESP (IN  
   POLYSORBATE) ..... 33  
 ARMOUR THYROID ..... 93  
 ARTHRITIS PAIN  
   RELIEF(CAPSAIC) ..... 115  
 ARTIFICIAL TEARS  
   (PETRO/MIN) ..... 74  
 ARTIFICIAL  
   TEARS(DEX70-HYPRO)  
   ..... 74  
 ARTIFICIAL  
   TEARS(PVALCH-POVID)  
   ..... 74  
 ASMANEX TWISTHALER . 81,  
   105  
 ASPERCREME (LIDOCAINE)  
   ..... 111  
 aspirin ..... 36, 37, 56, 62  
 atenolol ..... 33, 39, 40, 45  
 atenolol-chlorthalidone .... 33, 40,  
   45, 51, 71  
 ATHLETE'S FOOT  
   (TERBINAFINE) ..... 108  
 atomoxetine ..... 59  
 atorvastatin ..... 48  
 atovaquone ..... 15  
 atropine ..... 75  
 ATROVENT HFA ..... 29, 100  
 AUGMENTIN ..... 15  
 AVASTIN ..... 19  
 AYR SALINE ..... 74  
 azathioprine ..... 96, 97, 98  
 azelastine ..... 71  
 azithromycin ..... 18  
 Azurette (28) ..... 84
- B**  
 bacitracin ..... 71, 108  
 bacitracin zinc ..... 108  
 bacitracin-polymyxin b ..... 71  
 baclofen ..... 30, 31  
 balsalazide ..... 78  
 Balziva (28) ..... 84  
 BASAGLAR KWIKPEN U-100  
   INSULIN ..... 88, 90  
 bcg vaccine, live (pf) ..... 23  
 BD SHARPS COLLECTOR .. 64  
 BD ULTRA-FINE ORIG PEN  
   NEEDLE ..... 64  
 BD ULTRA-FINE SHORT PEN  
   NEEDLE ..... 64  
 BENADRYL ALLERGY ..... 11,  
   103  
 benazepril ..... 38, 39

benazepril-hydrochlorothiazide .....38, 39, 50, 70	CALCIUM 600.....68	CHILDREN'S WAL-DRYL ALLERGY .....11, 103
benzonatate..... 101	calcium acetate .....68	CHILD'S CHEWABLE VITAMINS/IRON.....117
benzoyl peroxide ..... 114	calcium acetate(phosphat bind) .....67, 68	chloramphenicol sod succinate .....16
BETA-HC..... 109, 112	calcium carbonate.....68, 76	chlordiazepoxide hcl.....58
betamethasone dipropionate 109, 112	calcium gluconate.....68	chlorhexidine gluconate.....74
betamethasone valerate 109, 112	CAMRESE .....84	chloroquine phosphate.....15
betamethasone, augmented.. 109, 112	capsaicin ..... 116	chlorothiazide .....50, 70
bethanechol chloride .....31	captopril.....38, 39	chlorpheniramine maleate11, 12, 103
bexarotene ..... 19	CARAFATE .....81	chlorthalidone .....51, 71
BEXSERO.....23	carbamazepine .....54, 55	cholecalciferol (vitamin d3) .122
BICILLIN L-A ..... 17	CARBAMOXIDE EAR DROPS .....74	cholestyramine (with sugar) ...40
BIOTHRAX .....23	CARBATROL.....54, 55	Cholestyramine Light .....40, 41
bisacodyl.....78	carbidopa-levodopa .....59	ciclopirox .....114
Blisovi 24 Fe .....84	carbidopa-levodopa-entacapone .....59	cilostazol.....36, 50
BLIS-TO-SOL (TOLNAFTATE) ..... 117	carvedilol ..31, 32, 37, 40, 45, 48	CILOXAN .....71
blood pressure kit med and lrg64	CAYA CONTOURED .....98	cimetidine .....80
blood pressure kit-extra large. 64	Caziant (28) .....84	cimetidine hcl .....80
blood pressure test kit-large ...64	cefaclor ..... 14	CIPRODEX .....73
blood pressure test kit-medium .....64	cefazolin ..... 13	ciprofloxacin.....16, 18
blood pressure test kit-wrist ...64	cefdinir.....14	ciprofloxacin hcl.....16, 18, 71
BOOSTRIX TDAP .....22	ceftazidime .....14	ciprofloxacin-dexamethasone.71
BRILINTA .....36	ceftriaxone ..... 14	citalopram .....63
brimonidine ..... 71	cefuroxime axetil.....14	CITRUCEL.....78
Bromfed Dm.....27, 99, 101, 103	celecoxib.....59	clarithromycin.....16, 18
bromocriptine .....59	cephalexin.....13	CLEARASIL DAILY CLEAR(BENZOYL).....114
BROTAPP DM 27, 99, 101, 103	CEROVITE JR.....34, 117, 122	clindamycin hcl .....17
BROVANA .....32, 107	cetirizine ..... 13, 106	clindamycin palmitate hcl.....17
bubbles the fish pedi mask ....64	cetirizine-pseudoephedrine....13, 27, 100, 106	clindamycin phosphate .....108
budesonide.....81, 82, 105	CHANTIX.....30	CLINIMIX 5%/D15W SULFITE FREE .....66
budesonide-formoterol ....32, 82, 105, 107	CHANTIX CONTINUING MONTH BOX.....30	CLINIMIX 4.25%/D10W SULF FREE .....66
bumetanide .....49, 67	CHANTIX STARTING MONTH BOX.....30	CLINIMIX E 4.25%/D10W SUL FREE.....66
bupropion hcl.....55	CHEMET.....81, 94	CLINIMIX E 5%/D20W SULFIT FREE.....66
bupropion hcl (smoking deter)55	CHILD MUCINEX COUGH MINI-MELTS ..... 101, 102	CLINISOL SF 15 % .....66
bupirone .....57	CHILDREN'S ACETAMINOPHEN.....53	clobetasol.....109, 112, 113
butalbital-acetaminophen-caff .....53, 56, 58, 62	CHILDREN'S CHEW MULTIVITAMIN.....117	clobetasol-emollient ....109, 113
butalbital-aspirin-caffeine36, 37, 56, 58, 62	CHILDREN'S CHEWABLE117	clonazepam .....58
<b>C</b>	CHILDREN'S CLARITIN ...13, 106	clonidine .....28, 44
cabergoline .....59	CHILDREN'S STUFFY NOSE- COLD .....28, 102	clonidine hcl .....28, 44
calamine ..... 112		clopidogrel.....36
calamine-zinc oxide..... 112		clotrimazole .....111
calcitonin (salmon).....83, 90, 95		
calcitriol..... 122		

clotrimazole-betamethasone 109, 111, 113	dexamethasone ..... 82	doxycycline monohydrate ..... 19
colchicine ..... 94	DEXAMETHASONE	doxylamine-pyridoxine (vit b6)
COMBIVENT RESPIMAT ..29, 32, 101, 107	INTENSOL ..... 82	..... 77, 104, 120
comp-air nebulizer compressor	dexamethasone sodium	DRITHOCREME HP ..... 114
..... 64	phosphate..... 73	drosiprenone-e.estradiol-lm.fa84
COMPLETE MULTIVITAMIN	dexmethylphenidate..... 62	duloxetine ..... 59, 63
..... 34, 117	dextroamphetamine ..... 52	DUREX AVANTI BARE
COMPLETE SENIOR ..... 117	dextroamphetamine-	REAL FEEL ..... 98
CONDOMS-PREM	amphetamine ..... 52	<b>E</b>
LUBRICATED..... 98	dextrose 10 % in water (d10w)	econazole ..... 111
CONDYLOX ..... 116	..... 67	ED CHLORPED JR .11, 12, 104
CORLANOR..... 44	dextrose 5 % in water (d5w)... 67	EFFER-K..... 68
CORTIFOAM ..... 109, 113	DIABETIC TUSSIN DM... 101,	electrolyte-48 in d5w ..... 68
CORTISPORIN.... 108, 109, 113	102	ELIGARD..... 20, 87, 88
COTELLIC..... 19	DIASTIX..... 66	ELIGARD (3 MONTH) ... 19, 87
CREON ..... 79	diazepam..... 58	ELIGARD (4 MONTH) ... 20, 87
cromolyn..... 71, 105	diclofenac potassium ..... 61	ELIGARD (6 MONTH) .. 20, 87,
cyanocobalamin (vitamin b-12)	diclofenac sodium.... 61, 75, 115,	88
..... 120	116	ELIQUIS..... 33
cyclobenzaprine..... 30	dicloxacillin ..... 18	ELIQUIS DVT-PE TREAT 30D
cycloserine..... 16	dicyclomine ..... 29	START ..... 33
cyclosporine modified 96, 97, 98	didanosine..... 17	ELLA ..... 84
cyproheptadine ..... 11, 103, 104	digoxin..... 39, 44	ELMIRON ..... 98
CYRAMZA ..... 19	DILANTIN..... 45, 60	EMPLICITI ..... 20
CYTOMEL..... 93	Dilantin Extended..... 45, 60	enalapril maleate..... 38, 39
<b>D</b>	Dilantin Infatabs ..... 45, 60	enalapril-hydrochlorothiazide 38,
dapsone..... 15	DILANTIN-125..... 45, 60	39, 50, 70
DAPTACEL (DTAP	DILATRATE-SR ..... 49	ENBREL..... 96, 97, 116
PEDIATRIC) (PF)..... 22	diltiazem hcl ... 41, 42, 43, 46, 51	ENBREL MINI ..... 96, 97, 116
DARZALEX ..... 19	DILT-XR. 41, 42, 43, 44, 46, 51,	ENBREL SURECLICK .. 96, 97,
deferasirox ..... 81	52	116
DELUXE ARM BLOOD	DIMETAPP COLD-ALLERGY	ENEMA ..... 78
PRESSURE MON..... 64	(PE)..... 12, 28, 104	ENGERIX-B (PF) ..... 23
DEPAKOTE..... 54, 56	DIMETAPP DM COLD-	ENGERIX-B PEDIATRIC (PF)
DEPAKOTE ER..... 54, 55, 56	COUGH (PE)12, 29, 101, 104	..... 23
DEPAKOTE SPRINKLES ... 54,	diphenhydramine hcl ..... 11, 104	enoxaparin ..... 34
56	diphenoxylate-atropine .... 29, 77,	entacapone ..... 59
DEPO-PROVERA ..... 91	101	entecavir ..... 18
DEPO-SUBQ PROVERA 104	DIURIL ..... 50, 70	Enulose ..... 66
..... 91	divalproex ..... 54, 56	epinephrine ..... 27, 100
desipramine ..... 63, 64	docusate sodium ..... 78	ergocalciferol (vitamin d2) ... 122
DESITIN RAPID RELIEF... 112	donepezil ..... 31	ergotamine-caffeine ..... 31, 56
desmopressin ..... 34, 91	dorzolamide ..... 73	ertapenem ..... 16
desonide..... 109, 113	dorzolamide-timolol ..... 73	erythromycin..... 71
DEVILBISS PULMO-AIDE	DOUBLE ANTIBIOTIC	erythromycin with ethanol.... 108
COMPRESSR ..... 64	(B.TRACN ZN)..... 108	erythromycin-benzoyl peroxide
DEVILBISS PULMOMATE	doxazosin..... 31, 37, 48	..... 108
COMPRESSOR ..... 64	doxepin ..... 64	escitalopram oxalate ..... 63
	doxorubicin..... 19	esomeprazole magnesium..... 81
	doxycycline hyclate..... 19	estradiol ..... 86

estrogens-methyltestosterone 83, 87	FLUBLOK QUAD 2020-2021 (PF).....23	Gavilyte-G .....78
ethambutol.....16	FLUCELVAX QUAD 2020- 2021 .....23	GAVISCON .....76
ethosuximide .....63	FLUCELVAX QUAD 2020- 2021 (PF).....23	gemfibrozil .....48
ethynodiol diac-eth estradiol ..84	fluconazole .....16	Gentak.....71
etodolac .....61	flucytosine .....18	gentamicin .....14, 71, 108
etonogestrel-ethinyl estradiol .84	fludrocortisone.....82	GENTEAL MILD .....74
etoposide.....20	FLULAVAL QUAD 2020-2021 (PF).....24	GERI-HYDROLAC .....112
EXPECTORANT .....102	FLUMIST QUAD 2020-2021 24	GIANVI (28) .....85
EYE ALLERGY RELIEF .....76	fluocinolone.....109, 113	glatiramer.....97
ezetimibe .....45	fluocinonide.....109, 110, 113	Glatopa .....97
<b>F</b>	Fluocinonide-E .....110, 113	glimepiride.....93
famciclovir .....18	fluoride (sodium).....95	glipizide .....93
famotidine.....80	FLUORITAB.....95	glipizide-metformin.....84, 93
FARYDAK.....20	fluorometholone .....73	GLUCAGEN DIAGNOSTIC KIT .....65, 87
FC2 FEMALE CONDOM ....98	FLUROPLEX.....20, 116	GLUCAGEN HYPOKIT ..87, 94
felodipine.....42, 47, 48, 52	fluorouracil .....20, 116	GLUCAGON EMERGENCY KIT (HUMAN).....87, 94
FEMCAP .....98	fluoxetine.....63	glucose.....67
fenofibrate .....48	FLURA-DROPS.....95	glyburide.....93
fenofibrate micronized .....48	flutamide.....20	glyburide-metformin.....84, 93
fenofibrate nanocrystallized ...48	fluticasone propionate ...73, 105, 110, 113	glycerin (adult) .....78
fenofibric acid (choline).....48	fluticasone propion-salmeterol .....32, 82, 106, 107	glycerin (child) .....78
fentanyl.....60	fluvoxamine.....63	glycopyrrolate.....29
FERRETTIS .....34	FLUZONE HIGHDOSE QUAD 20-21 PF .....24	griseofulvin microsize .....15
FERRIMIN 150.....34	FLUZONE QUAD 2020-2021 .....24	griseofulvin ultramicronsize ....15
ferrous fumarate .....34	FLUZONE QUAD 2020-2021 (PF).....24	GUAIFENESIN AC .....60, 101, 102
ferrous gluconate .....34	FML FORTE .....73	guanfacine.....44, 45, 59
ferrous sulfate .....34, 35	FOAMING ANTACID .....76	GYNOL II .....98
FERROUSUL.....35	folic acid.....120	<b>H</b>
FEVERALL .....53	FOR STY RELIEF .....74	HAEGARDA.....96
fexofenadine .....13, 106	FORA TEST N'GO BP SYSTEM .....64	HALAVEN.....20
FIBER (CALCIUM POLYCARBOPHIL) .....78	fosinopril .....38, 39	HAVRIX (PF) .....24
FIBER (PSYLLIUM HUSK/SUGAR).....78	FREAMINE III 10 % .....67	HEPAGAM B.....21
fiber (with aspartame) .....78	FULL SPECTRUM B- VITAMIN C .....120, 121	HEPLISAV-B (PF).....24
finasteride.....94	furosemide .....49, 67	HERCEPTIN HYLECTA .....20
FIRAZYR.....96	<b>G</b>	HIBICLENS .....115
FLANDERS BUTTOCKS ...111	gabapentin .....53, 54	HOMATROPAIRE .....75
FLAREX .....73	galantamine .....31	home nebulizer plus sidestream .....64
flecainide .....45	GARDASIL 9 (PF).....24	HONEY BEARS WITH IRON- ZINC.....35, 117
FLOVENT DISKUS .....82, 105	GAVILYTE-C.....78	HUMALOG MIX 50-50 INSULN U-100 .....88, 89, 91
FLOVENT HFA.....82, 106		HUMALOG MIX 50-50 KWIKPEN.....88, 90, 91
FLUAD 2020-2021 (65 YR UP)(PF) .....23		HUMALOG MIX 75-25 KWIKPEN.....88, 90, 91
FLUAD QUAD 2020-21(65Y UP)(PF) .....23		
FLUARIX QUAD 2020-2021 (PF).....23		

HUMALOG MIX 75-25(U-100)INSULN.....	88, 90, 92	ibuprofen .....	61	KETO-DIASTIX .....	66
HUMALOG U-100 INSULIN .....	89, 92	ID NOW COVID-19 CONTRL SWAB KT .....	64	KETONE URINE TEST .....	66
HUMIRA.....	80, 96, 97, 116	ID NOW COVID-19 TEST KIT .....	65	ketorolac .....	61, 75
HUMIRA PEN PSOR-UVEITS-ADOL HS.....	80, 96, 97, 116	ifosfamide .....	20	KINRIX (PF).....	25
HUMIRA(CF) ....	80, 96, 97, 116	imipramine hcl.....	64	KONSYL (SUGAR).....	79
HUMIRA(CF) PEDI CROHNS STARTER .....	80, 96, 97, 116	imiquimod .....	116	K-PHOS ORIGINAL .....	66
HUMIRA(CF) PEN... 80, 96, 97, 116		IMOVAX RABIES VACCINE (PF).....	24	<b>L</b>	
HUMIRA(CF) PEN CROHNS-UC-HS .....	80, 96, 97, 116	INCRUSE ELLIPTA.....	29, 101	l norgest/e.estradiol-e.estrad... 85	
HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	80, 96, 116	indapamide .....	51, 71	labetalol .....	31, 32, 37, 40, 45
HUMULIN 70/30 U-100 INSULIN.....	89, 90, 92	indomethacin .....	61, 94	lactated ringers.....	68
HUMULIN 70/30 U-100 KWIKPEN .....	89, 90, 92	INFANRIX (DTAP) (PF).....	22	lactulose.....	66
HUMULIN N NPH INSULIN KWIKPEN .....	89, 90	INFANT'S NON-ASPIRIN....	53	lamotrigine.....	54, 56
HUMULIN N NPH U-100 INSULIN.....	89, 90	INFANT'S PAIN RELIEF ....	53	lancets .....	65
HUMULIN R REGULAR U-100 INSULN .....	89, 92	innospire elegance .....	65	lancing device.....	65
HUMULIN R U-500 (CONC) INSULIN.....	89, 92	insulin asp prt-insulin aspart.. 89, 90, 92		lancing device with lancets....	65
hydralazine .....	47	insulin aspart u-100 .....	89, 92	LANOXIN .....	39, 44
hydrochlorothiazide.....	50, 70	insulin lispro .....	89, 92	lansoprazole.....	81
hydrocodone-acetaminophen 53, 60, 61		INTRALIPID.....	67	latanoprost .....	75
hydrocortisone 82, 110, 113, 114		IPOLE .....	24	LAXATIVE (BISACODYL) .79	
hydrocortisone acetate.. 110, 113		ipratropium bromide.....	29, 101	LEENA 28 .....	85
HYDROCORTISONE PLUS .....	110, 113	ipratropium-albuterol.....	30, 32, 101, 107	leflunomide.....	96, 97
hydroxychloroquine ... 15, 96, 97		irbesartan .....	37, 38	leucovorin calcium .....	94
hydroxyproggest(pf)(preg presv) .....	91	irbesartan-hydrochlorothiazide .....	37, 38, 50, 70	LEUKERAN.....	20
hydroxyurea.....	20	IRESSA .....	20	levabuterol hcl .....	32, 107
hydroxyzine hcl.....	12, 57	irinotecan .....	20	levetiracetam.....	54
hydroxyzine pamoate .....	12, 57	isometh-dichloral-acetaminophn .....	53	levobunolol.....	73
hyoscyamine sulfate .....	29	isoniazid.....	16	levocarnitine .....	98
HYPERRAB S/D .....	21	ISOPTO TEARS .....	74	levocetirizine .....	13, 106
HYPERTET S/D (PF) .....	21	ISORDIL .....	49	levofloxacin .....	16, 18, 71
<b>I</b>		isosorbide dinitrate .....	49	levofloxacin in d5w .....	16, 18
ibandronate.....	95	isosorbide mononitrate .....	49	levonorgestrel-ethinyl estrad .. 85	
		ivermectin.....	15	Levora-28 .....	85
		IXIARO (PF).....	24	LEVO-T.....	93
		<b>J</b>		levothyroxine.....	93
		Jantoven.....	33	LEVOXYL .....	93
		JARDIANCE.....	92	LICE KILLING .....	115
		Jinteli .....	87, 91	LICE TREATMENT (PERMETHRIN).....	115
		JOLESSA .....	85	lidocaine .....	111
		Junel Fe 1.5/30 (28).....	85	Lidocaine Viscous .....	75
		Junel Fe 1/20 (28).....	85	lidocaine-prilocaine .....	111
		<b>K</b>		liothyronine.....	94
		KADCYLA .....	20	lisinopril.....	38, 39
		ketoconazole.....	16, 111	lisinopril-hydrochlorothiazide .....	38, 39, 50, 70
				LOHIST - D.....	12, 28, 100, 104
				loperamide .....	77
				loratadine .....	13, 106
				LORATADINE-D ... 13, 28, 100, 106	

lorazepam .....	58	metronidazole in nacl (iso-os)14,		MULTI-VITAMIN WITH	
losartan .....	37, 38	15		FLUORIDE .....	118
losartan-hydrochlorothiazide.37,		mexiletine .....	45	MULTI-VITAMIN WITH	
38, 51, 70		MICONAZOLE 7.....	111	FLUORIDE .....	118
lovastatin .....	48	miconazole nitrate .....	111	multivitamin with iron....	35, 118
Low-Ogestrel (28).....	85	MICONAZOLE-3 .....	111, 112	multivitamin with minerals..	118
LUBRICANT (P-GLYCOL-		Microgestin 1.5/30 (21).....	85	MULTIVITAMINS WITH	
GLYCERIN) .....	74	Microgestin 1/20 (21).....	85	FLUORIDE .....	95, 118
LUBRICANT EYE .....	74	midodrine.....	29	MULTI-VITAMINS WITH	
LUBRICANT EYE DROPS ..	74	MIGERGOT .....	31, 57	IRON .....	118
LYSODREN.....	20	MIGRAINE FORMULA 36, 37,		mupirocin.....	108
<b>M</b>		53, 57, 62		mupirocin calcium .....	108
magnesium citrate .....	79	MILK OF MAGNESIA.....	79	MURO 128 .....	74
magnesium oxide.....	76	MILK OF MAGNESIA		MY WAY .....	85
malathion.....	115	CONCENTRATED.....	79	mycophenolate mofetil .....	98
MATULANE .....	20	MILLIPRED.....	82	MYLERAN .....	21
MAXIDEX.....	73	MILLIPRED DP.....	82	<b>N</b>	
meclizine .....	12, 77, 78	minocycline .....	19	NABI-HB .....	21
medroxyprogesterone .....	91	minoxidil .....	47	nabumetone.....	61
megestrol .....	20, 91	MINTOX PLUS .....	76, 77	naproxen .....	61, 94, 95
meloxicam .....	61	mirtazapine .....	55	naproxen sodium .....	61, 95
memantine .....	59	misoprostol .....	81	NASACORT.....	73, 105
MENACTRA (PF) .....	25	M-M-R II (PF).....	25	NASAL SPRAY EXTRA	
Menest .....	87	mometasone.....	110, 114	MOISTURIZING .....	76
MENVEO A-C-Y-W-135-DIP		montelukast .....	105	NATACYN.....	72
(PF).....	25	morphine.....	61	NATURAL FIBER LAXATIVE	
mercaptapurine.....	20, 98	morphine concentrate .....	61	THERAPY .....	79
mesalamine.....	78	MOVANTIK .....	80	NEBUPENT .....	15
mesalamine with cleansing wipe		MUCINEX .....	103	Necon 0.5/35 (28).....	85
.....	78	MUCINEX D .....	28, 100, 103	nefazodone.....	63
MESTINON .....	31	MUCINEX D MAXIMUM		neomycin .....	14
METAMUCIL.....	79	STRENGTH .....	28, 100, 103	neomycin-bacitracin-polymyxin	
metaproterenol.....	32, 107	MUCUS DM .....	101, 103	.....	71
metformin .....	84	MUCUS RELIEF COUGH.101,		neomycin-polymyxin b gu....	108
Methergine .....	99	103		neomycin-polymyxin b-	
methimazole .....	83	MUCUS RELIEF ER .....	103	dexameth.....	72, 73
methocarbamol.....	30	MULTI-DAY PLUS		neomycin-polymyxin-	
methotrexate sodium .20, 96, 97,		MINERALS35, 118, 120, 122		gramicidin.....	72
98		MULTILEX-T AND M..35, 118		neomycin-polymyxin-hc...72, 73	
methotrexate sodium (pf) 20, 96,		MULTIPLE VITAMIN,		NEO-TUSS.....	102, 103
97, 98		WOMENS .....	35, 118	niacin .....	39
methyl dopa .....	29, 45	MULTISTIX 10 SG .....	66	NIACIN FLUSH FREE.....	39
methyl dopa-hydrochlorothiazide		MULTI-VIT WITH		Niacor .....	39
.....	29, 45, 51, 70	FLUORIDE-IRON .....	35, 95,	nicotine .....	30
methylphenidate hcl .....	62	118		nicotine (polacrilex).....	30
methylprednisolone .....	82	MULTIVITAMIN WITH		NICOTROL .....	30
metoclopramide hcl.....	81	FLUORIDE .....	95, 118	NICOTROL NS.....	30
metoprolol succinate ..33, 40, 45		MULTI-VITAMIN WITH		nifedipine.....	42, 47, 48, 52
metoprolol tartrate .....	33, 40, 46	FLUORIDE .....	95	NIGHTTIME SLEEP AID	
metronidazole.....	14, 15, 108			(DIPHEN).....	11, 57, 104

Nitro-Bid .....	49	ONETOUCH VERIO TEST		phytonadione (vitamin k1) ....	94, 122
nitrofurantoin.....	19	STRIPS.....	65	pilocarpine hcl .....	31, 75
nitrofurantoin macrocrystal ....	19	OPDIVO.....	21	PINK BISMUTH.....	76, 77
nitrofurantoin monohyd/m-cryst		Oralene .....	110, 114	pioglitazone .....	93
.....	19	oseltamivir .....	17	piroxicam.....	62
nitroglycerin .....	49	oxcarbazepine.....	54	PLENAMINE.....	67
NIVA-PLUS.....	35, 118, 120	oxybutynin chloride.....	117	PNEUMOVAX-23 .....	25
NIVESTYM .....	33	oxycodone-acetaminophen....	53, 61	PNV 29-1.....	35, 68, 119, 120
NOHIST-DM ...	12, 29, 102, 104	OZEMPIC .....	88	pnv cmb#95-ferrous fumarate-fa	
noreth-ethinyl estradiol-iron...	85	<b>P</b>		.....	35, 119, 120
norethindrone (contraceptive)	85	P D NATAL VITAMINS-		podofilox.....	116
norethindrone-e.estradiol-iron	85	FOLIC ACID.....	118	polyethylene glycol 3350 .....	79
norgestimate-ethinyl estradiol	85	pantoprazole .....	81	polymyxin b sulf-trimethoprim	
NORTEMP.....	53	paromomycin.....	14	.....	72
NORTREL 1/35 (21).....	85	paroxetine hcl .....	63	POLYSPORIN .....	108
Nortrel 1/35 (28).....	85	PAZEO .....	71	polyvinyl alcohol.....	74
Nortrel 7/7/7 (28) .....	86	PEAK AIR PEAK FLOW		potassium chlorid-d5-0.45%nacl	
nortriptyline.....	64	METER .....	65	.....	69
NOVOLIN 70/30 U-100		PEDIA POLY-VITE .....	118	potassium chloride.....	69
INSULIN.....	89, 90, 92	PEDIA TRI-VITE 119, 120, 122		potassium chloride in 5 % dex	69
NOVOLIN N NPH U-100		PEDIA-LAX STOOL		potassium chloride in lr-d5 .....	69
INSULIN.....	89, 90	SOFTENER.....	79	potassium chloride-d5-0.2%nacl	
NOVOLIN R REGULAR U-		PEDIARIX (PF) .....	22, 25	.....	69
100 INSULN .....	89, 92	PEDIATRIC COUGH AND		potassium chloride-d5-0.3%nacl	
NP THYROID.....	94	COLD ...	12, 28, 100, 102, 104	.....	69
NUTRILIPID .....	67	PEDIATRIC ELECTROLYTE		potassium citrate.....	66
NUTRISOURCE FIBER.....	79	.....	68	povidone-iodine .....	115
nystatin .....	18, 115	PEDIATRIC ENEMA.....	79	pramipexole .....	60
nystatin-triamcinolone.....	115	PEDVAX HIB (PF).....	25	prasugrel .....	36
Nystop .....	115	penicillin g potassium.....	17	pravastatin.....	48
<b>O</b>		penicillin g sodium .....	17	prazosin.....	31, 37
O-CAL F.A.....	35, 118, 120	penicillin v potassium.....	17	PRED MILD.....	73
OCELLA .....	86	PENTACEL (PF) .....	25	prednicarbate .....	110, 114
ODOMZO .....	21	PENTACEL ACTHIB		prednisolone .....	82
ofloxacin.....	72	COMPONENT (PF).....	25	prednisolone acetate .....	73
olopatadine .....	71	PENTACEL DTAP-IPV		prednisolone sodium phosphate	
omega-3 acid ethyl esters .....	39	COMPNT (PF) .....	25	.....	73, 82
omeprazole .....	81	pentoxifylline.....	34	prednisone.....	83
OMNITROPE.....	91	permethrin .....	115	PREDNISONE INTENSOL...	82
ondansetron .....	77	phenazopyridine .....	111	pregabalin .....	53, 54, 55, 59
ondansetron hcl .....	76	phenobarb-hyoscy-atropine-scop		PREMARIN .....	87
ONE DAILY MULTI-VIT W-		.....	30, 57, 58	PREMPHASE.....	87
MINERAL.....	35, 118	phenobarbital.....	57, 58	PREMPRO .....	87
ONETOUCH ULTRA BLUE		PHENOHYTRO .....	30, 57, 58	PRENATAL COMPLETE ....	35, 69, 119, 120
TEST STRIP .....	65	phenylephrine hcl .....	76	PRENATAL LOW IRON	35, 69, 119, 121
ONETOUCH ULTRA		phenytoin.....	45, 60	PRENATAL PLUS .	36, 69, 119, 121
CONTROL.....	65	phenytoin sodium extended...	45, 60		
ONETOUCH VERIO MID			60		
CONTROL .....	65	PHOSPHA 250 NEUTRAL ...	66		



PRENATAL PLUS (CALCIUM CARB).....	35, 69, 119, 121	quinidine gluconate .....	15, 45	SCOT-TUSSIN DM .....	13, 102, 105
PRENATAL VITAMIN..	36, 69, 119, 121	QVAR REDHALER.....	83, 106	SCOT-TUSSIN SENIOR....	102, 103
PRENATAL VITAMIN WITH MINERALS .	36, 69, 119, 121	<b>R</b>		SEGLUROMET .....	84, 92
prenatal vits96-iron fum-folic	36, 69, 119, 121	RABAVERT (PF) .....	26	selegiline hcl.....	60
PRETAB.....	36, 69, 119, 121	rabeprazole .....	81	selenium sulfide.....	115
PREVACID 24HR .....	81	raloxifene.....	86, 95	SELSUN BLUE.....	115
PREVNAR 13 (PF) .....	25	ramipril .....	39	SENNA.....	79
primaquine.....	15	ranitidine hcl.....	80	SENNA LAX.....	79
primidone .....	58	RAPID RESPONSE COVID-19 TEST .....	65	SENNA PLUS .....	79
PRIMSOL.....	19	RECOMBIVAX HB (PF) .....	26	SENSIPAR .....	83, 98
probenecid .....	71, 95	REESE'S PINWORM MEDICINE .....	15	SEREVENT DISKUS ....	32, 107
probenecid-colchicine .....	71, 95	REFRESH LACRI-LUBE.....	75	sertraline .....	63
prochlorperazine.....	62, 78	RELISTOR.....	80	sevelamer carbonate .....	68, 94
prochlorperazine edisylate	62, 78	RENAGEL .....	68, 94	SF 5000 PLUS.....	95
prochlorperazine maleate .	62, 78	RENA-VITE RX.....	121, 122	SHINGRIX (PF).....	26
Proctofoam Hc.....	110, 111, 114	repaglinide .....	90	sildenafil (pulm.hypertension) .....	50, 107
Procto-Pak .....	110, 114	REPATHA PUSHTRONEX ..	49	silver sulfadiazine.....	115
progesterone micronized .....	91	REPATHA SURECLICK .....	50	simethicone.....	77
promethazine .....	12, 57, 104	REPATHA SYRINGE .....	50	simvastatin .....	48
Promethazine Vc .....	12, 29, 104	RESTASIS.....	74	SINUS CONGESTION-PAIN(CHLORPH) 13, 29, 54, 57, 105	
promethazine-codeine ...	61, 102, 104	RETAIN PM .....	75	SMOFLIPID .....	67
promethazine-dm....	12, 102, 104	RETROVIR.....	17	sodium bicarbonate.....	76
promethazine-phenyleph-codeine ...	12, 29, 61, 102, 104	RHOPRESSA .....	72, 75	sodium chloride .....	65, 70, 75
Promethgan.....	12, 57	RID COMPLETE LICE ELIM KIT .....	115	sodium chloride 0.45 %.....	69
propafenone.....	45	RIDAURA.....	81, 96, 97	sodium chloride 0.9 %.....	69
proparacaine .....	75	rifabutin .....	16, 18	sodium chloride 3 %.....	69
propranolol	31, 40, 46, 48, 49, 57	RIFAMATE.....	16, 18	sodium chloride 5 %.....	70
propylthiouracil .....	83	rifampin .....	16, 18	sodium citrate-citric acid .....	66
PROQUAD (PF) .....	25	riluzole.....	59	SODIUM POLYSTYRENE (SORB FREE) .....	68, 94
pseudoephedrine hcl.....	28, 100	ringer's .....	69	sodium polystyrene sulfonate	68, 94
PULMICORT FLEXHALER	83, 106	RITIFED.....	12, 28, 100, 104	sotalol .....	31, 40, 46, 49
PULMO-AIDE COMPRESSOR .....	65	rivastigmine tartrate.....	31	spinosad .....	115
pulmoneb lt compressor nebul	65	RIVELSA .....	86	spironolactone.....	49, 50, 68
PURE AND GENTLE EYE...	74	rizatriptan.....	63	spironolacton-hydrochlorothiaz .....	49, 50, 51, 68, 70
pyrazinamide .....	16	ropinirole .....	60	Sps (With Sorbitol).....	68, 94
pyridostigmine bromide .....	31	rosuvastatin.....	48	Sronyx.....	86
pyridoxine (vitamin b6).....	121	ROTARIX .....	26	SSKI .....	15, 83, 94, 103
<b>Q</b>		ROTATEQ VACCINE.....	26	STAMARIL (PF).....	26
QUADRACEL (PF) .....	26	RYNEX PSE ....	13, 28, 100, 104	STEGLATRO.....	93
QUICK RESPONSE BP MONITOR-LARG .....	65	<b>S</b>		STEGLUJAN .....	86, 93
quinapril .....	39	SALINE NASAL .....	75	STERILE SALINE.....	67
		salsalate .....	62	STIOLTO RESPIMAT.....	30, 33
		SANTYL .....	116		
		SAVELLA.....	60, 63		
		SCALPICIN ANTI-ITCH...	110, 114		

STOMACH RELIEF MAX	tetanus,diphtheria tox ped(pf).22	TRUSTEX NON-LUB
STRENGTH..... 76, 77	tetracycline ..... 19	CONDOMS .....98
STOOL SOFTENER..... 79	theophylline.....47, 48, 67, 107,	TUDORZA PRESSAIR .30, 101
sucralfate .....81	108, 117	TUSSIN DM.....102, 103
sulfacetamide sodium.....72	THERA M PLUS (FERROUS	TWINRIX (PF).....26
sulfacetamide-prednisolone....72	FUMARAT) .36, 70, 119, 121	TYPHIM VI.....26
sulfadiazine..... 18	THERAPEUTIC-M	<b>U</b>
sulfamethoxazole-trimethoprim	VITAMIN/MINERALS ....36,	UNITHROID .....94
..... 18, 19	119, 121	ursodiol.....79
sulfasalazine ..... 19, 78, 97, 98	THERA-TABS ..... 119	<b>V</b>
sulindac.....62	THEREMS-M .....36, 119	VAGINAL CONTRACEPTIVE
sumatriptan succinate .....63	thiamine mononitrate (vit b1)	FILM.....99
SUNRISE COMPRESSOR-	..... 121	VAGINAL CONTRACEPTIVE
NEBULIZER.....65	Tilia Fe .....86	FOAM.....99
SUPER MULTIPLE..... 36, 119	timolol maleate .....73	valacyclovir ..... 18
SUPHEDRIN .....28, 100	tizanidine .....30	valproic acid .....55, 56, 57
SUPRESS DX ..... 29, 102, 103	TOBRADEX ..... 72, 74	valproic acid (as sodium salt) 55,
SURELIFE TALKING ARM	tobramycin.....72	56, 57
BP MONITR .....65	tobramycin in 0.225 % nacl.... 14	valsartan.....38
SURELIFE TALKING WRIST	tobramycin-dexamethasone... 72,	valsartan-hydrochlorothiazide
BP MNTR ..... 65	74	.....38, 51, 70
SURELIFE WRIST BP	TOBREX.....72	vancomycin.....16, 17
MONITOR .....65	TODAY CONTRACEPTIVE	VAQTA (PF).....26, 27
SYLATRON..... 17, 21	SPONGE .....98	VARIVAX (PF).....27
SYMLINPEN 120 ..... 83	tolterodine..... 117	VARIZIG.....22
SYMLINPEN 60 .....83	topiramate.....55	VAXCHORA VACCINE.....27
SYNJARDY ..... 84, 93	torsemide ..... 49, 67	VCF CONTRACEPTIVE GEL
SYNJARDY XR ..... 84, 93	tramadol.....61	.....99
SYNTHROID.....94	TRANSDERM-SCOP .....77	VENCLEXTA .....21
SYSTANE NIGHTTIME..... 75	trazodone .....63	venlafaxine .....63
<b>T</b>	tretinoin ..... 112	verapamil .41, 42, 43, 44, 46, 47,
TABLOID .....21	tretinoin (antineoplastic).....21	52
tacrolimus .....98	triamcinolone acetonide110, 114	VICTOZA 3-PAK .....88
tamoxifen..... 21, 86	triamterene-hydrochlorothiazid	VIGAMOX.....72
tamsulosin..... 32	.....50, 51, 68, 70	VINATE M.....36, 120, 121
Taztia Xt... 41, 42, 43, 44, 46, 52	Trianex..... 111, 114	vinblastine.....21
TDVAX.....22	triazolam.....58	VITAMIN B-1 .....121
TEARS NATURALE FORTE	trifluridine.....73	VITAMIN B-12.....121
.....75	Trilyte With Flavor Packets ...79	VITAMIN B-6.....121
TEGRETOL ..... 55, 56	trimethobenzamide .....78	VITAMIN D3 .....122
TEGRETOL XR..... 55, 56	trimethoprim..... 19	VITAMINS AND MINERALS
temazepam.....58	TRIPLE ANTIBIOTIC.....109	.....120
TENIVAC (PF) .....22	TRIPLE ANTIBIOTIC-PAIN	VIVOTIF .....27
terazosin ..... 31, 37, 49	RELIEF .....109	VYVANSE.....52
terbinafine hcl..... 14	TRIPLE PASTE ..... 112	<b>W</b>
terbutaline.....33, 107	Tri-Sprintec (28).....86	WAL-ACT D COLD AND
terconazole ..... 112	TRI-VITAMIN WITH	ALLERGY ...13, 28, 100, 105
testosterone.....83	FLUORIDE 95, 119, 120, 122	WAL-PHED .....13, 28, 100, 105
testosterone cypionate .....83	Trivora (28) .....86	warfarin.....33
testosterone enanthate .....83	TRUMENBA.....26	WART REMOVER.....114

WIDE-SEAL DIAPHRAGM 60 .....99	WIDE-SEAL DIAPHRAGM 95 .....99	ZALTRAP .....21
WIDE-SEAL DIAPHRAGM 65 .....99	WOMEN'S DAILY FORMULA .....36, 120	ZARXIO .....34
WIDE-SEAL DIAPHRAGM 70 .....99	<b>X</b>	zidovudine .....17
WIDE-SEAL DIAPHRAGM 75 .....99	XARELTO .....33	zinc .....70
WIDE-SEAL DIAPHRAGM 80 .....99	XARELTO DVT-PE TREAT 30D START .....33	zinc gluconate.....70
WIDE-SEAL DIAPHRAGM 85 .....99	XULANE.....86	zinc oxide.....112
WIDE-SEAL DIAPHRAGM 90 .....99	<b>Y</b>	ZOLADEX .....21, 87, 88
	YERVOY .....21	zolpidem .....57
	YF-VAX (PF).....27	zonisamide.....55
	<b>Z</b>	ZOSTAVAX (PF) .....27
	ZADITOR .....71	Zovia 1/35E (28).....86